



State of Wisconsin
Veterinary Examining Board

Governor Tony Evers
Dr. Alan Holter, DVM, Chair

VETERINARY EXAMINING BOARD

April 28, 2026

9:00am

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/9d9ff50e-7894-4ac7-b231-07a179d849ab@f4e2d11c-fae4-453b-b6c0-2964663779aa>

Via Telephone Access: 1-608-571-2209 Phone conference ID 936889543#

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 or (608) 279-3861 by Monday April 27, 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. 9:00 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. January 27, 2026 Quarterly Board Meeting
- B. March 9, 2026 Credentialing Committee Meeting
- C. April 14, 2026 Ad Hoc Board Meeting

IV. Introductions, Announcements and Recognition (informational)

- A. Attorney Tara Adolph, Interim Disciplinary Counsel
- B. Attorney Aaron O'Neil's last meeting

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. VPAP Quarterly Report (informational)

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

- A. Recap 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. Records (who owns, receive prescriptions as part of the record)

IX. Guidance Document (action item)

- A. VEB-GD-013 vaccination shelters

X. Licensing/Exam Inquiries (informational)

- A. Delegation of ratification of licenses and permits.
- B. ECVFG enrollees licensing exemption.

XI. Administrative Code

- A. VE 1 Final Rule

XII. Legislative and Policy

- A. Legislative

XIII. Strategic Goals

- A. 2026/27 Goals (informational)

XIV. Future Meeting Dates and Times

- A. Next Board Meeting – July 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. Renewal after more than 5 years VSB

XVII. Deliberation on Compliance Matters (action items)

- A. Proposed Administrative Warnings
 - 1. 25 VET 060 JP
 - 2. 25 TECH 006 MW

- B. Proposed Stipulations, Final Decisions and Orders
 - 1. 25 VET 056 CA
 - 2. 25 GENERAL 008 KM
 - 3. 25 VET 089 MB
 - 4. 25 VET 112 JB

- C. Orders Granting Full Licensures
 - 1. 24 VET 076 EP
 - 2. 25 VET 049 BB
 - 3. 25 VET 059 JN
 - 4. 23 VET 036 BW
 - 5. 24 VET 094 PG

- D. Investigations Recommended for Closure
 - 1. 25 VET 090 JG
 - 2. 26 VET 017 PB

- E. Suspension Orders

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

January 27, 2026

10:00 am

MEMBERS PRESENT: In person: Alan Holter, DVM; Stephanie Miesen, DVM; Chad Landes, DVM.
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; Liz Kennebeck, Disciplinary Attorney; Heidi Ulteig, Regulatory Specialist; Angela Fisher, Program and Policy Analyst; Jonathan Bent, Licensing Associate.

Alan Holter, Chairperson, called the meeting to order at 10:00 am. A quorum of six (6) members was confirmed.

AGENDA

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

II. Approval of the Agenda (action item)

MOTION Jessica Pritchard: moved, seconded by Stephanie Miesen, to approve the agenda. Motion carried unanimously

III. Approval of Board Meeting Minutes (action items)

A. October 28, 2025 Quarterly Board Meeting

MOTION: Stephanie Miesen moved, seconded by Karl Solverson to approve the October 28, 2025 board meeting minutes. Motion carried unanimously

B. November 19, 2025 Ad Hoc Board Meeting

MOTION: Chad Landes moved, seconded by Stephanie Miesen to approve the November 19, 2025 ad hoc board meeting minutes. Motion carried unanimously

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)

Melissa Mace called for nominations three times.

NOMINATION: Alan Holter has been nominated for the Office of Chair.

VOTE: Motion carried unanimously

2. Vice Chair (Dr. Miesen)

Melissa Mace called for nominations three times.

NOMINATION: Stephanie Miesen has been nominated for the Office of Vice Chair.

VOTE: Motion carried unanimously

3. Secretary (Lynn Schuh)

Melissa Mace called for nominations three times.

NOMINATION: Chad Landes has been nominated for the Office of Secretary.

VOTE: Motion carried unanimously

B. Appointments of Liaisons, Alternates, and Delegates (Current appointees) (action item)

1. Continuing Education and Exams Liaison (Primary: Dr. Miesen/Alternate: Schuh)

MOTION: Chad Landes moved, seconded by Karl Solverson to affirm the Chair's appointment of liaisons. Motion carried unanimously

As of July 2026, the primary liaison will be Dr. Miesen, with Dr. Pritchard serving as alternate.

2. Screening Committee (Dr. Holter, Schuh, Dr. Miesen, Dr. Solverson, Centracchio)

MOTION: Stephanie Miesen moved, seconded by Karl Solverson to affirm the Chair's appointment of the screening committee. Motion carried unanimously

As of July 2026, the Screening Committee will consist of Dr. Holter, Dr. Miesen, Dr. Solverson, Tony Centracchio, Dr. Landes, and Dr. Pritchard.

3. Credentialing Committee (Dr. Miesen, Dr. Solverson, Schuh)

MOTION: Stephanie Miesen moved, seconded by Chad Landes to affirm the Chair's appointment of the credentialing committee. Motion carried unanimously

As of July 2026, the Credentialing Committee will consist of Dr. Miesen, Dr. Solverson, and the new CVT Board Member.

4. Administrative Rules Committee (Dr. Holter, Centracchio, Dr. Solverson)

MOTION: Chad Landes moved, seconded by Stephanie Miesen to affirm the Chair's appointment of the administrative rules committee. Motion carried unanimously

There were no changes to the Administrative Rules Committee.

C. Delegated Authority Motions (action item)

1. Urgent Matters

MOTION: Stephanie Miesen moved, seconded by Karl Solverson that 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 and 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. Motion carried unanimously

2. Screening Committee

MOTION: Karl Solverson moved, seconded by Jessica Pritchard 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. Motion carried unanimously.

3. Credentialing Committee

MOTION: Stephanie Miesen moved, seconded by Chad Landes , that the Board delegates authority to the Credentialing Committee to address all issues related to credentialing matters, except potential denial decisions should be referred to the full Board for final determination. Motion carried unanimously.

MOTION: Stephanie Miesen moved, seconded by Chad Landes 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.

4. Document Signatures

MOTION: Chad Landes moved, seconded by Stephanie Miesen 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. Motion carried unanimously.

5. Roles and Authorities Delegated to the Case Advisor and Department Monitor

MOTION: Chad Landes moved, seconded by Jessica Pritchard to adopt the “Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor” document. Motion carried unanimously.

D. **VPAP Quarterly Report (informational)**

Melissa Mace presented the report to the board, noting the following: webinars focused on substance abuse on not well attended, and will be scaled back; current VPAP utilization is at 7%; and Tellus Health has acquired a new webinar provider. Lyn Schuh asked if it would be possible to create a card or flyer about VPAP to provide to veterinary employers or vet med organizations for distribution.

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

A. **Board Basics & Beyond Training, Kansas City, MO, April 24-25, 2026**

No Board Members have yet signed up for the spring session. Dr. Miesen strongly encourages attendance, citing her own positive experience.

B. **AAVSB Annual Meeting & Conference; Providence, Rhode Island September 24-26, 2026.**

Dr. Solverson will be attending through his role as ICVA representative.

VIII. Topics in Practice

A. **Artificial Intelligence**

Use of artificial intelligence is increasing in veterinary medicine. The Board views human confirmation of AI diagnosis before making a major decision (surgery/euthanasia/etc.) as a best practice, as veterinarians are responsible for confirming any diagnosis presented by AI as they would with any other diagnostic tool.

Melissa Mace recommends that the Board submit an article describing their position on use of AI in veterinary medicine to the WVMA newsletter. They may also choose to create a Guidance Document on this topic in the future.

B. **WVMA article**

Board Members are encouraged to submit article ideas to Melissa Mace. Dr. Holter presented the idea of an article going through the complaint review process.

IX. Guidance Document (action item)

A. **Vaccinations in Shelters**

Angela Fisher presented the drafted guidance document to the Board, thanking Melissa Mace for her substantial contributions.

The Board added an amendment to the document regarding charging for vaccinations.

MOTION: Stephanie Miesen moved, seconded by Karl Solverson approve guidance document VEB-GD-013 (as amended) regarding vaccinations in Shelters. Motion carried unanimously

X. Licensing/Exam Inquiries (informational)

A. **Credentialing update**

Melissa Mace presented a map of veterinarians in Wisconsin, noting that this is based on the contact address the veterinarians provide to DATCP, and may not reflect where they practice. Jonathan Bent presented the current credential holder counts. Melissa Mace reviewed the current credential renewal process, adding that DATCP staff have presented a plan to automate most renewals in the future.

XI. Administrative Code

A. VE 1

The rule change is now with the Legislative Reference Bureau for publication. Angela Fisher was given a draft copy for review. Publication is expected at the end of February, with the rule change effective March 1.

XII. Legislative and Policy

A. Legislative update

Angela Fisher presented relevant bills to the Board: SB-501, creating a veterinary loan repayment program; SB-692, relating to controlled substances; and LRB-5624-1, relating to pet insurance.

XIII. Strategic Goals

A. 2025/26 Goals (informational)

Melissa Mace reviewed progress on the 2025/26 goals with the Board.

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.).

MOTION: Stephanie Miesen moved, seconded by Chad Landes 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; Chad Landes - yes; Karl Solverson – yes; Lyn Schuh – yes; Jessica Pritchard - yes

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

MOTION: Chad Landes moved, seconded by Stephanie Miesen to reconvene to Open Session. Motion carried unanimously

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

MOTION: Stephanie Miesen moved, seconded by Karl Solverson to issue warning notices in the cases of: 24 VET 138 AD, 24 VET 140 AS, 24 VET 141 KN, 24 VET 142 MT, 24 VET 143 AL, 25 VET 066 TS, 25 VET 080 TM, 25 VET 070 DW, 25 VET 085 PM
Motion carried unanimously

MOTION: Chad Landes moved, seconded by Stephanie Miesen to accept stipulations and final decision orders in the cases of: 25 TECH 001 LP, 25 VET 065 KS, 22 VET 073 and 22 VET 076 WA, 24 VET 167 HS, 25 VET 048 EG, 24 TECH 027 GH, 25 VET 059 JN, 25 VET 049 BB, 25 VET 069 AD, 25 VET 072 EH
Motion carried unanimously

MOTION: Karl Solverson moved, seconded by Chad Landes to grant full licensure in case: 23 VET 120 SR
Motion carried unanimously

MOTION: Chad Landes moved, seconded by Stephanie Miesen to close cases: 25 VET 087 DT, 23 TECH 006 AD, 23 TECH 007 AD
Motion carried unanimously

MOTION: Stephanie Miesen moved, seconded by Chad Landes to lift the suspension in case: 24 VET 094 PG
Motion carried unanimously

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.

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

XXIII. ADJOURNMENT

MOTION: Chad Landes moved, seconded by Stephanie Miesen to adjourn. Motion carried unanimously

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 Credentialing Committee

March 9, 2026

12:00pm

MEMBERS PRESENT: Stephanie Miesen, DVM; Karl Solverson, DVM; Lyn Schuh, CVT.

STAFF PRESENT, Department of Agriculture, Trade and Consumer Protection (DATCP):
Melissa Mace, VEB Executive Director; Aaron O'Neil, DATCP Attorney; Jonathan Bent,
Licensing Associate.

AGENDA

I. OPEN SESSION – ROLL CALL – CALL TO ORDER

Dr. Stephanie Miesen called the meeting to order at 12:02pm.

