

**BEFORE THE
VETERINARY MEDICAL BOARD
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

IN THE MATTER OF THE PETITION FOR REINSTATEMENT RE AMANDEEP SINGH

Agency Case No. 4602024001100
Office of Administrative Hearings Case No. TBD

TAB #	DOCUMENT	I.D.	ADMIT
1	<ul style="list-style-type: none"> • Notice of Hearing (Redacted) 		
2	<ul style="list-style-type: none"> • Certification of License History and Costs (Redacted). 		
3	<ul style="list-style-type: none"> • Veterinary Medical Board Case No. AV 215-26: Order Denying Petition for Reconsideration re: Petition for Reinstatement (Effective July 25, 2022); Order re: Petition for Reinstatement, Order Denying Petition for Reconsideration (Effective April 18, 2018); Order Granting 10-day Stay of Execution, Proposed Decision, and, Second Amended Accusation. • Citation No. 4602022000254 		
4	<ul style="list-style-type: none"> • Petition for Reinstatement (Redacted). 		
5	<ul style="list-style-type: none"> • Petitioner’s Statement. 		
6	<ul style="list-style-type: none"> • Petitioner’s Continuing Education. 		
7	<ul style="list-style-type: none"> • Petitioner’s Letters of Reference. 		
8	<ul style="list-style-type: none"> • Compliance Report 		
9	<ul style="list-style-type: none"> • Live Scan Request 		

EXHIBIT 1



VIA ELECTRONIC MAIL, CERTIFIED MAIL AND REGULAR MAIL

March 8, 2024

Amandeep Singh
4665 Pine Valley Circle
Stockton, CA 95219
[REDACTED]

Bonnie Lutz
Klinedinst Law
2 Park Plaza, Suite 1250
Irvine, CA 92614
[REDACTED]

RE: HEARING NOTICE
OAH Case No. TBD
Petition for Reinstatement or Modification of Penalty – Amandeep Singh

Dear Dr. Amandeep Singh:

You are hereby notified that a hearing will be held before the Veterinary Medical Board, Department of Consumer Affairs:

Date: Friday, April 19, 2024
Time: 9:00 AM Pacific Time
Location: Department of Consumer Affairs
Hearing Room
1625 N. Market Blvd
Sacramento, CA 95834

Alternatively, in lieu of attending in-person at this hearing in the Sacramento office, you may attend and participate virtually via Webex:

Event address:
<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=ma0aa1068857b98666046348a42288993>

Event number: 2485 279 2197
Event password: VMB419

Phone audio conference: (415) 655-0001
Access code: 2485 279 2197
Passcode: 862419

The hearing will be conducted before the Veterinary Medical Board, Department of Consumer Affairs and an administrative law judge of the Office of Administrative Hearings, who will preside over the Petition for Reinstatement or Modification of Penalty.

You may be present at the hearing. You have the right to be represented by an attorney at your own expense. You are not entitled to the appointment of an attorney to represent you at public expense. You are entitled to represent yourself without legal counsel. You may present any relevant evidence and will be given full opportunity to cross-examine all witnesses testifying against you. You are entitled to the issuance of subpoenas to compel the attendance of witnesses and the production of books, documents, or other things by applying to:

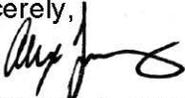
**Office of Administrative Hearings
Attn: General Jurisdiction
2349 Gateway Oaks, Suite 200
Sacramento CA 95833**

INTREPRETER: Pursuant to section 11435.20 of the Government Code, the hearing shall be conducted in English language. If a party or party's witness does not proficiently speak or understand the English language and before commencement of the hearing requests language assistance, an agency subject to the language assistance requirement in section 11435.15 of the Government Code shall provide a certified interpreter or an interpreter approved by the administrative law judge conducting the proceedings. The cost of providing the interpreter shall be paid by the agency having jurisdiction over the matter if the administrative law judge or hearing officer so directs, otherwise by the party for whom the interpreter is provided. If you or a witness requires the assistance of an interpreter, ample advance notice of this fact should be given to the Office of Administrative Hearings so that appropriate arrangements can be made.

CONTINUANCES: Under section 11524 of the Government Code, the agency may grant a continuance, but when an administrative law judge of the Office of Administrative Hearings has been assigned to the hearing, no continuance may be granted except by him or her or by the presiding judge for good cause. When seeking a continuance, a party shall apply for the continuance within 10 working days following the time the party discovered or reasonably should have discovered the event or occurrence which establishes good cause for the continuance. A continuance may be granted for good cause after the 10 working days have lapsed only if the party seeking the continuance is not responsible for and has made a good faith effort to prevent the condition or even establishing the good cause.

Please visit the Board's website at www.vmb.ca.gov to view a copy of the agenda or you may contact me at (916) 905-5434 or via email at Alexander.Juarez@dca.ca.gov.

Sincerely,



Alexander A. Juarez
Probation Monitor
Veterinary Medical Board

cc: Summer Haro, Deputy Attorney General
Bonnie Lutz, Respondent Counsel

EXHIBIT 2



CERTIFICATION OF LICENSE HISTORY

This is to certify that I, Matt McKinney, Deputy Executive Officer of the Veterinary Medical Board (Board), Department of Consumer Affairs, State of California, share the responsibility of maintaining control and custody of the official records of the Board. I made or caused to be made a diligent search of the files and records concerning the license history of Dr. Amandeep Singh. I have determined that the official records prepared by Board employees, acting within the scope of their duties, show the dates and time periods listed herein for the issuance, expiration, periods of invalidity, and renewals of the license, as well as citations issued and periods of formal Board discipline:

VET No. 16252:

Amandeep Singh
4665 Pine Valley Cir.
Stockton, CA 95219-1878

First Issued: June 12, 2006
Expiration: August 31, 2019
Status: Revoked
Secondary Status: N/A

Discipline:

On August 23, 2017, Second Amended Accusation AV 2015 26 was filed against Amandeep Singh. On January 5, 2018, Proposed Decision AV 2015 26 was rendered. On March 9, 2018, the Board adopted Proposed Decision AV 2015 26, revoking Amandeep Singh's license effective April 8, 2018. On April 17, 2018, the Board denied Amandeep Singh's Petition for Reconsideration AV 2015 26. On April 11, 2022, the Board issued Citation 4602022000254 with an order of abatement to cease unlicensed practice. On June 27, 2022, the Board adopted an order denying Amandeep Singh's Petition for Reinstatement AV 2015 26, effective July 27, 2022.

Dated at Sacramento, California, this 15th day of February 2024

Matt McKinney, Deputy Executive Officer



**COST CERTIFICATION
CASE # 4602024001100
Amandeep Singh, DVM**

I, Matt McKinney, declare that I am the Deputy Executive Officer of the California Veterinary Medical Board, and, in that capacity, certify pursuant to the provisions of the Business and Professions Code Section 4808 and the California Code of Regulations Title 16, Section 2003, Petition for Reinstatement or Modification of Penalty No. 4602024001100 to be filed against Amandeep Singh, DVM, who was formally licensed by this agency as a Veterinarian, and who held license number VET 16252.

In my capacity as manager, I review and approve payments for costs incurred by the Board while enforcing the laws and regulations under its jurisdiction. I have reviewed the records of the agency and the following costs have been incurred by the agency in connection with the investigation of the Second Amended Accusation/Proposed Decision No. AV 2015 26.

1.	Cost Recovery	\$ 51,280.00
	Fine	\$ 5,000.00

TOTAL COSTS \$ 56,280.00

I certify pursuant to the provisions of Section 4808 of the Business and Professions Code of the State of California and Title 16, Section 2003 of the California Code of Regulations that, to the best of my knowledge, the foregoing statement of costs incurred by the California Veterinary Medical Board is true and correct and that the amounts set forth therein do not exceed the actual and reasonable costs of investigation in the Second Amended Accusation/Proposed Decision No. AV 2015 26.

Dated: February 16, 2024



Matt McKinney, Deputy Executive Officer
VETERINARY MEDICAL BOARD

EXHIBIT 3

**BEFORE THE
VETERINARY MEDICAL BOARD
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Petition for Reinstatement by:

AMANDEEP SINGH, Petitioner.

Case No. AV 2015 26

OAH No. 2022040108

ORDER DENYING PETITION FOR RECONSIDERATION

On June 27, 2022, the Veterinary Medical Board (Board) issued its Decision and Order in the above-entitled matter, with the Decision and Order to become effective on July 27, 2022. On July 13, 2022, Petitioner submitted by email to the Board a request for reconsideration (Petition) of the Board's Decision and Order.

The Petition having been read and considered, the Board hereby makes the following order:

Petitioner's Petition is hereby denied. The attached Decision and Order, issued on June 27, 2022, shall go into effect on July 27, 2022.

It is so ORDERED this 25th day of July, 2022.

SIGNATURE ON FILE

Kathy Bowler, President
VETERINARY MEDICAL BOARD
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

**BEFORE THE
VETERINARY MEDICAL BOARD
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Petition for Reinstatement by:

AMANDEEP SINGH, Petitioner

Case No. AV 2015 26

OAH No. 2022040108

DECISION

This matter was heard before a quorum of the Veterinary Medical Board (Board), in Sacramento, California, on April 21, 2022. Present for the Board were Kathy Bowler, President; Christina Bradbury, DVM, Vice President; Jennifer Loreda, RVT; Jaymie Noland, DVM; Mark Nunez, DVM; and Maria Preciosa S. Solacito, DVM. Marcie Larson, Administrative Law Judge (ALJ), Office of Administrative Hearings (OAH), presided at the hearing.

Malissa Siemantel, Deputy Attorney General, represented the Attorney General of the State of California pursuant to Government Code section 11522.

Bonnie Lutz, Attorney at Law, represented petitioner Amandeep Singh, who was present at the hearing.

Evidence was received, the record closed, and the matter was submitted for decision on April 21, 2022.

FACTUAL FINDINGS

Background and Procedural History

1. On June 12, 2006, the Board issued petitioner Veterinary License number VET 16252 (license). The license was set to expire on August 31, 2019.

2. On August 23, 2017, complainant Annemarie Del Mugnaio, a former Executive Officer for the Board, filed a Second Amended Accusation against petitioner. Complainant alleged that petitioner's license was subject to discipline pursuant to Business and Professions Code sections 4883, subdivisions (g), (i), and (o). Generally, complainant alleged petitioner was negligent in his care and treatment of a cat and seven dogs, engaged in unprofessional conduct, committed acts of fraud and/or deception in making a representation to the Board, and violated regulations relating to anesthesia and record keeping.

3. On September 18, 19, 20, 21, 22, and October 25, 2017, a hearing was conducted concerning the Second Amended Accusation, before Joy Redmon, an ALJ with the OAH. Petitioner was represented by counsel.

4. On January 5, 2018, ALJ Redmon issued a Proposed Decision in which she found cause to discipline petitioner's license. Petitioner's license was revoked and he was fined \$5,000 for the sustained violations of Business and Professions Code section 4883. He was also ordered to pay the Board \$51,280, for the reasonable cost of

investigation and enforcement of the case pursuant to Business and Professions Code section 125.3.

5. The Board issued an Order and Decision adopting the Proposed Decision, which became effective on April 8, 2018. On April 4, 2018, petitioner filed a Petition for Reconsideration (Petition) of Decision Adopting the ALJ's Proposed Decision and Request for Stay. On April 5, 2018, the Board granted a 10-day stay. On April 17, 2018, the Board denied petitioner's request for reconsideration. The Board's Order and Decision became effective on April 18, 2018.

Citation

6. On April 11, 2022, complainant Jessica Sieferman, Executive Officer for the Board signed and thereafter served on petitioner a Citation and Order of Abatement (Citation). Complainant alleged petitioner was subject to fines for engaging in the unlicensed practice of veterinarian medicine in violation of Business and Professions Code sections 4825 and 4826, subdivisions (c) and (d). Complainant alleged the following in relevant part:

6. On or about May 08, 2019, Respondent administered Distemper-hepatitisparainfluenza- parvovirus (DHPP) and Corona vaccine to Patient M without possessing a valid California veterinarian license. [...]

7. On or about June 08, 2019, Respondent administered DHPP, Corona, and Bordetella vaccinations to Patient M without possessing a valid California veterinarian license. [...]

8. On or about December 18, 2020, Respondent performed surgery on Patient P without possessing a current, valid California veterinarian license. [...]

9. On or about May 01, 2020, through July 12, 2021, Respondent performed surgery upon various animal patients without possessing a valid California veterinarian license. [...]

7. The Board assessed fines against petitioner totaling \$5,000. He was also ordered to cease and desist from violating Business and Professions Code sections 4825 and 4826, subdivisions (c) and (d). Petitioner was notified of his right to contest the citation and request a hearing.

Petition for Reinstatement

8. On April 12, 2021, petitioner signed and thereafter filed with the Board a Petition for Reinstatement (Petition) of his license. Petitioner has not previously applied for reinstatement of his license. Petitioner submitted several documents in support of his Petition including a written statement, proof of completing continuing education and letters of recommendation.

9. Petitioner explained that he has learned from mistakes he made which gave rise to the Second Amended Accusation. He has spent several years trying to rehabilitate. After petitioner's license was revoked he continued to serve as the owner and business manager of Geisert Animal Hospital in Stockton, California and Grantline Veterinary Hospital in Tracy, California. In late 2019, he partnered with Amerivet, to sell the two hospitals. The sale was completed in March 2020. Petitioner continued to serve as the business manager until the fall of 2021.

10. Since early 2021, petitioner has been dealing with a family tragedy. His father was murdered in India. Petitioner has been working to bring the individuals who murdered his father to justice.

11. Petitioner has completed many hours of continuing education and attended veterinary conferences to improve his knowledge and correct past mistakes. He has gained more insight and understanding regarding the mistakes he made that led to the revocation of his license. Petitioner has not completed any record keeping or ethics courses. He explained that suffering professionally by losing his license taught him how he should have been practicing veterinarian medicine.

12. Petitioner has spent many hours volunteering and shadowing three veterinarians he has known for many years, Dr. Kulibr Khehra, Dr. Amit Ranjan, and Dr. Avtar Singh. He observed how to keep accurate medical records, observed surgeries, reviewed radiographs, and learned the importance of patient follow-up. Each of the doctors provided letters supporting the reinstatement of petitioner's license.

13. Petitioner received the Citation a week before his Petition hearing. Petitioner admitted he committed the allegations in the Citation, including performing surgeries at Grantline Veterinary Hospital. Petitioner explained he performed spay and neuter procedures because the hospital was short staffed and no one was able to treat the animals. Petitioner knew he was not allowed to perform surgeries or practice veterinary medicine. He does not know how many surgeries he performed or when he stopped performing surgeries.

14. Petitioner believes the Board should reinstate his license because he has worked hard over the last four years to become a better veterinarian and person. He would like to be given the opportunity to serve animals and their owners again. If

petitioner's license is reinstated, he will pay the Board the \$51,280, for cost of investigation and enforcement.

Letters of Recommendation

15. Pursuant to Business and Professions Code section 4887, subdivision (b), petitioner submitted three letters of support from veterinarians. Dr. Khehra has known petitioner since they were in college together in Punjab, India. Dr. Khehra described petitioner as a generous person who was involved in multiple charitable organizations in India that helped the poor. Dr. Khehra also explained that in 2019 and 2020, petitioner shadowed Dr. Khehra at the Madera Animal Hospital, to improve his skills.

16. Dr. Ranjan, who owns Intercity Animal Emergency Clinic in Vancouver, British Columbia, has also known petitioner for many years. In 2018 and 2019, petitioner shadowed Dr. Ranjan to learn more about the "critical care of hospitalized pets." Dr. Ranjan explained that he admires petitioner's interest in learning emergency veterinary medicine even though petitioner had practiced in this area for over 10 years.

17. Dr. Singh, owner of Elkhorn Walerga Animal Hospital in Sacramento, has known petitioner since they attended college together in Punjab, India. Dr. Singh described petitioner's commitment to serving underserved populations. Dr. Singh described petitioner as "devastated" when his license was revoked. Since that time, petitioner has shadowed Dr. Singh to learn about proper record keeping and patient care.

