Update has always been a service that the College provides to its members to support their own professional development. With articles of interest to practitioners, guideline explanations, informative summaries of complaints and discipline cases, and answers to frequent questions, Update is an important component of the CVO’s Quality Assurance Program.

In addition, Update is a key communications tool that we use to share important information on topics of interest with our members. We think the reorganization of subject matter you may have noticed on the contents listing, at left, will make it more “user friendly.” Our headings now group articles together, making it easier to navigate through the issue or to look up a practice-related item later on that you remember having read.

All programs need to be assessed on a regular basis in order to ensure they are functioning effectively and are brought up-to-date as necessary. For this installment of Dialogue, I invite readers to consider the CVO’s member services currently offered, including Update.

As well, in this issue of Update, check out our new “Quality Assurance” section, where you’ll find an article offering an overview of CVO’s current QA Program, as well as some comments about its future direction.

We would like to know your thoughts on the quality of the services we provide to the membership, and to hear if you have suggestions for other relevant services that would be beneficial to you. Write to us at: dialogue@cvo.org or call 1-800-424-2856 ext. 2237 to share your ideas.
I am pleased to bring you some College news and note some of the activities that have taken place since my last report in Update.

Networking. During the past few months I have represented the College at a variety of conferences, including the annual Canadian Animal Health Institute in Niagara-on-the-Lake and the Canadian Veterinary Medical Association Convention held in Ottawa. The Registrar and I also attended meetings with the Ontario Association of Veterinary Technicians, which continues to work towards self-regulation. Participation in these and other events provides an important forum for the exchange of ideas and information among colleagues and other professionals. Similarly the Executive Committee continues to liaise with the OVMA, so that matters of mutual interest and concern are discussed and resolutions considered. The CVO was represented at OVMA’s open house and ribbon-cutting ceremony for their new office complex in June by myself, the Registrar, and Karen Smythe.

Staff Initiatives. As announced in June’s Update, Ms. Karen Smythe recently joined the staff as the Policy and Quality Assurance Program Manager. Karen is conducting a policy inventory and will work with staff to research and draft new and/or revised policies (including guidelines and position statements) for Council’s consideration. In keeping with established policy-formulation protocols, the membership will be given the opportunity to comment on all such documents at least once before approval by Council. I encourage you to visit the CVO website, where all current position statements and guidelines can be found (www.cvo.org).

Karen has also begun to work with the Quality Assurance Committee on an updated plan for presentation to Council this fall. Quality Assurance is a key result area in the CVO’s strategic plan, and the College is moving forward with its business plan in this regard. See page 10 of this issue for the inaugural article on Quality Assurance Matters.

Council Changes. The College is pleased to welcome CVO’s new student representative on Council, Ms. Jessica Swan. Jessica is in her second-year of the DVM program, and she will represent OVC students and serve as an “observer” at Council meetings. She will work alongside the OVC faculty and staff to create new ways for CVO-OVC integration and keep students up-to-date on the latest regulatory issues. The Council would like to thank the exiting student representative, Ms. Tanya Fournier, for her hard work over the past two years as CVO’s first student representative.

The College anticipates an exciting time this October as Council elections will be held in five constituencies. We look forward to a high level of participation in this important process.

I would like to thank councillors for their support, staff for their continued hard work and dedication, and you, the membership, for your ongoing participation in the business of your College.
Policy Reviews

The following documents were approved or amended and approved by Council:

- In **Title 8** of the *Minimum Standards for Veterinary Facilities in Ontario*, clauses 4.6.10 and 4.6.12 were removed and clause 10.2 was amended as follows (strike-through notations indicate deletion):

  > If necropsies are done in the facility, the following is readily available in the facility:
  > 1. sufficient equipment to perform a necropsy; and
  > 2. containers of formalin.

- The position statement, **“Release of Medical Information”**, was approved (enclosed in this issue of *Update*).

- The position statement, **“Granting Exemptions for the Self-Contained Requirement for Veterinary Facilities”**, was approved (enclosed in this issue of *Update*).

The following document was approved in principle but will be returned to Council for further review:

- The draft position statement, **“General Principles for Delegation.”** Staff were directed to circulate to affected shareholders for consideration.

The following documents were reviewed and will be returned to Council:

- The draft position statement, **“Compounding of Veterinary Drugs,”** was discussed and returned to staff for reorganization and formatting.

- The position statement, **“Animal Rehabilitation in Veterinary Practice”** (approved by Council in September 2005). Staff were directed to re-circulate for comment as per the policy-review schedule for this document.

Presentations

- Dr. Deb Stark, Assistant Deputy Minister and Chief Veterinarian of Ontario (Ontario Ministry of Agriculture, Food and Rural Affairs) spoke to Council about current issues.

- Dr. Mark Spiegle, CVO representative to the National Examining Board, outlined changes in examination requirements that will affect graduates from non-accredited schools, including a new Basic and Clinical Sciences Examination.

Reports

- Both the President and the Registrar provided oral reports to Council.

- The VSTEP Steering Committee reported that VSTEP would like to pursue incorporation; Council approved the request in principle.

- The Working Group reviewing the Minimum Standards for Companion Animal Hospitals put forth nominations for members interested in participating. Council approved these and appointed Dr. Aaryn Clark, Dr. Glen Collard, Dr. Mary DeCaire, and Dr. Deji Odetoynbo to the working group.

