BEFORE THE MINNESOTA
BOARD OF VETERINARY MEDICINE

In the Matter of
James D. Rundquist, D.V.M.
License No.: 01567

FINDINGS OF FACT,
CONCLUSIONS,
AND FINAL ORDER

The above-entitled matter came on for a hearing on April 26 and 30, 2019, before Administrative Law Judge ("ALJ") Jim Mortenson at the request of the Minnesota Board of Veterinary Medicine ("Board") Complaint Review Committee ("Committee"). The matter was initiated pursuant to the Notice and Order for Hearing on Temporary Suspension ("Notice of Hearing") issued by the Board Complaint Review Committee on March 27, 2019. Keriann L. Riehle and Tiffany Sedillos, Assistant Attorneys General, represented the Committee. James D. Rundquist, D.V.M. ("Licensee") appeared on his own behalf and without counsel.

On May 24, 2019, the ALJ issued Findings of Fact, Conclusions of Law, and Recommendation ("ALJ’s Report"), recommending the Board take disciplinary action against Licensee’s license to practice veterinary medicine. (A true and correct copy of the ALJ’s Report is attached hereto and incorporated herein as Exhibit A.)

The Board convened to consider the matter on June 12, 2019, in Conference Room C on the third floor of University Park Plaza, 2829 University Avenue S.E., Minneapolis, Minnesota. Keriann L. Riehle and Tiffany Sedillos, Assistant Attorneys General, appeared and Keriann L. Riehle, presented oral argument on behalf of the Committee. Licensee appeared and was not represented by counsel. Board members Amy Kizer, D.V.M., and Steven Shadwick, D.V.M., did not participate in deliberations and did not vote in the matter. Julia Wilson, Executive Director, did not participate in the deliberations. Daniel Schueppert, Assistant Attorney General, was present to provide legal advice to the Board.
The Board has reviewed the record of this proceeding and hereby accepts the ALJ’s Report, and accordingly adopts and incorporates by reference the ALJ’s Report in its entirety, with the exceptions as described in footnotes 58 and 67 below. Accordingly, based upon its review of the evidence in the record and after careful and thorough deliberation, the Board makes the following:

**FINDINGS OF FACT**

I. Parties

1. The Board is charged with regulating veterinary medicine in Minnesota, including investigating and imposing discipline upon licensees for failing to comply with applicable practice standards.²

2. On June 29, 1967, the Board issued Licensee a license to practice veterinary medicine in Minnesota.³

II. Minimum Standards of Prevailing Practice

3. Preventing animal suffering is a minimum standard of prevailing practice, requiring that impounded animals in a veterinarian’s care must be timely examined and vaccinated to address the animal’s suffering and to prevent the spread of disease.⁴

4. The minimum standard of prevailing practice for pain management in veterinary medicine is multimodal analgesia.⁵ Veterinarians simultaneously use multiple types of pain medication to help manage an animal’s pain and inflammation of injured tissue.⁶ A typical pain management regimen may include nonsteroidal anti-inflammatories (NSAIDs), opioids, dissociatives, and tranquilizers.⁷

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¹ For ease of reading, the Board made formatting changes and added clarifying language to the Findings of Fact of the ALJ’s Report.
³ Exhibit (Ex.) 248 at 2.
⁴ Transcript (Tr.) at 226.
⁵ Id. at 231.
⁶ Id.
⁷ Id.
5. Carprofen—sometimes called Rimadyl—is an NSAID that is not labeled for use in cats, and *Plumb's Veterinary Drug Handbook* warns against using it with cats. Numerous safer NSAIDs for cats are available on the market.\(^8\)

6. Isoflurane is a general anesthetic gas.\(^9\) It is carcinogenic to humans and delivered by mask to animals.\(^10\) However, using a mask to deliver anesthesia to animals is dangerous because the animal’s airway is not protected from vomit or collapse.\(^11\) Further, a mask prevents monitoring the animal’s cardiovascular system because the veterinarian cannot see the animal’s tongue and mucous membranes to help watch for color changes that signal problems.\(^12\)

7. Minimum standards of prevailing practice dictate that medications and vaccines that are past the expiration date listed on the package are no longer effective.\(^13\)