Analysis

18. Petitioner has the burden of establishing that he is fit to hold a veterinarian license. Petitioner contends that he has learned from his mistakes and has rehabilitated since his license was revoked. He has taken courses on veterinary medicine and record keeping. He has shadowed veterinarians to learn better practices. However, petitioner's license was revoked in part because of his medical record keeping deficiencies and ethical violations. Petitioner has not completed any record keeping or ethical course work.

Additionally, and most concerning is that petitioner has continued to engage in ethical violations by practicing veterinarian medicine without a license. He admitted the allegations in the Citation are true. From May 1, 2020, through July 12, 2021, petitioner performed surgery upon various animal patients without possessing a valid license. He knew his conduct was wrong, yet he made excuses for his poor choices and violations.

19. As a result, based on all of the facts and circumstances set forth above, petitioner failed to demonstrate that he has undergone sufficient rehabilitation to support reinstatement of his license at this time.

LEGAL CONCLUSIONS

1. Under Business and Professions Code section 4887, subdivision (a)(1)(A), a person whose license has been revoked may petition the Board for reinstatement after a period of not less than three years from the effective date of the decision ordering the disciplinary action.

2. In a proceeding for reinstatement of a license, the burden at all times is on the petitioner to establish rehabilitation. (See *Flanzer v. Board of Dental Examiners* (1990) 220 Cal.App.3d 1392, 1398, citing *Housman v. Board of Medical Examiners* (1948) 84 Cal.App.2d 308, 315.) The standard of proof is clear and convincing evidence to a reasonable certainty. (*Hippard v. State Bar* (1989) 49 Cal.3d 1084, 1091-1092; *Feinstein v. State Bar* (1952) 39 Cal.2d 541.)

3. The petition must be accompanied by "at least two verified recommendations from veterinarians licensed by the board who have personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed." (Bus. & Prof. Code, § 4887, subd. (b).) In reviewing the petition, consideration may be given to "all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities since the license or registration was in good standing, and the petitioner's rehabilitation efforts, general reputation for truth, and professional ability." (*Ibid.*)

4. The burden is on petitioner to demonstrate that he is sufficiently rehabilitated to justify reinstatement of his license. As set forth in the Factual Findings as a whole, petitioner failed to demonstrate by clear and convincing evidence sufficient rehabilitation to grant his Petition and reinstate his license at this time. Petitioner can petition the Board for reinstatement in one year.

ORDER

The petition of Amandeep Singh for reinstatement of his license is DENIED.

This decision shall become effective on July 27, 2022.

It is so ORDERED on June 27, 2022.

SIGNATURE ON FILE _____

Kathy Bowler, President
Veterinary Medical Board
Department of Consumer Affairs
State of California

BEFORE THE
VETERINARY MEDICAL BOARD
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Second Amended
Accusation Against:

Amandeep Singh, DVM,

Veterinary License No. VET 16252

and

GEISERT ANIMAL HOSPITAL
AMANDEEP SINGH, DVM (MGL)
Premises Permit No. HSP 1592

Respondents.

Case No. AV 2015 26

OAH No. 2016050594

ORDER DENYING PETITION FOR RECONSIDERATION

The Petition for Reconsideration filed by Respondent Amandeep Singh, DVM, and received by the Board on April 4, 2018, in the above-entitled matter, having been read and considered, the Board hereby makes the following order:

Respondent's Petition for Reconsideration is hereby denied. The attached Decision and Order issued on March 9, 2018, shall go into effect on April 18, 2018.

IT IS SO ORDERED this 17th day of April, 2018.

SIGNATURE ON FILE

Cheryl Waterhouse, DVM, President
FOR THE VETERINARY MEDICAL BOARD
DEPARTMENT OF CONSUMER AFFAIRS

**BEFORE THE
VETERINARY MEDICAL BOARD
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Second Amended
Accusation Against:

Amandeep Singh, D.V.M., et. al
Veterinarian License No. VET 16252

Respondent.

Case No. AV 2015 26
OAH No. 2016050594

ORDER GRANTING 10-DAY STAY OF EXECUTION

On March 9, 2018, the Veterinary Medical Board (Board) issued its Decision and Order in the above entitled matter, with the Decision and Order to become effective on April 8, 2018. On April 4, 2018, Respondent filed a Petition for Reconsideration (Petition) of Decision Adopting Administrative Law Judge's Proposed Decision and Request for Stay.

Pursuant to section 11521(a) of the Government Code, the Board hereby GRANTS a stay of execution of the effective date of the Decision and Order in the above-stated case for ten (10) days until April 18, 2018, solely for the purpose of considering the Petition.

IT IS SO ORDERED this 5th day of April, 2018.

SIGNATURE ON FILE

Ethan Mathes, Interim Executive Officer
Veterinary Medical Board
Department of Consumer Affairs

**BEFORE THE
VETERINARY MEDICAL BOARD
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Second Amended
Accusation against:

AMANDEEP SINGH, DVM
Veterinary License No. VET 16252

and

GEISERT ANIMAL HOSPITAL
AMANDEEP SINGH, DVM (MGL)
Premises Permit No. HSP 1592

Respondents.

Case No. AV 2015 26

OAH No. 2016050594

DECISION AND ORDER

The attached Proposed Decision of the Administrative Law Judge is hereby accepted and adopted by the Veterinary Medical Board as its Decision in the above-entitled matter, except that, pursuant to Government Code section 11517(c)(2)(C), the following minor and technical errors are corrected as noted here:

1. Page 1, first paragraph, line 1, after "Hearings," insert "State of California,"
2. Page 1, second paragraph, line 1, after "General," insert "Office of the Attorney General, Department of Justice, State of California,"
3. Page 1, second paragraph, line 2, after "Board" insert ", State"
4. Page 2, paragraph 1, line 1, before "Accusation" insert "Second Amended"
5. Page 2, paragraph 4, line 1, before "Accusation" insert "Second Amended"

6. Page 9, paragraph 30, line 2, before "Amended Accusation" insert "Second"
7. Page 11, footnote 3, first line, before "Amended Accusation" insert "Second"
8. Page 21, paragraph 87, line 5, before "Accusation" insert "Second Amended"
9. Page 22, paragraph 88, line 1, replace "patients" with "clients"
10. Page 22, paragraph 88, line 2, before "Accusation" insert "Second Amended"
11. Page 23, footnote 6, paragraph a., line 1, replace "Negligence" with "Fraud and Deception"
12. Page 24, footnote 6, paragraph c., line 1, replace "Fraud and Deception" with "Negligence"
13. Page 26, paragraph 3, line 1, replace "the board" with "[t]he board"
14. Page 27, paragraph 6, line 7, replace "35" with "37"
15. Page 28, paragraph 9, line 3, replace "2032.435" with "2032.35"

This Decision shall become effective on APR 08 2018.

IT IS SO ORDERED on MAR 09 2018.

SIGNATURE ON FILE

Cheryl Waterhouse, DVM, President
FOR THE VETERINARY MEDICAL BOARD
DEPARTMENT OF CONSUMER AFFAIRS

BEFORE THE
VETERINARY MEDICAL BOARD
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Second Amended
Accusation Against:

AMANDEEP SINGH, D.V.M.
Veterinary License No. VET 16252

and

GEISERT ANIMAL HOSPITAL
AMANDEEP SINGH, D.V.M.
MANAGING LICENSEE

Premises Certificate of Registration No.
HSP 1592

Respondent.

Case No. AV 2015 26

OAH No. 2016050594

PROPOSED DECISION

Joy Redmon, Administrative Law Judge, Office of Administrative Hearings, heard this matter on September 18, 19, 20, 21, 22, and October 25, 2017, in Sacramento, California.

Karen Denvir, Deputy Attorney General, represented complainant Annemarie Del Mugnaio, Executive Officer, Veterinary Medical Board of California.

Bonnie Lutz, Attorney at Law, represented respondent Amandeep Singh, D.V.M., who was present throughout the hearing.

Evidence was received and the record held open for written closing briefs. The written briefs were timely submitted, the record closed, and the matter submitted for decision on December 11, 2017.¹

¹ Complainant's closing brief is marked Ex. 37 for identification. Respondent's closing brief is marked Ex. AAAA for identification.

FACTUAL FINDINGS

Jurisdiction

1. Annemarie Del Mugnaio (complainant) brought the Accusation solely in her official capacity as the Executive Officer of the Veterinary Medical Board of California (Board), Department of Consumer Affairs. The Second Amended Accusation was issued on August 23, 2017.

2. On June 12, 2006, the Board issued respondent Veterinary License Number VET 16252. The license will expire on August 31, 2019, unless revoked or renewed.

3. On February 22, 1972, the Board issued Premises Certificate of Registration No. HSP 1592 to Geisert Animal Hospital (Geisert). On January 1, 2007, respondent became Geisert's managing licensee and held that position through March 7, 2017. The certificate will expire on May 31, 2018, unless renewed.

Board Allegations

4. The Accusation charges respondent, in connection with his treatment of animal patients (a cat and seven dogs), with negligence, unprofessional conduct, fraud and/or deception in making a representation to the Board, and violations of regulations relating to anesthesia and record keeping. Complainant requests an order revoking respondent's license and Geisert's premises certificate issued to respondent as managing licensee. Complainant seeks a fine not in excess of \$5,000 for any cause of action specified in Business and Professions Code section 4883. Complainant further requests that respondent be ordered to pay the reasonable investigative and enforcement costs in this action.

Respondent contests some of the allegations, particularly those regarding fraud and deception. He acknowledges submitting "re-created" patient medical records to the Board but asserts this was done to create a "complete picture" of what occurred with each patient and not with the intent to deceive. Respondent concedes some medical records were incomplete and asserts he has modified his practice to comply with the regulatory requirements governing patient medical records. Respondent believes each animal's medical treatment was within the standard of care and that the Board did not meet its burden to establish by clear and convincing evidence that his conduct was negligent or unprofessional. Respondent asserts that the appropriate discipline in this case is license revocation stayed with probation ordered.

Professional Background

5. Respondent graduated from the University of Punjab College of Veterinary Science in 1998. As noted above, he has been a licensed veterinarian in California since 2006 after having passed the California licensing examination on his initial attempt. Respondent is a shareholder of a corporation that owns Geisert. The corporation purchased

Geisert in 2006 and respondent became managing licensee thereafter. Shahid Zaigham, D.V.M., became Geisert's managing licensee in March 2017. Respondent is also a shareholder in a corporation that owns Grantline Veterinary Hospital (Grantline) but was never the managing licensee at Grantline.

6. Respondent currently works three to four days per week at Geisert for up to four hours per day. He conducts physical examinations, dental cleanings, and extractions. There are approximately eight to ten employees comprised of kennel staff, veterinary assistants, receptionists, an office manager, and other veterinarians. Several employees have worked at Geisert for more than five years. He also performs surgeries at Grantline for approximately ten hours per week. Geisert is located in an economically depressed area and respondent works with patients to help them afford veterinary services. Many pet owners lack the financial resources to obtain medical care from other, more expensive local veterinarians. Respondent considers himself a valuable member of the community and wants to continue serving his patients.

Animal Patients Mini Schnauzer Puppies

7. Complainant asserts respondent is subject to discipline regarding three miniature Schnauzer puppies for negligence in that he failed to examine the puppies at a recheck appointment following dewclaw removal surgery, and he allowed a veterinary assistant, Alex Medina, to examine the puppies instead. Complainant further asserts that respondent failed to comply with the record keeping regulations in that he did not document complete data from the physical examination of the three puppies, including their respiratory rates and pulses, and only documented one puppy's weight and temperature.

8. On January 29, 2012, Malissa Galindo brought three five-day-old miniature Schnauzer puppies to Geisert to have their dewclaws removed and their tails docked. Ms. Galindo testified that following the procedure Mr. Medina discharged the puppies to her care at approximately 5:00 p.m. with tight blue bandages around the dewclaw removal sites. He informed her to remove the bandages in 24 hours and to watch for excess bleeding. Ms. Galindo testified she did not see respondent at that time. The following morning, on January 30, 2012, the puppies' paws were excessively swollen and Ms. Galindo removed the bandages. She returned to Geisert, accompanied by her daughter Breanna who also testified at hearing, and asked to see respondent. According to both Ms. Galindo and her daughter, Mr. Medina looked at the puppies' paws in the waiting room and reassured them the swelling would decrease. No veterinarian saw the puppies that evening and the medical records do not document a visit on that day.

On February 1, 2012, Ms. Galindo and her husband returned to Geisert and respondent examined the puppies. Respondent informed the Galindos there must have been "miscommunication" because pressure bandages should have been removed in 30 minutes and not 24 hours. Respondent offered to amputate one paw at no charge and issue them a \$400 credit which they refused. Ms. Galindo then sought medical treatment from another

veterinarian; however, one of the puppy's paws fell off and Breanna found the paw in the dog bed.

9. Respondent disputes Ms. Galindo's account asserting that he released the puppies to her and personally instructed her to remove the pressure bandages in 30 minutes. He did not recall if Mr. Medina was present when he gave this instruction to Ms. Galindo. Mr. Medina testified that *he* remembered instructing Ms. Galindo to remove the pressure bandages in 30 minutes and not 24 hours later, and did not indicate that respondent was present during this exchange. Mr. Medina acknowledged seeing the Galindos and the puppies when they returned on January 30, 2012, and recalls respondent was not available to see the puppies. He recalls informing them they could wait to be seen or they could have the puppies examined at a different veterinarian's office if they were unable to wait. They chose to leave. He denies examining the puppies and informing Ms. Galindo the swelling would go down.

10. Ms. Galindo's memory was clear, her testimony straightforward, and it was consistent with the complaint she submitted to the Board following the incident. The evidence established that Mr. Medina discharged the puppies without respondent being present and instructed Ms. Galindo to remove the bandages in 24 hours. Regarding January 30, 2012, the evidence established the Galindos were concerned enough about the puppies' paws to return to the animal hospital and they would have waited until respondent or another veterinarian was available to see the puppies but for Mr. Medina's assurance that the swelling would decrease.

EXPERT TESTIMONY

11. As noted above, complainant asserts respondent's conduct was negligent in his care and treatment of the puppies and that he committed record keeping violations. In making these allegations, complainant relied upon the expert opinion of Ann Lesch-Hollis, D.V.M. Dr. Lesch-Hollis received her Bachelor of Science and Doctor of Veterinary Medicine degrees at Colorado State University. She has been licensed by the Board for 30 years. Dr. Lesch-Hollis is a general practitioner with a special interest in small animal medicine and surgery. She also works as a relief veterinarian in other clinics. Dr. Lesch-Hollis currently owns and manages a veterinary clinic in Lincoln, California. Dr. Lesch-Hollis has served as a consultant and expert witness for the Board since 2001.

12. Dr. Lesch-Hollis prepared a Case Evaluation of respondent's care and treatment of the three puppies. She also testified at hearing. In rendering her opinion, Dr. Lesch-Hollis reviewed the patient medical record. Dr. Lesch-Hollis's testimony was consistent with her written report.

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13. Respondent called George Cuellar, D.V.M., to render an opinion regarding the negligence claims against respondent.² Dr. Cuellar is a board-certified veterinarian who owns Southern California Veterinarian Hospital, a facility accredited by the American Animal Hospital Association. He currently practices veterinary medicine four days per week, eight hours per day. Dr. Cuellar has reviewed approximately 120 cases for approximately 16 attorneys. Dr. Cuellar reviewed the medical records and testified at the hearing in this matter.

NEGLIGENCE

14. Dr. Lesch-Hollis opined that respondent was negligent in failing to see the puppies when Ms. Galindo and her daughter returned to Geisert on January 30, 2012, or recommend an appropriate alternative. Dr. Lesch-Hollis explained that occasionally surgical complications arise and patients present without a scheduled appointment. Dr. Lesch-Hollis opined the standard of care requires the surgeon to examine the patients and if the surgeon is not present, then the veterinarian on duty is to conduct such an examination. If the veterinarian on duty is otherwise occupied, the standard of care requires the patient be informed of their right to wait or to take the patients to another veterinarian for evaluation. It is below the standard of care for a veterinarian assistant to examine the patients and render an opinion about their condition.

