

**BEFORE THE MINNESOTA  
BOARD OF VETERINARY MEDICINE**

In the Matter of  
William G. Winter, D.V.M.  
License No. 6375

**STIPULATION AND ORDER**

**STIPULATION**

William G. Winter, D.V.M. ("Licensee"), and the Minnesota Board of Veterinary Medicine Complaint Review Committee ("Complaint Review Committee") agree that the above-referenced matter may be resolved without trial of any issue or fact as follows:

**I.**

**JURISDICTION**

A. The Minnesota Board of Veterinary Medicine ("Board") is authorized under Minnesota Statutes chapter 156 to license and regulate veterinarians and to take disciplinary action as appropriate.

B. Licensee holds a license from the Board to practice veterinary medicine in the State of Minnesota and is subject to the jurisdiction of the Board with respect to the matters referred to in this Stipulation and Order.

**II.**

**CONFERENCE**

A. On January 28, 1999, Licensee and his attorney, Joseph G. Beaton, Jr., appeared before the Complaint Review Committee, composed of Susan Poirot, D.V.M., Board Member, Fran Smith, D.V.M., Board President, and Roland C. Olson, D.V.M., Executive Director of the

Board. Susan E. Damon, Assistant Attorney General, represented the Complaint Review Committee at the conference. At the conference, the parties discussed allegations set forth in a Notice of Conference dated December 18, 1998 and in a supplemental letter dated January 25, 1999 to Licensee's attorney from the Complaint Review Committee's attorney.

### III.

#### FACTS

A. For purposes of Board of Veterinary Medicine proceedings, the Board may consider the following as true:

1. Licensee was licensed by the Board in 1975. He is also currently licensed to practice veterinary medicine in Kansas and Missouri.

2. On May 7, 1997, the Board issued a Stipulation and Order in In the Matter of William G. Winter, D.V.M., License No. 6375 ("May 7, 1997 Stipulation and Order").

3. The Board has obtained information that Licensee, since issuance of the May 7, 1997 Stipulation and Order, has engaged in veterinary practices that were below the minimum acceptable standard of the profession. Examples include, but are not limited to, the following:

a. Licensee has reused needles on the same animal. For example, he has used the same needle to give a vaccine and then to draw blood from an animal. Licensee has informed the Board that he discontinued this practice in August 1998 after being questioned about it by the Board's investigator.

b. Licensee has reused syringes between animals where the same vaccine was given to both animals.

c. Patient #1, a dog, was brought to Licensee's clinic on April 27, 1998 after he had been in a fight with another dog that same day. Patient #1 was unable to stand on his right front leg, was unable to bear weight, and was in a lot of pain. Licensee palpated the dog's shoulder, and it was painful to palpation. Licensee told his veterinary technicians to take an x-ray of the involved leg. The technicians took the x-ray and showed it to Licensee. The x-ray did not include the shoulder. Licensee told the technicians they had not gotten a correct view of the leg. They offered to retake the x-ray, but Licensee told them there was no time. Licensee then told the owner that he saw nothing on the x-ray. He told her the dog might have a small puncture wound and prescribed antibiotics. On May 2, 1998, the dog was returned to Licensee's clinic and was seen by another veterinarian. The x-ray was retaken. It was determined that there was a complete medial disluxation of the right front shoulder. Because the shoulder luxation was too chronic to be manipulated back into place, the dog required surgery.

d. On Sunday May 31, 1998 the owner of Patient #2, a cat, contacted Licensee to report that Patient #2 had been injured. Patient #2 had an open fracture on her leg, with the bone protruding through the skin. Licensee met the owner at his clinic, which was closed, assessed Patient #2 and, although the cat was likely in shock, gave her ACE Promazine. Licensee left the cat unattended in a top rack cage at his clinic overnight. There is nothing in the patient record indicating that Licensee advised the owner to take the cat to an emergency clinic. The next morning, the owner called to inquire about her cat. None of Licensee's clinic employees had been made aware that the cat had been brought in. The employees found the cat listed on the "hospitalization board" in the basement of the clinic and found an empty cage with blood in it. Licensee had failed to lock the cage and the cat had escaped. An employee saw a

trail of blood in the clinic, searched for the cat, and found her under the x-ray tank. The cat was dirty and was covered with ants from being under the x-ray tank in Licensee's clinic. Staff found a file Licensee had started regarding Patient #2's May 31, 1998 emergency, but as of the time it was seen by staff on June 1, 1998, it only contained the notations "x-rays, fracture repair."

