



AGENDA ITEM 7.5

TOPIC: **Drugs**

Overview

The College is proposing the development of Regulation language related to drugs as permitted by Section 93 (1) 27 and 28 of the *Veterinary Professionals Act, 2024*.

Relevant Sections

An overview of the relevant sections of legislation, regulation, by-law, and policy related to drugs (both current and future) has been attached to this cover sheet as Appendix “A”.

History of College Work Related to Drugs

Current Framework

The ability for veterinarians to prescribe, dispense, administer, and/or sell drugs is informed and regulated by a broad legislative framework both federally and provincially.

Veterinarians are granted the ability to sell a drug through their status as practitioners under the federal *Food and Drug Act, Controlled Drugs and Substances Act*, and their associated regulations.

These same statutes then subdelegate further authority on how drugs are prescribed, dispensed, administered, and/or sold by practitioners to the provincial legislation that oversees the practice of each profession listed.

Details related to the prescribing, dispensing, compounding, administering, and/or selling of drugs have been outlined in the *Veterinarians Act* and Regulation 1093 since both were introduced in 1990. Though some regulatory amendments have occurred over the years, the primary structure and approach has remained the same. In particular,

- Section 1 of Regulation 1093 has provided a definition of “dispense” to help with clarity;
- Section 17 of Regulation 1093 has outlined acts of professional misconduct associated with drugs;



- Section 19 of Regulation 1093 has provided the framework for the supervision and delegation of auxiliaries, including for when a veterinarian is delegating the acts of dispensing, compounding, or administering a drug; and
- Sections 23-33 of Regulation 1093 have outlined several different aspects related to drugs, including requirements for recordkeeping, written prescriptions, dispensing procedures, withholding times, packaging, and controlled drug logs.

These rules and regulations have been further outlined and defined by the College through policy, including in *Professional Practice Standards* related to prescribing, dispensing, compounding, extra-label drug use, and management of controlled drugs.

Inclusion in Legislative Reform

The College's 2018 Concept Paper entitled "Achieving a Modern Approach to the Regulation of Veterinary Medicine in Ontario" contained several recommendations related to drugs, including the proposal of "prescribing, compounding, dispensing, or selling a drug" as an authorized activity as well as the recommendation that "prescribing a drug" be marked as non-delegable and only permitted to be performed by a veterinarian.

Inclusion of both veterinarians and veterinary technicians as licensed professionals under the same statutory framework was also one of the core principles of the College's 2018 Concept Paper. Part of this proposal was to recognize that there would be times where both the legislation and its associated regulation would need to distinguish between when certain activities could be performed by both types of members versus only performed by veterinarians.

These recommendations were made after several rounds of consideration and conversation amongst both the College's Working Groups and Legacy Council, including extensive background research and two rounds of public consultation.

The *Veterinary Professionals Act, 2024* reflects these recommendations and Transition Council is now in the position to develop a proposed regulatory concept related to drugs.

Additional Conversation and Research

Since the Concept Paper was developed in 2018, there has been an increase in both internal and external conversations related to the prescribing, dispensing, compounding, administering, and/or selling of drugs by veterinary professionals.

There has been heightened conversation and attention related to the dispensing and/or sale of veterinary drugs by both veterinarians and other non-veterinary professionals (most notably,



pharmacists) due to a federal review conducted by the advocacy branch of the Competition Bureau as well as a series of articles published by the Globe and Mail that highlighted:

- Concerns about industry chosen practices that limit where veterinary medications are disturbed and consequently where consumers can buy them; and
- Public interest in ensuring that they have cost-effective and safe choices for filling their veterinary prescriptions.

In particular, the Competition Bureau has provided advice and comments related to potential regulations under the *Veterinary Professionals Act, 2024* including suggestions related to respecting pharmacists' ability to dispense and compound veterinary medications, considering mandating pharmacists' access to the supply of veterinary medications, and increasing allowances related to prescription portability.

For more information related to the work of the Competition Bureau and Globe and Mail, please refer to Appendix "B".

Given this heightened focus, the College has undertaken additional research and outreach related to drugs to ensure that the rules and regulations that it oversees and develops are in line with the core principles of risk mitigation and governing in the public interest. This has included ongoing engagement either directly or indirectly (through review of submitted materials) with several interested parties, most notably the:

- Ontario Ministry of Agriculture, Food, and Agribusiness (OMAFRA);
- Advocacy Branch of the Competition Bureau;
- Ontario Veterinary Medical Association;
- Ontario College of Pharmacists;
- Ontario Pharmacy Association; and
- Direct conversations with veterinarians and pharmacists in Ontario.

In completing this work, it became clear that most concerns related to this topic were better addressed through federal changes related to the sale of veterinary drugs by drug manufacturers and wholesalers. (This conclusion was also reflected in the Competition Bureau's final report in this area released in October 2024). However, there were two areas that the College identified through this work that could be directly addressed under the *Veterinary Professionals Act, 2024* and its associated regulation:



1. Ensure Ongoing Ability for Pharmacists to Dispense, Compound, and Sell Drugs for an Animal(s) or Group of Animals in Accordance with a Veterinary Prescription.

The first area relates to continuing to ensure that pharmacists licensed with the Ontario College of Pharmacists can dispense, compound, and sell drugs for animals in accordance with a veterinary prescription. This work was flagged by the College as better suited for management under the authorized activity model and was first presented for consideration to the Transition Council at its November 12, 2024, meeting.

2. Ensure Access to Care Options Through Prescription Portability

The second area relates to clear indications from the public that it remains highly vested and interested in its ability to obtain veterinary drugs from pharmacists. As rules related to prescription portability are contained in Regulation 1093, the College has flagged this as an area for further consideration by the Transition Council related to a regulatory concept pertaining to drugs.

What Will Change?

The introduction of the *Veterinary Professionals Act, 2024* necessitates several updates to the current provisions for drugs found under the *Veterinarians Act* and Regulation 1093. The majority of these proposed changes are not related to the actual procedures and/or processes outlined within the current regulation (which remain largely transferrable), but instead are focused on the inclusion of terminology modifications to reflect the new one profession, two professionals model.

Concept

A draft concept has been developed to support Transition Council's work in this area and to outline the specific supplementary components that are required in regulation to ensure that there is clear and defensible language that is focused on access to care and public protection. (attached to this cover sheet as Appendix "C"). In particular, the draft concept speaks to the proposed inclusion of:

1. Updated Language Related to Prescription Portability

In recognition of public interest in ensuring access to the dispensing of veterinary drugs by pharmacists, the draft concept proposes that regulation language be developed that amends



the current requirement for veterinarians to provide a written prescription upon client request; and instead require a veterinarian to offer a client a written prescription to help increase public awareness of this option and to remove the onus from the client.¹

2. Language Reflecting The Different Allowances for Veterinarian Members and Veterinary Technician Members

The draft concept proposes that regulation language be developed that reflects the introduction of two types of members (veterinarian and veterinary technicians) under one College, and outlines what rules related to drugs apply to what types of members as current regulatory language only speaks to veterinarians. In particular, it is proposed that regulation language be developed that makes it clear that the act of prescribing remains available only to veterinarian members.

3. Recognition of Continued Existing Approaches

The draft concept also proposes that regulation language be developed that reflects that the majority of the clauses currently contained in Sections 23-33 of Regulation 1093 remain transferable to the new regulatory framework under the *Veterinary Professionals Act, 2024* and that veterinary teams will still be able to utilize the different skillsets within their accredited veterinary facilities (veterinarians, veterinary technicians, and auxiliaries) to deliver safe and accountable care related to the prescribing, dispensing, compounding, administering and/or selling of drugs.