8. Minimum standards of prevailing practice for surgery require a surgeon to (1) scrub in for surgery using a disinfectant soap or a topical gel; (2) wear a sterile gown, mask, gloves, and cap covering all head and facial hair; (3) use a sterile pack for each animal; and (4) use sterile gauze, needles, blades, and sutures.\(^14\) Scrubbing can be done appropriately in one of two ways. Surgeons may wash their hands from fingertip to elbow with a scrub brush and soap, spending five minutes per hand.\(^15\) Alternatively, surgeons may apply an alcohol-based gel to clean their hands.\(^16\)

9. A surgical pack contains a metal tray with scalpel, gauze pads, extra suture needles, scissors, and various clamps.\(^17\) The prevailing standard for veterinary surgery is to use a new sterile surgical pack for each surgery performed.\(^18\) Doing so helps prevent cross contamination from one patient to the next.\(^19\)

10. Sutures can degrade and should not be soaked in disinfectant.\(^20\) If a suture loses its strength, it may break when holding an incision together.\(^21\)

11. Needles and other instruments may be resterilized using an autoclave or gas

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\(^8\) *Id.* at 208, 234.
\(^9\) *Id.* at 237.
\(^10\) *Id.*
\(^11\) *Id.*
\(^12\) *Id.*
\(^13\) *Id.* at 227.
\(^14\) *Id.* at 215.
\(^15\) *Id.* at 221.
\(^16\) *Id.* at 222.
\(^17\) *Id.* at 89.
\(^18\) *Id.* at 218.
\(^19\) *Id.*
\(^20\) *Id.*
\(^21\) *Id.*
sterilization. Soaking needles or other instruments is an inappropriate sterilization technique. Any attempt to resterilize a suture needle will cause it to become dull. Instruments may be damaged if they are soaked in any kind of liquid for more than 20 minutes. Damaged instruments may increase tissue trauma and may harbor bacteria.

III. Clinic Conditions

12. Licensee owns Premier Veterinary Center, with locations in Mankato and Waseca, Minnesota.

13. Conditions in Licensee’s clinics did not comply with all applicable regulatory standards.

14. Licensee permitted animals to be housed in the clinic in high heat conditions when people were not present. On one occasion, the clinic’s air-conditioning was not operating and the clinic temperature reached 100 degrees Fahrenheit.

15. Licensee arranged to take in stray animals on behalf of municipalities. Licensee housed the impounded animals together with clients’ companion or pet animals. Licensee housed impounded animals in rusty, dirty, broken kennels in a dark basement at the Mankato clinic. Licensee did not immediately examine impounded animals upon their arrival in his clinics.

16. Licensee delayed vaccinations for impounded animals, and some vaccinations were administered by unlicensed staff, sometimes out of Licensee’s presence and without his knowledge.

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22 Id. at 221.
23 Id.
24 Id.
25 Id. at 216.
26 Id.
27 Id.
28 Id. at 115.
29 Id. at 414-15.
30 Id. at 116, 330.
31 Id. at 96, 116, 289, 293–95.
32 Id. at 99, 123-24.
33 Id. at 100, 114, 348, 397.
17. Licensee left impounded animals with untreated injuries and matted fur.\textsuperscript{34} Matted fur can be painful to animals because it pulls on their skin.\textsuperscript{35} Matted fur also traps moisture and bacteria near the skin, leading to infections.\textsuperscript{36}

18. Licensee only washed his hands and wrists before surgery, and he usually only washed for about one minute.\textsuperscript{37}

19. On February 6, 2018, the Board inspected Licensee’s Mankato clinic. Dr. Ron Swiggum, a member of the Board, and Mark Bukowski, an investigator for the Office of the Attorney General, conducted the inspection.\textsuperscript{38} The inspection identified many deficiencies at the clinic, including the following:

   a. expired medications and vaccines were present;
   b. outdated sterile fluids, catheters, syringes, and reagents were present;
   c. animal housing was dirty and in disrepair; and
   d. surgery area was dusty and dirty, including on the surgery lights, table base, base pole for intravenous fluids, and tops of equipment.\textsuperscript{39}

20. On April 10, 2018, the Board reinspected the Mankato clinic and found that most deficiencies remained unaddressed.\textsuperscript{40}

21. Licensee admitted to the Board that he reused remaining lengths of suture for future procedures on other animals.\textsuperscript{41} Licensee kept the unused sutures and needles soaking in in a purple solution for later use.\textsuperscript{42}

