



**State of Wisconsin**

**Governor Tony Evers**

**Veterinary Examining Board**

**Dr. Alan Holter, DVM, Chair**

**VETERINARY EXAMINING BOARD**

**January 27, 2026**

**10:00am**

**Contact: Melissa Mace 608-279-3861**

In Person: Boardroom CR 106, 2811 Agriculture Drive, Madison, WI 53708

Internet Access via Teams: **Pre-registration is required in order to access the meeting, register here:**

<https://events.gcc.teams.microsoft.com/event/61481b2f-714c-49a7-a89d-0f541d4f55ab@f4e2d11c-fae4-453b-b6c0-2964663779aa>

Via Telephone Access: 1-608-571-2209 Phone conference ID 399 596 920#

If you would like to speak during the public comment time please send your name, address, who you are representing (if other than yourself), and the topic of your comments to Melissa Mace at [Melissa.Mace@wisconsin.gov](mailto:Melissa.Mace@wisconsin.gov) or (608) 279-3861 by Monday January 26, 2026

*The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.*

**AGENDA**

**I. 10:00 A.M. OPEN SESSION – CALL TO ORDER – ROLL CALL**

**II. Approval of the Agenda (action item)**

**III. Approval of Board Meeting Minutes (action items)**

- A. October 28, 2025 Quarterly Board Meeting
- B. November 19, 2025 Ad Hoc Board Meeting

**IV. Introductions, Announcements and Recognition (informational)**

**V. Public Comments**

*Each speaker is limited to five minutes or less, depending on the number of speakers. If you pre-registered to speak today, you will be called on you when it is your turn to speak. If attending virtually, please ensure your name online matches the name you registered under. Your mic and video will be available to you for you to turn on during your five minutes.*

*If you did not pre-register to speak but you would like to provide comments, you will be provided the opportunity after registered speakers. Instructions will be given during meeting*

## **VI. Administrative Items**

- A. Election of Officers (Current office holders) (**action item**)
  - 1. Chair (Dr. Holter)
  - 2. Vice Chair (Dr. Miesen)
  - 3. Secretary (Lynn Schuh)
- B. Appointments of Liaisons, Alternates, and Delegates (Current appointees) (**action item**)
  - 1. Continuing Education and Exams Liaison (Primary: Dr. Miesen/Alternate: Schuh)
  - 2. Screening Panel (Dr. Holter, Schuh, Dr. Miesen, Dr. Solverson, Centracchio)
  - 3. Credentialing Committee (Dr. Miesen, Dr. Solverson, Schuh)
  - 4. Administrative Rules Committee (Dr. Holter, Centracchio, Dr. Solverson)
- C. Delegated Authority Motions (**action item**)
  - 1. Urgent Matters
  - 2. Screening Committee
  - 3. Credentialing Committee
  - 4. Document Signatures
  - 5. Roles and Authorities Delegated to the Case Advisor and Department Monitor
- D. VPAP Quarterly Report (informational)

## **VII. American Association of Veterinary State Boards (AAVSB) Matters (informational)**

- A. Board Basics & Beyond Training, Kansas City MO April 24-25, 2026
- B. AAVSB Annual Meeting & Conference; Providence, Rhode Island September 24-26, 2026.

## **VIII. Topics in Practice**

- A. Artificial Intelligence
- B. WVMA article

## **IX. Guidance Document (**action item**)**

- A. Vaccinations in Shelters

## **X. Licensing/Exam Inquiries (informational)**

- A. Credentialing update

## **XI. Administrative Code**

- A. VE 1

## **XII. Legislative and Policy**

- A. Legislative update

## **XIII. Strategic Goals**

- A. 2025/26 Goals (informational)

## **XIV. Future Meeting Dates and Times**

- A. Next Board Meeting – April 28, 2026

**XV. CONVENE TO CLOSED SESSION (ROLL CALL)**

*CONVENE TO CLOSED SESSION to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.).*

**XVI. Deliberation on Licenses and Certificates (action items)**

A.

**XVII. Deliberation on Compliance Matters (action items)**

A. Proposed Administrative Warnings

1. 24 VET 138 AD
2. 24 VET 140 AS
3. 24 VET 141 KN
4. 24 VET 142 MT
5. 24 VET 143 AL
6. 25 VET 066 TS
7. 25 VET 080 TM
8. 25 VET 070 DW
9. 25 VET 085 PM

B. Proposed Stipulations, Final Decisions and Orders

1. 25 TECH 001 LP
2. 25 VET 065 KS
3. 22 VET 073 and 22 VET 076 WA
4. 24 VET 167 HS
5. 25 VET 048 EG
6. 24 TECH 027 GH
7. 25 VET 059 JN
8. 25 VET 049 BB
9. 25 VET 069 AD
10. 25 VET 072 EH

C. Orders Granting Full Licensures

1. 23 VET 120 SR

D. Investigations Recommended for Closure

1. 25 VET 087 DT
2. 23 TECH 006 AD
3. 23 TECH 007 AD

- E. Suspension Orders
  - 1. 24 VET 094 PG

**XVIII. Review of Veterinary Examining Board Cases**

- A. Licenses Returned to Full Status (Informational)
- B. Pending Case Status Report (informational)

**XIX. RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION**

**XX. Open Session Items Noticed Above not Completed in the Initial Open Session**

**XXI. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate**

**XXII. Ratification of Licenses and Certificates**

*To delegate ratification of examination results to DATCP staff and to ratify all licenses and certificates as issued.*

**XXIII. ADJOURNMENT**

*The Board may break for lunch sometime during the meeting and reconvene shortly thereafter.*



**State of Wisconsin**

**Veterinary Examining Board**

**Governor Tony Evers**

**Dr. Alan Holter, DVM, Chair**

**VETERINARY EXAMINING BOARD**

**October 28, 2025**

**9:00am**

**Contact: Melissa Mace 608-279-3861**

**MEMBERS PRESENT:** In person: Alan Holter, DVM; Stephanie Miesen, DVM; Tony Centracchio. Virtual: Karl Solverson, DVM; Jessica Pritchard, DVM; Lyn Schuh, CVT.

**STAFF PRESENT**, Department of Agriculture, Trade and Consumer Protection (DATCP): Melissa Mace, VEB Executive Director; Aaron O'Neil, DATCP Attorney; Erin Carter, Regulatory Specialist; Dustin Boyd, Compliance Supervisor; Glenn Gray, Regulatory Specialist; Heidi Ulteig, Regulatory Specialist; Jacob Baer, Lead Disciplinary Attorney; Liz Kennebeck, Disciplinary Attorney; Angela Fisher, Program and Policy Analyst; Jonathan Bent, Licensing Associate.

Alan Holter, Chairperson, called the meeting to order at 9:02 am. A quorum of six (6) members was confirmed.

**AGENDA**

**I. 9:00am OPEN SESSION – CALL TO ORDER – ROLL CALL**

**II. Approval of the Agenda (action item)**

**MOTION** Stephanie Miesen: moved, seconded by Karl Solverson, to approve the agenda. Motion carried unanimously

**III. Introductions, Announcements and Recognition (informational)**

- A. New Veterinary Members – Dr. Jessica Pritchard (Estelle)  
Dr. Jessica Pritchard is a clinical instructor at the University of Madison – School of Veterinary Medicine with a focus on infectious diseases.
- B. Current Board members – Other Board members present introduced themselves to Dr. Pritchard.

**IV. Approval of Board Meeting Minutes (action items)**

- A. August 19, 2025 Full Board Meeting

**MOTION:** Stephanie Miesen moved, seconded by Tony Centracchio to approve the August 19, 2025 board meeting minutes. Motion carried unanimously

- B. September 30, 2025 Ad Hoc Board Meeting

**MOTION:** Stephanie Miesen moved, seconded by Tony Centracchio to approve the September 30, 2025 ad hoc board meeting minutes. Motion carried unanimously

## **V. Public Comments**

*Each speaker is limited to five minutes or less, depending on the number of speakers. If you pre-registered to speak today, you will be called on you when it is your turn to speak. If attending virtually, please ensure your name online matches the name you registered under. Your mic and video will be available to you for you to turn on during your five minutes.*

*If you did not pre-register to speak but you would like to provide comments, you will be provided the opportunity after registered speakers. Instructions will be given during meeting.*

Dr. Sandra Newbury, UW Shelter Medicine – Dr. Newbury spoke on shelter medicine, supporting allowance of shelter workers to administer “core vaccines” (those for panleukopenia, distemper, parvovirus, and Bordetella) without a veterinarian on premises.

## **VI. Topics in Practice**

- A. Shelter Medicine – Dr. Newbury discussed her comments with the Board, addressing concerns on animal ownership, creation of protocols/standard operating procedure documents by shelter veterinarians, and inclusion of animal welfare organizations. All parties agreed that creation of a guidance document would be helpful.

## **VII. American Association of Veterinary State Boards (AAVSB) Matters (informational)**

- A. AAVSB Annual Meeting & Conference, Cincinnati, OH Sept 17 – Sept 20, recap  
Congratulations to Dr. Karl Solverson on his election to the ICVA Board! As VEB delegate to the annual meeting, Dr. Solverson relayed the announcement of expanding test windows for the VTNE and NAVLE, the ICVA’s intent to add a food-animal species specific exam by 2027, and an AAVSB-led discussion on use of artificial intelligence in veterinary medicine and differences in jurisdictional regulations. He also noted that a proposed addition of a virtual VCPR to the AAVSB’s model practice act was voted down in session.
- B. AAVSB Board Basics and Beyond, Kansas City, MO  
Dates have not yet been announced for the training, but Melissa Mace encourages all new Board members to attend.
- C. New Model Documents (discussion) – Additions to the AAVSB’s model documents include a suggested “don’t” list for unlicensed veterinary assistants. This would not necessarily be compatible with Wisconsin rules and statutes, but Melissa Mace encourages Board members to review the suggestions and discuss/comment; the model documents have national impact.

## **VIII. Administrative Items**

- A. VPAP Quarterly Report

Melissa Mace reports that attendance was strong for VPAP webinars between January and September of this year, with 191 attending. She thanks the WVMA for including announcements of webinars in their newsletter. Usage of the VPAP website is also up, with a reported rate of 7%.

- B. Per Diem reports/Equipment lists

Melissa Mace reminded Board members that Per Diem reports should be submitted quarterly, and that late submissions may not be accepted.

C. Required Training

All Board members must complete mandatory trainings by November 14.

D. Review of Board Terms – Melissa Mace reviewed the term expiration dates of each Board member.

**IX. Guidance Document (action item)**

A. Training CVTs

**MOTION:** Karl Solverson moved, seconded by Stephanie Miesen approve guidance document VEB-GD-012 regarding training CVTs. Motion carried unanimously

B. Anesthesia monitoring (informational) – The Board discussed the complexity of anesthesia monitoring vs adjusting at the direction of a veterinarian, and when self-monitoring is acceptable, noting that cases will need to be reviewed by the Screening Committee on an individual basis.

**X. Administrative Code (informational)**

A. VE 1 update

Angela Fisher reports that the rule change has been approved by the Governor's office and has been sent to the legislature.

**XI. Legislative and Policy (informational)**

A. Legislative update

**MOTION:** Karl Solverson moved, seconded by Stephanie Miesen to register in favor of bill SB-501/AB-505. Motion carried unanimously

In the interest of transparency, Dr. Solverson noted that he participated in the task force that helped author the bill.

**XII. Strategic Plan**

A. 2025-26 Goals

Melissa Mace reviewed the VEB's 2025-2026 goals. Dustin Boyd presented the top violations for 3<sup>rd</sup> quarter closed cases, with the most common being “Conduct in the practice of veterinary medicine which evidences a lack of knowledge or ability to apply professional principles or skills.” (VE 1.58(2)). He was pleased to report that violations for incomplete continuing education hours are trending downward.

**XIII. Future Meeting Dates and Times**

A. Set 2026 quarterly meeting schedule

2026 meeting dates are: January 27<sup>th</sup>, April 28<sup>th</sup>, July 28<sup>th</sup>, and October 27<sup>th</sup>.

**XIV. CONVENE TO CLOSED SESSION (ROLL CALL VOTE)**

*CONVENE TO CLOSED SESSION to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats.); to consider individual*

*histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.).*

**MOTION:** Stephanie Miesen moved, seconded by Tony Centracchio to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.).

Roll Call Vote:

Alan Holter – yes; Stephanie Miesen – yes; Tony Centracchio – yes; Karl Solverson – yes; Lyn Schuh – yes; Jessica Pritchard - yes

## **XV. Deliberation on Licenses and Certificates (action items)**

- A. CE Waiver request for renewal applicant
- B. 12 VET 031 KZ

## **XVI. Deliberation on Compliance Matters (action items)**

- A. Proposed Administrative Warnings
  - 1. 24 VET 163 DR
  - 2. 23 VET 055 BW
  - 3. 25 VET 046 RR
  - 4. 25 VET 057 LT
  - 5. 25 VET 034 KH
- B. Proposed Stipulations, Final Decisions and Orders
  - 1. 24 VET 135 PB
  - 2. 25 TECH 001 LP
  - 3. 24 VET 076 EP
  - 4. 25 VET 037 DK
  - 5. 23 VET 036 BW
  - 6. 25 VET 031 AB
- C. Orders Granting Full Licensure
  - 1.
- D. Investigations Recommended for Closure
  - 1. 24 VET 169 JB
  - 2. 24 VET 159 DW
- E. Suspension Orders

## **XVII. Review of Veterinary Examining Board Cases**

- A. Licenses Returned to Full Status (Informational)
- B. Pending Case Status Report (discussion/information)

## **XVIII. RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION**

**MOTION:** Stephanie Miesen moved, seconded by Tony Centracchio to reconvene to Open Session. Motion carried unanimously

## **XIX. Open Session Items Noticed Above not Completed in the Initial Open Session**

## **XX. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate**

**MOTION:** Stephanie Miesen moved, seconded by Tony Centracchio to approve CE waiver with future CE requirements for renewal applicant. Motion carried unanimously

**MOTION:** Tony Centracchio moved, seconded by Stephanie Miesen to deny request for reinstatement of license for 12 Vet 031 KZ. Motion carried unanimously

**MOTION:** Stephanie Miesen moved, seconded by Tony Centracchio to issue warning notices in the cases of: 24 VET 163 DR; 23 VET 055 BW; 25 VET 046 RR; 25 VET 057 LT; 25 VET 034 KH  
Motion carried unanimously

**MOTION:** Tony Centracchio moved, seconded by Stephanie Miesen to accept stipulations and final decision orders in the cases of: 24 VET 135 PB; 24 VET 076 EP; 25 VET 037 DK; 23 VET 036 BW; 25 VET 031 AB  
Motion carried unanimously

**MOTION:** Karl Solverson moved, seconded by Stephanie Miesen to close cases: 24 VET 169 JB; 24 VET 159 DW  
Motion carried unanimously

## **XXI. Ratification of Licenses and Certificates**

*To delegate ratification of examination results to DATCP staff and to ratify all licenses and certificates as issued.*

**MOTION:** Stephanie Miesen moved, seconded by Tony Centracchio to delegate ratification of examination results to DATCP staff and to ratify all licenses and certificates as issued. Motion carried unanimously

## **XXII. ADJOURNMENT**

**MOTION:** Stephanie Miesen moved, seconded by Karl Solverson to adjourn. Motion carried unanimously

*Meeting adjourned at: 11:24am*



State of Wisconsin

Governor Tony Evers

Veterinary Examining Board

Dr. Alan Holter, DVM, Chair

## VETERINARY EXAMINING BOARD

November 19, 2025

11:30 am

**MEMBERS PRESENT:** In person: none. Virtual: Alan Holter, DVM; Stephanie Miesen, DVM; Karl Solverson, DVM; Chad Landes, DVM; Jessica Pritchard, DVM; Tony Centracchio; Lyn Schuh, CVT.

**STAFF PRESENT**, Department of Agriculture, Trade and Consumer Protection (DATCP): Melissa Mace, VEB Executive Director; Aaron O'Neil, DATCP Attorney; Erin Carter, Regulatory Specialist; Dustin Boyd, Compliance Supervisor; Jacob Baer, Lead Disciplinary Attorney; Liz Kennebeck, Disciplinary Attorney; Jonathan Bent, Licensing Associate.

Alan Holter, Chairperson, called the meeting to order at 11:31 am. A quorum of seven (7) members was confirmed.

