

NOV 13 2025

Emily B Caudill
REGULATIONS COMPILER

1 BOARDS AND COMMISSIONS

2 Board of Veterinary Examiners

3 (Amended After Comments)

4 201 KAR 16:762. Application requirements for veterinary facility registration; veterinarian managers;
5 registered responsible parties.

6 RELATES TO: KRS 258.043, 321.175, 321.181, 321.189, 321.203, 321.236

7 STATUTORY AUTHORITY: KRS 321.203, 321.235(1)(b), (2)(b)1.c., 3.b., (2)(e), 321.236(1)(a)

8 CERTIFICATION STATEMENT: This certifies that this administrative regulation complies with the
9 requirements of 2025 RS HB 6, Section 8.

10 NECESSITY, FUNCTION, AND CONFORMITY: ~~[KRS 321.175(4) states the purpose of the~~
11 ~~Kentucky Veterinary Medicine Practice Act is to promote, preserve, and protect the public health,~~
12 ~~safety, and welfare by and through, in part, the registration and regulation of veterinary facilities~~
13 ~~and mobile facilities where and from which the practice of veterinary medicine occurs.]~~ KRS
14 321.236(1)(a) authorizes the Kentucky Board of Veterinary Examiners to promulgate administrative
15 regulations defining the application requirements and fees for veterinary facilities. KRS 321.235(1)(b)
16 requires the Kentucky Board of Veterinary Examiners to promulgate administrative regulations to
17 effectively carry out and enforce the provisions of KRS Chapter 321. This administrative regulation
18 establishes application requirements for veterinary facilities and minimum requirements for operation as
19 a registered veterinary facility.

20 Section 1. Definitions.

1 (1) "Dedicated Veterinary Services Space" or "DVSS" means ~~is defined as~~ a clearly distinct, purpose-
2 built area that is physically and operationally separate from non-veterinary spaces and retail shopping
3 areas, and that is designed to support the safe, private, and professional delivery of veterinary medical
4 care while maintaining compliance with applicable ~~administrative~~ regulations, ~~and~~ ensuring client
5 and patient comfort, and preventing harm to the public.

6 (2) "Fixed facility" is defined by KRS 321.181~~(40)~~⁽³⁸⁾.

7 (3)~~(2)~~ "Mobile facility" or "mobile unit" is defined by KRS 321.181~~(48)~~⁽⁴⁶⁾.

8 (4)~~(3)~~ "Practice of veterinary medicine" is defined by KRS 321.181~~(52)~~⁽⁵⁰⁾.

9 (5)~~(4)~~ "Practice of veterinary technology" is defined by KRS 321.181~~(53)~~⁽⁵¹⁾.

10 (6)~~(5)~~ "Premises" is defined by KRS 321.181~~(54)~~⁽⁵²⁾.

11 (7)~~(6)~~ "Registered responsible party" is defined by KRS 321.181~~(59)~~⁽⁵⁷⁾.

12 (8)~~(7)~~ "Veterinarian manager" is defined by KRS 321.181~~(70)~~⁽⁶⁸⁾.

13 (9)~~(8)~~ "Veterinary facility" is defined by KRS 321.181~~(73)~~⁽⁷¹⁾.

14 Section 2. General Requirements. Each veterinary facility that is located in Kentucky where the practice
15 of veterinary medicine or practice of veterinary technology occurs shall possess a veterinary facility
16 registration issued by the Kentucky Board of Veterinary Examiners. ~~Pursuant to KRS 321.236(2), all~~
17 ~~existing veterinary facilities in Kentucky shall be registered by June 30, 2025.~~

18 (1) A veterinary facility registration shall not be issued without a physical facility, either a fixed facility
19 or mobile unit.

20 (2) A veterinary facility shall be a dedicated space equipped for, staffed for, and primarily devoted to
21 the practice of veterinary medicine or the practice of veterinary technology.

22 (3) Premises primarily devoted to activities other than the practice of veterinary medicine or the practice
23 of veterinary technology, and which also~~that still~~ offer veterinary services to the public at a fixed

1 facility shall be registered as a veterinary facility and shall comply with paragraphs (a) through (f) of
2 this subsection.[subject to the following requirements:]

3 (a) The Dedicated Veterinary Services Space (DVSS) shall be physically and operationally distinct
4 from areas of other use.[§]

5 (b) The DVSS shall be confined and enclosed with walls, floor to ceiling so that, at a minimum, patients
6 are fully contained and separated from persons who are not veterinary personnel or an owner or owner's
7 agent.[§]

8 (c) The DVSS shall exclude individuals who are not veterinary personnel or an owner or owner's
9 agent.[§]

10 (d) To ensure public and patient safety, the provision of veterinary services in a DVSS shall be
11 physically separate from other retail activity and public services offered.[§]

12 (e) If the registered facility offers surgery services within the DVSS, the space shall conform to the
13 requirements of KRS Chapter 321 and 201 KAR 16:702.[;and]

14 (f) Veterinary facilities registered under this subsection may be inspected[shall be subject to
15 inspection] by the board to verify compliance with the provisions of this subsection to ensure both
16 public and patient safety.

17 (4)[(3)] A mobile facility shall be registered as an affiliate unit on a fixed facility registration, or
18 independently under a unique veterinary facility registration with a designated physical location for
19 parking and storage.

20 (5)[(4)] A registered facility shall have no more than two (2) mobile units under its registration without
21 incurring additional registration and renewal fees as established in 201 KAR 16:515.

22 (6)[(5)] Registration Documentation.

23 (a) A fixed registered veterinary facility shall prominently display the current registration certificate in
24 a public area of the registered facility.

1 (b) A mobile unit registered veterinary facility shall retain within the mobile unit the current registration
2 certificate which ~~shall be presented~~may be produced upon demand.

3 (c) The registration certificate shall:

4 1.~~(a)~~ Be legible; and

5 2.~~(b)~~ Show the current dates of registration.

6 Section 3. Exemptions from Requirements for Veterinary Facility Registration.

7 (1) The following premises shall be exempt from the requirements of this administrative regulation:

8 (a) Premises identified in KRS 321.181(73)(b)~~[321.181(71)(b)]~~;

9 (b) An expert who provides consulting services only to other veterinarians, who does not engage in the
10 practice of veterinary medicine on a patient directly, and who does not have a physical facility, either
11 fixed or mobile, where the consultant practices on animal patients;

12 (c) Public rabies vaccine-only clinics held in accordance with KRS 258.043; and

13 (d) Government sponsored vaccine clinics for animals solely to prevent infectious disease and that do
14 not include diagnostics, surgery, or the dispensation of prescription medications.

15 (2) The exception to register a premises as a veterinary facility as identified in subsection (1)(c) and (d)
16 of this section ~~shall not exempt~~does not alleviate a veterinarian from creating and maintaining
17 medical records in accordance with 201 KAR 16:701.

18 Section 4. Registered Responsible Party.

19 (1) Each Application for ~~a-~~Veterinary Facility Registration shall name the facility and identify each
20 registered responsible party.

21 (2) Pursuant to KRS 321.236(5), each registered responsible party shall be accountable for ensuring the
22 requirements of KRS Chapter 321 and 201 KAR Chapter 16 are met, including the timely designation
23 of a veterinarian manager for the veterinary facility in accordance with the provisions of 201 KAR
24 16:767.

1 (3) If it is determined that a registered responsible party has violated any provisions of KRS Chapter
2 321[the Kentucky Veterinary Medicine Practice Act] or 201 KAR Chapter 16, the board may take
3 disciplinary action, which shall be equal to that for a licensed veterinarian as provided by KRS Chapter
4 321[the Kentucky Veterinary Medicine Practice Act].

5 Section 5. Veterinarian Manager.

6 (1) Each Application for ~~1a~~-Veterinary Facility Registration shall designate a veterinarian manager. The
7 application shall include the veterinarian manager's original signature, or, if completed online, an
8 equivalent digital signature.

9 (2) A veterinarian manager shall be responsible for meeting the requirements of KRS Chapter 321 and
10 201 KAR Chapter 16, including ensuring the requirements for minimum standards are met and
11 maintained.

12 Section 6. New Application Requirements. A new application to the board for registration as a veterinary
13 facility shall include the following components:

14 (1) A completed application on an Application for Veterinary Facility Registration form or online
15 equivalent form, including all required attachments and fees pursuant to 201 KAR 16:515;

16 (2) A complete list of persons or entities who shall be the registered responsible party;

17 (3) Identification of the veterinarian manager;

18 (4) Identification of the legal business name and the doing-business-as (D.B.A.) name of the facility;

19 (5) Identification of the [name,] phone, address, and email address of the registered facility;

20 (6)[(5)] A copy of the business registration from the Kentucky Secretary of State, county
21 registration, or similar business registration, if one exists[Secretary of State business registration];

22 (7)[(6)] Identification of the species served from one (1) or more in a list provided by the board in the
23 application;

1 (8)[(7)] Identification of the patient services offered at the veterinary facility from one (1) or more in a
2 list provided by the board in the application;

3 (9)[(8)] A complete list of veterinarians working at the facility, excluding veterinarians providing locum
4 services less than fourteen (14) days in a calendar year to the facility;

5 (10)[(9)] A complete list of licensed veterinary technicians working at the facility;

6 (11)[(10)] A complete list of allied animal health professional (AAHP) licensees[permittees] working
7 at the facility;

8 (12)[(11)] A complete list of mobile units affiliated with the veterinary facility;

9 (13)[(12)] Disclosure of after-hours care arrangements;

10 (14)[(13)] For fixed facilities, county of facility location and counties served;

11 (15)[(14)] If the facility offers a haul-in installation for livestock;

12 (16)[(15)] For mobile units, a list of the counties served by the mobile unit;

13 (17)[(16)] Hours of operation;

14 (18)[(17)] A copy of any court documents, final orders, settlement agreements, or other documents
15 requested by the board in support of the application; and

16 (19)[(18)] Any other information requested by the board in support of the application.

17 Section 7. Background Checks. Pursuant to KRS 321.189, the board may:

18 (1) Conduct a national or jurisdictional level background check on each veterinarian manager applicant
19 for registration. The check shall be processed by a board-approved[board-approved] background
20 check provider and may include a copy of the applicant's fingerprints captured at a board-approved
21 location;

22 (2) Reject background checks that do not have an official seal or watermark[,] or that are more than
23 ninety (90) days old;

1 (3) Impose additional requirements as a condition of registration or deny registration following the
2 board's review of findings from a background check; and

3 (4) Waive the background check requirement for a veterinarian manager who is already licensed in
4 Kentucky and if a background check was previously conducted as a condition of licensure.

5 Section 8. Renewal and Reinstatement of Veterinary Facility Registrations. Pursuant to 201 KAR 16:765,
6 a registered responsible party or veterinarian manager shall:

7 (1) Ensure the timely renewal of the veterinary facility registration; and

8 (2) If applicable, ensure an appropriate reinstatement application is made to the board.

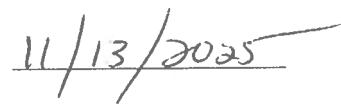
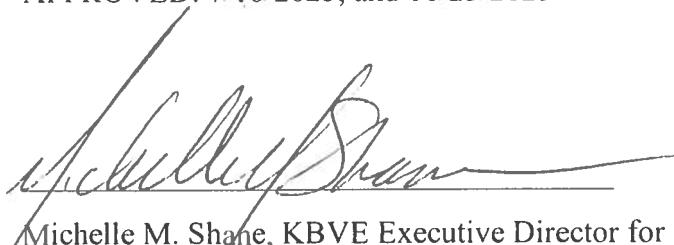
9 Section 9. The veterinary facility registration certificate shall be posted in a publicly viewable area on the
10 facility premises or on the mobile unit.

