

Model Regulations: Medical Recordkeeping

*As approved by the AAVSB Delegate
Assembly in September 2025*



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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 2025

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.

Medical Recordkeeping

Model Regulation.

Pursuant to the authority granted in Article II, Section 212 of the Veterinary Medicine and Veterinary Technology Practice Act Model (Act), the Board hereby promulgates the following:

Commentary: Medical Recordkeeping. Model Regulation.

Section 401(a)(8) provides proper authority for the Board to request payment history, and Section 401(a)(12) provides the Board authority to discipline a Licensee over fraud, including improper or fraudulent billing practices.

Section 1. Definitions

When used in these regulations, these words and phrases shall be capitalized and are defined as follows:

- (a) **Medical Record** means any form of documentation that provides a current and accurate account of a Patient's history and medical information.
- (b) **Staff** means all persons working within the Veterinary Facility including, but not limited to, employees, Veterinary Students, Veterinary Technician Students, interns, preceptors, and volunteers.

Section 2. Medical Records

- (a) Licensees engaged in the practice of Veterinary Medicine or Veterinary Technology shall maintain a complete, legible, written, or electronic record concerning the Patient(s).
- (b) For a group of Patients, the Licensee shall record information for either the group, or a representative Animal, with the exception of (c)(17) or (18). If (c)(17) or (18) are relevant to an individual Patient, the Licensee shall create an individual Medical Record.
- (c) All Medical Records, including those newly created and updated, shall contain, at a minimum, any of the following information that applies:
 - (1) Client information, including the name, address, phone number, and email address;
 - (2) Client's authorized representative, including the name, contact information, and authorized decision-making;

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- (3) Patient identification, including:
 - (i) The name of the Patient or other unique identifier of the Patient, herd, or flock; and
 - (ii) Species, breed, age, sex, color, distinctive markings, identification number if applicable;
 - (4) Date and time of entry;
 - (5) Identity of the Licensee(s) involved in the Patient care;
 - (6) Identity of the person creating or updating the Medical Record. If the creation or update of a record involves the use of artificial intelligence, such information shall be included in the record;
 - (7) Record of immunizations;
 - (8) The reason for the Patient visit and relevant Patient history;
 - (9) Examination findings;
 - (10) Information and stored images obtained by instrumentation, laboratory testing, diagnostic imaging, and necropsy, notwithstanding images that cannot be practicably stored;
 - (11) Interpretation of (9) and (10), including differential diagnosis or diagnoses, if applicable;
 - (12) Any information received as the result of a Consultation, including the date, name, and contact information of the consultant;
 - (13) If a medical determination is made via telemedicine, a written statement about the digital information used to make the decision;
 - (14) Treatments and intended treatment plan(s) or protocol;
 - (15) Prognosis, if appropriate;
 - (16) For prescribed and dispensed medication(s):
 - (i) Name, dosage, strength, dose, frequency, quantity, route of administration, and withdrawal time, if applicable;
 - (ii) Number of refills, if permitted;
 - (iii) Duration of treatment;
 - (iv) Directions for use; and
 - (v) Identity of prescribing Veterinarian
 - (17) For Patients admitted to the Veterinary Facility:
 - (i) Dated progress of the Patient at least every 24 hours;

- (ii) Time of administered treatments and procedures; and
 - (iii) A current and ongoing assessment of the Patient's condition;
- (18) For procedures:
 - (i) Description of surgery or procedure performed, including complications and interventions;
 - (ii) Identification of the Person(s) performing and assisting with the procedures;
 - (iii) Drugs administered including all information included in (16) and time of administration; and
 - (iv) Anesthesia or, sedation monitoring record, including identification of the Person performing the monitoring;
- (19) Documentation of Informed Consent by the Client or authorized representative;
- (20) Summary of medically relevant communications with the Client or authorized representative;
- (21) Any services or treatment recommendations declined by the Client or their authorized representative; and
- (22) Written follow up or discharge instructions, if appropriate.

Commentary: Section 2. Medical Records.

Section 2.

The AAVSB defines Patient as “any Animal(s) or group of Animals receiving veterinary care from a Veterinarian or Veterinary Technician.” The above requirements can apply to both groups of Animals, such as herds or colonies, or individual Patients, with the exception of (17) and (18). If a Patient requires either hospitalization or a procedure, that will eliminate it from the herd record and necessitates the creation of an individual Medical Record.

Member Boards may wish to provide exemptions for rabies-vaccination clinics, such as those authorized by departments of health, to alleviate the burden of a complete medical record.

Section 2(c)(2).

Medical transcribers, both human and artificial intelligence, are now being used in Veterinary Medicine. If an individual or software other than the Licensee assists in writing the Medical Record, that should be clearly noted as this information may be helpful in a disciplinary case.