e. Patient #3, a dog, initially presented at Licensee's clinic on August 19, 1997 with a history of Addison's Disease and irritable bowel syndrome. At the time, Patient #3 was being treated with Metronidazol, Florinef, Deltasone and Sulfasolazine. At the August 19, 1997 visit and on subsequent visits on September 8, 1997 and November 3, 1997, Licensee recommended that the owner slowly wean Patient #3 off of Florinef and other prescription drugs. There is no indication in the patient record that Licensee gave the client any information about the risks associated with withdrawal or reduction of Florinef, or that he advised the client that frequent checks of electrolytes should be performed if the Florinef were reduced.

4. Paragraph 5.e of the May 7, 1997 Stipulation and Order provides:

Respondent shall verbally provide each client with sufficient unbiased information on the conventional Western medical treatment for a medical problem, as well as any alternative approach recommended by Respondent such as herbal medicine, homeopathy, chiropractic or acupuncture, so that a client can make an informed decision as to a treatment plan based on assessment of the probability of success and risks involved to the animal patient. Further, Respondent shall record what specific information regarding conventional and alternative treatments was provided to each client and shall have the client sign or initial the record indicating that such information was provided. Respondent may record the information either directly in the patient record or on a separate sheet of paper, so long as the client signs or initials, and so long as the information is maintained as part of the patient record.

Licensee has failed to comply with Paragraph 5.e of the May 7, 1997 Stipulation and Order in numerous cases including, but not limited to, the following:

a. Licensee recommended that Patient #3, who presented with a history of Addison's Disease and irritable bowel syndrome, be weaned off of antibiotics, Prednisone and Florinef, and that the Florinef be replaced with glandulars. There is nothing in the patient record indicating what information, if any, Licensee gave the owner about the conventional Western treatments for Addison's disease and irritable bowel syndrome or that he advised the owner of any risks associated with reduction or discontinuation of Florinef.

b. Patient #4, a dog, was initially seen by Licensee on December 4, 1997. The intake sheet in the patient record indicates that Patient #4 had been diagnosed at another veterinary clinic with squamous cell carcinoma of the upper right gum and lip. Licensee's record from December 4, 1997 indicates that he saw Patient #4 for a cancer consultation and that he prescribed weight loss, a natural diet and various supplements. There is nothing in the patient record indicating that Licensee gave the client any information about the conventional Western treatment for squamous cell carcinoma.

c. Patient #5, a dog, presented at Licensee's clinic on July 1, 1997. Licensee diagnosed the dog with arthritis, geriatric wasting, anorexia, grade V plaque/gingivitis and cataracts. Licensee recommended Gentle Dragon, a geriatric diet, various supplements, "body work ears, spine, hips" and dentistry. There is no indication in the record what information, if any, Licensee gave the client about the conventional Western treatment for arthritis, geriatric wasting or anorexia.

d. Licensee first saw Patient #6, a dog, on October 9, 1997. He was brought in by his owner and a friend of the owner. The dog presented with a previous diagnosis of liver disease. Licensee did not discuss any conventional Western treatment options with the

owner and her friend except in response to the friend's question about steroids. Licensee informed the owner and the friend that he was opposed to steroids. A document in Patient #6's medical records entitled "contract for holistic veterinary care" states that the standard approach to treatment usually includes cortisone, prescription diet and copper antidote. This document was not signed or initialed by the client.

