Council is pleased to announce that Jan Robinson is joining the College as Registrar at the end of January 2012.

Ms. Robinson comes to the College with two decades of registrarial experience beginning with the College of Occupational Therapists of Ontario and, most recently, with the College of Physiotherapists of Ontario.

“I’m excited to be taking on the leadership role at the CVO,” said Ms. Robinson. “After almost 20 years of experience in regulatory leadership, I believe self-regulation can only be effective as a partnership, and I welcome the opportunity to engage the CVO Council and membership in that conversation. I am committed to earning the confidence of Council, the membership at large and staff in the months and years ahead.”

Ms. Robinson has achieved national and international recognition for her contributions in the regulatory health policy community.

“I extend my commitment to foster and support a healthy collaborative environment which balances public protection, quality practice, and respect for the profession’s voice in the regulation of veterinary medicine,” said Robinson.

Dr. Ken Bridge was elected President on October 19, 2011. He accepted the Chain of Office from Past President Dr. Tim Arthur. Dr. Bridge graduated from OVC in 1980 and practises primarily food animal medicine in the Port Elgin and Ripley/Lucknow area.
December 2011

CVO Update

Members shared their thoughts on the College’s Quality Assurance program in person and on-line during the Members’ Forum.

Approximately 30 members attended the 2011 Members’ Forum in Guelph to discuss “What’s next for the CVO’s Quality Assurance Program?” on November 17. For the first time, an additional 35 College members joined the discussion through a webcast. Members from across Ontario participated in the webcast and were able to listen to the speakers and also view presentation slides.

During the Forum, the five-member panel of QA experts shared their insights on Quality Assurance in regulated health care professions.

Richard Steinecke, CVO’s Legal Counsel, described the evolution of QA. Leanne Worsford, a QA consultant, explained multi-faceted approaches to professional competency assessment.

The remaining three panelists- Elinor Larney from the College of Occupational Therapists of Ontario; Sandra Winkelbauer from the Ontario College of Pharmacists; and Maureen Gans from the College of Physicians and Surgeons of Ontario- discussed and described the specific QA programs and approaches at their respective colleges.

All panelists answered questions submitted from the live audience and those participating online.

Using an audience response system and an online survey, all participants provided feedback to the CVO Council on future approaches to Quality Assurance (QA). Participants expressed overwhelming support for QA program development.

Annual General Meeting

Approximately 30 members attended the College’s Annual General Meeting on November 17, 2011. Dr. Ken Bridge, President, welcomed members and introduced the 2011-12 Council.

Members reviewed and accepted the minutes from the 2010-11 Annual General Meeting, the Annual Report and the audited financial statements. A brief question period was held.

Dr. Bridge read the names of members who passed away during 2011 and members observed a moment of silence in remembrance.

Members’ Forum Webcast available on-line

Members who were unable to tune into the Members’ Forum live have another opportunity to view the archived discussion and provide feedback on QA programming.

To view the webcast, please visit: http://webcasts.welcome2theshow.com/cvo2011

Feedback to the CVO is welcome through the link to an on-line survey on the webcast screen.

The webcast will be available for viewing on-line until the end of January.
Dr. Mike Pownall, Dr. Liz Saul

Elected to CVO Council

Dr. Mike Pownall (Constituency #12)

Dr. Pownall operates McKee-Pownall Equine Services with his wife, Dr. Melissa McKee. Their organization encompasses four equine clinics and one companion animal hospital. Along with regular equine veterinary duties, Dr. Pownall continues to develop his skills in specialized podiatry procedures and also acts as the practice manager.

Dr. Pownall has an interest in social media and benchmarking in veterinary medicine. Dr. Pownall is a past president of the Ontario Association of Equine Practitioners and a current member of the American Association of Equine Practitioners.

Dr. Liz Saul (Constituency #10)

Dr. Liz Saul graduated from OVC and has experience in companion animal practice as an employee, a locum and a part owner. Dr. Saul became certified as a mediator through the University of Windsor and opened Saul Veterinary Mediation in 1998. She further trained as a facilitator for the Personality DimensionsTM training tool.

Dr. Saul enjoys working with veterinary clinics to help them improve their communications and has provided continuing education on communication techniques, mediation techniques and team building at AAHA, Wild West, Central Vet and OVMA conferences.

Dr. Kennedy joins Council due to resignation

In November, Dr. Jennifer Messer resigned from the CVO Council as the elected member from Constituency 8. Council extends its appreciation to Dr. Messer for her contributions since being elected in 2009 and wishes Dr. Messer all the best in her future endeavours.

Since there is less than a year remaining in Dr. Messer’s term, in accordance with College by-laws, a councillor has been appointed for the constituency. Dr. Bryan Kennedy will serve as the representative from Constituency 8.

Dr. Kennedy graduated from Ontario Veterinary College in 1969. He is currently an associate with a mixed practice in Winchester, Ontario. Dr. Kennedy served as president of the CVO in 2000-01.
CVO News ~ Council Highlights

Council Meeting: September 28, 2011

Policy
Council reviewed draft guidelines, “Medically Unnecessary Veterinary Surgery (“Cosmetic Surgery”), and approved the guidelines in principle. Staff was directed to circulate the draft document to stakeholders for comment.

Council considered options regarding Scanned Medical Records and decided to permit scanned medical record documents to replace originals, amending each of the four Records Guidelines documents when they are up for review, and directed staff to publish an article in Update with guidelines for members to follow if scanning originals

Quality Assurance Regulations – Council considered a Summary document and White Paper on the Proposed Regulatory Framework for CVO’s Quality Assurance Program. Council approved the draft QA regulation with all five program components. Council directed staff to present the draft QA regulation to the OMAFRA.

Strategic Plan – Council amended the Strategic Plan “2010 and Beyond” with the addition of “engagement and Communication with the public” as a key result area. “Preparedness for legislative opportunities” was removed.

Budget – Council reviewed budget priorities and the budget for 2011-2012 was approved.

Appointments
Council ratified the Executive Committee motions:
- Dr. Glenn Armstrong appointed to the Complaints Committee, effective immediately
- Ms. Lynn Patry appointed to the Discipline Committee for one day on September 30, 2011

Dr. Peter Villhauer and Dr. Mark Gemmill were appointed as Deputy Returning Officers for the October 2011 Council elections.

Reports
- The Registrar Search Committee provided a report.
- An internal audit update was provided by Dr. Nina Szpakowski, Chair of the Internal Audit Committee.
- Reports were provided by the Acting Registrar, President and Vice-President.
- Statutory and Non-Statutory Committee reports were received.