### AGENDA

#### I. 11:30 am OPEN SESSION – CALL TO ORDER – ROLL CALL

#### II. Approval of the Agenda (action item)

**MOTION** moved, seconded by Stephanie Miesen, to approve the agenda. Motion carried unanimously

#### III. Future Meeting Dates and Times

A. Next Board Meeting – January 27, 2026

#### IV. CONVENE TO CLOSED SESSION (ROLL CALL VOTE)

*CONVENE TO CLOSED SESSION to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.).*

**MOTION:** Tony Centracchio moved, seconded by Stephanie Miesen to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.). Roll Call Vote: Alan Holter – yes; Karl Solverson – yes; Tony Centracchio – yes; Stephanie Miesen – yes; Lyn Schuh – yes; Jessica Pritchard – yes; Chad Landes – yes

**V. Deliberation on Compliance Matters (action items)**

- A. Proposed Hearing Decision 24 VET 158 RV

**VI. Review of Veterinary Examining Board Cases**

- A. Pending Case Status Report (discussion/information)

**VII. RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION**

**MOTION:** Stephanie Miesen moved, seconded by Karl Solverson to reconvene to Open Session. Motion carried unanimously

**VIII. Open Session Items Noticed Above not Completed in the Initial Open Session**

- A. **Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate**

**MOTION:** Chad Landes moved, seconded by Stephanie Miesen, to adopt decision of the ALJ for the show cause hearing on the summary suspension in case 24 VET 158 RV and approving the proposed order 159333B. Motion carried

**IX. Ratification of Licenses and Certificates**

*To delegate ratification of examination results to DATCP staff and to ratify all licenses and certificates as issued.*

**MOTION:** Stephanie Miesen moved, seconded by Karl Solverson to delegate ratification of examination results to DATCP staff and to ratify all licenses and certificates as issued. Motion carried unanimously

**X. ADJOURNMENT**

**MOTION:** Stephanie Miesen moved, seconded by Karl Solverson to adjourn. Motion carried unanimously

*Meeting adjourned at: 11:50 am*

**Veterinary Examining Board  
Agenda Request Form**

<b>1) Meeting Date</b>	Jan. 27, 2026
<b>2) Requestor Name</b>	M. Mace
<b>3) Item Title for the Agenda</b>	Election of Officers Appointment of Liaisons Appointment of Committees
<b>4) Should the Item be in Open or Closed Session?</b>	Open Session
<b>5) Are there Attachments? (If yes, include file names)</b>	“2025 Elections & Appointments”
<b>6) Is a Public Appearance Anticipated?</b>	No
<b>7) Description of the Agenda Item</b>	<p>Per s. 15.08(2), Wis Stat. (2) SELECTION OF OFFICERS. At its first meeting in each year, every examining board shall elect from among its members a chairperson, vice chairperson and, unless otherwise provided by law, a secretary. Any officer may be reelected to succeed himself or herself.</p> <p>The Board decided at the October 2021 meeting that while elections and appointments will be held at the first meeting of the year, the transition of officers and appointees will not take effect until the July meeting.</p> <p>The full Board elects the chair, vice chair, and secretary. Then the Board discusses and the chair appoints the liaisons and committees.</p> <p>The attachment lists the offices, liaisons, and committees that have been used in past years with descriptions of what these roles have been used for.</p>



## State of Wisconsin

### Veterinary Examining Board

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### 2025 Elections and Appointments (effective July 1, 2025)

Yellow Highlight: Board members concluding their second term in July 2026 (not eligible for reappointment)

Aqua Highlight: Board members concluding their first term in July 2026 (eligible for appointment to 2<sup>nd</sup> term)

Election Results		
Office	Description of Role	Member Name
Board Chair	Highest ranking officer. Manages meetings. Delegated authority to sign documents on behalf of the Board. In order to carry out duties of the Board, the Chair has the ability to delegate this signature authority to the Board's Executive Director for purposes of facilitating the completion of assignments during or between meetings.	Dr. Alan Holter
Vice Chair	Serves as backup for the Board Chair.	Dr. Stephanie Miesen
Secretary	Serves as secondary backup for the Board Chair.	Lyn Schuh

Liaison Appointments		
Liaison	Description of Role	Member Name
Continuing Education and Exams Liaison	Consultation on CE questions (type of CE, acceptable as CE, etc.) Review and consult on questions regarding adequacy of Exams and Exam questions as appropriate.	Primary: Dr. Stephanie Miesen
		Alternate: Lyn Schuh

2023 Committee Appointments		
Committee	Description of Role	Member Name
Screening Committee	Delegated authority to open cases for investigation or closes cases inappropriate for further action. Delegated authority to consider questions related to scope of practice	Dr. Alan Holter
		Dr. Stephanie Miesen

	<p>of veterinary medicine and veterinary technicians. The Committee may choose to approve or reject a particular practice, or bring the matter to the full Board.</p> <p>Chair manages Committee meetings.</p>	<p><b>Lyn Schuh</b></p> <p>Dr. Karl Solverson</p> <p>Tony Centracchio</p>
Credentialing Committee	<p>Delegated authority to address all issues related to credentialing matters, <b>except potential denial decisions</b> should be referred to the full Board for final determination.</p> <p>Delegated authority to employ a “passive review” process for background checks, whereby if no Committee member requests a meeting on the materials within five business days after receiving them, the application would be considered cleared to proceed through the process.</p> <p>Chair manages Committee meetings.</p>	<p><b>Dr. Stephanie Miesen</b></p> <p><b>Lyn Schuh</b></p> <p>Dr. Karl Solverson</p>
Administrative Rules Committee	<p>Meet in between quarterly meetings to discuss administrative rules and guidance documents. The Committee’s role is to expedite the process of drafting documents. Final drafts will go to the full Board for approval.</p> <p>Chair manages committee meetings and is the primary contact for simpler administrative rule questions.</p>	<p>Dr. Alan Holter</p> <p>Dr. Karl Solverson</p> <p>Tony Centracchio</p>

**Veterinary Examining Board  
Agenda Request Form**

<b>1) Meeting Date</b>	Jan. 27, 2026
<b>2) Requestor Name</b>	M. Mace
<b>3) Item Title for the Agenda</b>	Election of Officers Appointment of Liaisons Appointment of Committees
<b>4) Should the Item be in Open or Closed Session?</b>	Open Session
<b>5) Are there Attachments? (If yes, include file names)</b>	“2025 Elections & Appointments”
<b>6) Is a Public Appearance Anticipated?</b>	No
<b>7) Description of the Agenda Item</b>	<p>Per s. 15.08(2), Wis Stat. (2) SELECTION OF OFFICERS. At its first meeting in each year, every examining board shall elect from among its members a chairperson, vice chairperson and, unless otherwise provided by law, a secretary. Any officer may be reelected to succeed himself or herself.</p> <p>The Board decided at the October 2021 meeting that while elections and appointments will be held at the first meeting of the year, the transition of officers and appointees will not take effect until the July meeting.</p> <p>The full Board elects the chair, vice chair, and secretary. Then the Board discusses and the chair appoints the liaisons and committees.</p> <p>The attachment lists the offices, liaisons, and committees that have been used in past years with descriptions of what these roles have been used for.</p>



## State of Wisconsin

### Veterinary Examining Board

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### 2025 Elections and Appointments (effective July 1, 2025)

Election Results		
Office	Description of Role	Member Name
Board Chair	Highest ranking officer. Manages meetings. Delegated authority to sign documents on behalf of the Board. In order to carry out duties of the Board, the Chair has the ability to delegate this signature authority to the Board's Executive Director for purposes of facilitating the completion of assignments during or between meetings.	Dr. Alan Holter
Vice Chair	Serves as backup for the Board Chair.	Dr. Stephanie Miesen
Secretary	Serves as secondary backup for the Board Chair.	Lyn Schuh

Liaison Appointments		
Liaison	Description of Role	Member Name
Continuing Education and Exams Liaison	Consultation on CE questions (type of CE, acceptable as CE, etc.) Review and consult on questions regarding adequacy of Exams and Exam questions as appropriate.	Primary: Dr. Stephanie Miesen
		Alternate: Lyn Schuh

2023 Committee Appointments		
Committee	Description of Role	Member Name
Screening Committee	Delegated authority to open cases for investigation or closes cases inappropriate for further action. Delegated authority to consider questions related to scope of practice of veterinary medicine and veterinary technicians. The Committee may	Dr. Alan Holter
		Dr. Stephanie Miesen
		Lyn Schuh

	<p>choose to approve or reject a particular practice, or bring the matter to the full Board.</p> <p>Chair manages Committee meetings.</p>	<p>Dr. Karl Solverson</p> <p>Tony Centracchio</p>
Credentialing Committee	<p>Delegated authority to address all issues related to credentialing matters, <b><i>except potential denial decisions</i></b> should be referred to the full Board for final determination.</p> <p>Delegated authority to employ a “passive review” process for background checks, whereby if no Committee member requests a meeting on the materials within five business days after receiving them, the application would be considered cleared to proceed through the process.</p> <p>Chair manages Committee meetings.</p>	<p>Dr. Stephanie Miesen</p> <p>Lyn Schuh</p> <p>Dr. Karl Solverson</p>
Administrative Rules Committee	<p>Meet in between quarterly meetings to discuss administrative rules and guidance documents. The Committee’s role is to expedite the process of drafting documents. Final drafts will go to the full Board for approval.</p> <p>Chair manages committee meetings and is the primary contact for simpler administrative rule questions.</p>	<p>Dr. Alan Holter</p> <p>Dr. Karl Solverson</p> <p>Tony Centracchio</p>



## State of Wisconsin

### Veterinary Examining Board

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### 2025 Elections and Appointments (effective July 1, 2025)

Yellow Highlight: Board members concluding their second term in July 2026 (not eligible for reappointment)

Aqua Highlight: Board members concluding their first term in July 2026 (eligible for appointment to 2<sup>nd</sup> term)

Election Results		
Office	Description of Role	Member Name
Board Chair	Highest ranking officer. Manages meetings. Delegated authority to sign documents on behalf of the Board. In order to carry out duties of the Board, the Chair has the ability to delegate this signature authority to the Board's Executive Director for purposes of facilitating the completion of assignments during or between meetings.	Dr. Alan Holter
Vice Chair	Serves as backup for the Board Chair.	Dr. Stephanie Miesen
Secretary	Serves as secondary backup for the Board Chair.	Lyn Schuh

Liaison Appointments		
Liaison	Description of Role	Member Name
Continuing Education and Exams Liaison	Consultation on CE questions (type of CE, acceptable as CE, etc.) Review and consult on questions regarding adequacy of Exams and Exam questions as appropriate.	Primary: Dr. Stephanie Miesen
		Alternate: Lyn Schuh

2023 Committee Appointments		
Committee	Description of Role	Member Name
Screening Committee	Delegated authority to open cases for investigation or closes cases inappropriate for further action. Delegated authority to consider questions related to scope of practice	Dr. Alan Holter
		Dr. Stephanie Miesen

	<p>of veterinary medicine and veterinary technicians. The Committee may choose to approve or reject a particular practice, or bring the matter to the full Board.</p> <p>Chair manages Committee meetings.</p>	<p><b>Lyn Schuh</b></p> <p>Dr. Karl Solverson</p> <p>Tony Centracchio</p>
Credentialing Committee	<p>Delegated authority to address all issues related to credentialing matters, <b>except potential denial decisions</b> should be referred to the full Board for final determination.</p> <p>Delegated authority to employ a “passive review” process for background checks, whereby if no Committee member requests a meeting on the materials within five business days after receiving them, the application would be considered cleared to proceed through the process.</p> <p>Chair manages Committee meetings.</p>	<p><b>Dr. Stephanie Miesen</b></p> <p><b>Lyn Schuh</b></p> <p>Dr. Karl Solverson</p>
Administrative Rules Committee	<p>Meet in between quarterly meetings to discuss administrative rules and guidance documents. The Committee’s role is to expedite the process of drafting documents. Final drafts will go to the full Board for approval.</p> <p>Chair manages committee meetings and is the primary contact for simpler administrative rule questions.</p>	<p>Dr. Alan Holter</p> <p>Dr. Karl Solverson</p> <p>Tony Centracchio</p>

**Veterinary Examining Board  
Agenda Request Form**

<b>1) Meeting Date</b>	Jan. 28, 2025
<b>2) Requestor Name</b>	M. Mace
<b>3) Item Title for the Agenda</b>	Delegation of Authority
<b>4) Should the Item be in Open or Closed Session?</b>	Open Session
<b>5) Are there Attachments? (If yes, include file names)</b>	“Delegated Authority Motions” “Roles and Authorities Delegated to the Case Advisor and Department Monitor”
<b>6) Is a Public Appearance Anticipated?</b>	No
<b>7) Description of the Agenda Item</b>	<p>These are motions to delegate VEB authority to officers, liaisons, committees and department staff. These motions occur at the first Board meeting of every calendar year.</p> <p>Question from Dr. Holter for discussion RE: Roles and Authorities Delegated to the Case Advisor and Department Monitor”</p> <p><u>Authorities Delegated to the Case Advisor</u>  The Case Advisor may take the following actions on behalf of the Board:</p> <p>3. Remove the stay of suspension if there are repeated violations or a substantial violation(s) of the Board order.  The Department Monitor will draft an order and sign on behalf of the Case Advisor.</p> <p><i>Can a case advisor lift a stay of suspension without a Board vote?</i></p>

## DELEGATED AUTHORITY MOTIONS

### **Delegated Authority – Urgent Matters**

**MOTION:** \_\_\_\_\_ moved, seconded by \_\_\_\_\_: In order to facilitate the completion of assignments between meetings, the Board delegates authority by order of succession to the Chair, highest ranking officer, or longest serving member of the Board, to appoint liaisons to the Department to act in urgent matters, to fill vacant appointment positions, where knowledge or experience in the profession is required to carry out the duties of the Board in accordance with the law.

### **Delegated Authority - Screening Committee**

**MOTION** \_\_\_\_\_ moved, seconded by \_\_\_\_\_, that the Board delegates to the Screening Committee the authority to consult with Department staff concerning complaints against persons who may be engaged in the practice of veterinary medicine or veterinary technology without holding a credential. As part of this delegation, the committee may consider questions regarding the scope of practice of veterinary medicine and veterinary technology. The Screening Committee may also determine that a particular practice is or is not the practice of veterinary medicine or veterinary technology or refer the matter to the full Board for its consideration.

### **Delegated Authority - Credentialing Committee**

**MOTION:** \_\_\_\_\_ moved, seconded by \_\_\_\_\_, that the Board delegates authority to the Credentialing Committee to address all issues related to credentialing matters, except potential denial decisions must be referred to the full Board for final determination.

**MOTION** \_\_\_\_\_ moved, seconded by \_\_\_\_\_, that the Board delegates authority to the Credentialing Committee to employ a “passive review” process for issues related to credentialing matters, whereby if no Committee member requests a Committee meeting on the materials within five (5) business days after receiving them, the application would be considered cleared to proceed through the process, except for credentialing matters involving applicants that are:

- Currently under investigation or has been disciplined by the licensing authority in the other state, territory or country,

- A party in pending litigation in which it is alleged that the applicant is liable for damages for acts committed in the course of practice or,
- Where the applicant has been found liable for damages for acts committed in the course of practice which evidenced a lack of ability or fitness to practice.

### **Delegated Authority - Document Signatures**

**MOTION:** \_\_\_\_\_, seconded by \_\_\_\_\_, that the Board delegates authority to the Chair to sign documents on behalf of the Board. In order to carry out duties of the Board, the Chair has the ability to delegate this signature authority to the Board's Executive Director for purposes of facilitating the completion of assignments during or between meetings.

### **Delegated Authority – Case Advisor and Department Monitor**

**MOTION:** \_\_\_\_\_ moved, seconded by \_\_\_, to adopt the "Roles and Authorities Delegated to the Case Advisor and Department Monitor" document.



## State of Wisconsin

### Veterinary Examining Board

2811 Agriculture Drive • PO Box 8911 • Madison, WI 53708-8911 • Wisconsin.gov

#### **Roles and Authorities Delegated to the Case Advisor and Department Monitor**

##### **Definitions:**

***Case Advisor:*** Veterinary Examining Board (VEB) member that served as the case advisor on the original investigation, or is appointed as case advisor due to the prior case advisor being unavailable to complete the duty. (Example no longer serving on the VEB)

***Department Monitor:*** Department of Agriculture Trade and Consumer Protection staff that work with the VEB to manage investigations and Final Decision Orders (FDO); Primary Department Monitors are the VEB Investigators. In their absence the Investigator Supervisor, Board attorneys, or Executive Director may act in their stead.

The Case Advisor is a board designee who works with Department Monitor(s) to enforce the Board's orders as explained below.

##### **Authorities Delegated to the Case Advisor**

The Case Advisor may take the following actions on behalf of the Board:

1. Grant a temporary reduction in random drug screen frequency upon Respondent's request if he/she is unemployed and is otherwise compliant with Board order. The Department Monitor will draft an order and sign on behalf of the Case Advisor. The temporary reduction will be in effect until Respondent secures employment in the profession.
2. Grant a stay of suspension if Respondent is eligible per the Board order. The Department Monitor will draft an order and sign on behalf of the Case Advisor.
3. Remove the stay of suspension if there are repeated violations or a substantial violation(s) of the Board order. The Department Monitor will draft an order and sign on behalf of the Case Advisor.
4. Grant or deny approval when Respondent proposes treatment providers, mentors, supervisors, etc. unless the order specifically requires full-Board approval. The Department Monitor will notify Respondent of the Case Advisor's decision

##### **Authorities Delegated to the Department Monitor**

The Department Monitor may take the following actions on behalf of the Board, draft an order and sign:

1. Grant full reinstatement of licensure if CE and payment of costs are the sole conditions of the limitation and Respondent has submitted the required proof of completion for approved courses and full payment of costs.
2. Grant a maximum 90-day extension, if warranted and requested in writing by Respondent, to complete

Board-ordered CE, pay proceeding costs, and/or pay forfeitures upon Respondent's request.

3. Suspend the license if Respondent has not completed Board-ordered CE and/or paid costs and forfeitures within the time specified by the Board order. The Department Monitor may remove the suspension and issue an order when proof completion and/or payment have been received.
4. Grant or deny approval when Respondent proposes continuing/remedial education courses, or change of employment unless the order specifically requires full-Board approval. The Department Monitoring will work with the Case Advisor as appropriate when requests are unusual and/or seek to take courses that are not clearly related to the topics required in the FDO.

Clarification

1. In conjunction with removal of any stay of suspension, the Case Advisor may prohibit Respondent from seeking reinstatement of the stay for a specified period of time.