II. APPROVAL OF THE AGENDA

MOTION Karl Solverson: moved, seconded by Lyn Schuh, to approve the agenda. Motion carried unanimously

III. PUBLIC COMMENTS – (5 min./speaker is allocated, committee may further limit speaker time if necessary to allow for all public comments to be heard)

IV. CONVENE TO CLOSED SESSION (ROLL CALL)

CONVENE TO CLOSED SESSION to consider licensure or certification of individuals (s. 19.85 (1) (b), Wis. Stats.); to consider individual histories or disciplinary data (s. 19.85 (1) (f), Wis. Stats.); and to confer with legal counsel (s. 19.85 (1) (g), Wis. Stats.)

MOTION: Lyn Schuh moved, seconded by Karl Solverson 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: Stephanie Miesen – yes; Karl Solverson – yes; Lyn Schuh – yes

V. APPLICATION REVIEW

- a. CVT application - JK
- b. Veterinary renewal greater than 5 years – TC

VI. RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

MOTION: Karl Solverson moved, seconded by Lyn Schuh to reconvene to Open Session. Motion carried unanimously

VII. Open Session Items Noticed Above not Completed in the Initial Open Session

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

MOTION: Stephanie Miesen moved, seconded by Karl Solverson to require in the case of TC, 30 hours of CE in compliance with VE 1.30 & 1.32, and pass the Companion Animal Medicine and Equine Medicine Species Specific Examinations through the ICVA.

MOTION: Stephanie Miesen moved, seconded by Karl Solverson to obtain additional work history information from JK.

IX. ADJOURNMENT

MOTION: Lyn Schuh moved, seconded by Karl Solverson to adjourn. Motion carried unanimously

Meeting adjourned at 12:30pm



State of Wisconsin
Veterinary Examining Board

Governor Tony Evers
Dr. Alan Holter, DVM, Chair

VETERINARY EXAMINING BOARD
April 14, 2026
1:00pm
Contact: Melissa Mace 608-279-3861

MEMBERS PRESENT: Virtual only: Alan Holter, DVM; Stephanie Miesen, DVM; Tony Centracchio; Karl Solverson, DVM; Jessica Pritchard, DVM; Chad Landes, 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, Regulatory Specialist; Jonathan Bent, Licensing Associate; Tara Adolph, Disciplinary Attorney.

Alan Holter, Chairperson, called the meeting to order at 1:04 pm. A quorum of seven (7) members was confirmed.

AGENDA

I. 1:00 pm OPEN SESSION – CALL TO ORDER – ROLL CALL

II. Approval of the Agenda (action item)

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

III. Public Comments

Each speaker is limited to five minutes or less, depending on the number of speakers. Each speaker must identify themselves and who they represent if other than themselves. In person, fill out and submit an appearance card to the executive director.

- Attorney Joe Wirth representing Dr. Elmer
Joe Wirth spoke against the proposed suspension, stating that the Board is relying on “anonymous hearsay” against Dr. Elmer, argued that there is no emergent need justifying suspension, and cited supportive testimony from some of Dr. Elmer’s current clients.
- Jessica Wright: Representing self in response to complaint - 26 VET 022 JE
Jessica Wright spoke in support of the proposed suspension, noting “an alarming pattern of noncompliance and unprofessional conduct” from Dr. Elmer.

IV. Future Meeting Dates and Times

- A. Next Board Meeting – April 28, 2026

V. 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: Jessica Pritchard moved, seconded by Karl Solverson 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

VI. Deliberation on Licenses and Certificates (action items)

VII. Deliberation on Compliance Matters (action items)

A. Summary Suspension Orders

1. 24 VET 107, 24 VET 146, 25 VET 081, and 26 VET 022 JE

VIII. Review of Veterinary Examining Board Cases

A. Pending Case Status Report (discussion/information)

IX. RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

MOTION: Stephanie Miesen moved, seconded by Jessica Pritchard to reconvene to Open Session

X. Open Session Items Noticed Above not Completed in the Initial Open Session

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

MOTION: Chad Landes moved, seconded by Lyn Schuh, to issue an order of summary suspension in the cases of 24 VET 107, 24 VET 146, 25 VET 081, and 26 VET 022 JE. Motion carried unanimously

XII. Ratification of Licenses and Certificates

To delegate ratification of examination results to DATCP staff and to ratify all licenses and certificates for issuance.

MOTION: Chad Landes moved, seconded by Stephanie Miesen to delegate ratification of examination results to DATCP staff and to ratify all licenses and certificates for issuance. Motion carried unanimously

XIII. ADJOURNMENT

MOTION: Chad Landes moved, seconded by Karl Solverson to adjourn. Motion carried unanimously

Meeting adjourned at 1:56 pm

Veterinary Examining Board Agenda Request Form

Meeting Date	April 28, 2026
Requestor Name	M. Mace
Item Title for the Agenda	VPAP update
Should this be in Open or Closed Session?	Open
Is this an Action Item or for Information Only?	Information Only.
Are there Attachments? (If yes, include file names)	No
Is a Public Appearance Anticipated?	No

Description of the Agenda Item

113 Total activities by member Jan 2026 – Mar 2026

Top categories in order: Health, Life, Work, Family, Money

2026 Wednesday wellness webinars:

Seminar	Request Status	Date	Attendees
Setting and achieving your goals	scheduled	Jan 21	19
Creating a resilient mindset		Feb 25	32
Eating Well to Optimize Performance		April 29	
Unlock the secret to Financial Wellbeing		May 27	
Suicide Prevention/Opioid or Addiction		Sept 23	
Recover From Compassion Fatigue		Oct 28	
Budgeting / Gratitude		Nov 18	

Utilization when taking all above factors into consideration  **3%**

Summary (January 2026 to March 2026)

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 2026 to March 2026**

During this reporting period, the program covered a population of **7,568**, resulting in a provider led utilization rate of **0.03%** and an annualized utilization of **0.11%**. This is below the same period twelve months prior with **0.16%**.

Utilization

2.25%

Annualized Utilization

8.98%

National Utilization

3.00%

provider led - 2, webinar - 55, organizational - 2, Platform activities - 111

[View Utilization Breakdown](#)

Counselling Services

0.03%

Work/Life Services

0.00%

Organizational Cases

Management Consultations

0

Critical Incident Services

0

Workplace Support Programs

0

Overall Summary

Trends

Appendix

Glossary

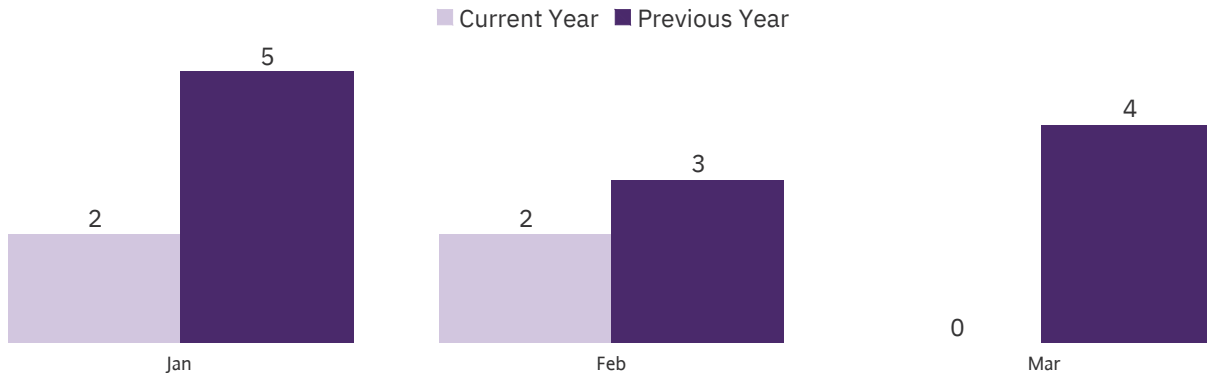
Summary

Participant

Organization

Comparative Prior Year vs. Current Year

Cases by Month



[Overall Summary](#)

[Trends](#)

[Appendix](#)

[Glossary](#)

[Summary](#)

[Participant](#)

[Organization](#)

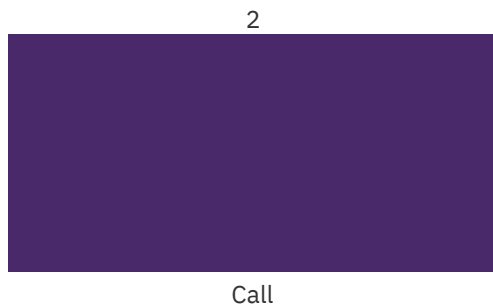
Participant (January 2026 to March 2026)

Data can not be displayed unless there are at least 5 unique users due to our policy on data privacy and confidentiality

Participant Services	Q1	Q2	Q3	Q4	Current Total
Total	2	0	0	0	2

Cases by intake type

2



Service inquiries by intake type

No Data Available

Overall Summary

Trends

Appendix

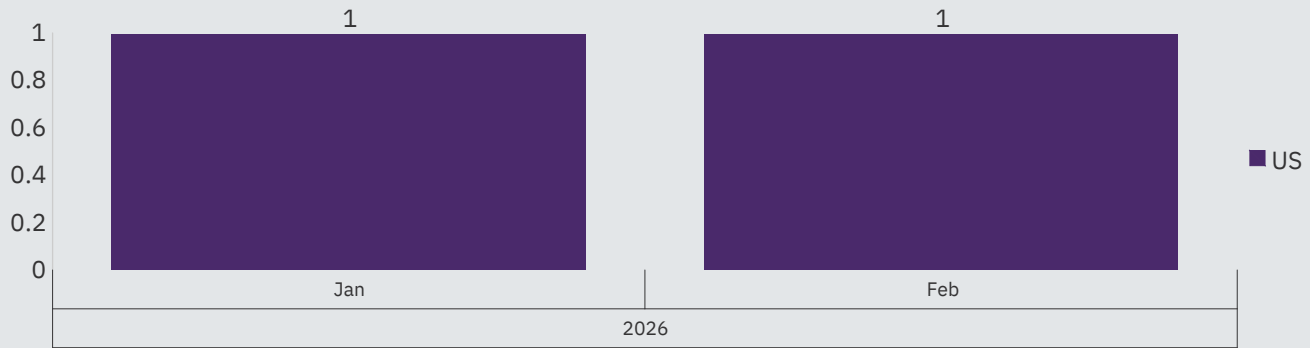
Glossary

Summary

Participant

Organization

Participant cases by month



[Overall Summary](#)

[Trends](#)

[Appendix](#)

[Glossary](#)

[Summary](#)

[Participant](#)

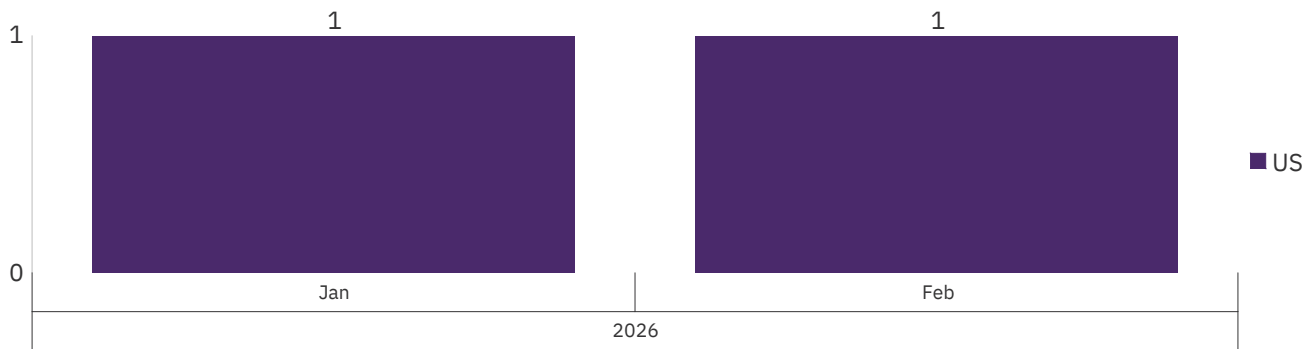
[Organization](#)