Council Meeting: October 19, 2011

Policy
Council reviewed the draft Position Statement, “After-Hours Care of Animals” and directed staff to amend the document and return it to the Executive Committee.

The draft Position Statement, “Licensure of Veterinarians in Emergency Situations” was reviewed and approved.

The draft Position Statement, “Advertising” was reviewed and accepted. Staff was directed to circulate for comment.

Executive Committee/Statutory Committees
- The Executive Committee for 2011-12 was elected.

Welcome New Councillors
- Dr. Liz Saul (representing Constituency 10) and Dr. Mike Pownall (representing Constituency 12) were introduced and joined Council.

Reports
- An internal audit update was provided by Dr. Nina Szpakowski, Chair of the Internal Audit Committee.
- Reports were provided by the Acting Registrar and President.

Council Meeting: November 16, 2011

Policy
Council reviewed and approved draft guidelines, “Facility Designations,” with a review in one year.

Council discussed a Policy Issue Review Form, “Veterinarians Working on Animals Owned by their Employers” and decided all veterinary facilities where veterinarians are employed to practice veterinary medicine in Ontario must be accredited.

Financial Statements - Council reviewed and accepted the audited financial statements for the financial year ended September 30, 2011.

CVO database project - Council reviewed the report on database development and directed staff to move forward with adopting the iMIS system for the College.

Quality Assurance Regulations - Council rescinded its September 28, 2011 motion, supporting five program components of the draft QA regulations with the intention of further discussion with and education of members on the five components proposed. continued on the next page
CVO Update

CVO News ~ Council Highlights

CVO Council - 2011-12
(back, l-r) Dr. Barbara Leslie, Ms. Lisa DeLong, Mr. Mike Buis, Dr. Clare Craig, Dr. Mike Pownall, Dr. Peter Conlon, Dr. Michael Mogavero, Dr. Liz Saul and Dr. James Vanhie (front, l-r) Dr. Beverly Baxter, Dr. Alison Moore, Dr. Tim Arthur, Dr. Ken Bridge, Dr. Nina Szpakowski, Ms. Denise Dietrich and Dr. Jennifer Messer.
Absent: Ms. Lynn Patry and Ms. Melissa Marshman (student representative)

CVO Executive - 2011-12
The College’s Executive Committee for 2011-12 is:
(l-r) Dr. Alison Moore - Second Vice-President; Mr. Mike Buis - Public Member (front, l-r) Dr. Tim Arthur - Past President, Dr. Ken Bridge - President, and Dr. Nina Szpakowski - First Vice-President.

Councillor completes term
Dr. Tim Arthur, President 2010-11, presented a certificate of recognition to Dr. Yashvir Varma, who completed his term on Council in September.

Welcome New Councillor
Dr. Bryan Kennedy (from Constituency 8) was introduced and joined Council as a result of the resignation of Dr. Jennifer Messer.

Registrar
• Council voted to appoint Jan Robinson as Registrar effective January 30, 2012.

Reports
• The final Direct Inspection Report was provided on the 2011 Internal Audit by Dr. Nina Szpakowski, Chair of the Internal Audit Committee.
• Reports were provided by the Acting Registrar and President.

By-law Changes
• Council voted to establish the Internal Audit and Strategic Planning Committees in the By-laws.
• Council directed staff to review the compensation for preparation time that is provided to committee members by other regulatory Colleges of similar size to the CVO.
• Council reviewed mileage remuneration and decided to increase the CVO’s mileage rate to .45 cents per kilometre.
CVO ~ Workshops/Consultations

UPCOMING WORKSHOPS

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 28, 2012</td>
<td>Lindsay</td>
</tr>
<tr>
<td>April 12, 2012</td>
<td>New Liskeard</td>
</tr>
<tr>
<td>April 18, 2012</td>
<td>Stratford</td>
</tr>
</tbody>
</table>

UPCOMING WEBINARS

The Medical Records workshop is available through a webinar format in an interactive, on-line training session.

Upcoming Medical Records Webinars are:

- February 16, 2012
- March 15, 2012
- April 24, 2012

To participate in a webinar, please register with Ashley Coles at acoles@cvo.org up to one week prior to the event.

WEBINAR

“CPD Portal Demonstration”

January 26, 2012 7:30 p.m.

If you would like to join a webinar demonstrating how to use the Portal, please contact Karen Smythe at ksmythe@cvo.org by January 20, 2012.

Policy under review

Consultations with the profession, the public, and other stakeholders are important to the CVO’s policy initiatives. For complete information, see “Regulatory Consultations” at www.cvo.org. All comments submitted are considered by Council.

Medically Unnecessary Surgery
(Position Statement)
Forward comments to consultations@cvo.org by December 30, 2011.

The CVO currently places no restrictions on types of surgery licensed veterinarians may perform. The CVO’s draft document on “cosmetic” surgery aims to balance the veterinarian’s right to use his/her judgment when deciding to perform surgery, the owner’s right to make a decision about his/her animal, and the animal’s best interests.

Advertising
(Advisory Statement)
Forward comments to consultations@cvo.org by January 20th, 2012.

The CVO administers Ontario Regulation 1093, which includes sections on advertising (“holding out”), as well as other types of marketing and promotion. The draft document attempts to align the CVO’s rules with recent court decisions confirming Charter rights, announcements by the Competition Bureau of Canada, and the updated rules implemented by other regulatory bodies in Ontario to ensure the public has direct and timely access to information about veterinary services.

“Steering” (Position Statement)
“Steering from Animal Welfare Organizations” (Info Sheet)
Forward comments to consultations@cvo.org by February 2, 2012.

―

Ordering, Performing, and Interpreting Laboratory Tests in Veterinary Clinical Practice
(Guidelines)
Forward comments to consultations@cvo.org by February 2, 2012.

The Guideline on “Ordering, Performing and Interpreting Laboratory Tests in Veterinary Clinical Practice” helps members understand the CVO’s expectations pertaining to use of lab tests in clinical practice.

Terminating the Veterinarian-Client-Patient Relationship (VCPR)
(Position Statement)
Forward comments to consultations@cvo.org by February 2, 2012.

The VCPR is the foundation of the practice of clinical veterinary medicine. The Position Statement on “Terminating the VCPR” explains members’ responsibilities regarding the VCPR and outlines acceptable procedures for ending a VCPR.
CVO Policy ~ Scanned Documents

ADVISORY to MEMBERS

Council revises interpretation of scanned documents

At its meeting of September 28, 2011, Council decided to amend its long-standing interpretation of the definition of “scanned documents” as “copies of the original,” such that members will no longer be required to retain original paper records when specific conditions are met. It is also important to note other regulatory agencies have taken the same position.