Updated January 2022

**Veterinary Examining Board  
Agenda Request Form**

<b>Meeting Date</b>	Jan. 27, 2026
<b>Requestor Name</b>	M. Mace
<b>Item Title for the Agenda</b>	VPAP update
<b>Should this be in Open or Closed Session?</b>	Open
<b>Is this an Action Item or for Information Only?</b>	Information Only. Not discussion at the meeting for your independent review.
<b>Are there Attachments? (If yes, include file names)</b>	No
<b>Is a Public Appearance Anticipated?</b>	No

**Description of the Agenda Item**

**January 2025 – December 2025**

309 total activities by members (291 in 2024)

Health, Money, Life, Work, and Family were the top categories in that order

Seminar	Date	Request Status
Conflict resolution in the workplace	15-Jan	Complete
Substance abuse/Addiction (Specialized)	23-Apr	Complete
Making time work for you	14-May	Complete
Welcoming Change into your life	13-Aug	Complete
Suicide awareness and prevention (Specialized)	Sept 10	Complete
Understanding different personalities for better collaboration	8-Oct	Complete
Creating Balance	12-Nov	Complete

Utilization when taking all above factors into consideration  **7.23%**

2026 Wednesday wellness webinars:

Seminar	Request Status	Date	Attendees
Setting and achieving your goals	scheduled	21-Jan	
Creating a resilient mindset	requested	Feb/March	
Eating Well to optimize performance		Aprl	
Unlock the secret to Financial Wellbeing		May	
Suicide Prevention/Opiod or addiction		Sept	
Recover From Compassion fatigue		Oct	

Budgeting / Gratitude		Nov	

## Summary (January 2025 to December 2025)

## Utilization Overview

We are pleased to present you with the key indicators relating to usage of your program for eligible participants by:

**Veterinary Professional Assistance Program**

The period covered is from: January 2025 to December 2025

During this reporting period, the program covered a population of **6,927**, resulting in a utilization rate of **0.49%** and an annualized utilization of **0.49%**. This is below the same period twelve months prior with **0.62%**.

Utilization  
Provider-led

**0.49%**

Annualized  
Utilization

**0.49%**

Utilization including Platform & Learning

**7.23%**

provider led -34, platform activities-309, webinar attendees-158

Counselling Services

**0.43%**

Work/Life Services

**0.06%**

Organizational Cases

Management Consultations

**0**

Critical Incident Services

**0**

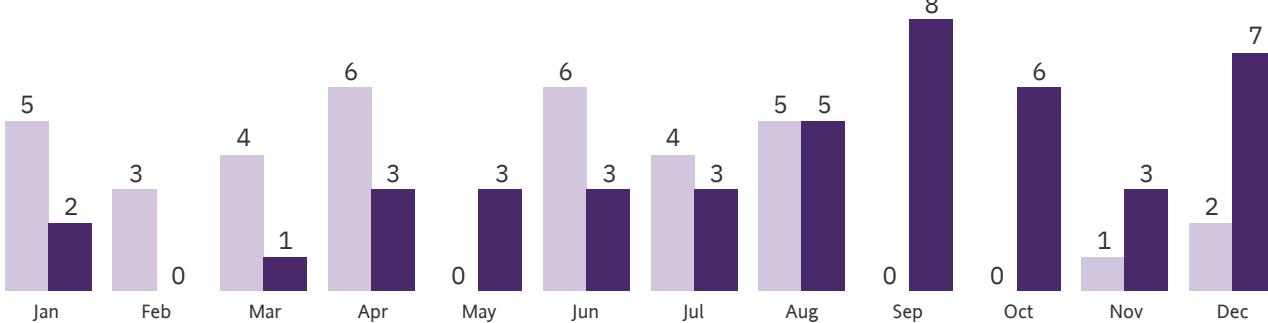
Workplace Support Programs

**0**

## Comparative Prior Year vs. Current Year

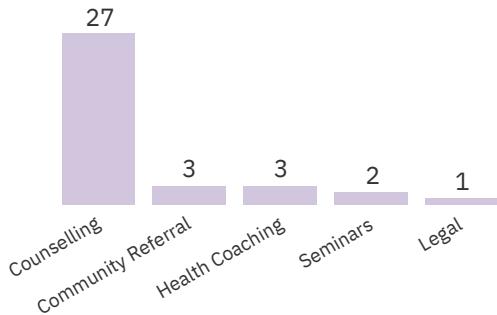
## Cases by Month

■ Current Year ■ Previous Year



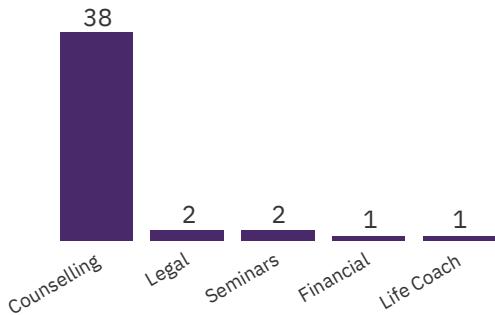
## Case totals by top services

Current year



## Case totals by top services

Previous Year



## Participant (January 2025 to December 2025)

Total number of unique participants

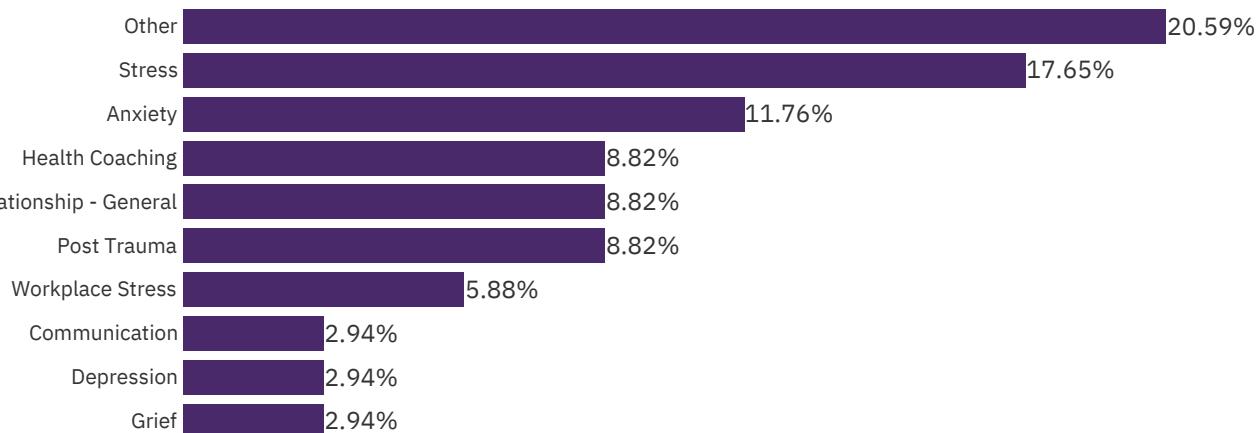
**23**

New **18**      Re-access **5**

Participant Services	Q1	Q2	Q3	Q4	Current Total
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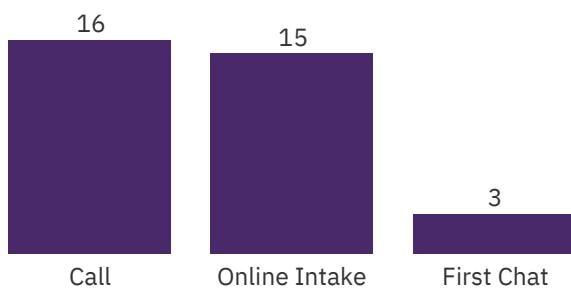
<b>General Counselling</b>	<b>11</b>	<b>8</b>	<b>8</b>	<b>3</b>	<b>30</b>
Community Referral	0	0	3	0	3
Counselling	11	8	5	3	27
<b>Work/Life</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>4</b>
Health Coaching	0	2	1	0	3
Legal	0	1	0	0	1
<b>Total</b>	<b>11</b>	<b>11</b>	<b>9</b>	<b>3</b>	<b>34</b>

## Issues



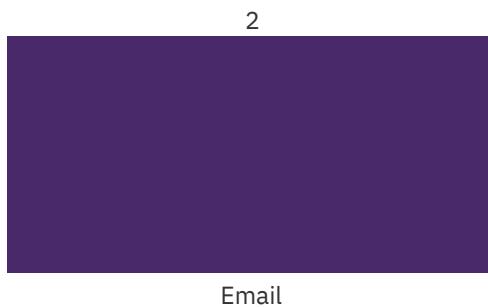
## Cases by intake type

34

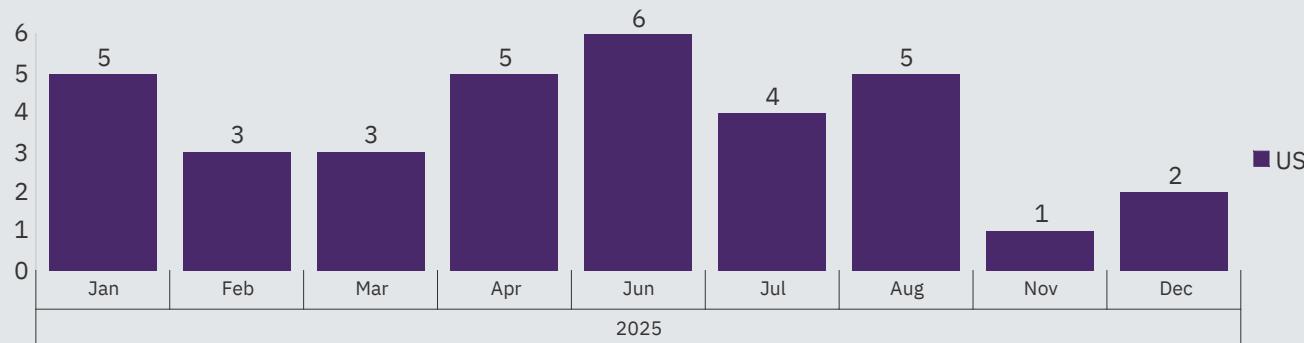


## Service inquiries by intake type

2



## Participant cases by month

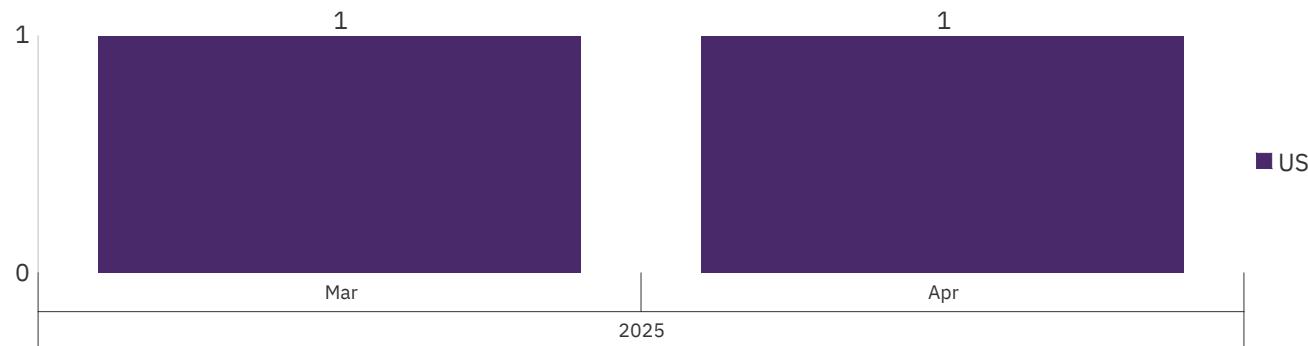


## Organization (January 2025 to December 2025)

Organizational Solutions	Q1	Q2	Q3	Q4	Current Total
Training	1	1	0	0	2
<b>Total</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>2</b>

[View Organizational Services Breakdown](#)

## Organization cases by month

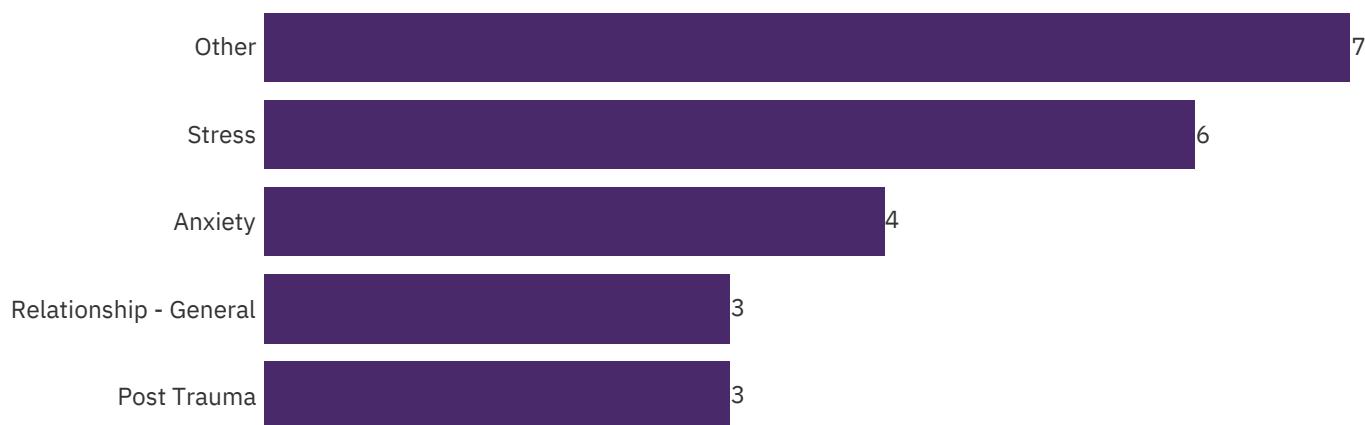


\*Country assignment unavailable or service provided virtually across multiple countries.

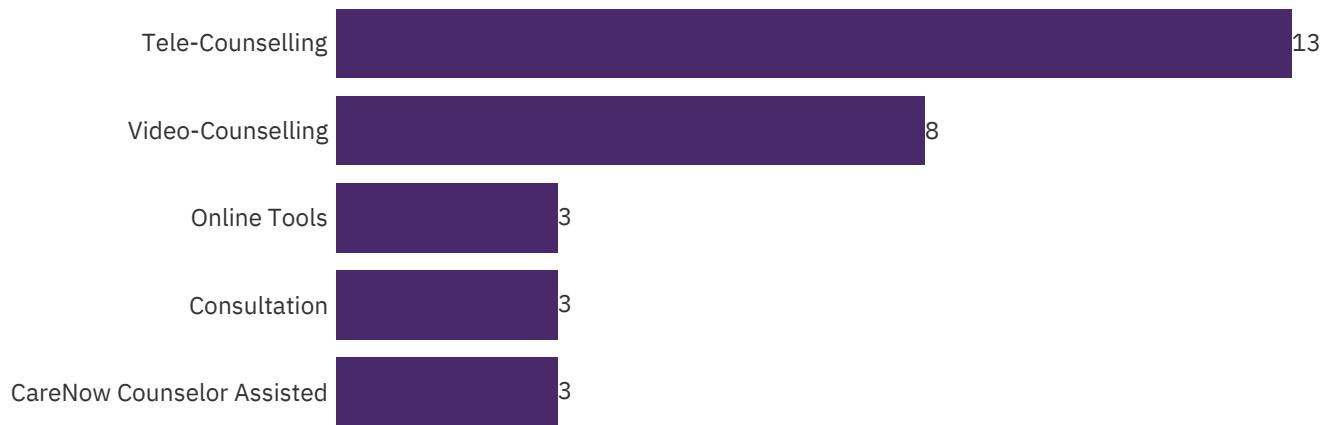
## Emerging Issues (January 2025 to December 2025)

### General Counselling

#### Top Issues



#### Top Modalities



Couple/Relationship	Q1	Q2	Q3	Q4	Current Total	Previous Year
Relationship - General	1	1	0	1	3	10.00%
Communication/Conflict Resolution	0	0	0	0	0	0.00%

<b>Total</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>10.00%</b>	<b>2</b>	<b>5.13%</b>
<hr/>								
<b>Family</b>	Q1	Q2	Q3	Q4	Current Total		Previous Year	
Communication	0	0	1	0	1	3.33%	1	2.56%
Adolescent Behaviour	0	0	0	0	0	0.00%	2	5.13%
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>3.33%</b>	<b>3</b>	<b>7.69%</b>
<hr/>								
<b>Personal/Emotional</b>	Q1	Q2	Q3	Q4	Current Total		Previous Year	
Other	3	1	3	0	7	23.33%	0	0.00%
Stress	2	2	2	0	6	20.00%	14	35.90%
Anxiety	1	2	0	1	4	13.33%	8	20.51%
Post Trauma	1	0	2	0	3	10.00%	1	2.56%
Depression	1	0	0	0	1	3.33%	2	5.13%
Grief	0	1	0	0	1	3.33%	1	2.56%
Life Stages	0	1	0	0	1	3.33%	5	12.82%
Mental Health Condition	1	0	0	0	1	3.33%	1	2.56%
<b>Total</b>	<b>9</b>	<b>7</b>	<b>7</b>	<b>1</b>	<b>24</b>	<b>80.00%</b>	<b>32</b>	<b>82.05%</b>
<hr/>								
<b>Work Related</b>	Q1	Q2	Q3	Q4	Current Total		Previous Year	
Workplace Stress	1	0	0	1	2	6.67%	2	5.13%
<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>6.67%</b>	<b>2</b>	<b>5.13%</b>

	Q1	Q2	Q3	Q4	Current Total		Previous Year	
<b>General Counselling</b>	11	8	8	3	30	100.00%	39	100.00%

## Work/Life

### Top Issues

Health Coaching

3

Small Claims

1

### Top Modalities

Tele-Counselling

3

Consultation

1

Financial	Q1	Q2	Q3	Q4	Current Total	Previous Year
Investment Planning	0	0	0	0	0	0.00%
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>
Legal	Q1	Q2	Q3	Q4	Current Total	Previous Year
Small Claims	0	1	0	0	1	25.00%

Overall Summary

Trends

Demographic

Appendix

Glossary

Emerging Issues

Utilization

Contracts	0	0	0	0	0	0.00%	1	33.33%
<b>Total</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>25.00%</b>	<b>2</b>	<b>66.67%</b>
<hr/>								
Personal Health and Well Being								
Health Coaching	Q1	Q2	Q3	Q4	Current Total		Previous Year	
<b>Total</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>75.00%</b>	<b>0</b>	<b>0.00%</b>

	Q1	Q2	Q3	Q4	Current Total	Previous Year
<b>Work/Life</b>	0	3	1	0	4	100.00%

Overall Summary

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Glossary

Emerging Issues

Utilization

## Utilization (January 2025 to December 2025)

Weighted population for the report period was: 6,927

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Case Utilization	Q1	Q2	Q3	Q4	Current Quarter Utilization	Current Total	Utilization	Annualized Utilization
<i>Population</i>	6,773	6,773	6,773	7,390		6,927		
<i>General Counselling</i>	11	8	8	3	0.04%	30	0.43%	0.43%
<i>Work/Life</i>	0	3	1	0	0.00%	4	0.06%	0.06%
<b>Total</b>	<b>11</b>	<b>11</b>	<b>9</b>	<b>3</b>		<b>34</b>		

For any services that are counted at a ratio other than 1:1, the utilization above has been calculated based on the ratio. Population reflects the weighted average population of each quarter.