Example Language

In recognition of the highly technical nature associated with the updating of regulatory language related to prescription portability, a draft version of this potential language has been attached to this cover sheet as Appendix “D”.

It is important to note that this draft language is not designed or intended to be viewed as the language that may eventually appear in a regulation made under the *Veterinary Professionals Act, 2024*. Development of this language will be the responsibility of the legislative drafts of the provincial government and will be overseen by OMAFA.

¹ A veterinarian would not be required to provide both a written prescription and a dispensed product. It would be an either-or choice for the client.



Discussion

The draft regulatory concept and associated draft language related to drugs is now being presented to Transition Council for its review and discussion related to next steps. To aid in this discussion, Transition Council is encouraged to consider the following questions:

- Is there anything unclear or missing?
- Does the proposal seem logical?
- Does the proposal raise any concerns?
- Does the proposal raise any thoughts or considerations related to unintended consequences?

Attachments

1. Appendix A – Relevant Sections of Legislation, Regulation, By-Law and Policy - Drugs
2. Appendix B – Competition Bureau and Globe and Mail Materials
3. Appendix C – Draft Concept Chart - Drugs
4. Appendix D – Draft Regulatory Language: Prescription Portability

Drugs

Relevant Sections of Legislation, Regulation, By-Law, and Policy

Current Framework Under the *Veterinarians Act*

Interpretation

1 (1) In this Act,

“drug” means drug as defined in subsection 117 (1) of the *Drug and Pharmacies Regulation Act*; (“médicament”)

7 (1) Subject to the approval of the Lieutenant Governor in Council and with prior review by the Minister, the Council may make regulations with respect to the following matters:

9. Regulating the compounding, dispensing and sale of drugs by members of the College, and the containers and labelling of drugs compounded, dispensed or sold by members, and prescribing the records that shall be kept in respect of such compounding, dispensing and sale.

11 (1) No person shall engage in the practice of veterinary medicine or hold himself, herself or itself out as engaging in the practice of veterinary medicine unless the person is the holder of a licence. R.S.O. 1990, c. V.3, s. 11 (1).

Application of Drug and Pharmacies Regulation Act

(6) The *Drug and Pharmacies Regulation Act* does not apply to prevent a person who holds a licence from compounding, dispensing or selling drugs in the course of engaging in the practice of veterinary medicine. R.S.O. 1990, c. V.3, s. 11 (6); 1998, c. 18, Sched. G, s. 73 (5).

Sale of drugs

(7) Regulations made under the *Animal Health Act, 2009* do not apply to prevent a person who holds a licence from selling a drug in the course of engaging in the practice of veterinary medicine to an owner of livestock for the treatment of livestock. 2009, c. 31, s. 71.

Current Framework Under Regulation 1093

1. In this Regulation,

“dispense” means, with respect to a drug or substance, to distribute or provide the drug or substance and includes to sell or to give away the drug or substance but does not include the administration of the drug or substance, by injection, inhalation, ingestion or by any other means, to the body of an animal; (“délivrer”)

23. (1) In this Part,

“controlled substance” means a controlled substance as defined in subsection 2 (1) of the *Controlled Drugs and Substances Act* (Canada); (“substance designee”)

“pharmacist” means a member of the Ontario College of Pharmacists; (“pharmacien”)

“prescription” means a direction from a member authorizing the dispensing of a drug or mixture of drugs to a client for a specified animal or group of animals; (“ordonnance”)

“Schedule 1” means Schedule 1 established under section 3 of Ontario Regulation 264/16 (General) made under the *Drug and Pharmacies Regulation Act*. (“annexe 1”) R.R.O. 1990, Reg. 1093, s. 23 (1); O. Reg. 510/95, s. 6; O. Reg. 161/04, s. 12 (1-3); O. Reg. 233/15, s. 16 (1-3); O. Reg. 260/22, s. 4.

(2) Revoked: O. Reg. 233/15, s. 16 (4).

24. Subsections 22 (5) and (6) apply to the registers, entries and other records required by this Part. R.R.O. 1990, Reg. 1093, s. 24.

25. (1) Every member who dispenses drugs shall maintain a system for filing the records of the purchase and dispensing of the drugs. R.R.O. 1990, Reg. 1093, s. 25 (1).

(2) A member shall keep a record of every drug that he or she purchases and, immediately upon receiving the drug, the member shall enter the following information in the record:

1. The date of purchase of the drug and if different, the date the member received the drug.
2. The name, strength and quantity of the drug received.
3. The name and address of the person from whom the drug was purchased.
4. The purchase price.
5. In the case of a controlled substance, the signature of the member who made the purchase and the signature of the person who received it. O. Reg. 233/15, s. 17.

(3) Revoked: O. Reg. 233/15, s. 17.

26. (1) If a member determines that a drug should be prescribed to treat an animal but the client requests that, instead of the member dispensing the drug, the member give a prescription for the drug, the member shall give the client the prescription and shall do so in writing unless subsection (2) applies. O. Reg. 233/15, s. 18.

(2) If the client requests an oral prescription, the member shall give the oral prescription so long as,

- (a) the member gives the prescription orally either to another member, to a pharmacist or to a veterinarian practising outside Ontario;
- (b) the client has selected or approved of the member, the pharmacist or the veterinarian practising outside Ontario to whom the prescription is to be given orally; and

(c) in the case of an oral prescription given to another member, the member giving the oral prescription is satisfied that the requirements of subsection 33 (1) or (1.1), as the case may be, will be met. O. Reg. 233/15, s. 18.

(3) A member who issues a written prescription shall sign the prescription and include the following information on the prescription:

1. The name, strength and quantity of the drug.
2. The name and address of the member.
3. The identity of the animal or group of animals for which the drug is prescribed.
4. The name of the client.
5. The prescribed directions for use.
6. The date the prescription is issued, including the day, month and year.
7. The withholding times if the prescription is for a food-producing animal.
8. The number of refills permitted, if any.
9. The member's name, in print or legible form.
10. The member's licence number issued by the College. O. Reg. 233/15, s. 18.

27. (1) A member who dispenses a drug shall make a written record showing,
(a) the name and address of the owner of the animal or group of animals for which the drug is prescribed;
(b) the name, strength and quantity of the prescribed drug;
(c) the directions for use if they are different than the directions for use on the manufacturer's label or if the manufacturer's label does not specify the directions for use;
(d) the date on which the drug is dispensed; and
(e) the price charged. R.R.O. 1990, Reg. 1093, s. 27 (1).

(2) The member shall retain the written record required under subsection (1) for a period of at least five years or until he or she ceases to practice veterinary medicine, whichever occurs first. R.R.O. 1990, Reg. 1093, s. 27 (2).

(3) A member who dispenses a drug shall mark the container in which the drug is dispensed with,

- (a) the name, strength and quantity of the drug;
- (b) the date the drug is dispensed;
- (c) the name and address of the member;
- (d) the identity of the animal or group of animals for which it is dispensed;
- (e) the name of the owner of the animal or animals; and
- (f) the prescribed directions for use. R.R.O. 1990, Reg. 1093, s. 27 (3).

(4) Except for a drug listed in Schedule 1, clauses (3) (a) and (f) do not apply if the container in which a drug is dispensed is the original and unopened container in which the drug was packaged, the original label on the container has not been altered and the prescribed directions

for use are the same as the directions for use on the original label. R.R.O. 1990, Reg. 1093, s. 27 (4); O. Reg. 161/04, s. 15; O. Reg. 233/15, s. 19.