In making the decision, Council gave thorough consideration to the advantages of accepting properly scanned originals as the official record:

- permanent retention
- ease of retrieval
- searchability
- security through back-up copies, and
- audit trail capacity

And, consideration was given to the disadvantages of the new approach:

- forensic verification/document analysis, in case of doubt, is more difficult;
- some content is or could be lost, eg: ink colours, unless scanned in colour;
- margins could be cut off;
- legibility could be reduced; and
- security issues for safeguarding the records (eg: computer malfunction, e-theft or e-vandalism)

Council determined the advantages outweighed the disadvantages and the risks can be appropriately managed if the conditions outlined below are met.

CONDITIONS

The CVO will give scanned documents the status of an original document (thereby permitting members to destroy original paper copies of medical records after creating electronic images of those records via scanning) if all of the following conditions apply:

1. The scanning software does not permit the data in the resulting electronic document to be edited or extracted;
2. Members who scan original medical records must have an internal protocol that ensures uniform scanning procedures are followed. Such a protocol must include:
   - instructions on what, when, and how to scan documents;
   - a requirement that a log be kept noting who scanned what (which could assist in any evidentiary matter if a case proceeded to hearing/trial);
   - instructions on validating the electronic copy as an authentic true copy (before the original is destroyed);
   - a requirement that digital copies are created as read-only; and
   - adherence to high-quality security systems, including audit trail encoding, encryption, and off-site back ups.
3. Members must implement a “hold” system, to immediately flag a file that relates to a threatened or actual investigation or legal (court or tribunal) proceeding (including by the CVO). Flagged records would need to be maintained in their original paper form until the expiry of any limitation period and/or authorization is obtained from the investigating body.

The CVO will amend each of its Medical Records Guidelines at their review dates to incorporate this guidance for the profession in the appropriate document. In the meantime, this Advisory serves to notify members that their medical records may now be retained as electronic files in place of the appropriately scanned paper originals, which may be destroyed if the stated conditions have been met.

ADVISORY to MEMBERS

Council revises interpretation of scanned documents
The CPD Portal is a new internet-based tool supporting Ontario veterinarians as they plan, document, and reflect upon their annual continuing professional development. The Portal was developed thanks to a group of volunteer veterinarians who tested its components and suggested improvements during the last CPD Cycle.

All members know a completed CPD Summary Sheet must be submitted with their annual licence renewals. However, not everyone may be aware the College’s By-Law 41(1) requires veterinarians to document reflection on their activities.

The CPD Practice Profile and Activity Log—which have been provided to members for three years in paper form and electronic files—provided the foundation for a web-based version of the tools. The CPD Portal is the latest tool developed by veterinarians, for veterinarians, to support them in meeting this professional obligation.

Pilot Program Outcome
From January to October 2011, 60 veterinarians participated in a guided pilot program using a beta-version of a CPD Portal, and offered their input on its design and functionality. Three webinars, a summary of aggregate data, and two surveys later, the results are in: the Portal was a resounding success!

Professional Practice Profile
In the Portal, the Profile tool has been blended with the CPD Plan tool. Many veterinarians in the 2010 Paper Pilot program indicated the Plan was not as useful to them as the identification of CPD opportunities and learning objectives right on the Profile.

To Login the first time:
- Go to www.cvo.org
- Click on the Portal Icon
- Enter the following information:
  - Username - this is the email address on file with the CVO
  - Password - your last name (lowercase) and four-digit CVO licence # (example: smythe9999)

  (note: change the password after you login for the first time using the Change Password option at the top of the screen)

The importance of these parts in identifying opportunities varied, depending on where the piloters found themselves in their careers. 85% found that answering the section on “Professional Challenges or Services Provided” triggered the identification of CPD opportunities. 100% of participants agreed that the “Scope of Practice” section provided an appropriate means of identifying CPD opportunities for veterinarians, regardless of their practice type.

Once the Profile has been filled in (using drag-and-drop boxes, slider scales, and check boxes), a customized Professional Snapshot is produced with CPD opportunities flagged. Pilot participants found the inclusion of the

Instruction Guide - Look for the CPD Portal icon on the CVO website and click on the Instruction Guide beneath it for information using the Portal. The Portal has proven to be user-friendly, but the Guide should answer any questions you have. If not, contact Karen at ksmythe@cvo.org.
following “starter phrase” helped them to narrow down CPD opportunity topics to a specific, achievable learning objective:

“After engaging in this CPD Activity, I will be better able to …”

On average, Piloteers set 10 learning objectives for themselves, though they indicated 3-5 learning objectives would be realistic for people to set annually.

“Identifying learning objectives guided me when looking for CE opportunities that I may not have considered pursuing without this knowledge. It created a framework for me on what aspects I wanted to focus on the most.

The Profile made me see for myself where I want to improve and let me be more choosy about what I attended or followed up on later.”

~ Piloteer on Goal Setting

Logging and Reflecting

Over 40% of Piloteers found that using the Portal led them to report more CPD hours than they would have otherwise; another 40% thought they were more accurate in their reporting this year than in previous years.

Even more significant was the finding that 85% of the Piloteers found the Portal helped them to meet their learning needs and reflect upon their learning. They found the act of reflection increased the chances of retaining and using new knowledge.

“The Portal makes access to my CPD records easy. Now I log as I go, instead of waiting until the end of the year and trying to remember what events I went to and what topics I really focused on for research—all of which helped me provide the best care that I can to my patients.”

~ Piloteer on Logging

This demonstration of CPD engagement is part of being accountable and transparent to the public—which, after all, is what self-regulation is all about. The Portal now makes doing just that a whole lot easier.

Future Use of the CPD Portal

This Portal may not be for everyone by 98% of piloteers will continue to use it. Submitting CPD Summary Sheets with the click of a button will surely attract those who are moving to paperless records systems and who want a more efficient means of capturing and tracking their efforts to maintain and enhance their performance in practice.

What’s Next?

All licensed members of the CVO have access to the CPD Portal for the 2011-2012 Cycle, and are encouraged to try it out.
2011 VSTEP class marks graduation

The 2011 class of the Veterinary Skills Training and Enhancement Program (VSTEP) marked its graduation with a celebration in Guelph on November 14, 2011. VSTEP is a joint venture of the College of Veterinarians of Ontario, the Ontario Veterinary Medical Association and the Ontario Veterinary College.