Organization (January 2026 to March 2026)

Organizational Solutions	Q1	Q2	Q3	Q4	Current Total
Training	2	0	0	0	2
Total	2	0	0	0	2

[View Organizational Services Breakdown](#)

Organization cases by month



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

Emerging Issues (January 2026 to March 2026)

General Counselling

Top Issues



Top Modalities



	Q1	Q2	Q3	Q4	Current Total		Previous Year	
General Assistance Clinical	1	0	0	0	1	50.00%	0	0.00%
Work Related	1	0	0	0	1	50.00%	1	9.09%
Couple/Relationship	0	0	0	0	0	0.00%	1	9.09%

Utilization (January 2026 to March 2026)

Weighted population for the report period was: 7,568

[Back to Summary](#)

Case Utilization	Q1	Q2	Q3	Q4	Current Quarter Utilization	Current Total	Utilization	Annualized Utilization
<i>Population</i>	7,568					7,568		
Total	2	0	0	0	0.03%	2	0.03%	

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	7,568	2	0	0	0	2	0.03%
Overall	7,568	2	0	0	0	2	

North America	Population	Current Total	Current Utilization	Previous Year Utilization
UNITED STATES OF AMERICA	7,568	2	0.03%	0.16%
Overall	7,568	2		

Overall Summary

Trends

Appendix

Glossary

Report Information

Organization in Detail

Organizational Units Breakdown

Organization in Detail (January 2026 to March 2026)

[Back to Organization](#)

Management Consultations

No Data Available

Critical Incident Service

No Data Available

Critical incident events

No Data Available

Training name	Training type	Date	City	Country
Setting and Achieving Your Goals	Career and Workplace	Jan 21, 2026	MADISON	US
Global	Career and Workplace	Feb 25, 2026	MADISON	US
Eating Well To Optimize Performance	Global	Apr 29, 2026	DUNWOODY	US
Global	Global	May 27, 2026	DUNWOODY	US
Understanding Suicide	Global	Sep 23, 2026	DUNWOODY	US
Care for the Caregiver	Global	Oct 28, 2026	DUNWOODY	US
Global	Global	Nov 25, 2026	DUNWOODY	US

Glossary (January 2026 to March 2026)

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=(number of cases/Population)*100
Annualized Utilization (%)	This is the projected annualized utilization if the reporting period selected is less than 12 months. Calculated As: SUM=(%of case utilization/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=(total cases/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.

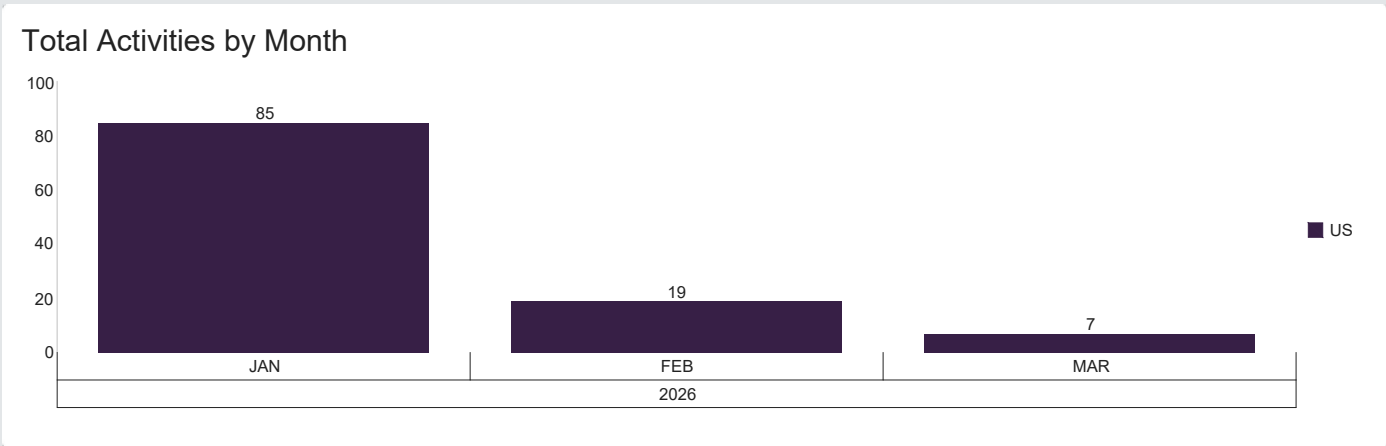
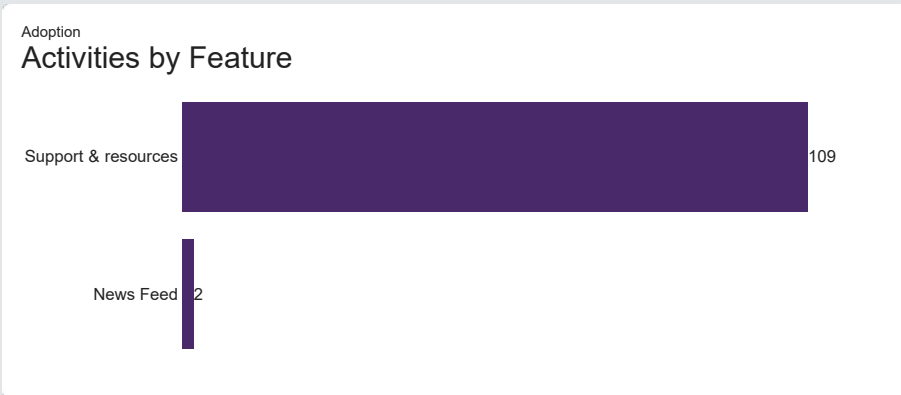
Organizational Units Breakdown

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, 2026 to Mar 31, 2026)



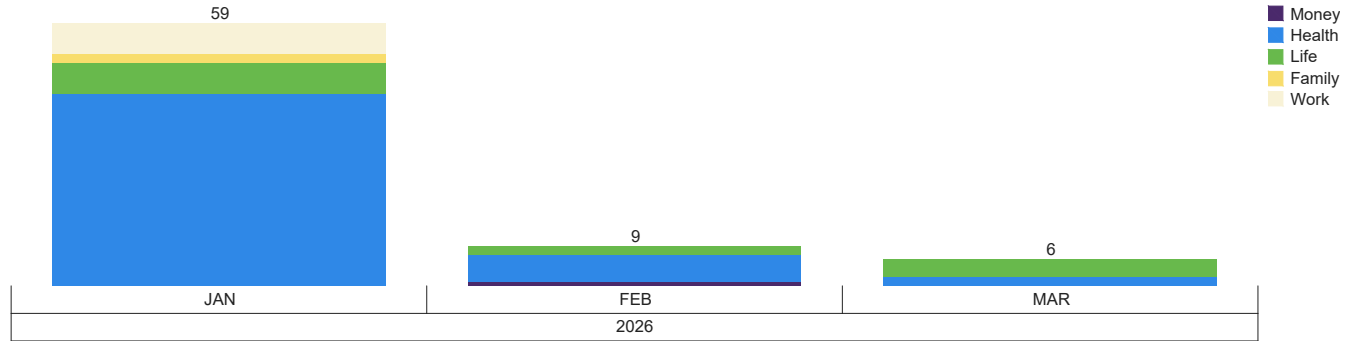
Overall Engagement



Support & Resources (Jan 1, 2026 to Mar 31, 2026)

Support & Resource Activities

* Other resources are not included in this total



Top Categories

Total Activities 74

* Other resources are not included in this total



Top Subcategories

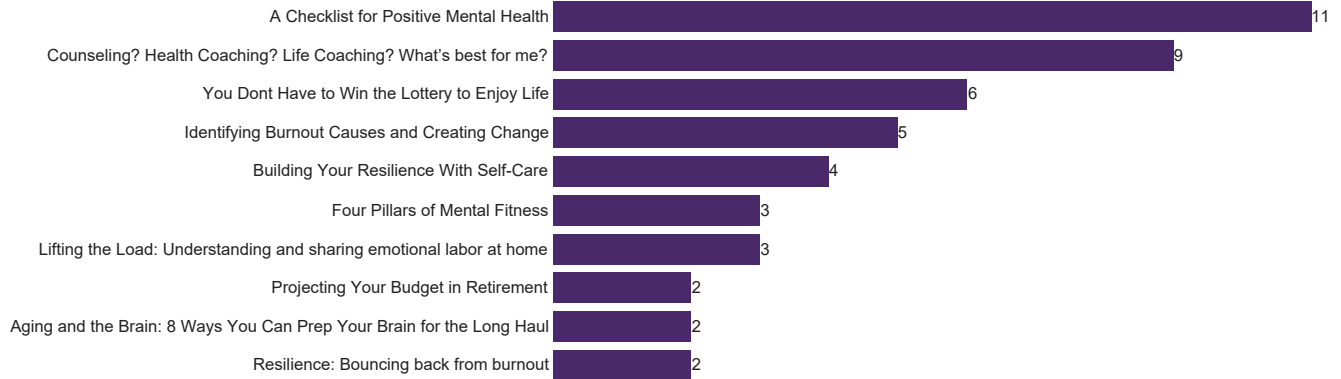
Total Activities 74

* Other resources are not included in this total



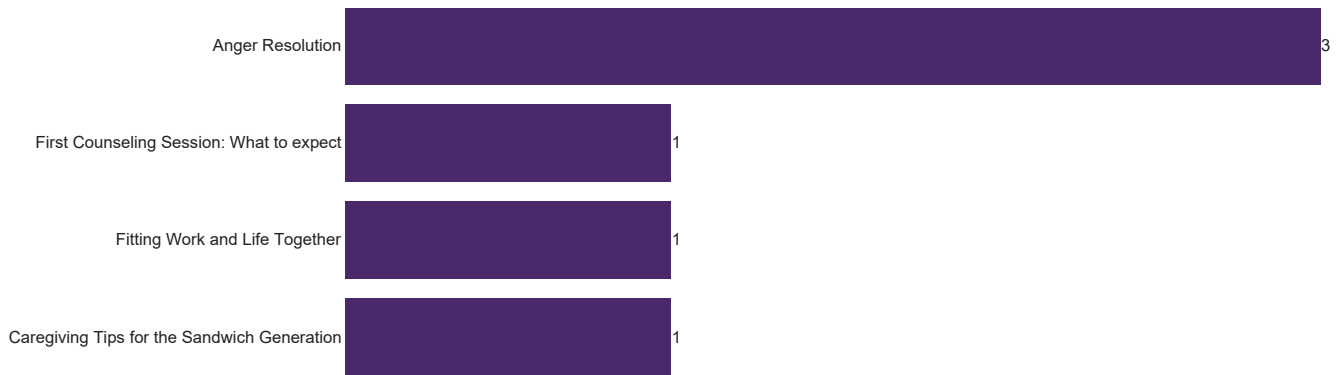
Top Articles

Total Activities **66** of **74**



Top Audios

Total Activities **6** of **74**



Top Videos

Total Activities **2** of **74**



Top Manager Resources

Total Activities **2**

* Total reflects a subset of the top categories.



Other Resources

Other resources accessed

Total Activities **35**



Top Toolkits

Total Activities **10 of 35**



Glossary (Jan 1, 2026 to Mar 31, 2026)

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	Measuring the general depth of use of the platform. The sum total of user activities on the platform. Activities include: -viewing content (e.g. articles) -liking company posts -creating newsfeed posts -posting a recognition -purchases made using Perks -views and participation in wellbeing activities including: -joining a challenge -tracking your habitude or steps -completing assessments -completing a module or program, or starting a program within CareNow
% 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

	Where available the footnote number in the bottom left corner showcases the data from the same time period twelve months prior.
Compared to the same period 12 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 n the bottom left corner is for November 2018 to January 2019.

