

VETERINARY MEDICAL BOARD

Guidelines for Veterinarian Discussion and Recommendation of Cannabis Within the Veterinarian-Client-Patient Relationship

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INTRODUCTION

The Veterinary Medical Board (VMB) provides these Guidelines for Veterinarian Discussion and Recommendation of Cannabis Within the Veterinarian-Client-Patient Relationship (VCPR) as required by Business and Professions Code (BPC) section 4884, subdivisions (c) and (d).

Since the Board originally published the Guidelines for Veterinarian Discussion of Cannabis Within the Veterinarian-Client-Patient Relationship in 2019, the veterinary profession has expressed confusion regarding the terms CBD, cannabis, and hemp in relation to veterinary medical care. As a cursory matter, the Board provides the following definitions of these terms.

Cannabis means all parts of the plant *Cannabis sativa* L., whether growing or not; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds or resin. Cannabis does not include industrial hemp or the weight of any other ingredient combined with cannabis to prepare topical or oral administrations, food, drink, or other product. (Cal. Health & Saf. Code, § 11018.)

Industrial hemp or hemp means an agricultural product, whether growing or not, that is limited to types of the plant *Cannabis sativa* L. and any part of that plant, including the seeds of the plant and all derivatives, extracts, the resin extracted from any part of the plant, cannabinoids, isomers, acids, salts, and salts of isomers, with a delta-9 tetrahydrocannabinol (THC) concentration of no more than 0.3 percent on a dry weight basis. (Cal. Health & Saf. Code, § 11018.5, subd. (a).)

CBD, an abbreviation for cannabidiol, is a non-psychoactive, naturally occurring compound present in both hemp and cannabis.



BACKGROUND

On September 27, 2018, Governor Edmund G. Brown Jr. signed into law AB 2215 (Kalra, Chapter 819, Statutes of 2018). AB 2215 became effective January 1, 2019. This bill amended section 4883 of, and added section 4884 to, BPC, relating to veterinarians.

On October 6, 2021, Governor Gavin Newsom signed AB 45 (Aguiar-Curry, Chapter 576, Statutes of 2021). AB 45 went into effect immediately upon signing. Among other things, AB 45 authorized the sale of hemp-derived products in California retail outlets.

On September 18, 2022, Governor Newsom signed into law AB 1885 (Kalra, Chapter 389, Statutes of 2022). AB 1885 became effective January 1, 2023. Among other things, this bill amended BPC sections 4883 and 4884.

Following enactment of these bills, VMB is prohibited from disciplining, or denying, revoking, or suspending the license of, a licensed veterinarian solely for discussing or recommending the use of cannabis on an animal for potential therapeutic effect or health supplementation purposes, absent negligence or incompetence. In addition, the California Department of Cannabis Control (DCC) is required to create regulations for animal product standards by July 1, 2025. Until DCC promulgates animal product standards, cannabis products cannot be marketed or sold for use on, or consumption by, animals.

Under both the federal Controlled Substances Act (CSA)¹ and the California Uniform Controlled Substances Act (CUCSA)², cannabis is listed as a Schedule I drug, characterized as having a high potential for abuse, having no currently accepted medical use in treatment in the United States, and lacking accepted safety for use under medical supervision. A veterinarian is prohibited from prescribing, administering, or dispensing a Schedule I drug.

GUIDELINES

VMB has adopted the following guidelines for the discussion with veterinary clients—and recommendation for the use of cannabis on an animal for potential therapeutic effect or health supplementation purposes within the VCPR.

Veterinarian-Client-Patient Relationship: The VCPR is fundamental to the provision of acceptable veterinary medical care. Pursuant to BPC section 4884, subdivisions (c) and (d),



- The importance of periodic re-evaluation of the animal patient in accordance with good veterinary practice.

veterinarians should follow these guidelines when discussing or recommending cannabis within the VCPR. As such, the veterinarian should document that a VCPR has been established prior to any discussions or recommendation of cannabis with the animal owner client.³

A California licensed veterinarian will not be disciplined by the VMB solely for discussing or recommending the use of cannabis on an animal for potential therapeutic effect or health supplementation purposes.⁴

Patient Evaluation and Record Keeping: The documented physical examination and relevant clinical history is required. This history should include both subjective and objective data and must be obtained prior to discussion or recommendation of cannabis for potential therapeutic effect or health supplementation purposes. Medical records must satisfy all the requirements for record keeping as defined by the Veterinary Medicine Practice Act and supporting regulations.⁵

Documentation of discussions and recommendations should include the indications and safety considerations for the use of cannabis. The discussions and recommendations should be evaluated in accordance with accepted standards of practice for the use of cannabis on an animal as they evolve over time. This documentation may include advice about potential risks of the use of cannabis on animals, including, but not limited to, the following:

- The variability of quality, source, safety, and testing of cannabis products (pesticide contamination, potentially harmful co-ingredients, e.g., xylitol, chocolate, butter).
- DCC is required to create regulations for animal product standards by July 1, 2025. Until DCC promulgates animal product standards, cannabis products cannot be marketed or sold for use on, or consumption by, animals.
- The side effects and signs of overdose of THC toxicity (e.g., ataxia, depression, vomiting, urinary incontinence, bradycardia, hyperthermia, tremors, anorexia, adipsia, hypothermia, seizure, stupor, tachycardia, weakness).
- The importance of safeguarding cannabis products from exposure to other pets and humans.
- The use in service animals that may place human handler safety in jeopardy.
- The possible interactions with other treatments and prescribed medications.

Conflicts of Interest: A veterinarian, registered veterinary technician (RVT), or veterinary assistant controlled substance permit (VACSP) holder may be disciplined for the offer, delivery, receipt, or acceptance of any rebate, refund, commission, preference, patronage dividend, discount, or other consideration as compensation or inducement for referring patients, clients, or customers to a cannabis licensee.⁶ In addition, the Board is authorized to discipline a veterinarian who accepts, solicits, or offers any form of remuneration from or to a cannabis licensee⁷ if the veterinarian or his or her immediate family have a financial interest with the cannabis licensee.⁸ “Financial interest” includes, but is not limited to, any type of ownership interest, debt, loan, lease, compensation, remuneration, discount, rebate, refund, dividend, distribution, subsidy, or other form of direct or indirect payment, whether in money or otherwise, between a licensee and a person or entity to whom the licensee refers a person for a good or service.⁹ Further, discussing or recommending cannabis for use with a client while the veterinarian is employed by, or has an agreement with, a cannabis licensee is prohibited.¹⁰

Thus, a veterinarian should not have a professional office located at a dispensary or cultivation center or receive financial compensation from, or hold a financial interest in, a cannabis licensee. Nor should the veterinarian be a director, officer, member, principal, employee, or a retailer of a cannabis product. A veterinarian may not be directly or indirectly employed by a cannabis licensee for the purpose of discussing cannabis with clients.

Advertising: The Board is authorized to discipline a veterinarian, RVT, or VACSP holder if they distribute any form of advertising for cannabis in California.¹¹

Industrial Hemp: Under federal and state law,¹² industrial hemp is not a controlled substance regulated under the Uniform Controlled Substance Acts and is not regulated under the Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA).¹³ Rather, industrial hemp is regulated by the federal Department of Agriculture and the California Department of Food and Agriculture.¹⁴ Further, any industrial hemp product intended for use in the diagnosis, cure, mitigation, treatment, or prevention of a disease or intended to affect the structure or any function of the body of an animal is a drug.¹⁵ The federal Food and Drug Administration has not approved the use of industrial hemp products for treatment in animals.

Thus, if a veterinarian administers, prescribes, dispenses, furnishes, recommends, or discusses the use of industrial hemp in an animal patient, the veterinarian would not be subject to the statutory provisions regarding cannabis but would be subject to the provisions of the Veterinary Medicine Practice Act applicable to diagnosing, prescribing, or administering a drug, medicine, appliance, application, or treatment of whatever nature for the prevention, cure, or relief of a wound, fracture, bodily injury, or disease of animals.¹⁶

¹ 21 USCA § 801 et seq.

² Cal. Health & Saf. Code, § 11000 et seq.

³ California Code of Regulations (CCR), title 16, section 2032.1, Veterinarian-Client-Patient Relationship.

⁴ BPC, § 4884, subd. (c).

⁵ CCR, tit. 16, § 2032.3, Record Keeping; Records; Contents; Transfer.

⁶ BPC, § 650 et seq.

⁷ BPC, § 26001

⁸ BPC, § 4883, subd. (p).

⁹ BPC, § 650.01.

¹⁰ BPC, § 4883, subd. (q).

¹¹ BPC, § 4883, subd. (r).

¹² 21 USCA § 802(16); and Cal. Health & Saf. Code, § 11018.5.

¹³ BPC, § 26000 et seq.

¹⁴ 7 USCA § 16390; Cal. Food & Agr. Code, § 81000.

¹⁵ 21 USCA § 321(g); BPC, § 4025.

¹⁶ BPC, § 4826, subds. (b), (c).

DEFINITIONS, ABBREVIATIONS, ACRONYMS

California Uniform Controlled Substances Act (CUCSA)—Regulates the manufacture, importation, possession, use, and distribution of certain substances. (Cal. Health & Saf. Code, § 11000 et seq.)