15. Respondent asserted that Dr. Lesch-Hollis's opinions should be disregarded because she provided inconsistent testimony regarding which version of the Veterinary Medicine Practice Act she reviewed in connection to the years at issue in this case. This acknowledgement did not undermine her opinions. The evidence established that when comparing her opinions to the different versions of the Act in place at the time respondent rendered care to the various animals at issue in this case, her opinions were consistent with the applicable versions.

16. Dr. Cuellar explained that he found no evidence from the medical records that respondent was present at the facility on January 30, 2012, or that he knowingly allowed Mr. Medina to examine the puppies. He acknowledged that it would have been below the standard of care not to have a veterinarian examine the puppies when they returned on January 30, 2012, with possible post-surgical complications. Dr. Cuellar confirmed that leaving a pressure bandage on for 12 hours could cause a puppy's paw to fall off. He further acknowledged that, as managing licensee, respondent was responsible for the information provided to pet owners by facility staff.

17. Dr. Lesch-Hollis's testimony was credible and her opinions supported by the record. It was established by clear and convincing evidence that respondent's conduct was

² Dr. Cuellar reviewed the allegations and explained he only formed opinions regarding the negligence claims and did not form opinions regarding causes for discipline for fraud and deception, unprofessional conduct, and record keeping violations. However, on cross examination he did offer opinions on the latter allegations which are included herein.

below the standard of care which constitutes negligence regarding the three miniature schnauzer puppies. Specifically, respondent failed to examine them on January 30, 2012, or as the managing licensee, have them examined by another veterinarian at Geisert or refer them to another facility. Additionally, as the managing licensee, respondent failed to have procedures in place to avoid Mr. Medina, a veterinary assistant, from examining the puppies and offering an opinion regarding their prognosis.

RECORD KEEPING

18. In 2012, the requirements for record keeping contained in California Code of Regulations, title 16, section 2032.3, subdivision (a), required a legible written or computer-generated record containing the following:

- (1) Name or initials of the veterinarian responsible for entries.
- (2) Name, address and phone number of the client.
- (3) Name or identity of the animal, herd or flock.
- (4) Except for herds or flocks, age, sex, breed, species, and color of the animal.
- (5) Dates (beginning and ending) of custody of the animal, if applicable.
- (6) A history or pertinent information as it pertains to each animal, herd, or flock's medical status.
- (7) Data, including that obtained by instrumentation, from the physical examination.
- (8) Treatment and intended treatment plan, including medications, dosage and frequency of use.
- (9) Records for surgical procedures shall include a description of the procedure, the name of the surgeon, the type of sedative/anesthetic agents used, their route of administration, and their strength if available in more than one strength.
- (10) Diagnosis or tentative diagnosis at the beginning of custody of animal.
- (11) If relevant, the prognosis of the animal's condition.
- (12) All medications and treatments prescribed and dispensed, including strength, dosage, quantity, and frequency.
- (13) Daily progress, if relevant, and disposition of the case.

19. Respondent created only one medical record for all three puppies. He included a physical description of one puppy, also noting a weight and temperature for one of the three puppies. Respondent did not document the physical examination, including the puppies' respiratory rates or pulses. Respondent contends it was appropriate not to document respiratory rates or pulses for the puppies because the data would have been unreliable due to the puppies' young age.

20. Dr. Lesch-Hollis's opinions regarding the record keeping was persuasive and consistent with the provisions of the Act in place in 2012. Even if respondent was not required to document the puppies' respiratory rates and pulses due to their age, he still failed to comply with the Act's record keeping requirements. Respondent was required to have a

separate medical chart for each patient, and to document separately their physical description, weight, and temperature when he examined them on January 29, 2012. Accordingly, he violated the provisions of the Act related to record keeping in his care and treatment of the three miniature Schnauzer puppies.

Animal Patient Spooky Duke

21. The Board asserts that respondent is subject to disciplinary action for committing fraud or deception when he altered, modified, or falsified Spooky Duke's medical records submitted to the Board. It is further alleged respondent was negligent in his care and treatment of Spooky Duke for failing to feed or monitor the cat overnight and knowingly discharging the cat covered in urine. Finally, the Board asserts respondent violated the Act's record keeping requirements in both the original medical records and the submitted medical records.

22. On March 20, 2012, Amber Lamb and Richard Gardea took their one-year-old cat, Spooky Duke, to Geisert to be spayed. They were not informed Geisert was unstaffed overnight. On March 21, 2012, Mr. Gardea retrieved the cat following surgery. Spooky Duke was given to Mr. Gardea in the cat carrier they brought to the facility and had left overnight. Mr. Gardea looked into the carrier and saw Spooky Duke, was given pills he was told were antibiotics and pain medication, and he left the facility.

23. When Mr. Gardea returned home after a ten-minute drive, Ms. Lamb removed Spooky Duke from the pet carrier and found the cat and the blanket inside the carrier covered in urine. Ms. Lamb and Mr. Gardea returned to Geisert upset and requesting Spooky Duke be bathed. According to the original medical record regarding the return, the owners were informed the blanket was not wet following surgery so the cat, "probably urinated overnight." A staff member agreed to towel off Spooky Duke but declined to bathe the cat given the recent surgery. Ms. Lamb and Mr. Gardea were not satisfied with the response and were concerned that the incision site looked inflamed. They left Geisert and took Spooky Duke to another veterinarian, Satwinder Sahi, D.V.M., for treatment.

24. Dr. Sahi testified at the hearing in this matter. Dr. Sahi confirmed Spooky Duke was covered in urine on his tail, abdomen, and back and front paws, but could not tell when the urination occurred. The cat had a temperature and possible infection at the incision site. Dr. Sahi was unable to determine the type and concentration of the medication dispensed at Geisert based on the label. Dr. Sahi instructed Ms. Lamb and Mr. Gardea to discontinue Spooky Duke's Geisert- issued medication and he dispensed an alternative.

25. On March 26, 2012, Ms. Lamb took Spooky Duke to Morgan Patterson, D.V.M. at Rosemarie Pet Hospital in Stockton to evaluate the incision site. Dr. Patterson testified at the hearing in this matter. Spooky Duke's incision had dehisced and Dr. Patterson debrided the incision which she considered a routine repair. Dr. Patterson explained that she received a copy of Spooky Duke's original handwritten Geisert medical records (original records) but did not recall if they were submitted by Geisert or from the

owners. The original records do not contain Spooky Duke's sex, age, birthdate, or markings. The record states, "spay done under RAK 0.33 cc IV Isoflurane," a notation in the left margin indicates "13 mg." The description of the surgery indicates, "abdomen closed with 3-0 PDS." The record does not specify if Spooky Duke was fed or given water overnight.

26. On April 23, 2012, the Board received a complaint from Mr. Gardea regarding respondent. On May 2, 2012, the Board sent respondent a letter requesting he submit all medical records relating to Spooky Duke's treatment. On March 14, 2013, respondent submitted a typed medical record (submitted record). The medical record was not the same as the original record given to Dr. Patterson.

27. The submitted record contains a complete description of Spooky Duke, including age, birthdate, color and markings and medical examination results for March 21, 2012. The submitted record also includes the following description of the anesthetic protocol and description of the spay surgery:

Induction with Diazepam I/V 1.2 mg (5mg/ml), ketamine I/V
16 mg (100mg/ml), Atropine I/V .12 mg (.54 mg/ml) & maintained
On Isoflurane by endotracheal size 3.00
OVH completed, Pedicles and Uterine horn transfixed with 3-0 PDS,
Uterine body, horns & ovaries had increased blood supply
Abdomen closed in two layers with 2-0 PDS
Skin closed with Interrupted Braun amide Sutures
Woke uneventful from general anesthesia

The entry contains respondent's initials. The forgoing information was not included in the original record.

28. Respondent acknowledges that Spooky Duke's original medical record, as well as several other animals at issue in this case, are different from those submitted to the Board. He explained that his practice at that time was to keep patient information in the chart, on sticky notes attached to the chart, and in drug logs. When he received the request from the Board for records regarding Spooky Duke and the other patients, he "re-created" the medical record by compiling information from these sources. Regarding the different anesthetic protocols described in the medical records, respondent asserts that upon checking in, his staff would write down an anticipated anesthetic protocol. If the record submitted to the Board differed from the original medical record, it was because respondent included the anesthetic protocol actually used after comparing it to the drug log and sticky notes. He also included descriptions in the submitted record such as "uneventful" and "normal" as a default to describe what occurred believing he would have noted in the original chart or on a sticky note had it been otherwise. Respondent testified that his intent was not to deceive the Board but to provide an accurate and complete description of what occurred.

29. Respondent explained that if a cat stayed at Geisert overnight following surgery, the animal would be kept in a kennel with water and food. The animal would not be

kept in a carrier. Two long-time Geisert employees, Marisela Palacios and Mr. Medina confirmed respondent's testimony regarding overnight stays. Respondent further asserted that Spooky Duke likely urinated during the car ride home from Geisert following surgery because an employee would not have put the cat into the carrier covered in urine. Had Spooky Duke urinated before discharge, respondent's staff would have toweled the cat off as was done when the owners returned later that day.

EXPERT TESTIMONY

30. The Board called Bonnie Markoff, D.V.M., to establish the contentions in the Amended Accusation regarding Spooky Duke. Dr. Markoff obtained her undergraduate degree from California Polytechnic State University, San Luis Obispo, and her Doctor of Veterinary Medicine from the UC Davis School of Veterinary Medicine. She has been licensed by the Board as a veterinarian since 1988. She opened Animal Care Clinic in San Luis Obispo, California, the following year, and continues to own and operate that veterinary practice. She has received her specialty certification in Canine & Feline Practice from the American Board of Veterinary Practitioners. Dr. Markoff has reviewed between 40 and 50 cases for the Board and has testified approximately six times.

31. Dr. Markoff reviewed both the original records submitted to Dr. Patterson and the records respondent submitted to the Board. She reviewed a letter from Dr. Sahi summarizing his medical findings as well as records from Dr. Patterson. Dr. Markoff authored a written report summarizing her opinion regarding respondent's care and treatment of Spooky Duke and whether or not he committed any violations of the Act. Dr. Markoff testified consistently with her written report.

NEGLIGENCE

32. Dr. Markoff opined that it is below the standard of care and therefore negligent to leave a post-surgical patient overnight without food or water, unless instructed otherwise by a veterinarian. Dr. Markoff explained that if it was not charted in the medical record, it did not occur. As the medical records did not indicate that Spooky Duke was provided food and water overnight, Dr. Markoff surmised the cat was not provided these essentials. Dr. Markoff further opined that it was below the standard of care to discharge a cat covered in urine.

33. Dr. Cuellar opined that a patient should be provided food and water overnight, but neither the record keeping requirement in the Act or the standard of care require this medical record documentation. Dr. Cuellar saw no evidence in the medical record that Spooky Duke was discharged covered in urine.

34. The evidence established that Spooky Duke was provided food and water overnight, as that was consistent with Geisert's practice at that time. Regarding Spooky Duke's condition on discharge, Mr. Gardea did not smell urine when he looked into the cat carrier before leaving Geisert; however, Ms. Lamb reported a notable scent as soon as she

opened the carrier door. Therefore, it is just as likely Spooky Duke urinated after being discharged from Geisert but before arriving at home. It was not established by clear and convincing evidence that respondent was negligent in his care and treatment of Spooky Duke.

FRAUD AND DECEPTION

35. Dr. Markoff compared the original handwritten medical record provided to Dr. Patterson with the typed medical record submitted to the Board. They differed significantly. Dr. Markoff explained this constitutes fraud because the records tell a "completely different story," and not simply a clarification. According to Dr. Markoff, a veterinarian is to complete the medical records within 24 hours and, although inadvisable, possibly as much as 72 hours later. Only in an extreme situation where a medical record is completely destroyed, would it be appropriate to "re-create" a medical record. Any deletions to a medical record should be done with a strike-through so the original information can be seen. In Dr. Markoff's opinion, because the original version of the medical record and submitted version are extensively different, respondent intended to deceive the Board by passing off the submitted record as the record completed at the time Spooky Duke was treated. She opined that constitutes fraud.

36. As noted above, respondent testified that he had no fraudulent intent, but merely wanted to submit an accurate medical record to the Board. Additionally, respondent asserts that Dr. Markoff's opinion should be disregarded because she applied a "layman's" definition of fraud and was unable to articulate a "legal definition." Both arguments are unpersuasive.

37. Dr. Markoff's opinion was based on a thorough review of the records and a thoughtful comparison between the two documents. Additionally, her definition of fraud was sufficiently accurate in the context within which it was rendered to be reliable. Moreover, determining whether respondent had a fraudulent intent does not need to be established through expert opinion. Respondent's conduct regarding the altered medical records submitted to the Board was deceitful. He wanted it to appear that the submitted records were, in fact, created contemporaneously with the rendered treatment. His explanation regarding having an unlicensed person include an anticipated anesthetic protocol upon an animal's check in is illogical. Doing so serves no purpose and can lead to dangerous results, where another veterinarian risks erroneously relying on incorrect information regarding what drug cocktail an animal was given.

Even had respondent's practice been to have staff anticipate the protocol, respondent could have struck-through and updated the information at the time he conducted the surgery. Otherwise, the medical chart was not an accurate record and served no useful purpose. If respondent wanted to "give a full picture," rather than deceive the Board, he could have drafted a supplemental document or added additional information and correctly dated the newly added information. Instead, respondent created an entirely new record and included information such as "woke uneventful," and a detailed description of the surgical procedure

when a year after the event he had no independent recollection of either. The evidence established that submitting the newly created medical record constituted fraud and deceit.

RECORDKEEPING REGULATIONS

38. Dr. Markoff testified regarding the specific record keeping violations relating to both Spooky Duke's original medical record and the altered chart submitted to the Board on March 14, 2013. The evidence established the following record keeping violations:

- a. Respondent failed to record Spooky Duke's complete description in the original medical record;
- b. Respondent failed to record Spooky Duke's history in both versions of the medical record;
- c. Respondent failed to include a complete description of the spay procedure in the original medical record;
- d. Respondent failed to record the anesthetic agents administered to Spooky Duke in the original medical record and the name, dosage, frequency of use, quantity, and strength of the medication dispensed to Mr. Gardea when Spooky Duke was discharged; and
- e. Respondent failed to document the physical examination of Spooky Duke in the original medical record conducted within 12 hours of the spay procedure.³

39. In sum, it was not established by clear and convincing evidence that respondent was negligent in his care and treatment of Spooky Duke in failing to provide food or monitoring overnight following the spay surgery or discharging the cat covered in urine. It was, however, established by clear and convincing evidence that respondent's conduct was fraudulent and deceitful in submitting altered medical records rather than the original medical record in response to the Board's records' request. It was further established that respondent engaged in multiple record keeping violations, as described above, in both the original and submitted medical records.

Animal Patient Daisy

40. The Board asserted that respondent engaged in record keeping violations regarding a Chihuahua, Daisy. On May 1, 2012, Crystal Thurman took her dog Daisy to Geisert to be spayed. Ms. Thurman testified at the hearing in this matter. Ms. Thurman

³ The Amended Accusation also cites respondent's failure to include the owner's contact information in the medical record. An additional client contact sheet was provided at hearing which satisfied that requirement.

completed a client information sheet containing her name and telephone number and she pre-paid for the procedure upon check-in. When she picked up Daisy following the procedure she was informed Daisy had been pregnant and was charged an additional \$39 for the procedure. Ms. Thurman disbelieved the contention because Daisy had remained inside and away from any male dog since delivering a litter of puppies eight weeks earlier. She filed a complaint with the Board the same day she retrieved Daisy from Geisert.

