

# Wisconsin Department of Agriculture, Trade and Consumer Protection Veterinary Examining Board Inspection Checklist

Inspector: Robert Van Lanen	CASE #:
	Veterinarian/Vet Tech:
Veterinary/Clinic Being Inspected:	
Address and Phone Number:	
Date of Inspection:	
Time of Inspection:	am / pm

NOTE: When presenting yourself, speak in private if possible about why you are there. Do not let pet owners hear about any investigation.

NOTE: If more room needed, add any additional information/notes on back page.

#### 1. PRACTICE

1.1 Owner(s) of Practice	
1.2 Info about clinic; When started, bought, expanded, etc.	
1.3 Approx. number of clients: How many active? What do you consider an active client?	
1.4 Practice scope (circle one) General Practice, Specialty, Animal, Emergency, Other (explain)?	Referral, Food Animal, Equine, Companion

#### 2. STAFF

2.1 Number of Staff:	Name:	Duties / Roles:	Time Employed
2.2 Professional			
Staff – Veterinary			
and Vet Techs			
2.3 General Staff			
-Office staff			
2.4 Previous Staff (Professional or			
General)			
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2.5 Are staff present during	Name	Roles / Duties
procedures?		
2.6 Who assists with initial		
contact?		
2.7 Who assist with exam rooms?		
2.8 Who assists with surgery?		
2.9 Who assists with medical		
procedures?		
2.10 Who cleans area after		
procedures?		

## 3. CLINIC

3.1 Describe clinic / Description of layout: (get copy of fire map if available for map of building)		
Rooms: Entry, Office, Waiting Room Room, Storage Room, Pharmacy, C Room(s), Exam Room(s), Grooming Exercise Areas, Etc.	perating	Conditions of Rooms: Clean, Sanitary, Organized, Types of Equipment in Rooms, Hazardous Materials Present, Sharps Properly Disposed of: How? Lighting in Rooms: Functional and Adequate?
Rooms	Describe Condition of Room	
3.2		
3.3		
3.4		
3.5		
3.6		
3.7		
3.8		
3.9		
3.10		
VE 7.06(17)		e veterinary facility and all equipment, including clean and sanitary condition while practicing as a

Describe Vehicl	le:
Yes:	No:
Yes:	No:
equipment, inclu	the veterinary facility and all uding mobile units, in a clean and on while practicing as a veterinarian.
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	Yes:  Yes:  Yes:  Failure to keep equipment, inclination

## 5.3 List each controlled substance **Expiration Date:** Name: **Expiration Date:** Name: Use additional sheet if necessary 5.4 Do you have an inventory log book for each controlled substance, or just one log book for all? 5.5 Do you have records of controlled substances purchased? 5.6 Get copies or photo of controlled substance log

5.6 How do you monitor usage of controlled			
substances?			
5.7 Does log usage match pa	tient's medical record?		
Patient Record		Does it match Controlled S	Substance Log Book
		Yes	No
Statutes			
21 CFR 1301.75(b)	Controlled substances listed in Schedules II, III, IV and V shall be stored in a		
04.050.4004.40( )	securely locked, substantially constructed cabinet.		
21 CFR 1301.12(a)	A separate registration is required for each principal place of business or		
	professional practice at one general physical location where controlled		
	substances are manufactured, distributed, imported, exported, or dispensed by a person.		ed, exported, or dispensed
21 U.S. Code § 822(e)(1)	A separate registration shall be required at each principal place of business		
	or professional practice where the applicant manufactures, distributes, or		
	dispenses controlled substances or list I chemicals		
21 U.S. Code § 822(e)(2)	(2) Notwithstanding paragraph (1), a registrant who is a veterinarian shall not be		
	required to have a separate registration in order to transport and dispense		
	controlled substances in the usual course of veterinary practice at a site		
	other than the registrant's registered principal place of business or		
	professional practice, so long as the site of transporting and dispensing is		
	located in a State where the veterinarian is licensed to practice veterinary		
	medicine and is not a principal place of business or professional practice.		

## 6. SANITATION / INFECTION CONTROL

6.1 How are tools cleaned and sanitized?	
6.2 What is the sterilization process?	
6.3 How is equipment cleaned and sanitized	
6.4 What equipment require sterilization	
6.5 Do you have an Autoclave, Ultrasonic device, other cleaning devices?	
6.6 Where are your hand washing area(s)? Is t	here a surgical hand washing area? Yes NO
Wash area 1	Location:
Wash area 2	Location:
Wash area 3	Location:
6.7 What is the process for hand washing?	
6.8 What kind of soap/cleaning agent do you use?	