11 Section 10. Incorporation by Reference.

12 (1) "Application for Veterinary Facility Registration", 11/2025[07/2025][2/2025], is incorporated by
13 reference.

14 (2) This material may be inspected, copied, or obtained, subjected to applicable copyright law, at the
15 Kentucky Board of Veterinary Examiners, 4047 Iron Works Parkway, Suite 104, Lexington, Kentucky
16 40511, Monday through Friday, 8:30 a.m. to 4:30 p.m. This material may also be obtained at
17 kbve.ky.gov.

APPROVED: 7/10/2025, and 10/23/2025



Michelle M. Shane, KBVE Executive Director for
John C. Park, DVM, Board Chair
Kentucky Board of Veterinary Examiners

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

201 KAR 016:762

Contact Person: Michelle M. Shane, KBVE Executive Director

Phone: 502-564-5433

Email: Michelle.Shane@ky.gov

Subject Headings: Animals: Domestic, Boards and Commissions, Licensing, Veterinary Services

(1) Provide a brief summary of:

(a) What this administrative regulation does: This administrative regulation establishes application requirements for registered veterinary facilities and minimum requirements for registered veterinary facilities.

(b) The necessity of this administrative regulation: This administrative regulation is necessary to establish requirements approved by the board for veterinary facility registration applications and minimum requirements for registered veterinary facilities.

(c) How this administrative regulation conforms to the content of the authorizing statutes: KRS 321.175(4) states the purpose of the Kentucky Veterinary Medicine Practice Act is to promote, preserve, and protect the public health, safety, and welfare by and through, in part, the registration and regulation of veterinary facilities and mobile facilities where and from which the practice of veterinary medicine occurs. KRS 321.236(1)(a) allows the Kentucky Board of Veterinary Examiners to promulgate administrative regulations defining the application requirements, fees, and minimum requirements for veterinary facilities. KRS 321.235(1)(b) requires the agency to promulgate administrative regulations to effectively carry out and enforce the provisions of KRS Chapter 321.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation will assist in effective administration by clearly expressing the application requirements approved by the board for veterinary facility registration applicants.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: The amendment clarifies that fixed veterinary facilities are required to have a Dedicated Veterinary Services Space (DVSS) where veterinary services are provided and that the DVSS shall be confined and enclosed

with walls floor to ceiling so that, at a minimum, patients are fully contained and separated from persons who are not veterinary personnel or an owner or owner's agent. The board has determined that providing veterinary services to patients in a space that does not meet these requirements is a danger to the public and animal patients due to 1) an inability to maintain control of a patient, 2) opportunity for fractious or fearful patients to become aggressive to people during the provision of veterinary services, 3) high probability of bites, scratches, and other animal caused injuries, 4) the need to appropriately contain sharps instruments so that no accidental injury or contamination occurs, 5) risk of exposure or contamination from blood or fecal samples collected, and 6) potential for public access to unsecured veterinary drugs. The requirements stated in this amendment address those concerns. Further this amendment differentiates requirements for fixed and mobile facilities so that mobile facilities need not permanently display the registration in a public area. The Board has determined that such a display on a mobile unit may make the unit a target for theft or drug diversion, and because some units are mixed use personal / business vehicles. The amendment also clarifies that a copy of a business registration can be accepted from the State, County, or another source.

(b) The necessity of the amendment to this administrative regulation: The Kentucky Board of Veterinary Examiners has determined that the current regulation is unclear and requirements do not adequately protect the public from inappropriate exposures or possible serious harm from a variety of sources, including sharps (needles) with animal vaccine residues, animals that are not confined and that may bite or scratch due to fear or aggressive toward staff or members of the public, the risk of contamination from collected blood and fecal samples, and the potential access to veterinary drugs in an unsecure setting.

(c) How the amendment conforms to the content of the authorizing statutes: KRS 321.175(4) states the purpose of the Kentucky Veterinary Medicine Practice Act is to promote, preserve, and protect the public health, safety, and welfare by and through, in part, the registration and regulation of veterinary facilities and mobile facilities where and from which the practice of veterinary medicine occurs. KRS 321.236(1)(a) allows the Kentucky Board of Veterinary Examiners to promulgate administrative regulations defining the application requirements and fees for veterinary facilities. KRS 321.235(1)(b) requires the agency to promulgate administrative regulations to effectively carry out and enforce the provisions of KRS Chapter 321.

(d) How the amendment will assist in the effective administration of the statutes: This amendment will assist in effective administration by clearly expressing the application requirements approved by the board for veterinary facility registration applicants.

(3) Does this administrative regulation or amendment implement legislation from the previous five years? Yes, this administrative regulation implements legislation from 2023 RS HB 167, in Acts Chapter 95.

(4) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: Approximately 650 businesses in Kentucky offering veterinary services are estimated to be affected.

(5) Provide an analysis of how the entities identified in question (4) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (4) will have to take to comply with this administrative regulation or amendment: Applicants will be required to complete the appropriate application to request approval from the board for registration, renewal, or reinstatement of a veterinary facility registration.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (4): No costs are associated with compliance, as completing an application is a prerequisite for registration with the Board, as well as registration renewal and reinstatement. Minimal application fees are collected as established in 201 KAR 16:515.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (4): Administrative ease of clear communications of the application requirements associated with registration.

(6) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially: Enforcement of this regulation will be accomplished using current funding.

(b) On a continuing basis: The KBVE expects that, on an ongoing basis, it will enforce the provisions of this regulation using the current funding available to the agency.

(7) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation or this amendment: KBVE does not receive any general funds. All funds for the agency come from application fees, service fees, and administrative disciplinary fines.

(8) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: There is no anticipation of an increase in fees to implement this administrative regulation, as the KBVE is already running an administrative program to process applications and an enforcement program to ensure compliance.

(9) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: This regulation does not establish or increase any fees, directly or indirectly.

(10) TIERING: Is tiering applied? Tiering is not applied because this administrative regulation applies to all premises at which the practice of veterinary medicine occurs, except those entities excluded under KRS 321.200 and 201 KAR 16:762, Section 3.

FISCAL NOTE

201 KAR 016:762

Contact Person: Michelle M. Shane, KBVE Executive Director

Phone: 502-564-5433

Email: Michelle.Shane@ky.gov

(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation: KRS 321.203, 321.235(2)(b)1.c., 3.b., and (2)(e), 321.236(1)(a).

(2) State whether this administrative regulation is expressly authorized by an act of the General Assembly, and if so, identify the act: The General Assembly expressly authorized the regulation of veterinary facilities by the Kentucky Board of Veterinary Examiners in Acts Chapter 95.

(3)(a) Identify the promulgating agency and any other affected state units, parts, or divisions: The promulgating agency is the Kentucky Board of Veterinary Examiners. There are no other affected state units, parts, or divisions.

(b) Estimate the following for each affected state unit, part, or division identified in (3)(a):

1. Expenditures:

For the first year: The KBVE expects that it may enforce this provision of its regulations using existing fund available to the agency in the first year.

For subsequent years: The KBVE expects that, in subsequent years, the agency will enforce the provisions of this regulation using the funding available to the agency.

2. Revenues:

For the first year: There is no revenue generated by this filing.

For subsequent years: There is no revenue generated by this filing.

3. Cost Savings:

For the first year: There will be no cost savings; this administrative regulation simply codifies application requirements, making them easily accessible for regulated entities.

For subsequent years: There will be no cost savings; this administrative regulation simply codifies the application requirements.

(4)(a) Identify affected local entities (for example: cities, counties, fire departments, school districts): Kentucky counties may be impacted if the county animal control agency or animal shelter offers veterinary services to the public or conducts surgeries onsite for publicly owned animals.

(b) Estimate the following for each affected local entity identified in (4)(a):

1. Expenditures:

For the first year: There will be minimal costs involved to register a veterinary facility; as established in KRS 321.236(2) and 201 KAR 16:515, initial registration for regulated veterinary facilities is \$100.

For subsequent years: As established in 201 KAR 16:515, renewal for regulated veterinary facilities is a biennial fee of \$200 to maintain the registration for operation.

2. Revenues:

For the first year: There is no revenue generated by this filing.

For subsequent years: There is no revenue generated by this filing.

3. Cost Savings:

For the first year: There will be no cost savings; this administrative regulation simply codifies application requirements, making them easily accessible for regulated entities.

For subsequent years: There will be no cost savings; this administrative regulation simply codifies application requirements.

(5)(a) Identify any affected regulated entities not listed in (3)(a) or (4)(a): Regulated entities not identified in questions (3)(a) or (4)(a) include all veterinary facilities in Kentucky.

(b) Estimate the following for each regulated entity identified in (5)(a):

1. Expenditures:

For the first year: There will be minimal costs involved to register a veterinary facility; as established in KRS 321.236(2) and 201 KAR 16:515, initial registration for regulated veterinary facilities is \$100.

For subsequent years: As established in 201 KAR 16:515, renewal for regulated veterinary facilities is a biennial fee of \$200 to maintain the registration for operation.

2. Revenues:

For the first year: There is no revenue generated by this filing.

For subsequent years: There is no revenue generated by this filing.

3. Cost Savings:

For the first year: There will be no cost savings; this administrative regulation simply codifies application requirements, making them easily accessible for regulated entities.

For subsequent years: There will be no cost savings; this administrative regulation simply codifies application requirements.

(6) Provide a narrative to explain the following for each entity identified in (3)(a), (4)(a), and (5)(a):

(a) Fiscal impact of this administrative regulation: This administrative regulation does not set fees and will not bring in revenue. This filing only impacts applicants for a veterinary facility registration in Kentucky.

(b) Methodology and resources used to reach this conclusion: Budget reports and licensure reports were inputted into a large spreadsheet to calculate all board revenues, expenditures, proposed fees, and estimated quantities of applications based on historical numbers. Projections were calculated ten (10) years out to F.Y. 2036.

(7) Explain, as it relates to the entities identified in (3)(a), (4)(a), and (5)(a):

(a) Whether this administrative regulation will have a “major economic impact”, as defined by KRS 13A.010(13): The amendment to this administrative regulation shall not have a “major economic impact”, as defined in KRS 13A.010(13). This administrative regulation does not set fees and will not bring in revenue.

(b) The methodology and resources used to reach this conclusion: This amendment will not have a negative impact, as no fees are established as a part of this administrative regulation.

201 KAR 016:762

Contact Person: Michelle M. Shane

Phone: 502-564-5433

Email: Michelle.Shane@ky.gov

SUMMARY OF MATERIAL INCORPORATED BY REFERENCE

(a) The “Application for Veterinary Facility Registration” form, 2/2025, is the 6-page application form that entities seeking a veterinary facility registration are required to file to operate pursuant to KRS 321.203 and 321.236. KRS 321.235(1)(a)-(c) and (2)(b)2. require entities to complete an application form prescribed by the agency.

SUMMARY OF CHANGES TO MATERIAL INCORPORATED BY REFERENCE

(a) The “Application for Veterinary Facility Registration” form, 11/2025, is the 6-page application form that entities seeking a veterinary facility registration are required to file to operate pursuant to KRS 321.203 and 321.236. The following changes were made to the material:

- The header fax number was updated to correct a typo.
- All pages were updated in the footer to show an edition date of 11/2025.
- On page 1, instructions, the definitions were updated to provide the correct citations:
 - KRS 321.181(57) was corrected to KRS 321.181(59)
 - KRS 321.181(68) was corrected to KRS 321.181(70)
- On page 1, in Table 1.
 - In the second row, adding the word “Legal” in front of “Name of veterinary Facility”.
 - Adding two rows near the top of the table and the language “Doing Business As (D.B.A.) Name of Veterinary Facility / Business”
 - In the row, “REQUIRED ATTACHMENT”, after “Business Registration” insert “, County Registration, or similar.”
 - Adjusting the row heights to accommodate keeping all of Table 1 on page 1.
- On page 2, in Tables 2 and 3 – adding the word “Required” in all caps in the table header.
- On page 3, near bottom of the table, the “Permit” number was changed to “License”.
- On page 5, under the application fee
 - Under “On or Before June 30”, on the line beginning with “\$25” add a check box to the beginning of the line.
 - Under “After June 30”, to the first sub-bullet, add “; or” and strike the period; and on the second sub-bullet, add “; and”, and on the line beginning with “\$25” add a check box to the beginning of the line.