41. The Board requested Dr. Lesch-Hollis review the complaint and respondent's medical records for Daisy but did not receive the client information sheet completed by Ms. Thurman. Dr. Lesch-Hollis reviewed the records and wrote a report documenting her findings. Dr. Lesch-Hollis testified consistent with her report and concluded that respondent violated the Act's recordkeeping requirements by: 1) failing to include his name or initials; 2) failing to record the owner's name and address; 3) failing to document Daisy's history including recent pregnancy and vaccines; 4) failing to document the quantity of ketofen syrup sent home following the procedure; and 5) failing to document and evaluate Daisy's post-operative condition and case disposition. Dr. Lesch-Hollis concurred that the client information sheet completed by Ms. Thurman satisfied the requirement to record the owner's name and address.

42. Respondent does not contest the forgoing omissions. He explained that at the time he treated Daisy he was using a form that did not include sufficient space to include the detailed information required under the Act. He is more aware now of the record keeping requirements and has changed his forms such that more detailed information can be provided.

43. Dr. Lesch-Hollis's review was thorough. As noted previously, her acknowledgement that she reviewed a prior version of the Act's record keeping requirements did not diminish her opinion's reliability because the violations she noted were consistent with the applicable record keeping requirements. The evidence established respondent violated the Act's record keeping requirements as noted in Dr. Lesch-Hollis's written report with the exception of the owner's name and address which were appropriately documented.

Animal Patient Dexter

44. The Board asserts respondent is subject to discipline for negligence in his care for Dexter, a Yorkshire mix terrier, for failing to provide supervision or monitoring despite respiratory distress and chest trauma; failing to provide repeated examinations and radiographic imaging despite worsening respiratory distress; failing to provide oxygen therapy; and failing to recognize potential pulmonary bleeding on radiographs. The Board further asserts respondent committed record keeping violations regarding Dexter.

45. On June 6, 2013, eight-year-old Dexter was attacked by a German Shepherd. Dexter's owner, Jocelyn Kackstetter (formerly Bello), took Dexter to Geisert. Ms. Kackstetter testified at the hearing in this matter. Ms. Kackstetter believed Dexter was seriously injured but noted that he was standing on his own in her vehicle on the way to

Geisert. Respondent immediately saw Dexter. Respondent noted that upon arrival, Dexter had a rapid heart rate, wheezes and crackles in his chest, labored breathing, and deep puncture wounds on the left side of his chest.

46. Respondent started an IV and administered pain medication, and anti-inflammatory medication, and an antibiotic. Respondent also performed radiographs and determined there was no rib fracture. He did not notice an area on the radiograph that may have indicated potential pulmonary bleeding. Respondent did not administer oxygen therapy. Ms. Kackstetter went home believing Dexter would be monitored overnight at Geisert. Respondent telephoned Ms. Kackstetter at 10:30 p.m. during which respondent informed her of the steps taken thus far and that the next 24-48 hours, "would be critical." Ms. Kackstetter felt comfortable with respondent's care and considered him compassionate.

47. Respondent left Geisert at approximately 1:30 a.m., on June 7, 2013. Dexter was not monitored overnight. Another veterinarian, Harsimran Saini, took over Dexter's care upon arrival later on June 7, 2013, as respondent was off work that day. Dexter's condition deteriorated and he was not stable enough for surgery. By 7:00 a.m. on June 8, 2013, Dexter was unable to stand, had rapid respiration and an elevated temperature. By 8:00 a.m., Dexter died, and a voicemail message was left asking Ms. Kackstetter to call Geisert. She called back and the receptionist informed her that Dexter had passed away.

48. On February 21, 2014, and May 12, 2014, Ms. Kackstetter filed complaints with the Board against respondent and Dr. Saini. She also filed an action against respondent in small claims court but did not prevail.

EXPERT OPINION

49. The Board requested Dr. Markoff review the allegations regarding Dexter. Dr. Markoff reviewed the medical records, including the radiographs, and authored a written report. Dr. Markoff testified at hearing consistently with her report.

50. Regarding the medical care provided to Dexter between June 6, 2013, and his death two days later, Dr. Markoff noted the following concerns in her report:

- a. Any patient with puncture wounds to the chest represents a potentially critical situation. This dog had "dyspnea" or difficulty breathing and abnormal lung sounds were heard. This is a situation that requires close supervision with a DVM present and likely would require the patient to be on oxygen therapy. This owner should have been offered a referral to a facility that could provide this level of care or the attending DVM should have stayed with the patient.
- b. Patients with respiratory distress should be put on oxygen. This was not even offered during the day when staff and doctors were present.

- c. Any patient with chest trauma that does not stabilize quickly requires repeated radiographs of the chest. The initial images developed in this case are inadequate to tell us what was happening as the respiratory troubles continued.
- d. The use of IV fluids is proper and expected in cases of shock (when CRT of 2.5-3 seconds would support).⁴ However, in cases of pulmonary bleeding or trauma, IV fluid therapy can lead to worsening of respiratory distress. Therefore, in cases such as Dexter's, it is critical to closely monitor the patient with respiratory checks at least every 30 minutes and preferably repeated radiographs while on IV fluids. As soon as the patient's cardiovascular situation is stabilized, the fluid rate should be decreased. None of this occurred in this case.
- e. On June 8, 2013 the patient was found to be lying on its side, febrile, unable to stand and in worsening respiratory distress. Still, oxygen was not provided. Several injections were given and no response to these injections noted-it appears that no one looked at the dog again until it was found dead about an hour later.

51. Dr. Markoff also expressed concern regarding the medical records. For example, the CRT time was listed as < 3, which she considered inadequate asserting it is essential to note whether the CRT was < 2 seconds, 2.5 seconds, or 3 seconds as a normal CRT is 1-1.5 seconds and 3 is abnormal. Additionally, the records show no notes or observations between 10 p.m. on June 6, 2013, and 10 a.m. the following morning; and again nothing between 7 p.m. and 7 a.m. from June 7 through 8, 2013. The notation regarding the IV fluids and injections are inadequate to determine what was administered. Finally, the notations throughout the daytime hours occur at two to four- hour intervals which is insufficient for a dog in respiratory distress. Dr. Markoff asserts an animal in Dexter's condition should have been monitored more closely and observations recorded every time the patient was observed.⁵

52. Respondent called Dr. Cuellar to address the negligence claims against respondent. Dr. Cuellar reviewed the medical records, radiographs, and the complaint sent to the Board by Ms. Kackstetter. Dr. Cuellar explained that respondent, as the admitting veterinarian, was responsible for Dexter's care from admission until the case was transferred to the next veterinarian on June 7, 2013. Dr. Cuellar did not observe conclusive evidence of pulmonary bleeding on the radiograph taken shortly after admission but considered it a

⁴ CRT refers to capillary refill time. The CRT measures the time for gum tissue to return pink, or for the capillaries to refill, after depressing the gum making it appear white.

⁵ Dr. Markoff also initially noted a violation for failing to include the owner's address and telephone number. This concern was adequately addressed via the client information contact sheet.

possibility. He found no evidence that Dexter's respiratory distress worsened overnight on June 6, 2013, because by the following morning, Dexter's respiration had improved. Accordingly, Dr. Cuellar opined oxygen therapy was not required on June 6, 2013.

53. Dr. Cuellar agreed on cross-examination that given the severity of Dexter's condition, respondent failed in certain respects to treat Dexter within the standard of care. Specifically, respondent should have recognized potential pulmonary bleeding on the initial radiograph. Respondent should have examined Dexter before leaving Geisert in the early hours of June 7, 2013, and given Dexter's condition, the dog required continuous monitoring overnight following admission. In these respects, Dr. Cuellar opined respondent fell below the standard of care which constitutes negligence.

RESPONDENT'S TESTIMONY REGARDING DEXTER

54. Respondent observed Dexter walking but with labored breathing and in pain upon admission. Dexter's had puncture wounds on his left side and respondent knew he required treatment. Respondent did not consider Dexter to be in respiratory distress but recognized wheezing and crackles that he heard upon examination consistent with fluid on the lungs. Respondent believed the heavy breathing may have been attributed to pain. He started an IV and provided fluids, an antibiotic, and pain medication. Respondent recalls Dexter's CRT as close to two seconds which he considers consistent with < 3 .

55. Respondent did not recognize potential pulmonary bleeding on the radiograph. He did not offer oxygen therapy to Dexter because following the IV therapy, respondent observed Dexter's respirations improve. Respondent did not believe overnight monitoring was necessary because Dexter appeared to be improving before respondent left at 1:30 a.m. on June 7, 2013. He was not involved in the rest of Dexter's care and treatment.

56. Dr. Markoff and Dr. Cuellar's opinions were generally consistent. Dr. Markoff's opinions encompassed Dexter's entire treatment and Dr. Cuellar's opinions were limited to only the care provided, or required to be provided, by respondent. Their opinions differed regarding when Dexter required oxygen therapy. It was not established by clear and convincing evidence that oxygen therapy was required before noon on June 7, 2013. Dr. Markoff's testimony regarding the specificity required when documenting a CRT was more persuasive than respondent's assertion that < 3 is consistent with a CRT of 2.

57. It was established by clear and convincing evidence that respondent was negligent in: 1) failing to offer or provide close monitoring and supervision to Dexter overnight on June 6, 2012; 2) failing to examine Dexter before leaving Geisert; and 3) failing to recognize possible pulmonary bleeding on the initial radiographs. It was not established by clear and convincing evidence that respondent should have provided oxygen therapy to Dexter during the time respondent was responsible for Dexter's care.

58. Regarding record keeping violations, it was established by clear and convincing evidence that respondent failed to document in Dexter's medical record complete

data from the physical examination, specifically an accurate CRT. It was not established by clear and convincing evidence that respondent failed to record the name and dosage of medications given to Dexter on June 7, 2013, at 10 a.m., nor that he failed to record the daily disposition of Dexter throughout his stay because respondent was not responsible for Dexter's care commencing on the morning of June 7, 2013, when Dr. Saini took over Dexter's care.

Animal Patient Hercules

59. The Board asserts that respondent is subject to disciplinary action regarding the dental treatment of a Chihuahua, Hercules, for fraud and deception in submitting altered, modified, or falsified medical records to the Board; for unprofessional conduct regarding the submitted medical records; and for record keeping violations.

60. On May 5, 2014, Hercules, a nine-year-old Chihuahua, was taken to Geisert for a routine dental cleaning. Hercules' owner, Christine Johnson, testified at the hearing in this matter. Ms. Johnson's husband took Hercules to the cleaning appointment and pre-paid \$125 for cleaning. Ms. Johnson explained that she and her husband were concerned regarding the cost and that he was clear with Geisert staff that any additional treatment needed pre-authorization. Mr. Johnson gave Ms. Johnson's cellular telephone number to contact if anything arose. The Johnsons did not receive a telephone call requesting additional treatment.

61. The Johnsons went to pick up Hercules and Ms. Johnson remained in the car with their baby while her husband went to retrieve their pet. Mr. Johnson was informed that a tooth had been extracted and they owed \$178. He refused to pay, asserting that additional treatment was not authorized. Respondent came into the waiting room and informed Mr. Johnson that he personally spoke with Ms. Johnson who authorized the treatment. Mr. Johnson went to the car and both Johnsons returned to speak with respondent. Ms. Johnson was extremely upset and told respondent they had not spoken and she had not authorized additional treatment. Respondent then told her the tooth was infected and needed to be removed. Initially, respondent refused to release Hercules until they paid for the extraction. Ms. Johnson threatened to call the police and the dog was released. Hercules was taken to another veterinarian thereafter who prescribed antibiotics and pain medication. Ms. Johnson requested and received a copy of Hercules' medical records (original records) from a Geisert employee, not respondent. Related to the extraction, the record states, "rt. Mandibular pm, - extracted," and that patient, "argued (for not paying on extraction.)" The original record has two areas that are whited out and what was originally written is unknown.

62. On May 30, 2014, Ms. Johnson filed a complaint with the Board against respondent. She submitted a copy of the original record she received from Geisert. On July 1, 2014, the Board sent a letter to respondent requesting he submit all records regarding Hercules' treatment. Respondent submitted a handwritten medical record in response (submitted record) that differed significantly from the original record provided to Ms. Johnson.

63. The original record states that anesthetic used for the treatment was, "RAK: 0.4 ml." The submitted records state the procedure was, "induced 1 mg I/V Diazepam maintained ISP/02." Regarding the tooth, the submitted record states, "rt mandibular pm, loose which has fallen off while cleaning tartar off," and "flushed with antibiotic." There is also a statement in the submitted record that Hercules had, "Dental tartar +++," with no similar notation in the original record.

64. The Board requested Dr. Lesch-Hollis review the case. Dr. Lesch-Hollis reviewed both sets of medical records and the complaint. She authored a written report and testified consistently with her report.

65. Dr. Lesch-Hollis found respondent committed fraud and deception by submitting an altered medical record. She explained that in 30 years of practice she has never encountered a need to "re-create" a medical record or compile information from multiple sources. The records cannot both be accurate in that different anesthetic medication was described in the two versions. The original record specifies an "extraction" and the submitted record states the "tooth fell off" during treatment. Dr. Lesch-Hollis concluded these discrepancies constituted fraud. Altering medical records is also considered unprofessional conduct pursuant to California Code of Regulations, title 16, section 2032.35, which became operative January 1, 2014. This provision specifies that, "[a]ltering or modifying the medical record of any animal, with fraudulent intent, or creating any false medical record, with fraudulent intent, constitutes unprofessional conduct in accordance with Business and Professions Code section 4883(g)."

Dr. Lesch-Hollis also determined respondent committed record keeping violations regarding the submitted record in that it did not include complete data from a physical examination. Regarding the original records given to Ms. Johnson, the record failed to include a treatment plan for Hercules, and did not contain a description of the dental procedure, name of the surgeon, the type of sedative/anesthetic agents used, and their route of administration and strength.

66. Respondent asserted that he did not intend to deceive the Board with the submitted records. Rather, he wanted to provide an accurate and complete picture of what occurred. Respondent explained that he changed the word "extracted" to "fallen off" to be more accurate. He explained that to him the terms are synonymous because the treatment, specifically flushing the area, is the same once the tooth is out. He confirmed that he now provides a more clear description in his medical records.

67. Respondent's explanation regarding the medical records is not credible. He failed to call Ms. Johnson during the procedure before extracting Hercules' tooth. The Johnsons were angry and caused a scene in his waiting room. After receiving the Board's inquiry and unaware that Ms. Johnson had the original medical record, respondent recast the incident as the tooth merely falling out on its own rather than being extracted. This was an attempt to discredit Ms. Johnson's complaint to the Board. When confronted with the two

versions, respondent attempts to explain his conduct by asserting the terms are synonymous. Respondent's testimony at hearing was not credible.

68. It was established by clear and convincing evidence that respondent's conduct in submitting the altered records constitutes fraud and deception. It was also established by clear and convincing evidence that the altered records were submitted with the fraudulent intent of making it appear as if they were the original medical record which constitutes unprofessional conduct. It was also established by clear and convincing evidence that respondent committed record keeping violations described by Dr. Lesch-Hollis in Finding 65.

Animal Patient Lady Carpenter (Lady)

69. The Board asserts that respondent is subject to discipline in his care and treatment of a two-year-old Labrador mix who went to Grantline Veterinary Hospital, located in Tracy, California, for a spay and dewclaw removal surgery. The Board asserts that respondent was negligent in failing to adequately ligate the uterine stump which resulted in internal bleeding. The Board further asserts respondent committed fraud and deception by submitting altered, modified, or falsified medical records, which also constitutes unprofessional conduct. Finally, the Board asserts respondent committed record keeping violations in the records submitted to the Board.

70. On August 8, 2013, Erin Carpenter took Lady to Grantline Tracy to be spayed and have her dewclaws removed. Ms. Carpenter testified at the hearing in this matter. Later that day, she received a telephone call informing her that Lady was pregnant. Ms. Carpenter gave consent for respondent to continue with the procedure. That afternoon, Ms. Carpenter's husband, James Carpenter, picked Lady up following the ovariohysterectomy (spay) and dewclaw removal. Mr. Carpenter testified at the hearing in this matter.

71. Mr. Carpenter walked Lady to the car and lifted her into the back seat. Lady was typically a high-energy dog but she remained still and quiet on the rear floor of the vehicle on the ride home. Lady was unable to walk independently when they returned home. Mr. Carpenter noticed blood drops in the vehicle. Once inside the house, Lady "collapsed" on the floor and began bleeding excessively.