28. (1) A member who dispenses or administers a controlled substance shall keep a controlled substances register and shall enter the following information in it,

1. The date the controlled substance is dispensed or administered.
2. The name and address of the client.
3. The name, strength and quantity of the controlled substance dispensed or administered.
4. The quantity of the controlled substance remaining in the member's inventory after the controlled substance is dispensed or administered. O. Reg. 233/15, s. 20.

(2) A member shall,

- (a) protect controlled substances in his or her possession from loss and theft; and
- (b) report any loss or theft of controlled substances in his or her possession to,
 - (i) a police officer immediately upon discovery of the loss or theft, and
 - (ii) the Minister of Health for the Government of Canada within 10 days of discovering the loss or theft. O. Reg. 233/15, s. 20.

(3) A member shall not permit any person, other than another member or an auxiliary acting upon the specific direction of a member, to dispense, administer or have access to the controlled substances in the member's possession. O. Reg. 233/15, s. 20.

(4) A member shall ensure that the controlled substances in his or her possession are kept in a locked storage area designed and constructed to ensure the reasonable security of the controlled substances. O. Reg. 233/15, s. 20.

(5) The storage area mentioned in subsection (4) shall be kept locked except when a controlled substance is being placed in or removed from the storage area. O. Reg. 233/15, s. 20.

(6) A member shall not prescribe, administer or dispense a controlled substance unless,

- (a) the animal for which the controlled substance is prescribed or dispensed or to which it is administered is an animal under his or her professional treatment; and
- (b) the controlled substance is required for a condition for which the animal is receiving treatment from the member. O. Reg. 233/15, s. 20.

29., 30. Revoked: O. Reg. 398/07, s. 13.

31. (1) In this section,

“withholding time” means, in reference to an animal that receives a drug or substance, the period of time for which the animal or the product of the animal should be withheld or withdrawn from sale for consumption. R.R.O. 1990, Reg. 1093, s. 31 (1).

(2) When a member prescribes, dispenses or administers a drug or substance for use in food-producing animals, the member shall advise the client of an appropriate withholding time, which shall be at least as long as the withholding time recommended by the manufacturer of the drug or substance. O. Reg. 233/15, s. 21.

(3) The container in which the drug or substance is dispensed shall include on the label, legibly and conspicuously displayed on the outer surface of the container, a warning of an appropriate withholding time, which shall be at least as long as the withholding time recommended by the manufacturer. R.R.O. 1990, Reg. 1093, s. 31 (3).

(4) When a member dispenses a drug or substance for use in food-producing animals and the member knows or suspects that use will be made or a dosage will be administered of the drug or substance that is different than the use or dosage that is customary or recommended by the manufacturer, the member shall, in addition to the advice required under subsection (2), advise the recipient of the drug or substance that the appropriate withholding time is not known but should be substantially longer than the recommended withholding time. R.R.O. 1990, Reg. 1093, s. 31 (4).

32. (1) In this section, “child resistant package” means a container or package that meets the standards for child resistant packages prescribed by the *Food and Drug Regulations* made under the *Food and Drugs Act* (Canada).

(2) A member shall dispense a drug in a child resistant package unless,

- (a) a child resistant package is unobtainable through no fault of the member;
- (b) a child resistant package is not suitable because of the amount or physical form of the drug;
- (c) the recipient directs otherwise; or
- (d) in the best interests of the recipient it is advisable not to use a child resistant package. R.R.O. 1990, Reg. 1093, s. 32 (2); O. Reg. 510/95, s. 8; O. Reg. 233/15, s. 22.

33. (1) No member shall administer, dispense or prescribe a drug unless,

- (a) the requirements of subsection 18 (2) or (3) have been met in respect of the animal or group of animals to which the drug is going to be administered, dispensed or prescribed;
- (b) the member has sufficient knowledge of the animal or group of animals by virtue of a history and inquiry and either physical examination of the animal or group of animals or medically appropriate and timely visits to the premises where the animal or group of animals is kept to reach at least a general or preliminary diagnosis;

(c) the member believes that the drug is prophylactically or therapeutically indicated for the animal or group of animals; and

(d) the member is readily available in case of adverse reactions to the drug or failure of the regimen of therapy. R.R.O. 1990, Reg. 1093, s. 33 (1); O. Reg. 431/00, s. 7; O. Reg. 233/15, s. 23 (1).

(1.1) Subsection (1) does not apply to a member who administers or dispenses a drug, other than a controlled substance, pursuant to an oral or written prescription from another member if,

(a) it is not reasonably possible for the client to obtain the drug from the prescribing member or a pharmacy;

(b) it is necessary in the interests of the animal to administer or dispense the drug without the delay that would be associated with returning to the prescribing member;

(c) the member makes a reasonable effort to discuss the matter with the prescribing member;

(d) the member conducts a sufficient assessment of the animal's circumstances, which may not require a physical examination in every case, to ascertain that it is unlikely that there has been a material change in the circumstances since the prescription was given;

(e) the quantity of the drug dispensed is no more than would reasonably enable the client to return to the prescribing member for future prescriptions or quantities of the drug; and

(f) the member makes a written record of the transaction as otherwise required by this Regulation. O. Reg. 161/04, s. 19 (1); O. Reg. 233/15, s. 23 (2).

(2) No member shall,

(a) sign a blank prescription form;

(b) knowingly represent that a drug is a drug which it is not or that it contains a substance which it does not;

(c) mail a controlled substance or a drug referred to in Schedule 1, or have it otherwise delivered, using a means of delivery other than registered mail or any other method of delivery that,

(i) allows the controlled substance or drug to be tracked, and

(ii) requires the person receiving the controlled substance or drug to sign for its receipt;

(d) knowingly dispense a drug for resale except where the drug is dispensed to another member or a pharmacist in reasonably limited quantities in order to address a temporary shortage experienced by that other member or pharmacist;

(e) prescribe a drug, dispense or administer a drug, or possess a drug for the purpose of dispensing or administering it, at any place other than a veterinary facility where he or she practises veterinary medicine; or

(f) dispense pharmaceutical product T-61 except if it is for administration by a member or a person who is known to the member to be competent in the humane administration of euthanasia and aware of the advisability of administering sedation to the animal before administering the product and who,

(i) is an auxiliary of the member acting upon the specific direction of the member, or

(ii) is carrying out euthanasia procedures on animals, including wild animals, while,

(A) operating, or being employed by a person operating, a pound or research facility within the meaning of the *Animals for Research Act*,

(B) being employed by the Ontario Society for the Prevention of Cruelty to Animals or an affiliate of the Society, or

(C) acting as a wildlife custodian within the meaning of section 44 of the *Fish and Wildlife Conservation Act, 1997*. R.R.O. 1990, Reg. 1093, s. 33 (2); O. Reg. 407/92, s. 5; O. Reg. 161/04, s. 19 (2); O. Reg. 398/07, s. 14; O. Reg. 233/15, s. 23 (3).

Current Framework in College Policy

[Professional Practice Standard: Prescribing a Drug](#)

[Professional Practice Standard: Dispensing a Drug](#)

[Professional Practice Standard: Use of Compounded Drugs in Veterinary Medicine](#)

[Professional Practice Standard: Extra-Label Drug Use](#)

[Professional Practice Standard: Management and Disposal of Controlled Drugs](#)

Future Framework under the *Veterinary Professionals Act, 2024*

Authorized activities

9 (1) No person shall carry out an authorized activity described in section 1 of Schedule 1 while engaged in the practice of veterinary medicine unless the person is a member.

Limitations

(2) A member may only carry out an authorized activity while engaged in the practice of veterinary medicine and subject to any prescribed conditions or prohibitions and any terms, conditions or limitations imposed on their licence.

