

Date of Hearing: April 14, 2026

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

Marc Berman, Chair

AB 1999 (Kalra) – As Amended March 19, 2026

SUBJECT: Veterinary medicine.

SUMMARY: Amends the “owner exemption” in the California Veterinary Medicine Practice Act (Practice Act); establishes “shelter veterinarian”, “retired veterinarian” and “retired volunteer veterinarian” license categories and associated fees; clarifies terminology related to the practice of veterinary medicine via telemedicine; clarifies that the veterinary-client-patient relationship (VCPR) can be established on an annual basis; and requires specified information related to corporate ownership disclosures when renewing a veterinary premises registration.

EXISTING LAW:

- 1) Provides for the regulation of veterinary medicine under the Veterinary Medicine Practice Act (Act), which outlines the licensure requirements, scope of practice, and responsibilities of individuals practicing animal health care tasks in the state. (Business and Professions Code (BPC) § 4800 *et seq.*)
- 2) Establishes the CVMB under the jurisdiction of the Department of Consumer Affairs (DCA), responsible for enforcing the Act, and regulating veterinarians, registered veterinary technicians (RVTs), Veterinary Assistant Controlled Substance Permit (VACSP) holders, and veterinary premises until January 1, 2026. (BPC §§ 4800-4811)
- 3) Defines “animal” for purposes of the act as “any member of the animal kingdom other than humans, and includes fowl, fish, and reptiles, wild or domestic, whether living or dead”. (BPC § 4825.1(c))
- 4) Defines “synchronous” for purposes of the act as “a real-time interaction between a client and animal patient with a veterinarian who is licensed in this state and located at a distant site”. (BPC § 4825.1(f))
- 5) Defines “telehealth” as “the mode of delivering veterinary medicine via electronic communication technologies to facilitate the diagnosis, consultation, care management, or treatment of an animal patient, and includes, but is not limited to, synchronous video and audio communication; synchronous, two-way audio communication; and electronic transmission of images, diagnostics, data, and medical information.” (BPC § 4825.1(g))
- 6) Prohibits a veterinarian, unless otherwise specified in law, from performing veterinary medicine on an animal unless a veterinarian-client-patient relationship (VCPR) exists, except when the animal patient is a wild animal or the owner of the animal patient is unknown. (BPC § 4826.6(a))
- 7) Establishes that a VCPR exists if all of the following conditions are met:
 - a) The client has authorized the veterinarian to assume responsibility for medical judgments regarding the health of the animal patient;

- b) The veterinarian possesses sufficient knowledge of the animal patient to initiate at least a general or preliminary diagnosis of the animal patient's medical condition; and
- c) The veterinarian has assumed responsibility for making medical judgments regarding the health of the animal patient and has communicated with the client a medical, treatment, diagnostic, or therapeutic plan appropriate to the circumstances.

(BPC § 4826.6(a))

- 8) Establishes that a veterinarian possesses "sufficient knowledge" of the animal patient if the veterinarian has recently seen, or is personally acquainted with, the care of the animal patient by doing any of the following:
 - a) Examining the animal patient in person;
 - b) Examining the animal patient by use of synchronous audio-video communication; or
 - c) Making medically appropriate and timely visits to the premises on which the animal patient is kept.

(BPC § 4826.6(b))

- 9) Clarifies that synchronous audio-video communication is not required for the delivery of veterinary medicine via telehealth after a VCPR has been established unless the veterinarian determines that it is necessary in order to provide care consistent with prevailing veterinary medical practice. (BPC § 4826.6(d))

- 10) Establishes that only a veterinarian who is currently licensed in California is authorized to practice veterinary medicine via telehealth to an animal patient in the state. (BPC § 4826.6(f))

- 11) Requires that, before delivering care via telehealth, a veterinarian shall inform the client about the use and potential limitations of telehealth and obtain consent from the client that expressly acknowledges specified information. (BPC § 4826.6.(g))