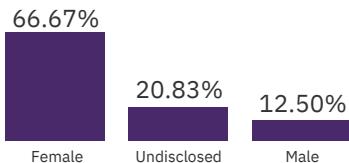
## Utilization by Region

Region	Population	Q1	Q2	Q3	Q4	Current Total	Utilization
North America	6,927	11	11	9	3	34	0.49%
<b>Overall</b>	<b>6,927</b>	<b>11</b>	<b>11</b>	<b>9</b>	<b>3</b>	<b>34</b>	

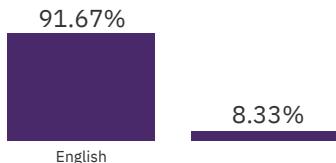
North America	Population	Current Total	Current Utilization	Previous Year Utilization
UNITED STATES OF AMERICA	6,927	34	0.49%	0.62%
<b>Overall</b>	<b>6,927</b>	<b>34</b>		

## Demographic (January 2025 to December 2025)

## Gender



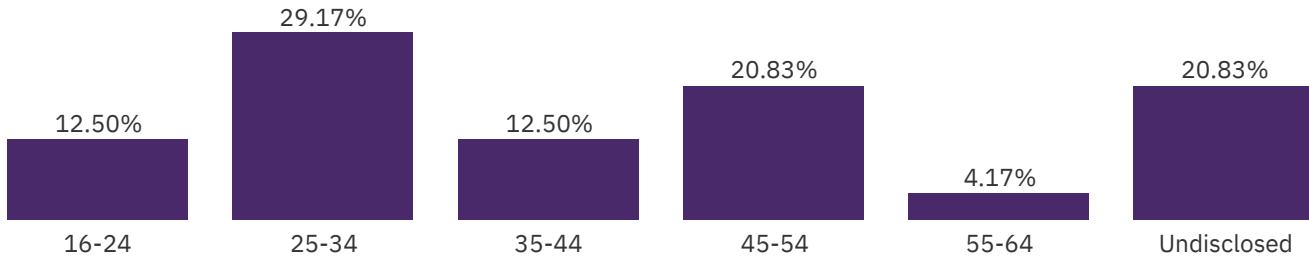
## Language



## Category

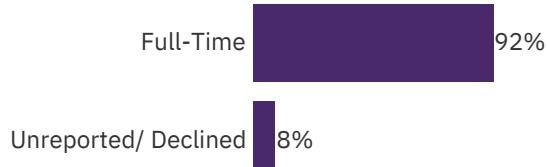


## Age



## Profile

## Employee/Member Status



[Overall Summary](#)[Trends](#)[Demographic](#)[Appendix](#)[Glossary](#)

### How did you hear about us?



### Years of Service



## Glossary (January 2025 to December 2025)

Some features defined below may not be applicable to your program.

### Overall Summary

#### Summary

Participants & Participant Cases	Participants are eligible individuals who have accessed services within the reporting period. Participant cases includes: Counselling, Work/Life (i.e. legal, financial), Community Services. Except where explicitly stated as closed cases, the counts are based on cases opened during the reporting period.
Organization & Organization Cases	The number of organizational cases (including Critical incidents, trainings, workplace support programs, management consults) and other organization authorized services. Except where explicitly stated as closed cases, the counts are based on cases opened during the reporting period.
Population	Total lives that are covered within the reporting period. Population is averaged over time.
Utilization (%)	This is a measure to capture program usage by taking the total of cases as a proportion of the overall covered population. This reflects all cases contracted to count towards utilization. Calculated As: $SUM = (\text{number of cases}/\text{Population}) * 100$
Annualized Utilization (%)	This is the projected annualized utilization if the reporting period selected is less than 12 months. Calculated As: $SUM = (\% \text{ case utilization}/\text{the number of months in the reporting period}) * 12$
EMEA	Europe, Middle East & Africa
NA	North America
APAC	Asia-Pacific
LATAM	Latin America
Country, Region, Global Benchmark	Overall benchmarking utilization percentages. Country benchmark is displayed if report is run for an individual country. Region benchmarks is displayed if report is run for countries only within the same region. Global benchmarks is displayed if report is run for more than one country in different regions. Calculated As: $SUM = (\text{total cases}/\text{total covered population}) * 100$
Industry Benchmarks (Country, Region & Global)	Industry Benchmarks (Country, Region & Global)

### Participant

Total number of unique participants	The number of distinct participants who have accessed services during the reporting period.
New participants	This is the number of unique participants who accessed services in the defined reporting period and have not previously accessed services within the reporting period.
Re-access Participants	This is the number of unique participants who have re-accessed services within the reporting period. In other words, total participants who have accessed the services more than once within the reporting period.
Cases by intake type	The method by which the participant contacted the program to access services.
Service inquiries by intake type	Service inquiries are brief calls that do not result in a case as no service was delivered. Intake type is the method by which a participant initiated a service inquiry.

### Organization & Organization Cases

The number of organizational cases (including Critical incidents, trainings, workplace support programs, management consults) and other organization authorized services. Except where explicitly

	stated as closed cases, the counts are based on cases opened during the reporting period.
Workplace Support Programs	Workplace Support Programs
Critical Incident Services	In the aftermath of an incident, our experts will design an immediate, global response that takes care of your people and your organization.
Management Consultations	Service delivered to the organization's people leaders to support with participant issues and how to have difficult conversations. The service is delivered by the program's clinical staff.
Training	Total training sessions conducted. Sessions can be short seminars, longer workshops offered onsite, online and self-directed. Topics can include mental health, resiliency, retirement/finances, nutrition/fitness and more.

## Trends

Emerging Issues	Provides details on the counselling and work/life services opened during the reporting period. The presenting issues are self-identified by the participant at the time of intake.
Benchmarks	Provides comparative benchmarks between the organizational case distribution and the experience of other organizations within the same country, industry, or region. If the report is run for multiple countries, global benchmark comparison will also be available.
Modalities	The method by which the participant received their service.

## Demographic

Gender	This is a breakdown of participant self-identified gender during the intake process. This information is only collected from covered participants and not family member participants.
Language	This is a breakdown of participant self-identified preferred language for service delivery purposes.
Category	This is a breakdown of participant self-identified category during the intake process.
Age	This is a breakdown of participant self-identified age group during the intake process. This information is only collected from covered participants and not family member participants.
Employee/Member Status	This is a breakdown of employee/member self-identified status during the intake process. This information is only collected from covered participants and not family member participants.
Management Status	This is a breakdown of participant self-identified job category during the intake process.
How did you hear about us?	This is a breakdown of participant self-reported detail on how they heard about the program.
Are you calling us as a result of Covid19?	This is a breakdown of participant self-reported to identify those who were calling as a result of the Covid-19 pandemic.
Years of Service	This is a breakdown of participant self-reported detail on how long the participant has been part of the organization. This information is only collected from covered participants and not family member participants.
Cases by Country	This is a map of the world to showcase the breakdown of case percentages by country.

## Appendix

### Report Information

Organization	The name of one or more organizations for the report run. Data on the report is aggregated for all selected organizations.
Report Run Date	The date that the report was generated.

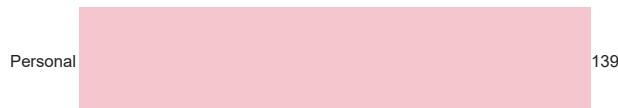
Country	Name of one or more countries represented in the report. Data on the report is aggregated for all selected countries.
Region	Name of one or more regions represented in the report. Data on the report is aggregated for all selected regions.
Participant Category	Name of one or more participant category represented in the report. Data on the report is aggregated for all selected participant categories.
Optional Answers	List of one or more custom answer options represented in the report. Data on the report is aggregated for all selected answer options.
Consortium or Partner Name	Name of the Alliance Partner, Group, or Consortium name represented in the report.

## Organizational Units Breakdown

Association, Companies, Branches & Divisions	Organizations for the program can be set up in hierarchical manner to support with breaking down utilization data at more granular levels. Services and cases are booked at the lowest level. The four possible levels in descending order are Association, Company, Branch and Division. Though cases are booked at the lowest level, they are also rolled up to the higher levels to provide aggregated organizational usage details.
Partner/Group	Partner is the name of the Alliance Partner for which the report was run. Group is the name of the group for which the report was run.

## Overall Summary (Jan 1, 2025 to Dec 31, 2025)

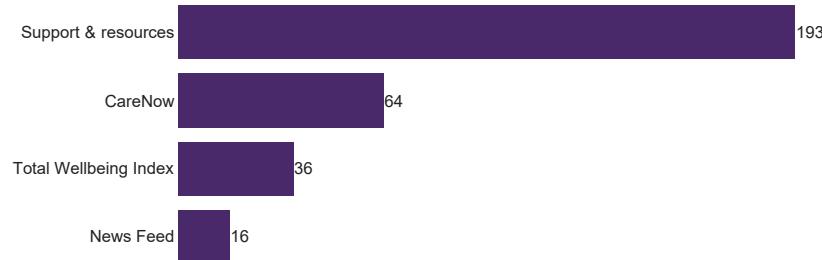
### User



Participant: 2

## Overall Engagement

### Adoption Activities by Feature



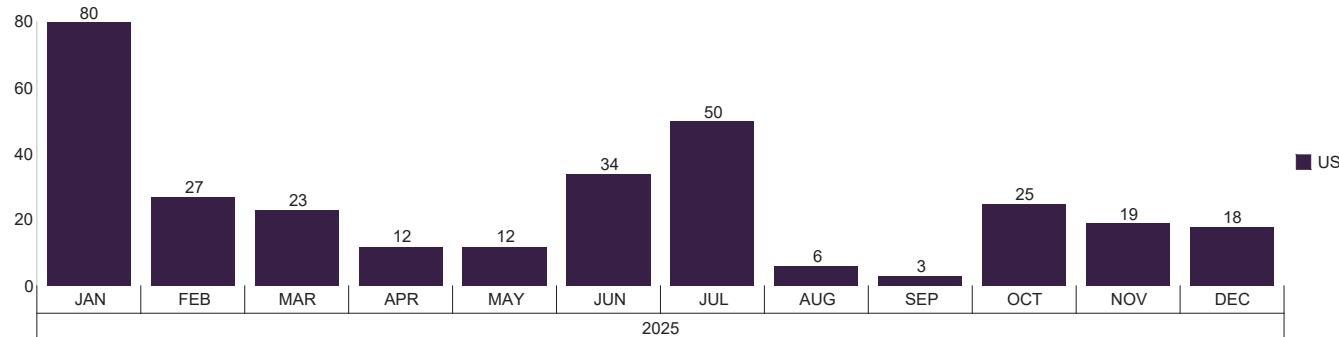
### Total Activities

**309**

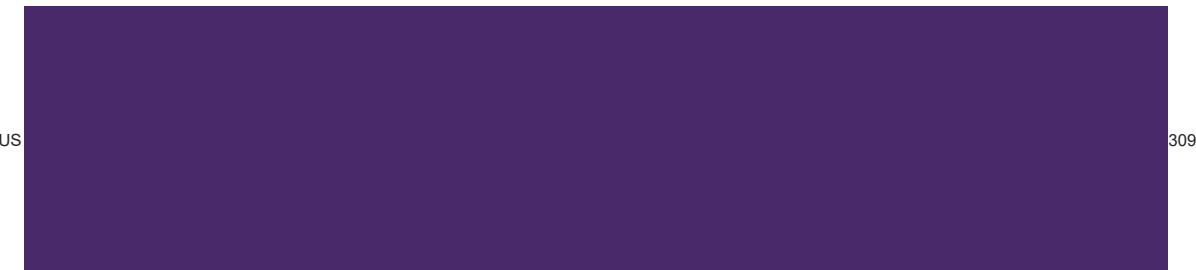
Compared to the same period 12 months prior

291 (Jan 1, 2024 to Dec 31, 2024)

### Total Activities by Month



### Total Activities by Country



#### Activities by Group

### Company & News Feed Posts

Number of  
company posts

**16**

CareNow (Jan 1, 2025 to Dec 31, 2025)

Adoption

Total users  
who started a  
program

**11**

Adoption

Average # of  
programs  
started per  
user

**2**

Task success

Total users  
who completed  
a module

**7**

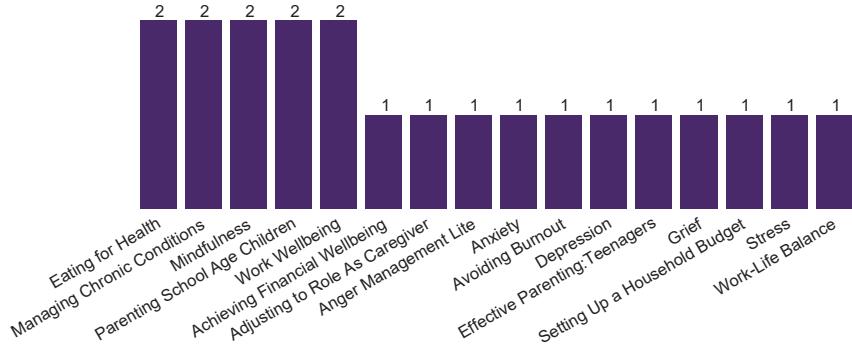
Task success

Average # of  
modules  
completed per  
user

**6**

Adoption

Total programs started



## Total Wellbeing Index (Jan 1, 2025 to Dec 31, 2025)

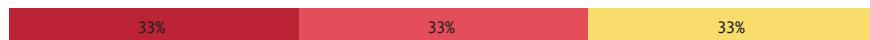
## TWI Score

# 55

This is your Total Wellbeing Index score  
The median benchmark score is: 63  
The top performing score is: 76

## Distribution of Risk

Current



Benchmark



■ At Risk    ■ Problem    ■ Strained    ■ Active    ■ Optimal

## Mental

# 45

Median benchmark: 56  
Top performing score: 72

## Physical

# 54

Median benchmark: 59  
Top performing score: 69

## Social

# 58

Median benchmark: 68  
Top performing score: 79

## Financial

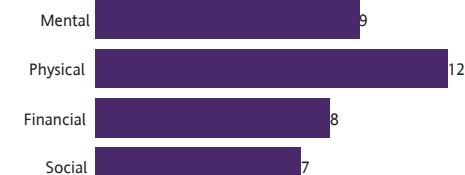
# 63

Median benchmark: 71  
Top performing score: 85

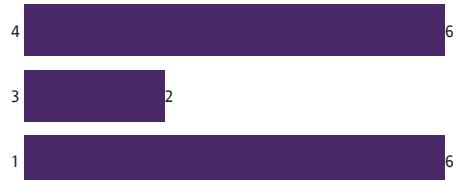
## Total Participation

**14 of 144**  
**10%**  
of Registered Users

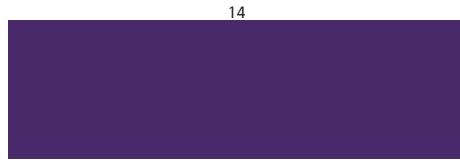
## Completions by Assessment



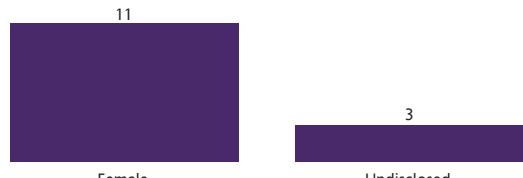
## Number of Assessment Completed per Person