22. Licensee also admitted that he reused surgical instruments on subsequent same-day surgeries, did not use sterile attire for major surgery, kept expired medications in clinic care areas, and failed to provide adequate staff oversight for cleaning the clinic.\textsuperscript{43}

\textsuperscript{34} Id. at 136–37.
\textsuperscript{35} Id. at 226.
\textsuperscript{36} Id.
\textsuperscript{37} Id. at 91, 121–22, 328, 355.
\textsuperscript{38} Id.
\textsuperscript{39} Id. at 4. See also Id. at 93-94.
\textsuperscript{40} Id. at 5.
\textsuperscript{41} Ex. 248 at 5.
\textsuperscript{42} Tr. at 90–91.
\textsuperscript{43} Ex. 248 at 5.
IV. Cases of Specific Animals

23. On September 5, 2017, Licensee spayed a dog, Lily, for a local rescue group. Licensee did not administer an opioid as part of pain management, and the medications used during surgery would not last for 24 hours after surgery, as is the standard of prevailing practice.

24. On December 6, 2017, Licensee performed an ovariohysterectomy on three four-month-old female cats: Pip, Kiki, and Siamese. Licensee used carprofen for perioperative and postoperative pain management. Licensee did not provide written discharge instructions to the cats’ owner for postoperative care. Pip’s surgical incision dehisced (opened) the evening after the surgery. Kiki’s and Siamese’s incisions became infected.

25. On January 31, 2018, Licensee performed a castration on Maddox, a one-and-a-half-year-old dog. Maddox’s incision dehisced shortly after the dog was discharged.

26. On April 11, 2018, Licensee performed an ovariohysterectomy on Fraidy, a 17-month-old cat. Licensee used carprofen for perioperative and postoperative pain management. Fraidy’s incision became infected.

27. On November 15, 2018, Licensee spayed a five-month-old female cat, Emie, which was under the care of a local humane society. Emie was anesthetized with a three percent concentration of inhaled isoflurane, a high concentration. Licensee provided no postoperative pain medication for Emie. Emie’s sutures dehisced, and on November 20, 2018, Licensee repaired the sutures and gave her carprofen.

28. On November 20, 2018, Licensee neutered a two-month-old male cat, Motor, that was under the care of a local humane society. Licensee administered carprofen to Motor.

29. On November 27, 2018, Licensee spayed Tammy, a one-year-old female cat under the care of a local humane society. Licensee did not use an NSAID or provide

\[^{44}\text{Ex. 213.}\]
\[^{45}\text{Id.; Tr. at 232.}\]
\[^{46}\text{Ex. 248 at 2.}\]
\[^{47}\text{Id. at 3.}\]
\[^{48}\text{Id.}\]
\[^{49}\text{Ex. 221.}\]
\[^{50}\text{Id.; Tr. at 234.}\]
\[^{51}\text{Ex. 221; Tr. at 234.}\]
\[^{52}\text{Ex. 221.}\]
\[^{53}\text{Ex. 222.}\]
\[^{54}\text{Id.}\]
\[^{55}\text{Ex. 223.}\]
postoperative pain medications. Licensee also anesthetized Tammy with isoflurane via a mask.


31. On February 20, 2019, Licensee neutered Jake, an impounded dog. Jake was not provided any opioids or postoperative pain medication. Jake was anesthetized with isoflurane via mask. Jake's incision dehisced by February 25, 2019.

32. On February 27, 2019, Licensee neutered and removed the dew claws of JR, a one-year-old dog who was a new pet for a client. Licensee did not give JR any opioids or postoperative pain medication. Licensee did not record the kind of anesthesia that he used in JR's veterinary record.