Company & News Feed Posts

	News Feed posts that are created by a platform Admin
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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	module is completed when all content is viewed within the module.
Total programs started	Total number of times a CareNow program was started.
Total Wellbeing Index	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.
	<p>Generation breakdown</p> <p>Generation Z: born in 1996 or later</p> <p>Millennials: born from 1980 to 1995</p> <p>Generation X: born from 1965 to 1979</p> <p>Baby boomers: born from 1946 to 1964</p> <p>Traditionalists: born in 1945 or earlier</p>

Assessments

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.
Challenges	
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.

Wellness Tiers

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)

Promoted Activities

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.
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Support & Resources

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.

Perks

Summary

Total Perks transactions	Number of individual transactions completed on the Perks section of the platform.
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Gift Cards

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.

Cashback

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

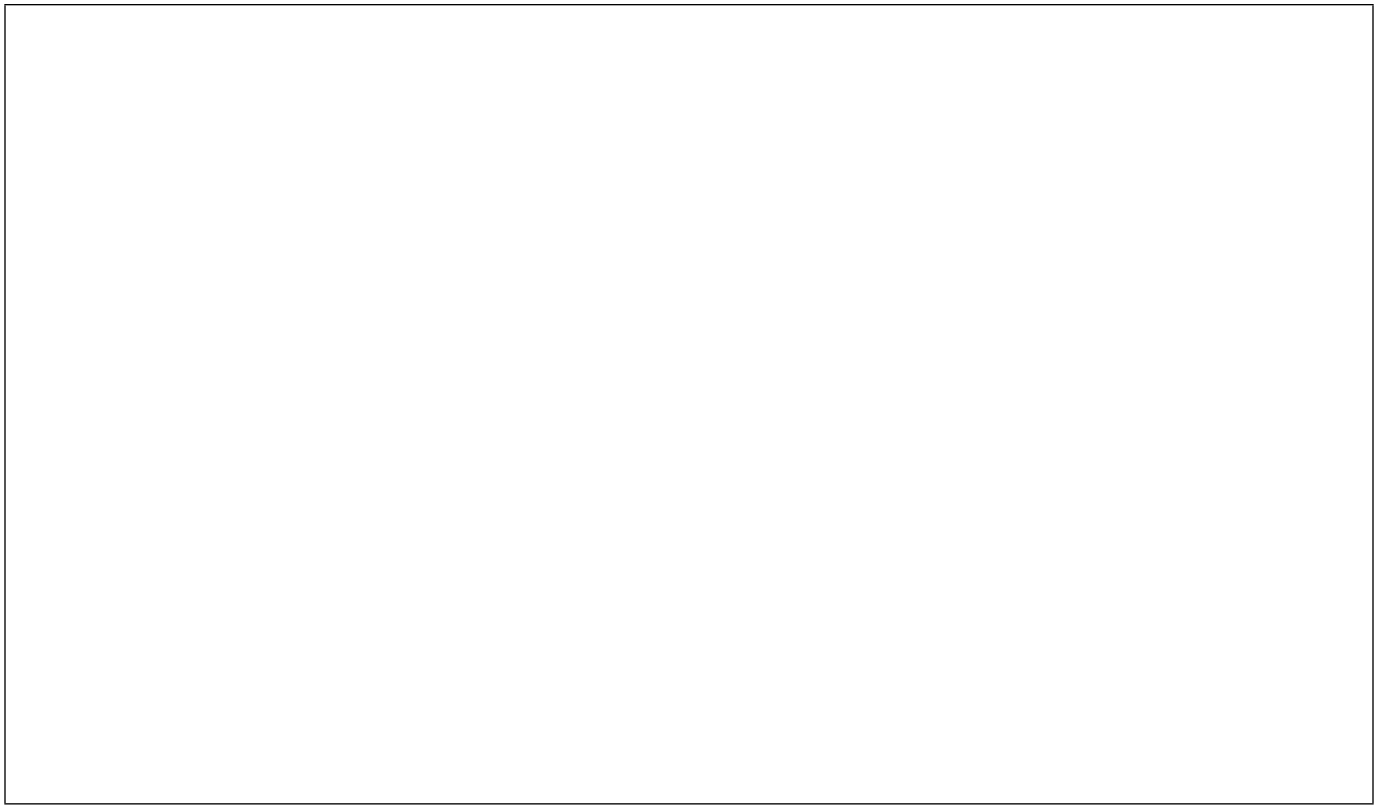
Cinemas

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

Appendix

**Veterinary Examining Board
Agenda Request Form**

Meeting Date	April 28, 2026
Requestor Name	
Item Title for the Agenda	AAVSB Matters
Should this be in Open or Closed Session?	open
Is this an Action Item or for Information Only?	informational
Are there Attachments? (If yes, include file names)	Board Basics and Beyond Agenda
Is a Public Appearance Anticipated?	No
Description of the Agenda Item	
<p>Recap Executive Director Meeting (Melissa) and Board Basics & Beyond (Dr. Landes)</p> <p>AAVSB Annual Meeting and Conference – Providence Rhode Island September 23 – September 26. Check it out here: 2026 Annual Meeting & Conference - AAVSB</p> <p>Let me know if you are interested in attending!</p>	



**State of Wisconsin
Department of Agriculture, Trade and Consumer Protection**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Matt Tompach		2) Date When Request Submitted: October 11, 2017 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date.</small>	
3) Name of Board, Committee, Council, Sections: VEB			
4) Meeting Date: Oct. 25, 2017	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? H. Legislative/Administrative Rule Matters 1. Discussion of Wis. Stat. s. 89.075, Access to Health Care Records	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: At the July VEB meeting, Dr Nesson requested that a discussion of Wis. Stat. s. 89.075, Access to Health Care Records, be included on the October meeting agenda.			
11) Authorization			
Matt Tompach		Oct. 11, 2017	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Tompach, Matthew C - DATCP

Subject: FW: FW: Ownership of equine medical records question

From: Lisa Nesson [mailto:lnesson@irongateequine.com]
Sent: Wednesday, October 04, 2017 2:05 PM
To: Tompach, Matthew C - DATCP <Matthew.Tompach@wisconsin.gov>
Subject: Re: FW: Ownership of equine medical records question

Yes this is fine. Thanks for asking.

Lisa

On Oct 4, 2017 1:47 PM, "Tompach, Matthew C - DATCP" <Matthew.Tompach@wisconsin.gov> wrote:

Dr. Nesson,

At the July VEB meeting you asked that medical records be placed on the October agenda. Is it OK if I reproduce the email string below for placement in the open session Board packet?

Matthew Tompach

[\(608\)224-5024](tel:(608)224-5024)

Matthew.Tompach@Wisconsin.gov

Please complete this [brief survey](#) to help us improve our customer service. Thank you for your feedback!

From: Lisa Nesson [mailto:lnesson@irongateequine.com]
Sent: Thursday, February 23, 2017 10:11 AM
To: Daniels, Cheryl F - DATCP <Cheryl.Daniels@wisconsin.gov>
Cc: Tompach, Matthew C - DATCP <Matthew.Tompach@wisconsin.gov>
Subject: Re: Ownership of equine medical records question

Thanks Cheryl and Matt for your quick response. Unfortunately this still presents significant interpretation issues in my mind and from a stand point of how this has been interpreted by our profession for my entire career.

My take away from your additional comment is that in the case I sited, our practice is on firm footing regarding not releasing the records due to no proof of current ownership or permission from Diane. But if she had proof of ownership and no permission then we are obligated to give her the records created while the previous owner owned the horse. This is not how our profession has interpreted this statute. Our interpretation has been that we need permission from the previous owner to release any records created prior to the current owner taking ownership of the animal. Lacking that permission and regardless of proof of current ownership, the records cannot be made available to the current owner.

The initial response numbered 1 does not differentiate between current and previous owner which creates issues with interpretation...

Help! Depending on your response, I think we may have another rule to rewrite or an entire population of horse owners and veterinarians to reeducate...

Thanks again for your input,

Lisa

Lisa M. Nesson, DVM

Irongate Equine Clinic

[1848 Waldorf Blvd.](#)

[Madison, WI 53719](#)

[Ph: 608-845-6006](#)

[Fax: 608-845-6046](#)

www.irongateequine.com

On Thu, Feb 23, 2017 at 8:46 AM, Daniels, Cheryl F - DATCP <Cheryl.Daniels@wisconsin.gov> wrote:

This was what was written back in September.

“1. [Wis. Stat. s. 89.075](#) does state that the owner of any animal patient of a veterinarian, or any other person who submits to the veterinarian a statement of written informed consent signed by the owner, may, upon request to the veterinarian, receive a copy of the animal patient’s health care records or have the animal’s x-rays referred to another veterinarian of the owner’s choice, upon payment of reasonable costs. Given that the statute specifically contemplates getting the owner’s consent when it is NOT the owner requesting the records, the statute should be read that proof of current ownership is all that is needed for the former veterinarian to be required to release the records to the current owner.

2. That said, [Wis. Admin. Code s. VE 7.03\(1\)](#) only requires a veterinarian to keep individual client records on any equine, food, or fiber patient for 3 years after the date of the last entry.”

Later that day I also made an additional observation:

“Unfortunately, if the person doesn’t have proof of current ownership, if a person can’t get ahold of the previous owner, or the previous owner is being difficult or just not responding, then the current owner is stuck not having complete records. That’s why proof of ownership by itself, plus paying reasonable costs, means the current owner shall receive the records and shields the vet clinic from any liability from the previous owner, under the statute. In addition, there is no state statute that these records are private property owned by the person who paid for the services at that time. They are actually the property of the veterinarian/clinic, must be maintained by the veterinarian or clinic for at least 3 years, and shall be copied and released to the owner (or designee with the owner’s written consent) upon payment of a reasonable cost.”

Lisa, does this give you all the information you need for your clinic’s policy? Cheryl

Cheryl Furstace Daniels

Assistant Legal Counsel – Office of the Secretary

Board Counsel – Wisconsin Veterinary Examining Board

Board Counsel – Wisconsin Livestock Facility Siting Review Board

Wisconsin Department of Agriculture, Trade and Consumer Protection

[608-224-5026](tel:608-224-5026)

cheryl.daniels@wisconsin.gov



Please complete this [brief survey](#) to help us improve our customer service. Thank you for your feedback!

From: Lisa Nesson [<mailto:lnesson@irongateequine.com>]
Sent: Wednesday, February 22, 2017 6:23 PM
To: Tompach, Matthew C - DATCP <Matthew.Tompach@wisconsin.gov>
Subject: Ownership of equine medical records question

Hi Matt,

My practice has a client who sent you a question last September regarding ownership of veterinary medical records. The client's name is Gretchen Zechzer.

I am writing to you for guidance because I want to be sure that our practice has a good understanding of the state statute and that our policy on this topic are correct. What she sent us as your response has raised a bit of concern in our partnership group so I just want to be sure I understand our position.

The situation we have is this: Diane owned a horse and used our clinic for it's veterinary care. At some point, according to Gretchen, the horse was sold/given to Gretchen. Gretchen has no proof of ownership from Diane. Diane has been unreachable with the contact information that either Gretchen or we have for her. Gretchen would like the horse's medical records created when Diane owned the horse and that Diane paid for. We never got permission at the time of the sale to release Diane's records to Gretchen nor can Gretchen produce anything to prove she is the current owner other than her say so (no bill of sale, signed statement or registration paper). What do we do in this situation?