Authorized activities — non-members

(3) Despite subsection (1), a person who is not a member may, subject to any prescribed conditions or prohibitions, carry out an authorized activity while engaged in the practice of veterinary medicine if,

(a) the regulations permit a person who is not a member to carry out the authorized activity; and

(b) the authorized activity is delegated to that person by a member.

Authorized activities — students

(4) Despite subsections (1) and (3), a student may carry out an authorized activity if the student is doing so while fulfilling the requirements to become a member and the activity is done under the supervision or direction of a veterinarian member.

Authorized activities — professionals

(5) Despite subsections (1) and (3), the following persons may, subject to and in accordance with any prescribed guidelines, processes, terms, conditions, limitations or prohibitions, carry out such authorized activities as may be prescribed:

1. A person who, under the *Chiropractic Act, 1991*, is a member of the College of Chiropractors of Ontario.

2. A person who, under the *Pharmacy Act, 1991*, is a member of the Ontario College of Pharmacists.

3. A person who belongs to or practises a prescribed profession or such other persons as may be prescribed.

Collaboration

(6) When developing a proposal for regulations in relation to subsection (5), the College shall take reasonable steps to consult with such professions as would be addressed in those regulations and shall report to the Minister on the outcome of those consultations.

Exceptions

10 (1) Subsection 9 (1) does not apply to prevent a person from carrying out an activity described in sections 2 and 3 of Schedule 1.

Application of *Drug and Pharmacies Regulation Act*

(2) The *Drug and Pharmacies Regulation Act* does not apply to prevent a member from compounding, dispensing or selling drugs in the course of engaging in the practice of veterinary medicine.

Sale of drugs

(3) Regulations made under the *Animal Health Act, 2009* do not apply to prevent a member from selling a drug in the course of engaging in the practice of veterinary medicine to an owner of livestock for the treatment of livestock.

93 (1) Subject to the approval of the Lieutenant Governor in Council, the Council may make regulations,

27. permitting, limiting, prohibiting and governing members in prescribing, compounding, dispensing and selling drugs, including,

- i. regulating the containers and labelling of such drugs,
- ii. prescribing the records that shall be kept in respect of such prescribing, compounding, dispensing and selling, and
- iii. prescribing the information a member is required to provide at the time of prescribing, compounding, dispensing and selling;

28. permitting, limiting, prohibiting and governing members in prescribing, compounding, dispensing and selling health-related products or articles used in the course of engaging in the practice of veterinary medicine, including,

- i. regulating the containers and labelling of such products or articles,
- ii. prescribing the records that shall be kept in respect of such prescribing, compounding, dispensing and selling, and
- iii. prescribing the information a member is required to provide at the time of prescribing, compounding, dispensing and selling;

Schedule 1
Authorized Activities

1 The following are authorized activities for the purposes of the Act:

- 4. Prescribing a drug.
- 5. Compounding, dispensing or selling a drug.

Competition Bureau

Pets, vets and meds: The case for more competition

October 30, 2024

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Executive summary

Canadians spend around \$9.3 billion^{Footnote1} per year at the vet. And as pet ownership in Canada continues to grow, so do the costs to care for them.

Competition plays an important role in ensuring that consumers benefit from lower prices, greater choice and more innovation in all sectors of the economy. In the veterinary sector, however, there are important opportunities to improve competition without compromising pet health and safety. The Competition Bureau has received complaints about industry practices and regulations that limit who can distribute pet medications, and where consumers can buy them.^{Footnote2} While veterinarians are still required to prescribe medications, online pharmacies provide cost-effective and safe alternatives for filling them in many cases, often providing significant savings compared to veterinary clinics.^{Footnote3} Still, exclusive distribution practices limit access to primary care products for pharmacists.

Following an analysis of competition in the pet health sector, the Bureau recommends that provinces and territories consider **mandating the supply of pet medications to**

pharmacists to create opportunities for them to compete. Allowing highly-trained practitioners to enter the market has the potential to reduce costs, increase convenience and give pet owners more choice at competitive prices all while ensuring that pet health and safety remain a top priority.

This recommendation expands on the Bureau's recent [letter to the Ontario Standing Committee on the Interior on Bill 171 – Enhancing Professional Care for Animals Act? 8680](#) and its 2023 [comments to the Ontario Ministry of Agriculture, Food and Rural Affairs for its consultation on the Modernization of the Regulation of the Veterinary Profession](#).

Our analysis is based on research and interviews with a wide range of industry stakeholders across Canada, including veterinarians, pharmacists, regulatory colleges, provincial departments, professional associations and animal owners associations.

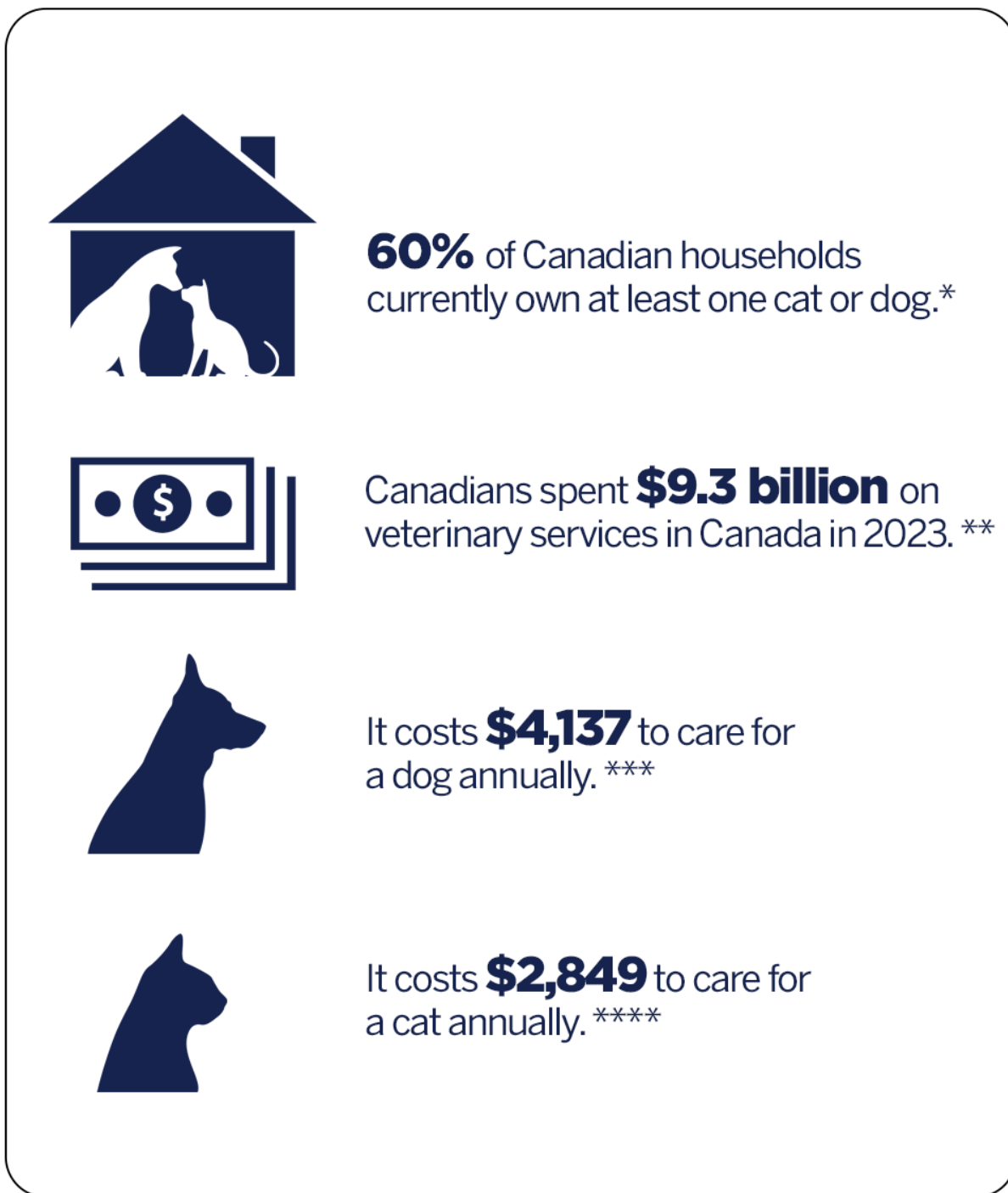
Overview of Canada's pet medication market