- A financial report was submitted for information purposes.
Public Member Appointed to Council

The CVO is pleased to advise that Ms. Lynn Patry has been appointed by the Lieutenant Governor of Ontario to serve on the Council of the College of Veterinarians of Ontario for a three-year term.

In 2001, Lynn received her MBA from Dalhousie University. She was made a Fellow of the Institute of Canadian Bankers (FICB) in 1999, and of the Chartered Insurance Professionals (FCIP) in 1997; she earned the Canadian Risk Management (CRM) designation in 1994.

Lynn worked for many years as a risk-management professional with extensive experience in the identification and assessment of operational risk.

In addition to her CVO Council responsibilities, Lynn will serve on the Discipline Committee.

The Council and staff of the CVO welcome Lynn to her new duties.

College of Veterinarians of Ontario Award

Dr. Mark Spiegle, CVO past president (2002-2003), presented Elizabeth Courtney, OVC 2007, with the College of Veterinarians of Ontario Award on June 13.

The CVO Award is given to a final-year student who has been active and shown leadership in college or university affairs. The recipient is selected by a vote of the class.

Congratulations Elizabeth!
The CVO decided three years ago to build an ongoing relationship with and stronger connection to veterinary students. There have been positive changes, such as the inclusion of an OVC student representative on Council. This summer the CVO hired me—a current DVM student—to work with the staff and to learn how the College works in its capacity of regulator for the profession. With the summer nearing its end, I can assure you that the CVO has not only made an everlasting impression on me, but it has also unveiled an area of the veterinary profession that I intend to share with my colleagues.

Throughout the summer, the staff of the CVO were not only kind and helpful, but proved to be endless sources of knowledge. During the first few weeks my questions were too numerous to count, but with every answer the workings of the CVO became clearer. I was provided with many opportunities to see this regulatory body, and the individuals who make it run so smoothly, hard at work.

As we all know, veterinary medicine is constantly evolving; therefore the CVO must also continually evolve to ensure regulations, guidelines and policies reflect the current standards within the profession. Having the chance to participate in the revision of related documents has taught me the value and importance of precise wording and clear definitions.

While learning about the complaints process, I saw that clear and concise communication is not only an indispensable skill when formulating regulations, guidelines, and position statements, but that it is also essential for a successful veterinary-client-patient relationship.

Although the CVO is in place to protect the public interest, I have discovered its usefulness to all members of the veterinary profession as a key source of information regarding all aspects of the profession’s operations.

My expectations regarding my CVO summer position were not only met but surpassed, and I enjoyed the experience well beyond any hopes I had prior to starting. I look forward to sharing my new-found knowledge and interest with my colleagues upon my return to OVC for phase II of the DVM program. I truly wish more students could be as fortunate as I was in having the opportunity to acquire new knowledge and to apply my veterinary skills to a different side of this profession.

My interest in the regulatory aspect of the veterinary profession has been sparked and I look forward to future opportunities both during my studies and beyond to work with the CVO family again.
Annual General Meeting / Members’ Forum

The College of Veterinarians of Ontario is pleased to announce the return of the Members’ Forum.

The Members’ Forum will be held in conjunction with the CVO Annual General Meeting on Thursday, February 7, 2008.

Watch for further information in the next issue of Update and on the CVO website at www.cvo.org.

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Call for Nominations for CVO Public Award

Do you know someone who deserves the CVO Public Award?

This award may be given annually to recognize a citizen for his or her contribution to the veterinary profession and/or animal care or service.

Submit Your Nomination
If you would like to nominate someone for this award, please contact Ms. Christine Simpson for a nomination form or download the form off the CVO website at www.cvo.org.

College of Veterinarians of Ontario
2106 Gordon Street
Guelph, ON  N1L 1G6
Phone: 519-824-5600 / 1-800-424-2856
Fax: 519-824-6497 / 1-888-662-9479
email: csimpson@cvo.org

Nominations are due by November 9, 2007.
Subject: Questions about Dispensing

What is the longest period of time that I can continue to dispense drugs for a client’s animal before I have to conduct a reassessment?

Can I dispense an injectable drug to a client for administration to an animal at home?

Are there any controlled drugs that I cannot dispense to the owner for administration?

Reply: The answer to all of these questions, of course, is “it depends!”

Refills
Section 33(1) of Regulation 1093 sets out the conditions under which a veterinarian can dispense a drug, but nowhere does it contain a reference to time or specify the frequency of assessments over the course of drug therapy. This is left to the judgment of the veterinarian. Each prescribing instance is different, and the veterinarian’s decision about whether or not the animal should be seen before a refill is issued or a new drug dispensed is based on many factors, including:

• the type of problem from which the animal suffers;
• the veterinarian’s relationship with and knowledge of the client;
• the veterinarian’s knowledge of the animal or group of animals;
• where the animals are housed;
• the client’s previous compliance with the veterinarian’s instructions and advice;
• the results of any previous physical examinations or laboratory tests;
• the veterinarian’s availability for intervention in the case of an adverse reaction to the drug or failure of the regimen of therapy; and
• whether or not the drug is still suitable for the animal in question.