The class of 24 students participated in an intensive, four-month program to help them prepare for the North American Veterinary Licensing Examination and the Clinical Proficiency Exam.

The 2011 class is the sixth VSTEP graduating class and has the distinction of being the first class to receive a restricted licence from the College for field placements.

The College recognized internationally trained veterinarians needed clinical experience, particularly surgical experience, and provided a licensing option for VSTEP participants to obtain a short-term restricted licence with immediate supervision for the duration of their field placements.

The College wishes VSTEP graduates continued success as they embark upon their careers in veterinary medicine.

"... For most of us, VSTEP was a milestone. VSTEP offered us a shortcut to develop our confidence, and it gave us the tools to deal with the obstacles we find in the complex and hard task of getting our licences in Canada.

Most of us have chosen Canada because of our children - for them to have more opportunities in the future. What some of us realized is that WE can also have better opportunities in this country. VSTEP is part of that.

Now, and I can only say this for myself, it has not just given me the technical tools and developed some of my skills, VSTEP and all of my colleagues made me feel part of something. This experience put me back on track and gave me the gas to keep going...”

~ Sara Faraci, 2011 VSTEP graduating class

Ontario Narcotics Strategy

Revised prescription policy does not apply to veterinarians

The provincial government recently implemented new rules for prescribers regarding narcotics prescriptions, which require the prescriber to obtain and note patient identification on the prescription, and the pharmacist to see the same identification before filling the prescription.

Question: Are veterinary prescriptions subject to the new requirements?

Answer: No. Prescriptions of monitored drugs for veterinary use are not subject to the new requirements.

A fact sheet providing information on the new rules can be found at:


Reminder

Incorporation & Accreditation

If you are planning to incorporate by December 31, 2011, please ensure a new professional corporation name application is submitted to the CVO early in December to allow for processing time before the office closes on December 23, 2011.

A certificate of authorization is valid for a period of three years from its date of issue.

Professional Incorporation by the buyer and seller of a practice does not replace the facility accreditation process. The certificate of accreditation for the facility expires when the facility is sold. The new owner must arrange beforehand to have the facility re-inspected immediately. Contact Aneeta Bharji at the CVO if you are planning to buy/sell.
CVO Staff News

Retirement of Karen Gamble

The College’s longtime Administrator of Registration and Incorporation, Karen Gamble, is retiring at the end of 2011.

Karen has been with the CVO for 26 years. During that time she has been a part of a variety of the College’s departments. As Administrator for Registration and Incorporation, Karen is often the first person veterinarians meet when they contact the College for information on licensing to practise veterinary medicine in Ontario. Karen’s knowledge of the College and the membership, and her friendly nature, will be missed by her colleagues and the CVO membership.

The College wishes Karen an enjoyable retirement!

CVO Welcomes Registration Administrator and Administrative Assistant

The CVO is pleased to announce Ashley Coles and Preethi Tyagi have joined the staff of the College.

Ashley Coles
Ashley provides general office support for the program coordinators and assists with office reception. Ashley also processes the applications for professional corporation names, issues the certificates of authorization and maintains the professional corporation database. Prior to joining the CVO, Ashley worked at Alltech Canada and Guelph Animal Hospital. Originally from Newfoundland and Labrador, Ashley enjoys outdoor activities and loves spending time with her dogs and cats.

Pree Tyagi
Pree is the CVO’s Registration Administrator and as staff support for the Registration Committee. Pree handles inquiries regarding licence requirements and the registration process. Pree liaises with new graduates, veterinarians who are not licensed in Ontario, veterinary schools and other licensing bodies. She also manages the registration database which is used for the register, directory, mailing labels and statistical information, and she processes the annual renewals.
Rabies Vaccination Exemption

**Question:** I know that rabies vaccination is required by law in Ontario, but what provision is made for animals which have had a vaccine reaction?

**Answer:**

It is a legal requirement under the *Health Protection and Promotion Act* to have pets vaccinated against rabies. However, an exemption may be granted if a veterinarian provides a statement explaining why the animal cannot be immunized and the animal is not in an environment where it could be exposed to rabies.

The Rabies Immunization regulations to the *Health Protection and Promotion Act*, found at [http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900567_e.htm](http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900567_e.htm), has the following exemption:

8. (1) The owner or person having the care and custody of an animal that is in or has a physical condition that precludes the safe immunization or reimmunization of the animal against rabies is exempt from the requirement of this Regulation where,

(a) a statement of exemption is issued by a veterinarian with respect to the animal that sets out the reason why the animal cannot be immunized or reimmunized; and

(b) the animal is controlled in such a manner as to preclude its being exposed to rabies. R.R.O. 1990, Reg. 567, s. 8 (1).

(2) An owner or person referred to in subsection (1) continues to be exempt from the requirements of this Regulation so long as the animal cannot be immunized or reimmunized. R.R.O. 1990, Reg. 567, s. 8 (2).

Working with Animal Rescue Groups

**Question:** The September, 2011 issue of *Update* contained a Mutual Acknowledgement and Undertaking, as well as a letter from a member outlining his dealings with an animal rescue group, which unfortunately put him in contravention of the legislation. Are we not supposed to provide services to animal rescue groups?

The problems associated with pet overpopulation and feral cats are causes that interest many veterinarians. However, as illustrated in the September 2011 and December 2010 editions of *Update*, members should be aware of potential problems from this involvement.

In the situation referenced in *Update*, a veterinarian provided spay/neuter services to a feral cat rescue group. The program proved so successful that, unbeknownst to the veterinarian, the rescue group expanded their activities beyond rescuing feral cats, and started offering spay/neuter services to the public, including advertising the service and price, online.

As a result, the veterinarian and the rescue group were both in violation of the *Veterinarians Act*: the rescue group offered veterinary services to the public while not licensed to practice veterinary medicine; and the veterinarian unwittingly assisted the group to engage in the practice of veterinary medicine by not recognizing and asking questions about the fact one person was booking all the surgeries, but different people were presenting the animals on each occasion.

The provision of veterinary services to the public, while not holding a licence, is an offence whether or not the individual performs the service offered. This is called the “corporate practice of veterinary medicine”.