The rising cost of pet ownership in Canada

In recent years, more Canadians have brought pets into their homes, and [that trend](#) appears to be here to stay.^{[Footnote4](#)} As reported by the Canadian Animal Health Institute (CAHI), 60% of Canadian households currently own at least one cat or dog.^{[Footnote5](#)} With an estimated [8.5 million cats and 7.9 million dogs in homes across the country](#), it's clear that pets are part of the Canadian family.

Similarly, the rate of veterinarian visits is steadily growing, and continues to surpass pre-pandemic levels.^{[Footnote6](#)} At the same time, CAHI reported that almost one in five pet owners wanted or needed preventative care for their animal, but could not access it due to affordability, lack of appointments or other reasons.^{[Footnote7](#)}

In addition, numerous reports have shown that the cost of pet ownership has been increasing.^{[Footnote8](#)}



- Description for Figure 1

The Canadian pet pharmaceutical industry has experienced steady growth in recent years, driven by factors such as an increasing pet population and rising pet ownership.

The latest data from Statistics Canada show that [Canadian households collectively spent nearly \\$7.4 billion on pets and pet food in 2022](#), up from \$5.7 billion in 2019. A Canadian Veterinary Medical Association report also indicate that [households spent a total of \\$9.3 billion on veterinary](#) and other services for pets, a significant increase over the almost \$4 billion spent in 2019.

What do the above costs mean for individual pet owners? [The Ontario Veterinary Medical Association](#) estimates the total cost of owning a puppy is about \$5,200 annually; and the cost of an adult dog is about \$4,137 per year.

Cats are similarly expensive, costing as high as \$3,540 per year for kittens or \$2,849 per year for adult cats [according to estimates from the Ontario Veterinary Medical Association](#). Annual veterinary check-ups can account for between \$85 and \$130 of this total, while emergency trips to the veterinarian can cost an additional \$215 to \$1,615 per year.

Several factors contribute to the high prices, including inflation, the boom in pet adoption during the pandemic, a shortage of veterinarians, and limited competition.

How industry practices affect competition

Exclusive distribution practices between manufacturers, distributors and veterinarians

Currently, both veterinarians and pharmacists are legally allowed to dispense pet medication. However, the Bureau has heard through market interviews that there is a widespread business practice in Canada of “exclusive distribution,” whereby pharmaceutical manufacturers will only sell to distributors, and contracts usually require that distributors – which are largely veterinary-owned – only sell to veterinarians.^{[Footnote9](#)} **Manufacturers have begun to remove exclusivity clauses in their contracts, but distributors continue to maintain exclusive distribution policies and only sell to veterinarians.** This means that the restrictions on pharmacists' access to supply now lie with distributors. As a result, pet owners' choice of where to fill their pet prescriptions is often limited to veterinary offices – leading to a loss of services and potentially higher prices.^{[Footnote10](#)} The practice of selling only to veterinarians also creates a potential conflict of interest, as veterinarians may financially benefit from dispensing medications they prescribe. Despite concerns about conflicts, exclusive distribution tends to be justified by the veterinarian industry on the basis of animal welfare and safety.

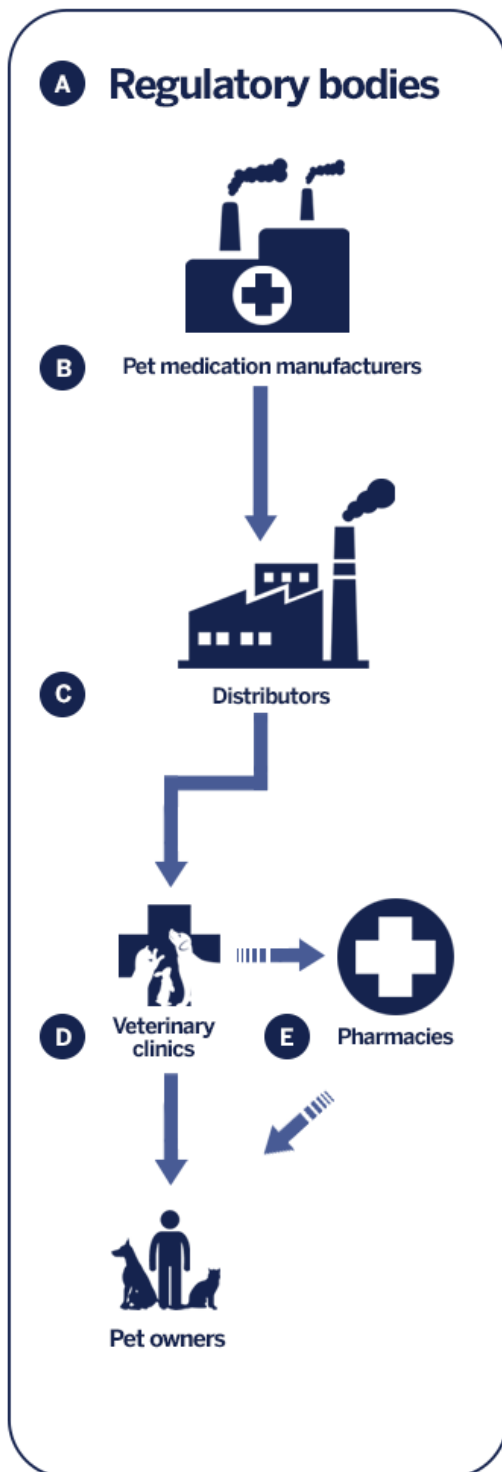
Growing consolidation further threatens competition in the veterinary sector. In 2009, nearly all Canadian veterinary practices were independently owned. However, there has been a shift since then, and corporate-owned veterinary practices now make up 20.4% of the market share across the country. This indicates a growing presence of corporate

ownership in the Canadian veterinary industry. According to the Canadian Veterinary Journal, the top corporate owners in Canada are Vet Strategy, National Veterinary Association, and VCA.^{[Footnote11](#)}

Limited market access for pharmacists

Pharmacists have become more involved in the pet health sector in recent years, particularly with the emergence of online pet pharmacies. Online platforms such as these have gained popularity because they offer a competitive alternative for customers who might want to fill their prescriptions somewhere other than their vet's office. While veterinarians are still required to prescribe medications, online pharmacies provide cost-effective and safe alternatives for filling them in many cases, often providing significant savings compared to veterinary clinics.^{[Footnote12](#)} Still, exclusive distribution practices limit access to primary care products for pharmacists.

At present, the main supply source for online pet pharmacies has been through veterinarians that buy large quantities of drugs and then resell them. This option, however, is at risk due to enforcement of the exclusive distribution policies of pharmaceutical manufacturers and distributors, which are discussed further below.



