

Model Regulations: Scope of Practice for Veterinary Technicians

*As approved by the AAVSB Delegate
Assembly in September 2026*



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Introduction

AAVSB Model Regulations are meant to support the statutory language that can be found in the AAVSB Practice Act Model (PAM). They suggest regulatory language for complex emerging trends in Veterinary Medicine and Veterinary Technology. Each model regulation from the AAVSB is presented separately from each other and from the PAM for ease of use for the AAVSB Member Boards to utilize as a model in developing regulations or rules specific to targeted topics. AAVSB recognizes that there is no single solution for the association's diverse group of Member Boards, and that these models may not fit within the existing governance framework. AAVSB recognizes that jurisdictional needs vary by the mission and scope of the governing agency, as well as the needs of the public and the veterinarian community within its boundaries. The AAVSB respects the differing governance structures within the regulation of the profession and encourages the use of language that best fits each Jurisdiction's needs. The AAVSB will continue to develop Model Regulations for addressing pressing issues in the regulation of Veterinary Medicine and Veterinary Technology.

Revisions

- Created 2020
- Revised in 2026

Structure and Format

The AAVSB Model Regulations have been structured to assist Member Boards in developing new or modifying existing regulations or bylaws. Each document has been formatted to include corresponding commentary in blue comment boxes. This commentary serves multiple purposes, providing insights into broader areas of discussion and rationale for recommended language. Member Boards are strongly encouraged to read and discuss the commentary, including considerations germane to the local jurisdiction.

Scope of Practice for Veterinary Technicians

Model Regulation.

A Veterinary Technician may be allowed to perform the following acts under the direction, supervision, and responsibility of a Supervising Veterinarian with an established Veterinarian-Client-Patient Relationship (VCPR). Supervising Veterinarians may delegate any task that is allowable under the scope of practice of Veterinary Technology and are responsible for exercising diligence in assessing the Veterinary Technician's competence to perform such a task. Veterinary Technicians are responsible for understanding and accurately communicating their competence to perform tasks to the Supervising Veterinarian.

The need to increase the level of Supervision exercised over a task shall be determined by the Supervising Veterinarian, taking into consideration the determined competence levels of the Veterinary Technician as well as the complexity of the delegated task. The Veterinary Technician may request a higher level of Supervision. Except where prohibited in Section 106 (c) or federal or Jurisdictional law, a Supervising Veterinarian shall exercise professional judgement in delegating tasks to a Veterinary Technician in addition to those included below. Under no circumstances may the level of Supervision for any delegated task fall below the minimum set forth in the following regulations.

Commentary: Model Regulation.

Practice of Veterinary Technology in the AAVSB PAM encourages the Board to promulgate regulations establishing Animal health care tasks and an appropriate degree of Supervision required for those tasks that may be performed only by a Veterinary Technician/Nurse, Veterinary Technologist, or a Veterinarian. For common terminology for this scope of practice, Veterinary Technician is used to identify a credentialed Veterinary Technician/Nurse or Veterinary Technologist. The AAVSB recognizes there have been statute changes in at least one Jurisdiction to recognize the educational difference between a Veterinary Technician (2-year degree) and a Veterinary Technologist (4 -year degree). To the best of AAVSB's knowledge, however, this different title does not appear to translate to a difference in scope of practice. If this distinction does exist within a specific Board, those Boards are welcome to adapt these Model Regulations to meet their needs.

At its June 2006 meeting, the AVMA Executive Board approved an AVMA recommendation that veterinary technician credentialing (i.e., licensing, registration, or certification) entities in the US recognize graduates of Canadian Veterinary Medical Association (CVMA)- accredited veterinary technology programs as eligible for credentialing. In turn, the CVMA recommends that Canadian provincial licensing bodies recognize graduates of AVMA CVTEA (Committee on Veterinary Technician, Education, and Activities)-accredited veterinary technology/nursing programs as being eligible for licensure. As always, eligibility for licensure/registration/certification of veterinary technicians is the purview of each state and provincial credentialing agency.

The AAVSB strongly believes there should be title protection as well as uniform degrees and titles for Veterinary Technicians. Regardless, in all cases, Jurisdictions are encouraged to specify the roles of each designated title (in the rules), recognizing that all veterinary employees must be Supervised by a Veterinarian.

The level of supervision of these tasks should not be interpreted as universal recommendations for all Veterinary Technicians or Patients. There are Veterinary Technicians with variable experience and expertise; likewise, Patients will have variable healthcare needs that may mandate a higher level of supervision. The final determination of the acceptability of an individual to perform a task is up to the professional judgement of the Veterinarian, in consultation with the Veterinary Technician and with knowledge of that Veterinary Technician's experience, training, and education.

Commentary: Model Regulation (continued).