72. Mr. Carpenter took Lady to Central Valley Veterinary Hospital in Manteca for emergency care. Rajvinder Dhanota, D.V.M. determined Lady was bleeding internally and recommended emergency surgery. Mr. Carpenter consented to treatment. Dr. Dhanota testified at the hearing in this matter.

73. Dr. Dhanota found the suture on the left uterine artery was loose which was the source of the bleeding. He was unable to determine if the suture was loose when placed or "slipped" after the surgery was complete. Dr. Dhanota ligated the uterine stump, applied new sutures, confirmed the bleeding stopped, and closed Lady's abdomen.

74. On August 28, 2013, Ms. Carpenter sent a complaint to the Board. On January 2, 2014, the Board sent respondent a letter requesting all records for Lady's treatment. On January 22, 2014, respondent submitted a handwritten medical record dated August 8, 2013, and a typewritten record and anesthesia chart. On November 12, 2015, a Board investigator found a third version of the medical record related to the spay procedure (handwritten dated August 8, 2013) while conducting a complaint-related investigation at Grantline.

EXPERT TESTIMONY

75. The Board requested Dr. Markoff review the complaint related to Lady's care and treatment. Dr. Markoff reviewed all versions of the medical records and the initial complaint. Dr. Markoff prepared a written report. She testified consistently with her report. Respondent called Dr. Cuellar to testify regarding the negligence allegations in Lady's case.

NEGLIGENCE

76. Dr. Markoff determined respondent was negligent for failing to adequately ligate Lady's left uterine artery. She explained that, while infrequent, a ligature slipping happens to every veterinarian at some point in their practice. To avoid this, a veterinarian must suture the stump properly and then confirm that the ligatures have not slipped after the procedure before the patient is closed by checking for bleeding. Dr. Markoff believes the ligature was improperly tied but acknowledged the possibility it slipped following the procedure. She also acknowledged that she does not know if respondent properly checked for bleeding before closing Lady's abdomen. Dr. Markoff opined that the fact the ligature slipped, regardless of when or how, is below the standard of care and constitutes negligence.

77. Dr. Cuellar testified on respondent's behalf. Dr. Cuellar agreed with Dr. Markoff that although infrequent, ligatures can slip. If a ligature is not initially tied properly it would be a surgical error or mistake. If a properly tied ligature slips, it is considered a surgical complication. Dr. Cuellar opined that a surgical complication is not below the standard of care. As there is nothing in the medical record to suggest respondent improperly ligated the uterine stump it cannot be concluded respondent's treatment was below the standard of care.

78. Dr. Cuellar's testimony was more persuasive than Dr. Markoff's on this point. Dr. Markoff acknowledged that virtually all veterinarians experience a ligature slip throughout their career. Therefore, it is a recognized surgical complication. It was not established by clear and convincing evidence that respondent improperly ligated the uterine stump or failed to check for bleeding before closing Lady's abdomen. It was not established by clear and convincing evidence that respondent's conduct fell below the standard of care. Accordingly, it was not established that he was negligent regarding Lady's spay procedure.

FRAUD, DECEPTION, AND UNPROFESSIONAL CONDUCT

79. As noted above, respondent submitted two medical records to the Board upon request (submitted records) in January 2014, and a third version was discovered during a complaint-related investigation (original record). Dr. Markoff compared the records and noted several discrepancies. For example, the submitted records contained complete data from a physical examination on August 8, 2013, but the original records contained none.

The anesthetic protocol was inconsistent between the records. The submitted records indicate Lady was pre-medicated with butorphanol and acepromazine, given intramuscularly at 9:35 a.m., and that anesthesia was introduced with propofol at 10:15 a.m. The original records do not discuss pre-medication and states, "2.5 ml of RAK by IV," was administered.

In addition to the forgoing, the submitted records, including the anesthesia chart, state the medication was introduced at 10:15 a.m. and there is no reference to calls between respondent and the Carpenters. The original records indicate telephone calls were exchanged between the owners and respondent regarding Lady's pregnancy. These calls were documented to have occurred between 12:50 and 12:55 p.m.

The records were inconsistent regarding the synthetic absorbable surgical sutures (PDS) used. The anesthesia chart on the submitted records state 0 PDS was used to ligate the uterine stump, 2-0 PDS was used for wall and subcutaneous tissue closure, and braunamide was used for skin closure. The original records indicate 2-0 PDS was used in all aspects of the surgery.

The original records do not reflect pain medication was given to Lady. The submitted records indicate Metacam was administered. There were various other inconsistencies related to antibiotics dispensed or refused, and no reference in the submitted record to Lady receiving an antibiotic injection prior to surgery which was noted in the original record.

80. Dr. Markoff opined that due to the type and degree of differences, the two medical records (original and submitted) were irreconcilably inconsistent. It was impossible to know which, if either, version was accurate. Dr. Markoff concluded this was evidence that respondent intended to deceive the Board and that the submitted records constituted a completely different story, and not a clarification of the original records. According to Dr. Markoff, respondent's fraudulent intent renders his conduct unprofessional.

81. Respondent testified that he re-created the medical records by compiling information from multiple sources including the original record, sticky notes, and his drug log. Respondent explained that he changed some of the information based on his subsequent recollection and some based on his default position that if nothing abnormal was noted, the outcome was normal or uneventful.

82. As before, respondent's testimony was not credible. It was established by clear and convincing evidence that respondent intended to deceive the Board by submitting

records that were more complete than the original record. Additionally, it was established by clear and convincing evidence that the altered medical records submitted in January 2014 constituted unprofessional conduct.

RECORD KEEPING VIOLATIONS

83. Dr. Markoff reviewed the different versions of the medical record and determined respondent committed numerous record keeping violations. The evidence established by clear and convincing evidence the following violations: 1) respondent failed to adequately document Lady's medical history on the submitted records; 2) respondent failed to document Lady's dewclaw removal in the submitted records; 3) respondent failed to document in the original record the name and dosage of RAK used to induce anesthesia and the dosage of Polyflex administered to Lady; 4) respondent failed to document in the original record a complete physical examination within 12 hours of anesthesia induction; and 5) respondent failed to document adequate pain control in the original record.

Respondent's Additional Evidence

84. Respondent enjoys being a veterinarian, cares about his patients, and wants to provide a high level of service. He is the primary financial provider for his wife, his children, and his parents. Losing his license will be financially devastating for his family. Respondent has been licensed for over ten years and has not previously been disciplined by the Board.

85. Respondent noted that he is an important member of the local veterinary community because he serves a poor population. Many of his patients cannot afford to seek veterinary services from alternative facilities because they charge higher prices than Geisert.

86. Respondent explained that he was not taught how to maintain medical records in veterinary school and there is no specific record keeping course requirement included in the curriculum for veterinarians to become licensed. He understands that his medical documentation was insufficient. He attended a continuing education class on keeping accurate medical records in August 2017. He is not sure that he is currently compliant with medical record requirements but is willing to continue working to improve his practice.

CHARACTER WITNESSES

87. Respondent called seven witnesses to testify regarding his skill and ability as a veterinarian. These witnesses included long-time employees such as Ms. Palacios, Mr. Medina, and Megan Eldred. Each appeared at hearing willingly and was not paid for their attendance. They described respondent as a compassionate and capable veterinarian and as a good boss. They were all aware of the allegations in the Accusation and that knowledge did not change their opinion of respondent.

88. Four patients also appeared on respondent's behalf. Each appeared voluntarily, was aware of the allegations in the Accusation, and was not compensated for their travel or time to testify.

- a. Irma Avila has taken between eight and ten pets to respondent for approximately nine years. She rescues dogs and considers respondent an excellent veterinarian.
- b. Mary Neville has taken up to 20 cats to respondent for care and treatment. Ms. Neville is a licensed nurse, a college professor, and based on her medical training is particularly focused on the quality of care respondent provides. She considers him an excellent veterinarian. She has taken her animals to him for more than ten years and sees him almost monthly. Ms. Neville considers him an important part of the local veterinary community.
- c. Terisa Catrina has 14 cats and six dogs for which respondent provides veterinary care and treatment. She has always been satisfied with his care. She particularly appreciates that he places care above the financial cost and works with her to arrange payments. She considers him a very good veterinarian and wants to continue as a patient.
- d. Wanda Centeno gives respondent the "highest rating," and her pets have been treated by respondent for nearly ten years. Ms. Centeno explained that she travels past numerous other veterinarians and would go nearly any distance to have her pets treated by respondent.

LETTERS OF REFERENCE

89. The character witnesses who testified at hearing also submitted written letters of reference. Respondent submitted 39 reference letters in all. They are consistent in their description that respondent is a compassionate veterinarian who provides a valuable service at a reasonable cost. Several of them rescue animals and explained it would be difficult to continue this practice without respondent. Others describe feeling, "lucky to have a wonderful doctor seeing [their] pets," that he is a, "great doctor," who is concerned for the, "wellbeing of the pets."

Appropriate Discipline

90. The Board alleged fifteen causes for discipline involving the care and treatment of seven dogs and one cat. Respondent prevailed against two allegations of negligence in the care of Lady and Spooky Duke. Causes of discipline were established by clear and convincing evidence as follows:

- a. Negligence in the care and treatment of three Schnauzer puppies for failing to examine the puppies at a recheck appointment on January 30, 2012, and

allowing his assistant to examine them instead (Business and Professions Code section 4883, subdivision (i));

- b. Negligence in the care and treatment of Dexter for failing to provide close supervision or monitoring overnight on June 6, 2013, failing to recognize potential pulmonary bleeding on the radiographs; and failing to examine Dexter before leaving in the early morning hours on June 7, 2013 (Business and Professions Code section 4883, subdivision (i));
- c. Record keeping violations were established in the medical records regarding the three Schnauzer puppies, Spooky Duke, Daisy, Dexter, Hercules, and Lady (Business and Professions Code section 4883, subdivision (o));
- d. Fraud and deception was established regarding altered medical records submitted to the Board for Spooky Duke, Hercules, and Lady (Business and Professions Code section 4883, subdivision (i)); and
- e. Unprofessional conduct was established based on the submission of altered medical records with fraudulent intent for Hercules and Lady (Business and Professions Code section 4883, subdivision (g)).

91. The Board has adopted Disciplinary Guidelines to follow when affixing discipline. The recommended discipline for the violations found above include a maximum of revocation and a fine and a minimum of revocation stayed with probation and terms.⁶

⁶ The Guidelines specify the following when considering the maximum and minimum penalties:

- a. Negligence (Business and Professions Code section 4883, subdivision (i): The maximum penalty should be based on the following factors: “if the acts or omissions caused harm to an animal or an animal has died, there is limited or no evidence of rehabilitation or no mitigating circumstances at the time of the commission of the offense(s).” The minimum penalties, “may be considered if the acts or omissions did not cause substantial harm to an animal, there is evidence of rehabilitation and there are mitigation circumstances such as no prior discipline, remorse for the harm that occurred, cooperation with the Board’s investigation, etc. . .”
- b. Record Keeping (Business and Professions Code section 4883, subdivision (o): The maximum penalty should be considered if the acts or omissions caused or threatened

92. Careful consideration was given to the Disciplinary Guidelines and all recommendations therein. Regarding mitigation, respondent is a valued member of the community in Stockton and is held in high regard by numerous patients for his skill, compassion, and reasonably priced services. Additionally, respondent has been licensed to practice veterinary medicine since 2006 and this is the first disciplinary action taken against his license. He purchased Geisert very early in his career and has spent the majority of his career as a managing licensee. He did not benefit from being mentored or trained under other more experienced veterinarians. He acknowledges that he has more to learn regarding keeping appropriate medical records and appears willing to continue to improve in that area. Respondent has self-initiated some rehabilitative efforts such as completing a medical record keeping course.

93. Despite the foregoing, respondent's conduct caused actual harm to animals. For example, the three miniature Schnauzer puppies were undoubtedly in pain having pressure bandages affixed for 12 hours. This directly resulted in one puppy losing his paw, an irreversible outcome. Dexter was left alone overnight without monitoring after sustaining

harm to the animal or the public, there was more than one offense, there is limited or no evidence of rehabilitation, and there was no mitigating circumstances at the time of the offense." The minimum penalty may be considered if, "there is evidence of attempts at self-initiated rehabilitation." Those attempts include pro bono services, specific training in areas of weakness, full restitution to persons harmed, and full compliance with all laws since the violation occurred.

- c. Fraud and Deception (Business and Professions Code section 4883, subdivision (i): The maximum penalty may be considered if the acts or omissions caused or threatened harm to animals or the public. The minimum penalty may be considered if the acts did not cause or threaten harm to animals or people, remedial action has been taken to correct the deficiencies, and there is remorse for the negligent act.
- d. Unprofessional Conduct (Business and Professions Code section 4883, subdivision (g): The maximum penalty may be considered if the acts caused or threatened harm to an animal or client. The minimum penalty may be considered if the acts did not cause harm, there are no prior similar violations, and there is evidence of self-initiated rehabilitation.

traumatic bite injuries. Respondent also committed record keeping violations in varying degrees regarding all animals at issue in this case.

94. Most concerning are the sustained allegations regarding fraud, deception, and unprofessional conduct based on altered medical records. Respondent created false records and submitted them to the Board as if they were accurate. They were replete with misstatements regarding anesthesia protocols. The submitted record regarding Hercules contained an outright fabrication, specifically that his tooth fell out during a routine cleaning when respondent actually extracted the tooth. This was done to undermine the owner's version of what occurred. Rather than acknowledge his conduct and express remorse, respondent attempted to explain away the inconsistencies. He concocted fallacious practices such as asking unlicensed receptionists to anticipate and chart possible anesthetic protocols, and he cast tooth "extraction" and "falling out" as synonymous. Respondent's testimony was not credible and constituted ongoing deception.

Veterinarians hold a position of trust, respect, and importance in society as they render care to people's beloved pets. The public deserves veterinarians who can render competent care and who are also honest and ethical in their interaction with the public and the Board. Respondent failed to uphold these tenets in his interactions with the Board and before this tribunal. "Dishonesty is not an isolated act; it is more a continuing trait of character." (*Paulino v. Civ. Serv. Com.* (1985) 175 Cal.App.3d 962, 972.) When all the evidence is considered, respondent cannot continue to practice veterinary medicine, even under a stayed revocation with probation, at this time.

Costs

95. Business and Professions Code section 125.3 provides, in pertinent part, that the Board may request the Administrative Law Judge to direct a licentiate found to have committed violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case. Complainant submitted in evidence a certification of costs from the Deputy Attorney General, and complainant, which established the costs of prosecution and investigation in the sum of \$51,280.

96. As set forth below in the Legal Conclusions, the costs incurred by the Board in connection with its investigation and prosecution of this case were reasonable given the allegations and their complexity.

LEGAL CONCLUSIONS

1. Complainant bears the burden of proving cause for disciplinary action by clear and convincing evidence to a reasonable certainty to discipline respondent's professional license. (See *Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 855-856.)

APPLICABLE LAW

2. Business and Professions Code section 4875 provides in pertinent part that:

The board may revoke or suspend for a certain time the license or registration of any person to practice veterinary medicine or any branch thereof in this state after notice and hearing for any of the causes provided in this article. In addition to its authority to suspend or revoke a license or registration, the board shall have the authority to assess a fine not in excess of five thousand dollars (\$5,000) against a licensee or registrant for any of the causes specified in Section 4883. A fine may be assessed in lieu of or in addition to a suspension or revocation.

3. Pursuant to Business and Professions Code section 4883, "the board may deny, revoke, or suspend a license or registration or assess a fine as provided in Section 4875" for any of the following pertinent reasons:

[¶] . . . [¶]

- (g) Unprofessional conduct...

[¶] . . . [¶]

- (i) Fraud, deception, negligence, or incompetence in the practice of veterinary medicine.

[¶] . . . [¶]

- (o) Violation, or the assisting or abetting violation, of any regulations adopted by the board pursuant to this chapter.

