



ETHICAL AND PROFESSIONAL GUIDELINES

Position Statement Protocol (1997)

The American Association of Equine Practitioners recognizes it is often a major source of information or expertise regarding the practice techniques, ethics and client relations of the equine veterinarian, as well as in defining humane and ethical treatment of horses. Therefore, the following protocol will be used in the development or adoption of a position statement by AAEP.

- Issues or areas of concern must be introduced in writing for consideration by the Board. A concise, complete background of the situation, current status and anticipated outcome must be provided. A length of no more than one page is preferred.

- A notice announcing the Board's discussion of the proposed position must appear in at least one issue of *EVE*, the AAEP official newsletter/journal, and members must be given an opportunity to comment at least 30 days prior to consideration by the Board. No public comment will be allowed during the Board meeting, but written comment may be provided for review by the Board and must be received at least 30 days prior to the Board meeting.

- If it is determined that on-site inspection is required in order to develop a statement, AAEP will conduct the inspection at its own expense.

- No position statement may be used as an endorsement or approval of any particular breed, sport, discipline or any other use of the horse, nor as an endorsement or approval of any pharmaceutical brand or instrument, and must specifically address the actual management, care or use of the horse in a specific activity or treatment regimen.

- Position statements must be first reviewed and approved by the appropriate committee, prior to review and approval by a quorum of the Board.

Opinions, not position statements, may be rendered by the Board in an emergency situation. These will not become policy statements unless the above protocol is met.

It must be remembered that position statements do not have the force of law. The AAEP can exercise disciplinary action only in connection with its own members and its action is limited to denial of membership in the AAEP. All members should first and foremost obey the laws of their appropriate jurisdiction.

Ethics and Professional Guidelines

Standards of Profession

Professional ethics embodies the behaviors of honesty, integrity and kindness while obeying rules and regulations set forth with mutual respect for opinion and preservation of dignity in interper-

sonal relationships. The conduct should be in a manner that will enhance the worthiness of the profession.

The ethical practice of medicine are those remedies and treatments which have, as their short- or long-term goal, the health and welfare of the horse.

All veterinarians are expected to comply with (a) the code of Ethics of the American Veterinary Medical Association (or the counterpart in foreign countries); (b) the code of Ethics of the veterinary medical association of the state or province in which licensed; (c) all rules and regulations of racing applicable at race tracks where practicing; (d) rules of organizations governing horse shows and the rules of all breed registries in relation to veterinary practices; and (e) all other laws of the land. Veterinarians should be honest and fair in their relations with others, and they should not engage in fraud, misrepresentation or deceit. Violation of any of the foregoing may constitute cause for dismissal from membership in AAEP.

Organizations and law enforcement agencies within the industry notify AAEP of violations within their respective jurisdictions committed by an AAEP member. Each case involving an AAEP member is reviewed by the AAEP Professional Conduct and Ethics Committee and Executive Committee for disciplinary action as indicated. It should be noted that AAEP can exercise disciplinary action only in connection with its own members and this action is limited to denial of membership in the AAEP.

Compliance with Officials (1998)

Members of AAEP will be guided and abide by all legally established rules developed by the states, provinces and organizations under whose jurisdictions they practice. The rules and regulations of the local jurisdiction supersede all other guidelines if they do not contradict state statutes.

Competitions should be governed by rules established within the industry regarding therapeutic administration of medications and all matters pertaining to the health and well-being of the competitive horse. The use of stimulant, depressant, narcotic, tranquilizer, local anesthetic or any substance that affects normal performance of the horse should be prohibited.

Principles of Veterinary Medical Ethics of the American Veterinary Medical Association (2002)

(Bold print states the Principles, standard print explains or clarifies the Principle to which it applies)

I. Introduction

A. Veterinarians are members of a scholarly profession who have earned academic degrees from comprehensive universities or similar educational institutions. Veterinarians practice

the profession of veterinary medicine in a variety of situations and circumstances.

- B. Exemplary professional conduct upholds the dignity of the veterinary profession. All veterinarians are expected to adhere to a progressive code of ethical conduct known as the Principles of Veterinary Medical Ethics (the Principles). The basis of the Principles is the Golden Rule. Veterinarians should accept this rule as a guide to their general conduct, and abide by the Principles. They should conduct their professional and personal affairs in an ethical manner. Professional veterinary associations should adopt the Principles or a similar code as a guide for their activities.
- C. Professional organizations should establish ethics, grievance or peer review committees to address ethical issues. Local and state veterinary associations should also include discussions of ethical issues in their continuing education programs.
 - 1. Complaints about behavior that may violate the Principles should be addressed in an appropriate and timely manner. Such questions should be considered initially by ethics, grievance or peer review committees of local or state veterinary associations and, if necessary, state veterinary medical boards. Members of local and state committees are familiar with local customs and circumstances, and those committees are in the best position to confer with all parties involved.
 - 2. All veterinarians in local or state associations and jurisdictions have a responsibility to regulate and guide the professional conduct of their members.
 - 3. Colleges of veterinary medicine should stress the teaching of ethical and value issues as part of the professional veterinary curriculum for all veterinary students.
 - 4. The National Board of Veterinary Medical Examiners is encouraged to prepare and include questions regarding professional ethics in the National Board Examination.
- D. The AVMA Judicial Council is charged to interpret the AVMA Constitution and Bylaws, the Principles of Veterinary Medical Ethics and other rules of the Association. The Judicial Council should review the Principles periodically to insure that they remain complete and up to date.

II. Professional Behavior

- A. Veterinarians should first consider the needs of the patient: to relieve disease, suffering or disability while minimizing pain or fear.
- B. Veterinarians should obey all laws of the jurisdictions in which they reside and practice veterinary medicine. Veterinarians should be honest and fair in their relations with others, and they should not engage in fraud, misrepresentation or deceit.
 - 1. Veterinarians should report illegal practices and activities to the proper authorities.
- 2. The AVMA Judicial Council may choose to report alleged infractions by nonmembers of the AVMA to the appropriate agencies.
- 3. Veterinarians should use only the title of the professional degree that was awarded by the school of veterinary medicine where the degree was earned. All veterinarians may use the courtesy titles Doctor or Veterinarian. Veterinarians who were awarded a degree other than DVM or VMD should refer to the AVMA Directory for information on the appropriate titles and degrees.
- C. It is unethical for veterinarians to identify themselves as members of an AVMA-recognized specialty organization if such certification has not been awarded.
- D. It is unethical to place professional knowledge, credentials or services at the disposal of any nonprofessional organization, group or individual to promote or lend credibility to the illegal practice of veterinary medicine.
- E. Veterinarians may choose whom they will serve. Once they have started patient care, veterinarians must not neglect their patients and they must continue to provide professional services until they are relieved of their professional responsibilities.
- F. In emergencies, veterinarians have an ethical responsibility to provide essential services for animals when it is necessary to save life or relieve suffering. Such emergency care may be limited to euthanasia to relieve suffering, or when the client rejects euthanasia, to stabilize the patient sufficiently to enable transportation to another veterinary hospital for definitive care.
 - 1. When veterinarians cannot be available to provide services, they should arrange with their colleagues to assure that emergency services are available, consistent with the needs of the locality.
 - 2. Veterinarians who are not qualified to manage and treat certain emergencies should arrange to refer their clients to other veterinarians who can provide the appropriate emergency services.
- G. Regardless of practice ownership, the interests of the patient, client and public require that all decisions that affect diagnosis, care and treatment of patients are made by veterinarians.
- H. Veterinarians should strive to enhance their image with respect to their colleagues, clients, other health professionals and the general public. Veterinarians should be honest, fair, courteous, considerate and compassionate. Veterinarians should present a professional appearance and follow acceptable professional procedures using current professional and scientific knowledge.
- I. Veterinarians should not slander or injure the professional standing or reputation of other veterinarians in a false or misleading manner.



- J. Veterinarians should strive to improve their veterinary knowledge and skills, and they are encouraged to collaborate with other professionals in the quest for knowledge and professional development.
- K. The responsibilities of the veterinary profession extend beyond individual patients and clients to society in general. Veterinarians are encouraged to make their knowledge available to their communities and to provide their services for activities that protect public health.
- L. Veterinarians and their associates should protect the personal privacy of patients and clients. Veterinarians should not reveal confidences unless required to by law or unless it becomes necessary to protect the health and welfare of other individuals or animals.
- M. Veterinarians who are impaired by alcohol or other substances should seek assistance from qualified organizations or individuals. Colleagues of impaired veterinarians should encourage those individuals to seek assistance and to overcome their disabilities.

III. The Veterinarian-Client-Patient Relationship

- A. The veterinarian-client-patient relationship (VCPR) is the basis for interaction among veterinarians, their clients and their patients. A VCPR exists when all of the following conditions have been met:
 - 1. The veterinarian has assumed responsibility for making clinical judgments regarding the health of the animal(s) and the need for medical treatment, and the client has agreed to follow the veterinarian's instructions.
 - 2. The veterinarian has sufficient knowledge of the animal(s) to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s). This means that the veterinarian has recently seen and is personally acquainted with the keeping and care of the animal(s) by virtue of an examination of the animal(s), or by medically appropriate and timely visits to the premises where the animal(s) are kept.
 - 3. The veterinarian is readily available, or has arranged for emergency coverage, for follow-up evaluation in the event of adverse reactions or the failure of the treatment regimen.
- B. When a VCPR exists, veterinarians must maintain medical records (See section VII).
- C. Dispensing or prescribing a prescription product requires a VCPR.
 - 1. Veterinarians should honor a client's request for a prescription in lieu of dispensing.
 - 2. Without a valid VCPR, veterinarians' merchandising or use of veterinary prescription drugs or their extra-label use of any pharmaceutical is unethical and is illegal under federal law.
- D. Veterinarians may terminate a VCPR under certain conditions, and they have an ethical obligation to use courtesy and tact in doing so.

- 1. If there is no ongoing medical condition, veterinarians may terminate a VCPR by notifying the client that they no longer wish to serve that patient and client.
- 2. If there is an ongoing medical or surgical condition, the patient should be referred to another veterinarian for diagnosis, care and treatment. The former attending veterinarian should continue to provide care, as needed, during the transition.

- E. Clients may terminate the VCPR at any time.

IV. Attending, Consulting and Referring

- A. An attending veterinarian is a veterinarian (or a group of veterinarians) who assumes responsibility for primary care of a patient. A VCPR is established.
 - 1. Attending veterinarians are entitled to charge a fee for their professional services.
 - 2. When appropriate, attending veterinarians are encouraged to seek assistance in the form of consultations and referrals. A decision to consult or refer is made jointly by the attending veterinarian and the client.
 - 3. When a consultation occurs, the attending veterinarian continues to be primarily responsible for the case.
- B. A consulting veterinarian is a veterinarian (or group of veterinarians) who agrees to advise an attending veterinarian on the care and management of a case. The VCPR remains the responsibility of the attending veterinarian.
 - 1. Consulting veterinarians may or may not charge fees for service.
 - 2. Consulting veterinarians should communicate their findings and opinions directly to the attending veterinarians.
 - 3. Consulting veterinarians should revisit the patients or communicate with the clients in collaboration with the attending veterinarians.
 - 4. Consultations usually involve the exchange of information or interpretation of test results. However, it may be appropriate or necessary for consultants to examine patients. When advanced or invasive techniques are required to gather information or substantiate diagnoses, attending veterinarians may refer the patients. A new VCPR is established with the veterinarian to whom a case is referred.
- C. The referral veterinarian or receiving veterinarian is a veterinarian (or group of veterinarians) who agrees to provide requested veterinary services. A new VCPR is established. The referring and referral veterinarians must communicate.
 - 1. Attending veterinarians should honor a client's requests for referral.
 - 2. Referral veterinarians may choose to accept or decline clients and patients from attending veterinarians.

3. Patients are usually referred because of specific medical problems or services. Referral veterinarians should provide services or treatments relative to the referred conditions, and they should communicate with the referring veterinarians and clients if other services or treatments are required.

D. When a client seeks professional services or opinions from a different veterinarian without a referral, a new VCPR is established with the new attending veterinarian. When contacted, the veterinarian who was formerly involved in the diagnosis, care and treatment of the patient should communicate with the new attending veterinarian as if the patient and client had been referred.

1. With the client's consent, the new attending veterinarian should contact the former veterinarian to learn the original diagnosis, care and treatment and clarify any issues before proceeding with a new treatment plan.

2. If there is evidence that the actions of the former attending veterinarian have clearly and significantly endangered the health or safety of the patient, the new attending veterinarian has a responsibility to report the matter to the appropriate authorities of the local and state association or professional regulatory agency.

V. Influences on Judgment

A. The choice of treatments or animal care should not be influenced by considerations other than the needs of the patient, the welfare of the client and the safety of the public.

B. Veterinarians should not allow their medical judgment to be influenced by agreements by which they stand to profit through referring clients to other providers of services or products.