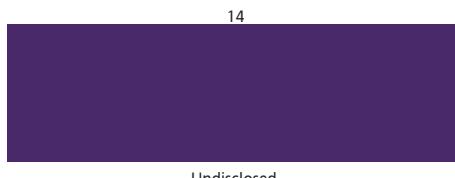
## Age Bands



## Gender



## Tenure

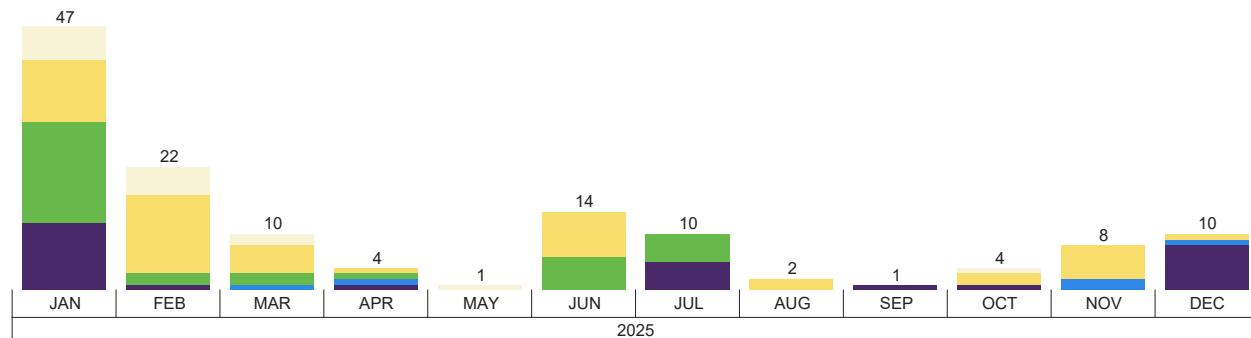


See All

Support & Resources (Jan 1, 2025 to Dec 31, 2025)

Support & Resource Activities

\* Other resources are not included in this total



Top Categories

Total Activities 133

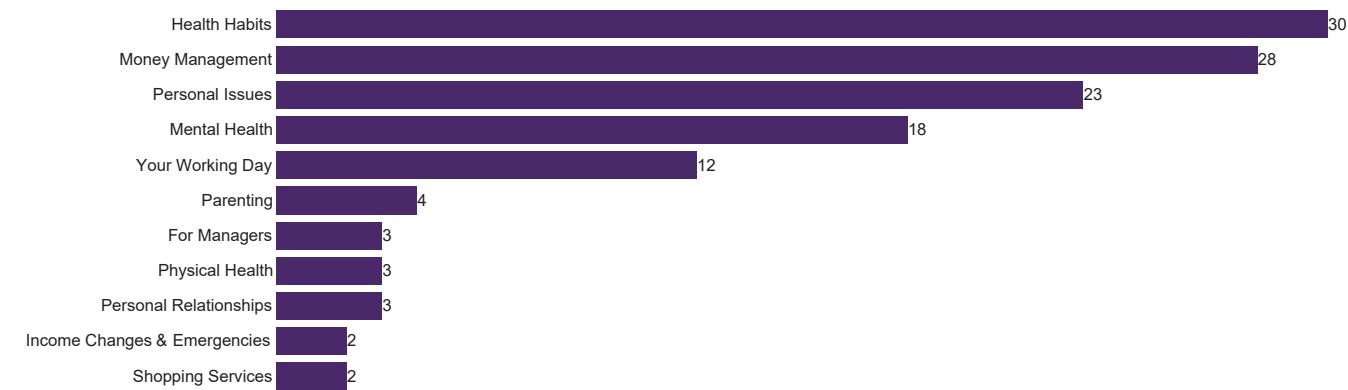
\* Other resources are not included in this total



Top Subcategories

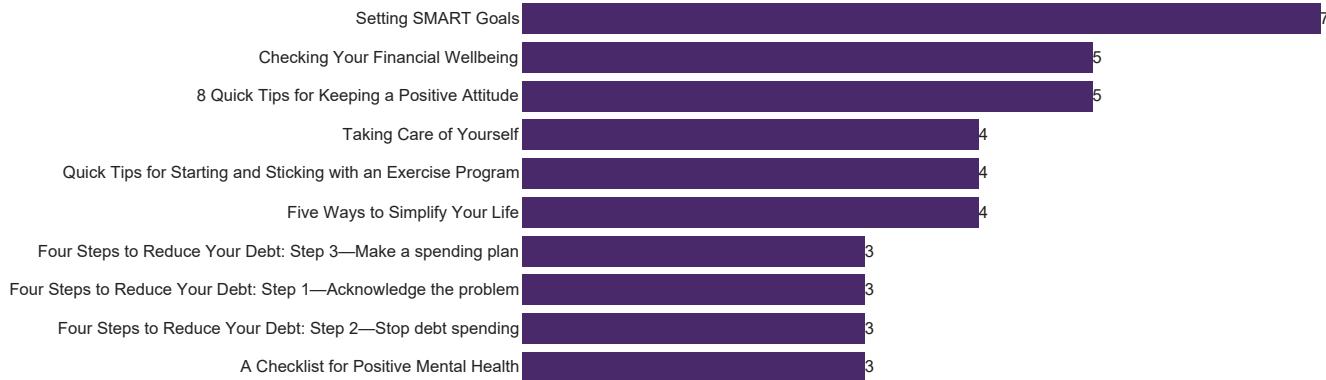
Total Activities 133

\* Other resources are not included in this total



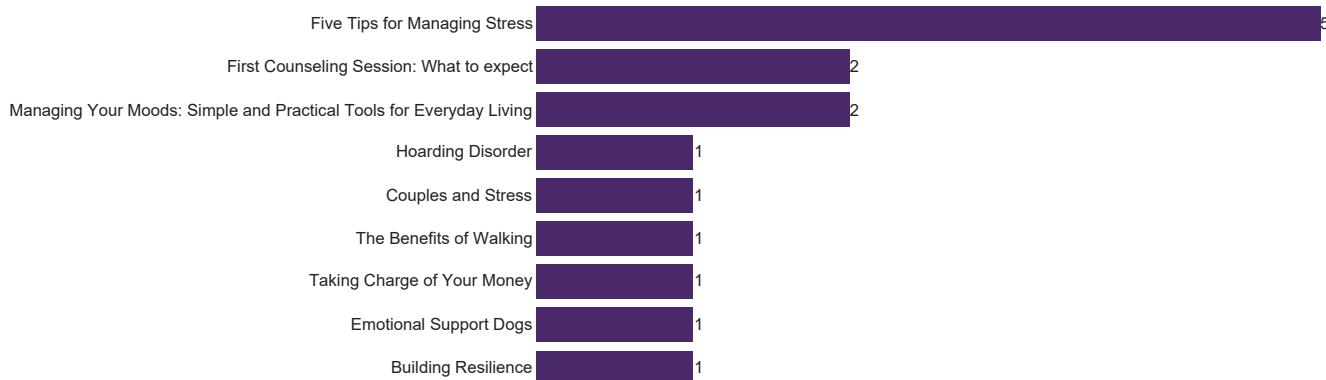
## Top Articles

Total Activities **112 of 133**



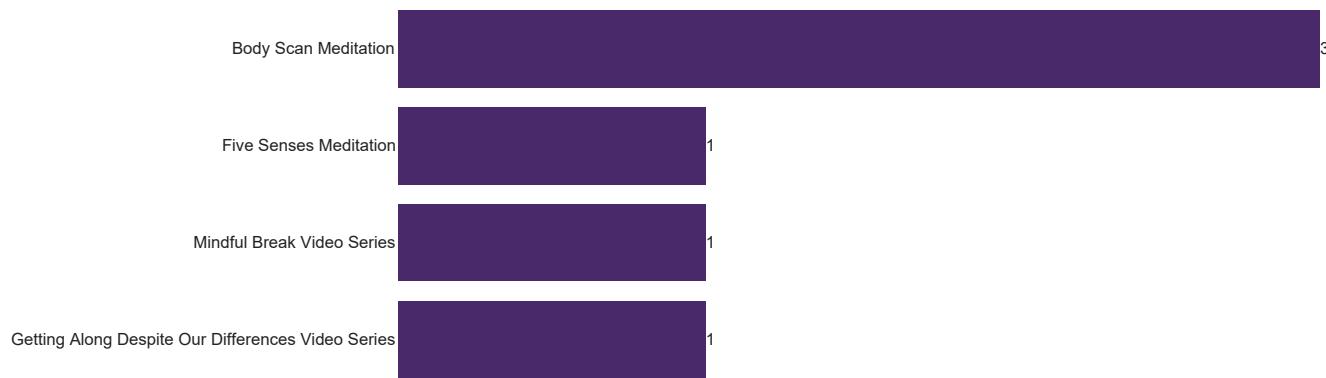
## Top Audios

Total Activities **15 of 133**



## Top Videos

Total Activities **6 of 133**



## Top Manager Resources

Total Activities **3**

\* Total reflects a subset of the top categories.

Supporting Neurodiversity at Work

2

The First Days After Losing Your Job

1

## Other Resources

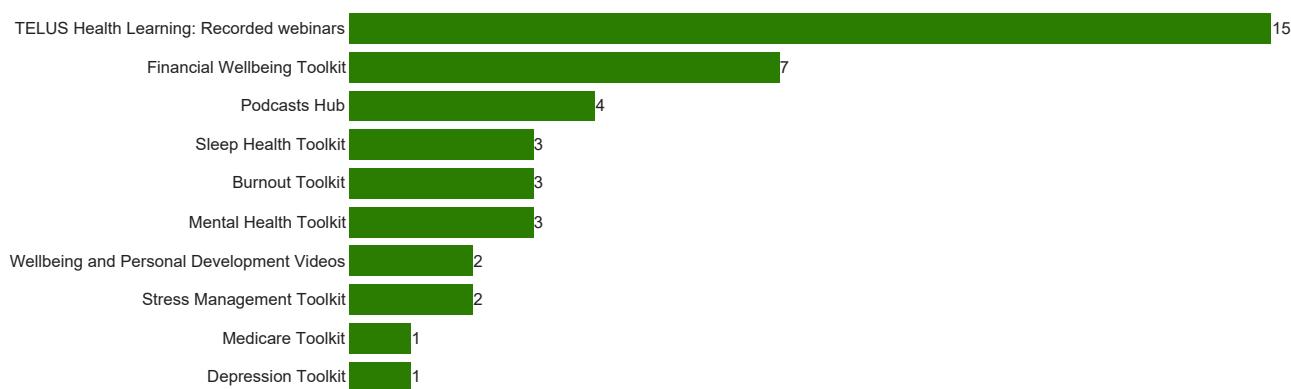
### Other resources accessed

Total Activities **60**



## Top Toolkits

Total Activities **49 of 60**



## Glossary (Jan 1, 2025 to Dec 31, 2025)

Some features defined below may not be applicable to your program.

### Overall Summary

#### Adoption

Registration	A user creates an account and accepts the terms and conditions for using the TELUS Health platform.
User	All individuals who have created an account and accepted the terms and conditions for using the TELUS Health platform. This can include a participant, family, admin or personal account.
Participant	The user is invited to the platform by the Admin or signed up via CSV by our onboarding team. The user completes the sign up process and creates a profile on the platform.
Family	These accounts are friends or family members invited to the platform by a Participant via the "Family" feature in the Profile section. The user completes the sign up process and creates a profile on the platform.
Admin	The designated platform Administrators are granted access to certain features beyond those associated with a user. Administrators have access to the Admin Panel — the organization's dashboard and administrator tools – which will include an overview of recent activities and summary statistics.
Personal	A personal account is created when a participant who has logged into the platform under a shared/group login creates a personal profile to access certain features requiring registration.
Pending	These accounts are individuals who have been invited to join the platform but have yet to register, either from an eligibility list or through an invitation from an admin.

#### Overall Engagement

##### Activities

Activities	<p>The sum total of user activities on the platform. Activities include:</p> <ul style="list-style-type: none"> <li>-viewing content (e.g. articles)</li> <li>-liking company posts</li> <li>-creating newsfeed posts</li> <li>-posting a recognition</li> <li>-purchases made using Perks</li> <li>-views and participation in wellbeing activities including:</li> <ul style="list-style-type: none"> <li>-joining a challenge</li> <li>-tracking your habitude or steps</li> <li>-completing assessments</li> <li>-completing a module or program, or starting a program within CareNow</li> </ul> </ul>
% of users with at least one activity	The percentage of users that have had an activity on the platform, out of all of the users who have completed the registration and profile creation process.

#### Compared to the same period 12 months prior

##### Compared to the same period 12 months prior

Where available the footnote number in the bottom left corner showcases the data from the same time period twelve months prior.

Example 1: If report period is March 2020 then the data showcased in the bottom left corner is for March 2019.

Example 2: If report period is November 2019 to January 2020 then the data showcased in the bottom left corner is for November 2018 to January 2019.

#### Company & News Feed Posts

Average likes per company posts	The average number of likes for all company posts.
Average comments per company posts	The average number of comments on all posts.

#### Recognitions

Recognitions	Posting a recognition (submitting text and selecting a badge) for one or more other users that is posted to your company's News Feed.
Total number of initial recognitions received	This represents the users receiving an initial recognition.
Total Initial Recognitions	This represents the process of creating a recognition (submitting a story and selection a badge) for one or more other users that will be posted to your company's News Feed.
Users Who Gave Recognitions	This represents the users giving an initial recognition.
Re-recognitions	Number of recognitions given by using the 'Re-recognize' button in the News Feed section of the platform.

#### Wellbeing

##### CareNow

Modules Completed	Each CareNow program has multiple modules or chapters to complete. Each module focuses on a specific area. A
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Overall Summary

Wellbeing

Support & Resources

Appendix

Glossary

Total programs started	module is completed when all content is viewed within the module.
Total number of times a CareNow program was started.	
<b>Total Wellbeing Index</b>	The scores reported for each pillar are based on those that completed that pillar's assessment; however, all TWI related scores require completion of all four assessments.
	The Total Wellbeing Index (TWI) is a scale aggregating behavioural assessment data from the four pillars of total health: Mental, Physical, Social and Finance.
Mental:	This pillar includes questions covering various areas of mental health, including anxiety, depression, coping skills, burnout, and general mental health.
Physical:	This pillar includes questions covering various areas of physical health, including physical activity, medical health, biometric awareness, lifestyle choices, sleep, and nutrition.
Social:	This pillar includes questions covering various areas of work-life, relationships, and work.
Financial	This pillar includes questions covering various areas of financial health, including debt, savings, and general financial behaviour.
Score:	A number from 0 to 100 which represents the average of all employee responses in a particular area.
Risk distributions:	Individuals completing the full TWI assessment and each pillar assessment are categorized into different risk groups (below). The percentage of the population falling into each category is displayed in the risk distributions.
Optimal Health (score from 81-100)	Individuals in this category are doing well in balancing the demands of life and work. Their Total Wellbeing (Mental, Physical, Social and Finance) collectively is quite good. Based on the information reported, individuals in this group should focus on sustaining optimal health.
Active Health (score from 71-80)	Individuals who fall in this category are doing reasonably well overall. In general, their total well-being is not an issue; however, there are areas upon which focus can help improve the individual's overall quality of life.
Strained Health (score from 61-70)	Individuals who fall in this category are currently experiencing some level of strain in one or more of the four total wellbeing areas. The challenge is to help and support these individuals in the areas they are feeling strain so that they can be improved into Active or Optimal Health and avoid dipping into Problem or At Risk Health.
Problem Health (score from 51-60)	Individuals who fall into this category are typically experiencing some physical, psychological, or financial symptoms that are having a negative impact on their total wellbeing and productivity. Individuals in this group typically require support to make changes that improve their total wellbeing.
At Risk Health (score from 0-50)	Individuals in this category are at risk for significant health issues in many or all of the key pillars of wellbeing: Mental, Physical, Social and Finance. These individuals are often off work or on the verge of being off work. Access to support services is essential to get them back on the right track.
Benchmark:	A standard or point of reference against which scores can be compared. The value of benchmarking is to measure the organization's performance/results against the standard. The benchmark/standard is based on the 50th percentile (middle value of all organizations) of collective scores of all organizations that have completed the TWI.
Top Performing (Employers) score:	Refers to scores at or above 90 per cent of the total TWI completions; only 10 per cent of total scores are above this threshold.
Generation:	Generations are defined by birth year. Regardless of age, individuals always belong to the generation into which they were born. Generations tend to experience similar life issues. By reporting on generations, organizations are able to compare results against other generations at a different place in the life cycle.
	Generation breakdown Generation Z: born in 1996 or later Millennials: born from 1980 to 1995 Generation X: born from 1965 to 1979 Baby boomers: born from 1946 to 1964 Traditionalists: born in 1945 or earlier
<b>Assessments</b>	
Assessments	A thematic assessment available in the wellbeing section of the platform.
Outcome	The calculated level of risk or impact pertaining to that area of the user's health, as determined by the overall score of their responses to the assessment.
Full HRA	The HRA (health risk assessment) is the completion of all the health and biometric assessments.
Precontemplation	User is not ready to engage in change and does not intend to take action in the next six months.
Contemplation	User is ready to consider change and does not intend to take action in the next six months.
Preparation	User is preparing to change and ready to take action within the next 30 days.