4. California Code of Regulations, title 16, section 2032.3 provides the following with regard to the obligation of veterinarians to prepare written records concerning animals in their care:

(a) Every veterinarian performing any act requiring a license pursuant to the provisions of Chapter 11, Division 2, of the code, upon any animal or group of animals shall prepare a legible, written or computer generated record concerning the animal or animals which shall contain the following information:

- (1) Name or initials of the person responsible for entries.
(2) Name, address and phone number of the client.

- (3) Name or identity of the animal, herd or flock.
- (4) Except for herds or flocks, age, sex, breed, species, and color of the animal.
- (5) Dates (beginning and ending) of custody of the animal, if applicable.
- (6) A history or pertinent information as it pertains to each animal, herd, or flock's medical status.
- (7) Data, including that obtained by instrumentation, from the physical examination.
- (8) Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.
- (9) Records for surgical procedures shall include a description of the procedure, the name of the surgeon, the type of sedative/anesthetic agents used, the route of administration, and their strength if available in more than one strength.
- (10) Diagnosis or assessment prior to performing a treatment or procedure.
- (11) If relevant, a prognosis of the animal's condition.
- (12) All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.
- (13) Daily progress, if relevant, and disposition of the case.

5. California Code of Regulations, title 16, section 2032.35 states that altering or modifying the medical record of any animal, with fraudulent intent, or creating any false medical record, with fraudulent intent, constitutes unprofessional conduct in accordance with Business and Professions Code section 4883, subdivision (g).

CAUSE FOR DISCIPLINARY ACTION

6. Negligence. Respondent had a duty to engage in veterinary medical practice with the degree of learning and skill ordinarily possessed by a reputable veterinarian practicing in the same or similar locality and under similar circumstances. He was further obligated to use reasonable diligence and his best judgment in the exercise of his professional skill and in the application of his learning, in an effort to accomplish the purpose for which he was engaged. A failure to fulfill such duty is negligence. (*Keen v. Prisinzano* (1972) 23 Cal.App.3d 275, 279; *Huffman v. Lundquist* (1951) 35 Cal.2d 465, 473.) A veterinarian is not necessarily negligent because of errors in judgment or because efforts prove unsuccessful. A veterinarian is negligent only where the error in judgment or lack of success is due to a failure to perform any of the duties required of reputable members of the veterinary profession practicing under similar circumstances. (*Norden v.*

Hartman (1955) 134 Cal.App.2d 333, 337; *Black v. Caruso* (1960) 187 Cal.App.2d 195.) A lack of ordinary care defines negligent conduct.

Cause exists for disciplinary action under Business and Professions Code section 4883, subdivision (i), regarding the Schnauzer puppies as set forth in Findings 14 and 17; and regarding Dexter as set forth in Findings 49 through 57.

Negligence was not established with regard to other matters alleged in this case. (See Findings 32 through 34, and 75 through 78.)

7. Fraud or Deception. Cause for disciplinary action exists under Business and Professions Code section 4883, subdivision (i), for Spooky Duke as set forth in Findings 35 through 37; for Hercules as set forth in Findings 62-68; and for Lady as set forth in Findings 79 through 82.

8. Recordkeeping. Cause for disciplinary action exists under Business and Professions Code section 4883, subdivision (o), based on respondent's failure to comply with California Code of Regulations, title 16, section 2032.3, subdivisions (1), and (3) through (12) as set forth in Findings 18 through 20, 38, 43, 58, 65, 68, and 83.

9. Unprofessional Conduct. Cause for disciplinary action exists under Business and Professions Code section 4883, subdivision (g), based on respondent's failure to comply with California Code of Regulations, title 16, section 2032.435, by reason of the matters set forth in Findings 68 and 82.

Costs

10. Pursuant to Business and Professions Code section 125.3, a licensee found to have violated a licensing act may be ordered to pay the reasonable costs of investigation and prosecution of a case. In *Zuckerman v. Board of Chiropractic Examiners* (2002) 29 Cal.4th 32, the California Supreme Court set forth factors to be considered in determining the reasonableness of the costs sought pursuant to statutory provisions like Business and Professions Code section 125.3. These factors include whether the licensee has been successful at hearing in getting charges dismissed or reduced, the licensee's subjective good faith belief in the merits of his position, whether the licensee has raised a colorable challenge to the proposed discipline, the financial ability of the licensee to pay, and whether the scope of the investigation was appropriate in light of the alleged misconduct.

Complainant seeks \$51,280 in costs associated with its investigation and enforcement of this case. The cost itemization submitted by the Board in support of its request has been reviewed and determined to be reasonable given the allegations and their complexity. Respondent was successful in reducing some charges after hearing; however, complainant substantially prevailed on the majority of the claims. Additionally, the evidence demonstrated that respondent engaged in fraud and deceit, was negligent in his conduct regarding two animals, and unprofessional in submitting altered medical records. When all

of the *Zuckerman* factors are considered, the costs sought by complainant should not be reduced.

Conclusion

11. The objective of an administrative proceeding relating to licensing is to protect the public. Such proceedings are not for the primary purpose of punishment. (See *Fahmy v. Medical Board of California* (1995) 38 Cal.App.4th 810, 817.) After considering all evidence presented, including in mitigation and rehabilitation, license revocation is necessary to protect the public in this case. Additionally, a \$5,000 fine for the sustained allegations is ordered. (Bus. & Prof. Code, § 4883.)

12. Complainant also sought to revoke Premises Certificate of Registration No. HSP 1592 issued to respondent as Managing Licensee. The evidence established the Premises Certificate Registration transferred to Shahid Zaigham, D.V.M. Accordingly, the certificate is not revoked.

ORDER

1. Veterinary License number VET 16252 issued to Amandeep Singh, D.V.M. is REVOKED, pursuant to Legal Conclusions 6 through 9, jointly and individually.
2. Premises Certificate of Registration Number HSP 1592, issued to Amandeep Singh, D.V.M, is NOT REVOKED because he is no longer the managing licensee.
3. Respondent shall pay the Board a fine in the amount of \$5,000 for the sustained violations of Business and Professions Code section 4883.
4. Respondent shall pay the Board \$51,280, as the reasonable cost of investigation and enforcement of this case pursuant to Business and Professions Code section 125.3. Payment shall be arranged through the Board.

DATED: January 5, 2018

SIGNATURE ON FILE

JOY REDMON
Administrative Law Judge
Office of Administrative Hearings

FILED - STATE OF CALIFORNIA
Veterinary Medical Board
Sacramento, CA on August 22, 2017
By SIGNATURE ON FILE

1 KAMALA D. HARRIS
Attorney General of California
2 JANICE K. LACHMAN
Supervising Deputy Attorney General
3 KAREN R. DENVER
Deputy Attorney General
4 State Bar No. 197268
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 324-5333
Facsimile: (916) 327-8643
7 *Attorneys for Complainant*

8 **BEFORE THE**
9 **VETERINARY MEDICAL BOARD**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. AV 2015 26

12 **AMANDEEP SINGH, DVM**
13 **332 W. Grantline Road**
Tracy, California 95376

OAH No. 2016050594

SECOND AMENDED ACCUSATION

14 **Veterinary License No. VET 16252**

15 **and**

16 **GEISERT ANIMAL HOSPITAL**
17 **AMANDEEP SINGH, DVM,**
MANAGING LICENSEE
18 **1827 S. El Dorado Street**
Stockton, California 95206

19 **Premises Certificate of Registration No.**
20 **HSP 1592**

21 Respondent.

22 Complainant alleges:

23 **PARTIES**

24 1. Annemarie Del Mugnaio ("Complainant") brings this Second Amended Accusation
25 solely in her official capacity as the Executive Officer of the Veterinary Medical Board
26 ("Board"), Department of Consumer Affairs. This Second Amended Accusation replaces in its
27 entirety First Amended Accusation No. AV 2015 26 filed on December 13, 2016.

28 ///

1 2. On or about June 12, 2006, the Board issued Veterinary License Number VET 16252
2 to Amandeep Singh, DVM ("Respondent"). The veterinary license was in full force and effect at
3 all times relevant to the charges brought herein and will expire on August 31, 2019, unless
4 renewed.

5 3. On or about February 22, 1972, the Board issued Premises Certificate of Registration
6 Number HSP 1592 to Geisert Animal Hospital. On or about January 1, 2007, Respondent
7 became the managing licensee of Geisert Animal Hospital. The premises certificate of
8 registration was in full force and effect at all times relevant to the charges brought herein and will
9 expire on May 31, 2018, unless renewed.

10 **JURISDICTION/STATUTORY AND REGULATORY PROVISIONS**

11 4. This Accusation is brought before the Board under the authority of the following
12 laws. All section references are to the Business and Professions Code unless otherwise indicated.

13 5. Section 4875 provides, in pertinent part, that the Board may revoke or suspend the
14 license of any person to practice veterinary medicine, or any branch thereof, in this state for any
15 causes provided in the Veterinary Medicine Practice Act (Bus. & Prof. Code § 4800, et seq.). In
16 addition, the Board has the authority to assess a fine not in excess of \$5,000 against a licensee for
17 any of the causes specified in section 4883 of that code. Such fine may be assessed in lieu of, or
18 in addition to, a suspension or revocation.

19 6. Section 118, subdivision (b), provides, in pertinent part, that the expiration of a
20 license shall not deprive the Board of jurisdiction to proceed with a disciplinary action during the
21 period within which the license may be renewed, restored, reissued or reinstated.

22 7. Section 477, subdivision (b), provides, in pertinent part, that a "license" includes
23 "registration" and "certificate".

24 8. Section 4853.6 provides, in pertinent part, that the Board shall withhold, suspend or
25 revoke the registration of a veterinary premises when the license of the licensee manager to
26 practice veterinary medicine is revoked or suspended.

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1 9. Section 4883 states, in pertinent part:

2 The board may deny, revoke, or suspend a license or assess a fine as
3 provided in Section 4875 for any of the following:

4

5 (g) Unprofessional conduct . . .

6

7 (i) Fraud, deception, negligence, or incompetence in the practice of
8 veterinary medicine.

8

9 (o) Violation, or the assisting or abetting violation, of any regulations
10 adopted by the board pursuant to this chapter . . .

11 10. California Code of Regulations, title 16, section ("Regulation") 2032 states that "[t]he
12 delivery of veterinary care shall be provided in a competent and humane manner. All aspects of
13 veterinary medicine shall be performed in a manner consistent with current veterinary medical
14 practice in this state."

15 11. Regulation 2032.3 states, in pertinent part:

16 (a) Every veterinarian performing any act requiring a license pursuant to
17 the provisions of Chapter 11, Division 2, of the code, upon any animal or group of
18 animals shall prepare a legible, written or computer generated record concerning the
19 animal or animals which shall contain the following information:

20 (1) Name or initials of the veterinarian responsible for entries.

21 (2) Name, address and phone number of the client.

22

23 (4) Except for herds or flocks, age, sex, breed, species, and color of the
24 animal.

25

26 (6) A history or pertinent information as it pertains to each animal, herd,
27 or flock's medical status.

28 (7) Data, including that obtained by instrumentation, from the physical
examination.

(8) Treatment and intended treatment plan, including medications,
dosages and frequency of use.

1 (9) Records for surgical procedures shall include a description of the
2 procedure, the name of the surgeon, the type of sedative/anesthetic agents used, their
3 route of administration, and their strength if available in more than one strength.

4

5 (12) All medications and treatments prescribed and dispensed, including
6 strength, dosage, quantity, and frequency.

7 (13) Daily progress, if relevant, and disposition of the case . . .

8 12. Regulation 2032.4 states, in pertinent part:

9

10 (b) A veterinarian shall use appropriate and humane methods of
11 anesthesia, analgesia, and sedation to minimize pain and distress during any
12 procedures and shall comply with the following standards:

13 (1) Within twelve (12) hours prior to the administration of a general
14 anesthetic, the animal patient shall be given a physical examination by a licensed
15 veterinarian appropriate for the procedure. The results of the physical examination
16 shall be noted in the animal patient's medical records . . .

17 13. Regulation 2032.35 states that "[a]ltering or modifying the medical record of any
18 animal, with fraudulent intent, or creating any false medical record, with fraudulent intent,
19 constitutes unprofessional conduct in accordance with Business and Professions Code section
20 4883(g)."

21 COST RECOVERY

22 14. Section 125.3 provides, in pertinent part, that a Board may request the administrative
23 law judge to direct a licentiate found to have committed a violation or violations of the licensing
24 act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the
25 case.

26 MINI-SCHNAUZER PUPPIES

27 15. On or about January 29, 2012, M. G. took her three male mini-Schnauzer puppies to
28 Respondent at Geisert Animal Hospital ("Geisert") to have their tails docked and dewclaws
removed (the puppies were born on or about January 15, 2012). Respondent indicated in the
medical record that the puppies' front dewclaws were removed and bandaged.

16. On or about February 1, 2012, M. G. returned the puppies to Respondent as their
paws were swollen and infected. The medical record indicates that there was a conversation

1 between Respondent and M. G. regarding how long the bandages should have been left on the
2 puppies' paws. M. G. refused further care from Respondent and told him that she would be
3 taking the puppies to another veterinary facility.

4 17. On and between February 3, 2012 and February 29, 2012, the puppies were treated by
5 H. B., DVM. On or about February 6, 2012, Dr. H. B. noted in the medical records that one
6 puppy's right paw had fallen off, and the paws on the other two puppies were swollen, inflamed
7 and oozing.

8 18. On or about June 15, 2012, the Board received a complaint from M. G. against
9 Respondent. M. G. stated that when she received the puppies on January 29, 2012, bandages
10 were wrapped tightly around their front paws. That same day, M. G. called Geisert and was
11 advised to take the bandages off in 24 hours. On or about January 30, 2012, M. G. took the
12 bandages off and observed open wounds and deep lacerations around the puppies' paws. Later
13 that evening, M. G. took the puppies back to Geisert. The receptionist told M. G. that she would
14 get Respondent. Respondent's "assistant", Alex, came out to look at the puppies and told M. G.
15 that he worked under Respondent. Alex told M. G. that the puppies looked fine and the swelling
16 would eventually go down. On or about January 31, 2012, M. G. returned the puppies to Geisert
17 and waited until approximately 7:30 p.m. to see Respondent. When Respondent arrived at
18 Geisert, M. G. asked him who performed the procedures on the puppies. Respondent would not
19 answer the question and instead, offered M. G. a \$400 credit on the invoice. Respondent also
20 offered to amputate one of the puppies' paws at no charge.

21 **FIRST CAUSE FOR DISCIPLINE**

22 **(Negligence)**

23 19. Respondent is subject to disciplinary action pursuant to section 4883, subdivision (i),
24 in that Respondent was guilty of negligence in his care and treatment of the three mini-Schnauzer
25 puppies, as follows: Respondent failed to examine the three puppies at the recheck appointment
26 on January 30, 2012, and allowed his assistant, Alex, to examine the puppies instead.

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1 THIRD CAUSE FOR DISCIPLINE

2 (Fraud and Deception)

3 27. Respondent is subject to disciplinary action pursuant to section 4883, subdivision (i),
4 in that Respondent was guilty of fraud and/or deception when he altered, modified, or falsified
5 Spooky's medical record, as follows:

6 a. Respondent documented on the medical record Respondent provided to the Board on
7 March 14, 2013, a complete description of Spooky, including sex, birthdate, color and markings.
8 In fact, these notes or chart entries were not recorded on the medical record Respondent provided
9 to Dr. M. P. on March 26, 2012.

10 b. Respondent initialed or signed his chart entry of March 21, 2012, on the medical
11 record he provided to the Board on March 14, 2013. In fact, Respondent did not initial or sign
12 this chart entry on the medical record he provided to Dr. M. P. on March 26, 2012.

13 c. Respondent documented on the medical record he provided to the Board on March
14 14, 2013, complete data from a physical examination. In fact, there was no indication; i.e., notes
15 or chart entries, on the medical record Respondent provided to Dr. M. P. on March 26, 2012, that
16 Respondent had conducted a physical examination of Spooky.

17 d. Respondent documented on the medical record he provided to the Board on March
18 14, 2013, his anesthetic protocol and a description of the surgical (spay) procedure. In fact, the
19 anesthetic protocol was not recorded on the medical record Respondent provided to Dr. M. P. on
20 March 26, 2012. Further, the description of the surgical procedure was inadequate or incomplete.