C. The medical judgments of veterinarians should not be influenced by contracts or agreements made by their associations or societies.

VI. Therapies

A. Attending veterinarians are responsible for choosing the treatment regimens for their patients. It is the attending veterinarian's responsibility to inform the client of the expected results and costs and the related risks of each treatment regimen.

B. It is unethical for veterinarians to prescribe or dispense prescription products in the absence of a VCPR.

C. It is unethical for veterinarians to promote, sell, prescribe, dispense or use secret remedies or any other product for which they do not know the ingredient formula.

D. It is unethical for veterinarians to use or permit the use of their names, signatures or professional status in connection with the resale of ethical products in a manner which violates

those directions or conditions specified by the manufacturer to ensure the safe and efficacious use of the product.

Genetic Defects

E. Performance of surgical or other procedures in all species for the purpose of concealing genetic defects in animals to be shown, raced, bred or sold as breeding animals is unethical. However, should the health or welfare of the individual patient require correction of such genetic defects, it is recommended that the patient be rendered incapable of reproduction.

VII. Medical Records

A. Veterinary medical records are an integral part of veterinary care. The records must comply with the standards established by state and federal law.

B. Medical records are the property of the practice and the practice owner. The original records must be retained by the practice for the period required by statute.

C. Ethically, the information within veterinary medical records is considered privileged and confidential. It must not be released except by court order or consent of the owner of the patient.

D. Veterinarians are obligated to provide copies or summaries of medical records when requested by the client. Veterinarians should secure a written release to document that request.

E. Without the express permission of the practice owner, it is unethical for a veterinarian to remove, copy or use the medical records or any part of any record.

VIII. Fees and Remuneration

A. Veterinarians are entitled to charge fees for their professional services.

B. In connection with consultations or referrals, it is unethical for veterinarians to enter into financial arrangements, such as fee splitting, which involve payment of a portion of a fee to a recommending veterinarian who has not rendered the professional services for which the fee was paid by the client.

C. Regardless of the fees that are charged or received, the quality of service must be maintained at the usual professional standard.

D. It is unethical for a group or association of veterinarians to take any action which coerces, pressures or achieves agreement among veterinarians to conform to a fee schedule or fixed fees.

IX. Advertising

A. Without written permission from the AVMA Executive Board, no member or employee of the American Veterinary Medical Association (AVMA) shall use the AVMA name or



logo in connection with the promotion or advertising of any commercial product or service.

- B. Advertising by veterinarians is ethical when there are no false, deceptive or misleading statements or claims. A false, deceptive or misleading statement or claim is one which communicates false information or is intended, through a material omission, to leave a false impression.
- C. Testimonials or endorsements are advertising, and they should comply with the guidelines for advertising. In addition, testimonials and endorsements of professional products or services by veterinarians are considered unethical unless they comply with the following:
 - 1. The endorser must be a bonafide user of the product or service.
 - 2. There must be adequate substantiation that the results obtained by the endorser are representative of what veterinarians may expect in actual conditions of use.
 - 3. Any financial, business or other relationship between the endorser and the seller of a product or service must be fully disclosed.
 - 4. When reprints of scientific articles are used with advertising, the reprints must remain unchanged, and be presented in their entirety.
- D. The principles that apply to advertising, testimonials and endorsements also apply to veterinarians' communications with their clients.
- E. Veterinarians may permit the use of their names by commercial enterprises (e.g. pet shops, kennels, farms, feedlots) so that the enterprises can advertise under veterinary supervision, only if they provide such supervision.

X. Euthanasia

Humane euthanasia of animals is an ethical veterinary procedure.

XI. Glossary

1. PHARMACEUTICAL PRODUCTS

Several of the following terms are used to describe veterinary pharmaceutical products. Some have legal status, others do not. Although not all of the terms are used in the Principles, we have listed them here for clarification of meaning and to avoid confusion.

- A. *Ethical Product*: A product for which the manufacturer has voluntarily limited the sale to veterinarians as a marketing decision. Such products are often given a different product name and are packaged differently than products that are sold directly to consumers. "Ethical products" are sold only to veterinarians as a condition of sale that is specified in a sales agreement or on the product label.
- B. *Legend Drug*: A synonymous term for a veterinary prescription drug. The name refers to the statement (legend) that is required on the label (see veterinary prescription drug below).

- C. *Over the Counter (OTC) Drug*: Any drug that can be labeled with adequate direction to enable it to be used safely and properly by a consumer who is not a medical professional.
- D. *Prescription Drug*: A drug that cannot be labeled with adequate direction to enable its safe and proper use by non-professionals.
- E. *Veterinary Prescription Drug*: A drug that is restricted by federal law to use by or on the order of a licensed veterinarian, according to section 503(f) of the federal Food, Drug and Cosmetic Act. The law requires that such drugs be labeled with the statement: "Caution, federal law restricts this drug to use by or on the order of a licensed veterinarian."

2. DISPENSING, PRESCRIBING, MARKETING AND MERCHANDISING

- A. *Dispensing* is the direct distribution of products by veterinarians to clients for use on their animals.
- B. *Prescribing* is the transmitting of an order authorizing a licensed pharmacist or equivalent to prepare and dispense specified pharmaceuticals to be used in or on animals in the dosage and in the manner directed by a veterinarian.
- C. *Marketing* is promoting and encouraging animal owners to improve animal health and welfare by using veterinary care, services and products.
- D. *Merchandising* is the buying and selling of products or services.

3. ADVERTISING AND TESTIMONIALS

- A. *Advertising* is defined as communication that is designed to inform the public about the availability, nature or price of products or services or to influence clients to use certain products or services.
- B. *Testimonials or endorsements* are statements that are intended to influence attitudes regarding the purchase or use of products or services.

4. FEE SPLITTING

- A. The dividing of a professional fee for veterinary services with the recommending veterinarian (See Section VIII B).

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AAEP Statement on Genetic Defects (2003)

The American Veterinary Medical Association (AVMA) recently re-stated a policy that surgical correction of "genetic defects" for the purposes of concealing the defect is unethical. If surgical correction is undertaken for the purpose of improving the health of the individual, then it should be accompanied by sterilization to prevent the perpetuation of the genetic flaw.

The AAEP agrees with the intent of this position. In their communications, the AVMA specifically mentions the substitution of prosthetic testicles for natural testicles in cryptorchid dogs. There is no doubt that this type of procedure is fraudulent in that the prosthetic substitute is a non-functional substitute for a body organ with a normal physiologic function and is aimed at deceptively representing that the dog has normal testicles. The AAEP concurs that

this type of surgery is equally fraudulent in horses and is to be condemned as a surgical procedure intended only to deceive, not to treat. The procedure is of no benefit to the horse.

Genetic Defect

The AVMA statement refers specifically to correction of genetic defects. By definition genetic defects are a pathologic condition of proven genetic origin. The gene responsible for inheritance is known for only three genetic defects in the horse, hyperkalemic periodic paralysis in the Quarter Horse, lethal white syndrome in the Paint Horse and combined immunodeficiency in Arabian Horses. If these diseases were correctable surgically, which they currently are not, their correction should be accompanied by sterilization.

Congenital Defect

All undesirable traits and pathologic conditions present at birth were at one time thought to be entirely genetic in origin. Present day knowledge has evolved to the point that we now know that many, if not most, congenital defects are the result of intra-uterine events that results from extra-uterine influences. Viruses and toxins are well documented to cause congenital defects. Certain conditions that were previously thought to be genetic are now suspected, with good evidence, to be created by viral or toxic insults. Contracted flexor tendons in newborn foals have been proven to be created by toxic influences in some instances. Arthrogryposis and cerebellar hypoplasia, are other diseases that have suspected infectious or toxic causes because this link has been proven in other species. Congenital defects do not indicate inheritance; they simply indicate that the defect was present at birth.

Inherited Tendencies

There are characteristics in horses that are genetically influenced. Horses have been selectively bred for centuries to promote or discourage these characteristics. The selection for or against these inherited tendencies is the basis for our current breed registries. Size, power, color, speed, conformation and many other characteristics that are genetically influenced are selected for or against by certain breed registries.

Variations from ideal may be undesirable but they are not genetic defects. A variation in color is an example of an undesirable characteristic that may be named by a breed as being undesirable. Correction of this characteristic specifically named by the breed organization as being prohibited, with the purpose of concealing the characteristic for obtaining registration, would be an example of a surgical procedure that would be unethical. It has no benefit to the horse and is intended only to deceive the breed organization.

The AAEP supports surgical correction of diseases that are in the best interest of individual horses. Surgical correction of inherited defects in the horse is currently not practical for the known genetic defects. So, while the AAEP supports the intent of the AVMA statement, it should be applied to genetic defects and not misapplied to congenital defects or inherited tendencies.

References:

1. Personal Communication, Dr. Doug Antczak, Cornell University, Baker Institute, 2002.
2. Murtaugh, Robert J. Pediatrics: The Kitten from Birth to Eight Weeks, In "The Cat," Sherding Chirchill/Livingstone p 1504.

3. Kahrs, RF: Viral Diseases of Cattle, Iowa State Press, 2001, p 117.
4. McIlwraith CW, James LF. Limb Deformities in Foals Associated with Ingestion of Locoweed by Mares. J Am Vet Med Assoc 181:255-258, 1982.

Therapeutic Options

The AAEP endorses the AVMA's guidelines on the use of complementary and alternative medicine, adopted in 2002.

AVMA Guidelines for Complementary and Alternative Veterinary Medicine (2002)

Introduction

These guidelines are intended to help veterinarians make informed and judicious decisions regarding medical approaches known by several terms including "complementary," "alternative" and "integrative." Collectively, these approaches have been described as Complementary and Alternative Veterinary Medicine (CAVM). The AVMA recognizes the interest in and use of these modalities and is open to their consideration.

The AVMA believes that all veterinary medicine, including CAVM, should be held to the same standards. Claims for safety and effectiveness ultimately should be proven by the scientific method. Circumstances commonly require that veterinarians extrapolate information when formulating a course of therapy. Veterinarians should exercise caution in such circumstances. Practices and philosophies that are ineffective or unsafe should be discarded.

Terminology

The identification of standard and broadly accepted definitions applicable to CAVM, including the definition of CAVM itself, is challenging. These guidelines identify CAVM as a heterogeneous group of preventive, diagnostic, and therapeutic philosophies and practices. The theoretical bases and techniques of CAVM may diverge from veterinary medicine routinely taught in North American veterinary medical schools or may differ from current scientific knowledge, or both.

It is not the intent of these guidelines to determine or describe the relative value of the individual modalities. The evidence pertaining to, and the practice of, individual CAVM modalities differ. Current examples of CAVM include, but are not limited to, aromatherapy; Bach flower remedy therapy; energy therapy; low-energy photon therapy; magnetic field therapy; orthomolecular therapy; veterinary acupuncture, acuthery and acupressure; veterinary homeopathy; veterinary manual or manipulative therapy (similar to osteopathy, chiropractic, or physical medicine and therapy); veterinary nutraceutical therapy and veterinary phytotherapy.

Education, Training and Certification

The AVMA believes veterinarians should ensure that they have the requisite skills and knowledge for any treatment modality they may consider using. The AVMA does not officially recognize diplomate-status or certificates other than those awarded by veterinary special-



ty organizations that are members of the AVMA American Board of Veterinary Specialties (ABVS), nor has it evaluated the training or education programs of other entities that provide such certificates. Recognition of a veterinary specialty organization by the AVMA requires demonstration of a substantial body of scientific knowledge. The AVMA encourages CAVM organizations to demonstrate such a body of knowledge.

Recommendations for Patient Care

The foremost objective in veterinary medicine is patient welfare. Ideally, sound veterinary medicine is effective, safe, proven and holistic in that it considers all aspects of the animal patient in the context of its environment.

Diagnosis should be based on sound, accepted principles of veterinary medicine. Proven treatment methods should be discussed with the owner or authorized agent when presenting the treatment options available. Informed consent should be obtained prior to initiating any treatment, including CAVM.

Clients usually choose a medical course of action on the advice of their veterinarian. Recommendations for effective and safe care should be based on available scientific knowledge and the medical judgment of the veterinarian.

Responsibilities

State statutes define and regulate the practice of veterinary medicine including many aspects of CAVM. These guidelines support the requisite interaction described in the definition of the veterinarian-client-patient relationship. Accordingly, a veterinarian should examine an animal and establish a preliminary diagnosis before any treatment is initiated.

The quality of studies and reports pertaining to CAVM varies; therefore, it is incumbent on a veterinarian to critically evaluate the literature and other sources of information. Veterinarians and organizations providing or promoting CAVM are encouraged to join with the AVMA in advocating sound research necessary to establish proof of safety and efficacy.

Medical records should meet statutory requirements. Information should be clear and complete. Records should contain documentation of client communications and informed consent.