Commentary: Section 2. Medical Records. (cont.)

Section 2(c)(2). (continued)

Boards should consider their stance in a situation in which generative artificial intelligence is used to summarize an encounter to create a Medical Record, if that recording should be considered part of the Medical Record. The AAVSB opted not to require the Veterinary Facility to retain a recording for a specified amount of time, nor that it be considered a mandatory part of the Medical Record. The AAVSB has contemplated that the original recording be considered similarly to recordings of phone conversations, or notes that have been used to assist the Licensee in creating the Medical Record. In the event of an investigation, any available information may be used as evidence, including these recordings. It is always ultimately up to the Licensee to ensure that the final Medical Record is accurate.

Section 2(c)(19).

The AAVSB contemplated including a requirement for written documentation for Informed Consent prior to euthanasia, including an attestation of the Client that the Patient did not have a bite history for the prior 10 days. Ultimately, it was determined to leave this up to individual Member Boards for two reasons: 1) in many cases, such as for telephonic consent for euthanasia, it is impractical to obtain written Informed Consent, and 2) the bite history attestation will likely be set by the jurisdiction's public health department and not the Board.

The AAVSB furthermore acknowledges that some Member Boards require written documentation of Informed Consent for surgical procedures; the AAVSB opted not to include this requirement. For all medical decisions, surgical or otherwise, Informed Consent must be obtained and documented as part of the Medical Record and according to Section 2(c)(19) without the specific requirement for surgical procedures.

Section 3. Prescriptions

- (a) Written or transmitted prescriptions shall, at a minimum, include the following:
 - (1) Name, address, and telephone number of the Veterinarian;
 - (2) Name of the Client;
 - (3) Identification of the Patient, including species;
 - (4) Name, quantity, and strength of the drug;
 - (5) Directions for use, including frequency, route of administration, and duration;
 - (6) Warning statements, if applicable;
 - (7) Withdrawal time, if applicable;
 - (8) Date of issue and expiration date of the prescription;
 - (9) Number of refills, if any;
 - (10) Additional information as required by federal or Jurisdictional law; and
 - (11) Signature and license number of the Veterinarian.
- (b) When dispensing a medication, a label shall be created and attached to the medication container. The label shall include:
 - (1) All information contained in (a)(1-10); and
 - (2) Information pertaining to proper storage and handling.

Section 4. Medical Record Keeping: Creation, Maintenance, Release

- (a) If updating the Medical Record, the Licensee must clearly identify and date the amendment, and maintain the original content of the Medical Record.
- (b) The Veterinary Manager shall ensure that the originals of all Medical Records are maintained for a period of X years following the last Patient encounter. Medical Records shall be maintained at the Veterinary Facility, notwithstanding requirements set forth in Section 4(e)(2).
- (c) The Veterinary Manager shall ensure that record of payment is maintained for a period of X years following the last Patient encounter.
- (d) The Veterinary Manager shall ensure that copies of the Medical Record are provided in a timely manner upon reasonable request of a Client or authorized Person.
- (e) The Veterinary Manager shall ensure that the Client is provided with diagnostic imaging containing Patient identifying data, if such imaging is relevant to the request.
 - (1) For digital imaging, a copy may be provided if that copy preserves the quality of the original image and cannot be altered.
 - (2) Upon the Client's request, original film radiographs shall be sent directly to the requesting Veterinarian, Veterinary Facility, or Client with instructions for their return.
- (f) Medical Records must be readily available, safeguarded against loss, tampering, or use by unauthorized Persons, and contain sufficient information to permit another veterinarian to proceed with the care and treatment of the Patient by reading the Medical Record.
- (g) Upon closure of a Veterinary Facility for any reason, the Veterinary Facility Registrant shall make reasonable efforts to ensure the following:
 - (1) Notice to Clients of intended closure and information as to how to obtain Medical Records;
 - (2) Notice to the Board as to how the Medical Records will be managed and publish a formal notice to the public by electronic or print media indicating where the Medical Records can be accessed; and
 - (3) The Veterinary Facility shall:
 - a. Retain all Medical Records for X years after the last Patient visit, including deceased Patients, and allow the Clients reasonable and timely access to the Medical Records; or
 - b. Transfer all Medical Records to:
 - i. A Veterinary Facility which assumes responsibility for the

- practice, including the Medical Records;
- ii. Another Veterinary Facility practicing in that locality that agrees to manage the Medical Records and provide access to the Clients; or
- iii. A secure storage area with a Person designated to manage the Medical Records and to provide the Clients with reasonable access to the Medical Records.

Commentary: Section 4. Medical Record Keeping: Creation, Maintenance, Release.

Section 4.