5. Paragraph 5.f of the May 7, 1997 Stipulation and Order provides: "[Licensee] shall maintain records on all animal patients in accordance with the record keeping requirements set forth in Minn. R. 9100.0800, subp. 4." Licensee has failed to comply with Minn. R. 9100.0800, subp. 4 and with Paragraph 5.f of the Stipulation and Order. Examples include, but are not limited to, the following:

a. On April 28, 1997, Licensee diagnosed Patient #7, a cat, as being "obese - severe" and recommended weight loss. There is nothing in the patient record about this recommendation or about any instructions Licensee gave to the client about the weight reduction diet.

b. Patient # 8, a dog, was seen by Licensee on May 26, 1998 after he had been diagnosed at an emergency clinic with stones in the bladder and urethra. Licensee advised the owner that surgery was unnecessary and that the stones could be dissolved and passed with an herbal tincture and an herbal diuretic. The May 26, 1998 patient record contains a notation that the appointment was a drop-off, contains the owner's name, the dog's name, Licensee's name and the date, but is otherwise completely blank.

c. In an August 21, 1998 interview, Licensee told the Board's investigator that he had told the owner of Patient #3 to give her dog 1500 mg. daily of sea salt. There is nothing about this recommendation in Patient #3's medical record.

d. The May 26, 1997 record for Patient #9, a cat, states "O. will try to use behavior plan per Dr. Winter and if no improvement, O. will try to place in new home." There is nothing in Patient #8's record describing the behavior plan that Licensee recommended.

e. In Licensee's initial April 23, 1998 visit with Patient #10, a dog, Licensee recommended a two-day fast and recommended that the owner discontinue Prednisone and Chlorambucil, which had been prescribed by another veterinarian. Patient #10's record for April 23, 1998 does not contain these recommendations.

f. Licensee failed to include a radiographic report in the record of Patient #1. The April 27, 1998 record includes a notation "x-rays." However, there is no explanation of Licensee's findings from the x-rays.

g. Licensee has failed to include a tentative diagnosis in numerous patient records.

h. Licensee has failed to include the amount and frequency of medication and treatment in numerous patient records.

6. Licensee has promoted, aided, abetted or the permitted unlicensed practice of veterinary medicine by his veterinary technicians. For example, with Licensee's approval and/or at his direction, at least three veterinary technicians performed castrations on clients' cats at Licensee's clinic. Licensee informed the Board that he no longer has his veterinary technicians perform cat castrations.

7. The Board received a complaint alleging that Licensee had choked patient #11, a puppy, while trimming the fur around the puppy's eyes at an appointment on November 28, 1998. Licensee denies this allegation, but agrees that the allegation, if proven, would provide an additional basis for the remedy set forth below.

#### IV.

#### LAWS

A. Licensee acknowledges that the facts and conduct described in section III above would, if proven at a hearing, constitute violations of Minn. Stat. § 156.081, subd. 2(4), (11) and (12); Minn. R. 9100.0700, subp. 1.A., B., C. and I.; and Minn. R. 9100.0800, subps. 1, 4, 7.A. and 7.B.(1), and agrees to the disciplinary action set forth in part V below.

#### V.

#### DISCIPLINARY ACTION

A. The Board of Veterinary Medicine hereby takes the following disciplinary action against Licensee:

1. Suspension of License. Licensee's license to practice veterinary medicine in the State of Minnesota is SUSPENDED, effective August 1, 1999. Pending the suspension, Licensee may provide veterinary services to existing clients but shall not accept any new clients. During the period of suspension, Licensee shall not practice, advertise or otherwise hold himself out in any manner as being authorized to practice veterinary medicine in the State of Minnesota. The suspension shall remain in effect until the following conditions are met:

a. Licensee shall take and pass the Companion Animal Disciplinary Examination sponsored by the National Board Examination Committee for Veterinary Medicine;

b. Licensee shall take and pass the Minnesota Jurisprudence Examination;

c. The Professional Assessment Program or other pre-approved professional evaluation program referenced in paragraph V.A.2 below must find that Licensee can be expected to practice with reasonable skill and safety to patients.

Licensee is responsible for all costs of the examinations referenced in paragraph V.A.1.a and V.A.1.b and for all costs of any necessary re-examination(s).

2. Evaluation by Professional Assessment Program. Licensee shall submit to and complete an assessment at the Professional Assessment Program (PAP), Abbott Northwestern Hospital, Minneapolis, Minnesota. The nature, scope and duration of the evaluation is to be determined by the staff of Dr. Kent Neff, Director, 800 East 28th Street, Minneapolis, Minnesota 55407-3799, and may include a mental health evaluation. In the event PAP does not accept Licensee for an assessment, he shall be evaluated by a similar professional evaluation program approved in advance by the Complaint Review Committee. Licensee is responsible for all costs associated with the assessment.