In general, veterinarians should not use treatments that conflict with state or federal regulations. Veterinarians should be aware that animal nutritional supplements and botanicals typically are not subject to premarketing evaluation by the FDA for purity, safety or efficacy and may contain active pharmacologic agents or unknown substances.

Manufacturers of veterinary devices may not be required to obtain premarketing approval by the FDA for assurance of safety or efficacy. Data establishing the efficacy and safety of such products and devices should ultimately be demonstrated. To assure the safety of the food supply, veterinarians should be judicious in the use of products or devices for the treatment of food-producing animals. If a human health hazard is anticipated in the course of a disease or as a result of therapy, it should be made known to the client.

Reference

1. Model Veterinary Practice Act. In: 2001 AVMA membership directory and resource manual. Schaumburg, Ill: American Veterinary Medical Association, 2001;319.

Veterinary Botanical Medicine - The use of plant and plant derivatives as therapeutic agents. It is recommended that continued research and education be conducted. Since some of these botanicals may be toxic when used at inappropriate doses, it is imperative that veterinary botanical medicine be practiced only by licensed veterinarians who have been educated in veterinary botanical medicine. Communication on the use of these compounds within the context of a valid veterinarian/client/patient relationship is important.

Nutraceutical Medicine - The use of micronutrients, macronutrients and other nutritional supplements as therapeutic agents. Communication on the potential risks and benefits from the use of these compounds within the context of a valid veterinarian/client/patient relationship is important.

Continued research and education on the use of nutraceuticals in veterinary medicine is advised.

Holistic Veterinary Medicine - A comprehensive approach to health care employing alternative and conventional diagnostic and therapeutic modalities. In practice, holistic veterinary medicine incorporates, but is not limited to, the principles of acupuncture and acupuncturists, botanical medicine, chiropractic, homeopathy, massage therapy, nutraceuticals and physical therapy as well as conventional medicine, surgery and dentistry. It is recommended that holistic veterinary medicine be practiced only by a licensed veterinarian educated in the modalities employed. The modalities comprising holistic veterinary medicine should be practiced according to the licenser and referral requirements concerning each modality.

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Equine Welfare

AVMA Policy on Animal Welfare and Animal Rights (2002)

Animal welfare is a human responsibility that encompasses all aspects of animal well-being, including proper housing, management, nutrition, disease prevention and treatment, responsible care, humane handling and, when necessary, humane euthanasia.

Animal rights is a philosophical view and personal value characterized by statements by various animal rights groups. Animal welfare and animal rights are not synonymous terms. The AVMA wholeheartedly endorses and adopts promotion of animal welfare as official policy; however, the AVMA cannot endorse the philosophical views and personal values of animal rights advocates when they are incompatible with the responsible use of animals for human purposes, such as companionship, food, fiber and research conducted for the benefit of both humans and animals.

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AVMA Animal Abuse and Animal Neglect (2002)

The AVMA recognizes that veterinarians may observe cases of animal abuse and neglect as defined by federal or state laws, or local ordinances. When these situations cannot be resolved through education, the AVMA considers it the responsibility of the veteri-

narian to report such cases to appropriate authorities. Disclosure may be necessary to protect the health and welfare of animals and people. Veterinarians should be aware that accurate record keeping and documentation of these cases are invaluable.

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AVMA Welfare of Animals in Spectator Events (2002)

The AVMA condemns spectator events involving animals that have injury or death intended. These events include, but are not limited to, cock fighting, dog fighting and bull fighting. The AVMA recommends that any spectator events involving animals where injuries may occur be conducted in a manner that minimizes injury. These events include, but are not limited to dog racing; dog sled racing; animal exhibitions; rodeo; polo; horse racing, cutting, reining and jumping; and field trials. The AVMA opposes the use of live animals for training racing dogs and encourages the development of artificial racing lures. The AVMA condemns the practice of soring horses.

The AVMA encourages all organizations involved with animals used in spectator events to develop, implement and enforce appropriate guidelines or standards to ensure humane treatment of these animals. The AVMA recommends that all rodeos adopt, implement and enforce rules to ensure humane treatment of rodeo livestock. The AVMA also supports continued sport animal medicine research to help minimize injury for contestants and animals.

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Position on Stewardship of the Horse (2002)

The American Association of Equine Practitioners advocates respect for the dignity and the welfare of all horses and recognizes their specialized needs. It is the responsibility of AAEP members to serve as stewards of the horse and to follow practices that promote the health and welfare of the horse.

The American Association of Equine Practitioners champions and fosters: research towards understanding and reducing injuries and illnesses, education to inform and support owners, trainers, event organizers and veterinarians regarding preventive medicine, responsible training and the humane treatment of horses; modern and progressive horse care as insured by periodic examination and disease prevention implemented by licensed veterinarians in partnership with horse owners, breeders and managers, euthanasia when justified by thorough and expedient diagnostic procedures to end inhumane suffering.

Regarding the horse in competition, the American Association of Equine Practitioners advocates: ethical and humane conditions and handling which includes proper housing, transportation and nutrition in the training and care of the competitive horse; standardization of rules, policies and procedures for all equine events to insure maximum safety, health and welfare for all participants; quality drug testing to assure equity and fairness regarding the regulation and use of appropriate therapeutic medications as they affect the competitive horse.

Position on the Transportation and Processing of Horses (2002)

The AAEP advocates the humane treatment of all horses and believes the equine industry and horse owners have a responsibility to provide humane care throughout the life of the horse. However, a small percentage of horses are ultimately unwanted because they are no longer serviceable, are infirm, dangerous or their owners are no longer able to care for them.

The AAEP recognizes that the processing of unwanted horses is currently a necessary aspect of the equine industry, and provides a humane alternative to allowing the horse to continue a life of discomfort and pain, and possibly inadequate care or abandonment. The AAEP encourages, fosters and provides education regarding responsible ownership and management that will reduce the number of unwanted horses. In addition, the AAEP supports and commends the efforts of equine retirement facilities and adoption groups.

Regarding the care of horses destined for processing, the AAEP's position is that these horses should be:

- Treated humanely and with dignity;
- Transported to the production facility according to the guidelines approved by the United States Department of Agriculture in 2002;
- Euthanized in a humane manner in accordance with the guidelines established by the American Veterinary Medical Association.

In addition, the AAEP recognizes that the human consumption of horsemeat is a cultural and personal issue and does not fall within the purview of the association, whose mission is the care of the health and welfare of the horse throughout its life.

Position on the Management of Mares Utilized in the Pregnant Mare Urine (PMU) Collection Industry (1996)

Through on-site investigations and peer review of ongoing research, the American Association of Equine Practitioners believes the collection of urine from pregnant mares and care of their offspring as prescribed by the recommended "Code of Practice," represents responsible management of horses to produce a commodity for the benefit of mankind that should not result in abuse, neglect or inhumane treatment of horses.

Position Statement on the Use of Horses in Urban Environments (2003)

The AAEP recognizes the unique issues of horses working in an urban environment, i.e. mounted patrols, tourist carriages and taxi/limousine services. Horses engaged in these activities require special work and living conditions and precautions for their safety and well-being. Urban environments present health and welfare hazards that may preclude their use, such as pollution, concussion, climactic extremes and load factors.

Provisions should be prepared for each jurisdiction concerning work hours, workloads and living conditions, standards of driver training and passenger safety. Annual examination by competent



equine veterinarians for condition, freedom from lameness or disease and appropriateness of living conditions and transport should be performed and recorded. Appropriate licensing standards should be established and adhered to by local authorities.

The veterinarian is the most qualified individual to manage the health care needs of the horse. The owners and caregivers of horses working in urban settings should have a relationship with a veterinarian who can respond appropriately to all emergencies, including those in which humane euthanasia is required. In the absence of a veterinarian in such a situation, the AAEP acknowledges that it may be necessary for licensed, qualified animal control or trained law enforcement personnel to perform euthanasia.

Position on the Use of Vesicants (2003)

The use of vesicants (therapeutic counter-irritation) may be useful in the management of selected musculoskeletal disorders providing the induced tissue reaction is controlled and precautions are taken for the protection of the animal.

Position on the Practice of Soring (2002)

The AAEP condemns the practice of "soring," as legally defined in the Horse Protection Act of 1970 (HPA), to accentuate a horse's gait for training or show purposes.

The AAEP supports the efforts of APHIS in the application and enforcement of the HPA as outlined in the APHIS Horse Protection Operating Plan and strongly recommends imposing sufficient sanctions to prevent these practices.

As legally defined in the HPA, "soring" refers to:

1. An irritating or blistering agent has been applied, internally or externally, by a person to any limb of a horse;
2. Any burn, cut or laceration has been inflicted by a person on any limb of a horse;
3. Any tack, nail, screw or chemical agent has been injected by a person or used by a person on any limb of a horse; or
4. Any other substance or device has been used by a person on any limb of a horse or a person has engaged in a practice involving a horse, and, as a result of such application, infliction, injection, use or practice, such a horse suffers, or can reasonably be expected to suffer, physical pain or distress, inflammation or lameness when walking, trotting or otherwise moving, except that such term does not include such an application, infliction, injection, use or practice in connection with the therapeutic treatment of a horse by or under the supervision of a person licensed to practice veterinary medicine in the State in which such a treatment was given.

Position on the Practice of Tail Docking (2003)

Tail docking in horses should only be performed when it is a medical necessity or when it is vital to ensuring the horse's safety in a work environment. Tail docking should not be performed for cosmetic reasons. To protect the health and welfare of the horse, tail docking should be performed by a licensed veterinarian to ensure

adequate pain management, sterile technique and appropriate after-care. Tail docking should always be done in compliance with individual state laws.

Position on Thermocautery or Pin Firing (2006)

Thermocautery may have therapeutic value for certain conditions in the horse. When applied judiciously and in conjunction with appropriate analgesia and aftercare, the AAEP considers the modality an acceptable form of therapy in cases that have proven refractory to conventional treatment.

Horse Show

Horse Show Official Veterinarian (1971)

The responsibilities of the official veterinarian for horse shows and other equestrian events are as follows:

- He or she shall serve as a professional consultant on veterinary matters to the show management, the stewards and the judges.
- He or she shall advise the management and cooperating persons and agencies about the health care of the horses present at the event and shall administer to them if the need arises.
- He or she shall do everything within his or her power and training to aid the sport in general and the event in particular.
- He or she shall not assume or be expected to assume the role, responsibilities or privileges of the management, judges, stewards or other officials or agencies at the event.
- He or she shall not assume or be expected to assume a dual role in conjunction with that of Official Veterinarian. (1971)

Medication

Position Statement on Vaccination for Venezuelan Equine Encephalomyelitis (1998)

The AAEP and the American Horse Council strongly encourage practitioners to vaccinate all horses residing to protect against VEE and to provide an important immunized population should outbreaks occur near the U.S. border. Horses traveling to Mexico, South or Central America should also be vaccinated. However, horses intended for travel or sale outside the U.S. may face export restrictions by some countries if they are vaccinated for VEE. Therefore, consideration should be given if the horse is expected to be exported. The U.S. Department of Agriculture can determine if a country of destination has such restrictions.

Currently, two manufacturers are licensed to produce killed VEE vaccine; Solvay Animal Health, Inc., Mendota Heights, Minnesota, and Boehringer Animal Health, St. Joseph, Missouri. Both firms manufacture trivalent products only, containing Eastern, Western, and Venezuelan serotypes. Both products have satisfied all efficacy and potency requirements required by the Animal and Plant Health Inspection Service and, therefore, should be safe and effective when used as recommended on the label.

Veterinary practitioners should follow label dosage and administration instructions and keep accurate records to facilitate tracing of vaccinated equines. Primary vaccination of a booster is recommended annually, or in the event of a threatened zoonotic.

Problems Associated with Vaccination (1998)

Vaccination will interfere with diagnostic testing for VEE. Some countries and states require a negative blood test for VEE prior to importation. Because vaccinated and infected equines are indistinguishable, vaccinated equines may be denied entry. Further, the blood test for VEE may remain positive for many months, limiting an equine's movement far into the future. This is compounded by the fact that the trivalent vaccine contains WEE and EEE strains, as well as VEE. Thus, as with VEE some countries and states may require a negative blood test for EEE and/or WEE, as well as VEE. Contact the area veterinarian in charge to obtain import requirements of countries of interest. Only vaccination certificates issued by accredited federal or state veterinarians are acceptable for interstate and international health certificates.

Equine owners should consult their local veterinarian to determine if vaccination is advisable. Considerations should include risk of exposure to the virus, cost of vaccination, costs of the disease should it occur and the impact of movement restrictions.

Veterinarians and livestock owners who suspect an animal may have VEE should immediately contact state or federal animal health authorities. For more information contact:

USDA, APHIS Veterinary Services
Emergency Programs
4700 River Rd. Unit 40
Riverdale, MD 20737
(301) 734-3277
fax: (301) 734-7817

Position on Endurance Horse Medications (1975)

Endurance rides and competitive trail rides differ from racing in that horses competing in these events are judged primarily on their endurance, physical fitness and ability to withstand the stress of sustained hard work on long tails. Speed and time are considerations, but not the determining factors.