- 12) Authorizes a veterinarian to use telehealth without establishing a VCPR in order to provide advice in an emergency, as specified. (BPC § 4826.6(j))

- 13) Exempts from the Practice Act any person who practices veterinary medicine as a bona fide owner of one's own animals, except for cat declawing procedures, including the owner's bona fide employees and any person assisting the owner, provided the practice is performed gratuitously. (BPC § 4827(a)(1))

- 14) Establishes the various requirements to obtain a veterinary license, including:

- a) Graduation from a veterinary college recognized by the board, or receive a certificate from the Educational Commission for Foreign Veterinary Graduates (ECFVG) or the Program for the Assessment of Veterinary Education Equivalence (PAVE),
- b) Complete a board-approved application and pay applicable fees,

- c) Submit a full set of fingerprints for purposes of a criminal history check,
- d) Pass both a national licensing examination, and an exam on California-specific laws and regulations, and
- e) Disclose each state, U.S. territory, or Canadian province where they hold or have currently held a license.

(BPC § 4846)

15) Establishes that all veterinary premises registrations shall expire annually at 12 midnight of the last day of the month in which the license premises registration was issued, unless renewed. (BPC § 4900(b))

THIS BILL:

- 1) Narrows the “owner exemption” to specify that owners cannot perform any surgical or dental operation upon their animal.
- 2) Defines “operation” as “any procedure performed on an animal in which the skin or tissue of the animal is penetrated or severed”, and excludes the following actions:
 - a) Administering injectable drugs,
 - b) Artificial insemination,
 - c) Castrating male livestock or dehorning or branding animals,
 - d) Inserting a microchip for identifying an animal,
 - e) Placing an ear tag or tattoo for identifying an animal, and
 - f) Venipuncture for diagnostic purposes.
- 3) Establishes a “shelter veterinarian” license category that is subject to substantially similar application requirements as a standard veterinarian license, except for:
 - a) No requirement to submit to the CVMB of proof of graduation from a veterinary college and proof of examination or clinical hour requirements,
 - b) A requirement that an applicant for a shelter veterinarian license currently hold a valid veterinarian license in any other state, U.S. territory, or Canadian province,
 - c) A requirement that the applicant be employed or contracted with an animal shelter to provide veterinary medical services, and
 - d) A requirement to certify that the sole purpose of the shelter veterinarian license is to practice veterinary medicine for an animal shelter.
- 4) Authorizes the CVMB to charge the following fees related to shelter veterinarian licenses:

- a) An application fee of no less than \$350 but no more than \$540,
 - b) An initial license fee of no less than \$500 but no more than \$800, and
 - c) A biennial renewal fee of no less than \$500 but no more than \$800.
- 5) Establishes a “retired status” for veterinarians and registered veterinary technicians (RVTs) and authorizes the CVMB to charge an associated fee that shall be no less than \$25 but no more than \$50.
 - 6) Authorizes the CVMB to charge a fee for restoring a license or registration from retired status to active status of no less than \$50 but no more than \$100.
 - 7) Establishes a “retired volunteer status” for veterinarians and registered veterinary technicians (RVTs) to volunteer services at animal shelters, subject to certain continuing education requirements, and authorizes the CVMB to charge the following associated fees:
 - a) An application fee of no less than \$50 but no more than \$100, and
 - b) A biennial renewal fee of no less than \$50 but no more than \$100.
 - 8) Defines an “animal shelter”, for purposes of shelter veterinarian and retired volunteer licensees, as “a public animal control agency or shelter, Society for the Prevention of Cruelty to Animals shelter, humane society shelter, or rescue group.”
 - 9) Defines “rescue group”, for purposes of shelter veterinarian and retired volunteer licensees, as “a nonprofit entity that removes animals from a public animal control agency or shelter, society for the prevention of cruelty to animals shelter, or humane shelter, or rehomes an animal that has been previously owned by any person other than the original breeder of that animal.”
 - 10) Revises requirements related to the establishment and maintenance of a VCPR to clarify that a VCPR established via in-person examination is valid for 12 months, and a VCPR established via “telehealth” methodologies is valid for 6 months, subject to certain specifications.
 - 11) Removes a requirement that VCPR be established on a condition-specific basis.
 - 12) Removes references to “telehealth” in the Act and instead replaces such references with the terms “telemedicine”, “teleconsultation”, and “teletriage” where appropriate.
 - 13) Requires that premises registration holders provide and/or confirm specified information upon renewal of their registration.
 - 14) Makes conforming, technical changes throughout.