Members can assist rescue groups and practice within expected standards by:

- Developing a contract with the group outlining services you will provide, and to whom.
- Insisting the group only present animals they own.
- Insisting two or three individuals be appointed as contacts with the rescue group.
- Monitoring interactions with the rescue group.
- Making it clear to the group that any activities which are contrary to the Veterinarians Act, or which put you in jeopardy of contravening the Act, will void the agreement.
Wow - this fall has been a whirlwind season for student veterinarians at OVC! Firstly, I would like to personally introduce myself and thank past CVO student representative, Karen O’Keefe, for her remarks in the September Update.

I am a Phase II Emerald Elephant student veterinarian, originally from the small, rural town of Cannington, Ontario. I’m excited to be the liaison between the Ontario Veterinary College and the CVO. I am looking forward to meeting the CVO professionals and to find out what happens in the CVO council meetings.

The first month of the semester is always very busy at OVC and this year is no exception. There are many celebratory activities going on at OVC and in the Guelph community for the 150th anniversary of OVC.

The OVC Fall Faire took place on September 27 and showcased life at OVC over the last 150 years. There were a variety of games, activities and interactive displays that provided fun for everyone! There are many events scheduled for the 150th Anniversary; event dates and details are listed at: http://ovc150.ca/en/.

There is a new addition to the OVC campus this fall where the OVC students will be able to practice large animal medicine in the new Large Animal Clinical Skills building, located beside the dairy cow barn. OVC is proud to be hosting the upcoming 25th SCVMA Symposium.

The symposium brings together students from the five Canadian veterinary schools. The symposium offers clinical presentations, lectures, wet labs and also social events.

The CVO has also been busy with the start of the school year. On September 17, 2011 the CVO was present at the Professional Welcoming Ceremony to welcome the 2015 Scarlett Stags to the veterinary profession. Dr. Cheryl Yuill, a past president of the CVO, addressed the new student veterinarians and offered words of advice and motivation.

The CVO also hosted a “Medical Records Workshop” for the 2014 Emerald Elephants in September. The workshop highlighted the importance of record keeping and the CVO guidelines, requirements and expectations. The class appreciated Dr. Susan Sabatini, Karen Smythe, and Kim Huson who were present to speak with the students and address their questions.

As this fall semester takes off I would like to welcome new students to the profession and wish students, faculty and staff all the best successes this year.

Karen Gamble, Administrator of Registration and Incorporation, presented portfolios to OVC’s new class of student veterinarians at the Professional Welcoming Ceremony.

Melissa Marshman
CVO Student Representative

The Council and staff of the CVO were saddened to learn of the following deaths and extends sincere sympathy to families and friends.

In memory of deceased members, the CVO contributes an annual grant to the Ontario Veterinary College Alumni Trust.

Adourian, Dale (OVC 1967)
Brack, William (OVC 1941)
Flowers, Frank (OVC 1949)
Hunter, Bruce (WCVM 1974)
Axelson, Dean (OVC 1960)
Cormack, Raymond (OVC 1949)
Hare, John G. (OVC 1956)
McGarragle, Terry (OVC 1977)
CVO processes support veterinarians

Like most regulators of professions, the College of Veterinarians of Ontario is required to take action when it has reason to believe that a member may have an illness that impairs his or her professional judgment (e.g., a substance abuse addiction, certain significant mental illnesses). The Veterinarians Act sets out a formal process for taking regulatory action that includes a compulsory medical examination and a hearing to determine if a member’s licence needs to be restricted to protect the public. However, in recent years the College has worked with external consultants to offer a medical, rather than a legal, approach to members who may have this type of illness. This article describes how this alternative approach to supporting potentially impaired members operates.

The College diverts many impairment concerns, particularly those relating to substance abuse, to the Professionals Health Program (PHP) and only uses the statutory process where necessary.

• when the College is provided with information suggesting that a member is impaired and a risk to the public, preliminary inquiries are made in order to determine the extent of the concern
• where the evidence warrants, the College (often through the Registrar) will contact the member to arrange a time to meet in order to discuss the concerns which were raised
• the College is fully mindful of the sensitive nature of the issues, and does its utmost to ensure the member’s privacy
• at the meeting, the member is advised of the College’s concerns and given an opportunity to respond
• the member is properly advised of the authority of the College with respect to section 33 of the Veterinarians Act (Board of Inquiry) and informed of the option of being assessed through the PHP
  • members usually take the opportunity for the voluntary assessment and the matter is resolved confidentially at this stage
  • if a member elects not to have an assessment, the College is obliged by law to consider more formal steps under the Act which, depending on the case, could involve the appointment of a Board of Inquiry
• mindful that the College’s primary mandate is the public interest, while also understanding and being empathetic to the individual member’s health issues, if there is a concern of imminent harm to the public, the College may propose a Mutual Acknowledgement and Undertaking to the member which may cover the following points:
  • the member voluntarily agrees to cease practice until the results of the assessment are known, after which time the member will often be required to cease practice as part of the treatment regime through PHP;
  • the process is voluntary and the member is always given an opportunity to seek legal advice with respect to signing the document; and
  • the member may choose to waive such opportunity for legal advice.

There are variations to the alternative process that may occur. For example, some members may refer themselves to PHP before the College becomes aware of any concerns or before the preliminary inquiries have been completed. In addition, even after a formal process has begun, (e.g., a Board of Inquiry is underway), a member may agree to go to PHP at which point the College will often put the formal process in abeyance.

For the past nine years, the College, in partnership with the Ontario Veterinary Medical Association, has provided the PHP for members. Anyone with questions on the PHP process should contact the CVO’s Acting Registrar.
COMPLAINT SUMMARY
A 14-year-old male, neutered cat was brought to the member as the cat was sneezing and barely eating. The cat was examined and radiographs were taken of the cat’s chest. The client was told the cat had an enlarged heart and was treated with Lasix (a diuretic) and Amoxicillin (an antibiotic).

The client subsequently moved out of the province and the cat was seen by another veterinarian who advised a general anaesthetic was needed to perform radiographs of the cat’s cranium. However, the veterinarian was reluctant to perform a general anaesthetic if the cat had a heart condition.

The client attempted to have the member send the cat’s radiographs to the new veterinarian. The member was not able to scan the radiographs as the scanner was not working and said the radiographs could not be mailed out of town.

ALLEGATIONS
The client alleged the member inappropriately refused to make the cat’s x-rays available to the client’s new veterinarian when they were required and requested to rule out a suspected heart condition prior to giving the cat an anaesthetic.

DECISION
The Complaints Committee panel decided the nature of the allegations made against the member did not warrant a Discipline hearing.

The Complaints Committee panel advised the member of the concerns regarding the importance of making radiographs available as part of the medical history.

