



ESTABLISHING AND MAINTAINING THE VETERINARIAN-CLIENT-PATIENT RELATIONSHIP IN BOVINE PRACTICE

The veterinarian-client-patient relationship (VCPR) is an integral part of veterinary oversight of animal health and proper drug use on cattle operations. State and federal codified VCPRs regulate the practice of veterinary medicine legislatively. This document describes non-regulatory management practices endorsed by the American Association of Bovine Practitioners (AABP) as general guidelines for its members to refer to during their course of practice.

THE AABP IDENTIFIES THE FOLLOWING AREAS THAT ARE CRITICAL COMPONENTS FOR ESTABLISHING AND MAINTAINING A VCPR:

■ WRITTEN AGREEMENT

Maintain written agreements for working relationships

A veterinary practice or individual should establish a written agreement with the client that identifies the veterinarian (or veterinary practice if multiple veterinarians from one clinic provide service) who is accountable for drug use and treatments administered to cattle on the operation. If more than one veterinarian or veterinary practice has a working relationship on the operation, then the agreement should establish which one has the overall responsibility for treatment protocols, prescriptions, personnel training, oversight and drug use on the operation. The identified veterinarian is referred to as the Veterinarian of Record.

■ VETERINARY OVERSIGHT

Have a Veterinarian of Record

The Veterinarian of Record is responsible for making recommendations with respect to the animal health at the operation, including appropriate oversight of drug use on the operation. Such oversight is a critical component of establishing and validating a VCPR. This oversight should include, but may not be limited to, establishment of treatment protocols, training of personnel, review of treatment records, monitoring drug usage and assuring appropriate labeling of drugs. Veterinary oversight of drug use should

include all drugs used on the operation regardless of the distribution of drugs to the operation. Regular site visits are an essential component to providing such oversight, however this can be supplemented through laboratory data evaluation, records evaluation, telephonic and electronic communication. The timeliness of site visits should be determined by the Veterinarian of Record based on the type and size of the operation.

■ RELATIONSHIP WITH CONSULTANTS AND OTHER VETERINARIANS

Clarify any and all relationships with consultants and other veterinarians

If a veterinarian who is not the Veterinarian of Record provides professional services in any type of consultative or advisory capacity, then it is incumbent on that veterinarian to ensure that the Veterinarian of Record is contacted and informed of their findings and recommendations. No protocols or procedures that have been established by the Veterinarian of Record should be changed unless or until there is an agreement by all parties about such changes. The agreement between the Veterinarian of Record and the client should establish which management groups of the operation are covered in the agreement. For instance, reproduction, milk quality, youngstock/replacement, feedlot, cow-calf and sick animal treatments are possible identifiable areas.



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■ TREATMENT PROTOCOLS

Provide written protocols

Protocols and treatment guidelines for commonly occurring, easily recognizable conditions should be established in writing and agreed upon by all parties involved, signed and dated. Training of personnel authorized to use drugs on the operation should be undertaken and periodically reviewed. The frequency of such training and review should be determined by the size and type of the operation, the rate of personnel turnover, and the changes in protocols and procedures. The treatment protocols and procedures should include all drugs used on the operation (Over-The-Counter, prescription, extra-label, Veterinary Feed Directive, water-soluble). All protocols should clearly define when to quit treating and seek professional help (poor response, increase in severity of clinical signs).

■ WRITTEN/ELECTRONIC TREATMENT RECORDS

Ensure written or electronic treatment records are maintained

Written/electronic treatment records of all animals or groups of animals treated are an essential component of maintaining and establishing the VCPR to decrease the risk of violative drug residues. Such records

should include, at a minimum, the date, identification of animal(s), drug(s) used, frequency, duration, dose, route, appropriate milk/meat withdrawal intervals and the person administering the treatment. Periodic and timely review of the treatment records and drug usage is an important part of oversight by the Veterinarian of Record.

■ PRESCRIPTION DRUGS

Provide drugs or prescriptions for specific time frames and for specific protocols

Provision of drugs or drug prescriptions should be for specific time frames and appropriate to the scope and type of operation involved and only for management groups within the operation that the Veterinarian of Record has direct involvement and oversight. Additionally, failure to follow agreed upon protocols and procedures should be grounds for denial of provision of drugs or prescriptions except for an individual patient needing treatment at the time of examination. Routine examination of drug inventories on farm and product purchase records (pricing information is unnecessary) review are recommended. Cooperation with distributors is encouraged. Establishment of a VCPR for the sole purpose of the sale of drugs or increased sales of a particular brand of drug is not a valid or ethical reason for having a VCPR. 