FISCAL EFFECT: Unknown; this bill is keyed fiscal by the Legislative Counsel.

COMMENTS:

Purpose. This bill is co-sponsored by the *California Veterinary Medical Board*, the *California Veterinary Medical Association*, the *San Diego Humane Society*, and *Social Compassion in Legislation*. According to the author:

Despite caring deeply for their animal companions, many Californians struggle to procure the veterinary services they require. Often, this hardship is a consequence of cumbersome statute and the state's ongoing veterinary staffing shortage, which leave many communities without accessible care options. AB 1999 addresses these issues by allowing retired veterinary professionals to volunteer their skills at shelters, streamlining licensure for out-of-state veterinarians who wish to work in shelters, and updating Veterinarian-Client-Patient-Relationship (VCPR) statute to allow veterinarians to provide care without re-establishing an existing VCPR. Together, these provisions will remove many of the barriers that currently prevent countless companion animals from receiving the veterinary care they need and deserve.

Background.

Regulation of Veterinary Medicine in California. The California Veterinary Medical Board (CVMB, or Board) traces its origins back to 1893, originally established as the State Board of Veterinary Examiners. Since then, the Board has regulated the veterinary medical profession through its many iterations: from opening the first California veterinary college in 1894, to helping eradicate the Hog cholera in 1972, to the creation of the animal health technician profession (now titled registered veterinary technician) in 1975.

Today, the Board licenses and regulates veterinarians, RVT, Veterinary Assistant Controlled Substances Permit (VACSP) holders, veterinary schools, and veterinary premises. The Board derives its authority through the Practice Act.

The veterinary profession provides health care for many different types of animals, from pets such as dogs, cats, rabbits, birds, hamsters, snakes, and lizards to agricultural livestock such as cattle, poultry, fish, goats, pigs, and horses. Similarly to human medicine, there are recognized specialties within the veterinary profession: surgery, internal medicine, microbiology, pathology, and more. Additionally, many veterinarians specialize in care of a specific subset of animal species or populations, such as snakes and reptiles, small mammals, equine care, exotic animals, and shelter medicine. With such diversified training available, licensed practitioners of veterinary medicine can operate in a range of environments. They can work in private clinical practice, or engage in public service as wildlife health specialists, agricultural inspectors, disease control workers, or working directly for a public animal control agency or animal shelter.

Pet ownership has continued to grow in recent years, particularly in light of the COVID-19 pandemic, when many Americans sheltering at home welcomed a pet to their household. According to 2024 pet ownership statistics provided from the American Veterinary Medical Association's (AVMA) annual survey, over 45% of U.S. households own a dog, while over 32% own a cat—the highest respective ownership rates since the survey began in 1991. Additionally, the overall U.S. dog population in 2024 has reached a new peak of 89.7 million pets, while there are 73.8 million pet cats. While growing in number, pet ownership has also demonstrably grown in cultural significance. The AVMA reports that an overwhelming majority of dog and cat

owners, 88.8% and 84.7%, respectively—view their pets as members of the family. Therefore, the demand for qualified, competent, and trained veterinary care from the public has also never been higher.

Additionally, the veterinary profession plays a key role in achieving California’s overall goals regarding animal overpopulation and humane outcomes for dogs, cats, and other animals across the state. In 1998, the Legislature established that the State of California’s policy is “that no adoptable animal should be euthanized if it can be adopted into a suitable home” and “that no treatable animal should be euthanized.” A major factor in meeting this policy is ensuring the public has access to low-cost, high-quality spay and neuter services, a procedure which can only be performed by licensed veterinarians. As such, the condition and quality of veterinary care in California, and promoting an educated, skilled, and diverse workforce in the veterinary profession, are crucial for the state’s animal welfare goals.