Here are some points for members to consider when deciding if a drug should be dispensed:

1. Veterinarians have the privilege of dispensing drugs to their patients; they also have the responsibility of acting in the best interests of their patients. Client convenience is not a valid reason to authorize a refill without seeing the animal. A client does not have the right to demand that a veterinarian dispense any drug for his or her animal.

2. Simply having the person as a client and having seen the animal(s) in question before does not justify the dispensing of the same or a similar drug to that client’s animal(s) for a recurrence of the problem, without conducting an appropriate assessment to re-establish medical need. Need might be established by way of a client interview, or it may be necessary to re-examine the animal, depending on the circumstances.

3. It would be inappropriate to continue to dispense refills of a drug without:

• establishing the effectiveness of the original or subsequent dosages;
• reviewing the case for long-term side-effects;
• considering alternate therapeutic solutions; or
• determining if treatment is no longer needed.

Members should keep in mind, however, that they are responsible for the drugs that they have been granted the authority to dispense, and that they must be prepared to justify their reasons for dispensing them—whether the drug is a new prescription, or a refill.

continued on next page...
Injectable Drugs
There is no particular restriction in the regulations on the type of drug that a member can dispense to a client. The College is often asked if veterinarians can dispense vaccines to breeders, or prescribe injectable drugs (including controlled drugs) for the client to administer on his/her own. The answer to these questions is “yes,” if the veterinarian is confident that
a) all of the requirements of the regulations have been satisfied, and
b) the client has the ability to handle and administer the drug appropriately (in some cases, the veterinarian may need to train the client before dispensing).

Controlled Drugs
While veterinarians are permitted by law to dispense controlled substances (under the Food and Drugs Act, the Controlled Drug and Substances Act, and the Veterinarians Act), the purpose of the prescription must be recorded and standards of practice must be met in this regard. In the case of barbiturates, for example, it would not be appropriate to dispense doses sufficient for the purpose of euthanasia.

In each of the above scenarios, the veterinarian must use his or her best professional judgment to ensure that the drug is dispensed appropriately, after due consideration of all relevant factors—medical, ethical, and legal.

Pets Travelling to Portugal
The College has been informed by the Consulate of Portugal that the original letter of standing to accompany the health certificate for pets travelling to Portugal is no longer required.

Signing Passports
The College would like to remind those members who hold Emeritus Status that the Passport Office will permit only actively licensed professionals to sign new passport applications. Emeritus Status is fully retired status and the Passport Office has advised that it no longer accepts retired professionals as guarantors.

(Note: for changes to the passport renewal process, see www.passportcanada.gc.ca)

AIM FOR EXCELLENCE
The CVO Peer Review of Medical Records Program provides you with peer feedback in a voluntary, proactive environment where you retain control over change.

This free member service program is available to all members either individually or as a practice group. Join the practices that have taken advantage of this opportunity!

For further information please contact Ms. Karen Smythe at ksmythe@cvo.org or phone 1-800-424-2856 extension 2237.
I have an eating disorder (ED).

This is my deep, dark secret. I have hidden it from everyone for the majority of my life. I’ve tried not to be obvious. I’m not skinny. I don’t talk about dieting. I don’t appear obsessed with food or how I look. I do a pretty good job of hiding my issues.

The severity of my bulimia varies with the stress in my life. The more stressful life gets, the more binging and purging results. It goes in waves. I was planning on keeping this secret forever. I rationalized that everyone has something to hide. Life never works out the way you think.

Unbeknownst to me, one of my colleagues suspected that I have food issues. She isn’t my biggest fan. She researched my personal prescriptions at the local pharmacy. She managed to discover that I was writing my own prescriptions. They were for fat-blockers.

Shortly after, I received a letter from the CVO marked personal and confidential. I felt sick holding the envelope. My fellow veterinarian had reported me to the CVO. I was horrified! Not only was I being complained about, but my secret was in jeopardy.

I confided in a good friend who also happens to be a great lawyer. He advised me to come clean. We met with staff at the CVO and painfully explained my situation. To my surprise, their biggest concern was to get me help. The CVO referred me to the Professionals Health Program (PHP).

The PHP expedites finding assistance for health professionals with health issues. Within a month, I met with a PHP psychiatrist who then referred me to an out-patient facility for a complete assessment. I had an appointment at the facility within two weeks. Besides being diagnosed with bulimia, I was also told that I was dysthymic. Dysthymia is a state of being mildly, chronically depressed. Subsequently, I was referred to an ED psychiatrist, a therapist and an ED dietician. The PHP also assigned a case worker to meet with me monthly.

To this date I have been in the program for a year and a half. I am presently on antidepressants and have not purged in over a year. The therapy that I have received has positively affected all aspects of my life. My health has markedly improved, my self-esteem has never been better and I believe that I have more empathy and compassion as a veterinarian.

It has been a long and difficult journey. However, I must thank my meddling colleague for provoking me into getting the help I so desperately needed. The CVO and PHP have saved my life. Without them, I honestly don’t know where I would be today, or if I would even be around.

If you need help or know someone who does, please don’t hesitate to contact the Professionals Health Program. Their confidential toll-free line is: 1-800-851-6606. I’m proof that the PHP works.
Quality Assurance Programs (QAPs) for members of professional associations and colleges have the best of intentions: to enhance and support members’ efforts in delivering high-quality services to their clients. Currently, the CVO offers a variety of QA-related components to its members, and it is now exploring how to make these components part of a wider program package. A formal QA Program would allow for full public recognition of veterinary medicine as a self-regulated profession that promotes high standards of practice.