Action	User has started to engage in change.
Maintenance	User is continuing to engage in change after six months.
<b>Challenges</b>	
Challenges	A personal or organization program that promotes activities related to improved health. This may include step and habitude challenges.
Personal	Challenges available to users to earn platform points as they progress towards long term healthy lifestyle choices. These challenges do not have a public leaderboard.
Corporate	Challenges created on behalf of your organization to promote engagement and health.
Habit	Specific behaviour that a user is looking to improve.
Step	A measurement of the action of taking a step.
Started or joined	The number of users who accepted or joined a personal or organization challenge.
Goal attained	This represents the number of users who have completed a challenge and met the target goal of the challenge.
<b>Wellness Tiers</b>	
Points	Users earn points by completing various activities on the platform or by taking actions outside of the platform (that are tracked within the TELUS Health platform) to positively influence their overall wellbeing.
Tiers	There are 4 tiers that can be achieved by earning platform points. Within each tier, users can access specially-curated wellness rewards. These tiers are: Bronze (5), Silver (2,500), Gold (5,000), and Platinum (10,000)
<b>Promoted Activities</b>	
Promoted Activity	An activity selected to promote to your user population. These include: Biometric Screening, Medical Event or Check-up, Preventive Screening, Training or Benefit Event, Competition or Athletic Event, Volunteering, Fitness or Sports, Gym or Workout, LIFT Challenge.
<b>Support &amp; Resources</b>	
Support & Resource Activities	The platform's Support & Resources section includes 1,800+ articles, podcasts, and toolkits. This report section shows the content viewed and which categories, subcategories, and specific content items are most popular. Viewing content counts as an activity.
Top Categories	There are five categories within Support & Resources: Family, Health, Life, Money, Work.
Top Subcategories	The subset of categories in the five categories from Support & Resources feature.
Total Activities	Total content views for each modality. The charts display up to ten most popular resources.
<b>Perks</b>	
<b>Summary</b>	
Total Perks transactions	Number of individual transactions completed on the Perks section of the platform.
<b>Gift Cards</b>	
Gift cards transactions	Purchase of a single gift card through the Perks section of the platform.
Total gift card value	The redeemable value of the gift cards purchased.
Total gift card spend	The purchase price of the gift card paid by the user.
Gift card savings	The total savings divided by the total value of the gift cards purchased.
<b>Cashback</b>	
Cashback Transactions	A single purchase (regardless of the # of products involved) from a partnered vendor's site.
Total cashback spend	The pre-tax purchase value of the transaction made with the vendor.
Total cashback	The total currency returned to the user who made the purchase, which is credited to the user's platform wallet. Upon confirmation from the vendor, the amount is eligible to be withdrawn by the user.
Average savings %	The portion of the total spending that is credited to the user's platform wallet.
Merchants	A 3rd party company that has an agreement with TELUS Health to provide cashback to TELUS Health' users
<b>Cinemas</b>	
Cinema Transactions	Purchase of cinema tickets at a discount through the Perks section of the platform.
Cinema Value	The redeemable value of the cinema tickets purchased.
Cinema Spend	The purchase price of the cinema tickets paid by the user.
Cinema Saving	The difference between the value and the purchase price of the cinema tickets

**Veterinary Examining Board  
Agenda Request Form**

<b>Meeting Date</b>	Jan 27, 2026
<b>Requestor Name</b>	
<b>Item Title for the Agenda</b>	AAVSB Matters
<b>Should this be in Open or Closed Session?</b>	open
<b>Is this an Action Item or for Information Only?</b>	informational
<b>Are there Attachments? (If yes, include file names)</b>	Board Basics and Beyond Agenda
<b>Is a Public Appearance Anticipated?</b>	No
<b>Description of the Agenda Item</b>	
<p><b>Board Basics &amp; Beyond April 24 &amp;25</b></p> <p>Designed for new and seasoned board members alike, offering foundational governance education alongside deeper dives into regulatory trends, ethics, and strategic leadership.</p> <p>Agenda attached</p>	



# 2026 Schedule for the AAVSB Spring Board Training

Friday, April 24, 2026

<b>7:00 am - 8:30 am</b>	Breakfast for Board Basics & Beyond Attendees and Committee Volunteers	McCoy B
<b>8:30 am - 8:35 am</b>	Welcome & Introductions	Nichols
<b>8:35 am - 9:30 am</b>	Behind the Scenes at the AAVSB	Nichols
<b>9:30 am - 9:35 am</b>	Objectives and Terminology	Nichols
<b>9:35 am - 10:00 am</b>	Lightning Rounds	Nichols
<b>10:00 am - 10:30 am</b>	Break	Foyer
<b>10:30 am - 11:45 am</b>	Lightning Rounds	Nichols
<b>11:45 am - 12:00 pm</b>	AAVSB Practice Act Model, Statutes, Rules and Regulations	Nichols
<b>12:00 pm - 1:15 pm</b>	Lunch for Board Basics & Beyond Attendees and Committee Volunteers	McCoy B
<b>1:15 pm - 1:40 pm</b>	AAVSB Services & Strategic Updates	Nichols
<b>1:40 pm - 3:00 pm</b>	Table Exercises	Nichols
<b>3:00 pm - 3:30 pm</b>	Break	Foyer
<b>3:30 pm - 3:40 pm</b>	AAVSB Programs	Nichols
<b>3:40 pm - 4:55 pm</b>	Table Exercises	Nichols
<b>4:55 pm - 5:00 pm</b>	Catch-up and Reminders	Nichols
<b>5:00 pm</b>	Recess	Nichols
<b>5:45 pm</b>	Meet in Hotel Lobby for Dinner with Future Friends	Lobby



# 2026 Schedule for the AAVSB Spring Board Training

Saturday, April 25, 2026

<b>7:00 am - 8:30 am</b>	Breakfast for Board Basics & Beyond Attendees and Committee Volunteers	McCoy B
<b>8:30 am - 8:35 am</b>	Welcome Back	Nichols
<b>8:35 am - 9:15 am</b>	Lightning Rounds - Part II	Nichols
<b>9:15 am - 10:00 am</b>	Table Exercises	Nichols
<b>10:00 am - 10:30 am</b>	Break	Foyer
<b>10:30 am - 12:00 pm</b>	Table Exercises	Nichols
<b>12:00 pm - 1:15 pm</b>	Lunch for Board Basics & Beyond Attendees and Committee Volunteers	McCoy B
<b>1:15 pm - 1:25 pm</b>	The Value of Volunteering with the AAVSB	Nichols
<b>1:25 pm - 2:00 pm</b>	Table Exercises	Nichols
<b>2:00 pm - 3:00 pm</b>	Legal Nuts and Bolts: Potpourri	Nichols
<b>3:00 pm - 3:30 pm</b>	Break	Foyer
<b>3:30 pm - 4:35 pm</b>	Table Exercises	Nichols
<b>4:35 pm - 4:45 pm</b>	Member Board Resources	Nichols
<b>4:45 pm - 5:00 pm</b>	Final Questions and Closing Remarks	Nichols
<b>5:00 pm</b>	Adjournment	Nichols
<b>5:45 pm</b>	Meet in Hotel Lobby for Dinner with Future Friends	Lobby

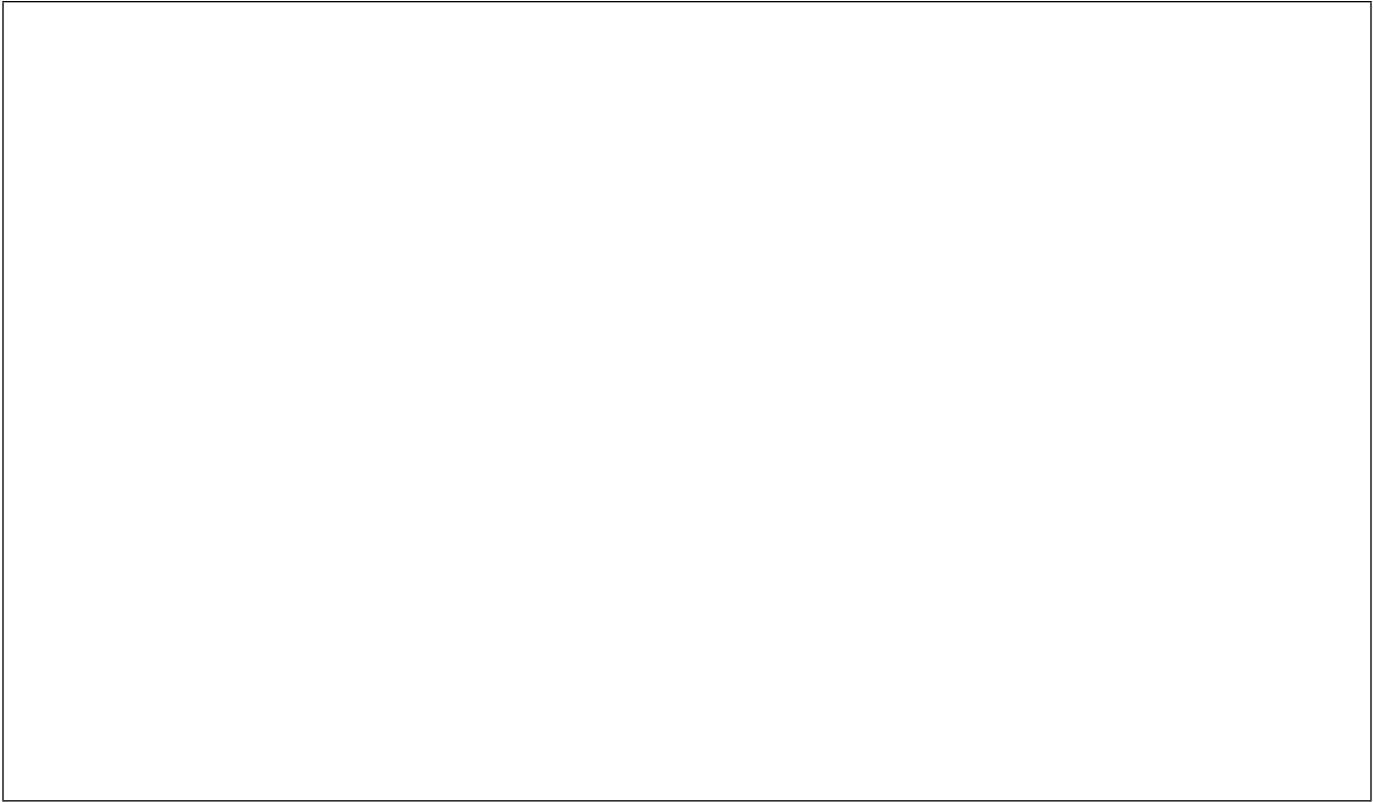
**Veterinary Examining Board  
Agenda Request Form**

<b>Meeting Date</b>	January 27,2026
<b>Requestor Name</b>	Dr. Alan Holter
<b>Item Title for the Agenda</b>	Artificial Intelligence (AI) - How regulation of DVM's and CVT's applies to the use of artificial intelligence.
<b>Should this be in Open or Closed Session?</b>	Open
<b>Is this an Action Item or for Information Only?</b>	Discussion
<b>Are there Attachments? (If yes, include file names)</b>	
<b>Is a Public Appearance Anticipated?</b>	No

**Description of the Agenda Item**

1. Imaging reports: Radiology. Cytology, Histopathology, etc.
  - a. Report from 'specialist'
  - b. Report from AI
2. Diagnosis based on history and/or exam findings performed by AI?
3. Receiving medical recommendations based on AI conversation between owner and computer?
4. Medical notes generated by AI and accuracy?
5. others?

Choose topic for April board discussion at conclusion of this discussion:



**Veterinary Examining Board  
Agenda Request Form**

<b>Meeting Date</b>	Jan 27, 2026
<b>Requestor Name</b>	WVMA
<b>Item Title for the Agenda</b>	Article for the Voice
<b>Should this be in Open or Closed Session?</b>	Open
<b>Is this an Action Item or for Information Only?</b>	Action/Discussion
<b>Are there Attachments? (If yes, include file names)</b>	Nope
<b>Is a Public Appearance Anticipated?</b>	Nope

**Description of the Agenda Item**

WVMA would like to know if we have a topic for an Article in the Voice.

Potential topics:

A case study going thru a case and the process  
Why are regulations are not specific

Others?

**Veterinary Examining Board  
Agenda Request Form**

<b>Meeting Date</b>	January 27, 2026
<b>Requestor Name</b>	Angela Fisher
<b>Item Title for the Agenda</b>	Guidance Document: Vaccination by Shelters
<b>Should this be in Open or Closed Session?</b>	Open
<b>Is this an Action Item or for Information Only?</b>	Action
<b>Are there Attachments? (If yes, include file names)</b>	VEB-GD-013 Vaccination Shelters
<b>Is a Public Appearance Anticipated?</b>	No

**Description of the Agenda Item**

The draft guidance document (VEB-GD-013) was drafted based on the discussion at the October VEB meeting. The attached updated document is ready for the VEB's discussion, revision, and approval.

If no revisions are needed and the guidance document is approved at the meeting, the draft motion would be: Motion to approve guidance document VEB-GD-013 regarding vaccination by shelters.



## State of Wisconsin

### Veterinary Examining Board

2811 Agriculture Drive • PO Box 8911 • Madison, WI 53708-8911 • Wisconsin.gov

#### Guidance Document VEB-GD-013 Vaccination by Animal Shelters

Wis. Stat. §§ 89.02 (6), 95.21 (2) (a), 173.41 (1) (b), 173.41 (10m)

12/29/25 DRAFT

#### Topic

At many shelters core vaccinations (such as distemper, parvo, feline viral rhinotracheitis, panleukopenia, bordetella, and parainfluenza virus) are administered by shelter staff upon intake of the animal. These vaccinations are not administered by a veterinarian or under the supervision of a veterinarian, as most shelters do not have a full-time veterinarian on staff that is available to administer or supervise the administration of these core vaccinations.

These vaccinations are administered to animals brought into shelters to prevent severe disease outbreaks in the shelters. Shelter animals are at an increased risk of infectious disease due to risk factors that include stressors, exposure to other animals, age, previous preventive care, and pathogen levels in the environment.

Administering these vaccinations upon intake is supported by:

- The Association of Shelter Veterinarians (ASV), <https://jsmcah.org/index.php/jasv/article/view/42/19>
- The American Animal Hospital Association (AAHA) <https://www.aaha.org/resources/2022-aaha-canine-vaccination-guidelines/>, AAFP <https://www.aaha.org/resources/2020-aahaaafp-feline-vaccination-guidelines/>
- The World Small Animal Veterinary Association (WSAVA) <https://wsava.org/wp-content/uploads/2024/04/WSAVA-Vaccination-guidelines-2024.pdf>

#### Relevant Statutes and Administrative Code

Wisconsin Stat. § 89.02 (6) defines the practice of veterinary medicine as to examine into the fact or cause of animal health, disease or physical condition, or to treat, operate, prescribe or advise for the same, or to undertake, offer, advertise, announce, or hold out in any manner to do any of said acts, for compensation, direct or indirect, or in the expectation thereof.

Wisconsin Stat. § 95.21 (2) (a) requires that a dog be vaccinated against rabies by a veterinarian or, if a veterinarian is physically present at the location the vaccine is administered, by a certified veterinary technician.

Wisconsin Stat. § 173.41 (10m) allows an entity licensed under ch. ATCP 16, Wis. Admin. Code, to have a dog kept by the licensee vaccinated by an individual that is not a veterinarian, unless prohibited by law (rabies).

Under Wis. Stat. § 173.41 (1) (b), “Animal shelter” means a facility that is operated for the purpose of providing for and promoting the welfare, protection, and humane treatment of animals, that is used to shelter at

least 25 dogs a year, and that is operated by a humane society, animal welfare society, animal rescue group, or other nonprofit group. For the purposes of this guidance, a facility is considered a shelter regardless of whether it shelters at least 25 dogs a year.

### **Board Position**

The practice of shelter staff administering vaccinations, with the exception of the rabies vaccination, upon intake to an animal shelter, is not considered the practice of veterinary medicine due to the following reason:

- The shelter staff are not administering the vaccinations for compensation, either direct or indirect. The administration of vaccines is done strictly to ensure health of the animals being taken in, and of the animals in the current population, and is a best practice for shelter medicine.
- The shelter staff administer the vaccinations to animals they either have ownership of or they have custody and control over when the ownership is unknown.

Shelter staff may not administer vaccinations to animals they do not have ownership of, unless the ownership is unknown and they have custody and control of the animal.

Shelters may not charge for the vaccinations.

Shelter staff may not administer a rabies vaccination unless done in compliance with Wis. Stat. § 95.21 (2) (a).

**Veterinary Examining Board  
Agenda Request Form**

<b>Meeting Date</b>	Jan 27, 2026
<b>Requestor Name</b>	M. Mace
<b>Item Title for the Agenda</b>	Credentialing update
<b>Should this be in Open or Closed Session?</b>	Open
<b>Is this an Action Item or for Information Only?</b>	Information
<b>Are there Attachments? (If yes, include file names)</b>	Yes – Licensed Veterinarian Map
<b>Is a Public Appearance Anticipated?</b>	No

**Description of the Agenda Item**

Renewals update, Jonathan will have information to share on numbers of licensed credential holders, and number of credential holders with their renewals still pending

Included is a map illustrating the geographic dispersion of currently licensed veterinarians.