Each year, the Assembly Committee on Business and Professions and the Senate Committee on Business, Professions and Economic Development hold joint sunset review oversight hearings to review the licensing boards under the DCA. This process provides an opportunity for the Legislature, DCA, boards, and stakeholders to discuss the performance of the boards and make recommendations for improvements. The CVMB was subject to sunset review last year, and as part of that process, a number of issues and priorities were raised by the board’s staff, stakeholders, and legislative committees, many of which were addressed in the subsequent “sunset bill”, AB 1502 (Berman), Chapter 195, Statutes of 2025. However, some outstanding issues remained unaddressed in the CVMB’s sunset bill, requiring further discussion by the Board and affected stakeholders. This bill addresses many of these key issues, and additional issues not raised in the CVMB’s 2025 sunset but nonetheless impactful to the profession.

Owner Exemption. Current law (BPC § 4827(a)(1)) exempts from the Practice Act bona fide animal owners, the owner’s bona fide employees, and any person assisting the owner gratuitously. In other words, the bona fide owner of an animal can perform any act encompassed under veterinary medicine, or authorize their employees or any other person to do so, so long as the other person does not charge the owner for said services. According to the sponsors, this “owner exemption” was originally intended to allow ranchers and their employees to treat routine livestock issues, such as administration of medications, castrations and dehorning, or minor wound care. They contend, however, that the broad verbiage of this exemption has created unintended consequences and has led to significant patient harm and death.

The CVMB reports multiple cases in which a veterinarian accused of causing patient harm or death has used the owner exemption as a defense against complaints of unprofessional conduct. In those cases, licensed veterinarians claim the CVMB has no jurisdiction, since they were assisting the owner and performed services gratuitously—either by never charging for the specific task, or by providing a refund after the fact. The owner exemption creates similar issues in cases where someone other than the owner, often a whistle-blower, reports unlicensed conduct. In these cases, the CVMB has claimed (through discussions in previous Unlicensed Practice Subcommittee meetings) that animal owners are often uncooperative because they have long-standing relationships with these unlicensed practitioners and appreciate the cheaper services. As such, the CVMB is unable to prove that the unlicensed individuals performed the services for a fee. Absent this proof, the unlicensed practitioner remains within the owner exemption.

The CVMB also frequently receives complaints from consumers and the wider veterinary industry that unlicensed individuals are hired by operations that, legally speaking, are considered the bona fide “owner” of the animal, such as animal rescues, trade shows, polo events, and unsanctioned rodeos. Some unlicensed individuals in these settings claim to be licensed in other countries or claim to have adequate education, training, and experience to perform the veterinary services. The CVMB received many reports of significant animal patient harm or death in which accused individuals claim to be the owner (in the case of animal rescues), that they are employed by the owner (in the case of polo events, unsanctioned rodeos, and other animal sport settings), or that they assisted the owner and did not charge for the specific service that was deemed negligent. Pursuant to the owner exemption, the CVMB was forced to close such cases for lack of jurisdiction.

While many of these complaints are forwarded to District Attorney offices for consideration of animal cruelty charges, the CVMB notes that most cases do not result in criminal charges being filed. They contend that current practices pursuant to the owner exemption are far beyond the initial intent of the Legislature. As a result, and in light of continual complaints pursuant to issues arising from the “owner exemption”, the Board requested to work with the Legislature to refine and narrow language in BPC § 4827 to address unlicensed veterinary practice as part of their 2025 sunset review.