Self-regulation and QAP
Almost all of the regulated health professions in Ontario have formalized QA programs, which are mandatory as per college-specific regulations under the Regulated Health Professions Act (RHPA). Recent amendments to the RHPA, made in Bill 171, have increased the importance of continuing-education programming offered by colleges. In these professions, “self regulated” means the implementation of self-designed, self-monitored performance reviews of members, both pro-actively (through QA programs) and reactively (via complaints and discipline processes). Public assurance of quality means having transparent and measurable indicators of quality care, with peers measuring and reporting. The expectation of all regulatory colleges—from that of dental hygienists to pharmacists to the one recently proposed for daycare operations—is to ensure an adequate level of skill and knowledge for practitioners on entry to the profession, and to set standards and monitor the maintenance of ongoing competency.

QA pieces available through the CVO
While the CVO does not fall under the RHPA and lacks a QA regulation of its own, the College itself exists for the very purposes of QA: its mission is “to protect the public by regulating and enhancing the veterinary profession in Ontario.” CVO’s stated vision sums up its quality-assurance orientation quite nicely: “Complete public trust through professional excellence.” In essence, the College works in partnership with its members to achieve its shared vision of professional enhancement. To this end, the College offers many QA program elements across its operations, to support its members in their pursuit of excellence. To date these have included:

- Medical Records Workshops
- Accreditation Inspections every 5 years
- Collection of CE Hours reported
- Peer Review of Medical Records program
- Published Position Statements and Guidelines
- Update articles on practice-related subjects

In the next few months, the CVO’s QA Committee will work toward the development of new QA measurement tools and methodologies for the benefit of its members, in order to enhance the public trust enjoyed by the profession.

Tools used in QAPs
In most cases, self-regulated professions have multi-part QAP measurement tools comprising:

1. a peer review of randomly selected member profiles, which contain
   a) a self-assessment of skills/knowledge measured against published standards and the individual’s professional goals, and
   b) an activity log, or professional development profile/portfolio, outlining the activities undertaken in a year and the learning outcomes achieved; and

2. a peer review of randomly selected member practices, consisting of
   a) an on-site visit to the practice facility,
   b) a review of the professional profile,
   c) a review of sample medical records, and
   d) a discussion/information exchange.

continued on next page...
Other tools used by colleges include membership surveys, client and peer-feedback surveys, re-testing of clinical skills, required workshops in jurisprudence, and behaviour-based interviews. Such programs take a substantial amount of time to design, develop, pilot, and implement, and they tend to evolve.

**QA Programs (QAP) vs. Continuing Education (CE)**

A QAP contains educational modules, member-support services, and measurement tools that allow members to self-assess how well they are meeting standards and that allow peers to assess members periodically against the same standards. Continuing education is one kind of activity that is undertaken by professionals, and though it may be part of a QAP it does not constitute a QAP on its own. And while there is no guarantee that taking CE means practitioners are learning or maintaining competency, it is widely accepted that CE activity is an indicator of an appropriate professional dispensation toward lifelong learning. Therefore most regulatory bodies do require a minimum number of CE hours, many with specific breakdowns of maximum hours allowed for content (scientific vs. general or business oriented), category (theoretical vs. practical or hands-on/laboratory), and delivery mode (face-to-face vs. distance).

**What do CVO members say about QA?**

According to the recent Professional Profile survey published in 2006 by HCA Inc., veterinarians in Ontario hold strong beliefs regarding quality assurance issues:

- there is a need for ongoing professional development among veterinary practitioners;
- maintaining complete medical records is an important indicator of QA;
- published and enforced standards are important elements in a QA program;
- random practice inspections would be a valid QA component;
- at least some QA programming should be mandatory for members;
- Continuing Education is an important QA component; and
- most peer-practitioners engage in continuing education each year.

CVO’s statistics support the last point: close to 97% of veterinarians complete the Continuing Education summary section on their annual license renewal form, and more than 75% of members report taking at least 20 hours of CE each year.

Whether or not CE specifics will become part of a QAP, the College—working with its members—would like to develop appropriate means of measuring the professional development activities of veterinarians in Ontario. That way, we will be able to offer statistical evidence to both our members and to the public that the profession does indeed maintain and enhance its collective and individual competencies, as should any self-regulated profession. And you, our members, have let us know that the time has come for this work to begin.

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**Quality Matters, continued...**

We know veterinarians are busy professionals who make ongoing learning a priority. Now we’d like to know how you do this, and what modes of learning you find the most beneficial for ongoing professional development.

**TELL US YOUR PROFESSIONAL DEVELOPMENT STORIES**

- what activity you recently engaged in, why, what you learned from it, and how/if your practice changed because of it.

Photos are welcome too!

Send to: qualitymatters@cvo.org

for consideration in an upcoming issue of Update.
QUALITY ASSURANCE

MEDICAL RECORDS WORKSHOPS

Upcoming Medical Records Workshops for 2007-2008

Medical Records Workshops, with a focus on Companion Animal practice, are scheduled to be held on the dates below at specified locations. The entire practice-care team is invited to attend and participate. We will notify practices in the geographical area of an upcoming workshop, but they are all open to practices from anywhere in the province.