A Regulators of Pet Pharmaceuticals – the oversight: At the federal level, Health Canada regulates prescription medication, including pet pharmaceuticals. The Veterinary Drugs Directorate grants approval of veterinary drugs that demonstrate safety, effectiveness, and quality. At the provincial level, regulatory colleges oversee both veterinarians and pharmacists by dictating what they can and cannot do.

B Pet Pharmaceutical Manufacturers – the producers: Major multinational and local veterinary pharmaceutical companies compete in the Canadian market. They offer a diverse range of pharmaceuticals, including medications for various conditions, vaccines, diagnostics, and nutritional supplements.

C Distributors and Co-operatives – the link between manufacturers and veterinarians/pharmacies: Pet medications are distributed through buying groups or distributors, which act as intermediaries between veterinarians and pharmaceutical companies. Four main distributors regulated by Health Canada facilitate distribution to veterinarians in specific regions. Distributors are largely veterinary-owned and only supply veterinarians.

D Veterinarians – the link between distributors, consumers, and pets: Veterinarians diagnose, treat, and prescribe medications. Approximately 30% of veterinary revenues come from product sales, including prescriptions.

E Pharmacists and Online Pharmacies – an alternative supplier: Pharmacists are responsible for dispensing medications and providing advice.

- Description for Figure 2

Regulations on distribution as barriers to competition

Recent changes to legislation in some provinces have further restricted access to pet medications, making it more difficult to enter the pet medication market. Notably, in 2015, the Ontario legislature implemented a regulatory change that prohibits veterinarians from reselling pet medication to pharmacists, except in specific cases.^{Footnote13} This limits the options available to pet owners seeking to fill their prescriptions. In 2023, following allegations that manufacturers and distributors of pet specific medication refused to supply online pharmacies,^{Footnote14} the Bureau provided comments on the Modernization of the Regulation of the Veterinary Profession. In this submission, we advocated for increased competition and innovation in the pet health sector, focusing on restrictions to competition in Ontario and including comments on “prescription portability”.^{Footnote15} News media [have since continued to raise important questions](#) regarding the distribution of pet medication in Canada, and the Bureau has received over 40 complaints about the sector.

Similar restrictions to those in Ontario exist in British Columbia, New Brunswick and Nova Scotia, where veterinarians are prohibited from reselling medicine, and pharmacists cannot order medications anywhere else. In New Brunswick, By-Law 21 of the New Brunswick Veterinary Medical Association restricts veterinarians from dispensing medication to anyone other than the animal owner.^{Footnote16} In British Columbia, section 221 of the College of Veterinarians of BC (CVBC) Bylaws prohibits registrants from selling, supplying, prescribing, or assisting in the distribution of pharmaceutical products to anyone intending to resell them, unless they are employed by the product's manufacturer or distributor.^{Footnote17} This restriction includes pharmacists. Similarly, Section 16 of the Nova Scotia Veterinary Medical Association Code of Ethics contains language akin to the CVBC Bylaws, preventing members from selling, supplying, prescribing, or assisting in the supply of pharmaceutical or biological products to a warehouse, pharmacy, lay outlet, or any other person intending to resell the product.^{Footnote18}

By preventing market access for pharmacists, these measures can contribute to higher pet medication prices, reduced convenience for pet owners, and constraints on consumer choice.

Case Study 1 - The United Kingdom: Legislating to Ensure Access to Supply

The UK Government has taken action to promote competition in the supply of prescription-only veterinary medicines. A 2003 report from the UK's Competition Commission's recommended encouraging pharmacy entry and enhancing competition among veterinarians and veterinary practices.^{Footnote19} Subsequent legislative amendments allowed pharmacies to dispense pet medication, fostering competition and reducing prices.^{Footnote20} In 2005, the UK Government introduced The Supply of Relevant Veterinary Medicinal Products Order, prohibiting unreasonable discrimination in pricing and terms

between veterinary manufacturers or wholesalers and veterinary surgeons or pharmacists. **These legislative changes led to the entry of pharmacies into the prescription-only pet medicine market, offering greater freedom of choice for UK animal owners and promoting competitive pricing of veterinary medicines.**

Industry stakeholders have emphasized the collaborative nature of healthcare between veterinarians and pharmacists, advocating for an open market that fosters healthy competition, benefiting consumers with lower prices, increased accessibility, and a broader range of services. Pharmacists cannot replace veterinarians, nor is that ever the goal. **Pharmacists provide an alternative in certain instances for pet owners, such as those who have animals that are medicated for chronic conditions, rather than those at the veterinarian for an emergency.** Even the provincial regulations generally recognize the mutually beneficial roles of both professions. Yet new laws continue to create barriers for pharmacists and could potentially lead to veterinarians having exclusive control over retail distribution of pet medication.

Case Study 2 - Quebec: Pharmacists secure entry to pet medication distribution market

An exception exists in the distribution of pet medication in Canada: In 2021, pharmacists practicing in the province of Quebec successfully secured access to medications through a national distributor following effective advocacy efforts. As a result, pharmacists within Quebec, who are already authorized to sell medications for animals, have a supply source for these medications. From a competition perspective, the ability of pharmacists in Quebec to dispense pet medications creates greater consumer choice for Quebec pet owners and increases the competitors in the market, which may lead to lower prices.

Subsequently, an Ontario-based online pharmacy, specializing in animal care for many years, successfully obtained access to a supply of many pet medications. ^{Footnote21} This significant breakthrough expands medication availability beyond veterinary channels, highlighting the impact of strategic advocacy and partnerships in improving access to essential pet care products.

Recommendations for governments across Canada

There is a clear opportunity in Canada for competition to reduce costs to the pet health system, allow entry to the market for practitioners who are highly trained, and empower pet owners with more consumer choice.

Pet healthcare regulators are well-positioned to evaluate what is best in their respective health care systems, and in the best interests of animal welfare. As they do this, the Bureau strongly encourages them to apply a competition lens to their policies.

Our specific recommendation is that provinces and territories consider **mandating the supply of pet medications to pharmacists** to create opportunities for them to compete.

With respect to distribution of pet medication, Canada could follow a similar approach as the one taken in the UK (**Case Study 1**) or the approach in Quebec (**Case Study 2**), fostering competition through changes that enable pharmacies to enter the market. These approaches have successfully enhanced competition and offered consumers greater choices in the pet pharmaceutical market.

Competition matters

Considering the growing pet population and the affordability challenges facing Canadians, decision-makers should consider how their policies or rules might impact competition. Competition benefits Canadian pet owners and the overall economy by contributing to lower prices, more choice and greater innovation.

The Bureau advocates for decision-makers to consider competition when developing regulations and offers assistance through its [step-by-step guide to competition assessment](#). This resource is designed to aid policymakers in identifying competition issues and tailoring policies to optimize the positive impact of competition on the Canadian pet landscape.

Footnotes

Footnote 1

Canadian Veterinary Medical Association (2023). [The Economic Impacts of Veterinary Medicine in Canada](#).

[Return to footnote1referrer](#)

Footnote 2

“Pet medication” can be used to refer to a range of products which are sold to a veterinarian, including medications and food. The focus of the Bureau’s comments is medications and excludes pet food. In the context of this piece, the terms “pharmaceutical”, “medication” and “drugs” are used synonymously.