STATEMENT OF CONSIDERATION

Relating to 201 KAR 016:762

BOARDS AND COMMISSIONS

Board of Veterinary Examiners
Amended After Comments

I. The public hearing on 201 KAR 016:762, scheduled for Monday, September 29, 2025, at 1:00 PM EDT at the offices of the Kentucky Board of Veterinary Examiners (KBVE) was held per request. Written comments were received during the public comment period, which closed September 30, 2025. In the interest of transparency, late comments were accepted upon request through October 20, 2025.

II. The following people submitted written comments:

<u>Name and Title</u>	<u>Agency/Organization/Entity/Other</u>
James Beckman, DVM, KVMA President	Kentucky Veterinary Medical Association (KVMA)
James Beckman, DVM	Gaslight Equine
Todd Blevins, Kentucky State Director	Humane World for Animals (formerly, Humane Society of the United States, or "HSUS")
Feeders Supply Company, LLC	Feeders Supply Company, LLC
Katie Fleer, DVM, MPVM	VIP Petcare (LATE comment)
Lisa Frederico, DVM	Equine Integrative Therapy, PLLC
Karen Gillum, DVM	VIP Petcare
Katie Hogan, DVM	Hogan Veterinary Relief, PLLC
KVMA Executive Board	Kentucky Veterinary Medical Association
Thomas Kerr, Director of Veterinary Compliance	VIP Petcare
Nicole Logan, Senior Vice President and General Merchandise Manager	Tractor Supply Company
Kerry Lowary	Franklin County Humane Society
Scott Manifold, Field Operations Manager	PetIQ (LATE comment)
Douglas Mickey, DVM	Harlan Animal Hospital (LATE comment)
Lucky Pittman, DVM	Retired (LATE comment)

Sarah Robertson, DVM	VIP Petcare / Veterinary Therapeutics PLLC
Brenda Specht, DVM	VIP Petcare / Access Appalachia Animal Care
Beth Stringer, Field Operations Manager	PetIQ (LATE comment)
James Weber, DVM, KVMA Committee Chair	KVMA Governmental Relations Committee
Laura Williams, DVM	PetIQ
Dylan Wilson, DVM Agency	Relief work; Federal Public Health Kentucky Board of Veterinary Examiners

III. The following people from the promulgating administrative body responded to the written comments:

Name and Title

John C. Park, DVM, KBVE Chair
 Gene Smith, DVM, KBVE Vice Chair
 Dianne Dawes, DVM, KBVE Board Member
 Tom Dorman, Citizen-at-large, KBVE Board Member
 Tim Gardner, DVM, KBVE Board Member
 Stephanie Kennedy, DVM, KBVE Board Member
 Phil Prater, DVM, KBVE Board Member
 Jennifer Quammen, DVM, KBVE Board Member
 Amy Staton, EdD, LVT, KBVE Board Member
 R. Steve Velasco, DVM, State Veterinarian, Proxy for KDA Commissioner Jonathan Shell
 Michelle M. Shane, KBVE Executive Director

IV. Summary of Comments and Responses

(1) Subject Matter: Thanks to the board for thoughtful consideration and discussion.

(a) Comment: KVMA Executive Board, Dr. Beckman (KVMA), and Dr. Weber – The commentors state their gratitude for the Board's thoughtful consideration of the regulations for the new veterinary facility program. Besides the stakeholder meetings held in 2024, the KBVE held public discussions during a board meeting on May 22 and during a special meeting on July 10 to explore questions from licensees and the public regarding veterinary facility rules. KVMA stated they are “encouraged by several of the proposed changes in these amendments and express strong support” for multiple proposed amendments.

(b) Response: The Kentucky Board of Veterinary Examiners (KBVE, or the Board) endeavors to hear from all stakeholder groups. Inquiries to the Board's office are brought before the Members of the Board for consideration. The Board additionally hosts regular guest speakers to address the Board on topics under discussion. KBVE also hosts stakeholder meetings and outreach, issues a monthly newsletter on its activities, and openly welcomes public participation in the governance process. Contributing voices are critical to ensuring that regulation is done correctly for public protection. KBVE is grateful to KVMA and other stakeholders for their continued participation in the process so that the Members of the Board are able to make informed decisions. As a result of this comment, the Board did not make any changes to the proposed regulation amendments.

(2) Subject Matter: Services on farms and house calls will not be able to comply with DVSS requirement.

(a) Comment: Dr. Beckman (Gas Light), Dr. Hogan – The commentors state the requirement for a Dedicated Veterinary Services Space (DVSS) is not a standard that can be met in a barn or on house calls. Treatment barns require open air ventilation.

Another commentor stated that in-home services such as in-home euthanasia, house-call chiropractic and acupuncture occur in areas that are not dedicated veterinary spaces. Providing patient care in these non-veterinary settings reduces stress, supports elderly or mobility limited owners, and extends service access in rural and underserved areas. They ask the Board to clarify that the DVSS floor-to-ceiling wall requirements applies only to fixed facilities embedded in retail spaces.

(b) Response: KRS 321.181 (40) states "Fixed facility" "means a permanent location that is generally not moveable." The proposed requirement for a DVSS is limited in 201 KAR 16:762, Section 2(3) to "fixed" facilities. Paragraph (3) of the regulation also states that the DVSS applies to premises primarily devoted to activities other than the practice of veterinary medicine. Therefore, this proposed amendment shall not apply to mobile units that supply on-farm or in-home veterinary services, or fixed facilities that are primarily devoted to veterinary services and used for livestock. Also, KRS 321.181(73) specifically excludes a client's property unless a fixed veterinary facility is located on the premises. As a result of this comment, the Board did not make any changes to the proposed regulation amendments.

(3) Subject Matter: Reduced access to veterinary care.

(a) Comment: Mr. Blevins, Dr. Gillum, Fedder Supply, Ms. Logan, Ms. Lowary, Ms. Stringer – The commentors state the proposed changes would eliminate temporary vaccine and wellness clinics for thousands of pets across Kentucky and end a proven retail partnership model. This will be particularly felt in underserved areas where retail locations are the only available option for pet owners. Instead, the Board should be working to expand access to care, especially in rural areas, rather than creating barriers.

One commentator relayed the areas where they provide services, in 24 locations in Kentucky: Louisville (11 stores), Lexington (4 stores), Frankfort, Somerset, Elizabethtown, Shepherdsville, Covington (2 stores), LaGrange, Shelbyville, and Georgetown. Customers get in line and their pets are seen by the veterinarian one at a time in a quick, efficient process. They state their customers are happy. The commentator declares the implementation of this new rule would prohibit Feeders Supply from hosting these clinics because there is not a DVSS in their retail stores.

Another commentator relayed cities where they provide services include: Murray, Benton, Paducah, Bowling Green, and others in Kentucky.

The commentors state the proposed changes create barriers by requiring “floor to ceiling” walls be built in a Dedicated Veterinary Services Space (DVSS) to provide wellness services. This change will eliminate locations providing vital services for pets that otherwise would not receive veterinarian delivered vaccines and preventative care.

(b) Response: The Board does not seek to limit access to veterinary care, only to fulfill its mandate to protect the public by ensuring appropriate controls are in place for services offered. In the March 2024 Journal of the American Veterinary Medical Association (JAVMA), a letter from two National Institute for Occupational Safety and Health veterinarians titled, “Embracing patient safety culture in veterinary medicine could save money and time for veterinary healthcare workers” stated that “in 2002, the US veterinary profession had the second highest nonfatal injury incidence rate, 10.2 injuries per 100 full-time workers, compared to 2.5 in all industries (per 100 full-time workers). Furthermore, the veterinary profession has had a nonfatal injury incidence rate in the top five (5) among all private industries since at least 2013. The majority of the injuries reported in the veterinary industry are animal bites, kicks, and scratches. Embracing patient safety culture (PSC) would include adopting low stress handling to reduce animal anxiety while receiving veterinary care, making veterinary visits less stressful and safer for animals. Low-stress handling is also safer for veterinary staff because less anxious animals are less likely to bite, kick, or scratch.” There is ample evidence that patient containment and privacy are essential components in reducing patient stress and therefore reducing injuries.

Many of the comments received by the KBVE cite that the services offered by VIP Petcare and PetIQ occur primarily in rural and underserved areas and areas where there are no established veterinary facilities. However, the KBVE reviewed the locations listed in the responses and determined that there are in fact veterinarian licensees with mailing addresses in those locations:

- Benton, KY – 11 veterinarians
- Bowling Green, KY – 30 veterinarians
- Covington, KY – 6 veterinarians
- Elizabethtown, KY – 20 veterinarians
- Frankfort, KY – 16 veterinarians
- Georgetown, KY – 62 veterinarians
- LaGrange, KY – 13 veterinarians

- Lexington, KY – 330 veterinarians
- Louisville, KY – 224 veterinarians
- Murray, KY – 9 veterinarians
- Paducah, KY – 20 veterinarians
- Shelbyville, KY – 36 veterinarians
- Shepherdsville, KY – 7 veterinarians
- Somerset, KY – 11 veterinarians

While KBVE concedes that the mailing address listed for licensed veterinarians does not always equate to the veterinarian facility where they work, the Board does anticipate having the place of business / employment data as the new veterinary facility program comes fully online. Nonetheless, the claims from the comments that there are “no services” available in these communities is misrepresentative. Therefore, the claim that these communities would be without services in the event the DVSS requirement is enacted is unfounded.

The Board notes that there are different layers of access: financial, geographic, transportation, etc. This response has already shown that these clinics are offered in geographic areas where there is access to other veterinarian services. Additionally, the temporary clinics are not addressing barriers to transportation by offering mobile services which bring access to care directly to the client at the client’s location. So, the Board investigated financial access barriers.

To better understand the economics of the business model, the Board sent out a series of follow up questions to commentors for additional information. One commentor noted that the price points are reflective of an increase in service costs to defray the absence of a wellness exam charge. Another commentor noted that clients at the temporary clinics are often surprised to learn that the prices they pay are not out of line with the prices offered at dedicated veterinary practices.

The Board notes that KRS 258.043 allows for mass rabies vaccine clinics for the public, and 902 KAR 02:070, Section 8(3), establishes that an owner shall not be charged more than \$10 for a rabies vaccine. However, the public website for VIP Petcare shows that the charge for a rabies vaccine for dogs is \$25-37, significantly higher in cost than the low price point established by the Cabinet for Health and Family Services. While the pricing on the VIP Petcare website is very transparent and lists other service costs, which vary slightly by location, the price points appear to be in line with many dedicated veterinary establishments.

- A random sampling of prices at different locations shows canine services offered, including 5-in-1 (DA2P + Parvovirus) vaccine (\$45), Bordetella vaccine (\$35-51), Lyme Disease vaccine (\$37-47), 4-way Leptospirosis vaccine (\$36-45), Rattlesnake vaccine (\$39-49), Influenza (H3N8/H3N2) vaccine (\$35-56), Intestinal Parasite screening (\$40-50), Heartworm/Tick-Borne disease test (\$32-45), Microchip (\$25-32), Deworming (round/hook) (\$25-27), Deworming (tape) (+/- \$42 by weight), and Nail trim (\$24-30).