However, numerous stakeholders across the animal welfare community—municipal shelters, kennel clubs, nonprofit rescues, and more—expressed significant concern to the Committees regarding the proposed narrowing of the owner exemption. According to advocates, particularly those representing private and public animal shelters and nonprofit rescues, the ownership exemption is critical to ensuring timely and affordable care in settings where licensed veterinary services are otherwise unavailable. Furthermore, the animal welfare community feared sudden changes to the owner exemption, considering the broad and varied nature of the practices encompassed under the Practice Act. For example, while serious procedures such as surgery, sterilization, and diagnosis of disease are considered “the practice of veterinary medicine”, so too are suturing a wound, administering medicine, or applying a preventative ointment (BPC § 4826). Animal advocates argued that, if not correctly tailored, changes to the owner exemption would lead individual owners to be reluctant to perform preventative or life-saving actions on their pets for fear of criminalization under the Practice Act. As such, the Committees left the issue of the owner exemption unaddressed in AB 1502, and instead urged the CVMB to work with affected stakeholders to craft legislation that would strike a balance between protecting consumers and animals, while preserving critical and necessary access to care.

As a result, the CVMB—alongside a coalition of veterinary professionals, animal welfare advocates, and municipal shelters—are cosponsoring this legislation that seeks to, among other things, tailor the owner exemption language to address concerns raised in last year’s sunset review. Specifically, this bill would clarify that the exemption does not apply to a surgical or dental operation on an animal. The bill specifies that an “operation” does not include (1) administering injectable drugs, (2) artificial insemination, (3) castrating male livestock, or dehorning or branding animals, (4) inserting an ID microchip, (5) placing an ID ear tag or tattoo and (6) venipuncture for diagnostic purposes. In other words, the bill preserves the original intent of the owner exemption by making necessary exceptions for the procedures routinely performed in animal shelters and agricultural settings. Finally, this bill defines a “animals” for purposes of the Practice Act as “any member of the animal kingdom other than humans and includes fowl, fish, and reptiles, wild or domestic, whether living or dead”.

New License Categories. In 2023, the Assembly and Senate passed ACR 86 put forward by the same author of this bill. This resolution puts a spotlight on the national and statewide pet overpopulation crisis, noting the increase in pet adoptions and purchases throughout the COVID-19 pandemic which exacerbated these issues. The resolution also notes the lack of low-cost and free spay and neuter options, as well as disparities in access to veterinary care. Notably, the resolution made a commitment to pursue policies that increase the availability of low-cost, high volume spay and neuter, specifically calling on more out-of-state veterinarians and RVTs to perform and assist with sterilization.

Currently, if a veterinarian from out-of-state wants to become licensed in California, they must submit certified transcripts from their veterinary college, submit a license application and associated fee, submit a live scan, disclose every state, U.S. territory, or Canadian province where they have been licensed, pass an examination concerning California veterinary laws, and most notably, satisfy professional examination requirements by: (1) submitting proof of having taken the North American Veterinary Licensing Examination (NAVLE) within the preceding five years, (2) retake the NAVLE, or (3) submit proof of having practiced veterinary medicine for a minimum of two years and 2,500 hours of clinical practice. Many out-of-state veterinarians seeking licensure in California contend that, specifically, the requirement to submit certified transcripts from their veterinary college, and the requirement to either submit proof of their NAVLE or proof of clinical hours, is overly burdensome and unnecessarily costly. Furthermore, shelters and rescues seeking to work with nonprofits such as Animal Balance—an organization that utilizes vets from around the country to provide spay and neuter services in underserved communities—argue that these requirements make it less lucrative for such organizations to service areas in California.

Therefore, this bill establishes a separate license category, and an associated license fee, for “shelter veterinarians” to specifically assist out-of-state veterinarians who intend to work with shelters and rescues with obtaining California licensure. To qualify for licensure as a shelter veterinarian, an individual must be employed or contracted with an animal shelter and meet all of the same requirements as current law, except for the requirement to submit proof of their NAVLE or clinical hours, and the requirement to submit certified transcripts from their college. To ensure that they are still qualified according to professional standards, a shelter veterinarian applicant must instead hold a current, valid veterinary license in another state, U.S. territory, or Canadian province. Finally, to prevent this new category from being used as a loophole to circumvent standard licensure, the bill requires prospective shelter veterinarians to certify that the sole purpose of their license is to practice veterinary medicine for an animal shelter and explicitly prohibits a shelter veterinarian licensee from practicing veterinary medicine in any circumstance other than for an animal shelter.