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56 Id.; Tr. at 236.
57 Tr. at 144; Ex. 224.
58 Ex. 224. The ALJ's Report indicates that it was a departure from the minimum standards of prevailing practice for Licensee to take more than approximately ten minutes to neuter a dog, Hunter, when there were no complications. Based on the Board's experience, technical competence, and specialized knowledge in evaluation of the hearing record, the Board does not agree with this finding because the amount of time Licensee took to perform Hunter's procedure in this particular case is not in itself a per se departure from the minimum standards of prevailing practice. Accordingly, the Board changes the ALJ's Report to remove the sentence stating "Further, Hunter's surgery took 45 minutes, but should have taken less than ten minutes because there were no complications." Id.; Tr. at 238.
59 Tr. at 144.
60 Id.; Ex. 225.
61 Ex. 225; Tr. at 239.
62 Ex. 225.
63 Tr. at 144.
64 Ex. 226; Tr. at 176, 178.
65 Ex. 226.
66 Id.
33. JR suffered complications from the anesthesia or a possible stroke.\textsuperscript{67} No one from the clinic contacted JR's owner about his condition.\textsuperscript{68} When JR's owner arrived to retrieve him shortly after 5:00 p.m. the same day, JR was on the floor near the receptionist.\textsuperscript{69} Licensee did not talk to JR's owner when she picked him up, and the clinic provided only standard written instructions for postoperative care without information about JR's complications.\textsuperscript{70} JR was paddling his legs uncontrollably, did not make eye contact, was feverish and drooling, and had been lying in urine while at the clinic.\textsuperscript{71}

34. JR's owner tried to reach Licensee by phone after picking JR up.\textsuperscript{72} Receiving no answer, around 7:30 p.m. JR's owner had JR examined by another veterinarian.\textsuperscript{73} The veterinarian informed JR's owner that JR was not likely to recover, but that he could be hospitalized at an emergency clinic.\textsuperscript{74} Considering the potential high cost and unlikely benefit of attempted treatment for JR, his owner decided to have him euthanized.\textsuperscript{75}

35. At the time of JR's surgery, he was due for a leptospirosis booster vaccination three weeks later. JR's owner requested that Licensee provide her with the vaccination so she would not have to return to the clinic with JR three weeks later.\textsuperscript{76} The clinic's office manager, an unlicensed employee of Licensee, provided JR's owner with the vaccine when she picked up JR on February 27.\textsuperscript{77} The vaccine expired on March 5, 2019, six days after Licensee sold it to JR's owner.\textsuperscript{78}

\textsuperscript{67} Ex. 3 at 50; Tr. at 188, 194. Page 15 of the ALJ's Report Memorandum states "Licensee should have put JR in an oxygen cage to ensure he was oxygenating well, and did not do so." (citing Tr. at 255.) Based on the Board's experience, technical competence, and specialized knowledge in evaluation of the hearing record, the Board does not find that in this case Licensee should have placed JR in an oxygen cage to comply with the minimum standards of prevailing practice at the time of JR's procedure. The Board agrees that Licensee should have put JR on oxygen to ensure that he was oxygenating well, but in this case it need not have been an oxygen cage to comply with minimum standards, although an oxygen cage would have conformed with or exceeded minimum standards. Accordingly, the Board omits the above quoted sentence on page 15 of ALJ's Report Memorandum to the extent, if at all, it is construed as a minimum standards of prevailing practice finding.

\textsuperscript{68} Tr. at 179.

\textsuperscript{69} Id. at 179-80.

\textsuperscript{70} Id. at 180; Ex. 3 at 53-54.

\textsuperscript{71} Tr. at 180-82, 184-86.

\textsuperscript{72} Id. at 185.

\textsuperscript{73} Id. at 185-86; Ex. 3 at 50.

\textsuperscript{74} Tr. at 188; Ex. 3 at 50.

\textsuperscript{75} Tr. at 188; Ex. 3 at 50.

\textsuperscript{76} Ex. 226; Tr. at 182-83.

\textsuperscript{77} Tr. at 182, 374-75.

\textsuperscript{78} Ex. 3 at 49.
36. On March 5, 2019, Licensee spayed two pet kittens, Gracie and Izzy. Licensee used carprofen on the kittens and did not use an opioid for pain management. They were anesthetized with isoflurane via mask. Each kitten’s surgery should have taken ten minutes, barring complications, but took 35 and 30 minutes, respectively. Licensee did not provide the kittens with any postoperative pain medication and did not give their owner postoperative instructions. On March 6, 2019, Gracie’s incision had dehisced. On March 11, 2019, Izzy’s incision dehisced.

37. Generally, cats will not disturb an incision unless they are uncomfortable or in pain. When an animal licks an incision, the skin may become irritated, but the incision will not typically dehisce.