- Services for felines seem to be more consistent in pricing across locations, including Feline Leukemia vaccine (\$40), Intestinal parasite screening (\$40), FeLV/FIV test (\$50), Microchip (\$25), and Nail Trim (\$24).
- For both canines and felines, the website lists packages for young and adult animals which slightly discount the costs with bulk services pricing.
- It is noted that the pricing structure at all locations reviewed does not appear to offer a stand-alone feline rabies vaccine – this vaccine is only offered in a package. Package prices vary by locations sampled.
 - Ex. 1: “Vital Health Package” - adult cat including a “vitals check”, a PureVax 3-in-1 (FR/FCV/FPV) vaccine, a rabies vaccine, and intestinal parasite screening (\$103-106).
 - Ex. 2: “Total Health Package” - adult cat including a “vitals check”, a PureVax 3-in-1 (FR/FCV/FPV) vaccine, a rabies vaccine, feline leukemia vaccine, and intestinal parasite screening (\$120-124).

Of note, the Board is deeply concerned about the name of some of these packages being misleading to the public, i.e., a “Total Health Package” includes vaccines and parasite testing, but only a “vitals check” is completed. Based on comments submitted to the Board, the “vitals check” does not appear to be a complete veterinarian exam, as required to establish a veterinary-client-patient relationship (VCPR) pursuant to KRS 321.185. A VCPR is required by statute to be established in-person and renewed every 12 months in order for veterinary services to be provided and veterinary medicines to be prescribed or dispensed. It appears the VIP Petcare business model may not be in compliance with Kentucky statutes in this regard.

The Board concludes the clinics provided by the commentors are not offering low-cost public rabies clinics. In fact, the pricing offered at these clinics for the various other services is near or above the cost of the same services at a dedicated veterinary facility. The difference appears to be that a dedicated veterinary facility typically charges for a wellness exam/visit. The VIP Petcare / PetIQ business model appears to include a “vitals check” in the pricing of their packages rather than a separate line item. Given the pricing as listed on the commentor’s website, the Board concludes that this business model does not appear to be addressing financial barriers in a significant way.

If the business model offered by the commentors does not address access barriers related to geography, transportation, or finances, the Board then asks, why should the services being offered at these temporary clinics receive a waiver from the standards of safety, privacy, and cleanliness mandated for dedicated veterinary facilities that serve clients in the same communities? The Board concludes that the standards should be equal and the requirement for a DVSS will not eliminate veterinary service access to communities in Kentucky. As a result of this comment, the Board did not make any changes to the proposed regulation amendments.

(4) Subject Matter: Pop-up clinics occur near established veterinary locations.

(a) Comment: Dr. Mickey – The commentor stated that they have received numerous complaints over the years from clients who receive services at these pop-up clinics, especially from Tractor Supply. When the clients relay where they receive services, the locations identified always seem to be in population centers that already have established veterinary practices.

(b) Response: Following a review of the available data of Kentucky licensed veterinarians and the locations cited by temporary clinic providers VIP Petcare and PetIQ, Members of the Board have determined that the client complaints appear to be accurate regarding the locations where temporary services are offered. As a result of this comment, the Board did not make any changes to the proposed regulation amendments.

(5) Subject Matter: A “purpose built” DVSS is not the answer.

(a) Comment: Dr. Specht – The commentor stated that they travel light in small, fuel-efficient vehicles and not “mobile clinic” vans. They visit multiple locations each trip and carry only what they think they might need on the particular route. VIP Petcare sets up in animal supply retail locations, while the commentor’s personal business focuses on setting up in local animal shelters and community centers. Therefore, the services offered have a small footprint. Meeting the requirements of a “purpose built” DVSS will “effectively shut down mobile services like ours that rely on flexibility to serve variable locations.” This would disproportionately affect rural areas where brick and mortar clinics are few and far between.

The commentor requests clarification from the board to determine if a DVSS can be a temporary or flexible enclosure in places like retail stores and community centers. They describe a fully enclosed pop-up tent or canopy with walls and a floor. Additionally, temporary DVSS arrangements are needed for mobile spay/neuter clinics.

The commentor additionally stated that if no changes are made to the DVSS requirements, then they request an exemption for all mobile pop-up clinics, stating these temporary clinics offer services like a rabies clinic and should be treated the same way.

(b) Response: KRS 321.185 requires that a veterinarian establish a veterinarian-client-patient relationship (VCPR) prior to providing services to an animal patient. KRS 321.185(1) requires that a veterinarian has assumed responsibility under the VCPR for follow-up care and continuation of care to the patient, except where they have arranged for urgent care coverage by another veterinarian or veterinary facility. One purpose of the new veterinary facility registration program is to stop temporary practices by providers who do not offer appropriate follow-up care to their clients and patients. The Board has received multiple grievances from constituents through the years that demonstrate an inability to contact veterinarians from temporary clinics when trouble arises, and these clients are left to seek services from local veterinarians at additional, unanticipated cost. Beloved pets have died in some cases, while in other cases the clients have had to spend large, unanticipated money with a local veterinarian on emergency services to provide for patient recovery. Given this, the Board is concerned by the commentor’s

description of this service model whereby they are spending only a couple hours at any one location to provide high volume services that apparently fail to meet the requirements of a VCPR under KRS 321.185.

Members of the Board were unclear on how a veterinarian can travel in a small vehicle and still carry enough equipment to appropriately respond to a clinical emergency. Adverse reactions may require IV fluids, O2 monitoring equipment, tracheostomy care, etc. The Board reached out to this commentor about emergency services and was informed that the services they plan to provide are from a mobile unit. The commentor stated, "I encourage premedicating every patient with diphenhydramine since there is little or no access to emergency care for vaccine reactions after I move on." They went on to describe their emergency kit which included appropriate equipment for immediate response. They stated they provided a list of local clinics for care after they depart the area.

Patient reactions may be immediate and severe, or the reaction may be delayed by hours or even days. If an emergency were to occur immediately in a retail space pop-up clinic, without a DVSS there would be no dedicated space for appropriate treatment of the patient, and everyone in the retail space would be witness to the emergency response, including other animals there for services. If a delayed reaction occurred, the clinic would be over and the veterinarian who provided services would not be available to provide treatment. The Board notes that many of these temporary clinics are offered for small windows of time, 1.5 – 2 hours, often on weekends when many dedicated veterinary clinics or emergency facilities are not open, leaving clients and patients effectively without care in an emergency situation. The Board further notes that some of the veterinary facility registration applications received to date are for temporary clinics in retail spaces that list aftercare options which are no longer in operation or bypass much closer available services (i.e., outdated or inaccurate information).

Finally, the services offered by VIP Petcare, PetIQ and other similar business models are not the same as rabies vaccine clinics. A vaccine clinic for infectious diseases is allowable by 201 KAR 16:762, Section 3, but other veterinary services are prohibited, including diagnostics, surgery, or the dispensation of prescription drugs – additional services which are admittedly offered by this and other commentors. The high-volume nature of such public clinics demands limitation to appropriate services for such a setting, whereas offerings of additional services like diagnostics, non-core vaccines, and prescriptions require a dedicated veterinary facility or DVSS location to ensure that all appropriate equipment is available to treat patients in a safe and sanitary environment and offer the ability to respond to emergency needs. Pursuant to KRS 321.187 and 201 KAR 16:701, full medical records are also required for these additional services.

In response to the commentor's request for waivers, the Board notes the following: all spay-neuter clinics shall occur in conformity with 201 KAR 16:702, which require dedicated surgery space to achieve hygienic conditions – something that is not attainable in a community center, barn, or other non-veterinary facility under a pop-up tent. The animals receiving care from a Kentucky licensed veterinarian should be provided the same level of treatment and care, regardless of the cost of services. "Low cost" does not mean that less expensive care allows for

substandard surgery practices (which often impose long-term harm to the animal patient). All spay/neuter operations must be able to implement infectious disease protocols, aseptic surgical technique protocols, sterile instrument protocols, anesthetic protocols, pre- and post-op monitoring protocols, thermal support protocols, and provide or arrange for appropriate follow-up care for 48-hours following surgery in conformity with 16:702.

The Board affirms its position that a DVSS shall be a purpose-built area and cannot be temporary in nature in order to preserve safe and sanitary conditions within the space and offer privacy for medical services, emergency services, and public protection. As a result of this comment, the Board did not make any changes to the proposed regulation amendments.

(6) Subject Matter: DVSS should be for everyone providing services.

(a) Comment: Dr. Pittman – The commentor stated, “It seems to me that if Rural King can have a dedicated enclosed space, then TSC should be able to as well.”

(b) Response: The Board concurs with this statement, as there are similar business models offering services to rural communities that are able to provide the DVSS, like those in some PetSmart and other multipurpose locations. As a result of this comment, the Board did not make any changes to the proposed regulation amendments.

(7) Subject Matter: Insurance requires enclosed spaces.

(a) Comment: Dr. Mickey – The commentor stated that their veterinary facility recently underwent an audit. An increase in premium was applied because they do not have a completely enclosed reception area to prevent potential bites. This was just because of the lobby, and not their treatment areas. The commentor stated, “Retail stores do not have DVSS to promote, preserve, and protect the public’s health safety and welfare.”

(b) Response: Members of the Board stated that some of their own practices don’t offer a lobby to ensure a high level of safety for employees, patients, and owners. One Board Member relayed a recent incident at their own practice where a client brought a dog into the clinic lobby that attacked another patient, and a person was bitten. Despite the best controls in place, sometimes bites and unforeseen circumstances will result in patient or client harm. As noted by the commentor, even insurance companies recognize these risks and seek to establish better controls to reduce potential harm to patients and clients. As a result of this comment, the Board did not make any changes to the proposed regulation amendments.

(8) Subject Matter: Interruption of available services.

(a) Comment: Feeders Supply Company, Dr. Fleer, Mr. Kerr, Ms. Logan, Mr. Manifold, Dr. Specht, Ms. Stringer – The commentors state that they provide valuable services to clients in rural and underserved areas. The commentors state their uniquely portable “pop-up” model

provides services where significant barriers exist, including scarcity of traditional practices, scheduling issues, and financial constraints. They claim traditional care is unaffordable for many of their clients. They state the most important consideration is ensuring pets stay healthy and happy.

One commentator notes that since 2020, Feeders Supply has worked with VIP Petcare to offer vaccines and wellness services, as listed below:

- IMRAB Rabies vaccinations
- Bordetella vaccinations
- Influenza vaccinations (H3N8/H3N2)
- Lyme Disease vaccinations
- Heartworm testing and medications
- Intestinal Parasite testing and deworming
- Microchipping

One commentator stated that Tractor Supply has partnered with PetIQ for over a decade at 66 locations in Kentucky to offer affordable veterinary services to clients with no other access to care. PetIQ only offers preventatives care and vaccines, including services such as heartworm testing. All emergencies and other services are referred to local veterinarians, demonstrating that the temporary clinics often act as referral pipelines in rural communities. Under their existing model, PetIQ sets up temporary clinics inside the store approximately once per month.

Additional commentors state that VIP Petcare has served Kentucky for over 11 years, offering temporary clinics in 84 locations across Kentucky, many of them in underserved and rural areas. More than 6,000 pets rely on VIP Petcare for preventatives services, vaccines, and other veterinary care. They provide over 40 clinics every month in Kentucky, from large cities to rural towns. In 2024, they vaccinated against rabies 4,200 dogs and cats, ran over 1,700 diagnostic tests for heartworm and tickborne diseases, and microchipped nearly 400 pets. The commentors state that while they understand and share the board's commitment to safety and quality, they claim the requirement for a DVSS would limit care without providing any benefit.