AAEP policy recommends that the use of any medication in horses participating in competitive trail or endurance rides is prohibited. Medications for this purpose are defined as injectable, oral or topical administered substances other than oral electrolytes and vitamins.

Position on Therapeutic Medications in Racehorses (2000)

The AAEP policy on medication in pari-mutuel racing is driven by our mission to improve the health and welfare of the horse. The AAEP policy is aimed at providing the best health care possible for the racehorses competing under the current rules of racing in jurisdictions throughout the United States and Canada while ensuring

the integrity of the sport. The AAEP expects its members to abide by the rules of all jurisdictions where they practice. The AAEP condemns the administration of non-therapeutic or unprescribed medications to racehorses by anyone. The AAEP believes that all therapeutic medication should be administered to racehorses by or under the direction of a licensed veterinarian. Health care decisions on individual horses should involve the veterinarian, the trainer and owner with the best interests of the horse as the primary objective.

The AAEP strongly encourages continued research in determining the therapeutic levels and appropriate withdrawal times that represent responsible use of medication in the racehorse. The AAEP is aware of the dynamics of the development of new products, as well as the continuing evaluation of current medications, and will continue to evaluate its policy based upon available scientific research and the best interests of the horse.

In order to provide the best health care possible for the racehorse, veterinarians should utilize the most modern diagnostic and therapeutic modalities available in accordance with medication guidelines designed to ensure the integrity of the sport. To this end, the following are the essential elements of AAEP policy concerning veterinary care of the racehorse:

- All racing jurisdictions should adopt uniform medication guidelines, testing procedures with strict quality controls and penalty schedules that strive to protect the integrity of racing as well as the health and well-being of the horse.
- Stimulants, depressants and local anesthetics or other numbing agents present in a horse at the time of a race should be strictly forbidden.
- Products present in a horse at the time of a race that have been proven to interfere with accurate and effective post-race testing should be strictly forbidden.
- Detection of pharmacologically-insignificant levels of therapeutic medications should not constitute a violation of medication rules.
- No medication should be administered on the day of the race with the exception of furosemide (Salix®). In the absence of a more effective treatment for exercise-induced pulmonary hemorrhage, the AAEP supports the use of furosemide as a day-of-the-race medication for certified bleeders.
- The AAEP encourages proactive and constructive communication between regulatory bodies and practicing veterinarians and other industry stakeholders.
- The AAEP believes that all veterinarians should use judicious, prudent and ethical decisions in all treatments to ensure the health and welfare of the horse.
- The AAEP endorses increased surveillance and enforcement of the above-mentioned regulations.

Position on Therapeutic Medications in Non-Racing Performance Horses (2002)

The AAEP policy on medication in non-racing performance horses is driven by our mission to improve the health and welfare of the horse. It is aimed at providing the best health care possible for horses competing under the current rules in various disciplines while ensuring the integrity of the sport. The AAEP expects its members to abide by the rules of all jurisdictions where they practice. The AAEP condemns the administration of nontherapeutic or unpre-



scribed medications to performance horses by anyone. The AAEP believes that all therapeutic medication should be administered to performance horses by or under the direction of a licensed veterinarian. Health care decisions on individual horses involve the veterinarian, the trainer and the owner with the best interests of the horse as the primary objective.

The AAEP strongly encourages continued research in determining the therapeutic levels and appropriate withdrawal times that represent responsible use of medication in the competing horse. The AAEP is aware of the dynamics of the development of new products, as well as the continuing evaluation of current medications, and will continue to evaluate its policy based upon available scientific research and the best interests of the horse.

In order to provide the best health care possible for the performance horse, veterinarians should utilize the most appropriate diagnostic and therapeutic modalities in accordance with medication guidelines of the sport. To this end, the following are the essential elements of the AAEP policy concerning veterinary care of the performance horse:

- It is recognized that various performance horse disciplines have differing regulations concerning medication guidelines. The AAEP urges members to abide by these regulations and to work with the governing bodies to develop and enforce such regulations. The establishment of guidelines backed by testing procedures with strict quality controls should be the goal to protect the well-being of the horse and the integrity of the sport.
- The AAEP encourages proactive and constructive communication between regulatory bodies, practicing veterinarians and other industry stakeholders.
- The AAEP offers its expertise to all performance horse organizations for assistance in establishing medication guidelines for their respective disciplines.
- The use of medications for the purpose of stimulating, depressing or numbing a horse at the time of competition should be forbidden. It is recognized that some governing bodies allow for the emergency use of local anesthetics for strictly medical purposes within the normal withdrawal time for such agents. Such procedures must be very closely controlled.
- Products present in a horse at the time of performance that have been proven to interfere with accurate and effective post-performance testing should be strictly forbidden.
- The AAEP endorses the use of quality-controlled testing procedures by all performance horse organizations. Detection of pharmacologically insignificant levels of therapeutic medications should not constitute a violation of medication rules.
- Governing organizations have developed guidelines for the use of nonsteroidal anti-inflammatory agents in their sports. It is the opinion of the AAEP that the use of multiple NSAID agents is not in the best interest of the health and welfare of the horse. Performance horse governing bodies are encouraged to regularly reevaluate their regulations in light of this recommendation.
- The AAEP believes that all veterinarians should follow a judicious, prudent and ethical decision-making process.
- The AAEP endorses increased surveillance and enforcement of the above-mentioned regulations.

Position on the Use of Anabolic Steroids and Corticosteroids in Horses (1991)

One common misconception is that a horse which has received anabolic steroids or corticosteroids has an unfair advantage by increasing his or her natural ability. At this time, there is no scientific evidence in horses to support such a perception, however, irresponsible use of either of these types of drugs may contribute to this belief.

Definition and Mode of Action (1991)

Anabolic steroids are a group of naturally occurring and/or synthetic hormones including androgens (testosterone and its derivatives), estrogen and progestins. The action of these substances is to increase protein synthesis, particularly in skeletal muscle.

Corticosteroids occur naturally or may be synthesized. The most useful and desired effect of these compounds is to control inflammation.

Both anabolic steroids and corticosteroids have specific indications in the therapeutic treatment of medical conditions of horses.

Anabolic Steroids (1991)

Indications for use: Anabolic steroids are primarily effective in debilitated horses, where the objective is to improve appetite, repair tissue, promote weight gain and accelerate recovery. In horses, anabolic steroids may stimulate appetite and increase muscle mass, particularly when there has been marked tissue breakdown associated with disease, prolonged anorexia, stress, or surgery.

Potential side effects of anabolic therapy: Anabolic steroids may cause aggressive or male-like behavior in mares or geldings. Of greater concern are the potentially adverse effects of anabolic steroids on the reproductive function of both mares and stallions. Although these effects are not thought to be permanent, consideration must be given to this possibility.

Corticosteroids (1991)

Indications for use: Corticosteroids act and are indicated in a wide variety of cases that require anti-inflammatory therapy. For example, a short term locally acting corticosteroid may be compounded with an ointment to treat a skin rash or eczema. A long-acting corticosteroid may be injected into a joint to control inflammation. A short or long-acting corticosteroid may be injected systemically to treat generalized conditions such as shock or an allergy.

Potential side effects of corticosteroid therapy: Some corticosteroids, when used excessively or too frequently, may have a negative effect on the body's natural immune response. Locally injected, corticosteroids may weaken support tissues such as the cartilage and ligaments of a damaged joint if used excessively or indiscriminately. The frequent systemic use of corticosteroids may suppress the ability of the adrenal gland to produce naturally occurring corticosteroids and other hormones, thus creating a hormonal imbalance. Some corticosteroids, when used excessively, have been implicated as a cause of laminitis.

What recommendation does the AAEP make in regard to the use of these substances?

1. Anabolic steroids and corticosteroids, like other drugs, should only be prescribed where a doctor-client-patient relationship exists.
2. Anabolic steroids and corticosteroids should only be prescribed for the therapeutic treatment of specific medical conditions.
3. In adherence with its medication policies related to competition horses, the AAEP recommends that neither anabolic steroids nor corticosteroids be used on race or show day prior to performance.
4. Veterinarians must exercise extreme caution in prescribing and administering anabolic steroids to prevent their acquisition for human use.

Racing

Private Practice by Regulatory Veterinarians (1967)

The AAEP views as a conflict of interest the participation in private practice by a "Regulatory Veterinarian" at the track where he or she serves in an official capacity.

(Regulatory Veterinarian means track veterinarian, examining veterinarian, commission veterinarian, identifier or any other official capacity in the racing department.)

For the purposes of this policy, the associates in private practice of a regulatory veterinarian are similarly excluded from practice at the track where the regulatory veterinarian is employed.

This interpretation implies no intent to impugn any members who serve in dual capacities; but such conflicts of interest have invited misunderstanding, challenge and untoward public reaction.

Many states outlaw private practice by regulatory veterinarians. In those states where no regulation exists, professional ethics preclude such conflicts of interest.

Effective January 1, 1969, the AAEP will regard participation in private practice by a regulatory veterinarian at the track where he or she is employed as a serious breach of ethics and may be the cause for termination of membership or other disciplinary action.

A regulatory veterinarian may administer emergency first aid in the absence of a private practitioner, but such emergency treatment will be administered without fee and the case referred to a private practitioner for further care.

For more information on racing issues refer to "A Guide to Veterinary Services at the Racetrack." Prepared for Racing Commissioners and the Horse Industry by the American Association of Equine Practitioners (1993). Contact the AAEP office for a copy.

Reproduction

Veterinary Management of Broodmares (1994)

It is the opinion of the AAEP that the commonly used diagnostic and therapeutic procedures are important in the proper management of broodmares for optimum reproductive efficiency.

These procedures include, but are not limited to: palpation per rectum, ultrasound examination, visual and endoscopic examina-

tion of the internal reproductive organs, endometrial culture, endometrial cytology, endometrial biopsy, hormone assays, intrauterine therapy, urogenital surgery, embryo and gamete handling and transfer, and artificial insemination (AI).

AI should be performed by a licensed veterinarian or under the direct supervision of a licensed veterinarian. All other above named procedures should only be performed by a licensed veterinarian.

Recommendations for Transported Semen as it Relates to Equine Viral Arteritis (EVA) (1992)

Equine Viral Arteritis (EVA) with respect to stallions from which semen is collected and transported from the premises in the fresh cooled or frozen state:

1. Breeding stallions unvaccinated for EVA should be tested for evidence of equine viral arteritis infection using the serum neutralization test. No stallion should be vaccinated for the first time without its prevaccination titer first being established.
2. Seronegative stallions (titers of less than 1:4) should be vaccinated at least 28 days prior to breeding or semen collection and receive an annual booster. Vaccinated stallions should be isolated for 28 days post vaccination. Seronegative stallions that are vaccinated for EVA should be vaccinated at least 28 days prior to breeding or semen collection and receive an annual booster. Vaccinated stallions should be isolated 28 days post vaccination.
3. Seropositive stallions' (unvaccinated) shedding status should be determined every 12 months either by: Attempted virus isolation on semen or, testbreeding to at least two seronegative mares and monitoring for seroconversion at 14 and 28 days post breeding.
4. Seropositive stallions (vaccinated) need not be tested for virus shedding if seronegative prior to initial vaccination.
5. The serologic and shedding status of non-EVA vaccinated seropositive stallions should be made known to mare owners receiving the semen. This information should also be reported to state authorities where so required and to breed associations where so required.
6. Stallions seropositive for EVA from natural exposure need not be vaccinated.

Guidelines pertaining to mares which will be inseminated with transported fresh cooled or frozen semen.

1. Seronegative mares to be inseminated with semen from an equine arteritis virus shedding stallion should be vaccinated against EVA at least 21 days prior to insemination. These vaccinated animals should be isolated for 21 days post vaccination.
2. Mares seropositive for EVA from natural exposure need not be vaccinated.



Veterinary Management of the Breeding Stallion (1996)

It is the opinion of the AAEP that proper management of the breeding stallion is paramount in obtaining optimum breeding efficiency. Proper management requires close cooperation between the licensed veterinarian and stallion manager. The licensed veterinarian can contribute various diagnostic and therapeutic procedures to this partnership.

These procedures include, but are not limited to, the following: visual, tactile, endoscopic and sonographic examination of the reproductive organs; collection and evaluation of semen (i.e. assessment of spermatozoal number, initial spermatozoal motility, longevity of spermatozoal motility and spermatozoal morphology); evaluation of spermatozoal responsiveness to cooling and freezing techniques; evaluation of extender compatibility with semen; reproductive tract culture; reproductive tract biopsy; adjunctive diagnostic techniques (e.g. hormonal assays, sperm chromatin structure assay, antisperm antibody assay and transmission electronic microscopy); medical therapeutic strategies; and urogenital surgery.