Lisa M. Nesson, DVM

Irongate Equine Clinic

[1848 Waldorf Blvd.](#)

[Madison, WI 53719](#)

[Ph: 608-845-6006](tel:608-845-6006)

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www.irongateequine.com

Veterinary Examining Board Agenda Request Form

Meeting Date	April 28, 2026
Requestor Name	Dr. Miesen
Item Title for the Agenda	Health care records
Should this be in Open or Closed Session?	Open
Is this an Action Item or for Information Only?	Information
Are there Attachments? (If yes, include file names)	Yes Baus-Mark-Communicating-with-the-Purchaser
Is a Public Appearance Anticipated?	No
Description of the Agenda Item	
<p>I think this would be a good topic of discussion as 'ownership' of a horse's medical record comes up fairly often, mainly because horses are sold on a routine basis. For example, if someone calls and says they bought a horse that I have previously worked on, do I send them the complete medical record, even if I do not have permission from the owner on my records?</p> <p>89.075 Access to health care records. The owner of any animal patient of a veterinarian, or any other person who submits to the veterinarian a statement of written informed consent signed by the owner, may, upon request to the veterinarian:</p> <p>(1) Receive a copy of the animal patient's health care records upon payment of reasonable costs.</p> <p>(2) Have the animal patient's X-rays referred to another veterinarian of the owner's choice upon payment of reasonable costs.</p> <p>89.075 indicates that the owner of the animal can request records. However, it is commonly held across the country that the person who pays for the Prepurchase Exam owns that record and that it cannot be released to others without permission of the person who paid for the exam.</p> <p>For example, in the paper "Communicating with the Purchaser Before, During and After the Purchase Exam" (attached) it even indicates on page 157 (highlighted) that the results of the Prepurchase Exam are confidential.</p> <p>This was discussed at an October 2017 VEB meeting, excerpt from the meeting minutes:</p> <p style="padding-left: 40px;">Discussion of Wis. Stat. s. 89.075, Access to Health Care Records at the July 26, 2017 VEB meeting, Lisa Weisensel Nesson requested that a discussion of Wis. Stat. s. 89.075, Access to Health Care Records, be included on the October meeting agenda. Board members discussed issues relating to animal identification requirements and the burden of proof of ownership. The Board also discussed educating the public on the health records and that they are transferable. The Board discussed initiating a rule-making process for 89.075 to clarify the law.</p> <p style="padding-left: 40px;">MOTION: Lisa Weisensel Nesson moved, seconded by Diane Dommer Martin, to affirm the Board's long-standing interpretation that the language in 89.075 means that "the owner of any animal patient of a veterinarian" is the owner that has the current VCPR with the veterinarian. Motion carried unanimously.</p>	

Cheryl Daniels requested the Board revisit the health care records topic after Dr. Yvonne Bellay, DATCP Human Officer, provided documentation of a DSPS interpretation that contravenes the Board's motion.

MOTION: Lisa Weisensel Nesson moved, seconded by Diane Dommer, to table the affirmation vote until the next VEB meeting. Motion carried unanimously.

No future discussion was found in the minutes.

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Communicating with the Purchaser Before, During, and After the Purchase Examination

Mark R. Baus, DVM

Buyers expect much from the veterinarian examining a prospective horse for purchase. The examining veterinarian must determine precisely what the buyer's expectations are for the examination and for their new horse. How findings are communicated is critical for helping them make a purchasing decision. Author's address: Grand Prix Equine, 143 Mt. Pleasant Road, Newtown, CT 06470; e-mail: mbaus@grandprixequine.com. © 2023 AAEP.

1. Introduction

Equine veterinarians are the gatekeepers in the highly unregulated business of buying and selling horses. There are very few financial transactions that have less security than buying a horse. Gone are the days when a "vetting" was looking at the eyes, listening to the heart, and jogging the horse for soundness. Today's buyers expect that everything is known about the horse they are interested in purchasing. No stone may be left unturned.

Historically, buyers would evaluate a prospective horse for soundness and health rather than engaging a veterinarian. As veterinary science matured and veterinarians' knowledge of horse health exceeded that of an experienced horseperson, veterinarians began to perform the purchase evaluation.

Although many horses are sold in good faith and are fairly represented, many are not. Therefore, it is incumbent on veterinarians to ensure that clients are fully informed before making a purchase decision. The term "vetting" is now synonymous with a thorough investigation of every potential acquisition, from the

purchase of a business to the selection of a political candidate.

Who Influences the Buyer's Decision to Purchase a Horse?

The trainer, or buyer's agent, often does the heavy lifting in finding a horse for a prospective buyer. They are typically rewarded with a commission, but only after the horse is purchased. Consequently, when the buyer's agent has selected a horse for the buyer and the purchase exam has been performed, there may be significant pressure placed on the buyer to finalize the purchase decision.

The seller has the most significant conflict of interest when representing the virtues of a horse for sale. As far as they are concerned, the horse they are selling is perfect for the buyer, and if the client does not want to purchase the horse, they claim to have many buyers who will. It is, therefore, important to expedite the final purchase exam review to reduce the pressure sellers place on buyers.

The veterinarian remains the most objective source of information regarding purchasing a horse. The veterinarian will receive a set fee regardless of the

NOTES

outcome or sales price, and most veterinarians care deeply that their clients purchase the right horse.

Before the Examination

What a buyer expects from a purchase examination can be daunting. Buyers may be willing to live with imperfections, but surprises are unwelcome. The veterinarian must answer the following questions before proceeding with the examination:

- At what level will the horse be ridden or competed?
 - Does the buyer intend for the horse to compete in the same discipline it currently does?
 - Depending on the horse's gender, will it also be used for breeding purposes?
 - Does the buyer intend for the horse to do more or less than it currently does?
- What is the experience level of the intended rider?
 - An advanced rider will expect more from a horse athletically.
 - A novice rider will expect more from a horse behaviorally, and safety is paramount.
 - Is the horse expected to bring the rider to the next level of competition?
 - The veterinarian must not opine on the horse's suitability to the rider unless a potentially unsafe behavior to the rider and others is witnessed.
- Where will the examination take place, who will be in attendance, and who will ride the horse?
- Is the horse intended to be resold?
- Is the prospective buyer represented by an agent (trainer), and are they allowed access to all information from the exam?

Likewise, there is information the prospective buyer must know before formalizing the purchase exam:

- Does the veterinarian have a thorough knowledge of the equine discipline in which the horse will be involved?
- Are there any conflicts of interest between the veterinarian and the horse, the owner of the horse, or the agent selling the horse?
- Which ancillary services are offered by the veterinarian?
 - Radiographs
 - Ultrasound
 - Endoscopy
 - Gait analysis with inertial sensors
 - Blood tests

- Reproductive exam
- Photographs and video

- How will the findings be communicated?
- When will they be communicated?

The seller is asked to disclose the medical history and all previous diagnostic images from all providers. Some veterinarians will only proceed with a purchase examination with a complete medical history from the prior and existing veterinarians. It is also possible to search online for performance records within the sanctioning body in which the horse competes. It is not the responsibility of the examining veterinarian to search for a horse's performance record, but the veterinarian should inquire if a horse has rested from riding or competing due to an injury.

Documentation and Communication

It is important to obtain signed documents from the buyer and seller before the examination. The following documents are recommended:

- **Client Agreement Form:** this document formalizes the relationship between the buyer and the veterinarian. This should be done for all new clients, particularly those who will not use the veterinarian's services after the purchase exam.
- **Veterinary Care Plan:** this document outlines the services recommended by the veterinarian and the cost of those services. Potential buyers can select or decline specific services such as imaging and bloodwork.
- **Buyer Agreement Form:** this signed document states that the buyer understands the scope of the services offered by the veterinarian and how they intend to pay for the examination. This form allows the buyer to assign their trainer or buying agent to legally have access to the information generated at the purchase exam.
- **Seller Agreement Form:** this signed document is a disclosure from the seller stating the horse's past use, competition, and medical history. The completed Seller Agreement Form will allow the veterinarian to obtain the medical history from the horse's past and present veterinary caregivers and farriers. This form also provides consent for the purchase exam to be performed, including non-invasive or personally selected diagnostics, without further permissions required. It clearly indicates that the medical information obtained during the purchase exam is the confidential property of the buyer, and discloses that any access to this information is at the permission of the buyer.
- **Release of Liability by the rider or handler:** this signed form mitigates the veterinarian's risk if the horse's rider or handler is injured during the examination.

A quick phone call to the client on the way to the appointment is always appreciated. It is an opportunity for the veterinarian to summarize what they will be doing for the client, and it allows the client to express any last-minute concerns about purchasing the horse.

Many newly purchased or leased horses will be insured for mortality and major medical events. The veterinarian should know before the examination if the horse will be insured so the findings can be adequately identified on the required veterinary certificates of examination. The veterinarian must be aware that their findings might lead to an exclusion on the major medical or mortality policy. It is not the veterinarian's responsibility to know which findings will lead to an exclusion, but it is important to alert the buyer to those findings which may lead to an exclusion. It is recommended that the examining veterinarian report all abnormalities to the insurance company with an appropriate explanation as to the abnormality's clinical relevance. Simply put, fully answer all questions but provide proper perspective. This approach will minimize the possibility of an exclusion by the insurance company while, at the same time, providing full and honest disclosure.

Performing a Purchase Exam for a Non-Client

It is much easier to understand the needs of a buyer if they are a longstanding client. Conversely, understanding the expectations and risk-taking abilities of a new or out-of-town client is far more difficult. It is even more important that the veterinarian point out any conflicts of interest that might exist between them and the seller, the seller's agent, and the horse for the out-of-town client. This includes any interaction with the horse and the veterinarian's practice. Since the veterinarian does not have a relationship with the buyer, completing the buyer and seller forms before the examination is crucial. It is also essential that the veterinarian communicates all findings to the buyer, their agent, and the buyer's veterinarian.

The Lease Examination

The lease examination is performed with more and more frequency in lieu of the purchase examination. In the author's practice, pre-lease examinations are performed with the same frequency as purchase examinations. So, what is the difference between these two examinations? The short answer is nothing. The client seeking a lease examination is doing so to reduce the risk of legal custody of a depreciating asset. Even though they wish to reduce said risk, they are more willing to take chances with a horse's soundness. It is necessary to identify those risk factors as carefully for the lease examination as for a purchase examination. Clients also prefer lease agreements because they only need a horse for a preset period of time.

Clients will use the findings of the lease examination to negotiate the terms of the lease agreement between the lessor and the lessee. Some findings will be used to determine clauses in the lease agreement

acknowledging preexisting conditions. For example, if a finding leads to lameness that renders the horse unusable, and it was noted in the lease agreement, the lease may be terminated with or without a return of a portion of the lease payment. It is important to remember that insurance companies may require a copy of the lease agreement for mortality and major medical policies. Clauses in the lease agreement pertaining to a specific soundness issue may be disclosed to the insurance company and result in unwanted exclusions to the policy.

The term of the lease agreement (the length of time for the lease) is also a factor that clients use to determine how much risk they can assume for a prospective lease. Less risk will be assumed for shorter lease periods. Although one year is the typical term for leasing horses, shorter terms are common.

Lessees will often decline diagnostic imaging of horses for a lease examination, making it even more important to review existing radiographs. A horse's history is also critical to obtain before the examination to forecast the need for routine joint injections and to help the client determine if preexisting conditions need to be included in the lease agreement.

During the Examination

If the prospective buyer is present for the exam, it is important that after the clinical portion of the exam, the veterinarian summarizes the findings before proceeding with imaging and blood tests. If the buyer is not at the exam, a phone call to them or their agent is important, especially if there is an equivocal finding. The details of this conversation, including any questions or concerns expressed by the buyer or their agent, should be included in the purchase examination report.

After the Examination

Once the examination and all ancillary services are concluded, the veterinarian will complete the purchase report and send it to the prospective buyer as quickly as possible. The report represents the highest level of accountability for the veterinarian, so its accurate and timely completion is vital. Since buyers are awaiting the examination findings before making a final purchase decision, it is essential that they have a chance to review the written report and have a follow-up conversation with the veterinarian within a day of performing the examination.