(b) Response: The Board is under competing pressure: on one side to prohibit all temporary clinics from existing in Kentucky, and on the other to lift all restrictions related to public safety and allow any business model to operate anywhere. The Board disagrees with both approaches. There is a balance to be struck with free enterprise and the General Assembly's mandate to govern the profession and protect the public.

The Board acknowledges that the business model presented by VIP Petcare and Pet IQ in conjunction with their client hosts, Tractor Supply, Feeders Supply, and others is a model popular with their clients. The Board appreciates that this model works to offer services to clients at times convenient for the client. However, as noted in a prior response, perceived financial barriers are a false claim when an actual price comparison is conducted. Likewise, access to care is a false declaration when research confirms local veterinarians exist in the community, and to which the commentors acknowledge making referrals to. The Board

explicitly stated that it does not seek to prevent veterinary services from being offered to clients. However, the Board does seek to fulfill its mission of public protection by ensuring that veterinary services be offered in a safe, professional environment to reduce patient stress, ensure privacy, protect the public from animal inflicted harm and from contamination related to exposure of blood, feces, and vaccine residues in sharps, and ensure the security of drugs. This means a Dedicated Veterinary Services Space (DVSS) is necessary.

The Board has established in prior responses that the services offered at retail locations by these commentors exists in communities where other veterinarians exist with fulltime practices. This discrepancy between the commentors' statements and the available data raise concerns about the alleged referrals to clients for other veterinary services. Are the referrals providing accurate information? What happens when a client is faced with an emergency and there is an established veterinarian closer to their location? Are the staff and clients at these pop-up clinics appropriately informed about the veterinary services available in the local communities?

The Board further notes that some of the vaccines offered to clients are not a part of the required "core" pet vaccines. Bordetella, influenza, Lyme disease, and rattlesnake venom vaccinations are optional vaccines and not required. The way these vaccines are packaged for clients may be misleading, costing them extra money for optional vaccines.

On the other hand, the Board notes a heartworm test is required by package labeling in order to provide prescription heartworm medicines. Clients may purchase the heartworm prescription in quantities of 1-month, 6-months, or 12-months. In low-cost settings, clients typically opt for a 1-month or 6-month supply. Therefore, when the prescription runs out, a client must return to a veterinarian for refills during the 12-month VCPR period. KBVE reached out to commentors for clarifying information and learned that all diagnostic tests for VIP Petcare/Pet IQ clinics, including heartworm tests, are sent off to a qualified contracted laboratory. There are multiple issues of concern.

- If a dog gets a heartworm test and the results are not received until after the patient has already been issued a prescription and taken a dose,
 - If the test is positive and heartworm medicine is present in the system, this can result in serious complications for the patient. This is why an advanced test is strongly recommended to clients prior to prescription issuance.
 - If the patient is already on heartworm medicine and there is a positive test result, the drug company will cover costs of treatment, but no costs are covered if a heartworm test was not completed in advance of the prescription.
- If the client runs out of the 1-month or 6-month supply of heartworm medicine and goes to a local veterinarian for a refill, even with a VCPR in place, the local veterinarian cannot refill the prescription unless there is a documented record of heartworm test result and prescribed prevention in the medical record. If this is not in the medical record, a new heartworm test would be required according to label instructions for the local veterinarian to properly prescribe the medicine. The test would be at additional cost to the client.

Additionally, if a client wishes to fill their prescription at a location other than the pop-up facility, as they are permitted to do under 201 KAR 16:600, Section 2(6), it is unclear if the client would be provided that option at these pop-up service locations.

When clients come into a dedicated veterinary facility, a records review is conducted to look at the complete medical record and history for the patient, ensuring any treatment provided is appropriate. The continuity of care is important for patients, to monitor weight changes which can be indicators of other issues, monitor existing health issues, and identify contraindicated services. At the volume patients are seen at these temporary clinics (one commentator stated they can see 15-20 pets in an hour and a half, or even greater than 35 pets in two hours; this equates to or one (1) animal approx. every 3.5-4.5 minutes), there is not enough time to provide a complete medical records review and discuss with the client the patient history for each patient. If clients are not interested in the continuity of care for their animals, an owner is entitled to decline this choice for their animal/property, so long as it is an informed choice ("Informed consent", KRS 321.181(44)).

One Board Member relayed a report from a client who was issued a rabies certificate at a Tractor Supply clinic check-in, presumably to speed the line for services. However, a fight at the front of the line caused delays and the clients left without receiving the rabies vaccine. The clients responsibly came to their local veterinarian to obtain a rabies vaccine for their animals, in conformity with KRS 258.015. However, this raises major concerns with the SOP in place at the location because the rabies vaccine certificate was provided in advance of any vaccine. How many other people left the line that day? How many of those people followed up to receive the required rabies vaccine at another time or place? Were they charged again for the services? If providing the rabies vaccine certificate is an SOP, do other clients regularly leave the line with their certificate in hand and without having obtained the vaccine? What if, upon examination, the vaccine is contraindicated for the patient? Is a refund provided and the certificate collected back from the client? These are just a few of the very concerning questions brought up with this SOP. Rabies is a deadly zoonotic disease, and the SOP as described places the public at serious risk.

The Board is granted legislative authority to govern the practices of veterinary medicine in the Commonwealth in the interest of public health, safety, and welfare. Therefore, the Board endeavors to promulgate regulations that provide these protections in a fair and balanced playing field for the practice of veterinary medicine, ensuring the public may be confident the services they are receiving meet minimum standards of public protection and the providers they see are providing care in conformity with the Veterinary Medicine Practice Act to ensure their safety. As a result of this comment, the Board did not make any changes to the proposed regulation amendments.

(9) Subject Matter: Costs for services are lower at temporary clinics.

(a) Comment: Dr. Frederico, Dr. Specht – The commentators state clients need low-cost services. One commentator stated VIP Petcare can offer these low-cost clinics because they don't

have overhead, permanent equipment, extra staff, the cost of veterinary education, etc., all costs that are passed on to the client at traditional veterinary facilities. The commentor stated that to keep costs low perhaps these basic services need to be offered in community animal shelters so people can afford them. Lower costs mean more people can afford preventative care and be vaccinated from contagious and zoonotic diseases.

Another commentor stated they see between 15-20 pets in an hour and a half, and one time saw 36 pets in two hours at a clinic in Danville. They state that these clinics are not intended to replace local services, but a lot of these clients cannot afford or don't see regular veterinarians due to work schedule or costs, so at least the pets are being provided a "surface level" exam. They stated at the public hearing, "I always flip the ears and flip the lips".

(b) Response: The Board agrees that keeping costs low allows for more clients to access veterinary care for their patients. However, as noted in prior responses, research shows that the cost for services through the VIP Petcare clinics is near or above the cost for similar services in dedicated veterinary facilities. The declaration that the temporary services model provides a low-cost alternative is simply false and therefore misleading to clients.

Again, KRS 258.043 allows for mass rabies vaccine clinics for the public, and 902 KAR 02:070, Section 8(3), establishes that an owner shall not be charged more than \$10 for a rabies vaccine. This is low cost, but this is not what is charged by these pop-up clinics. As noted on the public website for VIP Petcare, the cost of a rabies vaccine is \$25-35, more than double the cost of a "low cost" offering.

A veterinary exam checks nose-to-tail, temp, palpate the abdomen, checking in the mouth, looking in ears and eyes, check skin, etc., and documents all findings in the medical record. One Board Member stated, "You'll miss more by not looking than not knowing". KRS 321.185(1) requires an exam to establish a VCPR and a VCPR is required to offer non-emergency veterinary services. (The only exception is a public rabies vaccine clinic.) The Board harbors serious concerns that services provided at these temporary clinics are not in compliance with the VCPR statute, something that all veterinarians must comply with to provide veterinary services in Kentucky. Further, the rapid volume of patients seen leads to real concerns of missed diagnosis or other contraindicators which may cause patient harm and may mislead the public into a false sense of security regarding their animal's health. As a result of this comment, the Board did not make any changes to the proposed regulation amendments.

(10) Subject Matter: Safety concerns are admirable, but unfounded.

(a) Comment: Mr. Blevins, Dr. Gillum, Mr. Kerr, Ms. Logan – The commentors state that safety concerns are without merit.

One commentor noted that a significant portion of their personal income is derived from providing these services. They also state that they and their team take their work seriously and find the Pet IQ/VIP Petcare training to be excellent. Another commentor stated that the services provided by VIP Petcare have never demonstrated a need for additional constraints because they

have never had incidents of animals escaping, syringes being mishandled, or environments proving unsafe. They state that the real-world evidence does not support the need for a DVSS and will instead reduce access to care.

Another commentor stated that Tractor Supply Company has never received complaints regarding danger to their customers, Team Members, or pets receiving care. They request that the board remove the requirement set out in 3(b) for floor-to-ceiling walls because there is no such space in their retail locations. They state that the areas currently used by PetIQ for their pop-up clinics already have a check-in station, a service station, and a check-out station.

(b) Response: The Board acknowledges that VIP Petcare, PetIQ, and other similar corporate models strive to offer veterinary services to the public that are both accessible and convenient. However, clients will register complaints in a variety of places, often in an online review, social media post, and even with a government agency -- and not necessarily with the place where they received services.

The Board has multiple, documented complaints regarding pop-up or temporary service locations, some detailing where real harm was done to patients. A recent complaint to the Board against Tractor Supply resulted in an investigation where the Board Investigator took photos of a VIP Petcare pop-up clinic. First, Tractor Supply was notified in writing of this complaint and had the opportunity to respond, but failed to do so. It is unclear if they notified VIP Petcare D.B.A. PetVet of the case. Second, the Investigator documented the visit with pictures. One set of pictures show an anxious pet owner hovering in the background between batteries for sale and bags of pet food in the cramped aisles where the veterinary services were provided to a cat that was held on a table, with no other constraints or boundaries. A member of the public appeared to be shopping in the aisle nearby. Additional pictures show a dog receiving vaccines on the floor of the retail aisle, and the dog was clearly anxious. As a result, the veterinarian covered its eyes. (Recent research finds evidence showing that the general pet population is showing increased anxiety.) Meanwhile, the pictures show that there is a dedicated pet "washroom" in the background with an advertised grooming table. Yet, the veterinary services were provided in the retail aisles. If there is a washroom available for pets, why should there not be a Dedicated Veterinary Services Space (DVSS) to adequately protect the public from potential dangers and prevent pets from possible escape, biting, or even providing privacy to reduce their anxiety?

It is the Board's informed opinion that there are real risks to the public and to patients in the open, boundaryless setting. Risks include patient escape, aggressive or fractious patients which may lash out at passersby or other patients, public exposure to disease and parasites, handling of sharps used to administer vaccines, etc.

The Board was particularly concerned about sanitary conditions related to fecal samples and sample processing given that a commentor at the public hearing indicated that sometimes hard to handle animals were taken into the employee breakroom. Practicing veterinarians on the Board state there is no way to take a fecal without spillage, and feces is a public health concern because of possible exposure to the feces and parasites present in samples. The Board reached out to VIP Petcare and other commentors to learn more about the diagnostic services offered on their

website, including “Intestinal parasite screening” which typically involves fecal sampling. Mr. Kerr responded and unequivocally stated that “NO fecal collection or testing is performed at any PetIQ clinic location”. He further stated that all fecal samples are sent off for analysis at Antech, a contracted reference laboratory. It is assumed that clients seeking fecal analysis bring in samples that the veterinarian collects and then conveys to Antech. Even so, fecal samples are still being handled in the public space. Further, it is unclear how blood is drawn for heartworm testing and how the blood is handled.