A reproduction examination should be carried out by a licensed veterinarian prior to entry of a stallion into a breeding program and periodically during his breeding career in order to manage the stallion to his maximum efficiency. Semen collections should be performed by a licensed veterinarian or qualified reproductive technician in association with a veterinarian. Diagnostic tests, medical treatments and urogenital surgery should be conducted only by a licensed veterinarian.

Guidelines for Breeding a Mare to an Equine Arteritis Shedding Stallion (1999)

At least 30 days prior to breeding, the mare should be tested for serum neutralizing antibodies to equine arteritis virus. A blood sample should be submitted to a veterinary medical diagnostic laboratory approved by the USDA to conduct this serological test. Based on that result the following procedures are recommended.

Antibody negative

(titer of less than 1:4 – non-pregnant mares)

If the mare is found to be serologically negative, she should be vaccinated as soon as possible with the licensed modified live virus vaccine against EVA. After vaccination, the mare should be isolated for 21 days to allow her time to develop adequate protective immunity against subsequent exposure to the virus and to prevent the minimal risk of spread of the vaccine virus to any susceptible horses with which she might come into contact.

Twenty-one days following vaccination, the mare may be bred to a shedding stallion. She should not be bred to a shedding stallion during that period.

After being bred for the first time to a shedding stallion, the mare should be isolated for 21 days from any horses on the premises serologically negative for antibodies to the virus. Subsequent breedings do not require an additional period of isolation. Occasionally a mare may be vaccinated against EVA, but for some reason, is not bred that year to a shedding stallion. If this should happen, the mare should be vaccinated again before being bred to a shedding stallion. No isolation is necessary following re-vaccination.

Antibody Negative

(titer of less than 1:4 – pregnant mares)

The current licensed modified live virus vaccine against equine viral arteritis is not approved for use in pregnant mares. While a mare that is in good health may be vaccinated following parturition, a mare that has had a complicated foaling, or is otherwise not in good health, should not be vaccinated until she has regained her health. The foal should also be in good health and be at least two weeks old before its dam is vaccinated.

There is minimal risk that suckling foals out of serologically negative mares may be exposed to the vaccine virus when the mare is vaccinated against EVA.

Re-vaccination

Mares that will be bred to shedding stallions should receive an annual booster vaccination against EVA 21 days prior to being used for breeding purposes. No isolation is necessary following re-vaccination.

Antibody Positive

(titer of 1:4 or greater – all mares)

Mares that test serologically positive for antibodies to equine arteritis virus can be bred to a shedding stallion without the need for prior vaccination against EVA. Antibody positive mares that are bred to a shedding stallion by natural cover should be kept separate from other susceptible horses for 24 hours to avoid possible mechanical transmission of virus from voided semen. Any vehicle used to transport such mares immediately following breeding to a shedding stallion should be thoroughly cleaned and disinfected prior to transport of susceptible horses.

Guidelines for Breeding Stallions (1999)

Prior to the breeding season (at least 60 days is recommended), the stallion should be blood tested for neutralizing antibodies to equine arteritis virus.

Antibody Negative

(titer of less than 1:4)

If serologically negative, the stallions should be vaccinated with a licensed modified live vaccine against EVA and isolated for 30 days after vaccination. An annual booster vaccination against EVA should be given on a regular basis every 12 months, but no sooner than 30 days prior to being used for breeding.

Antibody Positive

(titer of 1:4 or greater)

If the stallion is found serologically positive for serum neutralizing antibodies to EVA, without written evidence certifying his negative serological status prior to vaccination, he needs to be tested for presence of the carrier (shedding) state. This can be determined by either one of the following methods:

- Attempted isolation of EVA from two separate ejaculates collected and submitted by an accredited veterinarian to a laboratory approved by the USDA to conduct this test; or
- Test breeding the stallion to two mares serologically negative for antibodies to EVA at least twice on each of two consecutive days (four covers) and the mares checked for the development of serum antibodies to the virus 28 days after breeding.

Antibody Positive – Non Shedding Stallions

Serologically positive stallions with written certification of negative antibody status prior to vaccination against EVA by a USDA approved laboratory need not be tested for virus shedding.

Stallions serologically positive for antibodies to EVA from natural exposure that have previously been tested and found to be non-shedders (non-carriers) of the virus should have written confirmation of their non-shedder status and receive an annual booster vaccination against EVA.

Antibody Positive – Shedding Stallions

Shedding stallions can be used for commercial breeding provided they are managed in accordance with the above guidelines. Stallion owners and stallion managers should disclose the shedding status of their stallions to mare owners, breed associations and, where required, to state authorities. Shedding stallions can be safely bred to adequately immunized mares or to mares that have tested serologically positive for neutralizing antibodies to EVA.

Occasionally, shedding stallions will spontaneously stop shedding equine arteritis virus. Owners may wish to retest the semen of shedding stallions from time to time to determine if the stallion is still shedding virus.

Teaser Stallions

Teaser stallions should be vaccinated against EVA on an annual basis in accordance with this protocol.

Identification of Carrier (Shedding) Stallions

It is recommended that breed associations publicly disclose the names of those stallions registered with their breed association that are confirmed shedders of equine arteritis virus.

Prevention of the Carrier State

Breeding stallions that are found serologically negative for antibodies to equine arteritis virus should be vaccinated against EVA to prevent development of the carrier state.

In order to prevent the carrier (shedding) state, especially in those breeds in which the infection is widely prevalent, as well as to prevent EVA infection, colts under 270 days of age that are serologically negative for antibodies to EVA should be vaccinated against EVA. Written certification of their negative serological status to equine arteritis virus should be obtained before vaccination.

Use of Modified Live Vaccine against EVA

It is essential to have written official certification of a horse's negative serological status to EVA prior to initial vaccination against this disease.

Stallions and mares that will be bred to shedding stallions should receive an annual booster vaccination against equine arteritis virus prior to being used for breeding purposes.

Breeding Terminology (2006)

In providing written reports to interested parties, the AAEP encourages all equine practitioners to use the following terms when conducting reproductive examinations:

Pregnant: Any filly or mare shall be characterized as "pregnant" if and only if a licensed veterinarian has made such a determination. Any such report should include the method of diagnosis (i.e. palpation per rectum, transrectal ultrasound, etc.) and the approximate length of gestation. A statement regarding whether or not the

examining veterinarian has determined that the pregnancy appears normal for the gestational age should also be included. Knowledge of any adjunct method(s) used to aid in the maintenance of said pregnancy should be disclosed.

Aborted: Any filly or mare that is not pregnant at the time of examination by a licensed veterinarian should be reported as "aborted" rather than "not pregnant" if the person rendering the report is actually aware that (a) an aborted fetus was observed or (b) the mare had been previously declared "pregnant" based on an examination by a licensed veterinarian at 42 days or more post mating.

Not Pregnant: Any filly or mare that has been examined for pregnancy by a licensed veterinarian, and found not to be pregnant at the time of that examination shall be characterized as "not pregnant" unless there is evidence that the filly or mare has "aborted" as defined above. Any such report shall include the method of determination and the approximate gestational age that the examination was performed.

Suitable for Mating: Any filly or mare that is not pregnant shall be characterized as "suitable for mating" if examination by a licensed veterinarian does not reveal any obvious abnormalities that would impair the animal's ability to have a reasonable chance of becoming pregnant and carrying a foal to term. The examination of the reproductive tract (ovaries, uterus, cervix, vagina, vestibule and perineum) should include palpation per rectum and where practical, transrectal ultrasonography as well as visual and manual examination of the vagina and cervix. While other tests and criteria can be used to further evaluate the animal's potential fertility, employment of such techniques shall be at the discretion of the examiner or their client. A filly or mare may be characterized as "suitable for mating" based on only one examination even though additional examinations may enhance the likelihood of discovering reproductive abnormalities.

Mating: The physical act of a stallion mounting a filly or mare with intromission of the penis. Artificial insemination qualifies as mating for breeds that permit artificial insemination.

Mated: Any filly or mare that has undergone the physical act of mating but whose pregnancy status has not been determined.

Stillborn: Any foal, after at least 320 days of gestation, that is dead at the time of delivery.

Neonatal Death: Any foal that dies within 14 days of foaling from a medical condition determined to be existing at or dating from birth.

Foal Died: Any foal that stands and nurses unassisted and subsequently dies from a condition not determined to be existing at or dating from birth.

Sales Issues

Position on Medication in Horses Presented for Sale at Public Auction (2005)

The following recommendations were developed by the American Association of Equine Practitioners' (AAEP) Task Force on Medication Issues at Public Auction. The charge to the Task Force was to study and address the issues surrounding medication in the public sales horse.

The goals set by the Task Force were:

1. To protect the health and welfare of the horse.
2. To facilitate the presentation of a healthy, well-cared-for animal for public auction.



3. To facilitate a fair and uncomplicated evaluation of the potential sales animal for the mutual benefit of the purchaser and consignor.

To conceptually evaluate the interaction of medication used in the sales horse, its health care and public auction implications, the committee evaluated the peri-sales timeframe in three time periods and assessed the effect of medication as a part of the horse's health care in each time period.

Time Period I: Pre-sale. This is the time prior to presentation at the sales ground. The principal stakeholder in this time period is the owner and/or consignor of the horse to public auction. They should be allowed to care for the horse in the best possible manner to maximize their return at public auction, but should do so without deceiving the potential purchaser about the true status of the horse.

Time Period II: The Sales Period. This is the time that the horse is on the sales ground at the auction site. The stakeholders in this time period become expanded. The owner and consignor have a continued stake in the horse, but also the auction company, potential buyers and agents for potential buyers become stakeholders. Medication issues must be evaluated to take into consideration all parties and the horse.

Time Period III: The Post-sales Period. The purchaser is the stakeholder. It is the purview of the purchaser to assure that they have bought a fairly presented sales horse, but it is not under the purview of the purchaser to return the horse for anything other than a definitive violation of the principles outlined.

Medication Recommendations

As a general recommendation for medication of sales horses, it would be desirable to have no medication given within 24 hours of the start of the sales session, except in such situations as noted. Certain medications will facilitate a fair and safe sale for both parties' benefit. These medications would be allowable at therapeutic doses.

The common medications given to horses intended for sales have been divided into categories. The categories are listed as generic classes of medication, and medication actions, to prevent the need for continually updating an exhaustive list of specific compounds.

Category 1: Allowable at Therapeutic Levels. The horse can be given these medications on the sales grounds, but the medication should not be present at more than the maximum therapeutic levels, as would be recommended by the manufacturer's dosing recommendations.

Allowable at therapeutic levels:

- One non-steroidal anti-inflammatory drug, with no detectable level of a second non-steroidal anti-inflammatory drug. The primary non-steroidal anti-inflammatory drug must be present at less than the maximum expected level when given at manufacturer's recommended dosage.
- One cortico-steroid, excluding methyl-prednisolone acetate (Depo-medrol), which must not be present at any detectable level. Any other cortico-steroid would be allowable, however they must be present at less than the maximum therapeutic level recommended by the manu-

facturer's dosing regimens, and no detectable level of a second cortico-steroid is allowed to be present.

- Medications labeled for ongoing therapy of gastric ulcers
- Tranquilizers
- Oral anti-arthritic medications, such as proteoglycan supplements (Steroidal and non-steroidal medications would be governed by the recommendations above.)
- Progestins

Category 2: Not Allowable on the Sales Ground. These would be medications whose use can be therapeutic, and which could be part of the normal health care of a horse presented for sale. These medications would be allowable at trace levels, but would not be allowable above the level to be expected from administration of the lowest therapeutic dose, as described by the manufacturer in the dosing recommendations, when this lowest therapeutic dose was given prior to the horse arriving at the sales ground.

Not allowable on the sales ground:

- Treatments commonly recognized as therapeutic for equine protozoal myelitis
- Bronchodilators, such as clenbuterol
- Vaso-active drugs, such as aspirin, isoxsuprine or pentoxifylline
- Parenteral anti-arthritics such as injectable proteoglycan supplements (These would not include non-steroidal anti-inflammatory and cortico-steroid anti-arthritics as they would be governed by the guidelines outlined above when given by any method oral or parenteral.)

Category 3: No Detectable Level. These medications may be therapeutic for normal health care, but should have cleared the horse's system and should have no detectable level at the time of sale.

No detectable levels:

- Stimulants
- Muscle relaxants
- Diuretics
- Anabolic steroids

Category 4: Allowable at Therapeutic Levels, but Must Be Declared in the Repository or Announced by the Auctioneer. These medications would be allowable if given as part of the horse's normal health care, but may affect the purchaser's decision as to the suitability of the horse, and therefore must be declared for assessment by the purchaser.