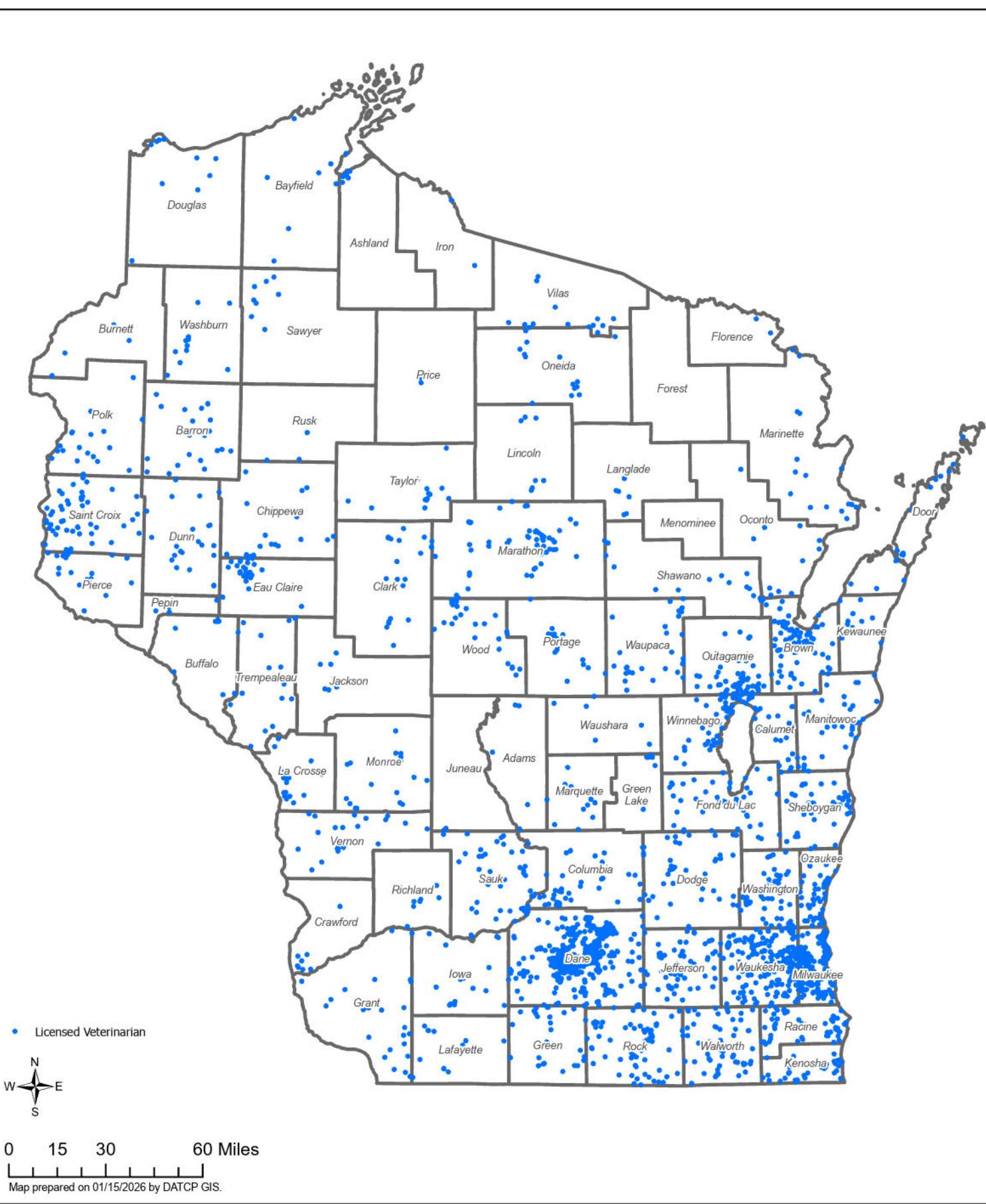


State of Wisconsin

Department of Agriculture, Trade, and Consumer Protection

Division of Animal Health

# Licensed Veterinarians Across Wisconsin



**Veterinary Examining Board  
Agenda Request Form**

<b>Meeting Date</b>	January 27, 2026
<b>Requestor Name</b>	Angela Fisher
<b>Item Title for the Agenda</b>	VE 1 Final Draft
<b>Should this be in Open or Closed Session?</b>	Open
<b>Is this an Action Item or for Information Only?</b>	Information
<b>Are there Attachments? (If yes, include file names)</b>	No
<b>Is a Public Appearance Anticipated?</b>	No

**Description of the Agenda Item**

The VE 1 (CR 25-006) final draft rule was filed with LRB for publication, and is anticipated to be published and effective on March 1, 2026.

CR 25-006 Status Page: [https://docs.legis.wisconsin.gov/code/chr/all/cr\\_25\\_006](https://docs.legis.wisconsin.gov/code/chr/all/cr_25_006)

**Veterinary Examining Board  
Agenda Request Form**

<b>Meeting Date</b>	January 27, 2026
<b>Requestor Name</b>	Angela Fisher
<b>Item Title for the Agenda</b>	Legislative
<b>Should this be in Open or Closed Session?</b>	Open
<b>Is this an Action Item or for Information Only?</b>	Information
<b>Are there Attachments? (If yes, include file names)</b>	SB-501 AB-717 AB-717-ASA1 LRB-5624_1
<b>Is a Public Appearance Anticipated?</b>	No
<p><b>Description of the Agenda Item</b></p> <p>Information regarding bills relevant to VEB:</p> <p>SB-501/AB-505: An Act to create 39.389 and 71.05 (6) (b) 58. of the statutes; relating to: creating a veterinary loan repayment grant program administered by the Higher Educational Aids Board and exempting from taxation amounts received from such a grant program.</p> <ul style="list-style-type: none"> <li>- SB-501 Bill Status Page: <a href="https://docs.legis.wisconsin.gov/2025/proposals/sb501">https://docs.legis.wisconsin.gov/2025/proposals/sb501</a></li> <li>- AB-505 Bill Status Page: <a href="https://docs.legis.wisconsin.gov/2025/proposals/ab505">https://docs.legis.wisconsin.gov/2025/proposals/ab505</a></li> <li>- Recent Status: public hearings (10/15, 11/13); passage recommended by Senate Committee on Universities and Technical Colleges (10/24); passage recommended by Assembly Committee on Colleges and Universities; report by Joint Survey Committee on Tax Exemptions (1/12)</li> </ul> <p>AB-717/SB-692: An Act to renumber 961.16 (3) (cm) of the statutes; relating to: listing of carfentanil under the Uniform Controlled Substances Act and providing a penalty.</p> <ul style="list-style-type: none"> <li>- Substitute Amendment 1: An Act to amend 961.41 (1) (a), 961.41 (1r), 961.49 (1m) (intro.), 971.365 (1) (a), 971.365 (1) (b), and 971.365 (2); to create 961.41 (1) (dn) and 961.41 (1m) (dn) of the statutes; relating to: penalties for controlled substance offenses involving carfentanil and providing a penalty.</li> <li>- AB-717 Bill Status Page: <a href="https://docs.legis.wisconsin.gov/2025/proposals/ab717">https://docs.legis.wisconsin.gov/2025/proposals/ab717</a></li> <li>- SB-692 Bill Status Page: <a href="https://docs.legis.wisconsin.gov/2025/proposals/sb692">https://docs.legis.wisconsin.gov/2025/proposals/sb692</a></li> <li>- Recent Status: introduced (12/3), substitute amendment 1 offered (1/14), public hearing (1/14)</li> </ul> <p>LRB-5624/1: An Act to create 628.34 (16), 628.349 and 632.105 of the statutes; relating to: pet insurance and granting rule-making authority.</p> <ul style="list-style-type: none"> <li>- Recent Status: Co-sponsorships due 1/23/26</li> </ul>	



# State of Wisconsin

## 2025 - 2026 LEGISLATURE

LRB-4982/1  
ARG:amn/wlj/skw

## 2025 SENATE BILL 501

October 2, 2025 - Introduced by Senators CABRAL-GUEVARA, STAFSHOLT, MARKLEIN and PFAFF, cosponsored by Representatives KITCHENS, TRANEL, KREIBICH, MELOTIK, MIRESSE, MURSAU, NOVAK, O'CONNOR, PIOWOWARCYK, RIVERA-WAGNER, SHEEHAN, STEFFEN and STROUD. Referred to Committee on Universities and Technical Colleges.

1     **AN ACT *to create* 39.389 and 71.05 (6) (b) 58. of the statutes; **relating to:****

2           creating a veterinary loan repayment grant program administered by the

3           Higher Educational Aids Board and exempting from taxation amounts

4           received from such a grant program.

---

### *Analysis by the Legislative Reference Bureau*

This bill establishes a veterinary loan repayment grant program administered by the Higher Educational Aids Board to provide financial assistance to veterinarians employed in rural counties in repaying educational loan obligations incurred to become qualified to practice veterinary medicine. For purposes of the program, an “eligible applicant” is an individual who 1) is enrolled in an accredited school of veterinary medicine and is in his or her final year leading to a doctor of veterinary medicine (DVM) degree or 2) was awarded a DVM degree from an accredited school of veterinary medicine in the preceding seven years.

Under the bill, HEAB may award grants to eligible applicants if, at the time the grant is awarded, the eligible applicant has 1) an outstanding balance of at least \$25,000 in educational debt incurred to pursue or obtain a DVM degree; and 2) secured or committed to secure full-time employment as a Wisconsin-licensed veterinarian for at least one year in a rural county. A grant award may be used only to repay educational debt incurred to pursue or obtain a DVM degree. The total amount of a grant awarded may not exceed the lesser of the outstanding balance of

**SENATE BILL 501****SECTION 1**

this educational debt or \$25,000 for each year that the eligible applicant secured or committed to secure qualifying employment, not exceeding \$100,000 in total. HEAB must pay grant awards annually until the total amount of the grant awarded has been paid, with no annual payment exceeding \$25,000. HEAB may not make an annual payment of a grant award unless the eligible applicant completed the year of full-time employment as a veterinarian in a rural county and, during this year, provided at least 25 percent of his or her employed veterinary care to farm animals.

Under the bill, the grant amounts that a veterinarian receives under the program are exempt from taxation.

Because this bill relates to an exemption from state or local taxes, it may be referred to the Joint Survey Committee on Tax Exemptions for a report to be printed as an appendix to the bill.

---

***The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:***

1                   **SECTION 1.** 39.389 of the statutes is created to read:

2                   **39.389 Veterinary loan repayment grant program.** (1) **DEFINITIONS.** In

3                   this section:

4                   (a) “Eligible applicant” means an individual to whom, at the time of  
5                   application for the grant program, any of the following applies:

6                   1. The individual is enrolled in an accredited school of veterinary medicine  
7                   and has completed sufficient credits in a program leading to the degree of doctor of  
8                   veterinary medicine to be in the final year of the program.

9                   2. The individual was awarded the degree of doctor of veterinary medicine  
10                  from an accredited school of veterinary medicine within the immediately preceding  
11                  7-year period.

12                  (b) “Farm animal” means any warm-blooded animal normally raised on farms  
13                  in the United States and used or intended for use as food or fiber.

## **SENATE BILL 501**

(c) "Grant program" means the veterinary loan repayment grant program under this section.

3 (d) “Rural county” has the meaning given in s. 39.399 (1g) (a).

4 (e) "Veterinarian" has the meaning given in s. 89.02 (7).

13           1. The eligible applicant has an outstanding balance of at least \$25,000 in  
14 educational debt incurred in connection with pursuing or obtaining the degree of  
15 doctor of veterinary medicine.

16           2. The eligible applicant has secured or committed to secure full-time  
17 employment as a veterinarian for at least one year in a rural county.

18 (b) Subject to sub. (4), the total amount of a grant awarded under this section  
19 may not exceed the lesser of the following:

20           1. The total outstanding balance of the educational debt that the eligible  
21           applicant incurred in connection with pursuing or obtaining the degree of doctor of  
22           veterinary medicine.

23 2. For each year that the eligible applicant has secured or committed to secure

1 full-time employment as a veterinarian in a rural county, \$25,000, but not  
2 exceeding a total grant award of \$100,000.

3 (c) Grants awarded under this section may be used only to repay educational  
4 debt incurred in connection with pursuing or obtaining the degree of doctor of  
5 veterinary medicine.

6 (4) GRANT PAYMENTS. The board shall pay grant awards annually until the  
7 total amount of the grant awarded under sub. (3) (b) has been paid, with no annual  
8 payment exceeding \$25,000. The board may not make an annual payment of a  
9 grant award unless the eligible applicant has satisfied all of the following  
10 requirements:

11 (a) The eligible applicant completed the year of full-time employment as a  
12 veterinarian in a rural county.

13 (b) During the year described in par. (a), the eligible applicant provided at  
14 least 25 percent of his or her employed veterinary care to farm animals.

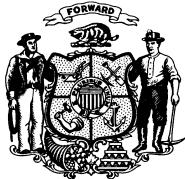
15 **SECTION 2.** 71.05 (6) (b) 58. of the statutes is created to read:

16 71.05 (6) (b) 58. For taxable years beginning after December 31, 2024, any  
17 amount received by an individual, in the taxable year to which the subtraction  
18 relates, from the veterinary loan repayment grant program under s. 39.389.

19 **SECTION 3. Initial applicability.**

20 (1) VETERINARY LOAN REPAYMENT GRANT PROGRAM. This act first applies to  
21 an individual who graduates from a school of veterinary medicine in 2025.

22 (END)



# State of Wisconsin 2025 - 2026 LEGISLATURE

LRB-5441/1  
CMH:klm

# 2025 ASSEMBLY BILL 717

December 3, 2025 - Introduced by Representatives PIOWARCZYK, BRILL, DITTRICH, KREIBICH, MELOTIK, MURPHY and WICHGERS, cosponsored by Senators JACQUE and NASS. Referred to Committee on Criminal Justice and Public Safety.

## *Analysis by the Legislative Reference Bureau*

Under current law in the Uniform Controlled Substances Act, carfentanil is listed as a synthetic opiate under Schedule II. Under this bill, carfentanil is listed as a fentanyl analog under Schedule I. A person who manufactures, distributes, or delivers, or possesses with the intent to manufacture, distribute, or deliver, a fentanyl analog is guilty of a felony, the classification of which is based on the amount involved. If the amount is 10 grams or less, the person is guilty of a Class E felony; if the amount is more than 10 grams but not more than 50, the person is guilty of a Class D felony; and if the amount is more than 50 grams, the person is guilty of a Class C felony.

Because this bill creates a new crime or revises a penalty for an existing crime, the Joint Review Committee on Criminal Penalties may be requested to prepare a report.

***The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:***

**ASSEMBLY BILL 717**

**SECTION 1**

1                   **SECTION 1.** 961.16 (3) (cm) of the statutes is renumbered 961.14 (2) (nd) 9g.

2                   **(END)**



# State of Wisconsin 2025 - 2026 LEGISLATURE

LRBs0242/1  
CMH:skw

**ASSEMBLY SUBSTITUTE AMENDMENT 1,  
TO ASSEMBLY BILL 717**

January 14, 2026 - Offered by Representative PIWOWARCZYK.

***The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:***

5 SECTION 1. 961.41 (1) (a) of the statutes is amended to read:

6                   961.41 (1) (a) *Schedule I and II narcotic drugs generally.* Except as provided  
7 in par. (d) ~~or~~, (dm), or (dn), if a person violates this subsection with respect to a  
8 controlled substance included in schedule I or II which is a narcotic drug, or a  
9 controlled substance analog of a controlled substance included in schedule I or II  
10 which is a narcotic drug, the person is guilty of a Class E felony.

1           **SECTION 2.** 961.41 (1) (dn) of the statutes is created to read:

2           961.41 (1) (dn) *Carfentanil*. If the person violates this subsection with respect  
3           to carfentanil and the amount manufactured, distributed, or delivered is:

4           1. Ten grams or less, the person is guilty of a Class E felony.

5           2. More than 10 grams but not more than 50 grams, the person is guilty of a  
6           Class D felony.

7           3. More than 50 grams, the person is guilty of a Class C felony.

8           **SECTION 3.** 961.41 (1m) (dn) of the statutes is created to read:

9           961.41 (1m) (dn) *Carfentanil*. If the person violates this subsection with  
10           respect to carfentanil and the amount possessed, with intent to manufacture,  
11           distribute, or deliver, is:

12           1. Ten grams or less, the person is guilty of a Class E felony.

13           2. More than 10 grams but not more than 50 grams, the person is guilty of a  
14           Class D felony.

15           3. More than 50 grams, the person is guilty of a Class C felony.

16           **SECTION 4.** 961.41 (1r) of the statutes is amended to read:

17           961.41 (1r) DETERMINING WEIGHT OF SUBSTANCE. In determining amounts  
18           under s. 961.49 (2) (b), 1999 stats., and subs. (1) and (1m), an amount includes the  
19           weight of cocaine, cocaine base, fentanyl, a fentanyl analog, carfentanil, heroin,  
20           phencyclidine, lysergic acid diethylamide, psilocin, psilocybin, amphetamine,  
21           methamphetamine, tetrahydrocannabinols, synthetic cannabinoids, or substituted  
22           cathinones, or any controlled substance analog of any of these substances together  
23           with any compound, mixture, diluent, plant material or other substance mixed or  
24           combined with the controlled substance or controlled substance analog. In

1 addition, in determining amounts under subs. (1) (h) and (1m) (h), the amount of  
2 tetrahydrocannabinols means anything included under s. 961.14 (4) (t) and includes  
3 the weight of any marijuana.

4 **SECTION 5.** 961.49 (1m) (intro.) of the statutes is amended to read:

5 **961.49 (1m) (intro.)** If any person violates s. 961.41 (1) (cm), (d), (dm), (dn),  
6 (e), (f), (g) or (h) by delivering or distributing, or violates s. 961.41 (1m) (cm), (d),  
7 (dm), (dn), (e), (f), (g) or (h) by possessing with intent to deliver or distribute,  
8 cocaine, cocaine base, fentanyl, a fentanyl analog, carfentanil, heroin,  
9 phencyclidine, lysergic acid diethylamide, psilocin, psilocybin, amphetamine,  
10 methamphetamine, methcathinone or any form of tetrahydrocannabinols or a  
11 controlled substance analog of any of these substances and the delivery,  
12 distribution or possession takes place under any of the following circumstances, the  
13 maximum term of imprisonment prescribed by law for that crime may be increased  
14 by 5 years:

15 **SECTION 6.** 971.365 (1) (a) of the statutes is amended to read:

16 **971.365 (1) (a)** In any case under s. 961.41 (1) (em), 1999 stats., or s. 961.41 (1)  
17 (cm), (d), (dm), (dn), (e), (f), (g), or (h) involving more than one violation, all  
18 violations may be prosecuted as a single crime if the violations were pursuant to a  
19 single intent and design.