Space is limited, so sign up today!

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<td>Tuesday, October 16</td>
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FEE: None! These workshops are offered free of charge as a member service under the College’s Quality Assurance Program.

TO REGISTER: Please call Ms. Karen Smythe, Quality Assurance Program Manager, at extension 2237 or send an email to ksmythe@cvo.org to pre-register for a workshop.
Reporting on Continuing Education Activity

- In 2006, 75% of CVO members reported taking at least 20 hours of CE
- The average # of CE hours reported by general practitioners was 42
- Most veterinary licensing bodies in Canada require their members to take 20 hours of CE every 2 years

Average CE Hours Reported/Year

Looking for Courses?

For information on Continuing Education opportunities, please go to the Member Services button on the CVO website at www.cvo.org. Click on “Quality Assurance” and select “Continuing Education Listings.” The direct url address is:

http://www.cvo.org/uploadattachments/Continuinged.pdf
Keeping good medical records for all patients and documenting all activities carried out in a practice is a professional necessity—not only on legal grounds (minimum records requirements are spelled out in the Regulations), but on quality-care grounds, as well.

The centrality of record keeping to the practice of veterinary medicine is one reason that the CVO has developed medical records workshops as a service to its members. Systematic medical record-keeping in your practice allows you to account for your services (both for documentation and financial purposes), and also to account for your professional actions, decisions, and judgments. Medical records are the foundation of the quality assurance you provide to your clients.

**The Challenge**

The curriculum at veterinary schools covers medical record-keeping to varying degrees, with a focus on comprehensiveness. Students are taught how to express their thought processes in reaching a diagnosis and to document cases thoroughly, so that professors are able to assess them for their critical and analytical thinking abilities as well as for accuracy, judgment, and communication skills. During their first days in practice, however, new graduates are often struck by the differences between what they’ve been taught to write as students, and what is feasible in practical terms to record in a clinical setting. As veterinarians build and run busy practices, they sometimes find medical record-keeping to be a logistic challenge.

**The Test**

The fundamental test for a good medical record is that it would provide sufficient information to any veterinarian who might take over treatment of the animal. In other words, a peer review of a medical record should enable the provision of continuity of care for the patient. It is a matter of quality assurance.

There are many reasons for maintaining this standard of medical record-keeping. Records are critical to running an efficient practice, to maintaining positive client communication, and to defending one’s professional conduct and judgments. Good record keeping assists practitioners in their diagnostic thinking, as they interpret test results and make decisions about prognoses and appropriate care. Self-reflection should come into play when a veterinarian adds to a patient’s medical record. This is when a record is made and used to best advantage.

**The Making**

Medical records are a compilation of many types of documents, including (but not limited to) lab results, the master problem list, diagnoses, treatment plans, prescriptions, abbreviations, protocols, templates, conversation notations, correspondence, and invoices. When recorded (by hand or electronically) and taken together, the medical record tells a story about the case in question. Medical records should be thought of as specialized histories that include facts, observations, interpretations, and plans.

It might be better to describe this core activity of veterinary practice as record “making” rather than record keeping. Good medical record-keeping is an application of medical skill, not simply an administrative obligation. It is an ongoing part of the veterinarian-client-patient relationship (VCPR), not a cut-and-dried paper-pushing process. Medical records not only contain information pertaining to the client and patient; they are also the account of your life’s work as a veterinarian.
Annual Renewal Forms for 2008
Due on November 30th, 2007

Licence fees and renewals are due on or before **November 30, 2007**. Please notify the CVO office if you do not receive a renewal form/invoice prior to the end of October, 2007.

Please contact Ms. **Karen Gamble**, Registration Coordinator, if you have any questions, at extension 2228 or email **kgamble@cvo.org**.

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OVMA Conference January 31 - February 2, 2008

The Ontario Veterinary Medical Association is holding its annual conference and trade show at the Westin Harbour Castle Hotel in Toronto, Ontario. The conference program will feature concurrent sessions of bovine, equine, small animals and public health, practice management, and hospital personnel. Special registration fees for out-of-province delegates.

For registration information please contact:

**Christine Neziol**, Delegate Coordinator, OVMA
420 Bronte Street South, Suite 205
Milton, Ontario, L9T 0H9
telephone (905) 875-0756, fax (905) 875-0958
email: cneziol@ovma.org

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***NOTE*** The CVO is planning a **Medical Records Workshop** to be held at the Westin Harbour Castle Hotel on Wednesday, January 30, 2008 from 7:00 p.m. - 10:00 p.m.

If you are interested in attending, please pre-register for this session no later than **Thursday, November 29, 2007** by calling the College or sending an email to: **ksmythe@cvo.org**.
In “Case Studies,” we summarize complaints outcomes, Mutual Acknowledgement and Undertakings, and reported matters investigated by the College that are now considered public knowledge. A new regular feature in Update, “Case Studies” is an educational tool that members should find of interest regarding both (a) their responsibility to uphold professional standards, and (b) the College’s responsibility to respond to issues that come to its attention.