Allowable if declared:

- Cyproheptadine
- Pergolide
- Antibiotics

Enforcement

Neither the Task Force nor the AAEP has power of enforcement. The principal enforcer must be the sales company, and the principal action should be the rescinding of the sale and return of the horse to the consignor. It is the desire of the AAEP Task Force to discourage legal action by any parties. It is hoped that the sales companies will make a concerted effort to be the power of dispute resolution for the fair and equitable protection of the purchaser and

the seller. This may be done through a panel of experienced veterinarians or some other means outlined by the sales company. But, the sales company must take an active role in promoting the fair and equitable transaction, as indicated by their taking of a commission for facilitating the sale of the horse.

The ultimate goal of the task force, and their recommendations presented in this document, would be to serve as a deterrent. It would be ideal to establish what is acceptable, and what is not acceptable, for presentation of a horse at public auction and to have all consignors abide by those “best practices” in “good faith.” And, to have any disputes resolved without litigation.

The Task Force fully recognizes that not all of the recommendations are fully enforceable, because not all medications are capable of being examined for via forensic testing. We present these guidelines as a best practice for the mutual establishment of a fair value of horses at public auction. Forensic testing will continue to progress with time.

For the situations where medications are to be assessed via testing, the **sampling** of the horse’s blood and/or urine must take place on the sales ground, by or under the direction of a licensed veterinarian. The sampling would preferably take place at the consignor’s barn, after the sale, with an agent of the consignor as a witness. The blood and/or urine sample must be submitted for testing within 5 working days of the start of the session in which the horse was purchased. The cost of testing would be the responsibility of the purchaser. It must be done at a recognized testing laboratory and the laboratory must maintain a split sample, available for confirmation testing should any discussion of the results result in a dispute. The consignor and sales company should be notified within 24 hours of the delivery of the laboratory report to the purchaser if a question is to be raised about the medication of the tested horse.

In sales where horses must sell after a timed performance, such as a “two-year-old in training” sale, such performances are normally governed by the rules of racing in the state of the sale. Those regulations supersede the recommendations outlined here. Likewise, in these sales where performance is part of the sales process, post-exercise medications are sometimes allowed after exercise, if disclosed on the treatment sheets on file with the sales company, and accessible to the purchaser or the purchaser’s agent. The recommendations outlined here would also be superseded by these regulations.

It is the recommendation of the AAEP Task Force on Medication Issues at Public Auction that the guidelines outlined be recommended for common sales venues. These recommendations will be superseded by specific sales conditions and can be modified as needed for specific sale sites and situations. It is hoped that the sales company will take active roles in facilitating the use of these recommendations and that they will be edited and maintained in an ongoing fashion as required by changes in therapeutic medications and dosing schedules. The primary objective is to establish “best practices” to serve as guidelines for the presentation of horses at public auction for fair and equitable establishment of the horse’s value, and to deter the use of medication that may cloud the horse’s true status.

Cryptorchid – Definition (1998)

The AAEP has adopted the following definition of retained testicle or cryptorchid.

Cryptorchid: Any animal that does not have two testes palpable in their entirety below the external inguinal rings. In the event of a dispute, the matter should be referred to a panel of veterinary arbitrators.

Dental Malocclusions (1998)

Mandibular brachygnathism (“parrot mouth”) is the condition in which the upper incisors protrude more rostrally than the lower incisors resulting in no occlusal contact between upper and lower central incisor teeth. Mandibular prognathism (“sow mouth,” “monkey mouth”) is the condition in which the lower incisors protrude more rostrally than the upper incisors resulting in no occlusal contact between upper and lower central incisor teeth.

The AAEP (and many breed organizations) consider these conditions undesirable traits.

Recommended Guidelines for Post-Sale Examination of Horses Intended for Racing (1991)

(Guidelines pertain only to the Upper Respiratory Tract)

These guidelines are for post-sale examination and the reporting of upper respiratory endoscopy evaluations. For the purpose of this examination, “upper respiratory endoscopy” does not include the trachea.

1. Endoscopy of subject horse will be done at rest in the stall.
2. Restrain with a twitch or lip chain; if restraint is removed during the examination, make notation on certificate and document any differences in function observed.
3. Pass the endoscope up either nostril.
4. Stimulate a swallowing reflex and/or perform nasal occlusion to assist in evaluation of pharyngeal and laryngeal function.
5. Observe for anatomical form and function of upper respiratory structures.
6. If a chemical restraint is needed, document the drug and dosage. Re-examination of the horse is suggested if chemical restraint has been used or is suspected.
7. Document endoscopic observations and other pertinent findings on an appropriate certificate or suitable reporting form.

Conditions which should be considered unacceptable and should constitute grounds for rejection on the day of examination include, but are not limited to:

1. Laryngeal hemiplegia.
2. Laryngeal hemiparesis with incomplete abductor function.
3. Epiglottic entrapment.
4. Persistent DDSP.
5. Arytenoid chondritis.
6. Subepiglottic cyst.
7. Soft palate cyst.
8. Rostral displacement of the palatopharyngeal arch.



9. Nasopharyngeal cicatrix.
10. Space occupying lesions or malformation which compromise the diameter of upper respiratory tract.
11. Cleft palate.

In the event of a dispute between the buyer's veterinarian and the consignor's veterinarian, the AAEP recommends that three veterinarians without conflicts of interest be drawn from an arbitration panel to adjudicate such dispute. The arbitration panel should consist of a pool of eight or more veterinarians and could be established in specific geographic areas by local equine practitioner organizations or equine sales companies. Criteria for selection would be based upon experience and expertise. The three veterinarians mutually selected by the buyer and consignor would have no knowledge of either the horse, buyer, or consignor.

Another acceptable method is to have five veterinarians selected from the pool; three examiners would then be picked from these five by a blind draw. They will examine the horse together and collectively determine the acceptance or rejection of the subject horse. Concurrence by two of the three examiners will be conclusive in such cases. Some conditions are generally considered an acceptable variation of normal, but at times may be viewed to affect the ability of the horse to perform its intended use.

Conditions that may elicit concern regarding suitability for racing include the interpretation of:

1. Intermittent DDSP.
2. Hypoplastic epiglottis.
3. Laryngeal hemiparesis with complete (full) abductor function.
4. Variations of epiglottic contour.
5. Pharyngeal lymphoid hyperplasia.
6. Mucopurulent discharge from guttural pouch.
7. Nasal septum deviation.

Detailed diagrams and descriptive terms of the pathology noted should be a part of the examining veterinarian's records only. The certificate issued by individuals or the arbitration team to the sales companies or owners should be a generalized statement of the condition without implied warranty for future athletic potential of the subject horse at the time of the examination and should be prefaced by the phrase "In my opinion."

Other recommendations from the AAEP include:

1. That sales companies obtain a consent form signed by both consignors and buyers to agree to the consent of an arbitration panel and their binding conclusion thereof.
2. That sales companies attempt to institute a uniform agreement among consignors regarding pre-sale examinations on the sales grounds. It was the consensus of the subcommittee that either pre-sale examinations be uniformly allowed or disallowed, so as to establish conformity for consignors and buyers without allowing a selective advantage in the sales process to selected individuals.

Guidelines for Reporting Purchase Examinations (2000)

The American Association of Equine Practitioners has approved the following guidelines for reporting equine purchase examinations. The spirit of these guidelines is to provide a framework which will aid the veterinarian in reporting a purchase exam, and

to define that it is the buyer's responsibility to determine if the horse is suitable. These guidelines are neither designed for nor intended to cover any examinations other than purchase examinations. (e.g. limited examinations at auction sales and other special purchase examinations, such as lameness, endoscopic, ophthalmic, radiographic, reproductive examinations, etc.). While compliance with all of the following guidelines helps to ensure a properly reported purchase examination, it remains the sole responsibility of the veterinarian to determine the extent and depth of each examination. The AAEP recognizes that for practical reasons, not all examinations permit or require veterinarians to adhere to each of the following guidelines.

1. All reports should be included in the medical record.
2. The report should contain:
 - a. A description of the horse with sufficient specificity to fully identify it.
 - b. The time, date and place of the examination.
3. The veterinarian should list all abnormal or undesirable findings discovered during the examination and give his or her qualified opinions as to the functional effect of these findings.
4. The veterinarian should make no determination and express no opinions as to the suitability of the animal for the purpose intended. This issue is a business judgment that is solely the responsibility of the buyer that he or she should make on the basis of a variety of factors, only one of which is the report provided by the veterinarian.
5. The veterinarian should record and retain in the medical record a description of all the procedures performed in connection with the purchase examination, but the examination procedures need not be listed in detail in the report.
6. The veterinarian should qualify any finding and opinions expressed to the buyer with specific references to tests that were recommended but not performed on the horse (x-rays, endoscopy, blood, drug, EKG, rectal, nerve blocks, laboratory studies, etc.) at the request of the person for whom the examination was performed.
7. The veterinarian should record and retain the name and address of parties involved with the examination (buyer, seller, agent, witness, etc.).
8. A copy of the report and copies of all documents relevant to the examination should be retained by the veterinarian for a period of years not less than the statute of limitations applicable for the state in which the service was rendered. Local legal counsel can provide advice as to the appropriate period of retention.

Radiographs – Custody and Distribution

The AAEP recommends the retention of all radiographs on file for a period of three years. The AAEP and AVMA consider this essential for protection against litigation. The assertion of legal precedent is that radiographs are the property of the veterinarians who produced them, and only the information interpreted from the radiograph is the property of the client. In extenuating circumstances a copy of the radiograph can be made for distribution, including for referrals and consultations. Distribution of the original radiographs risks loss or misplacement such practice should be restricted to use in referrals and consultations, and then released only upon proper request.

Position on Sale Disclosure (1998)

AAEP supports the position that when a horse is sold, any known invasive surgery, disease, injury, or congenital defect which is not apparent, should be disclosed to the intended buyer by the owner and/or agent.

The AAEP supports disclosure of ownership by single or multiple owners of a horse at the time of offering for sale.

Veterinary Practice

AVMA Position on Certificates of Veterinary Inspection (1998)

The accredited veterinarian is responsible for the accuracy of certificates of veterinary inspection that he or she issues, and the individual veterinarian shall conduct appropriate examinations before any certificate of veterinary inspection is issued.

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Medical Association*

AVMA Position on Pre-signed Certificates of Veterinary Inspection (1998)

Any veterinarian found guilty of pre-signing or otherwise misusing intra- or inter-state or export certificates of veterinary inspection should have his or her accreditation immediately removed, and all pertinent information should be transmitted to the state board of veterinary medical examiners for a proper hearing. The AVMA believes that the chief animal health official of each state should exercise strict control over the issuing and control of all certificates of veterinary inspection.

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Medical Association*

Contingency Fees (1965)

It is not ethical for a veterinarian to enter into agreements with clients which provide that the fee to be charged for certain services will be contingent upon a horse's successful performance on the racetrack or in the show ring. Such an agreement is unethical in that the veterinarian must at all times render the ultimate assistance to his patient and charge a fee appropriate for the services rendered. His fee is not based on a subsequent event, but directly connected with the services rendered. There are no guarantees in medicine, expressed or implied.

A fee contingent upon the outcome of a race gives the veterinarian a vested interest in the horse, and the racing rules in many states preclude such practices. In other states where the rules do not exist, such vested interest will be considered as a conflict of interest with the owners of all other horses in the race.

This is not to be confused with attempted surgical repair or treatment of cases with poor prognosis if such efforts promise educational benefit, and of cases that would have been destroyed for economic reasons. In those cases, it is proper for a veterinarian to share his efforts on a contingency basis with the client.

Position on Equine Dentistry (2004)

The practice of equine dentistry is an integral branch of equine veterinary medicine. This discipline encompasses all aspects of diagnosis, treatment, and prophylaxis of any and all equine dental conditions and diseases that affect the oral cavity, mandible and maxilla teeth and associated structures. As such, it falls within the purview of veterinary medicine.

Any surgical procedure of the head or oral cavity; the administration or prescription of sedatives, tranquilizers, analgesics or anesthetics; procedures which are invasive of the tissues to the oral cavity including, but not limited to, removal of sharp enamel projections, treatment of malocclusions of premolars, molars, and incisors, reshaping of canine teeth, the extraction of first premolars and deciduous premolars and incisors; treatment, extraction or repair of damaged or diseased teeth; periodontal treatment; and dental radiography are veterinary medical procedures and should be performed by a licensed veterinarian.

In states where the Veterinary Practice Act allows, the AAEP supports the use of licensed veterinary technicians under the employ and supervision of licensed veterinarians for specific and appropriate veterinary dental procedures as enumerated in that state's practice act.