The report can be drafted on a paper template, in a digital format such as Microsoft Word™, Excel™, or on the practice management software. Once completed and signed, the final version can be scanned or converted into a secured PDF format and emailed to the buyer along with other documents, photographs, and videos. The report can be sent to the buyer in many different ways. It may be copied and pasted into the body of an email message or scanned and sent as an attachment. It is important not to send the report in a format that is alterable, such as Microsoft Word™ or Microsoft Excel™. It is advisable that an

ink-signed report be mailed to the buyer along with other paper documents such as Coggins test results.

Technology allows for photographs and videos to be taken as needed and sent to the buyer to make an informed purchase decision and as a baseline for future reference. Sending media as an email attachment will quickly exceed the file-size limit. File-sharing programs such as FileShare™ and Dropbox™ will allow for folders to be created with unlimited storage capacity and are easily shared with other users. A link to these folders can be emailed to the buyer, which will allow them to view all documents, photographs, and videos taken during the purchase examinations.

Once the prospective buyer has received all data from the examination, except for blood test results, the veterinarian and buyer must talk to review all material, most notably the report generated from the examination. A face-to-face meeting, phone conversation, or Zoom meeting should be scheduled and opened. It is important that the buyer ask whatever questions they may have and that the veterinarian answer these questions as thoroughly as possible. Again, the details of this conversation should be summarized and archived.

The last piece of information before a purchase decision can be made is the drug test result. Veterinarians should inform the buyer as soon as possible when this result is returned so they can inform the seller when the final purchase decision can be made.

In the author's opinion, the purchase examination represents the highest level of responsibility that equine veterinarians have to their clients. Consequently, it is incumbent on the practitioner to understand what the prospective horse buyer requires and expects from the purchase examination process. Once established, the purchase exam will proceed with fewer conflicts and a better outcome for the buyer.

Acknowledgments

Declaration of Ethics

The author has adhered to the Principles of Veterinary Medical Ethics of the AVMA.

Conflict of Interest

The author has no conflicts of interest.

From: [Stephanie Miesen](#)
To: [Mace, Melissa A - DATCP](#)
Subject: Re: FW: 8. ARF Health Care Records
Date: Sunday, April 19, 2026 9:17:34 PM

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Hi Melissa

This was topic was discussed in 2017. Here are the public meeting notes, with the discussion starting at the bottom of page 7:

<https://datcp.wi.gov/Documents/20171025VEBMinutes.pdf>

The issue of ownership of pre-purchase exams and horses continually comes up. The expectations are often at odds with how this rule is written. In the previous meeting notes, they discussed that “the owner of any animal patient of a veterinarian” is the owner that has the current VCPR with the veterinarian.” I would like to clarify what that means.

For example, if someone purchases a horse that I have records on, and I do not have permission from the owner on file to release them, do I legally need to release them to the new owner of the horse.

If I am hired to do a pre-purchase on a horse owned by a non-client of mine, does the seller have the valid relationship for me to release records to them without permission from the person hiring me to do the exam.

Thank you!

Stephanie Miesen, DVM
Veterinary Examining Board
608-445-9189 (cell)
stephanie.miesen.dvm@gmail.com

On Thu, Apr 16, 2026 at 1:49 PM Mace, Melissa A - DATCP
<Melissa.Mace@wisconsin.gov> wrote:

Dr. Miesen:

Reaching out to see if you had any edits to the ARF on health care records.

Melissa Mace

Veterinary Examining Board Agenda Request Form

Meeting Date	April 28, 2026
Requestor Name	Dr. Newbury
Item Title for the Agenda	VEB-GD-013 vaccination shelters
Should this be in Open or Closed Session?	Open
Is this an Action Item or for Information Only?	Action
Are there Attachments? (If yes, include file names)	Yes
Is a Public Appearance Anticipated?	unknown
Description of the Agenda Item	
<p>Dr. Newbury reached out after reviewing the guidance document adopted at the January Board meeting.</p> <p>She recommends changing the second bullet point under the Boards position</p> <p>From:</p> <p style="padding-left: 40px;">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.</p> <p>To:</p> <p style="padding-left: 40px;">The shelter staff administer the vaccinations to animals surrendered to the shelter with unknown status or brought to the shelter as strays/running at large.</p> <p>See email for details.</p>	

From: [Sandra Newbury](#)
To: [Mace, Melissa A - DATCP](#)
Subject: Re: URGENT: Comments on Shelter Vaccination Guidance
Date: Wednesday, February 11, 2026 7:16:51 PM

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Hi Melissa,

My concern is that if an animal gets lost and has identification that the owner would continue to think of that dog as “owned” and when or if they reclaim the animal they could then make a complaint that the animal was vaccinated. This concern would be enough to discourage shelters from vaccinating animals on intake if there was some evidence of ownership which could lead to a number of problems.

“Ownership” is a complicated concept in animal shelters so using that phrase could open shelters to complaints being filed against them.

When you say "strays brought in where ownership is unknown" would that include animals who were wearing tags or had a microchip at the time of intake? I think many owners might feel it doesn't.

Is there a reason the VEB feels it is necessary to say "where ownership is unknown"?
Would it be acceptable to just allow "**vaccination for animals either surrendered, brought in as strays, or being held under the control of the shelter**"?
This would solve the unintended problem I am foreseeing.

Thanks so much for all the conversation about this!
I wouldn't belabor this if I didn't feel it could be a really significant problem.

S
Sandra Newbury, DVM, DAVPB (Shelter Medicine)
Director – UW Shelter Medicine
Associate Professor
Department of Medical Sciences
University of Wisconsin -Madison
School of Veterinary Medicine
Morgridge Fellow for Community Engaged Scholarship
(She) <https://lgbt.wisc.edu/education/pronouns-matter/>

From: Mace, Melissa A - DATCP <Melissa.Mace@wisconsin.gov>
Date: Tuesday, February 10, 2026 at 4:03 PM
To: Sandra Newbury <sandra.newbury@wisc.edu>
Subject: RE: URGENT: Comments on Shelter Vaccination Guidance

Dr. Newbury;

The Board intended that to cover strays brought in where ownership is unknown, and the shelter has custody and control of the animal. I understand there could be a micro chip, but that doesn't necessarily establish ownership, and you may not know of the micro chip at the time.

Take care,

Melissa Mace
Director, Bureau of Field Services, Division of Animal Health
Executive Director Veterinary Examining Board
Wisconsin Department of Agriculture, Trade and Consumer Protection
Cell: 608-279-3861
Melissa.Mace@Wisconsin.gov

"The most important factor in survival is neither intelligence nor strength but adaptability."
— *Charles Darwin*

Please complete this [brief survey](#) to help us improve our customer service. Thank you for your feedback!

From: Sandra Newbury <sandra.newbury@wisc.edu>
Sent: Friday, February 6, 2026 2:19 PM
To: Mace, Melissa A - DATCP <Melissa.Mace@wisconsin.gov>
Subject: Re: URGENT: Comments on Shelter Vaccination Guidance

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Hi Melissa,

Thanks for taking time for clarification!

Many animals who become lost and are then presented to shelters by animal field officers, animal control officers, or a member of the public who found them at large are owned animals. Some even have some sort of identification as they enter the shelter. The problem is that at the time they enter the shelter, when vaccination needs to happen, it isn't known if the identification (tags or often a microchip) are up to date or valid - most microchips are not - and it is also unknown if the owner listed will respond to attempts to contact them and reclaim their animal. In Wisconsin, there is a 5 day holding period in which those animals need to wait for an owner who may or may not come for them. If shelters were unable to vaccinate all of those animals, that would become very problematic.

If the VEB believes the language includes ANY animal brought to the shelter as a stray or any animal that is under the control of the shelter without excluding those who have identification or some evidence of ownership then that would solve it. What I had read seemed to separate out owned animals from those brought to the shelter as strays.

Also just repeating this part below in this context.

The sources for recommendations that are cited in the guidance recommend vaccination of **all** animals on intake to shelters. Because it is impossible for shelters to know the immune status of animals as they enter shelters, even for those who have tags or a microchip, it is essential to have each animal vaccinated as it enters the shelter. In fact, it is often those animals who had a delay in vaccination that become ill. That was the case when HAWS had a terrible CDV outbreak and a dog who was not vaccinated because he had identification, went home after reclaim, only to die from canine distemper. Research has shown that up to 70% of animals entering shelters, including those with evidence of ownership, do not have protective antibody titers to the viruses in question. In addition, many dogs who arrive at shelters with some sort of identification are never reclaimed.

Thanks so much.

S

Sandra Newbury, DVM, DAVPB (Shelter Medicine)
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Associate Professor
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(She) <https://lgbt.wisc.edu/education/pronouns-matter/>

From: Mace, Melissa A - DATCP <Melissa.Mace@wisconsin.gov>

Date: Monday, February 2, 2026 at 1:19 PM

To: Sandra Newbury <sandra.newbury@wisc.edu>

Subject: RE: URGENT: Comments on Shelter Vaccination Guidance

Dr. Newberry;

I am unclear what is problematic about the language, when are shelters taking in animals where you know the ownership but they are not a surrender?

The language currently in the guidance indicates a shelter can vaccinate animals that have been surrendered to the shelter – shelter has ownership for the VEBs purposes, or an animal is brought to you because it is a stray, ownership is unknown but the shelter has custody and control.

Melissa Mace (she/her/hers)

Director, Bureau of Field Services, Division of Animal Health

Executive Director WI Veterinary Examining Board

Wisconsin Department of Agriculture, Trade and Consumer Protection

Cell: 608-279-3861

Melissa.Mace@Wisconsin.gov

Please fill out our [customer survey](#) to help us improve. Thank you!

From: Sandra Newbury <sandra.newbury@wisc.edu>

Sent: Tuesday, January 27, 2026 2:50 PM

To: Mace, Melissa A - DATCP <Melissa.Mace@wisconsin.gov>

Subject: URGENT: Comments on Shelter Vaccination Guidance

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Hello Mellisa,

I attended the meeting today and wanted to share my gratitude for the VEB putting together the guidance document. It was clear from the meeting that they understood

the importance of this to the sheltering community.

I had not seen the written guidance until after the meeting so my apologies for commenting after the discussion.

I am hoping it would be possible to remove the language about owned animals in the guidance. Ownership is a complex issue for lost pets entering shelters and not one that can always be resolved quickly.

The sources for recommendations that are cited in the guidance recommend vaccination of **all** animals on intake to shelters. Because it is impossible for shelters to know the immune status of animals as they enter shelters, even for those who have tags or a microchip, it is essential to have each animal vaccinated as it enters the shelter. In fact, it is often those animals who had a delay in vaccination that become ill. That was the case when HAWS had a terrible CDV outbreak and a dog who was not vaccinated because he had identification, went home after reclaim, only to die from canine distemper. Research has shown that up to 70% of animals entering shelters, including those with evidence of ownership, do not have protective antibody titers to the viruses in question. In addition, many dogs who arrive at shelters with some sort of identification are never reclaimed.

All animals admitted to shelters are under the control of the admitting organization but adding the language about ownership limiting the ability to vaccinate would create significant delays in administration that would be in conflict with fundamental shelter medicine recommendations (such as those cited) as well as the Dog Sellers Act.

Not vaccinating owned or potentially owned animals at intake would introduce an unvaccinated core of animals in shelters that would increase risk for all the animals present, especially puppies and those who have not been previously immunized.

Thank so much for considering this.

Please let me know if you have any questions.

S

Sandra Newbury, DVM, DAVPB (Shelter Medicine)
Director – UW Shelter Medicine
Associate Professor

Department of Medical Sciences
University of Wisconsin -Madison
School of Veterinary Medicine
Morgridge Fellow for Community Engaged Scholarship
(She) <https://lgbt.wisc.edu/education/pronouns-matter/>



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)

1/27/26

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 consider 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 as discussed above. Vaccinations administered by a licensed veterinarian or the licensed veterinarian's staff in accordance with ch. VE 1, Wis. Admin. Code, may be billed.