Additionally, this bill establishes recognized license categories, and respective fees, for retired veterinarians and RVTs, as well as those retired professionals who seek to volunteer at animal shelters. Specifically, the bill establishes that to obtain retired status, a veterinarian or RVT must apply to the CVMB and pay a minor fee, and may only use their professional title if the title “retired” directly precedes or follows it. Further, the bill allows retired veterinary professionals to volunteer at animal shelters by applying for “retired volunteer” status. In order to qualify for retired volunteer status, a person must either have an active license or registration, or have placed their license in retired status within the preceding five years. If they have been retired for more than five years, they must also certify completion of continuing education, and pass the law

examination. Finally, similar to shelter veterinarians, those applying for retired volunteer status must certify that they intend that the sole purpose is to provide volunteer services to animal shelters.

Notably, for purposes of both shelter veterinarians and volunteer retired licensees, the bill defines “animal shelter” as a public animal control agency or shelter, society for the prevention of cruelty to animals shelter, humane society shelter, or rescue group. The bill further defines “rescue group” as a nonprofit entity that removes animals from a public animal control agency or shelter, society for the prevention of cruelty to animals shelter, or humane shelter, or rehomes an animal that has been previously owned by any person other than the original breeder of that animal.

Telemedicine. Like many other professions in the healing arts, veterinarians saw an increased demand for telehealth options in light of the COVID-19 pandemic’s inhibition of in-person care. In the Revised 2021 VMB Sunset Background Paper, the Committees described the cumbersome nature of existing regulations governing veterinary telehealth, and encouraged the Board to continue discussions and recommend any potential statutory changes to the Legislature that could facilitate increased access while maintaining high standards of care.

The Board reports that, in 2021, it approved a legislative proposal to help clarify how veterinarians can use telemedicine. After multiple stakeholder meetings, it became apparent to the Board that veterinarians did not take advantage of existing telemedicine methods because it was unclear how it could be utilized. The Board’s proposal would have defined “teleconsultation,” “telehealth,” “telemedicine,” and “teletriage” and explained when each method could be used. However, the Board was unable to find an author for the bill.

In 2023, the Legislature passed AB 1399 (Friedman, Chapter 475, Statutes of 2023), which established statutory requirements to practice veterinary medicine via telehealth. Since then, both the CVMB and the California Veterinary Medical Association (CVMA) have noted inconsistencies since the implementation of AB 1399. Specifically, veterinarians report that language in the bill put California out of alignment with national standards and definitions generally governing synchronous audio-video veterinary care. In the veterinary profession, the terms “telemedicine,” “teletriage,” and “teleconsultation” are all unique, and pertain to specific actions which sponsors argue is not adequately captured under the umbrella term “telehealth” that is used in AB 1399 statute. For example, BPC § 4826.6(k) permits a veterinarian to use telehealth to “give advice in an emergency”, which the veterinary community contends is not as descriptive as “teletriage”, which would explicitly permit a veterinarian to diagnose and treat a patient via electronic technology in an emergency.

As a result of this confusion in terminology, sponsors report that telehealth options have not been as widely adopted amongst the veterinary community as initially predicted. While this issue was raised in the CVMB’s sunset review last year, and the Board initially signaled intent to provide language revising telehealth statute as part of AB 1502, discussions needed to ensure specific language did not disrupt the current delivery of telemedicine warranted more time. Therefore, this bill incorporates those specific definitions for “electronic communication technology”, “telemedicine”, “teletriage”, and “teleconsultation” that the CVMB and co-sponsors contend establish more clarity and flexibility around how veterinarians can deliver services via electronic communication, and makes revisions throughout the Practice Act to conform to these new, more specific definitions.

