SUPPLY AND USE OF DRUGS IN VETERINARY PRACTICE

Preamble

This standard is declared by the Board to be a veterinary service standard within the meaning of section 5B of the *Veterinary Surgeons Act 1987* (the Act). This standard constitutes a minimum requirement expected from a registered veterinary surgeon or registered veterinary specialist who provides veterinary services to an animal or group of animals.

In the assessment of any case of misconduct in a professional respect brought before the Board with respect to the supply of drugs, the relevant guidelines and policies of the Australian Veterinary Association will be used as the basis for current practice, and the following points will be taken into consideration.

Interpretation

‘client’ means the person presenting an animal to a veterinary surgeon for veterinary services. A client includes the owner of the animal or a person responsible for an animal who has delegated authority for its care and wellbeing (the **responsible agent**). Examples of a responsible agent would include a farm manager or stud manager.

‘drugs’ in this document include ‘PARs’ (Prescription Animal Remedy) Schedule 4 substances for animal use and Schedule 8 controlled drugs which a veterinary surgeon is authorised to prescribe and/or supply under the *Poisons Act 1971 and Poisons Regulations 2018*.

‘supply’, in this document includes –

- (a) administer a substance, whether orally, subcutaneously, or by any other means;
- (b) offer or agree to supply a substance;
- (c) prescribe or write a prescription for a substance.

‘veterinary surgeon’ in this document means a registered veterinary surgeon or a registered veterinary specialist.

This Standard applies as relevant to animals, whether small or large, domestic, farm or food producing, individual or a herd/group of animals.

Responsibilities of a veterinary surgeon

1. Before administering, supplying or prescribing drugs, veterinary surgeons must satisfy themselves of the following -
   - a) the client is a bona fide client; or the responsible agent of a bona fide client;
   - b) a therapeutic need for the drug has been established;
   - c) the animal/herd is under the care of the veterinary surgeon;
   - d) all requirements regarding storage and handling are followed;
e) appropriate clinical records and documentation are kept;

f) provision is made for after-care if needed;

g) the client understands instructions for use (and any withholding periods) and will use the drugs appropriately;

h) the quantity supplied is reasonable;

i) supply is in the best interests of the animal/herd.

2. It is the responsibility of a veterinary surgeon to ensure that they have adequate knowledge of the species involved. Where this is not the case they should consider obtaining advice from a colleague with the required knowledge and experience, or refer the client to a veterinary surgeon with the appropriate knowledge.
See also VSS Standard of Professional Conduct, Section 3.

**Administering, Supplying and Prescribing Drugs**

3. It is usual practice to examine the particular animal or group of animals for which the drugs are sought.

4. (1) Direct examination of the animals to be treated may be omitted before supply of drugs in the following circumstances:

   a) the vet has an existing relationship through having a detailed knowledge of the client and the client’s animals. Detailed knowledge would include records of regular visits, clinical examinations, pathology/laboratory results, previous appropriate supply of drugs;

   b) for the immediate relief of suffering only – see 13 below.

(2) The responsibility for deciding a reasonable maximum period between direct examinations lies with the individual veterinary surgeon, taking into account all the relevant circumstances. The time may vary from case to case.

   a) As a guideline, while some conditions will require more regular review, veterinary surgeons would not be able to demonstrate an existing relationship if the animal or herd has not been examined within the previous 12 months.

   b) As a guideline for healthy small animals; it is usual that an annual health check is required. For small animals which are receiving ongoing medication, at least two visits a year are recommended as a good base standard: one for annual vaccination plus one other.

5. The animal (or herd) is under the care of the veterinary surgeon:

   The veterinary surgeon should have current knowledge of the management, health status, and drug status of the animal(s), and be satisfied that there is a therapeutic or prophylactic need for a drug.

6. 'Animals under the care of a veterinary surgeon' means -

   a) the veterinary surgeon has been given the responsibility for the health and welfare of the animals by the client (the owner or responsible agent of the owner);

   b) the care of the animals is real (bona fide) and not notional in that the veterinary surgeon knows the client and has either -

      i. seen the animals for the purpose of diagnosis immediately prior to supply; or

      ii. visited the property and has seen/examined the animals sufficiently often so as to have acquired, from personal knowledge or contemporary case records, an accurate picture
of the current health status of the animals to allow an accurate diagnosis and the appropriate supply of drugs.

7. For the purposes of 6 (b)(ii), “contemporary case records” means the veterinary surgeon should have clinical records relating to the client’s animal(s) gained through clinical visits and performing appropriate clinical and pathological/laboratory examinations.

8. A client may have a bona fide professional relationship with more than one veterinary surgeon or more than one veterinary practice. When dealing with a request for drugs from a client with whom the veterinary surgeon does not have a current professional relationship, it is advisable to ask the client if they have a current relationship with another veterinary surgeon or veterinary practice. Having established the current veterinary provider, a veterinary surgeon is then in a position to either refer the client back to that provider and/or establish a current bona fide professional relationship through performing appropriate clinical and pathological/laboratory examinations of the animal(s) and commencing to keep appropriate records prior to dispensing any drugs.

9. The veterinary surgeon is expected to have knowledge of the individual client and their husbandry and treatment management, knowledge, skills and ability to understand instructions and correctly administer drugs. The veterinary surgeon must inform the client regarding proper use of the drug, including dosage, route and method of administration, possible side effects and withholding periods or export slaughter intervals. Veterinary surgeons should maintain up-to-date knowledge in this area.