REASONS FOR DECISION
- The committee was of the opinion the member was uncooperative for not forwarding the radiographs to the client or the new veterinarian.
- Veterinarians frequently mail or courier radiographs for the purpose of receiving a second opinion or consulting with other veterinarians. This is a common and acceptable practice and is required for the continuity of care of the animal. The committee did not accept the member’s concern that the radiographs might get lost.
- The College of Veterinarians of Ontario is clear in the Position Statement regarding the transfer of medical records and in Ontario Regulation 1093, Part II, Practice Standards, Sec 17 (1),

  For the purposes of the Act, professional misconduct includes the following:

  5. Failing to provide within a reasonable time and without cause any certificate or report requested by a client or his agent in respect to an examination or treatment performed by the member.

- The Committee had concerns regarding the member’s disregard of these standards and position statements. The continuity of coordinated care for the cat was not fulfilled.
- The Committee advised the member to obtain re-education concerning the application of these practice standards and to consider this advice carefully and take the necessary action related to this advice to ensure that such a situation does not recur.

In “Case Studies,” Update presents a summary of the outcomes of complaints, Mutual Acknowledgement and Undertakings, and reported matters investigated by the College that are considered to be public knowledge. “Case Studies” are intended to be informative and educational, giving members the opportunity to review situations that highlight their responsibility to uphold professional standards and the College’s responsibility to respond to issues that come to its attention.

The Complaints Committee considers and investigates complaints made by the public or members of the College regarding the conduct of a member or former member of the College (Veterinarians Act R.S.O. 1990, Chapter V.3). The Complaints Committee is composed of up to nine members of the College (all of whom are practising veterinarians) and one non-veterinarian appointed to the Council of the College by the provincial government.
Summary of Discipline Committee Hearing

Dr. James Holmes

ALLEGATIONS OF PROFESSIONAL MISCONDUCT

- failed to obtain informed consent of the client
- failed to take post-operative x-rays following attempt at external reduction of the fracture
- failed to advise client of need to monitor dog frequently
- failed to adequately advise client of proper home care
- failed to maintain proper records

BRIEF SUMMARY

- A nine-month-old Chihuahua was examined by the member after sustaining a fracture to the radius and ulna from jumping off the couch at home. The member externally reduced the fracture and applied a cast, bandage and splint. The dog was discharged that day.
- The dog returned to the clinic three weeks later and was treated for chafing from the bandage.
- Two weeks later, the dog was returned for x-rays which revealed the bones were not aligned. The client agreed the cast would be left on for an additional 6-8 eight weeks. The member treated the dog’s sores.
- The member saw the dog two weeks later as the sores had worsened. The member replaced the splint with a smaller one, treated the sores and bandaged the dog’s paw. The member advised the client to change the bandage twice daily and to bring the dog back in two weeks or sooner if there were concerns.
- The client changed the bandage that evening and the sores had worsened - the paw was swollen and the sores were discoloured and oozing pus.
- The client called the clinic four days later to report the sores had worsened and the paw was swollen. The member was reached and prescribed Fuciderm cream.
- The client took the dog to a different clinic four days later. The dog’s leg was amputated and she made an uneventful recovery.

DECISION

The member pleaded guilty and was found guilty with respect to the allegations. The College and the member had negotiated an Agreed Statement of Facts, including an admission of professional misconduct.

PENALTY

- Reprimand
- Suspension of the member’s licence to practice veterinary medicine for two months. One month would be remitted if the member completed a research paper addressing the findings of professional misconduct, particularly the need for informed consent to treatment, proper post-operative management in similar cases and appropriate client communication strategies and the other month shall be remitted if the member completes a medical records course or workshop.
- The Member will pay costs to the College of $2,000.
- Pursuant to legislation, this matter is published including the Member’s name.

PANEL’S REASONING

- The member should have adequately conveyed to the client the risks associated with a fracture repair using external reduction and obtained the client’s informed consent for the procedure.
- The member failed to take post-operative radiographs to evaluate whether adequate reduction was achieved and to assess fracture healing.
- The member failed to advise the client the dog’s condition could warrant daily veterinary monitoring. A common protocol is for the animal to be rechecked every 1-2 weeks provided the splint is properly placed and the animal is comfortable.
- The member failed to provide adequate advice to the client concerning home care for the dog which ultimately resulted in avascular necrosis.
- The member failed to maintain proper medical records, including two occasions where multiple entries were made by separate staff members detailing the same treatment.

Discipline Hearings: The Veterinarians Act, section 31.-(1) states, “where the Discipline Committee finds a member or former member of the College guilty of professional misconduct or serious neglect, the registrar shall publish the findings ...” The name of the members may be included depending on the decision of the Discipline Committee panel. Information identifying witnesses/clients is always removed.
Summary of Discipline Committee Hearing

Dr. Shawn Tucker

ALLEGATIONS OF PROFESSIONAL MISCONDUCT

- failed to maintain the standards of practice of the profession
- failed to fulfil the terms of an agreement
- failed to make or retain proper records

BRIEF SUMMARY

A Giant Schnauzer was examined concerning a possible tumour in the right front paw. The dog had a history of two prior toe amputations due to squamous cell carcinoma. X-rays showed abnormalities consistent with squamous cell carcinoma in the second digit of the right front paw.

Rather than amputating the second digit on the right front paw, the member removed the fifth digit without obtaining the owner’s informed consent.

The member said he removed the second digit on the dog’s left rear paw seven months earlier as it appeared to be the diseased digit during surgery, although a radiology report indicated changes consistent with squamous cell carcinoma on the fourth digit of the left rear paw.

The member said he believed he could decide which digit to amputate during surgery, not on the basis of only the pre-surgical x-ray findings.

The member failed to obtain the owner’s informed consent to amputate the second digit on the dog’s paw for the earlier surgery.

The member failed to document discussions with the owner with respect to the earlier surgery.

DECISION

The member pleaded guilty and was found guilty with respect to the allegations. The College and the member had negotiated an Agreed Statement of Facts, including an admission of professional misconduct.

PENALTY

- Reprimand
- Suspension of the member’s licence to practice veterinary medicine for three months. One month would be remitted if the member completed a research paper addressing the findings of professional misconduct, particularly the need for informed consent to treatment, proper post-operative management in similar cases including the need for post-operative x-rays and histology investigations and one month shall be remitted if the member completes a medical records course or workshop.
- There will be unannounced, random audits of member’s medical records for one year.
- The Member will pay costs to the College of $3,000.
- Pursuant to legislation, this matter is published including the Member’s name.