[Return to footnote2referrer](#)

Footnote 3

CTV News (2023), [Pharmacist lodges complaint against pet drug manufacturers](#); The Globe and Mail (2023), [Pharmacist alleges firms curb supply of pet medicine to hike prices](#); and

The Globe and Mail (2023), [Pet drugs could be sold cheaply at pharmacies. This is why they're not.](#)

[Return to footnote3referrer](#)

Footnote 4

Wisconsin Economic Development (2021), [Canadians turn to pets as pandemic relief.](#)

[Return to footnote4referrer](#)

Footnote 5

Canadian Animal Health Institute (2023), [2022 - Latest Canadian Pet Population Figures Released | Press releases.](#)

[Return to footnote5referrer](#)

Footnote 6

Ibid

[Return to footnote6referrer](#)

Footnote 7

Ibid

[Return to footnote7referrer](#)

Footnote 8

Angus Reid (2022), [Fifi, Fido & Affordability: As cost of living rises, pet owners praise veterinarian care but say it costs too much](#); The Globe and Mail (2023), [Pet costs spike alongside inflation, with dog and cat owners digging deep](#); Statistics Canada (2023), [Detailed household final consumption expenditure, provincial and territorial, annual.](#)

[Return to footnote8referrer](#)

Footnote 9

In Quebec, one of the distributors makes an exception by supplying veterinary drugs to pharmacists upon request within the province. However, they do not provide veterinary drugs to pharmacists outside Quebec.

[Return to footnote9referrer](#)

Footnote 10

US FTC (2015), [Competition in the Pet Medications Industry: Prescription Portability and Distribution Practices](#): The US faces challenges like Canada, with both countries regulating pet medication through a mix of state and federal levels.

[Return to footnote10referrer](#)

Footnote 11

The Bureau reviews mergers to determine whether they are likely to prevent or lessen competition substantially. This often involves assessing whether a merger will harm competition in local areas, such as specific communities across Canada where the parties compete. The Bureau gathers intelligence in order to identify transactions that may raise competition concerns in a variety of sectors, including the veterinary industry. It is our job to take action where we have solid evidence that a merger will significantly harm competition.

[Return to footnote11referrer](#)

Footnote 12

CTV News (2023), [Pharmacist lodges complaint against pet drug manufacturers](#); The Globe and Mail (2023), [Pharmacist alleges firms curb supply of pet medicine to hike prices](#); and The Globe and Mail (2023), [Pet drugs could be sold cheaply at pharmacies. This is why they're not](#).

[Return to footnote12referrer](#)

Footnote 13

This regulation is outlined in Subsection 33(2)(d) of the [Veterinarians Act, RRO 1990, Reg 1093](#).

[Return to footnote13referrer](#)

Footnote 14

Competition Bureau (2023), [Comments on the Modernization of the Regulation of the Veterinary Profession](#).

[Return to footnote14referrer](#)

Footnote 15

Prescription portability allows animal owners the flexibility to transfer prescriptions from one provider to another, whether it's another veterinarian or pharmacy. This approach prioritizes convenience, offering animal owners more choices and the possibility of cost savings as they decide where to fill their pet's prescription.

[Return to footnote15referrer](#)

Footnote 16

[New Brunswick veterinary medical association \(2004\)](#), (animalwellnessguide.com).

“Dispensing” is defined as selling, distributing, giving away, and supplying or offering any of these actions.

[Return to footnote16referrer](#)

Footnote 17

[College of Veterinarians of British Columbia \(2023\)](#), Part 4: Ethics and Standards.

[Return to footnote17referrer](#)

Footnote 18

[Nova Scotia Veterinary Medical Association \(2023\)](#), Code of Ethics.

[Return to footnote18referrer](#)

Footnote 19

UK Parliament (2003), [Veterinary Medicines - Hansard - UK Parliament](#).

[Return to footnote19referrer](#)

Footnote 20

UK Parliament (2005), [The Veterinary Medicines Regulations 2005 \(legislation.gov.uk\)](#).

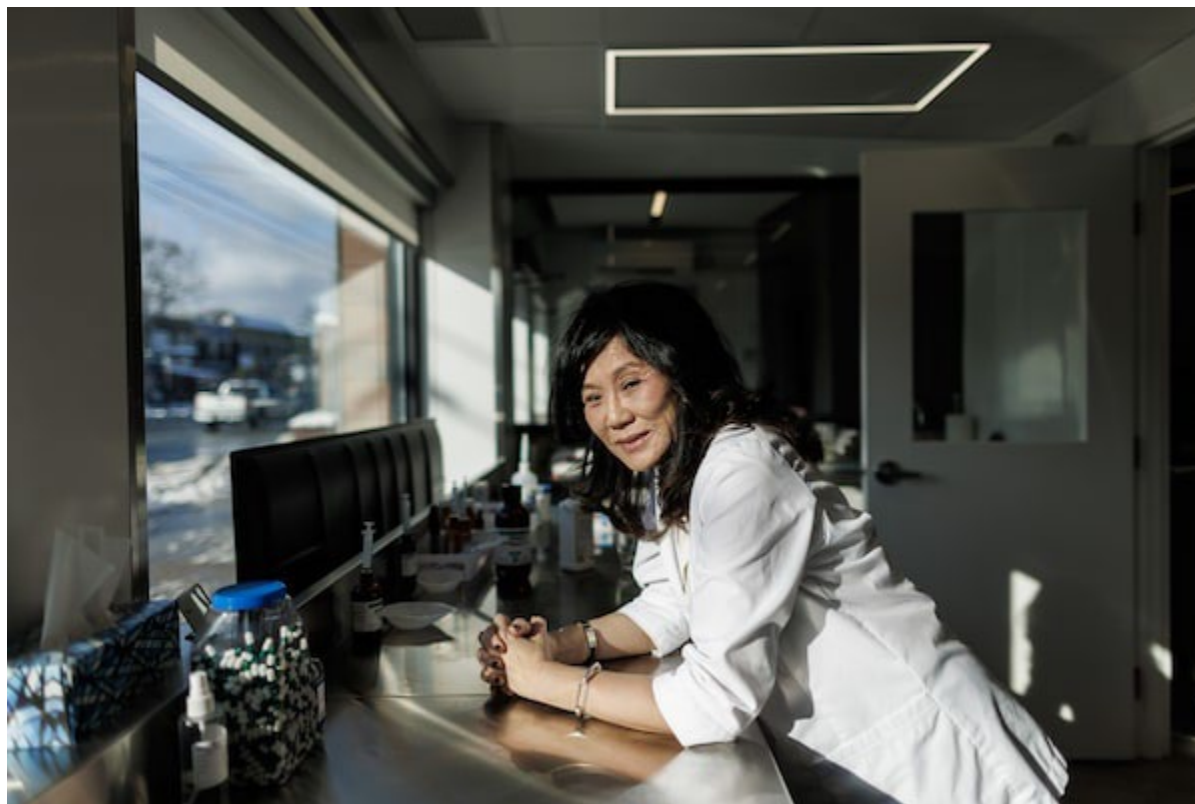
[Return to footnote20referrer](#)

Footnote 21

Globe and Mail (2024), [As vet’s legal saga ends with suspended licence, access to pet medication could widen – or close](#).

Pharmacists unfairly blocked from stocking drugs for pets, Competition Bureau says

[Chris Hannay](#) – Globe and Mail



Pharmacist Dr. Wendy Chui, who filed a complaint last year and who owns PetsDrugMart.ca, said she was delighted by the bureau's report on the lack of competition for pet medication.

The Competition Bureau says pharmacists are being unfairly blocked from stocking medication for pets, and it is recommending provinces take action to give consumers more choice.

The regulator released a report Wednesday that looked at the market for pet medication in Canada and found a lack of competition could be contributing to higher prices and fewer options for consumers.

The investigation follows a [complaint](#) by an Ontario pharmacist and a [series of stories](#) in The Globe and Mail about the business contracts and regulations that have largely kept pharmacies out of the market, as well as the [rising cost](#) of pet ownership.

Most pet owners in Canada receive prescriptions and the drugs themselves from veterinarians.