As a result of this comment, the Board did not make any changes to the proposed regulation amendments.

(11) Subject Matter: Safety concerns exist but can be mitigated without a DVSS.

(a) Comment: Dr. Specht – The commentor stated that they provide care to underserved communities in Kentucky, Ohio, Indiana, and West Virginia. The commentor stated that they initially shared the board’s concerns about safety, but after offering more than 500 clinics with VIP Petcare, they believe the established SOPs minimize the risks. However, the commentor does admit the risks remain and the board should address them appropriately without hindering vital mobile services as supplied by their business.

(b) Response: The Board thanks this veterinarian commentor for acknowledging the potential risks involved in providing veterinary services to patients in an open retail setting. The Board is glad to learn that SOPs exist to assist in mitigating risk to the public and animal patients. The Board again underscores that the goal of the DVSS is not to prohibit services being offered, but to ensure adequate controls are in place to protect the public and animal patients. A DVSS goes beyond SOPs to ensure controls are in place and consistent in all fixed veterinary facilities. As a result of this comment, the Board did not make any changes to the proposed regulation amendments.

(12) Subject Matter: DVSS are needed for safety of animal patients and the public.

(a) Comment: KVMA Executive Board, Dr. Beckman (KVMA), Dr. Weber – The commentors state that veterinary services should be provided in an enclosed space for multiple reasons:

- Patient safety – ensures animals are secure during provided services. Veterinary medicine is best preformed in a quiet, stress-free environment for accurate patient assessment.
- Public safety – Treatment in retail spaces or public areas offers animal patients the opportunity to escape, cause injury to humans in the open spaces, and spread disease to other animals or people.
- Privacy – As in human medicine, privacy related to medical diagnosis and treatment is essential to ensure medical records are kept private as required by the Practice Act.

- Employee safety – Providing treatment in unsuitable areas, such as break rooms, may expose employees or their food to disease, pet waste, or medical waste.

(b) Response: The Board concurs with the well stated concerns outlined by KVMA. As a result of this comment, the Board did not make any changes to the proposed regulation amendments.

(13) Subject Matter: Services provided are a matter of public health and animal well-being.

(a) Comment: Dr. Fleer, Ms. Lowary, Dr. Robertson, Dr. Wilson, Dr. Williams – The commentors state that they provide services to clients to assist with public health and disease prevention. They state that vaccines save lives and are essential to public health.

One commentator stated that they are a federal public health veterinarian and these clinics provide the only opportunity they have to provide preventative care to patients. They serve many rural areas of Kentucky from the East to the West, and there are not consistent veterinary service locations in these communities. They often see a complete lack of core vaccinations and rabies vaccines in their clientele. They ask that the regulations take these public services into consideration and do not stop delivery of these public health services.

The medical director for VIP Petcare stated that many of the vaccines they provide help combat zoonotic diseases. In 2024, they detected: 6 cases of heartworm, 5 cases of *Anaplasma phagocytophilum*, 90 cases of lyme disease, and 159 cases of *Ehrlichia* (disease spread by tick bites). These tests act as an early warning system in the community. The mandating of a purpose-built DVSS would eliminate services offered by VIP Petcare and endanger public health because these services would not reach the public and disease prevalence would increase.

One commentator stated the FCHS offers two vaccine clinics each year, serving approx. 500 animals annually. Additionally, they provide basic vaccinations of rabies, DAPP, and FVRCP with all spay/neuter packages. The commentator stated that the new regulations strictly limit the scope of what the FCHS contract veterinarians can now offer because it is “simply untenable for us to produce complete medical records on 200-300 animals in the span of one clinic”.

Another commentator stated they offer rabies vaccines at their pop-up clinics and this is a service for public health. Yet another commentator stated that these clinics help rural areas get at least basic veterinary care. They state that without these clinics, pets won’t be able to get basic things like rabies vaccines and parasite protection. They conclude the temporary clinics are very important to the future of animal and public health.

(b) Response: The Board agrees that access to veterinary vaccines aids in reducing public health risks by ensuring citizens are able to have their animals vaccinated on a regular schedule. This is why the Cabinet for Health and Family Services (CHFS) has a statute (KRS 258.015) and a regulation (902 KAR 2:070) addressing rabies control. This is also why the Board allows for local governments and health departments to sponsor rabies vaccine clinics which may include other vaccines to prevent infectious diseases (201 KAR 16:762, Section 3).

In response to the federal veterinarian commentor, the Board notes that the VIP Petcare/Pet IQ offerings are not the sole provider of these services in the interest of public health in the Commonwealth. There are many opportunities to partner with local governments and offer public health services to communities all over Kentucky.

In response to the Medical Director commentor, the Board appreciates the concerns for zoonotic disease transmission and testing for early detection. The Office of the State Veterinarian (OSV) mandates reporting requirements for a list of zoonotic diseases under KRS 257.020, 257.030, 257.080, and 302 KAR 22:030. However, it is unclear if the detected diseases are reported to OSV or even to local veterinarians in the community who are present and can maintain ongoing vigilance to determine if the disease is present in other patients or spreading. In an effort to better understand the SOPs in place for reporting zoonotic diseases, the Board reached out to the VIP Petcare Director of Veterinary Compliance and the Medical Director. The Board asked, “Can you share your SOP for infectious disease control with the Board? The Board is trying to understand the comments from Dr. Fleer regarding the statement where a list of zoonotic diseases and their detections are provided. It was stated the test results act as an ‘early warning system’ for the community. Can you please elaborate?” The representatives from VIP Petcare expressed confusion over this inquiry and did not provide any clarification.

In response to the commentor regarding basic vaccinations at the animal shelter, it should be noted that medical records are not a new requirement. KRS 321.185 and 187 and 201 KAR 16:701 require a veterinarian providing veterinary services to document the services and other findings in a medical record that must be kept on file for five (5) years past the last patient encounter. There are no exceptions and have never been exceptions for veterinary services provided at animal shelters or pop-up clinics. Further, records for spay/neuter clinics are even more critical because of the surgery procedures, drugs used, required patient monitoring, etc.

The Board acknowledges that years ago in the reaches of Eastern and Western Kentucky there was not access to veterinarians everywhere. Now, there is veterinary access to small animal care almost everywhere within about 30 min. Additionally, local governments and health departments regularly offer rabies clinics, often with other infectious disease vaccines, all over the Commonwealth. The Board reached out to CHFS for statistics on these offerings, but the Cabinet does not track them. However, the Board does hear regularly from veterinarians across the Commonwealth who participate in these offerings.

The Board underscores that if public safety is paramount, then the DVSS should not be an issue. As a result of this comment, the Board did not make any changes to the proposed regulation amendments.

(14) Subject Matter: Complaints from clients who don't get test results from pop-up clinics.

(a) Comment: Dr. Mickey – The commentor states that they have received numerous complaints over the years from clients who receive services at these pop-up clinics. The clients

have stated they pay for services like fecal and heartworm tests and then they are never provided the results. The commentor stated, "Kentuckians do not deserve this poor quality of care and risk of zoonotic disease because they don't get their test results."

(b) Response: The Board was concerned about these allegations and reached out for additional information from other commentors, including VIP Petcare and PetIQ. They stated that "each patient encounter results in the immediate generation and electronic transmission of a digital medical record to the client." Records may be retrieved upon demand at the client's return visit or by submitting a request through their website or customer service center. Further, they state that in 2025 the company launched a "Pet Parent Portal" where records may be accessed on-demand. The Board did not receive a copy of any records, and so cannot confirm that the contents are in conformity with KRS 321.185, 321.187, and 201 KAR 16:701. The Board notes that a pain point may exist with retail store staff not being informed of where to send clients for these records. As a result of this comment, the Board did not make any changes to the proposed regulation amendments.

(15) Subject Matter: Preventative care and education and empowerment for the community.

(a) Comment: Dr. Frederico, Mr. Kerr, Ms. Stringer, Dr. Williams – The commentors state the care provided at the VIP Petcare clinics includes education. They educate clients about preventative care. If there are any abnormal findings in a physical exam, referrals are made to full-service veterinarians for additional preventative care, often veterinarians located in the same communities where these clinics pop-up. They are able to tell clients about the low-cost services available at animal shelters and mobile veterinary services available. The education provided over time shows that people want more than just rabies vaccines and they want to take better care of their pets, including with flea, tick, and heartworm prevention supplies. But the clients seen at these temporary locations would not have known to take care of their pets with this basic care unless VIP Petcare was in the retail store to educate them about this need.

The commentors state they even encourage pet owners to develop relationships with full-service veterinarians. One commentor stated that they have had countless interactions with pet owners where a condition outside of their scope of offerings is identified and the client is referred to a full-service hospital within the area. Another commentor stated they empower pet parents to make informed decisions.

One commentor stated they regularly identify conditions such as dental disease, skin infections, heart murmurs, etc., and then can refer the client to get an appointment with a local clinic in the same area. Further, they state that their Medical Director is accessible anytime by phone, email, or other means.

They further state that clients are surprised to learn that the costs of whole veterinary care in one of the traditional veterinary facilities is more affordable than they guessed. But without that retail interaction, these clients would not have discovered this information.

(b) Response: The Board appreciates the education and outreach conducted with the public regarding the need for veterinary care. The Board is concerned, however, regarding the lack of aftercare and emergency care offered by the temporary clinics. KRS 321.185 requires that a veterinarian establish a veterinarian-client-patient relationship (VCPR) prior to providing services to an animal patient. KRS 321.185(1) requires that a veterinarian has assumed responsibility under the VCPR for follow-up care and continuation of care to the patient, except where they have arranged for urgent care coverage by another veterinarian or veterinary facility. The Board has had numerous grievance cases through the years whereby patients have been harmed or even died because the provider of “low cost” veterinary services was not in town to respond to their need. As a result, the clients often experience the loss or harm to their animal, or are forced to pay unexpected fees for emergency care by other veterinarians in the local community.

One Board Member related a recent case with a longtime client. He received a call at 2:00 am regarding a very sick dog. The client indicated they attended a vaccine clinic at the local store and their dog received the leptospirosis vaccine. The client was not told about the dangers of the lepto vaccine or provided any information about the risks associated. Had the client gone to their regular veterinarian, they would have been advised that their dog’s medical history showed this patient was violently reactive to the lepto vaccine. The patient nearly died, but the local veterinarian was able to save him. This level of care is not available via text, email, phone, or virtual visit.

The Board appreciates that clients need access to veterinary services at times that are convenient for them, including weekends. However, the Board is deeply concerned that the veterinarians providing services are not available for critical follow up care given that many local clinics are not open for emergency services on the weekends. Again, virtual visits cannot provide emergency care treatment – they can only advise to seek in-person veterinary care immediately. Why should this burden fall on the local veterinarians who were not involved with the initial services?

The Board also discussed that vaccines are only a small portion (5-10%) of patient care needs. There are so many other issues that need monitored for an animal patient’s health. As a result of this comment, the Board did not make any changes to the proposed regulation amendments.

(16) Subject Matter: Complaints from clients who get sent long distances for additional services.

(a) Comment: Dr. Mickey – The commentor stated that they have received numerous complaints over the years from clients who receive services at these pop-up clinics, especially at Tractor Supply. Clients state that they are not told where to go for emergency services, because the veterinarian providing services does not know anything about their community. Instead, they are directed to services hours away, wasting client time and causing patient harm and sometimes death while in route.