PANEL’S REASONING

- There was no dispute the member removed the second digit of the left rear paw despite radiology report indicating the fourth digit showed signs of malignancy. With regard to this initial amputation, the Panel concluded most veterinarians would recommend amputation of the fourth digit of the left rear paw which the radiologist identified as having bone destruction. The decision to leave that digit intact would warrant detailed documentation of clinical criteria and documentation of pre-surgical discussions with the client concerning associated risks.
- The Member should have obtained the client’s consent prior to amputating a digit other than the one identified in x-rays as requiring amputation. The member should have interrupted the procedure to call the client, or directed a staff person to call, to explain the decision and obtain authorization.
- Consent form should have specified which toe of which paw was to be amputated.
- Fulfilling the terms of an agreement with a client is part of the expected conduct which defines a veterinarian as a professional. A client authorizes surgical procedure based on the information provided by the veterinarian.
- Medical records should have included detailed documentation of intra-surgical findings or particulars which prompted the member to amputate a different digit on two occasions.
- The member should have documented professional advice given to client verbally.
- The member failed to obtain client’s informed consent to surgery and fulfil the terms of the agreement.
- The member failed to maintain required medical records concerning consent to surgery for both procedures and documentation of communication with client regarding the initial surgery.
Dr. Blaine Kennedy

As presented in the September 2009 edition of Update, the Discipline Committee found the member guilty of a number of grounds of professional misconduct under the Veterinarians Act arising out of purchasing and dispensing various drugs inappropriately. The Summary of Findings also appeared in Update.

The Discipline Committee found the member had purchased drugs from someone he knew or should have known was not legally authorized to sell drugs and that the member had administered, dispensed and distributed drugs which were unlabeled or inappropriately or inadequately labeled and of questionable or no therapeutic value. The member also had his licence to practice revoked under the Racing Commission Act. Further, the member failed to keep proper records of the transactions relating to the noted drugs.

The member appealed the Discipline Committee’s decision to the Divisional Court. The fact that the member appealed the decision prevented publication of the penalty (although not publication of the findings).

The Divisional Court subsequently dismissed the member’s appeal as to both the Committee’s findings and penalty on October 29, 2010. The member then brought a motion for leave to appeal the Divisional Court’s decision, and the Court of Appeal for Ontario dismissed the member’s motion on June 6, 2011. Until the final appeals were disposed of, publication of the penalty was prohibited by the Veterinarians Act.

DISCIPLINE COMMITTEE DECISION
Member was found guilty of professional misconduct.

DISCIPLINE COMMITTEE PENALTY

Written reprimand.

Suspension of the member’s licence to practice veterinary medicine for two years.

For three years following the suspension and return to practice, the member’s licence is subject to conditions and limitations:

- The member must practice under the indirect supervision of another member (“the Supervisor”).
- The Supervisor shall provide the Registrar with written, quarterly reports on the member’s conduct as a veterinarian.
- The member shall practice as the Supervisor’s associate or employee.
- The member’s privileges to prescribe, dispense and administer drugs shall be limited to drugs approved, ordered, obtained and owned by the Supervisor.
- The Supervisor shall have face-to-face communication with the member at least once per day, and the Supervisor must be accessible on the days the member practices veterinary medicine.
- The members pays costs to the College’s costs of $25,000.

Pursuant to legislation, this matter is published including the member’s name.

PANEL’S REASONING

The Panel decided on a two-year suspension because:

- The member had previously been suspended by the College for 15 months due to drug-related misconduct.
- The findings of professional misconduct by “procuring drugs from an unlicensed and unreliable source” and “obtaining, possessing and making available unlabeled or inappropriately labeled drugs” are extremely serious and warrants a substantial suspension.
- The previous monitor of the member’s practice stated that “in his opinion Dr. Kennedy had cleaned up his act”. The Panel accepted that the member could be rehabilitated under supervision and therefore did not order revocation of his licence.
- A similar case resulted in an eight-month suspension.
- No evidence was given that the member had brought harm or injury to any of the animals he treated.

continued on the next page
The Committee decided that, for a period of three years following his return to practice, his licence should subject to conditions and limitations and he should not be allowed to practice veterinary medicine without the indirect supervision of another member approved by the College because:

- In a Mutual Acknowledgement and Undertaking between the College and the member dated April 11, 1997, he disclosed that he dispensed anabolic steroids to a client, without maintaining sufficient records and without establishing a proper Veterinarian/Client/Patient Relationship and dispensed these products without proper labeling.
- On May 23, 2003, the member pleaded guilty to allegations of professional misconduct and was suspended for 15 months.
- On May 1, 2007, a seven-year suspension and a fine of $25,000 were imposed on the member by the Ontario Racing Commission.
- The situations above involved obtaining, possessing and/or dispensing of drugs contrary to Regulation 1093 of the Veterinarians Act.

The College requested costs of $50,000 be levied; the defense asked that costs not exceed $3,000; the costs imposed by the Discipline Committee in a previous case involving another member. The Panel ordered the member to pay costs of $25,000 because:

- In the previous matter, Dr. X admitted responsibility, was remorseful, pleaded guilty and cooperated fully with the College; in this matter the member was uncooperative during the investigation and hearing and did not provide information requested by the College and the investigator. The member strenuously defended the proceedings, which he was entitled to do; however in doing so he accepted the risk of an adverse award of costs if unsuccessful.
- The member had been fined $25,000 by the Ontario Racing Commission.
- The member is providing support to two children from a previous marriage and provides support to his current wife and child. Consequently, the Panel felt the $50,000 requested by College could impose a hardship on the member’s family and therefore costs of $25,000 were thought to be appropriate.

The panel ordered a written reprimand because of the seriousness of the offense.

Pursuant to legislation, this matter is published, including the member’s name.

DIVISIONAL COURT’S DECISION

The appeal was dismissed.

DIVISIONAL COURT’S REASONING

The Court examined whether the Discipline Committee properly articulated why it did not believe the member’s evidence where it conflicted with the evidence from the College’s witnesses. The Committee set out 12 questions regarding factual issues that were relevant to determining whether the member was guilty of five acts of professional misconduct. Then the Committee set out the evidence it relied upon in answering affirmatively to each question. The Court determined the reasons given for each of these findings satisfied the test for appellate review.

The Court accepted the College Counsel’s submission of the inconsistency between the member’s evidence at Committee and the evidence given by the member to the Ontario Racing Commission concerning the purchase of drugs from Mr. X. As that inconsistency was the heart of the case before the College, the Court indicated there was no reason for further detail of the inconsistency.