Euthanasia Guidelines (1995)

- A. The prime consideration in selection of a drug for euthanasia purposes should concern the capacity of that drug or combination of drugs to produce painless death. The sole use of skeletal muscle relaxants does not pharmacologically meet that requirement and their single use for euthanasia purposes is regarded by The American Association of Equine Practitioners as unprofessional and inhumane. This does not preclude the use of medically acceptable skeletal muscle relaxants as an adjunct to the use of barbiturates or such other drug, or combination of drugs, to facilitate a humane and aesthetic procedure. Any other method or compound used must conform to the guidelines set forth by the AVMA panel on euthanasia.
- B. Guidelines for Recommending Euthanasia – The following criteria should be considered in evaluating the immediate necessity for intentional euthanasia of the horse to avoid and terminate incurable and excessive suffering:
 1. Is the condition chronic and incurable?
 2. Has the immediate condition a hopeless prognosis for life?
 3. Is the horse a hazard to itself or its handlers?
 4. Will the horse require continuous medication for the relief of pain for the remainder of its life?
- C. Euthanasia Justification – Justification of euthanasia of a horse for humane reasons should be based on medical grounds, rather than economic considerations.



Guidelines for Referral Cases (2002)

Definitions:

Referring Veterinarian: the veterinarian who was, at the time of referral, in charge of the patient.

Receiving Veterinarian: A veterinarian to whom a patient is sent either by referral or for a consultation.

Consultation: A deliberation between two or more veterinarians concerning the diagnosis of a disease and the proper management of the case.

Referral: The transfer of responsibility of diagnosis and treatment from the referring veterinarian to the receiving veterinarian.

Method of Referral:

Communication should be by letter, telephone or direct contact between veterinarians. The most appropriate method of communication should be determined by the veterinarians involved.

The referring veterinarian should provide the receiving veterinarian with all the appropriate information pertinent to the case before or at the time of the receiving veterinarian's first contact with the patient or the client.

When the referred patient has been examined and definite findings have been made, the referring veterinarians should be promptly informed of those findings. Information provided should include diagnosis, proposed treatment and other recommendations.

Immediately upon discharge of the patient, the referring veterinarian should receive a detailed and complete report, preferably written, and be advised as to continuing care of the patient or termination of the case.

The receiving veterinarian should advise and encourage the client to contact the attending veterinarian for the continuing care of the patient.

Each veterinarian involved will collect his/her own fee from the client.

The referring veterinarian should not receive any financial fee, reward or other service from the receiving veterinarian in any way connected with the referral of the case.

Guidelines for Veterinarian/Farrier Professional Conduct (2006)

Licensed veterinarians, being responsible for the medical and surgical management of equine patients should offer clear and concise communications concerning the hoof care of the patient to the client's farrier. The veterinarian and farrier share the responsibility of consulting with and advising the client. The veterinarian should actively consider the opinions of the attending farrier regarding options for shoeing therapy.

Communications between these professionals should provide a clear interpretation of the clinical findings of the patient. This communication should be handled in such a manner that acknowledges each individual's professional training and responsibility. Ideally, the veterinarian and farrier should communicate directly, preferably in person or electronically. Such communication should be augmented by written documentation to minimize misinterpretation. The written communications should include a diagnosis, proposed treatment as well as a description of the possible shoeing options. The written document should be in sufficient detail to become part of the patient's permanent medical record.

Referrals may be made from veterinarian to veterinarian, veterinarian to farrier, farrier to veterinarian, or farrier to farrier. In those horses seen as referrals, the attending professionals (referring veterinarian or farrier) should maintain an active role in the on going care of the patient. The professional to whom the referral was made should maintain contact with the attending veterinarian and farrier throughout the duration of treatment. The attending farrier, who will be responsible for the shoeing of the patient following referral, should remain involved with the veterinarian and/or farrier to whom the horse was referred regarding the shoeing therapy that was performed and follow-up care when necessary. All professionals should remain available until the original problem has been resolved. The client should be encouraged to contact the original veterinarian or farrier for continued care of the horse.

Equine Veterinary Compounding Guidelines (2005)

The American Association of Equine Practitioners recognizes the importance of a sound relationship between the equine veterinarian and their pharmacist. Because of the valid role of pharmacy compounding in equine veterinary medicine, the AAEP Drug Compounding Task Force has compiled the following guide to aid the veterinarian in making responsible decisions involving the use of compounded medications.

Veterinarians must understand the differences between the following:

- I. **FDA Pioneer Drug:** A drug that has undergone the scrutiny of blinded controlled studies to demonstrate safety and efficacy in accordance with federally mandated Good Laboratory Procedures (GLP). The active ingredient and product were manufactured under federally mandated Good Manufacturing Practices (GMP) in federally inspected plants. Therapeutic consistency, product quality, accurate drug shelf life and scientifically substantiated labeling are all federally mandated on these products.
- II. **Generic Drug:** A generic drug is bioequivalent to a brand-name drug in dosage form, efficacy, safety, strength, route of administration, quality and intended use. Generic drug labels display an ANADA # or ANDA # signifying FDA approval of a generic animal drug or human drug, respectively. Generic drugs and their active ingredients also must be manufactured under GMP in federally inspected plants.
- III. **Compounded Drug:** Any drug manipulated to produce a dosage form drug (other than that manipulation that is provided for in the directions for use on the labeling of the approved drug product).

The veterinarian must realize that the use of bulk drugs in preparation of compounded medications is, under strict interpretation of the Federal Food Drug and Cosmetic Act, illegal because it results in the production of an unapproved new animal drug. Preparation, sale, distribution and use of unapproved new animal drugs is in violation of the Act. The preparation of compounded medication from bulk drugs may be permissible in medically necessary situations when there is no approved product available or the needed compounded preparation cannot be made from an FDA-approved drug. Therefore legal compounding can only begin with FDA-approved drugs in compliance with federal extra-label

drug use regulations. International AAEP members should adhere to the rules and regulations set forth by the appropriate governmental regulatory bodies that pertain to the country or province where they practice.

Legal compounding requires a valid veterinarian-client-patient relationship. The veterinarian should limit the use of compounded drugs to unique needs in specific patients and limit the use of compounded drugs to those uses for which a physiological response to therapy or systemic drug concentrations can be monitored, or those for which no other method or route of drug delivery is practical. The prescribing veterinarian should remember that compounded drugs have not been evaluated by the FDA approval process for safety, efficacy, stability, potency and consistency of manufacturing. One should not assume compounded drugs are consistent from one batch to another, contain the stated amount of drug substance or the desired drug substance, or are safe and efficacious for the intended use.

Consider that veterinary compounding pharmacies currently operate in a very dynamic regulatory situation and laws, regulations and guidelines regarding veterinary compounding may vary widely from state to state. Ensure that the pharmacy you use is licensed in the state in which you practice. Proactively seek to educate yourself on regulations concerning compounded medications. Be wary of pharmacies using trademarked brands in the literature to promote “look-alike” compounded products. Be wary of firms that appear to disregard federal, state and local laws, regulations and guidelines concerning disposition of compounded drug products. Be aware that compounding drugs to mimic licensed, FDA-approved drugs is illegal. Assuming there is an FDA-approved product that is in the appropriate dosage form that can be used for the specific patient indication, veterinarians cannot use compounded “look-alikes” as substitutes.

The decision to use the products, in lieu of the FDA-approved product, is illegal and potentially jeopardizes the patient and the veterinarian’s liability insurance. In the long term, this practice by veterinarians discourages new product development by pharmaceutical companies.

Veterinarians are encouraged to contact their state pharmacy boards concerning the re-selling of compounded products. Some state pharmacy boards reportedly require compounded drugs to be dispensed at cost and some allow regular mark up.

The prescribing veterinarian should consider the legal, ethical and clinical ramifications when making recommendations concerning the use of compounded medications for their patients. They should provide information about the benefits and risks of compounded drugs as it is important to an owner’s decisions about therapy. They should understand the concept of “Standard of Care.” One acts below the standard of care when he/she fails to exercise the level of care, skill, diligence and treatment that is recognized as the standard of acceptable and prevailing veterinary medicine.

The prescribing veterinarian should understand that his/her professional liability policy may or may not respond to allegations of negligence arising from the use of compounded drugs. Veterinarians insured with the AVMA-PLIT may review comments at www.avmaplit.com.

Do not miss the opportunity to form a relationship with a pharmacist experienced in compounding who, when medical necessity

exists for a specific patient, can produce the best possible compounded product and discuss related product expectations.

Prudent Drug Usage Guidelines (2006)

The health and welfare of horses and their owners is the primary goal of members of the American Association of Equine Practitioners (AAEP). We believe that these guidelines merely reiterate the standard of practice and what is common in equine veterinary medicine. The AAEP provides continuing education for veterinarians that focuses on the appropriate use of antimicrobial drugs. Our members are committed to the practice of preventive immune system management through the use of vaccines, parasiticides, stress reduction and proper nutritional management. The AAEP recognizes that proper and timely management practices can reduce the incidence of disease and therefore reduce the need for antimicrobials; however, antimicrobials remain a necessary tool to manage infectious disease in horses. In order to reduce animal pain and suffering, prudent use of antimicrobials is encouraged. The following are general guidelines for the prudent therapeutic use of antimicrobials in horses:

1. The veterinarian’s primary responsibility is to aid in the design of management, immunization, housing and nutrition programs that will reduce the incidence of disease and the need for antimicrobials.
2. Antimicrobials should be used only within the confines of a valid veterinarian-client-patient relationship; this includes both dispensing and issuance of prescriptions.
3. Veterinarians should:
 - a. Participate in continuing education programs that include therapeutics and emerging and/or development of antimicrobial resistance.
 - b. Avoid antimicrobial use in transient virus associated conditions.
 - c. Have clinical evidence of the identification of the pathogen associated with the disease based upon history, clinical signs, laboratory data and experience.
 - d. Select antimicrobials that are appropriate for the target organism and should be administered at a dosage and route that are likely to achieve effective levels in the target organ.
 - e. Make product choices and use regimens that are based on available laboratory and package insert information, additional data in the literature, and consideration of the pharmacokinetic and pharmacodynamic aspects of the drug.
 - f. Use products that have the narrowest spectrum of activity and known efficacy in vivo and/or in vitro against the pathogen causing the disease problem.
 - g. Utilize antimicrobials at a dosage appropriate for the condition treated for as short a period of time as reasonable, i.e., therapy should be discontinued when it is apparent that the immune system can manage the disease,



reduce pathogen shedding, and minimize recurrence of clinical disease or development of the carrier state.

- h. Select antimicrobials of lesser importance in human medicine in preference to newer generation drugs that may be in the same class if this can be achieved while protecting the health and safety of the animals.
 - i. Utilize antimicrobials labeled for treating the condition diagnosed, and whenever possible, at the labeled dose, route, frequency, and duration if the available scientific information still supports their efficacy.
 - j. Utilize antimicrobials on an extra-label basis only within the provisions contained within AMDUCA regulations.
 - k. When appropriate, utilize local therapy over systemic therapy.
 - l. Be discouraged from using combination antimicrobial therapy unless there is information to show an increase in efficacy or suppression of resistance development for the target organism.
 - m. Protect integrity through proper handling, storage and observation of the expiration date.
4. Veterinarians should endeavor to ensure proper on-farm drug use.
- a. Prescription or dispensed drug quantities should be appropriate so that stockpiling of antimicrobials on the farm is avoided.

The American College Veterinary Internal Medicine has developed a very detailed and extensive consensus statement for antimicrobial drug use in veterinary medicine. To view this document visit ACVIM's Web site at www.acvim.org.

Policy for Membership Denial and Disciplinary Procedures (2006)

The procedures established in these Rules shall govern proceedings concerning membership in the Association conducted by the Professional Conduct and Ethics Committee or any other body designated by the Board of Directors. The procedures set forth in these Rules are subordinate to the Constitution and Bylaws of the AAEP. In the event of any conflict between these Rules and the provisions of the Constitution or the Bylaws, the latter shall prevail.

PREAMBLE

Professional ethics embodies the behaviors of honesty, integrity, and kindness while obeying rules and regulations set forth with mutual respect for opinion and preservation of dignity in interpersonal relationships. The conduct should be in a manner that will enhance the worthiness of the profession. The ethical practice of medicine

includes those remedies and treatments that have, as their short or long-term goal, the health and welfare of the horse.

All veterinarians are expected to comply with (a) the code of Ethics of the American Veterinary Medical Association (or counterpart in foreign countries); (b) the code of Ethics of the veterinary medical association of the state or province in which licensed; (c) all rules and regulations of racing applicable at race tracks where practicing; (d) rules of organizations governing horse shows and the rules of all breed registries in relation to veterinary practices; and (e) all other laws of the land. Veterinarians should be honest and fair in their relations with others, and they should not engage in fraud, misrepresentation, or deceit. Violation of any of the foregoing may constitute cause for revocation or denial of membership in the AAEP.

Organizations and regulatory agencies within the industry notify AAEP of violations (committed by an AAEP member) within their respective jurisdictions. Each case involving an AAEP member is reviewed by the AAEP Professional Conduct and Ethics Committee for disciplinary consideration and a recommendation is forwarded to the Executive Committee for final action. It should be noted that AAEP can exercise disciplinary action only in connection with its own members and this action is limited to the status of membership in the AAEP.