Veterinary-Client-Patient Relationship. The Veterinary Medicine Practice Act requires a veterinarian to establish and maintain a veterinarian-client-patient-relationship (VCPR) before providing care to an animal patient. Among other requirements, this relationship is established when the client has authorized the veterinarian to make medical judgments, and when the veterinarian has gained sufficient knowledge of the animal to make a diagnosis, generally through an in-person examination. According to the VMB's regulations relating to establishing a VCPR, it is unprofessional conduct for a veterinarian to administer, prescribe, dispense or furnish a drug, medicine, appliance, or treatment of whatever nature for the prevention, cure, or relief of a wound, fracture or bodily injury or disease of an animal without having first established a VCPR with the animal patient or patients and the client, with an exception if the patient is a wild animal or the animal's owner is unknown.

Notably, California is only one of two states in the nation that requires VCPRs are established on a condition-specific, rather than annual, basis. Specifically, in order establish a VCPR current law requires that a veterinarian possess sufficient knowledge of the animal patient "to initiate at least a general or preliminary diagnosis of the animal patient's medical condition", and further that the veterinarian has assumed responsibility for making medical judgements regarding the patient and has "communicated with the client a medical, treatment, diagnostic, or therapeutic plan appropriate to the circumstances". Resulting from statutory revisions included in AB 1399, the original intent of this condition-based specificity was to ensure VCPRs established by "telehealth" were not overly-broad. Unfortunately, this condition-specific requirement has led to more difficulty and confusion in the timely delivery of veterinary care.

In practice, this "condition-specific" VCPR requires that veterinarians must examine an animal patient for any new condition, even if they routinely care for the animal patient for an existing condition. For example, a person who maintains a VCPR with a veterinarian for their dog with a terminal disease finds that their dog has a minor skin irritation; under current law, this person must still bring their dog in to be examined by the same veterinarian before the veterinarian can even discuss potential treatment with the routine client. In a letter addressed to the Committee, one of the co-sponsors of this bill, the CVMA, argues that current law "creates a significant access to veterinary care barrier because it requires the veterinarian to examine patients for every specific condition that they treat, rather than allowing them to use their professional discretion to decide whether they need to examine the patient in-person or not."

As such, this bill revises the statute related to VCPRs to clarify that a VCPR is valid according to a set duration of time, rather than according to a particular condition. Specifically, this bill would clarify that a VCPR exists so long as the veterinarian possesses sufficient knowledge of the animal patient, and has assumed responsibility for making medical judgments related to the patient. Further, the bill establishes that a VCPR is valid for one year upon the in-person examination of an animal patient, and for six months if established via telemedicine. Moreover, the bill clarifies that a VCPR may continue to exist in absence of the establishing veterinarian so long as the originating veterinarian has properly communicated with the subsequent veterinarian, or if the subsequent veterinarian has also examined the animal patient. Finally, the bill makes conforming changes to ensure continuity of care in cases of emergency, or if an animal patient is traveling and needs essential medicine prescribed.

Premises Ownership Disclosures. Notwithstanding rare circumstances, all veterinary medicine in California must be rendered at a registered veterinary premises. Premises can include a building,

kennel, mobile unit, or vehicle. In order to obtain a veterinary premises registration, the owner must submit an application that includes the name of each owner or operator of the premises, including the type of corporate entity, if applicable, the name of the premises, and the name of the responsible licensee manager who is to act for and on behalf of the registered premises. Furthermore, if the owner or operator of premises is a corporation, they must disclose the names and titles of all owners, officers, any general partners, and the agent for service of process, and any changes regarding this information must be reported within 30 days.

Premises registrations are issued on an annual basis and must be renewed. However, current law does not require that any specific information be disclosed or certified as part of this renewal. As such, this bill requires that a premises registration holder must satisfy the same requirements as their initial application as it relates to ownership disclosures, and confirm that the information is current and valid.