The Court determined that the Discipline Committee performed an adequate analysis of the evidence to support its credibility finding.

In his argument before the Court, the member’s counsel agreed with the Court that the decision from the Ontario Racing Commission was relevant to the charge under the Veterinarians Act. The Court concluded there was no suggestion, apart from being used to impeach the member, that the decision of the Ontario Racing Commission played any part in the findings of the Committee.

In relation to the objection that hearsay evidence concerned part of the investigation carried out by one of the investigators, the Court noted the panel did not refer to any hearsay evidence emanating from that investigator in its reasons for decision.

The Court did not find any error in principle made by the Discipline Committee in the penalty imposed. The Court said the penalty imposed by the Discipline Committee is a matter within the Committee’s expertise and mandate.
The College welcomed the following new registrants between August 13, 2011 and November 21, 2011. Licence types are as follows: G=General GNR=General Non Resident E=Educational R=Restricted A=Academic PGR=Postgraduate and Resident Licence PS=Public Service

<table>
<thead>
<tr>
<th>Name</th>
<th>Licence Type</th>
<th>Name</th>
<th>Licence Type</th>
<th>Name</th>
<th>Licence Type</th>
<th>Name</th>
<th>Licence Type</th>
<th>Name</th>
<th>Licence Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Ryan Aguanno</td>
<td>G</td>
<td>Dr. John Graham</td>
<td>G</td>
<td>Dr. Biliana Obucina</td>
<td>G</td>
<td>Dr. Bronwyn Rutland</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Derek Beduhn</td>
<td>G</td>
<td>Dr. Alison Green</td>
<td>G</td>
<td>Dr. Terri Ollivett</td>
<td>PGR</td>
<td>Dr. Elizabeth Scholtz</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Karlyn Bland</td>
<td>E</td>
<td>Dr. Angie Hill</td>
<td>G</td>
<td>Dr. Nicole Organ-Goldie</td>
<td>G</td>
<td>Dr. Manjit Simk</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Sukhpal Deol</td>
<td>G</td>
<td>Dr. AeRi Ji</td>
<td>E</td>
<td>Dr. Greg Parks</td>
<td>G</td>
<td>Dr. Maggregor Spinks</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Jamie Drooker</td>
<td>E</td>
<td>Dr. Natalie Jones</td>
<td>G</td>
<td>Dr. Christopher Pinelli</td>
<td>G</td>
<td>Dr. Kate Stephenson</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Baha Elshikh</td>
<td>G</td>
<td>Dr. Kristin Joudrey</td>
<td>G</td>
<td>Dr. Suzanne Plamondon</td>
<td>G</td>
<td>Dr. Sabrina Thomas</td>
<td>PGR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Scott Gardiner</td>
<td>G</td>
<td>Dr. Andrea Kelly</td>
<td>G</td>
<td>Dr. Maya Popovic</td>
<td>G</td>
<td>Dr. Ashley Weisel</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Farhad Ghasemi</td>
<td>G</td>
<td>Dr. Noelle McNabb</td>
<td>G</td>
<td>Dr. Genevie Remmers</td>
<td>G</td>
<td>Dr. Jasmine Wolcott</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Jessica Gonzalez</td>
<td>G</td>
<td>Dr. Anthony Mutsaers</td>
<td>G</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following veterinarians are no longer licensed in Ontario:

<table>
<thead>
<tr>
<th>Name</th>
<th>Licence Type</th>
<th>Name</th>
<th>Licence Type</th>
<th>Name</th>
<th>Licence Type</th>
<th>Name</th>
<th>Licence Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. David Fowler</td>
<td></td>
<td>Dr. Jean-Sebastien Palerme</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

New and closed corporations:

**New Corporations**
- Alta Vista Animal Hospital Professional Corporation
- Bloor East Veterinary Professional Corporation
- C. Nielson Veterinary Professional Corporation
- Cobblestone Animal Hospital Professional Corporation
- David Hoffman Professional Corporation
- Dayed Bala Veterinary Professional Corporation
- Dr. Devon Boyd Veterinary Surgery Professional Corporation
- Dr. Mankarious Veterinary Professional Corporation
- Dr. Paul Tummon Veterinary Professional Corporation
- Dr. Ron Herron Veterinary Professional Corporation
- Fulop Veterinary Professional Corporation
- George Wood DVM Professional Corporation
- Huntington Animal Hospital Professional Corporation
- Keith Simpson Veterinary Professional Corporation
- King Road Animal Hospital Professional Corporation
- Kirkham Veterinary Professional Corporation
- London Cat Clinic Professional Corporation
- London Veterinary Surgery and Rehabilitation Professional Corporation
- Lynn Morgan Veterinary Professional Corporation

**Closed Corporations**
- Michael Goldstein DVM Professional Corporation
- Oakville-Mississauga Vet House Call Professional Corporation
- Richmond Hill Animal Hospital Professional Corporation
- Singh Veterinary Professional Corporation
- Varma & Long Veterinary Professional Corporation
- Wonderland Animal Hospital Professional Corporation

**New Facilities**
- Broadway Animal Hospital, Orangeville
- Centrepointe Animal Hospital, Ottawa
- Cobblestone Animal Hospital, Paris
- Downtown Toronto Cat Clinic, Toronto
- Dr. Radchuk Mobile Veterinary Services, Richmond Hill
- Dundas Dovercourt Veterinary Hospital, Toronto
- Erin Folk Animal Hospital, Mississauga
- Junction West Animal Hospital, Toronto
- Lakeside Veterinary Office, New Liskeard
- Lee Mobile Veterinary Services, St. George
- Lincoln County Humane Society Animal Clinic, St. Catharines
- Morningstar Pet Hospital, Whitby
- Oakville-Mississauga Veterinary House Call Services, Oakville
- Roseland Animal Hospital, Windsor
- St. David’s Veterinary Clinic, St. David’s

**Relocated Facilities**
- Summerlyn Pet Hospital, Bradford
- Windsor/Essex County Humane Society Veterinary Clinic

**Closed Facilities**
- Dr. Greener’s Mobile Veterinary Services
- Dr. J.R. Gordon Mobile Veterinary Services
- Dr. Milford Wain, Wain Veterinary Services
- Dr. Ross H. Gibson Veterinary Hospital
- Glenn T. Johnston Mobile Equine Services
- Toronto Animal Services West Region Spay - Neuter Clinic