38. On January 22, 2019, Licensee signed a Stipulation and Order containing some of the above facts. The Stipulation and Order was effective on March 4, 2019, upon signature by a Board member. The Stipulation and Order included disciplinary action and consequences for noncompliance and specifically permitted the Board to:

- temporarily suspend Licensee’s license pursuant to Minnesota Statutes section 156.126 based on a violation of this Stipulation and Order or based on conduct of Licensee not specifically referred to herein. Similarly, nothing herein shall limit the Committee’s right . . . to initiate a contested case proceeding under Minnesota Statutes chapter 14 based on an alleged violation of this Stipulation and Order.

39. The Board issued an Order of Temporary Suspension on March 27, 2019, and started this contested case.

40. Any fact referenced in the memorandum to the ALJ’s Report not specifically listed is incorporated into the findings of fact. Any finding of fact more appropriately considered a conclusion of law is adopted as such. Any conclusion of law more appropriately considered a finding of fact is adopted as such.

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79 Tr. at 39, 41; Exs. 227, 228.
80 Exs. 227, 228.
81 Id.
82 Id.; Tr. at 240.
83 Tr. at 43; Exs. 227, 228.
84 Tr. at 43.
85 Ex. 227.
86 Tr. at 259, 261.
87 Id. at 260.
88 Ex. 248 at 11.
89 Id. at 5–9.
90 Id. at 9.
91 Order for Temporary Suspension (Mar. 27, 2019).
CONCLUSIONS OF LAW

The Board accepts the May 24, 2019 ALJ’s Report and accordingly adopts and incorporates the Conclusions of Law therein.


2. The Administrative Law Judge may only conduct hearings for which proper notice has been given.⁹²

3. The Board has complied with all notice requirements.

4. The Board has the authority to impose discipline upon a license to practice veterinary medicine for cause.⁹³ Cause includes, but is not limited to:
   
   (11) fraud, deception, or incompetence in the practice of veterinary medicine, including any departure from or failure to conform to the minimum standards of acceptable and prevailing practice without actual injury having to be established;
   
   (12) engaging in unprofessional conduct as defined in rules adopted by the board or engaging in conduct which violates any statute or rule promulgated by the board or any board order.⁹⁴

5. Licensee has demonstrated incompetence while practicing veterinary medicine, including departing from and failing to conform to the minimum standards of acceptable and prevailing practice.

6. Licensee engaged in unprofessional conduct by violating Minn. R. 9100.0300, .0700, .0800 (2017). These Board-adopted rules prescribe requirements for housing facilities,⁹⁵ unprofessional conduct,⁹⁶ and minimum standards of practice.⁹⁷

7. It is within the Board’s discretion to determine the discipline imposed upon Licensee’s license to practice veterinary medicine.⁹⁸ The forms of discipline authorized are prescribed by the legislature under Minn. Stat. § 156.127, subd. 1.

⁹² Minn. Stat. § 14.50.
⁹³ Minn. Stat. § 156.081, subd. 1.
⁹⁴ Id., subd. 2.
⁹⁵ Minn. R. 9100.0300.
⁹⁶ Minn. R. 9100.0700.
⁹⁷ Minn. R. 9100.0800.
⁹⁸ Minn. Stat. § 156.127; Padilla v. Minnesota State Bd. of Medical Examiners, 382 N.W.2d 876, 887 (Minn. 1986).
ORDER

Based on the foregoing Findings of Fact and Conclusions and upon the recommendation of the ALJ, the Board issues the following Order:

1. NOW, THEREFORE, IT IS HEREBY ORDERED that Licensee's license to practice veterinary medicine in the State of Minnesota is SUSPENDED immediately for an indefinite period of time.

2. IT IS FURTHER ORDERED that during the period of suspension Licensee shall not engage in any conduct which constitutes the practice of veterinary medicine as defined in Minnesota Statutes section 156.12, and shall not imply or suggest to any persons by words or conduct that Licensee is authorized to practice veterinary medicine in the State of Minnesota.