3. Assessment Results to Complaint Review Committee. The assessment results shall be transmitted directly by PAP, or by any other professional evaluation program approved by the Complaint Review Committee under paragraph V.A.2, to the Board of Veterinary Medicine Complaint Review Committee, c/o Roland C. Olson, Executive Director of the Board.

4. Compliance With Recommendations. Licensee shall comply with all recommendations by PAP, or by any other professional evaluation program approved by the Complaint Review Committee under paragraph V.A.2, for treatment or other actions following his discharge from the assessment. Any such recommendations for treatment or other actions are hereby prospectively incorporated by reference into this Order, and shall be in addition to the requirements set forth herein. Noncompliance with any such recommendation shall constitute a violation of this Order. Licensee is responsible for all costs associated with compliance with the treatment recommendations or other actions.

5. Waivers/Authorizations for Release. At any time while this Stipulation and Order is in effect and at the request of the Complaint Review Committee or its designee, Licensee shall complete and sign any waiver or authorization for release of medical or other records in order to allow the Complaint Review Committee or its designee to discuss Licensee's case with, to release records and information to and to obtain written evaluations, reports, including the assessment results referenced in paragraph V.A.3 above, and copies of all of Licensee's medical or other records from any treatment facility, organization, physician, therapist, counselor or other person from whom Licensee has sought or obtained treatment, support, assistance, or other care.

6. Completion of Individual Instruction in Record Keeping. Within four months of the date of this Order, Licensee shall, at his own expense, complete eight hours of individual instruction in record keeping by an instructor who is approved in advance by the Complaint Review Committee.

7. Prohibition Against Practice of Veterinary Medicine by Veterinary Technicians. Licensee is prohibited from directing or allowing any veterinary technician in his employ or under his supervision to engage in the practice of veterinary medicine, including performing castration surgeries on cats.

8. Practice Supervisor. If, following termination of the suspension set forth in paragraph V.A.1 above, Licensee engages in any actual practice of veterinary medicine, as defined in Minn. Stat. § 156.12, Licensee shall obtain a practice supervisor. The practice supervisor must be a veterinarian licensed by the Board and in good standing and must be pre-approved by the Complaint Review Committee. Licensee shall meet with the practice supervisor for at least one hour per month to review Licensee's patient files and to discuss Licensee's compliance with the terms of this Stipulation and Order. The practice supervisor shall submit reports to the Board on a quarterly basis. The reports shall summarize the practice supervisor's meetings with Licensee and the practice supervisor's assessment of whether Licensee is in compliance with this Stipulation and Order. Licensee shall be responsible for any costs associated with practice supervision under this paragraph.

9. Reissuance of Terms of May 7, 1997 Stipulation and Order. The following terms and conditions, which were originally contained the May 7, 1997 Stipulation and Order, are reissued as modified below:

a. Licensee is prohibited from using any restraining or control device including an animal control pole or a leash with a noose knot, on any animal for purposes of behavior modification and is prohibited from recommending the same to his clients.

b. Licensee is prohibited from withholding food from any animal for more than 48 hours for behavior modification purposes and is prohibited from recommending the same to his clients.

c. Licensee shall verbally provide each client with sufficient unbiased information on the conventional Western medical treatment for a medical problem, as well as any alternative treatment approach recommended by Licensee such as herbal medicine, homeopathy, chiropractic or acupuncture, so that a client can make an informed decision as to a treatment plan based on assessment of the probability of success and risks involved to the patient. Further, Licensee shall record what specific information regarding conventional and alternative treatments was provided to each client and shall have the client sign or initial the record indicating that such information was provided. Licensee may record the information either directly in the patient record or on a separate sheet of paper, so long as the client signs or initials, and so long as the information is maintained as part of the patient record.

d. Licensee shall maintain records on all patients in accordance with the record keeping requirements set forth in Minn. R. 9100.0800, subp. 4.

e. Until such time as Licensee is granted an unconditional license in accordance with the procedures set forth in paragraphs VII.A through VII.E below, Licensee shall permit a Board member or Board designee, including the Board's Executive Director, to enter and inspect Licensee's clinic and office to examine and, as deemed necessary by the inspector, to remove from the premises for review and copying, medical records made and maintained by Licensee for the purpose of determining Licensee's compliance with paragraph V.A.9.d herein. Entry and inspection under this part shall occur during normal practice hours

when Licensee or an employee or agent of Licensee is on the premises, may occur with or without prior notice to Licensee and may occur as many times during the effective period of this Order as the Board or its designee deems necessary.