To that end, the AAVSB discussed signifying additional duties for Veterinary Technician Specialists (VTS) or Veterinary Technicians with additional certifications but ultimately opted against this specificity for several reasons. There is variability within a framework in the process of obtaining a VTS, and each VTS is heavily focused on one specialty area, thus the AAVSB found it difficult to identify a scope that would apply to all VTS areas of specialty. The AAVSB believed that it would be difficult to suggest scope of practice for one certification, because that would then require additional scope for all certifications. This would become cumbersome within a model document such as this. The AAVSB believes that it would be problematic to allow a higher scope of practice only for VTS when an experienced Veterinary Technician may have similar skills and expertise. Rather, the AAVSB chose to set minimum standards of supervision. The veterinarian shall use their professional judgement to determine if a higher level of supervision is required depending on the technician's experience and the Patient's needs. If a Veterinary Technician were to hold a VTS within that specific area, this would certainly help to inform the Veterinarian's decision. Boards may wish to create guidance documents outlining how that Board would assess a Veterinary Technician's ability to complete a more complex task when considering disciplinary action.

Finally, the AAVSB recognizes the complexity and risk of Patient harm for many of these tasks. This task list does not represent expected day 1 skills. Rather, this task list considers the potential for a Veterinarian Technician to increase in training, skill, and competence throughout their career. For tasks to be included in these Model Regulations, the AAVSB considered what tasks are trainable to a Veterinary Technician, and if a task was prohibited in model statute or regulations. For the latter, specific exceptions were created for a limited set of tasks that would otherwise fall under the definition of Surgery in the PAM. The co-accountability model set forth in this model means that the Supervising Veterinarian and Veterinary Technician are both responsible for ensuring that the specific Veterinary Technician is competent enough to perform that specific task for that specific Patient under the agreed-upon Supervision. While the Supervision level cannot be lower than what is set forth in regulation, it may be higher depending on these specific circumstances. For all decisions, prevailing Standard of Care must be maintained by all Licensees.

Animal Healthcare Tasks

Except where prohibited in the Act Section 106(a)(3) or by federal or Jurisdictional law, a Supervising Veterinarian shall exercise professional judgement in delegating tasks to a Veterinary Technician including, but not limited to those included in this Section 1-4.

Section 1. Immediate Supervision

The following tasks may be performed by Veterinary Technicians under Immediate Supervision:

- (a) Surgical procedure assistance, and
- (b) Percutaneous endoscopic gastrostomy (PEG) tube placement

Section 2. Direct Supervision

The following tasks may be performed by Veterinary Technicians under Direct Supervision:

- (a) Minimally invasive, scope-assisted procedures;
- (b) Subcutaneous, thoracic, or abdominal tube or drain placement;
- (c) General anesthesia or sedation induction, maintenance, and recovery of a Patient, notwithstanding Section 3(a-b);
- (d) Endotracheal intubation;
- (e) Epidural or ultrasound-guided perineural block administration;
- (f) Epidural catheter placement;
- (g) Dental procedures including, but not limited to the:
 - (1) Removal of plaque and calculus;
 - (2) Smoothing, filing, and polishing of teeth;
 - (3) Closed root planing, with the exception of creating a gingival flap;
 - (4) Placement of perioceutics;
 - (5) Application of sealants or fluoride materials;
 - (6) Suturing of a gingival incision;
 - (7) Pursuant to Section 106 (a)(3)(i):
 - (i) Extraction of single rooted teeth not requiring sectioning of the tooth or bone;
 - (ii) The removal of any tooth with a mobility score of 3, on a scale of 0-3; or

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- (8) Floating of equine teeth; or
 - (9) Trimming of lagomorph and rodent teeth;
 - (h) Esophagostomy tube placement;
 - (i) Epidermal / dermal relief hole creation for the purpose of placing a large bore catheter or tube;
 - (j) Rumen trocar placement;
 - (k) Placement of intraosseous catheter;
 - (l) Thoracocentesis, abdominocentesis, cystocentesis, ;
 - (m) Catheterization or insertion of urinary catheter in an obstructed Patient;
 - (n) Semen collection;
 - (o) The following Surgeries, pursuant to Section 106(a)(3)(i):
 - Ear tipping for identification purposes only, pursuant to Section 106(a)(3)(i); and
 - (p) Any task listed in Section 3(b) requiring sedation or anesthesia.

Commentary: Section 2. Direct Supervision.

Section 2(a).

The scope of what a Veterinary Technician could perform under “Minimally-invasive, scope assisted procedures is limited because of restrictions elsewhere in the Practice Act Model or these model regulations. For example, endoscopic biopsies would include an incision of tissue, and would thus constitute as Surgery. The RPC believes that, if the procedure was performed for diagnostic purposes, prevailing Standard of Care would dictate that the entire procedure would be either captured on video, or performed by the Veterinarian.