Complaints Case

Charging a fee for Medical Records

Ms. A presented her eight-year-old Shih Tzu/Poodle cross to the ABC Animal Hospital due to concerns that she was not eating well. A blood sample was taken and submitted to a diagnostic laboratory. Ms. A attended the ABC Animal Hospital to pick up a copy of the blood test results. The results were not immediately available, so Ms. A requested that the clinic mail the results to her. Ms. A was subsequently informed that there would be a fee of $25.00 for this service, which she believed was excessive.

In the letter of complaint received by the College, Ms. A alleged that the ABC Animal Hospital wanted to financially gouge Ms. A when they informed her that she would have to pay $25.00 for a copy of her dog’s blood work. Ms. A believed that the laboratory report was her property and she should have the right to it without having to pay more to take possession of it.

Reasons for Decision

The Committee reviewed the medical records of the ABC Animal Hospital, as well as written submissions from Dr. X, Ms. A and the hospital manager of the ABC Animal Hospital.

The Committee noted that Dr. X is the director of the ABC Animal Hospital and had no direct involvement in the case.

The medical records showed that Ms. A’s dog was presented to Dr. Y at the ABC Animal Hospital due to inappetance. This was the dog’s first visit to the facility. A blood sample was taken, and submitted to a diagnostic laboratory for a complete blood count and serum biochemistry profile. A copy of the laboratory report indicated that the test results were reported to the ABC Animal Hospital.

The submissions of both parties agree that Ms. A attended the ABC Animal Hospital and requested a copy of the blood test results.

The hospital manager submitted that the receptionist was unable to locate a hard copy of the test results in the client’s file. The receptionist asked Ms. A to wait for ten minutes so she could have the results re-faxed from the laboratory in order that she could provide them to Ms. A; however, Ms. A declined to wait and requested that a copy of the results be mailed to her.

The parties agreed that the hospital manager subsequently called Ms. A and informed her that it is hospital policy that a fee of $25.00 is charged for copying and mailing medical reports/records. According to the hospital manager, it was also conveyed that alternatively, the clinic could relay the test results directly to Ms. A’s other veterinarian. Ms. A subsequently sent the clinic a letter requesting that either the results were to be mailed to her or she wished a refund of the fee amount for the blood tests.

In response to the letter, the hospital manager evidently called Ms. A in an effort to explain the $25.00 charge, but the conversation deteriorated.

In order to ensure an animal’s continuity of care, the efficient and timely transfer of information between veterinarians is essential. Though most of the requests for
medical information generally come from another veterinarian who has assumed the pet’s care, requests for medical information may also originate from the client. Should the client make a request for medical information, the veterinarian is professionally obligated to provide it to him/her.

This is described in subsection 17.(1) (5) of Ontario Regulation 1093 under the *Veterinarians Act*, which specifies that professional misconduct includes “failing to provide within a reasonable time and without cause any certificate or report requested by a client or his or her agent in respect to an examination or treatment performed by the member.” Client requests for information can occur for various reasons. Ms. A indicated that she resided in two different cities so she had undertaken to have all of her dog’s medical records in her possession in order to take them to whichever clinic she chooses. It was with this in mind that she requested a copy of the blood test results from the ABC Animal Hospital.

The Committee believed it was reasonable that Ms. A was informed that there would be a fee to copy and mail the laboratory report. Veterinarians are permitted to charge the client for expenses incurred during the preparation of copies of medical reports, including costs associated with duplication, courier and postage fees, and other related items. The expenses charged however, must be reasonable and should not obstruct the efficient and timely transfer of relevant medical information. The Committee believed the fee of $25.00 charged to Ms. A was not inconsistent with what other companion animal hospitals might charge for a similar service. Of significance, Ms. A did not dispute the hospital manager’s claim that when she attended the clinic the receptionist was willing to provide her with a copy of the report at no charge, if she would wait a few minutes for the report to be re-faxed from the laboratory, and it was Ms. A who asked that the results be mailed. Similarly, Ms. A did not dispute the hospital manager’s claim that the offer was made to directly relay the blood test results to Ms. A’s other veterinarian. Ms. A made no suggestion that there was any adverse impact on her dog’s continuity of care due to a failure of timely transfer of medical information on the part of the ABC Animal Hospital.

Based on the evidence provided, the Committee concluded that there was insufficient evidence upon which to take further action with respect to the case.

**Decision**

The Committee weighed all of the information before it and the options available to it.

It was the decision of the Committee that the actions and conduct of Dr. X did not warrant a referral to the Discipline Committee or the taking of any further action.
Mutual Acknowledgement and Undertakings (MAU’s)
The following Mutual Acknowledgement and Undertakings were made between the College of Veterinarians of Ontario and members of the College. MAU’s are often agreed to by veterinarians and either the Complaints Committee or the Executive Committee, where the veterinarian acknowledges a minor breach of standard and agrees to a course of corrective action. A brief synopsis of each case presented here is provided, followed by excerpts from the Undertaking in question.

Undertaking #1: Veterinary Dentistry

Background
The June 2006 issue of Update contained an article with respect to whether certain procedures constituted the practice of veterinary medicine. Among the procedures considered was dental cleaning and scaling without anesthesia. The question had been brought to the attention of the Executive Committee when a member of the public who had gained experience in this procedure in another jurisdiction contacted the College about wishing to offer the service in Ontario. As per the June article, the Executive Committee stated its belief that cleaning and scaling of teeth fell within the practice of veterinary medicine and could only be performed by either a licensed veterinarian or an auxiliary under the direct supervision of a licensed veterinarian.