Pharmacists are legally allowed to dispense animal medication, but are largely restricted from stocking the drugs because of deals between distributors and pharmaceutical companies. There is one national distributor, CDMV Inc., which is based in [Quebec](#), and a number of regional distributors that are co-operatives owned by veterinarians. (CDMV did not respond to a request for comment.)

The Competition Bureau said the deals were examples of “exclusive distribution” and that “pet owners’ choice of where to fill their pet prescriptions is often limited to veterinary offices – leading to a loss of services and potentially higher prices.”

The bureau cited industry figures that suggested households spent \$9.3-billion on all veterinary care and other services for their pets last year, up from almost \$4-billion spent in 2019.

It said it had received more than 40 complaints about the sector.

Wendy Chui, the pharmacist who filed a complaint last year and who owns [PetsDrugMart.ca](#), said she was delighted by the bureau’s call for provincial mandates to allow pharmacists to access pet pharmaceuticals.

Earlier this year, she was able to negotiate deals with drug makers directly and can now get her supply through CDMV. But she is concerned that those deals could be tenuous and may not benefit other pharmacies unless there is action from provinces.

“I have only been able to achieve this through significant effort, resources and determination,” she said. “Without regulatory changes, other pet pharmacies (unless based in Quebec) may still encounter significant challenges in obtaining authorized supply.”

Tim Arthur, an Ottawa veterinarian and president of the Canadian Veterinary Medicine Association, said veterinarians are legally obligated to provide prescriptions that can be filled elsewhere if clients ask for them.

Some pharmacies will fill prescriptions for an animal if there is a human equivalent of the drug.

Dr. Arthur said an advantage of opening up the market would be that it would create more confidence and transparency in where pharmacies that stock pet drugs get their supplies.

As well, he said, it could increase access to pet medication in places without veterinarians, such as remote communities. “This may, in some circumstances, make it a lot easier for people,” he said.

However, he warned that pharmacists who dispense these drugs should have proper training in how animal medication differs from drugs for humans, such as in dosing and potential side effects.

On the bureau’s affordability concerns, Dr. Arthur said that pharmaceutical dispensing makes up a significant share of a typical veterinary clinic’s revenue and practitioners may have to raise other service fees to make up for lost drug sales.

The Competition Bureau’s report also highlighted the issue of corporate concentration in veterinary medicine. The sector has attracted [major interest](#) from private equity funds, and corporations now own about 20 per cent of all clinics and employ about 40 per cent of the entire work force, according to an analysis in the Canadian Veterinary Journal.

“Growing consolidation further threatens competition in the veterinary sector,” the bureau wrote.

Ms. Chui said she has some concern about any large corporate entrance into pet pharmacies.

“I believe regulators in Canada need to pro-actively consider how to address this type of ownership structure before it exists in Canada, to minimize the risk of corporate pressures and to ensure pet owners can truly benefit from increased competition,” Ms. Chui said.

Section	Main Objectives	Primary Concepts	Additional Information	Transition Comments	Intended Outcomes
<p>This column outlines the specific section of regulation.</p>	<p>This column provides an overview of the College's main objectives for the section of regulation.</p>	<p>This column provides a more in-depth description of the objectives sought and the associated reasoning.</p>	<p>This column provides any additional specific information required to ensure clarity.</p>	<p>This column highlights any relevant transition matters requiring consideration.</p>	<p>This column outlines the College's intended outcomes for the specific section.</p>
<p>Drugs</p>	<ul style="list-style-type: none"> Based on the structure outlined in the <i>Veterinary Professionals Act, 2024</i>. Ensure prescription portability. Reflect the one profession, two professionals model. Maintain consistent approaches. 	<p>General</p> <p>The College is proposing the development of regulation language related to drugs as permitted by Section 91 (1) 27 and 28 of the <i>Veterinary Professionals Act, 2024</i>.</p> <p>Purpose</p> <p>The ability for veterinary professionals to prescribe, dispense, administer and/or sell drugs is informed and regulated by a broad legislative framework both federally and provincially. The inclusion of both veterinarians and veterinary technicians as licensed members under the same provincial statutory framework necessitates the development of regulation language that reflects the different allowances and permissions for each type of member while also ensuring ongoing public access to care options.</p> <p>Updated Language Related to Prescription Portability</p> <p>In recognition of public interest in ensuring access to the dispensing of veterinary drugs by pharmacists, the College is proposing that regulation language be developed that requires a veterinarian to inform a client of their right to receive a written prescription to help increase public awareness of this option.</p> <p>Language Reflecting the One Profession, Two Professionals Model</p> <p>The College is proposing that regulation language be developed that reflects the introduction of two types of members (veterinarians and veterinary technicians) under one regulatory framework and outlines what rules related to the prescribing,</p>		<p>Regulation 1093 under the <i>Veterinarians Act</i> currently contains a provision related to prescription portability. However, this provision requires a client to ask a veterinarian directly for a written prescription. The College is proposing changes to this approach that removes this onus from the client and instead places it on the veterinarian member.</p>	<p>A consistent and defensible approach to the use of drugs by members of the College that aligns with both federal and provincial laws while continuing to ensure care options.</p>

Section	Main Objectives	Primary Concepts	Additional Information	Transition Comments	Intended Outcomes
		<p>dispensing, compounding, administering, and/or selling of drugs apply to what types of members as current regulatory language only speaks to veterinarians. In particular, the College is proposing that regulation language be developed that reflects that only veterinarian members are permitted to prescribe drugs.</p> <p>Maintain Consistent Approaches</p> <p>The College is proposing that regulation language be developed that reflects that the majority of clauses currently contained in sections 22-23 of Regulation 1093 related to drugs remain transferable to the new regulatory framework to be established under the <i>Veterinary Professionals Act, 2024</i>. In particular, the College is proposing that regulatory language be developed that signals that veterinary teams will still be able to utilize the different skillsets within their accredited veterinary facilities (veterinarians, veterinary technicians, and auxiliaries) to deliver safe and accountable care related to prescribing, dispensing, compounding, administering, and/or selling of drugs.</p>			

Current Wording in Section 26 (1) of Regulation 1093:

- (1) If a member determines that a drug should be prescribed to treat an animal but the client requests that, instead of the member dispensing the drug, the member give a prescription for the drug, the member shall give the client the prescription and shall do so in writing unless subsection (2) applies.¹

Proposed Wording for Inclusion in a Regulation made under the *Veterinary Professionals Act, 2024*:

- (1) If a veterinarian member determines that a drug should be prescribed to treat an animal, the veterinarian member shall inform the client of their right to receive a prescription for the drug rather than have the veterinarian member dispense the drug, and if the client wishes to have a prescription the veterinarian member shall give the client the prescription and shall do so in writing unless subsection (2) applies.

¹ Subsection (2) speaks to when a veterinarian is permitted to give an oral prescription to either another veterinarian or a pharmacist.

References
Transition Council Meeting
January 9, 2025



References

[7.2] Further Information Related to Non-Drug Authorized Activities for Initiation

1. November 7, 2024 Agenda Item 5.3 - Initiation
2. November 28, 2024 Agenda Item 5.4 - Non-Drug Authorized Activities Under Initiation

[7.3] Further Information on Dental Extractions

1. November 7, 2024 Agenda Item 5.2 – Delegation and Non-Delegable Activities
2. November 28, 2024 Agenda Item 5.2 – Dental Extractions

[7.4] Further Information Related to the Proposed Regulatory Exemption for Members of the Ontario College of Pharmacists

1. November 12, 2024 Agenda Item 6.3 – Pharmacists

General Reference

1. Introducing Authorized Activities Infographic