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

Meeting Date	April 28, 2026
Requestor Name	J. Bent
Item Title for the Agenda	Delegation of ratification of permits
Should this be in Open or Closed Session?	open
Is this an Action Item or for Information Only?	Action
Are there Attachments? (If yes, include file names)	No
Is a Public Appearance Anticipated?	No
Description of the Agenda Item	
<p>Consider delegating the ratification of consulting permits and post grad permits along with routine licensures to the Department to avoid unnecessary delays for credentialing review.</p> <p>Consider doing a single year-long delegation rather than one after every meeting. If done at the April meeting it would be re-affirmed in January with the other delegations, fitting in that cycle moving forward.</p> <p style="text-align: center;"><i>To delegate to DATCP staff, between meetings of the full Board, ratification of examination and to ratify all licenses, certificates and permits without concerns, as appropriate thru January 2027.</i></p>	

Veterinary Examining Board Agenda Request Form

Meeting Date	April 28, 2026
Requestor Name	M. Mace
Item Title for the Agenda	Educational Commission for Foreign Veterinary Graduates
Should this be in Open or Closed Session?	Open
Is this an Action Item or for Information Only?	Discussion
Are there Attachments? (If yes, include file names)	Yes ECFVG VLC 2026 ECFVG Bulletin (DRAFT)
Is a Public Appearance Anticipated?	No
<p>Description of the Agenda Item</p> <p>We have received several questions regarding the exemption from licensing for foreign veterinarians enrolled in the educational commission for foreign veterinary graduates (ECFVG):</p> <p><u>89.05(2)</u>No veterinary license or temporary permit is required for the following activities or persons:</p> <p>(h) Graduates of schools outside the United States and Canada who are enrolled in the educational commission for foreign veterinary graduates certification program of the American Veterinary Medical Association <u>while completing the required year of clinical assessment under the supervision of a veterinarian.</u></p> <p>The final step of the ECVFG program is to take and pass clinical proficiency exam (CPE), there is not a required year of clinical assessment as part of the ECVFG certification program any longer. A document from the AVMA ECVFG group that explains the steps is included here.</p> <p>This discussion determined that the exemption from licensure is explicit and applies only while completing a year of clinical assessment as part of the ECVFG certification program, and it cannot be interpreted to applied to enrollees waiting to take their CPE. So as there is not a year of clinical assessment, there is no exemption.</p> <p>We understand that this exemption has been interpreted in the past to apply to enrollees in that final CPE stage awaiting to take their CPE. We are not looking to ‘rescind’ that status for veterinarians currently working with no issues but moving forward there is no exemption to licensure for ECVFG enrollees that are in the CPE stage of the program.</p> <p>To provide clarity to the veterinary community, it is proposed that a bulletin to all credential holders be drafted that explains that there is not exemption from licensure for enrollees in the ECVFG, we will clarify that it is understood that there was a misapplication of the law and there are veterinarians practicing while in Stage 4 of the ECVFG program waiting to take the CPE, we are intending to let that stand, however, moving forward they will not be able to practice in WI until they obtain a license. (Proposed bulletin language attached)</p>	

Foreign Graduates Enrolled in the ECFVG

Wisconsin Statute s. [89.05\(2\)](#)(h) provides an exemption to veterinary licensure requirements for graduates of schools outside of the United States and Canada who are enrolled in the educational commission for foreign veterinary graduates certification program of the American Veterinary Medical Association (ECFVG) while completing the required year of clinical assessment under the supervision of a veterinarian.

The final step of the ECFVG program, step four, is no longer a year of clinical assessment, but instead requires completion of a three-day clinical proficiency exam (CPE). The exemption from licensure is explicit and applies only while completing a year of clinical assessment as part of the ECFVG certification program, and it cannot be interpreted to apply to enrollees waiting to take their CPE. If there is not a year of clinical assessment, there is no licensing exemption.

The Veterinary Examining Board (VEB) understands that this exemption has been interpreted in the past to apply to enrollees in step four of the ECFVG awaiting to take their CPE. However, as of the date of this notice, the Board's position is that individuals who enroll in the ECFVG after the date of this notice may not practice veterinary medicine within the exemption. This means enrollees in the ECFVG will not be able to practice veterinary medicine under the supervision of a licensed veterinarian. If working in a veterinary capacity, these individuals are treated by law as unlicensed assistants. An alternative for these individuals may be to pursue obtaining certification to become a certified veterinary technician through the alternative education pathway while completing the ECFVG program.

Individuals who enroll in the ECFVG after the date of this notice and engage in the practice of veterinary medicine may be subject to penalties for unlicensed practice under Wisconsin Statutes ss. 89.079 and 89.08. Veterinarians who supervise such individuals and improperly delegate veterinary medical acts to them may be subject to discipline under Wisconsin Statute s. 89.07(1) and Wisconsin Administrative Code s. VE 1.58.

The VEB is not "rescinding" the status of ECFVG enrollees who are in step four of the ECFVG and currently practicing veterinary medicine under the licensing exemption. Those enrollees may continue to practice under the exemption. The VEB may take action against such enrollees should their actions violate the laws governing unprofessional conduct.



ECFVG Certification Program Update

Dr. Jim Weisman

Chief of Academic Affairs, Research and Accreditation

AVMA

January 9, 2026

What is the ECFVG Certification Program?

Assessment-based certificate program

One route for graduates of non-COE accredited veterinary colleges to gain licensure in U.S.

Accepted by all U.S. state veterinary regulatory boards and U.S. federal government

Must pass NAVLE and state specific examinations to become licensed

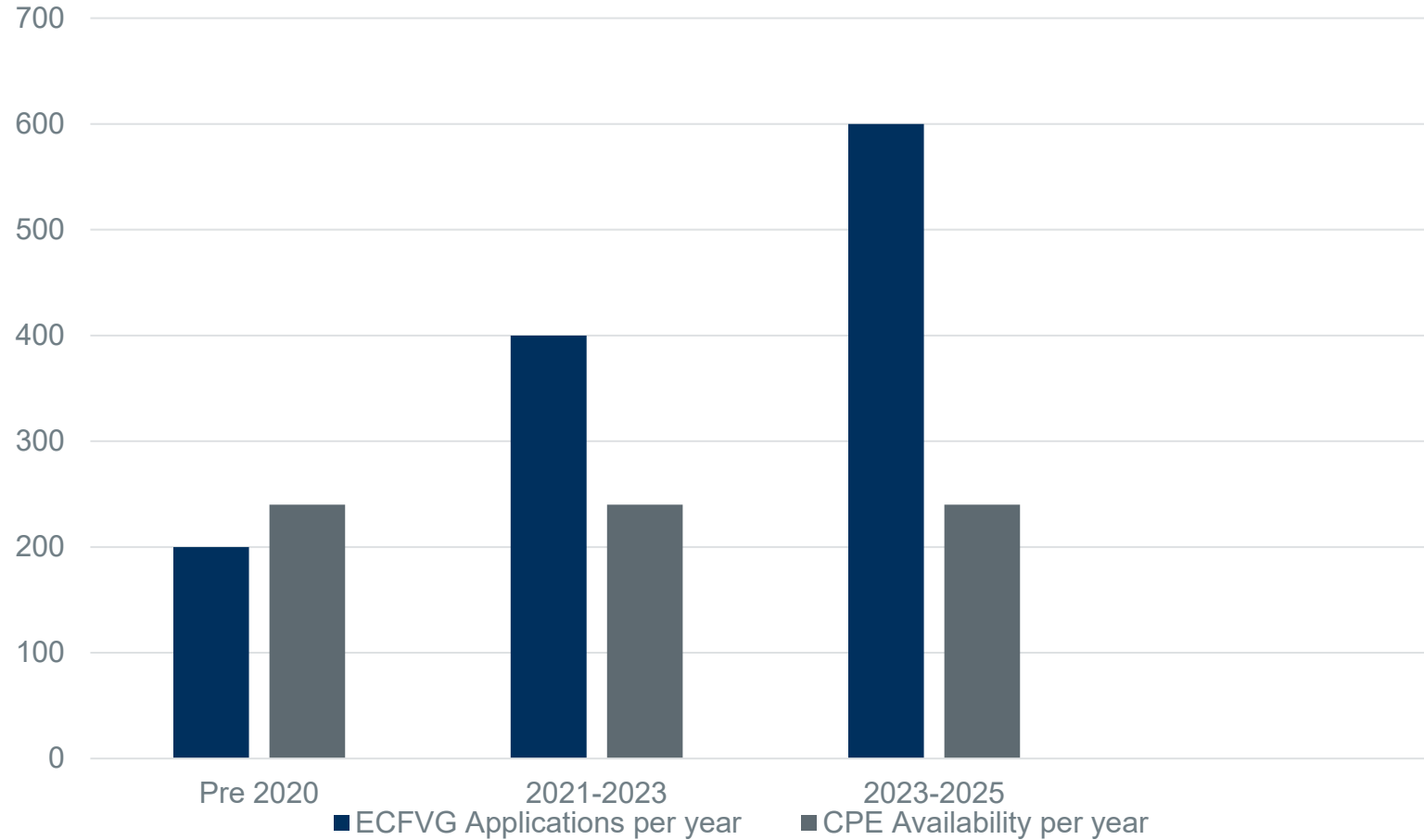


ECFVG Overview

Governance

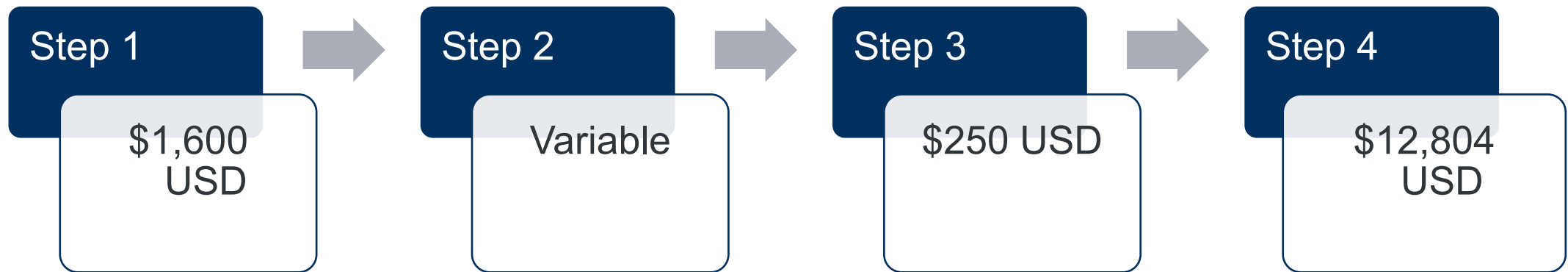
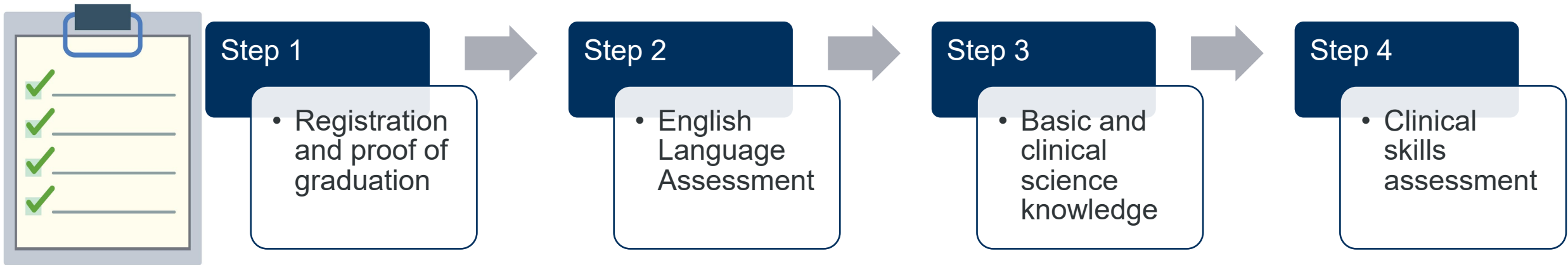