In addition to the Executive Committee’s statement, the College published a further statement in its “e-news” which said, in part, that “while the College has not yet researched this matter fully, in its preliminary investigation of the issue, the College has received information which would suggest that the performance of this procedure without anesthetic is inappropriate and would fall below acceptable standards of practice for veterinarians.”

Subsequent to making this determination, the College received information that a practitioner had hired the individual who made the original inquiry, and had begun offering this service with inadequate supervision from two associate veterinarians. A Registrar’s Investigation was conducted, and the results were forwarded to two expert veterinarians who provided the College with their opinions on the procedure.

In light of those opinions, the College is now firmly of the view that this procedure does not meet acceptable standards of practice for veterinarians in Ontario. The three members involved in the investigation agreed to resolve the issues by entering into a Mutual Acknowledgement and Undertaking (MAU) with the College. Two of the MAU’s (excerpted) were published in the June issue of Update; below is the third.

MAU Excerpt
1) undertake that I have fully disclosed to the College of Veterinarians of Ontario my conduct with respect to providing veterinary dentistry without anesthetic,
2) acknowledge that my conduct contravened paragraphs 17(1) 1, 2, 7, 7.1, 8, 9, 27, 30, and 44 of Ontario Regulation 1093 under the Veterinarians Act, which states:

17(1) For the purposes of the Act, professional misconduct includes the following:

1. An act or omission inconsistent with the act or this Regulation.
2. Failing to maintain the standard of practice of the profession.
7. Providing, or attempting or offering to provide, services that are not reasonably useful or needed.

continued on next page...
Undertaking #1, continued...

7.1 Recommending, referring, ordering or requisitioning laboratory tests, technical procedures or professional services that are not reasonably useful or needed.

8. Making a misrepresentation to a client or prospective client.

9. Making a claim respecting the utility of any remedy, treatment, device or procedure other than a claim which can reasonably be supported as professional opinion.

27. Failing to make or retain the records required by this Regulation.

30. Failing to direct or supervise, or inadequately directing or supervising, an auxiliary.

44. An act or omission relevant to the practice of veterinary medicine that, having regard to the circumstances, would be regarded by members as disgraceful, dishonourable or unprofessional.

3) undertake that I will henceforth not contravene paragraphs 17(1) 1, 2, 7, 7.1, 8, 9, 27, 30, and 44 of Ontario Regulation 1093 under the *Veterinarians Act*,

4) undertake that I will compose and submit a research paper on the current view of anesthetic free teeth cleaning, which will include current, acceptable protocols on companion animal dental periodontal assessment and treatment, that this paper will be not less than 1500 words and be subject to approval by the Registrar, or her designate,

5) undertake that if the research paper is not approved by the Registrar, it will be returned with comments and an amended paper will be submitted within two weeks of being notified; and

6) undertake that paragraphs (4) and (5) will be repeated until the article is approved by the Registrar.

Undertaking #2: Contacting a Complainant

Background

Being granted the privilege to practice veterinary medicine in Ontario carries with it significant responsibilities, including the willingness of the member to participate professionally and appropriately in a process whereby complaints made against a veterinarian are investigated by an impartial committee. This process goes to the very heart of self-regulation, and is one of the privileges of being part of a profession where you can be judged by your peers, instead of by the courts.

The Complaints Committee process is intended to be an open communication process whereby a complainant’s concerns are recorded, investigated, and addressed in a non-confrontational manner, by way of correspondence. Both parties to the complaint are kept abreast of developments and are provided with copies of the responses of the other party. Where the evidence warrants, investigations can result in a referral to the Discipline Committee.

The College acknowledges that being the subject of a complaint can be a stressful and time-consuming process. Despite this, members are expected to conduct themselves professionally and appropriately. In light of this, and to foster trust in the process for all concerned, members are strongly discouraged from attempting to contact the complainant directly in order either to discuss the complaint or to discourage the complainant from proceeding. At best, it is inappropriate behaviour in the context of legislated processes; at worst, it is professional misconduct that could warrant further action on the part of the College.

In the case referred to here, the member was subject of a minor complaint. He admitted to approaching the complainant at her place of work, treating her in an intimidating and condescending manner in front of her colleagues, and threatening legal action, which resulted in the complainant withdrawing her complaint.

continued on next page...
MAU Excerpt

1) undertake that I have fully disclosed to the College of Veterinarians of Ontario my conduct with respect to a meeting I had with a member of the public who filed a complaint against me,

2) acknowledge that my conduct contravened paragraphs 17(1) 1, 2, 24 and 44 of Ontario Regulation 1093 under the Veterinarians Act, which states:

17(1) For the purposes of the Act, professional misconduct includes the following:

1. An act or omission inconsistent with the Act or this Regulation.

2. Failing to maintain the standard of practice of the profession.

Investigation of Alleged Unlawful Practice

In February, 2007, the College received an inquiry about the license status of an individual who was ostensively a veterinarian from Quebec. The College had no record of this person being licensed to practice in Ontario. A check with the Ordre des médecins vétérinaires du Québec revealed that she had never been licensed in that province, either, and had never been employed at a veterinary clinic in Quebec.