(b) Response: The Board again notes that typically the vaccine clinics are often at a more convenience time for the client, but potentially not for the patient because there are no local emergency services available. KRS 321.185(1) requires that a veterinarian has assumed responsibility under the VCPR for follow-up care and continuation of care to the patient, except where they have arranged for urgent care coverage by another veterinarian or veterinary facility. Therefore, a veterinarian should be responsible for providing emergency care if the emergency happens as a result of the services they provided. Otherwise, the burden of care falls to veterinarians in the local communities who must charge appropriate fees for the emergency services, sometimes at great expense to the client in an emergency. As a result of this comment, the Board did not make any changes to the proposed regulation amendments.

(17) Subject Matter: Access to medical records.

(a) Comment: Dr. Mickey – The commentor stated that they have received numerous complaints over the years from clients who receive services at these pop-up clinics, particularly at Tractor Supply. After receiving services, the clients attempt to obtain medical records for their visit and find that the retail store doesn't have the name of the veterinarian or contact information. In other words, there is no veterinarian manager at their stores. The Practice Act requires medical records be kept and made available to the client for five years, but these pop-up clinics don't seem to do that.

(b) Response: KRS 321.185 and 187 and 201 KAR 16:701 require a veterinarian providing veterinary services to document the services and other findings in a medical record that must be kept on file for five (5) years past the last patient encounter. As noted in prior comments, while VIP Petcare and PetIQ now offer an online portal to obtain records on demand, this may not be the case for others providing pop-up services. Additionally, the retail store staff may not be appropriately educated on where to send clients for their records. As a result of this comment, the Board did not make any changes to the proposed regulation amendments.

(18) Subject Matter: Regulatory Impact Analysis and Tiering Statement, Fiscal Impact Statement.

(a) Comment: Dr. Frederico – The commentor quotes the KBVE Regulatory Impact Analysis and Tiering statements: “The board has determined that providing veterinary services to patients in a space that does not meet these requirements is a danger to the public and animal patients due to 1) an inability to maintain control of a patient, 2) opportunity for fractious patients which may become aggressive to people during the provision of veterinary services, and 3) the need to appropriately contain sharps instruments so that no accidental injuries occur.”

The commentor stated that they have been working with VIP Petcare for seven years and they do not believe these statements apply to the open setting in which their clinics are held. They state that all animals are required to be in a carrier or on a leash, and that animals that appear problematic are denied services. However, they do allow problem animals in the clinic

area if they are restrained or muzzled. Sometimes, owners leave the pet in the car until it is their turn to be seen.

The same commentor stated that they see animals with behavior problems that have been turned away from traditional veterinary practices.

The commentor also notes that many of the retail locations have other dedicated services for pet owners, including separate grooming and pet washing facilities. Many stores have designated spaces away from retail space where the temporary clinics are held.

Finally, VIP Petcare provides appropriate biohazard containers “on each rig” that are utilized for sharps disposal.

(b) Response: The Board expresses concern regarding the apparent contradictory information in this commentor’s responses.

- The commentor stated that the company they work with refuses to see animals with problematic behavior issues, and also that they see animals with behavioral issues that have been turned away from dedicated veterinary facilities.
- The commentor stated that it is not possible to provide a Dedicated Veterinary Services Space (DVSS) in their retail location, and yet the retail stores where they provide services have dedicated, enclosed spaces for pet washrooms and pet grooming.

The Board is tasked in statute with setting minimum standards of care which apply to all registered facility locations in the interest of public and patient safety. Convenience should not trump medical standards. Even pharmacists who provide human vaccines must do so in a private, separate space and require patients to wait some time prior to departure to ensure there are no adverse reactions. The Board asks, if a dedicated space can be made for a pet washroom and pet grooming, why should an exception be made for one company offering veterinary medical services in the shopping aisles?

Again, the Board is under competing pressure: on one side to prohibit all temporary clinics from existing in Kentucky, and on the other to lift all restrictions related to public safety and allow any business model to operate. The Board disagrees with both approaches. There is a balance to be struck with free enterprise and the General Assembly’s mandate to govern the profession and protect the public. The Board does not seek to shut down VIP Petcare operations in Kentucky; however, the Board does seek to ensure appropriate guardrails are in place for veterinary medical services to be safely provided. One of the most basic standards is a Dedicated Veterinary Services Space (DVSS) to ensure privacy for services (reducing patient stress), containment for animal patients (reducing injuries and escapees), and sanitary conditions (reducing exposure to vaccine residues, sharps, diseases, and fecal and blood samples). As a result of this comment, the Board did not make any changes to the proposed regulation amendments.

(19) Subject Matter: Benefits of high volume spay/neuter operations

(a) Comment: Ms. Lowary – The commentor stated that the regulatory impact and tiering statement and the fiscal impact statement only address the impacts on the board and does not address the impact on lives of companion animals in the community, including low cost spay/neuter services. According to Shelter Animals Count (SAC), an organization tracking shelter data in the U.S., there are approx. 425 animal shelters in Kentucky, and 242 of those participate with SAC. In 2024, those 241 shelters reported 131,764 animal intakes. The commentor also notes that community adoptions per capita for Kentucky are 18.9%, an estimated 60.5% of intakes – leaving a large gap between adoptions and non-live outcomes. The commentor provided a copy of the 29-page SAC report on national shelter intakes and the 9-page SAC report on altered statuses.

Further, the commentor offered a case study of Franklin County Humane Society (FCHS). In 2019, FCHS took in 1,001 cats. Even with Trap-Neuter-Return (TNR) clinics and low cost spay/neuter services, the intake number remained near the 2019 number. To address this, FCHS launched a no-cost spay/neuter service for any cat in Franklin County. Today, FCPS has witnessed declined intake, with only 624 cats in 2024. Clearly, there is a need for these programs.

The commentor accuses the board of developing these regulations without input from the organizations and companies that will feel the greatest impact. They ask the board to reconsider moving these regulations forward until more input is received from those offering low-cost services.

(b) Response: The Board appreciates the remarkable outreach and community services being provided in Franklin County regarding spay/neuter services. Members of the Board agree that low cost spay/neuter (s/n) services are an essential tool to help control and decrease the unwanted pet population. The s/n work being done in Franklin County demonstrate results that make FCHS a model in Kentucky.

The Board endeavors to hear from all stakeholder groups. Since 2022, the Board has held multiple stakeholder outreach groups to discuss veterinary facility registration, meetings held at the Board's offices and in communities across Kentucky. Also in 2022, the Board met with key stakeholders in the s/n arena regarding their work in communities across Kentucky and the drug protocols used in these settings. The commentor has held a credential with the Board for a decade and has been in the recipient list for many of the outreach communications sent out.

Regularly, inquiries to the KBVE office are brought before the Members of the Board for consideration. KBVE hosts regular guest speakers to address the Board on topics under discussion and for expert information. The Board also hosts stakeholder meetings and outreach, issues a monthly newsletter on its activities, and openly welcomes public participation in the governance process. Contributing voices are critical to ensuring that regulation is done correctly for public protection. KBVE is grateful to stakeholders for their continued participation in the process so that the Members of the Board are able to make informed decisions.

Another stakeholder group is the public who use veterinary services. The Board notes that majority of grievances filed with the agency regarding temporary veterinary service clinics relate to aftercare access and emergency services, particularly associated with s/n clinics where the practitioners leave town and are not available post-operation to provide patient support. The Board is tasked in statute with setting minimum standards of care which apply to registered facility locations in the interest of public health and safety. A Dedicated Veterinary Services Space (DVSS) is necessary for patient care especially in surgery situations where the standards of 201 KAR 16:702, minimum standards for surgery must be met. Following stakeholder input, and after careful consideration, the Board determined that s/n clinics in Kentucky must be offered only at a registered veterinary facility able to comply with administrative regulations for patient care, safety, sanitary conditions, and security of drugs. As a result of this comment, the Board did not make any changes to the proposed regulation amendments.

(20) Subject Matter: People love these clinics.

(a) Comment: Dr. Frederico, Ms. Stringer, Dr. Robertson, Dr. Williams – The commentors state people that come to these clinics say that they don't have access to veterinary care either due to no veterinarians practicing in their area, or limited hours of operation, or long wait lists.

One commentor stated they feel that any inherent risk from offering these services in retail locations is outweighed by the benefits received by the public. A different commentor stated that convenience is a primary factor for pet owners. Another commentor stated that they are often thanked for providing these services. One commentor provided select 5-star reviews from clients as taken from the internet, including praise for the services offered, the helpful staff, and great experiences. The commentors state that they want to keep offering these services to the public with the current model because the public wants these services delivered in this way.

(b) Response: The Board appreciates the information relayed that some clients are happy with the veterinary services they receive from VIP Petcare. The Board is tasked with ensuring that any veterinary care provided in Kentucky meets certain minimum standards for public safety and protection, because sometimes the public is ignorant to minimum professional requirements for services. When discussing this comment, Members of the Board felt that, in a way, the public was being victimized by the provision of these services in unsafe environments without access to aftercare because the clients don't understand what the minimum standards are. The same standards should apply to any licensed veterinarian and the services they offer. Clients will be even more satisfied when they are receiving veterinary services in an appropriate private setting, and with accurate information so they may access aftercare for their animals in the event of an emergency. As a result of this comment, the Board did not make any changes to the proposed regulation amendments.

(21) Subject Matter: Fairness in regulatory standards.

(a) Comment: KVMA Executive Board, Dr. Beckman (KVMA), Dr. Mickey, Dr. Weber – The commentors state that diagnosis and treatment of disease is the practice of veterinary medicine, and the law should be applied equally to those providing services.

One group of commentors state, “‘Pop-up’ or one-day clinics providing more than vaccinations should meet the same standards as established facilities to ensure fairness” for practitioners who are trying to make a livable wage in the communities of Kentucky. This also helps protect patients by ensuring that access to care is more than just “pop-up” in nature. The established relationship with a local veterinarian provides continuity of care and access to care for all of a patient’s needs.

The commentors state they are concerned with the lack of follow-up care offered after vaccinations, especially in adverse reaction situations. When emergency care is needed, patients face both financial and geographical burdens to access emergency care. Pop-up or temporary clinics are not equipped to provide comprehensive treatment, “raising the question of why they are permitted to diagnose, treat, and prescribe without meeting the same requirements as established practices.”

Another commentor stated, “No company is above the law. No matter how big they are.” They do not believe that exceptions should be made for this business model.

To this end, the commentors request clarification from the board on provider responsibility for follow-up care. When temporary service providers shutter their doors following the brief few hours of service each month, clients and patients are left with no options for in-person care from the temporary veterinarian. Instead, the burden falls unfairly upon local veterinarians who were not involved with the original treatment. Clients then look to local veterinarians to accommodate them by providing care and reducing costs of afterhours or emergency services. The commentors urge the board to establish clear guidelines and protections in this area to ensure patients have appropriate access to in-person care on an ongoing basis from their service providers.

(b) Response: Members of the Board agree with KVMA’s comments. In 2022, the Board partnered with KVMA and the Kentucky Department of Agriculture (KDA) on a project bringing together the agricultural and veterinary communities in Kentucky to discuss veterinary shortages in rural areas and on-farm services. Participants included the Kentucky Farm Bureau, Kentucky Cattlemen’s Association, Kentucky Livestock Coalition, and other key stakeholders. The work culminated in the Veterinary Shortage Working Group (VSWG) report. One of the outcomes of the VSWG was the understanding that producer training to provide various veterinary services on their own animals eroded the veterinary-client-patient relationship (VCPR) between producers and veterinarians. There had been a shift where veterinarians in rural communities were only being called upon for emergency services. As a result, veterinarians were not providing basic animal care and were not able to earn a livable wage to stay in the community. So, they migrated away from rural areas or shifted to mixed animal practice, and stopped doing as much, if any, on-farm work. Producers in turn had to change,

where they hauled in livestock for services because it was too costly to pay for emergency farm calls. In the short term, producers saved money by doing some of their own veterinary work. In the long run, the eroded VCPR drove veterinarians to seek a living in other ways and areas, further reducing access to veterinary care.