ECFVG New Candidates v. CPE Seats Per Year



ECFVG Overview

Program Outline



ECFVG Overview

Basic & Clinical Science Exam (BCSE)

- Assesses basic & clinical veterinary sciences knowledge
 - (Physiology, Pharmacology, Pathobiology, Diagnostic Medicine, etc.)
- 225 multiple choice question exam
- Approximately 4 hours
- Computer-based exam taken at a Prometric Testing Center



ECFVG Overview

Clinical Proficiency Exam (CPE)

- Assesses clinical knowledge, Diagnostic and Therapeutic Techniques, Anesthetic and Surgical Skills
- Day one graduate competency
- Hands-on, Interactive (Client-based, Animal Simulators, Live Animals), and Real-time Assessment
- 3-day in-person exam
- Exam Sections
 - Anesthesia
 - Equine Practice
 - Food Animal Practice
 - Necropsy
 - Radiographic Positioning
 - Small Animal Medicine
 - Surgery (Canine OHE)



Opportunities

**Supportive
Candidate
Experience**

Accessibility

**Contemporary
Assessment Model
& Technology**

Outcomes



**Approximately 220 ECFVG Certificates Awarded Annually
Since 1973 Awarded Over 7,700 Certificates
Certificate Recipients From More Than 60 Countries**



THANK YOU

Dr. Jim Weisman, Chief of Academic Affairs, Research, & Accreditation

jweisman@avma.org

Dr. Marci Kirk, ECFVG Director

mkirk@avma.org

**Veterinary Examining Board
Agenda Request Form**

Meeting Date	April 28, 2026
Requestor Name	Angela Fisher
Item Title for the Agenda	VE 1 Final Rule
Should this be in Open or Closed Session?	Open
Is this an Action Item or for Information Only?	Information
Are there Attachments? (If yes, include file names)	No
Is a Public Appearance Anticipated?	No
Description of the Agenda Item The VE 1 (CR 25-006) final rule was published in the Administrative Register on February 23, 2026, and went into effect on March 1, 2026. CR 25-006 Status Page: https://docs.legis.wisconsin.gov/code/chr/all/cr_25_006	

Veterinary Examining Board Agenda Request Form

Meeting Date	April 28, 2026
Requestor Name	Angela Fisher
Item Title for the Agenda	Legislative
Should this be in Open or Closed Session?	Open
Is this an Action Item or for Information Only?	Information
Are there Attachments? (If yes, include file names)	2025 Wisconsin Act 100 2025 Wisconsin Act 177 AB-949
Is a Public Appearance Anticipated?	No
Description of the Agenda Item	
<p>This is a status update regarding bills relevant to VEB.</p> <p>2025 Wisconsin Act 100 (regarding carfentanil) was passed by the Legislature and signed by the Governor (https://docs.legis.wisconsin.gov/2025/related/acts/100.pdf, enacted March 13, 2026).</p> <p>2025 Wisconsin Act 177 (regarding a veterinary loan repayment grant program) was passed by the Legislature and signed by the Governor (https://docs.legis.wisconsin.gov/2025/related/acts/177.pdf, enacted April 2, 2026).</p> <p>AB-949/SB-927 (regarding pet insurance) was introduced in January/February, and failed to pass the Legislature before they adjourned (https://docs.legis.wisconsin.gov/2025/proposals/ab949, https://docs.legis.wisconsin.gov/2025/proposals/sb927).</p> <p>The Assembly adjourned their last general-business floorperiod on February 20, 2026. The Senate adjourned their last general-business floorperiod on March 17, 2026.</p>	

State of Wisconsin



2025 Senate Bill 692

Date of enactment: March 13, 2026
Date of publication*: March 14, 2026

2025 WISCONSIN ACT 100

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.

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

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

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

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

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

1. Ten grams or less, the person is guilty of a Class E felony.
2. More than 10 grams but not more than 50 grams, the person is guilty of a Class D felony.
3. More than 50 grams, the person is guilty of a Class C felony.

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

961.41 (1m) (dn) *Carfentanil.* If the person violates this subsection with respect to carfentanil and the

amount possessed, with intent to manufacture, distribute, or deliver, is:

1. Ten grams or less, the person is guilty of a Class E felony.
2. More than 10 grams but not more than 50 grams, the person is guilty of a Class D felony.
3. More than 50 grams, the person is guilty of a Class C felony.

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

961.41 (1r) DETERMINING WEIGHT OF SUBSTANCE. In determining amounts under s. 961.49 (2) (b), 1999 stats., and subs. (1) and (1m), an amount includes the weight of cocaine, cocaine base, fentanyl, a fentanyl analog, carfentanil, heroin, phencyclidine, lysergic acid diethylamide, psilocin, psilocybin, amphetamine, methamphetamine, tetrahydrocannabinols, synthetic cannabinoids, or substituted cathinones, or any controlled substance analog of any of these substances together with any compound, mixture, diluent, plant material or other substance mixed or combined with the controlled substance or controlled substance analog. In addition, in determining amounts under subs. (1) (h) and (1m) (h), the amount of tetrahydrocannabinols means anything included under s. 961.14 (4) (t) and includes the weight of any marijuana.

* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

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

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

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

971.365 (1) (a) In any case under s. 961.41 (1) (em), 1999 stats., or s. 961.41 (1) (cm), (d), (dm), (dn), (e), (f), (g), or (h) involving more than one violation, all viola-

tions may be prosecuted as a single crime if the violations were pursuant to a single intent and design.

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

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

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.

State of Wisconsin



2025 Senate Bill 501

Date of enactment: April 2, 2026
Date of publication*: April 3, 2026

2025 WISCONSIN ACT 177

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.

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

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

39.389 Veterinary loan repayment grant program. (1) **DEFINITIONS.** In this section:

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

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

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

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

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

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

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

(2) **ESTABLISHMENT OF PROGRAM.** There is established, to be administered by the board, a veterinary loan repayment grant program to provide financial assistance to veterinarians employed in rural counties in repaying educational loan obligations incurred to become qualified to practice veterinary medicine in this state.

(3) **GRANT AWARDS.** (a) Subject to pars. (b) and (c) and sub. (4), the board may award grants under this section to eligible applicants if all of the following apply at the time the grant is awarded:

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

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

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

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

2. For each year that the eligible applicant has se-

* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

cured or committed to secure full-time employment as a veterinarian in a rural county, \$25,000, but not exceeding a total grant award of \$100,000.

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

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

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

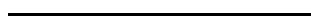
(b) During the year described in par. (a), the eligible applicant provided at least 50 percent of his or her employed veterinary care to farm animals.

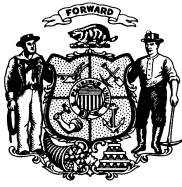
SECTION 2. 71.05 (6) (b) 58. of the statutes is created to read:

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

SECTION 3. Initial applicability.

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





State of Wisconsin
2025 - 2026 LEGISLATURE

LRB-6188/1

EKL:skw

2025 ASSEMBLY BILL 949

January 28, 2026 - Introduced by Representatives DOYLE, SNODGRASS, ORTIZ-VELEZ, DESMIDT, JOERS, STUBBS, STROUD, SINICKI and CLANCY, cosponsored by Senators WALL and DASSLER-ALFHEIM. Referred to Committee on Insurance.

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.

ASSEMBLY BILL 949**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).

ASSEMBLY BILL 949**SECTION 2**

1 (b) “Congenital anomaly or disorder” has the meaning in s. 632.105 (1) (b).

2 (c) “Hereditary disorder” has the meaning in s. 632.105 (1) (c).

3 (d) “Pet insurance” has the meaning in s. 632.105 (1) (e).

4 (e) “Pet wellness program” has the meaning in s. 632.105 (1) (f).

5 (f) “Preexisting condition” has the meaning in s. 632.105 (1) (g).

6 (g) “Waiting period” has the meaning in s. 632.105 (1) (j).

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

- 10 1. Preexisting conditions and waiting periods under a pet insurance policy.
11 2. The differences between pet insurance and pet wellness programs.
12 3. Hereditary disorders, congenital anomalies or disorders, and chronic
13 conditions and how a pet insurance policy interacts with them.
14 4. Rating, underwriting, renewal, and other insurance administrative topics.

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

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

19 (a) Obtain from each intermediary selling pet insurance policies on the
20 insurer’s behalf verification that the intermediary is in compliance with the
21 training requirement under sub. (2).

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

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

ASSEMBLY BILL 949**SECTION 3**

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

2 (a) “Chronic condition” means a condition that can be treated or managed, but
3 not cured.

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

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

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

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

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

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

24 1. A veterinarian provided medical advice.

ASSEMBLY BILL 949**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.”

ASSEMBLY BILL 949**SECTION 3**

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

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

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

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

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

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

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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.

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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

ASSEMBLY BILL 949**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)

VEB Strategic Plan: July 2025-June 2026

Core Strategy	Key Performance Objective (KPO)	Current Lead		January to March 2026	October to December, 2025	July to September, 2025
			Status	Status Notes	Status Notes	Status Notes
Transparency: Licensure Process	Update the licensure forms	Jonathan Bent	in progress			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	Artificial Intelligence	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.	See Violation report.
Outreach	Work with DATCP to explore getting a project position to support VPAP and admin rule work	Melissa Mace	in progress	Worked with Finance Bureau and drafted a 16.505/515 request for positions		
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	Presented to the NCVMA - Complaint process and VPAP Article for WVMA: *AI in practice *2025 complaints and discipline		
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	Setting and Achieving Goals (1-21) Creating a resilient midnset (2-25)	Understanding different personalities for better collaboration (Oct 8) Creating Balance (nov 12)	Aug - Welcoming 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 newsletters sent continue 48% open rate	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	in process	Chad Landes attending		

**Veterinary Examining Board
Agenda Request Form**

Meeting Date	April 28, 2026
Requestor Name	M. mace
Item Title for the Agenda	Strategic plan report
Should this be in Open or Closed Session?	Open
Is this an Action Item or for Information Only?	Information and Action
Are there Attachments? (If yes, include file names)	Yes Strategic Plan KPOs 2025-26
Is a Public Appearance Anticipated?	No
Description of the Agenda Item Update on 2025-26 Strategic Plan Goals .	

VEB Closed Cases Violation Report

Reporting Period: January 1, 2026 – March 31, 2026

Top 5 violations cited in administrative warnings and FDOs. 30 total violations cited in this reporting period.

1. (9) 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.
2. (4) violations of VE 1.58(19): Failure to maintain records as required by s. VE 1.52.
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.
 - c. (2) violations of VE 2.26(13)(a): Falsely certifying to the board under s. VE 2.14 (5) that the veterinary technician has completed the 15 hours of continuing education required under s. VE 2.14 (1).
 - d. (2) violations of VE 89.07(1)(a): Making any materially false statement or giving any materially false information in connection with an application for a license or for renewal or reinstatement of a license or in making a report to the examining board.
4. (1) violation of each of the following:
 - a. VE 1.44(6)(a)
 - b. VE 1.52(1)
 - c. VE 1.58(28)
 - d. VE 2.24(1)
 - e. VE 2.26(1)
 - f. VE 2.26(4)
 - g. VE 2.26(5)
 - h. 89.07(1)(b)
 - i. 89.07(1)(f)