Subsequently, an investigation was begun. Statements obtained from witnesses showed that the individual had been openly representing herself to friends and colleagues as a veterinarian. Witnesses stated that she claimed to have been a “horse vet” at a particular veterinary clinic in Quebec, and on numerous occasions had made reference to veterinary services she was providing in the Barrie, Ontario, area—although she was currently employed as a teacher at a French language school (where she permitted a student to interview her for a school assignment about what it was like to be a veterinarian). Evidence was also obtained that she had, on at least two occasions, examined and diagnosed animals for members of the public, and that she claimed to have euthanized an injured stray cat that had been brought to her.

As a result of the information received, the College sought a court order, in accordance with Section 39 of the Veterinarians Act, against Isabelle Lorange of Canadian Forces Base Borden.

On July 17, 2007, the Honourable Madam Justice Herman of the Ontario Superior Court of Justice issued an order that “Isabelle Lorange comply with section 11 of the Veterinarians Act, and, in particular, refrain from engaging in the practice of veterinary medicine and refrain from holding herself out as engaging in the practice of veterinary medicine.” The College was awarded $1,000 in costs.

The College would like to thank the Military Police, CFB Borden, for providing assistance with this investigation.
**REGISTER UPDATES**

*The College welcomed the following new registrants between May 5, 2007 and August 1, 2007. The list also indicates licence type as follows:*

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The following is a list of new and relocated veterinary facilities:

**New Facilities**

**Dr. F. C. Ted Thomas**  
Category: Companion Animal Mobile and Equine Mobile  
Director: Dr. Ted Thomas

**Bazinet Veterinary Services**  
Category: Food Producing Animal Mobile  
Director: Dr. Stacey Angus

**Huronia Animal Hospital**  
Category: Companion Animal Hospital  
Director: Dr. Sheila Driver

**Lakeside Animal Hospital**  
Category: Companion Animal Hospital  
Director: Dr. Rajiv Bhatia

**Limestone City Animal Hospital**  
Category: Companion Animal Hospital  
Director: Dr. Mark de Wolde

**Maple Gate Veterinary Mobile Services**  
Category: Companion Animal Mobile  
Director: Dr. Maher Zaytoun

**Mehi Veterinary Mobile**  
Category: Companion Animal Mobile  
Director: Dr. Nancy Mehi

**Riverside South Animal Hospital**  
Category: Companion Animal Hospital  
Director: Dr. Sherri Dennett

**South Grey Veterinary Services**  
Category: Food Producing Animal Mobile  
Director: Dr. Shaun Baines

**Willow Mobile Veterinary Services**  
Category: Companion Animal Mobile and Equine Mobile  
Director: Dr. Magdalena Smrdelj

**Relocated Facilities**

Chidiac Animal Hospital  
City of Ottawa Spay/Neuter Clinic  
Dr. Richard Allan Bryson  
Saugeen Shores Mobile Veterinary Services  
Upper Canada Veterinary Services
The following is a list of new and closed corporations:

**New Corporations**
- Anderson & Goodrow Veterinary Professional Corporation
- Avery Veterinary Professional Corporation
- Coxwell Animal Clinic Professional Corporation
- Dennett and Fitch Veterinary Professional Corporation
- Faessen Veterinary Professional Corporation
- Guillet Veterinary Professional Corporation
- Hale Veterinary Professional Corporation
- Headwaters Veterinary Professional Corporation
- Kafai Veterinary Professional Corporation
- Kahlon Veterinary Professional Corporation
- Loh Veterinary Professional Corporation
- Marina Animal Hospital Professional Corporation
- Steinman & Cole Veterinary Professional Corporation
- The Maples Animal Hospital Professional Corporation
- Veterinary Emergency Clinic of York Region Professional Corporation
- Vihos Veterinary Professional Corporation

**Closed Corporations**
- Dr. Brian Saunders Professional Corporation
- Dr. Edward Beltran Professional Corporation
- Joseph V. Malone, DVM Professional Corporation

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The following veterinarians are no longer licensed in Ontario:

Dr. Shay Bracha
Dr. Kuldeep Chattha
Dr. James Hart
Dr. Sarah Malek
Dr. David McLelland
Dr. Roberta Portela
Dr. Simon Staempfli
Dr. Juan-Jose Tabar Rodriguez
Dr. Melanie Tallon
Dr. Sawsan Yamout

*If you note any errors in the preceding lists or believe someone may be practising without a licence, please contact Ms. Karen Gamble at extension 2228 or e-mail kgamble@cvo.org.*

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**In Memoriam**

The council and staff of the CVO were saddened to learn of the following deaths and extend sincere sympathy to their families and friends. In memory of deceased members, the CVO contributes an annual grant to the Ontario Veterinary College Alumni Trust.

**Dancey**, John (OVC 1942)
**Lowe**, Linda (OVC 1978)

**Morrison**, Stewart (OVC 1939)
Update, the official publication of the College of Veterinarians of Ontario, is the principle means of communication between the College and its members. It is the primary means of informing the membership on regulatory issues, with the expectation that members will govern themselves accordingly. Update is charged with the responsibility of providing comprehensive, accurate and defensible information.

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Ontario toll free: 1-800-424-2856
Fax: 519-824-6497
Ontario toll free: 1-888-662-9479
email: inquiries@cvo.org
website: www.cvo.org

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Assistant to the Editor: Ms. Beth Ready
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