Cannabis—All parts of the plant *Cannabis sativa* L., whether growing or not; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds or resin. It does not include either of the following:

- (a) Industrial hemp, as defined in section 11018.5.
- (b) The weight of any other ingredient combined with cannabis to prepare topical or oral administrations, food, drink, or other product. (Cal. Health & Saf. Code, § 11018.)

CBD—Abbreviation for cannabidiol, which is one of many naturally occurring compounds present in cannabis. It is the second most prevalent cannabinoid in both hemp and marijuana and is non-psychoactive. CBD oil is mostly extracted from hemp and not marijuana. When extracted from hemp, this type of extract has less than 0.3 percent of THC.

CSA—The federal Controlled Substances Act (21 USCA § 801 et seq.).

Dronabinol, Marinol, Nabilone—Synthetic cannabinoids.

Epidiolex—CBD product approved in June 2018 by the U.S. Food and Drug Administration (FDA) for controlling seizures in people with difficult-to-treat childhood-onset epilepsy.

Industrial Hemp or Hemp—

- (a) An agricultural product, whether growing or not, that is limited to types of the plant *Cannabis sativa* L. and any part of that plant, including the seeds of the plant and all derivatives, extracts, the resin extracted from any part of the plant, cannabinoids, isomers, acids, salts, and salts of isomers, with a delta-9 tetrahydrocannabinol concentration of no more than 0.3 percent on a dry weight basis. (Cal. Health & Saf. Code, § 11018.5, subd. (a).)
- (b) Industrial hemp is not subject to the provisions of the CUCSA, but instead regulated by the Department of Food and Agriculture in accordance with the provisions of Division 24 (commencing with section 81000) of the Food and Agriculture Code, inclusive. (Cal. Health & Saf. Code, § 11018.5, subd. (b).)

Marijuana—

- (a) Under California law, marijuana means “cannabis.” (Health & Saf. Code, § 11032.) Under federal law, (A) Subject to subparagraph (B), the term “marijuana” means all parts of the plant *Cannabis sativa* L., whether growing or not; the seeds thereof; the resin extracted from any part of such plant; and every compound, manufacture, salt, derivative, mixture, or preparation of such plant, its seeds or resin.
- (b) The term “marijuana” does not include:
 - (i) Hemp, as defined in section 297A of the Agricultural Marketing Act of 1946 (7 USCS § 1639).

- (ii) The mature stalks of such plant, fiber produced from such stalks, oil or cake made from the seeds of such plant, any other compound, manufacture, salt, derivative, mixture, or preparation of such mature stalks (except the resin extracted therefrom), fiber, oil, or cake, or the sterilized seed of such plant which is incapable of germination (21 USCS § 802).

Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA)—establishes a comprehensive system to control and regulate the cultivation, distribution, transport, storage, manufacturing, processing, and sale of both of the following:

- (1) Medicinal cannabis and medicinal cannabis products for patients with valid physician’s recommendations.
- (2) Adult-use cannabis and adult-use cannabis products for adults 21 years of age and over and cannabis products intended for use on, or consumption by, animals. MAUCRSA also defines the power and duties of the state agencies responsible for controlling and regulating the commercial medicinal and adult-use cannabis industry. (BPC §, 26000, subd. (b).)

Oils—Cannabis oil, whether CBD, THC, or both, is extracted from the flowers, leaves, and stalk mainly using different solvents. Hemp oil is made only from pressed seeds.

Terpenes—Aromatic metabolites found in the oils of all plants (i.e., flavor or fragrance). Terpenes work together to modulate cannabinoids resulting in the so-called “entourage effect.” Terpenes have their own medical effects, for example, interacting with neurotransmitters.

THC—Delta-9 tetrahydrocannabinol, the primary psychoactive ingredient in marijuana, is one of at least 113 cannabinoids identified in cannabis.

Veterinarian-Client-Patient Relationship (VCPR)—A fundamental provision to acceptable veterinary medical care. A VCPR shall be established by the following:

- (1) The client has authorized the veterinarian to assume responsibility for making medical judgments regarding the health of the animal, including the need for medical treatment.
- (2) The veterinarian has sufficient knowledge of the animal(s) to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s). This means that the veterinarian is personally acquainted with the care of the animal(s) by virtue of an examination of the animal or by medically appropriate and timely visits to the premises where the animals are kept.
- (3) The veterinarian has assumed responsibility for making medical judgments regarding the health of the animal and has communicated with the client a course of treatment appropriate to the circumstance. (CCR, tit. 16, § 2032.1.)



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