3. The Board hereby imposes an ADMINISTRATIVE PENALTY in the amount of $25,000 pursuant to Minnesota Statutes section 156.127, subdivision 1(7). The Board has determined that an administrative penalty is appropriate based on the facts herein and the amount of the penalty was fixed so as to deprive the Licensee of any economic advantage gained by reason of the violations, to discourage similar violations, and to reimburse the board for the cost of the investigation and proceeding. The administrative penalty shall be paid within six (6) months from the date of this Order by cashier's check or money order made payable to the Minnesota Board of Veterinary Medicine and shall be delivered personally or by mail to the Minnesota Board of Veterinary Medicine, c/o Julia Wilson, DVM, Executive Director, 2829 University Avenue S.E., Suite 401, Minneapolis, Minnesota 55414. Any petition for the removal of the suspension of Licensee's license will not be granted until the administrative penalty is paid in full.
4. IT IS FURTHER ORDERED that Licensee may petition to have the suspended status removed from his license following his completion of the criteria in paragraph 3 and this paragraph 4. The burden of proof shall be upon Licensee to demonstrate by a preponderance of the evidence that he is capable of conducting himself in a fit and competent manner in the practice of veterinary medicine. In petitioning for the removal of the suspension, Licensee shall comply with or provide the Board with, at a minimum the following:

   a. Within six (6) months prior to petitioning, Licensee must take and receive a passing score on the Companion Animal Species Specific Examination provided by the International Council for Veterinary Assessment.

   b. Within 60 days prior to petitioning, Licensee must submit documentation of all of his veterinary continuing education from his most recent license renewal period.

   c. Within six (6) months prior to petitioning, Licensee shall complete at least six (6) hours on continuing education on the topic of veterinary medical records and submit proof of completion to the Board. For purposes of this requirement, the Board preapproves the "Veterinary Medical Records Online Course" offered by Drip Technologies. The credits from this continuing education may not be applied to the requirements for Licensee’s next license renewal.

   d. Within 120 days prior to petitioning, Licensee shall complete the following interactive continuing education and provide proof of completion to the Board:

      i. Four hours of continuing education on the topics of surgical techniques for abdominal surgery and choices for type of suture and abdominal closure.

      ii. Four hours of continuing education on the topic of perioperative pain management.
iii. Licensee must identify and engage a veterinary ethicist with experience in small animal veterinary practices preapproved by the Committee. The veterinary ethicist must be provided with a copy of this Order before initiating work with Licensee. Licensee must consult with the veterinary ethicist for a minimum of 8 hours and provide a report to the Board of what topics were covered and what Licensee learned.

iv. Licensee shall submit documentation of completion of the following modules of the Veterinary Law & Ethics course provided by Drip Learning Technologies: (1) Moral, Ethical and Legal Decision-making; (2) Understanding State Board Licensing Issues and Disciplinary Procedures; and (6) Professional Negligence.

e. Within 90 days prior to petitioning, Licensee shall submit to a comprehensive physical/mental health evaluation performed by a licensed medical doctor, psychiatrist, or psychologist who specializes in cognitive impairment and workplace competence, within 60 days of petitioning to have the suspended status removed from his license. Licensee shall submit, or cause to be submitted, the credentials of the evaluator for review and preapproval by Board staff for purposes of this evaluation. Licensee shall provide the evaluator with a signed release authorizing the sharing of information between the evaluator and the Board. Licensee shall cause the evaluator to send the results of the evaluation directly to the Board. The results of the evaluation shall confirm that the evaluator has reviewed this Order and any additional information provided by the Board in advance of the evaluation. This report shall include the testing instruments utilized; the results of the testing; Licensee’s diagnoses; prognosis; recommendations for additional evaluation or treatment; whether, if in the opinion of the evaluator, Licensee can be expected to practice with reasonable skill and safety to the public; Licensee’s awareness of his mental and physical health status; whether the evaluator would
recommend that any restrictions or controls be implemented on Licensee's practice if he is returned to practice; and any other information the evaluator believes would assist the Board in its ultimate review of this matter.

f. Licensee shall arrange for participation in and completion of the above requirements and shall assume responsibility for all associated costs.

5. IT IS FURTHER ORDERED that the Board may, at any regularly scheduled meeting following Licensee's petition to have the suspended status removed from his license pursuant to paragraphs 3 and 4 above, take any of the following actions:

a. Remove the suspension from Licensee’s license to practice veterinary medicine;

b. Remove the suspension from Licensee’s license to practice veterinary medicine and place limitations upon the scope of Licensee’s practice and/or conditions for Licensee’s practice; or

c. Continue the suspension of Licensee’s license upon his failure to meet the burden of proof.

Dated: 9/19/19

MINNESOTA BOARD OF VETERINARY MEDICINE

MICHICHEL VAUGHN, DVM
Board President