21 e. Respondent documented on the medical record he provided to the Board on March
22 14, 2013, information regarding the dosages and concentration of drugs administered to Spooky.
23 In fact, these notes or chart entries were not recorded on the medical record Respondent provided
24 to Dr. M. P. on March 26, 2012.

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1 **FOURTH CAUSE FOR DISCIPLINE**

2 **(Negligence)**

3 28. Respondent is subject to disciplinary action pursuant to section 4883, subdivision (i),
4 in that Respondent was guilty of negligence in his care and treatment of Spooky, as follows:

- 5 a. Respondent failed to feed and/or monitor Spooky during his overnight stay at Geisert.
6 b. Respondent knowingly discharged Spooky despite the fact that the cat was covered in
7 urine.

8 **FIFTH CAUSE FOR DISCIPLINE**

9 **(Violations of Regulations Adopted by the Board)**

10 29. Respondent is subject to disciplinary action pursuant to section 4883, subdivision (o),
11 in that Respondent failed to comply with Regulations 2032.3 (record keeping) and 2032.4
12 (anesthesia), as follows:

13 a. Respondent failed to include his name or initials on the medical record he provided to
14 Dr. M. P. on March 26, 2012, in violation of Regulation 2032.3, subdivision (a)(1).

15 b. Respondent failed to record R. G.'s address and telephone number on both versions
16 of the medical record, in violation of Regulation 2032.3, subdivision (a)(2).

17 c. Respondent failed to record on the medical record he provided to Dr. M. P. on March
18 26, 2012, a complete description of Spooky, including age, sex, breed, species, and color, in
19 violation of Regulation 2032.3, subdivision (a)(4).

20 d. Respondent failed to record Spooky's history on both versions of the medical record,
21 in violation of Regulation 2032.3, subdivision (a)(6).

22 e. Respondent failed to include on the medical record he provided to Dr. M. P. on
23 March 26, 2012, an adequate or complete description of the surgical procedure (spay), in
24 violation of Regulation 2032.3, subdivision (a)(9).

25 f. Respondent failed to record on the medical record he provided to Dr. M. P. on March
26 26, 2012, the name, dosage, frequency of use, quantity and strength of "Syrup Vel Keto" that he
27 dispensed to Spooky or the anesthetic agents he administered to the animal/patient, in violation of
28 Regulation 2032.3, subdivision (a)(12).

1 g. Respondent failed to document on the medical record he provided to Dr. M. P. on
2 March 26, 2012, a physical examination of Spooky within 12 hours of the anesthetic (spay)
3 procedure, in violation of Regulation 2032.4, subdivision (b)(1).

4 **ANIMAL/PATIENT "DAISY"**

5 30. On or about May 1, 2012, C. T. took her Chihuahua, Daisy, to Respondent at Geisert
6 to be spayed and paid Respondent \$141 in advance for the procedure. When C. T. returned to
7 Geisert to pick Daisy up, she was told that the dog was pregnant and was charged an additional
8 fee of \$39. That same day, C. T. filed a complaint with the Board against Respondent. C. T.
9 stated that it was impossible Daisy was pregnant because she had a litter of puppies eight weeks
10 earlier and had been indoors since that time with no access to male dogs.

11 **SIXTH CAUSE FOR DISCIPLINE**

12 **(Violations of Regulations Adopted by the Board)**

13 31. Respondent is subject to disciplinary action pursuant to section 4883, subdivision (o),
14 in that Respondent failed to comply with Regulation 2032.3 (record keeping), as follows:

15 a. Respondent failed to include his name or initials on Daisy's medical record, in
16 violation of Regulation 2032.3, subdivision (a)(1).

17 b. Respondent failed to record C. T.'s address and telephone number on Daisy's medical
18 record, in violation of Regulation 2032.3, subdivision (a)(2).

19 c. Respondent failed to document on the medical record Daisy's history, including
20 pregnancy and vaccines, in violation of Regulation 2032.3, subdivision (a)(6).

21 d. Respondent failed to record on Daisy's medical record the quantity of ketofen syrup
22 sent home with the dog, in violation of Regulation 2032.3, subdivision (a)(12).

23 e. Respondent failed to document on the medical record an evaluation of Daisy's post-
24 operative condition and disposition of the case, in violation of Regulation 2032.3, subdivision
25 (a)(13).

26 **ANIMAL/PATIENT "DEXTER"**

27 32. On or about June 6, 2013, J. B. took her 8 year old male Yorkshire mix, Dexter, to
28 Respondent at Geisert after Dexter was attacked by a large German Shepherd. Respondent noted

1 in the medical records that Dexter was depressed and had a rapid heart-rate, wheezes and crackles
2 in his chest, labored breathing, and deep puncture wounds on the left side of his chest. Dexter
3 was started on IV fluids and was given pain medication, antibiotics, and an anti-inflammatory
4 steroid injection. Radiographs were taken and no rib fractures were seen. J. B. was told that once
5 Dexter was stabilized, he would be anesthetized to suture the wounds.

6 33. On or about June 7, 2013, Respondent noted in the medical records that Dexter was
7 not eating or drinking and was still having respiratory difficulty. Surgery was not performed as
8 Dexter was not "stabilized."

9 34. On or about June 8, 2013, at approximately 7:00 a.m., Respondent documented in the
10 medical records that Dexter was laterally recumbent with rapid respiration and an elevated
11 temperature. At approximately 8:30 a.m., a note was made in the medical records that a message
12 was left on the owner's message machine "to call back" as Dexter had died "around 8AM."

13 SEVENTH CAUSE FOR DISCIPLINE

14 (Negligence)

15 35. Respondent is subject to disciplinary action pursuant to section 4883, subdivision (i),
16 in that Respondent was guilty of negligence in his care and treatment of Dexter, as follows:

17 a. Respondent failed to offer or provide proper close supervision or monitoring of
18 Dexter despite his respiratory distress and known chest trauma.

19 b. Respondent failed to properly monitor Dexter with repeated examinations and
20 radiographic imaging despite his worsening respiratory distress.

21 c. Respondent failed to provide oxygen therapy to Dexter despite his respiratory
22 distress.

23 d. Respondent failed to recognize potential pulmonary bleeding on the radiographs.

24 EIGHTH CAUSE FOR DISCIPLINE

25 (Violations of Regulations Adopted by the Board)

26 36. Respondent is subject to disciplinary action pursuant to section 4883, subdivision (o),
27 in that Respondent failed to comply with Regulation 2032.3 (record keeping), as follows:

1 a. Respondent failed to record on Dexter's medical records J. B.'s address and telephone
2 number, in violation of Regulation 2032.3, subdivision (a)(2).

3 b. Respondent failed to document on Dexter's medical records complete data from the
4 physical examination, specifically, an accurate capillary refill time (CRT), in violation of
5 Regulation 2032.3, subdivision (a)(7).

6 c. Respondent failed to record on the medical records the name and dosage of
7 medications that were given to Dexter on June 7, 2013, at 10:00 a.m., in violation of Regulation
8 2032.3, subdivision (a)(12).

9 d. Respondent failed to adequately record on the medical records the daily disposition of
10 the animal/patient despite the fact that Dexter had been hospitalized at Geisert from June 6, 2013
11 to June 8, 2013, in violation of Regulation 2032.3, subdivision (a)(13).

12 **ANIMAL/PATIENT "HERCULES"**

13 37. On or about May 5, 2014, C. J.'s husband took their 9 year old Chihuahua, Hercules,
14 to Respondent at Geisert for a dental prophylactic cleaning. Later that evening, C. J. received a
15 call from Respondent, informing her that she could pick up Hercules in about 45 minutes.
16 Respondent also told C. J. that he had to extract one of Hercules' teeth.

17 38. On or about May 30, 2014, C. J. filed a complaint with the Board, alleging that
18 Respondent extracted Hercules' tooth without her authorization. C. J. provided the Board with a
19 copy of Hercules' medical record which she had received from Geisert. Respondent noted on the
20 record, "Rt mandibular PM1 (right mandibular premolar tooth) - extracted".

21 39. On or about July 1, 2014, the Board sent Respondent a letter, requesting that he
22 submit all medical records relating to Hercules' treatment to the Board. Respondent submitted a
23 copy of Hercules' medical record (handwritten) to the Board along with a typewritten copy of the
24 record.

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1 **NINTH CAUSE FOR DISCIPLINE**

2 **(Unprofessional Conduct)**

3 40. Respondent is subject to disciplinary action pursuant to section 4883, subdivision (g),
4 for unprofessional conduct, as defined in Regulation 2032.35, in that Respondent fraudulently
5 altered or modified Hercules' medical record, as follows:

6 a. Respondent documented on the medical record he provided to the Board that
7 Hercules' temperature was normal and that he had "dental tartar (+++)." In fact, these notes or
8 chart entries were not recorded on the medical record C. J. provided to the Board.

9 b. Respondent documented on the medical record he provided to the Board complete
10 data from the physical examination. In fact, the physical examination documented on the medical
11 record C. J. provided to the Board was incomplete.

12 c. Respondent documented on the medical record he provided to the Board that
13 Hercules was induced with 1 mg diazepam IV and was intubated and maintained on isoflurane
14 and oxygen. In fact, these notes or chart entries were not recorded on the medical record C. J.
15 provided to the Board (Respondent did note that 0.4 ml of RAK was administered to Hercules).

16 d. Respondent documented on the medical record he provided to the Board that a
17 "dental cleaning" was performed on Hercules and that the right mandibular premolar was loose
18 and "fell out" during the cleaning procedure. In fact, these notes or chart entries were not
19 recorded on the medical record C. J. provided to the Board. Further, Respondent documented on
20 the latter record that the owner argued "*for not paying on extraction.*"

21 **TENTH CAUSE FOR DISCIPLINE**

22 **(Fraud and Deception)**

23 41. Respondent is subject to disciplinary action pursuant to section 4883, subdivision (i),
24 in that Respondent was guilty of fraud and/or deception when he altered, modified, or falsified
25 Hercules' medical record, as set forth in paragraph 40 above.

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1 **ELEVENTH CAUSE FOR DISCIPLINE**

2 **(Violations of Regulations Adopted by the Board)**

3 42. Respondent is subject to disciplinary action pursuant to section 4883, subdivision (o),
4 in that Respondent failed to comply with Regulation 2032.3 (record keeping), as follows:

5 a. Respondent failed to document on the medical record C. J. provided to the Board
6 complete data from the physical examination, in violation of Regulation 2032.3, subdivision
7 (a)(7).

8 b. Respondent failed to document on the medical record C. J. provided to the Board a
9 treatment plan for Hercules, in violation of Regulation 2032.3, subdivision (a)(8).

10 c. Respondent failed to document on the medical record C. J. provided to the Board a
11 description of the dental procedure (tooth extraction), the name of the surgeon, the type of
12 sedative/anesthetic agents used, and their route of administration and strength, if available in
13 more than one strength, in violation of Regulation 2032.3, subdivision (a)(9).

14 **ANIMAL/PATIENT "LADY CARPENTER"**

15 43. On or about August 8, 2013, E. C. took her 2 year old female Labrador mix to
16 Respondent at Grantline Veterinary Hospital (now known as Allied Veterinary Services) located
17 in Tracy, California, to be spayed and to have her dewclaws removed. After admission,
18 Respondent determined that Lady was pregnant and called E. C., who gave Respondent
19 permission to proceed with the procedure. An ovariohysterectomy and removal of the dewclaws
20 was performed and Lady recovered from anesthesia. After picking Lady up from the hospital,
21 E. C.'s husband noted significant bleeding from the incision. Lady was taken to Central Valley
22 Veterinary Hospital located in Manteca, California, for emergency care. Surgical exploration
23 revealed that the left uterine artery was actively bleeding due to inadequate surgical ligation.
24 R. D., DVM ligated the uterine stump, applied sutures, and the bleeding was controlled.

25 44. On or about August 28, 2013, the Board received a complaint from E. C. against
26 Respondent.

27 45. On or about January 2, 2014, the Board sent Respondent a letter, requesting that he
28 submit all medical records relating to Lady's treatment to the Board.

1 d. Respondent documented on the second/different version of the record dated August 8,
2 2013, provided during the inspection, that an antibiotic injection was given to Lady before the
3 surgery. In fact, this information was not documented on the record dated August 8, 2013,
4 submitted to the Board on January 22, 2014.

5 e. Respondent documented on the second/different version of the record dated August 8,
6 2013, provided during the inspection, that anesthesia was induced with 2.5 ml of RAK by IV. In
7 fact, Respondent documented on the Anesthesia Chart that Lady was pre-medicated with
8 butorphanol and acepromazine, given IM (intramuscularly), at 9:35 a.m. and that anesthesia was
9 induced with propofol, given IM, at 10:15 a.m.

10 f. Respondent documented on the second/different version of the record dated August 8,
11 2013, provided during the inspection, that various phone calls were made to the owner between
12 12:50 p.m. and 12:55 p.m. to discuss the fact that Lady was pregnant and to obtain approval for
13 the procedure. In fact, Respondent documented on the Anesthesia Chart that anesthesia was
14 induced at *10:15 a.m.* Further, the information pertaining to the phone calls was not documented
15 on the record dated August 8, 2013, submitted to the Board on January 22, 2014.

16 g. Respondent documented on the second/different version of the record dated August 8,
17 2013, provided during the inspection, that 2-0 PDS was used in all aspects of the surgery. In fact,
18 Respondent documented on the Anesthesia Chart that 0 PDS was used to ligate the stump,
19 2-0 PDS was used for closure of the body wall and subcutaneous tissue, and braunamide was used
20 to close the skin.

21 h. Respondent documented on the Anesthesia Chart that Metacam, a pain medication,
22 was administered to Lady on August 8, 2013. In fact, this information was not documented on
23 the second/different version of the record dated August 8, 2013, provided during the inspection.

24 THIRTEENTH CAUSE FOR DISCIPLINE

25 (Negligence)

26 49. Respondent is subject to disciplinary action pursuant to section 4883, subdivision (i),
27 in that Respondent was guilty of negligence in his care and treatment of Lady, as follows:
28 Respondent failed to adequately ligate the uterine stump, specifically, the left uterine artery.

1 f. Respondent failed to document on the second/different version of the record dated
2 August 8, 2013, provided during the inspection, a complete physical examination of Lady within
3 12 hours of induction of anesthesia, in violation of Regulation 2032.4, subdivision (b)(1).

4 g. Respondent failed to provide adequate pain control for a major surgical procedure,
5 the ovariohysterectomy, in violation of Regulation 2032.4, subdivision (b).

6 **PREMISES CERTIFICATE OF REGISTRATION**

7 52. Pursuant to section 4853.6, if the Board should suspend or revoke Veterinary License
8 Number VET 16252, issued to Amandeep Singh, DVM, the Board shall suspend or revoke
9 Premises Certificate of Registration Number HSP 1592 issued to Respondent as managing
10 licensee of Geisert Animal Hospital.

11 **PRAYER**

12 **WHEREFORE**, Complainant requests that a hearing be held on the matters herein alleged,
13 and that following the hearing, the Veterinary Medical Board issue a decision:

14 1. Revoking or suspending Veterinary License Number VET 16252, issued to
15 Amandeep Singh, DVM;

16 2. Revoking or suspending Premises Certificate of Registration Number HSP 1592,
17 issued to Amandeep Singh, DVM, managing licensee of Geisert Animal Hospital;

18 3. Assessing a fine against Amandeep Singh, DVM not in excess of \$5,000 for any of
19 the causes specified in Business and Professions Code section 4883;

20 4. Ordering Amandeep Singh, DVM to pay the Veterinary Medical Board the
21 reasonable costs of the investigation and enforcement of this case, pursuant to Business and
22 Professions Code section 125.3; and

23 5. Taking such other and further action as deemed necessary and proper.