#### 7. SURGICAL PROCEDURES

7.1 Explain the steps of surgery	
Prep	
Through surgery	
Clean up and sterilization	
7.2 When are gloves worn? For what	
types of procedures, Internal or	
external?	
7.3 What types of gloves are worn?	
Latex, sterile gloves, etc.?	
O ANECTUECIA	
8. ANESTHESIA	

8.1 What anesthesia regime do you use?	
Pre-med administration – What do you use?	
Did you use IV catheter? What types of procedures	
do you use catheters for?	
Anesthesia administration – With what and how do	
you use?	
When is local anesthesia used? For what types of	
procedures?	
8.2 How are patients vitals monitored during surgery?	
8.3 How are patients' restraint?	
8.4 What types of restraints do you use?	
8.5 What restraint techniques do you use?	
8.6 How long are animals monitored after surgery?	
8.7 What post-surgical medications are sent with	
patients? Which kinds for canines, cats, etc.?	
8.8 What post-operative information do you give to owners?	

#### 9. EUTHANASIA

9.1 Who do you perform euthanasia for? Active	
clients, outside clients, etc.?	
9.2 How do you perform? IV, pre-meds, intracardiac	
(I.C.) injections?	
9.3 How often do you perform euthanasia?	
9.5 What are the sanitary methods for disposal of	
deceased animal patients?	

9.6 Do you maintain the name of the disposal service on file?	Name of disposal service
9.7 Where the client of the deceased animal has not given authorization to dispose of his/her animal, how long is the carcass retained in a freezer? Then what happens after a period of time?	

#### 10. BOARDING

10.1 Do you have boarding?	Yes	No
10.2 Who do you board for? Clients, call-ins, etc.?		
10.3 Are there any animals being boarded now?		
10.4 Conditions of animals being boarded?		
3		
10.5 If animals boarded, are they fed / watered?	Yes	No
If animals are not fed / watered, why not?		
10.6 How often are animals fed / watered?		
10.7 If cats, how often is litter changed?		
What type of litter is used?		
Do you use a different type of litter for cats		
with open wounds?		
10.8 What kind of kennels do you have for boarding?		
10.9 How often are boarding kennels cleaned?		
10.10 Do animals have an open area to play?		
If inside, what is the condition?		
If outside, what is the condition?		
10.10 When and how often are animals checked on?		
During the day?		
During the night?		
During the weekend?		
10.11 Weekend boarding		
Who cares for the animals?		
Who gives medications?		
What happens if hospitalization is required?		
10.12 Condition of boarding room, play area, etc.? Is it well lit, clean, any smell, type of flooring, hose and drainage system, etc.?		

#### 11. RECORDS?

11.1 Get complete records of investigation. Documer		
administered fluids, complete diagnostic methods to in		complete blood count or chemistry
panel, prescriptions written, treatments, treatment opt	ions, etc.	
11.2 Copies of digital x-rays?	Yes	No
11.3 How long do you keep records? What type of		
records? Paper, electronic, etc.		
11.4 Ask for copies of Continuing Education (CE)	Yes	No
records for Veterinarian if not already provided.		
11.5 Ask for copies of CE records for Veterinary	Yes	No
Technician if not already provided.		
11.6 Is a copy of the Veterinary license displayed?	Yes	No
11.7 Is a copy of the Veterinary Technician license	Yes	No
displayed?		
11.8 Request copy of DEA certificate of registration		
number. Where is it registered (address)?		
VE 7.03 Records		n shall maintain individual patient
	records on every	
VE 7.05 Display of license - Veterinarian	Each veterinarian shall display a current license in a	
(VE 9.04 Display of license – Veterinary technician)	· ·	uous to the public view, and shall at
		vidence of licensure available for
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		practicing at a remote location.
VE 10.02 Continuing education – Veterinarian	(1) (a) Except as provided in subs. (3) and (4), a	
(VE 10.02 (2) CE for Veterinary technician (15 hrs.))	veterinarian shall complete at least 30 hours of	
	_	ation pertinent to veterinary medicine
	in each biennial	renewai period.
12. STAFF REPORTS		
12.1 Does staff member(s) have any concerns with		
the DVM? If so, please explain.		
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the DVM? If so, please explain.				
13. DVM SIDE OF COMPLAINT (including any DVM attempts at resolution)				
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#### 14. FOLLOW UP QUESTION IF APPLICABLE

- 14.1 Ask DVM if they have any questions for us?
- 14.2 Provide business card in case of follow-up questions.
- 14.3 Reiterate if there are any items that may require follow-up, i.e. Submitting CE records, patient records, etc.

**NOTE:** Time Departed:

ADDITIONAL NOTES
ABBITION LE NOTES