In recent years, the General Assembly has moved to enact legislation to help address rural veterinary shortage issues (24RS HB 553). This is bringing veterinarians back to provide veterinary care for producers in rural or underserved areas. Producer groups and KVMA are working to rebuild the relationships between veterinarians and producers so that these veterinarians can provide basic care services to the herds of Kentucky and keep those veterinarians in rural areas. The VSWG brought together key stakeholders to find real solutions for Kentucky communities.

In the interest of public protection, the Board hopes not to see the same losses in small animal medicine. There is a valid concern that when basic veterinary care is no longer provided by local veterinarians, and those veterinarians are only called upon for emergency services, these providers may look to other communities or other states where they can offer their services. A loss of veterinary care and dedicated access to care does not contribute favorably to public protection.

The Board's mission is to provide public protection by ensuring that those providing services are qualified to do so and that those providers meet minimum standards with the care they provide. The commentors rightly cite that access to care and continuity of care are essential elements of public protection. In the instances of pop-up clinics provided outside of a Dedicated Veterinary Services Space (DVSS) setting, there are issues with lack of appropriate controls for safety, sanitary conditions, and privacy. The Board has determined that a registered veterinary facility in a fixed location with mixed retail space must have a DVSS to meet minimum standards for veterinary care. The Board has determined that there should not be exceptions for mixed use or retail spaces in which veterinary services are provided.

KRS 321.185(1)(c) requires follow-up care and continuation of care be available to the patient. The Board agrees that aftercare agreements should be in place, so clients have reasonable, accessible options for aftercare and emergency care. This arrangement is best done arranged formally in writing. Without a formal written agreement, the arrangement may be unreliable. Without a formal agreement, clients may be sent on a fruitless journey tracking down where a facility exists and if they are open to receive emergencies. The Board believes a statutory change would be needed to require a formal written agreement for follow-up care. As a result of this comment, the Board did not make any changes to the proposed regulation amendments.

(22) Subject Matter: Support for strong standards.

(a) Comment: Dr. Hogan – The commentor stated they support strong standards for safety, sanitation, privacy, patient containment, and controlled substances security. However, they ask

the board to develop rules on performance-based outcomes rather than establishing construction requirements.

(b) Response: The Board is not establishing construction requirements. Pursuant to KRS 321.236, the Board is simply establishing minimum requirements for veterinary facility licenses. A Dedicated Veterinary Services Space (DVSS) exists to provide veterinary services in a mixed-use veterinary facility to ensure safety, sanitation, privacy, patient containment, and security of drugs. In the March 2024 Journal of the American Veterinary Medical Association (JAVMA), a letter from two National Institute for Occupational Safety and Health veterinarians titled, “Embracing patient safety culture in veterinary medicine could save money and time for veterinary healthcare workers” stated that “in 2002, the US veterinary profession had the second highest nonfatal injury incidence rate, 10.2 injuries per 100 full-time workers, compared to 2.5 in all industries (per 100 full-time workers). Furthermore, the veterinary profession has had a nonfatal injury incidence rate in the top five (5) among all private industries since at least 2013. The majority of the injuries reported in the veterinary industry are animal bites, kicks, and scratches. Embracing patient safety culture (PSC) would include adopting low stress handling to reduce animal anxiety while receiving veterinary care, making veterinary visits less stressful and safer for animals. Low-stress handling is also safer for veterinary staff because less anxious animals are less likely to bite, kick, or scratch.” There is ample evidence that patient containment and privacy are essential components in reducing patient stress and therefore reducing injuries. A DVSS space would include reduced incidents of injury to the public. As a result of this comment, the Board did not make any changes to the proposed regulation amendments.

(23) Subject Matter: Support for vaccine clinics in partnership with local health departments.

(a) Comment: KVMA Executive Board, Dr. Beckman (KVMA), and Dr. Weber – The commentors state they encourage vaccination clinics, particularly annual rabies clinics, and that these can be done in partnership with local health departments.

(b) Response: KRS 258.043 allows for mass rabies immunization clinics. 201 KAR 16:762, Section 3(c) and (d) also support vaccination clinics. As a result of this comment, the Board did not make any changes to the proposed regulation amendments.

(24) Subject Matter: Updating regulations is good, but don't build barriers to practice.

(a) Comment: Dr. Williams – The commentor stated that they understand why updating regulations is important. They state that as a relief veterinarian, they have witnessed some subpar conditions in some veterinary clinics. However, they also state that veterinarians are overworked and burnt out and regulations that are too restrictive create barriers to providing services to the public. They claim these regulations will cause veterinarians to leave Kentucky because their work will be more difficult.

(b) Response: Part of the Board's mission is to establish standards for veterinary facilities in order to ensure public protection through minimum standards for veterinary patients. All states have some type of restrictions in place to ensure veterinarians are qualified and meet minimum standards to practice. If licensees go to another state, they still have to comply with regulations that appropriately and fairly restrict practice. Many Members of the Board are also practicing veterinarians, and they feel these standards are essential for patient and public safety. As a result of this comment, the Board did not make any changes to the proposed regulation amendments.

(25) Subject Matter: Request to work with the board.

(a) Comment: Ms. Logan – Tractor Supply expresses that they want to make affordable care for all pets as safe and easy as possible. The commentor expresses that they would be happy to work with the KBVE on a solution that keeps all pets and owners safe and healthy.

(b) Response: The Board appreciated this willingness to keep patient and client safety top of mind. The Board looks forward to learning about any proposals Tractor Supply may have to ensure access to care meets the requirements for a veterinary facility and appropriate Dedicated Veterinary Services Spaces (DVSSs) in Kentucky.

(26) Subject Matter: Gratitude for the board's work.

(a) Comment: KVMA Executive Board, Dr. Beckman (KVMA), and Dr. Weber – The commentors expressed their gratitude to the board for their continued work to protect the public.

(b) Response: Members of the Board thank commentors for this recognition of the Board working to fulfill its mission. The Board is under competing pressure to prohibit pop-up services entirely vs. to lift all restrictions on practice. Members of the Board regularly discuss these topics and have devoted much time in recent years to finding a balance with public protection and free enterprise. The Board determined that regulation is necessary for public and patient safety, sanitation, privacy, patient containment, and security of drugs. Establishing minimum requirements for veterinary facility licenses, including the requirement for a Dedicated Veterinary Services Space (DVSS) provides a reasonable solution and still allows veterinary services in a mixed-use veterinary facility under the appropriate conditions. As a result of this comment, the Board did not make any changes to the proposed regulation amendments.

(27) Subject Matter: Conformity with KRS Chapter 13A

(a) Comment: Agency – Following legal review, the agency notes changes are necessary to conform with KRS Chapter 13A.

(b) Response: In response to this comment, the Board made edits to the regulation for clarity of intent and conformity with KRS Chapter 13A and the KRS Chapter 321, the Kentucky Veterinary Medicine Practice Act.

V. Summary of Statement of Consideration and Action Taken by Promulgating Administrative Body

The public hearing on 201 KAR 016:762 was held per request. Written comments were received during the public comment period. The Kentucky Board of Veterinary Examiners responded to the comment as noted above and amends the administrative regulation as follows:

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NECESSITY, FUNCTION, AND CONFORMITY

Line 10-13

Delete “KRS 321.175(4) states the purpose of the Kentucky Veterinary Medicine Practice Act is to promote, preserve, and protect the public health, safety, and welfare by and through, in part, the registration and regulation of veterinary facilities and mobile facilities where and from which the practice of veterinary medicine occurs.”.

Page 2

Section 1(1)

Line

After “or “DVSS””, insert the following:

means

Delete “is defined as”.

Page 2

Section 1(1)

Line 4

After “with applicable”, insert the following:

administrative

After “regulations”, insert the following:

²
Delete “and”.

Page 2

Section 1(2)

Line 6

After “KRS 321.181”, insert the following:

(40)

Delete “(38)”.

Page 2

Section 1(3)

Line 7

After "KRS 321.181", insert the following:

(48)

Delete "(46)".

Page 2

Section 1(4)

Line 8

After "KRS 321.181", insert the following:

(52)

Delete "(50)".

Page 2

Section 1(5)

Line 9

After "KRS 321.181", insert the following:

(53)

Delete "(51)".

Page 2

Section 1(6)

Line 10

After "KRS 321.181", insert the following:

(54)

Delete "(52)".

Page 2

Section 1(7)

Line 11

After "KRS 321.181", insert the following:

(59)

Delete "(57)".

Page 2

Section 1(8)

Line 12

After "KRS 321.181", insert the following:

(70)

Delete "(68)".

Page 2

Section 1(9)

Line 13

After "KRS 321.181", insert the following:

(73)

Delete "(71)".

Page 2

Section 2

Line 16-18

Delete "Pursuant to KRS 321.236(2), all existing veterinary facilities in Kentucky shall be registered by June 30, 2025."

Page 2

Section 2

Line 21

After "staffed", insert the following:

for

Page 3

Section 2(3)

Line 2

After "veterinary technology", insert the following:

, and which also

Delete "that still".

Page 3

Section 2(3)

Line 3

After "registered as a veterinary facility", insert the following:

and shall comply with paragraphs (a) through (f) of this subsection.

Delete "subject to the following requirements:".

Page 3

Section 2(3)(a)

Line 5

After "areas of other use", insert the following:

Delete ":".

Page 3
Section 2(3)(b)
Line 8

After “an owner or owner’s agent”, insert the following:

²
Delete “;”.

Page 3
Section 2(3)(c)
Line 10

After “owner’s agent”, insert the following:

²
Delete “;”.

Page 3
Section 2(3)(d)
Line 12

After “public services offered”, insert the following:

²
Delete “;”.

Page 3
Section 2(3)(e)
Line 14

After “16:702”, insert the following:

²
Delete “; and”.

Page 3
Section 2(3)(f)
Line 15

After “this subsection”, insert the following:

may be inspected
Delete “shall be subject to inspection”.

Page 4
Section 2(6)
Line 5

After “certificate which”, insert the following:

shall be presented
Delete “may be produced”.

Page 4
Section 3(1)(a)
Line 12

After "KRS", insert the following:

321.181(73)(b)
Delete "321.181(71)(b)".

Page 4
Section 3(2)
Line #
After "this section", insert the following:
shall not exempt
Delete "does not alleviate".

Page 5
Section 4(1)
Line 1
After "Application for",
Delete "a".

Page 5
Section 4(3)
Line 7-10
After "provisions of", insert the following:
KRS Chapter 321
Delete "the Kentucky Veterinary Medicine Practice Act".
After "action", insert the following:
, which shall be
After "as provided by", insert the following:
KRS Chapter 321
Delete "the Kentucky Veterinary Medicine Practice Act".

Page 5
Section 5(1)
Line 12
After "Application for",
Delete "a".

Page 6
Section 6(6)
Line 4
After "of the", insert the following:

business registration from the Kentucky Secretary of State, county registration, or similar business registration, if one exists

Delete “Secretary of State business registration”.

Page 6

Section 6(7)

Line 6

After “by the board”, insert the following:
in the application

Page 6

Section 6(8)

Line 8

After “by the board”, insert the following:
in the application

Page 6

Section 6(11)

Line 12

After “(AAHP)”, insert the following:
licensees

Delete “permittees”.

Page 7

Section 7(1)

Line 2

After “processed by a”, insert the following:
board-approved

Delete “board approved”.

Page 7

Section 7(2)

Line 5

After “watermark”,
Delete “,”.

Page 10

Section 1

Line 19

After “Registration”,, insert the following:
11/2025

Delete “07/2025”.