Current Related Legislation. AB 1733 (Lee) would specify that both six hours of self-study and four hours of pro bono spay or neuter services may be credited toward the required 36 hours of continuing education for veterinarians seeking license renewal. *This bill is currently pending in this committee.*

AB 2010 (Soria) would specify that “high-quality, high-volume spay or neuter services”, as defined, that are performed in a registered veterinary premises are not required to comply with specified standards, including a requirement for equipment for viewing radiographs. *This bill is currently pending in this committee.*

Prior Related Legislation. AB 1502 (Berman), Chapter 195, Statutes of 2025, extended the sunset date for the California Veterinary Medical Board to January 1, 2030, and enacted various revisions in response to the Board’s sunset review.

AB 1399 (Friedman), Chapter 475, Statutes of 2023, authorized the practice of veterinary medicine via “telehealth”, as defined, by veterinarians as specified.

ARGUMENTS IN SUPPORT:

This bill is co-sponsored by the *California Veterinary Medical Board (CVMB)*, who write: “This bill strengthens consumer and animal protections by prohibiting unlicensed individuals from performing surgeries on their own animals. It also helps address the veterinarian shortage felt in animal shelters throughout California by creating a faster way for out-of-state veterinarians to practice in California animal shelters and creating a way for retired veterinarians and RVTs to volunteer at animal shelters. In addition, consumers will have greater access to care without having to re-establish the VCPR for every medical condition.”

This bill is co-sponsored by the *California Veterinary Medical Association (CVMA)*, who write: “The CVMA recognizes the importance of reforms to our laws to address the changing needs of animal owners and their animals, as well as to provide a pipeline of veterinarians to help serve our shelter population. AB 1999 does just that, in a way that helps the veterinary profession to better meet community needs, improves access to veterinary care for consumers, and protects animals from potential harm.”

This bill is co-sponsored by *Social Compassion in Legislation*, who write: “AB 1999 will help consumers by creating better access to veterinary care, assist animal shelters and veterinarians in

battling pet overpopulation, refine veterinary telemedicine practices, and curb the practice of surgical and dental operations on animals by their owners.”

This bill is co-sponsored by the *San Diego Humane Society and SPCA (SDHS)*, who write: “As an organization on the front lines of animal care and control, we see firsthand the consequences of California’s veterinary workforce shortage, outdated regulatory structures, and barriers to timely care. AB 1999 represents a thoughtful and necessary modernization of the Veterinary Medicine Practice Act that will directly improve outcomes for animals, shelters, and the communities we serve.”

ARGUMENTS IN OPPOSITION:

There is no opposition on file.

REGISTERED SUPPORT:

California Veterinary Medical Board (*Co-Sponsor*)
California Veterinary Medical Association (*Co-Sponsor*)
San Diego Humane Society and SPCA (*Co-Sponsor*)
Social Compassion in Legislation (*Co-Sponsor*)
Angel's Furry Friends Rescue
Animal Rescue Mission
Animal Rescuers for Change
Animal Wellness Action
Berkeley Animal Rights Center
Better Together Forever
Born Again Animal Rescue and Adoption
California Veterinary Medical Association
Collective Fashion Justice
Compassionate Bay
Concerned Citizens Animal Rescue
Earthheart
Feline Lucky Adventures
Giantmecha Syndicate
Greater Los Angeles Animal Spay Neuter Collaborative
Hugs and Kisses Animal Fund
Jaimie Brianna's Legacy Fund
Latino Alliance for Animal Care Foundation
Long Beach Spay and Neuter Foundation
Los Angeles County Democrats for the Protection of Animals
Los Angeles Rabbit Foundation
NY 4 Whales
Pibbles N Kibbles Animal Rescue
Plant-Based Advocates
Project Minnie
Rabbit Savior
Real Good Rescue
Seeds 4 Change Now Animal Rescue
Seniors Citizens for Humane Education and Legislation

Students Against Animal Cruelty Club - Hueneme High School
The Canine Condition
The Pet Loss Support Group
The Spayce Project
Underdog Heroes, INC.
Women United for Animal Welfare (WUFAW)

849 Individuals

REGISTERED OPPOSITION:

There is no opposition on file.

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