ARTICLE 1

DEFINITIONS

Section 1: As used herein, these terms shall have the following meaning:

Applicant: A person who has filed a completed new-member application form for membership in the American Association of Equine Practitioners.

Association: the American Association of Equine Practitioners.

Bylaws: the Bylaws of the American Association of Equine Practitioners.

Chairman: the Chairman of the Professional Conduct and Ethics Committee.

Disciplinary Action: Fines, probation, suspension or revocation taken against a veterinary or race track license by a regulatory agency; or formal disciplinary action taken by organizations governing horse show and breed registries in relation to the practice of veterinary medicine.

Complainant: a person who has made a complaint pursuant to these procedures against a Member.

Executive Director: the Executive Director of the Association.

Committee: the Professional Conduct and Ethics Committee.

Hearing: a meeting with either the complainant or respondent that is used to gather more information about the case or alleged infraction. A hearing may be conducted by as few as one member of the Professional Conduct and Ethics Committee, provided it has been authorized by the Committee. Further, hearings may take place either in person or via telephone.

Members: the members of the Association.

Party: the complainant or respondent in a disciplinary proceeding referred to herein.

Respondent: A Member against whom a complaint has been made.

ARTICLE 2

DENIAL OF MEMBERSHIP

Section 2.1: The Executive Director, on behalf of the Association, shall recommend to the Committee denial of membership to a new applicant who has failed to report disciplinary action taken against his veterinary or racetrack license as set forth in the Bylaws Article V Section 3(b)(1).

Section 2.2: The Executive Director, on behalf of the Association, may recommend to the Committee that an applicant's membership be denied for grounds as set forth in the Bylaws Article V Section 3(b)(2) through 3(b)(4).

Section 2.3: For the recommendation of denial of membership to be considered by the Committee, it must be in writing, name the applicant, and set forth the grounds for which membership may be denied. The Executive Director, on behalf of the Association, must be prepared to substantiate the grounds for denial with sworn statements, witnesses or other evidence.

Section 2.4: The applicant shall receive a notice of recommendation for denial of membership and the grounds on which it is based, and shall be offered an opportunity to reply. The applicant must file two copies of a written reply with the Executive Director within 30 days of the date of the notice. The notice shall state that if the applicant does not file a reply, the Committee shall accept the recommendation for denial of membership and forward that recommendation to the Executive Committee of the Association. The Committee, in its discretion, may accept a reply filed after the date provided for in this section.

Section 2.5: If the applicant files a reply to the recommendation for denial of membership, the Executive Director shall deliver copies of the reply to the Committee.

Section 2.6: The Committee shall vote on the recommendation for denial of an application within 60 days of receiving a written reply from the applicant. During such time, the Committee may request additional information from the applicant. A majority decision shall be required to recommend denial of membership to the Executive Committee of the Association.

Section 2.7: If the Committee votes to recommend denial of the applicant's membership, the Chairman shall forward that decision and all documentation, which the Committee considered in its deliberations to the Executive Committee of the Association.

Section 2.8: The Executive Committee shall vote on the Committee's recommendation for denial of membership within 90 days. The decision of the Executive Committee to deny membership shall require a two-thirds majority. The Executive Committees' decision shall be forwarded to the applicant within 30 days.

Section 2.9: The applicant has the right to appeal the decision of the Executive Committee within 30 days as set forth in the Bylaws Article V Section 3(a).

ARTICLE 3

FILING AND CONTENT OF COMPLAINTS

Section 3.1: Any Member in good standing may file a complaint against any Member.

Section 3.2: The Executive Director may file a complaint against a Member on behalf of the Association.

Section 3.3: For a complaint to be considered by the Committee,

it must contain grounds as set forth in the Bylaws Article V Section 3(b)(1) - 3(b)(4).

Section 3.4: The complaint must be: (a) in writing, name the Member (b) dated and signed by the complainant, and (c) addressed to the Executive Director if not filed by the Executive Director. Furthermore, a complaint must set forth detailed statements of fact that, if true, would constitute grounds for disciplinary action by the Association. A complainant must be prepared to substantiate the complaint by personal testimony at a hearing or by sworn statements, witnesses or other evidence.

Section 3.5: The Executive Director or designee, in the exercise of his/her discretion, may review the conduct of any Member that may give rise to a complaint. If such review reveals evidence to support disciplinary actions, the Executive Director shall prepare a complaint and refer it to the Committee for further proceedings. The Executive Director, or designee, shall present the case to the Committee and at any subsequent hearing on behalf of the Association.

Section 3.6: After a complaint has been filed with the Committee, it may be withdrawn by the complainant only with the consent of the Committee.

ARTICLE 4

EVALUATION OF COMPLAINT FOR HEARING

Section 4.1: Any Member against whom a complaint is filed shall receive a notice of the complaint and an opportunity to reply. The Chairman may authorize the Executive Director or his designee to pursue such investigation into the facts underlying the complaint as may be reasonably necessary for the Committee to consider the merits and validity of the complaint.

Section 4.2: Any notice of complaint shall include a copy of the complaint and a statement to the respondent that he has the right to file two copies of a written reply with the Chairman within 30 days of the date of the notice. The notice shall inform the respondent that ex parte communication with members of the Committee or members of the Board of Directors is prohibited with the exception of the Committee Chair as provided for in Article 8, Section 8.3 below. The notice shall also state that if the respondent does not file a reply, the charges may be taken as true by default. The Committee, in its discretion, may accept a reply filed after the date provided for in this Section. A response filed without objection by a respondent shall constitute a waiver of any defect in the notice of complaint.

Section 4.3: If a respondent files a reply to a complaint, the Chairman shall deliver copies of the reply to the complainant and the Committee, or if no reply is received within the time period prescribed, the Chairman shall notify the above that no reply has been filed.

Section 4.4: The Committee shall consider in its evaluation of the complaint: (a) relevancy of the charges as they apply to the objectives of the Association (Article II Section 1 of the Constitution); (b) severity of the charges; and (c) evidence of rehabilitation.

Section 4.5: Within 60 days of receipt of the respondent's reply, or upon the end of the 30 day period set forth in Section 4.2 above, if no extension is granted by the Committee, the Committee shall, by a majority vote of a quorum, vote to dismiss the complaint, refer it for a hearing, present the respondent with a written proposal of findings in lieu of a hearing or censure the respondent.



ARTICLE 5

NOTICE OF HEARING

Section 5.1: Any Member against whom a complaint has been filed, which the Committee has referred for a hearing, shall receive a written notice of the hearing.

Section 5.2: Notice of any hearing shall designate the date, time and place of the hearing. No hearing shall be set for a time, which does not permit at least 30 days notice.

Section 5.3: Notice of any hearing shall include the names of the members of the Committee and the Board of Directors of the Association and a prohibition against ex parte communication with such members.

ARTICLE 6

HEARINGS

Section 6.1: An appearance at a hearing without objection by a party shall constitute a waiver of any defect in the notice of that hearing.

Section 6.2: A respondent may seek a continuance of a scheduled hearing by submitting a written request to the Committee. The Committee, in its discretion, shall grant requests for continuances. In the event the respondent fails to appear at a duly designated hearing, without obtaining a continuance, the Committee may proceed with the hearing in the respondent's absence and reach its decision based on the evidence made available at the hearing or in any written materials submitted to the Committee.

Section 6.3: At any hearing before the Committee, the parties have the right to the following: (a) to have legal counsel present; (b) to present any witnesses; (c) to submit any evidence pertinent to the case; and (d) to cross-examine witnesses of others. The Committee may also have legal counsel present to advise it.

Section 6.4: Upon written request of a party, there shall be furnished before a hearing any evidence to be introduced at a hearing, the names of any persons giving testimony and the substance of their testimony.

Section 6.5: The Chairman or his designee shall swear in, at the Committee's discretion, any person giving oral testimony.

Section 6.6: Before permitting testimony relating to the character or general reputation of anyone, the Committee shall satisfy itself that the testimony has a direct bearing on the case at issue.

Section 6.7: Hearings by the Committee need not be conducted pursuant to the rules of evidence employed in formal court proceedings. The Committee may accept any evidence it deems appropriate.

Section 6.8: A hearing may be conducted either before a quorum of the Committee or before such one or more members of the Committee as a quorum of the Committee may designate. A hearing may be conducted in person or via telephone, provided such form of hearing has been authorized by a quorum of the Committee. The findings and/or transcripts of any hearing conducted by less than a quorum of the Committee shall be submitted to the entire Committee for review and action.

Section 6.9: Any party to a disciplinary proceeding may file with the Chairman a written request to prevent a member of the Committee from participating in the hearing. Such request must be filed at least 14 days before the hearing is to be held and must state the grounds cited for disqualification. If the Committee

determines that, in its judgment, the member of the Committee should be disqualified, it is empowered to do so. In addition, the Committee may disqualify any member of the Committee from participating in a hearing that it determines might not render an impartial decision.

Section 6.10: If the disqualification of a member of the Committee prevents the Committee from having sufficient numbers to conduct a hearing under Section 6.9 above, the Chairman shall appoint a member of the Association to serve as a temporary member of the Committee for the purpose of conducting the hearing.

ARTICLE 7

DECISION OF PROFESSIONAL CONDUCT AND ETHICS COMMITTEE

Section 7.1: After all the investigations, fact-finding procedures and/or hearings deemed necessary by the Committee are concluded, no less than a quorum of members of the Committee shall participate in the review of the complaint and shall recommend action. They shall vote for one of the following recommendations: (a) to dismiss the complaint, (b) to censure the respondent, (c) to refuse membership to the respondent for a period of time determined by the Committee, (d) or to cancel the respondent's membership. In determining its recommendation, the Committee may take into account previous offenses, which may have affected the respondent in the past. Any decisions by the Committee must be reached by a majority vote.

Section 7.2: The decision of the Committee shall be in writing and set forth the findings of fact and a statement of the action recommended. The decision of the Committee shall be filed with the Chairman, who shall within fourteen days transmit a copy of the decision to the Committee, which must approve, by majority decision, to recommend the Committee's recommendation to the Executive Committee of AAEP for action as prescribed in the Bylaws. Upon action by the Executive Committee, the Executive Director shall transmit the results to the parties.

Section 7.3: Within 30 days after the Executive Committees' decision has been rendered, a respondent may petition the Committee for a rehearing solely on the grounds of newly discovered evidence which the respondent seeking the rehearing, in the exercise of reasonable diligence, could not have discovered and produced at the original hearing. The petition must be filed in writing with the Chairman and the Chairman shall deliver copies of the petition to each party with notice that a written reply may be filed with the Chairman within 30 days of the notice. No more than one petition for rehearing may be filed by a respondent in a case.

Section 7.4: A petition for rehearing shall be considered by the Committee at its next meeting. A decision to grant a petition for rehearing requires a majority vote of the Committee. The Chairman shall immediately inform the respondent and complainant upon receipt of the Committee's decision in the event a rehearing is granted; the petitioner will be given the opportunity for a new hearing to be conducted as set forth in Article 6 above.

Section 7.5: a) Within 30 days of receiving notice of an adverse recommendation from the Committee, approved by the Executive Committee, the respondent may submit to the Board of Directors in writing a request for an appeal.

b) The Board of Directors may only review the record pertaining to the Committee's findings to consider whether the determination by the Committee was inappropriate because of (1) material errors of fact or (2) failure of the Committee to conform to published criteria, policies or procedures.

c) The Board of Directors will conduct and complete its investigation and render a final determination within 180 days after receipt of the request for an appeal. The Executive Director or his designee will mail the Board of Directors' determination to the respondent. Any decision of the Board of Directors is final.

ARTICLE 8

GENERAL PROVISIONS

Section 8.1: In any proceeding, a transcript may be made of the proceeding at the request of the Committee or any party to the proceeding. Costs associated with producing the transcript shall be borne by the party or parties making the request.

Section 8.2: Any notice required to be given or paper required to

be filed may be given or filed in any manner, whether by personal service, via facsimile or by registered mail addressed to recipient's last known mailing address; if mailed, notice shall be deemed given when returned receipt is received.

Section 8.3: All communications regarding a complaint and any hearing held thereon shall be directed to the Chairman or the Chairman's designee. The Chairman or designee shall preside over any hearing before the Committee and shall render all necessary assistance to the parties. This shall include furnishing required forms and papers, receiving and filing all documents or other papers, and receiving all fees and disbursing all money that may be payable to the Association.

Section 8.4: All facts and materials associated with a given complaint will be treated by the Committee as confidential to the greatest extent practicable. Following the review of a complaint by the Committee and, as appropriate, the review of an appeal by the Board of Directors, each member of the Committee and Board of Directors, as the case may be, will return all materials pertaining to the complaint review process that are in his possession to the Executive Director to be accounted for.

Section 8.5: All interpretations of these rules shall be made in accordance with the laws of the Commonwealth of Kentucky.