## VI.

### CONSEQUENCES OF A VIOLATION OF THIS STIPULATION AND ORDER

A. Summary Proceeding Before the Board. Subject to the limitations set forth in paragraph VI.D below, if the Complaint Review Committee determines that Licensee has violated any term or condition of this Stipulation and Order, the Complaint Review Committee may, in its discretion, seek additional discipline against Licensee by the following procedure:

1. Notice of Hearing/Response. The Complaint Review Committee shall schedule a hearing before the Board. At least 30 days before the hearing, the Complaint Review Committee shall mail Licensee a notice of the violation(s) alleged by the Complaint Review Committee. In addition, the notice shall designate the time and place of the hearing. At least seven days before the hearing, Licensee shall submit a written response to the allegations. If Licensee does not submit a timely response to the Board, the allegations may be deemed admitted.

2. Hearing Before Board. The Board shall hold a hearing before its own members in accordance with the procedures set forth in paragraph VI.A.3 below to determine whether to take any additional disciplinary action against Licensee, which may include any of the forms of disciplinary action set forth in Minn. Stat. § 156.127, subd. 1.

3. Evidence at Hearing/Burden of Proof/Waiver of Hearing Before Administrative Law Judge. At the hearing before the Board, the Complaint Review Committee

and Licensee may present affidavits made on personal knowledge; verified documents; patient records; Board records, including reports; and court documents; and may present argument based on such evidence in support of their positions. The record before the Board shall be limited to such affidavits, documents, records and reports and this Stipulation and Order. The Complaint Review Committee shall file with the Board all evidence it intends to present at the hearing and shall serve a copy on Licensee at least 14 days before the hearing. Licensee shall file with the Board all evidence he intends to present at the hearing and shall serve a copy on the Complaint Review Committee at least seven days before the hearing. The Complaint Review Committee must prove by a preponderance of the evidence that Licensee has violated the Stipulation and Order. The Board shall issue a final order within 30 days of the hearing. Licensee waives a hearing before an administrative law judge and waives discovery, cross-examination of adverse witnesses, and other procedures governing administrative hearings or civil trials. Nothing herein shall be construed as a waiver of Licensee's right of appeal to the Minnesota Court of Appeals from a final order issued under the summary procedures set forth in paragraphs VI.A.1-3.

B. Statutory Procedures. Nothing herein shall limit the Complaint Review Committee's right to attempt to resolve an alleged violation of this Stipulation and Order through the procedures of Minn. Stat. § 214.103, subd. 6. Nothing herein shall limit the Complaint Review Committee's right to temporarily suspend Licensee's license under Minn. Stat. § 156.126, to initiate a contested case proceeding under Minn. Stat. ch. 14 or to seek injunctive relief under Minn. Stat. § 214.11 based on an alleged violation of this Stipulation and Order.

C. Referral to Criminal Authorities. If the Complaint Review Committee determines that Licensee, at any time while the suspension under paragraph V.A.1 is in effect, has practiced

veterinary medicine in this state, it may refer the matter to appropriate authorities for criminal prosecution.

D. Requirement of Conference Before Initiating Summary Proceeding. The Complaint Review Committee is prohibited from initiating a summary proceeding under paragraph VI.A unless it first has mailed Licensee a notice of conference that contains all allegations of violations of this Stipulation and Order that are alleged in the summary proceeding, and has provided Licensee an opportunity to respond in writing to the allegations and to appear at a conference with the Complaint Review Committee to discuss and to attempt to resolve the allegations. The Complaint Review Committee is not prohibited from initiating a summary proceeding if Licensee fails to respond in writing to the allegations or fails to appear at the conference after a notice of conference has been mailed to Licensee at Licensee's last known address on file with the Board.