Section 2(g).

The AAVSB acknowledges the wide range of opinions regarding whether or not Veterinary Technicians may perform extractions, including those presented in position statements such as the AVDC and AVDT. As part of the process for drafting these model regulations, the disciplinary history of those states allowing Veterinary Technicians to perform extractions was researched. To the best of the ability of the AAVSB to determine, there did not appear to be a greater incidence of disciplinary action against a Veterinary Technicians than a Veterinarian. Veterinary Technicians are capable of learning to perform this task with skill and Patient safety. Because of this, the AAVSB was disposed towards allowing Veterinary Technicians to perform any extractions. However, this was decided at the end of the creation of the model document. The AAVSB noted the lack of opportunity from feedback from Member Boards at that stage of the process and thus opted to include these considerations in commentary and not model regulation. This will be reassessed at the next review of these model regulations.

Section 2(h) (i).

The AAVSB defines Surgery as: “the incision of tissue for the purpose of repairing, replacing, evaluating, or removing an organ or body part, or portion of an organ or body part.” This definition was carefully drafted to allow Veterinary Technicians to perform tasks that would be considered as Surgery, if the definition of Surgery was “to make an incision.” Because (h) and (i) do not fall under AAVSB’s definition of Surgery, an exemption is not necessary.

Section 2(n).

Standards of care dictate that for the purpose of motility, morphology, and concentration assessment, a breeding soundness exam, or for certain species / breed requirements or methods of semen collection, this should be performed by a Veterinarian or under Immediate Supervision. As with all tasks, it is up to the Veterinarian to determine the appropriate level of supervision, or even if delegation of a task is appropriate.

Section 2(o).

Although the definition of Surgery was drafted to eliminate most conflicts, ear tipping remained. To allow Veterinary Technicians to perform this procedure, an exemption was required in the Practice Act Model. This task is under Direct Supervision, rather than with the exceptions in Indirect Supervision, because the AAVSB determined that in no instance should ear tipping be performed on a non-sedated or non-anesthetized Patient. Once sedation or anesthesia is used, that task must be performed under Direct Supervision.

Section 3. Indirect Supervision

- (a) If sedation or anesthesia is not required, the following tasks may be performed under Indirect Supervision:
- (1) Oxygen therapy administration;
 - (2) Delegation of tasks to Staff in accordance with a Supervising Veterinarian's orders;
 - (3) Physical examination;
 - (4) Conduct follow-up appointments per written instructions in the Medical Record;
 - (5) Recommendation and initiation of diagnostics per protocols established by the Veterinary Facility or approved by the Supervising Veterinarian;
 - (6) Treatment, administration, preparation, and application including but not limited to: enemas, biological and immunological agents (vaccines), or regenerative medicine preparations;
 - (7) Dispensing or administration of a drug, medication, or Controlled Substance in accordance with a Veterinarian's prescription;
 - (8) Patient monitoring including, but not limited to, electrocardiogram, blood pressure, carbon dioxide, and blood oxygen saturation;
 - (9) Dermal incision or minor laceration closure, including suturing, stapling, or gluing;
 - (10) Treatment of skin lesion or wound;
 - (11) Staple, suture, or drain removal;
 - (12) Implantation of subcutaneous microchip or other permanent identification device;
 - (13) Nasogastric, nasoesophageal, or orogastric tube placement or passage with confirmation of correct placement;
 - (14) Catheter insertion, including but not limited to vascular, airway, and nasal catheters;
 - (15) Cellular or microbiological sample collection or preparation by any non-surgical methods;
 - (16) Bladder expression;
 - (17) Catheterization or insertion of a urinary catheter in an unobstructed Patient;
 - (18) Blood or blood component collection, preparation, or administration;
 - (19) Diagnostic imaging and radio-opaque material administration;

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- (20) Artificial insemination, animal enrollment in timed artificial insemination protocols, hormone injection administration, and uterine treatments;
 - (21) Embryo and oocyte collection, flushing, and processing, including searching, staging, grading, loading, and cryopreservation;
 - (22) Nonsurgical sterilization;
 - (23) Pregnancy testing via chemical diagnostics;
 - (24) Ear flushing with irrigation or suction;
 - (25) Subcutaneous fluid administration;
 - (26) Ocular tonometry, Schirmer tear test, and fluorescein staining;
 - (27) Maintenance of sub-palpebral lavage systems;
 - (28) Bandage, cast, splint, and sling application and removal;
 - (29) Regional analgesia administration, including paravertebral blocks, local blocks;
 - (30) Animal rehabilitation therapies, including the use of nonsurgical forms of energy; and
 - (31) The following Surgeries, pursuant to Section 106(a)(3)(i):
 - (i) Punch biopsies, epidermal and dermal, with closure;
 - (ii) Wound debridement;
 - (iii) Postmortem collection of samples;
 - (iv) Abscess lancing; and
 - (v) Surgical bovine castration.
- (b) The following tasks may be performed by Veterinary Technicians with or without sedation or anesthesia under Indirect Supervision:
- (1) Euthanasia; and
 - (2) Patient transport while actively providing medical care.