The AAVSB discussed at length whether or not to use the term “ownership” with regards to Medical Records, and to whom that ownership should be assigned. Not all Boards assign ownership, and amongst those that do, the owner can vary by the Veterinary Facility, the Veterinarian, and the Client. The AAVSB chose not to assign ownership of Medical Records. Rather, it was decided to address the root motivations for assigning ownership. These are to ensure that the Medical Records are provided when the Client requests them, that they are maintained for a certain amount of time (as determined by each jurisdiction), and that there is continued access to them if the Facility closes. As the hypothetical Board also regulates Veterinary Facilities, the AAVSB chose the Veterinary Facility's Veterinary Facility Registrant as the responsible party for maintaining Medical Records.

AAVSB PAM Section 401 (a)8 allows for grounds for discipline: “Failure to provide medical records, financial information, or other documentation in a timely fashion upon proper request by the Client, law enforcement, the Board, or other regulatory agency.” In the course of drafting this Model Regulation, the AAVSB added the italicized phrase to the PAM language to allow Boards to request record of payment, invoices, or estimates. While regulatory boards do not have jurisdiction over fees, most jurisdictions allow Boards to take disciplinary action against a Licensee who charges for services not rendered. Some jurisdictions also allow recovery of costs, and the AAVSB believes that this change would allow such action as well.

Section 4(d).

The AAVSB opted to keep the language for “timely” as there are varying needs for a time limit based on a Patient’s medical condition, needs, and circumstances. Whether or not the “timely” requirement was met shall be determined by the Board on a case-by-case basis. In addition, it is common practice for a veterinarian to request records on behalf of a client. The AAVSB believes that this practice is permitted under this section because it is on that client’s request.

Commentary: Section 4. Medical Record Keeping: Creation, Maintenance, Release. (cont.)

Section 4(g)(3).

The number of years here indicated by “X years” should be the same as that jurisdiction’s medical record retention requirements.

One possible scenario is the sudden death of a solo practitioner who is the Veterinarian, owner of the Veterinary Facility, Veterinary Manager, and Veterinary Facility Registrant. This is difficult to regulate as the Board would not have authority over the heir, unless they are also a Licensee. Boards that regulate Veterinary Facilities may wish to require a contingency plan to provide for Medical Record transfer or storage in such an instance.

Section 5. Confidentiality

- (a) Medical Records and information acquired as part of a Consultation are confidential and shall not be released to or discussed with any Person other than the Client or Staff involved in the care or treatment of the Patient, without prior authorization of the Client.
- (b) The Veterinary Facility Registrant shall ensure compliance with Jurisdictional and federal data security and protection requirements.
- (c) A Medical Record and information acquired as part of a Consultation may be released without prior authorization of the Client under the following circumstances:
 - (1) Upon request of the Board or agent of the Board;
 - (2) For educational purposes, statistical and scientific research, if the information is redacted to protect the identity of the Patient and the Client;
 - (3) In response to a court order or subpoena;
 - (4) As compelled by a regulatory or public health authority;
 - (5) To verify the rabies vaccination status of the Patient to law enforcement or local health department;
 - (6) For the protection of a human, Animal, or for public health and welfare;
 - (7) As part of an Animal cruelty report or an abuse investigation by a law enforcement or appointed Animal welfare or governmental agency;
 - (8) When the Client cannot be reached to obtain authorization to release the records to another veterinarian or Licensee when providing Emergency Care;
 - (9) Access to the Medical Record as required by law;
 - (10) In the event of a closure or sale of a Veterinary Facility and the resulting transfer of Medical Records; or
 - (11) In case of death or disability of the Client, with the consent of a personal representative or other authorized Person.
- (d) A Veterinary Manager must ensure that any Person having access to the Medical Records, or anyone who participates in providing veterinary medical services or who is supervised by a Veterinarian is similarly bound to regard all information and communications as confidential in accordance with the section.

Commentary: Section 5. Confidentiality

As paper records are transferred to electronic medical records, and artificial intelligence is integrated into medical record transcribing and creation, the issue of client confidentiality and data security is becoming more important. It would be erroneous for the Licensee, Veterinary Facility, or the Board to assume that all commercially-available systems practice adequate data security measures and have safeguards in place to prevent data breaches. In addition, the intentional and contract-mandated release of data back to the software company has been known to occur. For the AAVSB Member Boards that perform Veterinary Facility inspection and registration, this process may be an ideal opportunity for the Board to ensure that all Facilities are adhering to jurisdictional data security and confidentiality requirements. All Boards may consider educating Licensees, Veterinary Facility Registrants, and Facility Managers of such requirements within that Jurisdiction.

For more information, please refer to the 2025 AAVSB white paper, “Regulatory Considerations on the Use of Artificial Intelligence in Veterinary Medicine.”