10. The supply of drugs (whether by sale, provision or prescription) to any person who is not the owner or responsible agent for the animal(s) is not permitted.

a) For example, supply to a third party is not permitted where the veterinary surgeon has not personally established therapeutic or management need for the animal(s) intended to receive the treatment.

b) An example of improper supply would be the supply of drugs for reproductive management of cattle (e.g. prostaglandins) to an Artificial Insemination (AI) technician or AI company for the purpose of being used in breeding programs for their clients.

11. Open ended supply or prescription is not appropriate.

12. Supply should only be in quantities appropriate for the number of animals involved. Where large quantities are requested for group treatment in the absence of examination, only sufficient material should be supplied until an appropriate examination can be made.

13. For reasons of limited access to animals and welfare concerns, it may occasionally be appropriate to supply drugs to other than known clients. For animals which cannot reasonably be examined by a veterinary surgeon it is appropriate to supply drugs for the immediate relief of suffering only; provided all possible information is sought from the client in relation to the particular case, and that all necessary guidance is provided into the use of the drug, including the withholding period where necessary.

14. Detailed records should be kept of all supplies of drugs as part of case records -

a) Client
b) Date
c) Drug [name and strength]
d) Quantity
e) Dosage
f) Withholding Period (WHP) Advised/Advice Note given
g) Repeat Supply Authorisation.
15. A veterinary surgeon cannot dispense a prescription of another veterinary surgeon for a Schedule 4 or Schedule 8 substance: this can only be done by a pharmacist (Poisons Regulations R27(7) and R51 (7) & (8)).

16. A veterinary surgeon may sell or supply scheduled substances to another veterinary surgeon by way of wholesale dealing (Poisons Act s18(3)(d)).

   a) This might occur if, for example, a veterinary surgeon has run out of stock of a scheduled substance and is unable to obtain it from the regular wholesale dealer in a timely fashion. As a stop gap, another veterinary surgeon could assist by selling or supplying the scheduled substance to the first mentioned vet.

   b) Where a veterinary surgeon supplies a Schedule 8 substance via wholesale means, the transaction must be recorded in the practice’s narcotic register consistent with Regulation 18 of the Poisons Regulation.

17. By law all drugs are to be stored in accordance with labelling instructions and used within the expiry time.

18. Labelling and packaging of dispensed drugs shall be in accordance with the requirements of the Poisons Regulations for that particular class or Schedule of drug: see the Guide for the Dispensing and Supply of Drugs and Poisons by Veterinary Surgeons.

19. Injectable anabolic steroids and testosterone preparations are only to be administered by the attending veterinary surgeon. They are not to be supplied to clients or the general public. Testosterone prepared for the treatment of pizzle rot in sheep is exempted, however it should be noted that all of the above provisions relating to supply apply.

20. Prostaglandins present particular health hazards to humans and should be supplied only to experienced owners and responsible agents, with handling precautions carefully explained and emphasised by a veterinary surgeon on each occasion the supply is made. This is best done both verbally and by providing the client with written information. Veterinary surgeons must be satisfied that the client is able to safely and effectively use the product and that they will follow instructions on the dispensing label and advice note. Administration by a veterinary surgeon is preferred.

21. Because of the need for owners of food producing animals to observe withholding periods it is essential that all relevant information be supplied to owners of food producing animals. It should be noted that this applies to all drugs and veterinary chemicals irrespective of their Poisons Schedule. Reference should be made to the requirements of the Agricultural and Veterinary Chemicals (Control of Use) Act 1995 and the Code of Practice for the Supply and Use of Veterinary Chemical Products (2012)

22. There are certain drugs that are considered by the Board not to be appropriate for supply to clients due to their dangerous nature and the potential for their diversion for other than the prescribed use. The Board therefore determines that this class of drug shall only be administered by a veterinary surgeon and not supplied to or prescribed for a client. This applies to the following groups of drugs —

   a) Injectable barbiturates (s4)
   b) Suxamethonium, its salts and analogues (s4)
   c) Ketamine (s8)*
   d) Methadone (s8)*
   e) Fentanyl (s8)*. *see also para 23 over

---


2 VBT Website: aka AgVet Code 2012
23. Amendments to the *Poisons Regulations* effective December 2017 now prohibit a veterinary surgeon from supplying or prescribing ketamine, methadone, pethidine and fentanyl (R20(12) and R24). However, the Regulations at R20(13) allow a veterinary surgeon to **administer** ketamine, methadone, or fentanyl to an animal in the course of animal treatment.

V2  Para 23 added  December 2017

V3  *Poisons Regulations* references updated to reflect the *Poisons Regulations 2018* which commenced on 17 December 2018. The 2018 regulations replaced the 2008 regulations. There was no change to the content of the regulations but the numbering system was updated.

---

1 *Poisons Act 1971* (s3) **wholesale dealing** is defined as –

(a) means the sale or supply by a wholesale dealer in the ordinary course of his business to persons authorized by or under this Act to be in possession of or to sell a scheduled substance;

and

(b) includes the sale or supply to other persons in wholesale quantities in the ordinary course of that business for use in a public institution or in connection with a prescribed profession, business, trade, or industry carried on by a person who requires any such substance for use, but not for resale, in connection with his profession, business, trade, or industry.