Commentary: Section 3. Indirect Supervision.

Section 3.

Jurisdictions may want to have a special exception to allow a Veterinary Technician to perform routine accepted livestock management practices. Jurisdictions may wish to limit tasks performed by Veterinary Technicians at livestock auctions due to the lack of a VCPR and abundance of governmental regulatory requirements (i.e., interstate health certificates).

The AAVSB suggests referring to the AAVSB PAM on special provisions concerning laboratory animal medicine and Veterinary Technician tasks in Section 108. Special Provisions, (i): Any Persons engaged in scientific research that reasonably requires experimentation involving Animals and is conducted in a facility or with a company that complies with federal and Jurisdictional regulations regarding Animal welfare.

Section 3(a)(3).

Performing a physical examination should not be construed to mean providing a diagnosis. This refers to the act of noting the physical condition of a Patient.

Section 3(a)(14).

This task is intended to include arterial catheterization as well as venous cut downs. As for all tasks, it is the responsibility of the Veterinarian and the Veterinary Technician to determine the appropriate level of supervision for each task and each Patient.

Section 3(a)(31).

Although the definition of Surgery was drafted to eliminate many conflicts, these tasks remained. The AAVSB created exemptions to allow Veterinary Technicians to perform these procedures.

As with all tasks, Veterinarians must exercise their professional judgement when delegating a necropsy. When a necropsy is performed for known or potential legal reasons e.g., an animal cruelty or malpractice case requiring expert witness testimony, a Veterinarian should perform the entire necropsy, including sample collection. The final diagnosis must be made by a Veterinarian, not Veterinary Technician.

Bovine castration via cutting was added to align with the AABP's 2024 Guideline for Credentialed Veterinary Technicians in Bovine Practice.

Section 3(b)(1).

The AAVSB emphasizes here that for a Veterinary Technician to perform euthanasia, a valid and current VCPR must exist, and euthanasia must have been delegated by a Veterinarian. An exception to these requirements exists, however, for Emergency Care as stated in Section 4. Emergency Care is defined as “Care rendered to a Patient(s) that has a life-threatening condition, and immediate treatment is necessary to sustain life, or alleviate or end suffering.” Practice Act Model Section 106 (b)(1)(i) allows a Veterinary Technician to perform Emergency Care without a Veterinarian’s Supervision. Because of these two circumstances, euthanasia was listed twice in this Model Regulation to reflect both emergency and non-emergency euthanasia. Boards may wish to consult with applicable and jurisdictional laws when considering these tasks.

Commentary: Section 3. Indirect Supervision (continued).

Section (3)(b)(2).

"Emergency Patient transport" was included to allow for those instances in which it is necessary to transport a sedated animal. Concerning the practice of transporting anesthetized or sedated patients and maintaining anesthesia and sedation throughout the transport, Boards in the United States should consult DEA Title 21 of the CFR Chapter II – Part 1301.22 Exemption of agents and employees; affiliated with practitioners, as well as their state pharmacy board regulations, to assure compliance with federal, state, and local laws governing non-practitioners possessing Controlled Substances outside of the Veterinary Facility.

Section 4: Initiation of Emergency Care

Regardless of the existence of a VCPR, a Veterinary Technician may perform the tasks in this Section 4 without Supervision if they are performed in the delivery of Emergency Care, are within the Veterinary Technician's skills, knowledge, and judgement, and the Veterinary Technician consults with a Veterinarian as soon as possible.

- (a) Tourniquets and/or pressure procedures application to control hemorrhage;
- (b) Wound dressing application;
- (c) Resuscitative oxygen procedures, including emergency endotracheal intubation;
- (d) Open airway establishment;
- (e) Anti-seizure treatment administration;
- (f) Burn or heat- or cold-induced illness treatment;
- (g) Drug or Controlled Substance administration to manage and control pain, prevent further injury, and prevent or control shock, including parenteral fluids, under written or oral orders by a Veterinarian or in accordance with written guidelines consistent with accepted standards of veterinary medical practice;
- (h) Drug or Controlled Substance administration to prevent suffering of an animal, up to and including euthanasia, under direct communication with a Veterinarian or in accordance with written guidelines consistent with accepted standards of veterinary medical practice; and
- (i) Cardiopulmonary resuscitation, including medication administration and defibrillation, and immediate post resuscitation care according to established protocols.