20 **SECTION 7.** 971.365 (1) (b) of the statutes is amended to read:

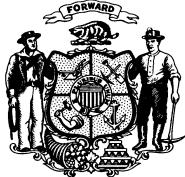
21 **971.365 (1) (b)** In any case under s. 961.41 (1m) (em), 1999 stats., or s. 961.41  
22 (1m) (cm), (d), (dm), (dn), (e), (f), (g), or (h) involving more than one violation, all  
23 violations may be prosecuted as a single crime if the violations were pursuant to a  
24 single intent and design.

## SECTION 8

**SECTION 8.** 971.365 (2) of the statutes is amended to read:

971.365 (2) An acquittal or conviction under sub. (1) does not bar a subsequent prosecution for any acts in violation of s. 961.41 (1) (em), 1999 stats., s. 961.41 (1m) (em), 1999 stats., s. 961.41 (3g) (a) 2., 1999 stats., or s. 961.41 (3g) (dm), 1999 stats., or s. 961.41 (1) (cm), (d), (dm), (dn), (e), (f), (g), or (h), (1m) (cm), (d), (dm), (dn), (e), (f), (g), or (h), or (3g) (am), (c), (d), (e), or (g) on which no evidence was received at the trial on the original charge.

(END)



State of Wisconsin  
2025 - 2026 LEGISLATURE

LRB-5624/1  
EKL:skw

## 2025 BILL

1     AN ACT ***to create*** 628.34 (16), 628.349 and 632.105 of the statutes; **relating to:**  
2                   pet insurance and granting rule-making authority.

---

***Analysis by the Legislative Reference Bureau***

This bill generally adopts the provisions in the model Pet Insurance Act approved by the National Association of Insurance Commissioners.

---

***The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:***

3     SECTION 1. 628.34 (16) of the statutes is created to read:  
4                   628.34 (16) PET INSURANCE. (a) In this subsection:  
5                   1. "Pet insurance" has the meaning in s. 632.105 (1) (e).  
6                   2. "Pet wellness program" has the meaning in s. 632.105 (1) (f).  
7                   (b) No person may do any of the following:  
8                   1. Market a pet wellness program as pet insurance.

**BILL****SECTION 1**

1           2. Market a pet wellness program during the sale, solicitation, or negotiation  
2       of pet insurance.

3           (c) If a pet wellness program is sold by an insurer or intermediary that sells  
4       pet insurance policies, all of the following apply:

5           1. The purchase of the pet wellness program may not be a requirement for the  
6       purchase of a pet insurance policy.

7           2. The costs of the pet wellness program must be separate and identifiable  
8       from any pet insurance policy sold by the insurer or intermediary.

9           3. The terms and conditions for the pet wellness program must be separate  
10       from any pet insurance policy sold by the insurer or intermediary.

11          4. The products or coverage available through the pet wellness program may  
12       not duplicate products or coverage available through a pet insurance policy sold by  
13       the insurer or intermediary.

14          5. The advertising of the pet wellness program may not be misleading.

15          6. The insurer or intermediary must clearly disclose all of the following,  
16       printed in 12-point boldface type:

17           a. A statement that pet wellness programs are not insurance.

18           b. The mailing address and customer service telephone number of the insurer  
19       or intermediary.

20           c. The mailing address, telephone number, and website address of the office of  
21       the commissioner of insurance.

22          **SECTION 2.** 628.349 of the statutes is created to read:

23          **628.349 Pet insurance.** (1) **DEFINITIONS.** In this section:

24           (a) “Chronic condition” has the meaning in s. 632.105 (1) (a).

- (b) “Congenital anomaly or disorder” has the meaning in s. 632.105 (1) (b).
- (c) “Hereditary disorder” has the meaning in s. 632.105 (1) (c).
- (d) “Pet insurance” has the meaning in s. 632.105 (1) (e).
- (e) “Pet wellness program” has the meaning in s. 632.105 (1) (f).
- (f) “Preexisting condition” has the meaning in s. 632.105 (1) (g).
- (g) “Waiting period” has the meaning in s. 632.105 (1) (j).

**(2) REQUIRED TRAINING.** (a) Except as provided in par. (b), no person may sell, it, or negotiate a pet insurance product unless the person is a licensed intermediary and has completed training that covers all of the following topics:

1. Preexisting conditions and waiting periods under a pet insurance policy.
2. The differences between pet insurance and pet wellness programs.
3. Hereditary disorders, congenital anomalies or disorders, and chronic conditions and how a pet insurance policy interacts with them.

4. Rating, underwriting, renewal, and other insurance administrative topics.

(b) The commissioner may determine that the satisfaction of a substantially similar training requirement of another state satisfies the requirement of par. (a).

**(3) INSURER VERIFICATION.** Insurers providing pet insurance shall do all of the following:

(a) Obtain from each intermediary selling pet insurance policies on the insurer's behalf verification that the intermediary is in compliance with the

training requirement under sub. (2).

(b) Maintain records related to the verifications obtained under par. (a) and make the records available to the commissioner upon request.

### **SECTION 3** 632.105 of the statutes is created to read:

**BILL****SECTION 3****632.105 Pet insurance. (1) DEFINITIONS.** In this section:

(a) "Chronic condition" means a condition that can be treated or managed, but not cured.

(b) "Congenital anomaly or disorder" means a condition that is present from birth, whether inherited or caused by the environment, and that may cause or contribute to illness or disease.

(c) "Hereditary disorder" means an abnormality that is genetically transmitted from parent to offspring and may cause illness or disease.

(d) "Orthopedic condition" means a condition affecting bones, skeletal muscle, cartilage, tendons, ligaments, or joints, or any combination thereof, including elbow or hip dysplasia, intervertebral disc degeneration, patellar luxation, and ruptured cranial cruciate ligaments. "Orthopedic condition" does not include cancer or a metabolic, hemopoietic, or autoimmune disease.

(e) "Pet insurance" means a property insurance policy issued in this state that provides coverage for accidents and illnesses of a pet.

(f) "Pet wellness program" means a subscription or reimbursement program that provides goods and services to promote the general health, safety, and well-being of a pet and that is separate from a pet insurance policy, is not included on a pet insurance policy form, and does not shift the risk of loss in exchange for premiums.

(g) "Preexisting condition" means a condition of a pet for which any of the following is true prior to the effective date of, or during any waiting period required under, a pet insurance policy:

1. A veterinarian provided medical advice.

**BILL****SECTION 3**

1           2. The pet received treatment.

2           3. Based on information from a verifiable source, the pet had signs or  
3           symptoms directly related to the condition.

4           (h) "Veterinarian" means a practitioner of veterinary medicine who is duly  
5           licensed by the veterinary examining board under ch. 89 or who holds a valid  
6           license to practice veterinary medicine from a licensing entity in the state in which  
7           he or she practices.

8           (i) "Veterinary expenses" means the costs associated with medical advice,  
9           diagnosis, care, or treatment provided by a veterinarian, including the cost of drugs  
10          prescribed by the veterinarian.

11          (j) "Waiting period" means the period of time specified in a pet insurance  
12          policy that is required to transpire before coverage under the policy begins.

13          **(2) USE OF DEFINITIONS.** If an insurer uses a term defined in sub. (1) in a pet  
14          insurance policy, the insurer shall use the term as the term is defined in sub. (1) in  
15          the policy and shall make the definition available through a clear and conspicuous  
16          link on the main page of the insurer's website.

17          **(3) DISCLOSURES.** An insurer issuing pet insurance coverage shall disclose all  
18          of the following to policyholders and to individuals inquiring about about a pet  
19          insurance policy:

20           (a) Any exclusion from coverage under the policy for a preexisting condition,  
21           hereditary disorder, congenital anomaly or disorder, or chronic condition. If the  
22           policy includes any other exclusions, the policy shall include the following  
23           statement: "Other exclusions may apply. Please refer to the exclusions section of  
24           the policy for more information."

## BILL

(b) Any policy provision that is subject to a waiting period. Waiting periods shall be clearly and prominently disclosed.

(c) Deductibles, coinsurance, and lifetime or annual policy limits.

(d) Whether the insurer limits coverage, or increases premiums, based on the policyholder's claim history, the age of the covered pet, or a change in the geographic location of the policyholder.

(e) The name of the underwriting company if different from the name used to market and sell the pet insurance policy.

(f) If a medical examination by a veterinarian is required to effectuate coverage, the aspects of the examination that must be completed prior to the policy's purchase and a notice that examination documentation may result in a preexisting condition exclusion.

**(4) RIGHT TO EXAMINE AND RETURN THE POLICY.** A policyholder shall have the right to examine and return a pet insurance policy, certificate, or rider to the insurer or intermediary within 15 days of receiving the policy and to have the premium refunded if, after examination of the policy, certificate, or rider, the policyholder is not satisfied for any reason and so long as the policyholder has not filed a claim. Pet insurance policies, certificates, and riders shall have the following notice, or similar language, prominently printed on the first page: "You have 15 days from the day you receive this policy, certificate, or rider to review it and return it to the company if you decide not to keep it. You do not have to tell the company why you are returning it. If you decide not to keep it, simply return it to the company at its administrative office or you may return it to the agent, also known as an intermediary, that you bought it from so long as you have not filed a claim. You

**BILL****SECTION 3**

1 must return it within 15 days of the day you first received it. The company will  
2 refund the full amount of any premium paid within 30 days after it receives the  
3 returned policy, certificate, or rider. The premium refund will be sent directly to  
4 the person who paid it. The policy, certificate, or rider will be void as if it had never  
5 been issued.”

6       **(5) CLAIM PAYMENTS.** (a) An insurer shall clearly disclose, in the policy and  
7 through a clear and conspicuous link on the main page of the insurer’s website, a  
8 summary description of the basis or formula on which the insurer determines  
9 claims payment under a pet insurance policy.

10       (b) An insurer that uses a benefit schedule to determine claims payment  
11 under a pet insurance policy shall do all of the following:

12           1. Clearly disclose the applicable benefit schedule in the policy.  
13           2. Disclose all benefit schedules used by the insurer under its pet insurance  
14 policies through a clear and conspicuous link on the main page of the insurer’s  
15 website.

16       (c) An insurer that determines claim payments under a pet insurance policy  
17 based on usual and customary veterinary fees, or any other reimbursement  
18 limitation based on prevailing veterinary service provider charges, shall do all of  
19 the following:

20           1. Include a usual and customary fee limitation provision in the policy that  
21 clearly describes the basis for determining usual and customary fees and how that  
22 basis is applied in calculating claim payments.

23           2. Disclose the basis for determining usual and customary fees through a clear  
24 and conspicuous link on the main page of the insurer’s website.

**BILL****SECTION 3**

1                   **(6) SUMMARY DISCLOSURE.** (a) An insurer shall provide a summary of all  
2 policy provisions required under subs. (3) to (5) in a document titled “Insurer  
3 Disclosure of Important Policy Provisions.” The insurer shall post the document  
4 through a clear and conspicuous link on the main page of the insurer’s website and  
5 shall provide a policyholder with a copy of the document, printed in at least 12-  
6 point type, when a pet insurance policy is issued or renewed.

7                   (b) At the time a pet insurance policy is issued or renewed, the insurer shall  
8 include a disclosure with all of the following information, printed in 12-point  
9 boldface type:

10                  1. The mailing address, toll-free telephone number, and website address for  
11 the office of the commissioner of insurance.

12                  2. The address and customer service telephone number of the insurer or  
13 intermediary.

14                  3. If the policy was sold, solicited, or negotiated by an intermediary, a  
15 statement advising the policyholder to contact the intermediary for assistance.

16                  **(7) POLICY CONDITIONS.** (a) *Preexisting conditions.* An insurer may issue a  
17 pet insurance policy that excludes coverage on the basis of a preexisting condition if  
18 disclosure is made under sub. (3). The insurer has the burden of proving that a  
19 preexisting condition exclusion applies to the condition for which a claim is made.

20                  (b) *Waiting periods.* An insurer may issue a pet insurance policy that imposes  
21 a waiting period upon effectuation of the policy, subject to all of the following  
22 conditions and limitations:

23                  1. Disclosure is made under sub. (3).

24                  2. The policy allows a waiting period to be waived upon completion of a

**BILL****SECTION 3**

1 medical examination. The insurer may require the examination to be conducted by  
2 a veterinarian after the policy's purchase, may require documentation of the  
3 examination, and may specify elements to be included in the examination so long as  
4 the specifications do not unreasonably restrict a policyholder's ability to waive the  
5 waiting period. The medical examination shall be paid for by the policyholder  
6 unless the policy specifies that the insurer will pay.

7 3. A waiting period for accidents is prohibited.

8 4. A waiting period for illness or orthopedic conditions not resulting from an  
9 accident may not exceed 30 days.

10 5. A waiting period may not be applied to renewal of existing coverage.

11 (c) *Policy renewals.* 1. An insurer may not require a veterinary examination  
12 of a covered pet as a condition for a pet insurance policy to be renewed.

13 2. A condition for which coverage is provided under a pet insurance policy may  
14 not be considered a preexisting condition for any renewal of the policy.

15 (d) *Pet wellness programs and other benefits.* 1. If an insurer includes a pet  
16 wellness program benefit or any other noninsurance benefit in a pet insurance  
17 policy form, the benefit shall be made part of the pet insurance policy contract and  
18 regulated as insurance.

19 2. A policyholder's ability to purchase a pet insurance policy may not be  
20 conditioned on whether the policyholder participates in a pet wellness program.

21 (8) RULES. The commissioner may promulgate rules to administer this  
22 section.

23 (END)

**Veterinary Examining Board  
Agenda Request Form**

<b>Meeting Date</b>	Jan 27, 2026
<b>Requestor Name</b>	M. mace
<b>Item Title for the Agenda</b>	Strategic plan report
<b>Should this be in Open or Closed Session?</b>	Open
<b>Is this an Action Item or for Information Only?</b>	Information and Action
<b>Are there Attachments? (If yes, include file names)</b>	Yes Strategic Plan KPOs 2025-26
<b>Is a Public Appearance Anticipated?</b>	No
<b>Description of the Agenda Item</b>	
Update on 2025-26 Strategic Plan Goals  .	

## VEB Strategic Plan: July 2025-June 2026

Core Strategy	Key Performance Objective (KPO)	Current Lead		October to December, 2025	July to September, 2025
			Status	Status Notes	Status Notes
Transparency: Licensure Process	Update the licensure forms	Jonathan Bent	in progress	In approval process	Initial draft changes made.
Transparency with public and credential holders: Discipline	Assess the viability of creating a portal where the public can easily download the referenced discipline.	Dustin Boyd	in progress	As of 11/11/2025 Everything given to BITS for enhancement request. Awaiting on BITS/ITSC approval; and then prioritization after that if approved.	Have recruited Lynn Finley to assist with working with BITS to get this project moving.
Communication: Current Issues facing Veterinary Medicine	Discuss a significant topic that is facing the veterinary profession at each quarterly meeting	Holter	ongoing	Shelter Medicine	Kicks off at October meeting w/Shelter Medicine
Communication with Board/public and credential holders; non compliance trends	Provide a report at the 1/4ly board meetings on the top 5 violation resulting in discipline prior quarter.	Dustin Boyd	ongoing	See Violation Report.	
Outreach	Work with DATCP to explore getting a project position to support VPAP and admin rule work	Melissa Mace	Not started		
Outreach	Connect with SVM on presentations	Jonathan Bent	Not started		
Outreach	Participate in WVMA webinars and provide information for their newsletter	Melissa Mace	Not started		
Outreach	Annual Newsletter Ask AAVSB for topics	Melissa Mace	Not started		Target newsletter/biennial report is late April with biennial
VPAP	Host 6 VPAP specific webinars	Melissa Mace	ongoing	Understanding different personalities for better collaboration (Oct 8) Creating Balance (nov 12)	Aug - Welcomeing Change into your life; Sept - Suicide awareness
VPAP	Send a monthly outreach to credentialing holders on VPAP services and the focus of the month.		ongoing	Monthly newsletter sent. Above 50% open rate	Monthly VPAP newsletters sent.
AAVSB	Attend the Annual Conference	Melissa Mace	Completed		Dr. Solverson attended AAVSB AMC
AAVSB	New Board member attendance at Board Basics and Beyond	Melissa Mace/Holter	Not started		

## **VEB Closed Cases Violation Report**

**Reporting Period: October 1, 2025 – December 31, 2025**

Top 5 violations cited in administrative warnings and FDOs. 11 total violations cited in this reporting period.

1. (3) violations of VE 1.58(19): Failure to maintain records as required by s. VE 1.52.
2. (3) violations of VE 1.58(2): Conduct in the practice of veterinary medicine which evidences a lack of knowledge or ability to apply professional principles or skills.
3.
  - a. (2) violations of VE 1.58(26)(a): Falsely certifying to the board under s. VE 1.30 (5) that the veterinarian has completed the 30 hours of continuing education required under s. VE 1.30 (1).
  - b. (2) violations of VE 1.58(27): Failure to inform a client prior to treatment of the diagnostic and treatment options consistent with the veterinary profession's standard of care, meaning diagnostic procedures and modes of treatment considered by the veterinary profession to be within the scope of current, acceptable veterinary medical practice, and the associated benefits and risks of those options.
4. (1) violation of VE 1.58(10): Practicing or attempting to practice, while the veterinarian has a physical or mental impairment, including impairment related to drugs or alcohol which is reasonably related to the applicant's ability to adequately undertake the practice of veterinary medicine in a manner consistent with the safety of a patient or the public.