## VII.

### PETITION FOR UNCONDITIONAL LICENSE

A. Petition for Unconditional Licensure. Licensee may petition the Board for an unconditional license at any regularly scheduled Board meeting at least three years from the date of the Order. Any petition shall be in writing and shall include an affidavit from Licensee stating whether he has complied with all of the terms and conditions set forth in section V above and may include any other information that Licensee deems relevant to the Board's consideration of his petition.

B. Meeting With the Complaint Review Committee. At the time Licensee submits a petition for an unconditional license in accordance with paragraph VII.A above, Licensee shall

schedule a meeting with the Complaint Review Committee to discuss his petition. Licensee shall provide any additional information or documentation that the Complaint Review Committee reasonably deems necessary to the Board's consideration of Licensee's petition.

C. Information Submitted to the Board by the Complaint Review Committee. The Complaint Review Committee may submit any information to the Board that it deems relevant to the Board's consideration of Licensee's petition.

D. Grant of Petition. The Board shall grant a petition submitted in accordance with the above paragraphs if it determines that the preponderance of all information received indicates that Licensee:

- a. Has fully complied with this Order;
- b. Has provided wholly truthful information in his reinstatement petition and has otherwise complied with all reinstatement requirements;
- c. Can be expected to practice with reasonable skill and safety to patients without conditions on his license.

E. Consequences of Denial of Petition. In the event the Board denies a petition for unconditional licensure submitted by Licensee, Licensee shall not again petition the Board for a period of six months from the date of the denial.

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## VIII.

### ADDITIONAL INFORMATION

A. Licensee knowingly and voluntarily waives a contested case hearing and all other procedures before the Board to which Licensee may be entitled under the Minnesota and United States constitutions, statutes, or rules.

B. Licensee knowingly and voluntarily waives any and all claims against the Board, the Minnesota Attorney General, the State of Minnesota, and their agents, employees, and representatives related to the investigation of the conduct herein, or the negotiation or execution of this Stipulation and Order, which may otherwise be available to Licensee.

C. This Stipulation and Order, the files, records, and proceedings associated with this matter shall constitute the entire record and may be reviewed by the Board in its consideration of this matter.

D. Licensee has been represented by counsel in this matter.

E. Licensee has read, understands, and agrees to this Stipulation and Order and has voluntarily signed the Stipulation and Order. Licensee is aware that this Stipulation and Order must be approved by the Board before it goes into effect. The Board may either approve the Stipulation and Order as proposed, approve it subject to specified change, or reject it. If the changes are acceptable to Licensee, the Stipulation and Order will take effect and the Order as modified will be issued. If the changes are unacceptable to Licensee or if the Board rejects the Stipulation and Order, it will be of no effect except as specified in paragraph VIII.F.

F. Licensee agrees that if the Board rejects this Stipulation and Order or a lesser remedy than indicated in this settlement, and this case comes again before the Board, Licensee will assert no claim that the Board was prejudiced by its review and discussion of this Stipulation and Order or of any records relating to it.

G. This Stipulation and Order shall not limit the Board's authority to proceed against Licensee by initiating a contested case hearing or by other appropriate means on the basis of any act, conduct, or omission of Licensee which constitutes grounds for disciplinary action and

which is not directly related to the specific facts and circumstances set forth in this document, in the Notice of Conference dated December 18, 1998 or in the letter dated January 25, 1999 to Licensee's attorney from the Committee's attorney.

H. This Stipulation and Order supersedes the May 7, 1997 Stipulation and Order.

**IX.**

**DATA PRACTICES NOTICES**

A. This Stipulation and Order constitutes disciplinary action by the Board and is classified as public data pursuant to Minn. Stat. § 13.41, subd. 4.

B. This Stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies this Stipulation.



WILLIAM G. WINTER, D.V.M.

Licensee

Dated: 5-11, 1999.

**ORDER**

Upon consideration of the Stipulation and all the files, records and proceedings herein, the terms of the Stipulation are approved and adopted, and the recommended disciplinary action set forth in the Stipulation is hereby issued as an Order of this Board effective this 11 day of

May, 1999.

MINNESOTA BOARD

OF VETERINARY MEDICINE



ROLAND C. OLSON

Executive Director