24
25 DATED: August 23, 2017

SIGNATURE ON FILE

26 ANNEMARIE DEL MUGNAIO
27 Executive Officer
28 Veterinary Medical Board
Department of Consumer Affairs
State of California
Complainant

**BEFORE THE
VETERINARY MEDICAL BOARD
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Citation Against:

Amandeep Singh, DVM

Citation No. 4602022000254

CITATION

Complainant alleges:

PARTIES

1. Jessica Sieferman (“Complainant”) brings this Citation solely in her official capacity as the Executive Officer of the Veterinary Medical Board (“Board”), Department of Consumer Affairs, State of California.
2. The Board’s records reveal that Amandeep Singh (“Respondent”) was issued a veterinary license on June 12, 2006. Said license was revoked on April 18, 2018.

STATUTORY PROVISIONS

3. Business and Professions Code (BPC) sections 125.9, 148, and 4875.2 and California Code of Regulations (CCR), title 16, section 2043 authorize the Executive Officer of the Board to issue citations containing orders of abatement and/or administrative fines against a licensee of the Board, or to an unlicensed person, who has committed any acts or omissions in violation of the Veterinary Medicine Practice Act (Act).

4. BPC section 4825 states:

It is unlawful for any person to practice veterinary medicine or any branch thereof in this State unless at the time of so doing, such person holds a valid, unexpired, and unrevoked license as provided in this chapter.

5. BPC section 4826 states in pertinent part:

[. . .]

(c) A person practices veterinary medicine, surgery, and dentistry, and the various branches thereof, when he or she performs any act set forth in BPC section 4826, including 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.

[. . .]

(d) Performs a surgical or dental operation upon an animal.

[. . .]

CAUSE FOR CITATION

6. On or about May 08, 2019, Respondent administered Distemper-hepatitis-parainfluenza-parvovirus (DHPP) and Corona vaccine to Patient M without possessing a valid California veterinarian license. Such unlicensed conduct constitutes a violation of BPC section 4825, as defined in BPC section 4826, subdivision (c).
7. On or about June 08, 2019, Respondent administered DHPP, Corona, and Bordetella vaccinations to Patient M without possessing a valid California veterinarian license. Such unlicensed conduct constitutes a violation of BPC section 4825, as defined in BPC section 4826, subdivision (c)
8. On or about December 18, 2020, Respondent performed surgery on Patient P without possessing a current, valid California veterinarian license. Such unlicensed conduct constitutes a violation of BPC section 4825, as defined in BPC section 4826, subdivisions (c), and (d).
9. On or about May 01, 2020, through July 12, 2021, Respondent performed surgery upon various animal patients without possessing a valid California veterinarian license. Such unlicensed conduct constitutes a violation of BPC section 4825, as defined in BPC section 4826, subdivision (d).

DETERMINATION OF ISSUES **CASE OF ACTION**

10. Violations exist pursuant to BPC section 4825, as defined in BPC section 4826, subdivision (c), as set forth above in Paragraph 5. A cause of action thereby exists.
11. Violations exist pursuant to BPC section 4825, as defined in BPC section 4826, subdivision (c), as set forth above in Paragraph 6. A cause of action thereby exists.
12. Violations exist pursuant to BPC section 4825, as defined in BPC section 4826, subdivisions (c) and (d), as set forth above in Paragraph 7. A cause of action thereby exists.

13. Violations exist pursuant to BPC section 4825, as defined in BPC section 4826, subdivision (d), as set forth above in Paragraph 8. A cause of action thereby exists.

PENALTY

14. In compliance with BPC sections 148 and 4875.2 and CCR, title 16, section 2043, it is determined that:

Respondent be cited for a Class "C" violation in the amount of \$5,000 for the Cause for Citation, based upon a determination that the above-described facts set forth in Paragraph 5 constitute a violation of BPC section 4825, as defined in BPC section 4826, subdivision (c).

Respondent be cited for a Class "C" violation in the amount of \$5,000 for the Cause for Citation, based upon a determination that the above-described facts set forth in Paragraph 6 constitute a violation of BPC section 4825, as defined in BPC section 4826, subdivisions

Respondent be cited for a Class "C" violation in the amount of \$5,000 for the Cause for Citation, based upon a determination that the above-described facts set forth in Paragraph 7 constitute a violation of BPC section 4825, as defined in BPC section 4826, subdivisions (c) and (d).

Respondent be cited for a Class "C" violation in the amount of \$5,000 for the Cause for Citation, based upon a determination that the above-described facts set forth in Paragraph 8 constitute a violation of BPC section 4825, as defined in BPC section 4826, subdivision (d).

14. In compliance with BPC sections 125.9 and 4875.2, and CCR, Title 16, section 2043, subsection (e), the total penalty amount for the above violations is \$20,000.00. However, pursuant to BPC section 125.9, subdivision (b)(3), in no event shall the administrative fine assessed by the Board exceed \$5,000.00. Therefore, the total fine amount due to the Board is \$5,000.00.

ORDER OF ABATEMENT

The Board hereby orders Respondent to cease and desist from violating BPC sections 4825 and 4826, subdivisions (c) and (d).

April 11, 2022
DATE

Signature on file
JESSICA SIEFERMAN
Executive Officer
Veterinary Medical Board
Department of Consumer Affairs
State of California



**COST CERTIFICATION
CASE # 4602024001100
Amandeep Singh, DVM**

I, Matt McKinney, declare that I am the Deputy Executive Officer of the California Veterinary Medical Board, and, in that capacity, certify pursuant to the provisions of the Business and Professions Code Section 4808 and the California Code of Regulations Title 16, Section 2003, Petition for Reinstatement or Modification of Penalty No. 4602024001100 to be filed against Amandeep Singh, DVM, who was formally licensed by this agency as a Veterinarian, and who held license number VET 16252.

In my capacity as manager, I review and approve payments for costs incurred by the Board while enforcing the laws and regulations under its jurisdiction. I have reviewed the records of the agency and the following costs have been incurred by the agency in connection with the investigation of the Second Amended Accusation/Proposed Decision No. AV 2015 26.

1.	Cost Recovery	\$ 51,280.00
	Fine	\$ 5,000.00

TOTAL COSTS \$ 56,280.00

I certify pursuant to the provisions of Section 4808 of the Business and Professions Code of the State of California and Title 16, Section 2003 of the California Code of Regulations that, to the best of my knowledge, the foregoing statement of costs incurred by the California Veterinary Medical Board is true and correct and that the amounts set forth therein do not exceed the actual and reasonable costs of investigation in the Second Amended Accusation/Proposed Decision No. AV 2015 26.

Dated: February 16, 2024



Matt McKinney, Deputy Executive Officer
VETERINARY MEDICAL BOARD

EXHIBIT 4

PETITION FOR REINSTATEMENT

Amandeep Singh, DVM - Vet 16252

RECEIVED

AUG 15 2023

VMB/RVTC

VETERINARIAN/REGISTERED TECHNICIAN BACKGROUND

Total number of years in veterinary practice:

CONTINUING EDUCATION (List continuing education completed since the date of the disciplinary action)

- 1) 2022 PAC Vet Conference (June 2-5, 2022) 27.5 hrs.
- 2) Veterinary Medical Records Boot Camp Course (September 6-October 12, 2022) 10 hrs.
- 3) CA Veterinary Board Enforcement Webinar (November 10, 2022) 1 hr.
- 4) WVC 95th Conference (February 18-23, 2023) 32 hrs.
- 5) 2023 PAC Vet Conference (June 9-12, 2023) 27.5 hrs.
- 6) Veterinary Law and Ethics Course (March 27-July 12, 2023) 15 hrs.
- 7) Multiple Courses from Vetcefera (Nov 2022-July 2023) 52 hrs.
- 8) Reading the following:
Clinician Brief
California Veterinarian
Today's Veterinary Practice

CURRENT OCCUPATION OTHER THAN VETERINARIAN OR REGISTERED VET TECHNICIAN

(Answer only if currently not practicing as a Veterinarian or Registered Vet Technician)

List employer, address, e-mail address, phone number, job title, and duties:

Unemployed

EMPLOYMENT HISTORY (list for the past 5 years only)

Provide the employer's name, address, phone number, job title and dates of employment:

Business Manager; DBA Geisert Animal Hospital; AVPM CA 15LP; 1827 S. El Dorado Street Stockton, CA 95206; (209)464- 8379; 03/20-12/21

Business Manager; DBA Grantline Vet Hospital; 332 W. Grantline Road Tracy, CA 95379; (209)839-389 03/20-12/21

President/Owner DBA Geisert Animal Hospital; AVPM CA 15LP; 1827 S. El Dorado Street Stockton, CA 95206; (209)464- 8379; 09/06-03/20

REHABILITATION

Describe any rehabilitative or corrective measures you have taken since your license/registration was disciplined. List dates, nature of programs or courses, and current status. You may include any community service or volunteer work.

- 1) Shadow - Dr. Avtar Singh DVM
Elkhorn Walerga Animal Hospital (August 2022 - present day)
- 2) Shadow - Dr. Amit Ranjan DVM
Intercity Animal Emergency Clinic (October 2022- December 2022)
- 3) Shadow - Dr. Mandeep Singh Sidhu DVM
Family Friends Veterinary Hospital (September 2022- January 2023)
- 4) Continuing education and courses/certifications listed above
- 5) Frequently listening to Ted Talks, podcasts, etc. (July 2022- present day)
- 6) Community service at the local Sikh temple kitchen (January 2022- present day)

CURRENT COMPLIANCE

Since the effective date of your last Veterinary Medical Board disciplinary action have you:

- 1. Been placed on criminal probation or parole? Yes No
- 2. Been charged in any pending criminal action by any state, local or federal agency or court? Yes No
- 3. Been convicted of any criminal offense? (A conviction includes a no contest plea; disregard traffic offenses with a \$100 fine or less.) Yes No
- 4. Been charged or disciplined by any other veterinary board? Yes No
- 5. Surrendered your license to any other veterinary board? Yes No
- 6. Had your licensee manager's premise permit disciplined? Yes No
- 7. Had any civil malpractice claims filed against you of \$10,000 or more? Yes No
- 8. Become addicted to the use of narcotics or controlled substances? Yes No
- 9. Become addicted to or received treatment for the use of alcohol? Yes No
- 10. Been hospitalized for alcohol or drug problems or for mental illness? Yes No

NOTE: If your answer is "Yes" to any of the above questions, please explain in the "Narrative Statement."

COST RECOVERY

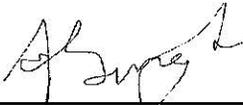
Was cost recovery ordered? Yes No If yes, what is the remaining balance? \$61,280
When is payment anticipated? As soon as license is reinstated

DECLARATION

Executed on July 26 2023, at Stockton, CA
(City) (State)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that all statements and documents attached in support of this petition are true and correct.

Amandeep Singh
Petitioner (print name)


Signature

The information in this document is being requested by the Veterinary Medical Board (Board) pursuant to Business and Professions Code section 4887. In carrying out its licensing or disciplinary responsibilities, the Board requires this information to make a determination on your petition for reinstatement or modification of penalty. You have a right to access the Board's records containing your personal information as defined in Civil Code section 1798.3. The Custodian of Records is the Executive Officer at the address shown on the first page.

EXHIBIT 5

NARRATIVE STATEMENT

Respected Board Members,

This letter is a formal request for the reinstatement of my California Veterinary Medical license, which was revoked in April 2018. A petition for the reinstatement of my license was denied in 2022 on grounds of practicing medicine without a veterinary license and my rehabilitation efforts lacking in record-keeping and ethical course work. I would like to begin by categorically stating how deeply regretful I am regarding some of my past actions and misjudgments that led to the board's decision to deny my reinstatement petition. I realized that my actions were reprehensible and complacent and that I should have observed and practiced uncompromising discipline and demonstrated higher ethical and moral standards that are hallmark of my profession.

Since the denial of my reinstatement, I have embarked upon a journey of introspection, self evaluation, and professional rehabilitation through education as a part of my effort to improve my prospects of returning to the veterinary medical profession. Being a veterinarian has been my childhood dream, and I want nothing more than to continue to serve in this noble profession as a veterinarian. I am cognizant of the fact that I have made an unpardonable mistake of practicing without a license and should not have done so under any circumstances. I cannot emphasize enough how guilty I have felt about my actions and am willing to do anything and everything in my power to make things right. I want to assure the board that since my last disciplinary action of 2022, I have not indulged in any unlicensed practice and do not intend to do so in the future.

During the rehabilitation process, I focused heavily on ethical coursework and record keeping coursework while staying connected with various other aspects of veterinary medicine. I have attended veterinary conferences (Pacific Veterinary Conference 2022, Pacific Veterinary Conference 2023, Western Veterinary Conference 2023, enrolled and completed online certifications by Vetcetera on multiple subjects of veterinary medicine ,surgeries, preventive medicine, dentistry, and radiology to name a few (52 hours). I also completed a boot camp on record keeping (10 hours) on Oct 11, 2022, and a Veterinary Law and Ethics course offered by Animal & Veterinary Legal Services, PLLC (15 hours) on July 12, 2023 .

I also shadowed few veterinarians at their veterinary hospitals and familiarized myself with modern electronic record keeping software while trying to keep myself up to speed with current patient care procedures and protocols. I read "Clinician Brief", "California Veterinarian" and "Today's Veterinary Practice" through my continued subscriptions. I am also a current member of California Veterinary Medical Association. I have on regular basis listened to Ted Talks and other podcasts on subjects related to character building, self improvement, ethics, morality etc. In addition to reading articles on these topics from different publications, I have attended meditation camps at local Sikh temples. I request the board to consider my reinstatement petition based on the personal and professional efforts that I have made since the disciplinary action to make myself a better human being and a veterinary professional alongside raising a family and trying my best in maintaining personal mental well-being.

I have not taken any job since January 2022 because my intentions were largely centered around my rehabilitation efforts and greater part of my time was utilized by that. I

sustained my household through my previously collected savings and passive income. If my license is reinstated, my plan is to practice in Stockton and surrounding areas where I have served since 2006 as my family and I have had an emotional connect with this place since we moved here in 2004. I want to continue my work with the many rescue groups in our area with which I have affiliated myself in the past. Once again, I want to request the California Veterinary Medical Board to reinstate my veterinary medical license, as I have had sincere efforts to work on the shortcomings that led to its original revocation in 2018 as well as the denial of my reinstatement petition in 2022.

Sincerely,

Amandeep Singh

26 July 2023

EXHIBIT 6

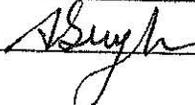
CERTIFICATES

CERTIFICATE OF ATTENDANCE

Amandeep Singh, DVM
4665 Pine Valley Circle
Stockton, CA 95219
United States

95th Annual Conference
February 18-23, 2023

AAVSB-RACE Provider #20-992204
44 CE hours of Veterinary Continuing Education
were presented via lectures and interactive sessions by
WVC in Mandalay Bay Convention Center, Las Vegas, NV

State of Licensure: CA License #(s): 16252
Signature  Date 05/05/23

Medical CE Credits: 32.00

Non-Medical CE Credits: 8.00

This course titled WVC 95th Annual Conference (CE Broker Tracking #: 20-992204) has been approved for 44.00 hours of continuing education for veterinarians and 38.00 hours of continuing education for veterinary technicians in jurisdictions that recognize RACE approval. Participants are responsible for ascertaining their state board's continuing education requirements.

Anthony Pease

Anthony Pease, DVM, MS, DACVR
Chief Veterinary Medical Officer
Viticus Group



2023 Pacific Veterinary Conference CE Certificate of Virtual Attendance

This certifies that Amandeep Singh attended the following live / interactive virtual sessions at the Pacific Veterinary Conference, June 9-12, 2023 hosted by the California Veterinary Medical Association. This form is provided for your records. The form may be used to verify CE requirements for license renewal. Record CE hours for the sessions that you attended and write the final total on the bottom of this form, sign, and date.

# of Hrs. Attended	Max. Credits	FRIDAY, JUNE 9, 2023	# of Hrs. Attended	Max. Credits	SATURDAY, JUNE 10, 2023
	3.0	Small Animal Medicine 1 Dermatology: Dr. Allison Kirby		2.0	Small Animal Medicine 1 Dermatology: Dr. Allison Kirby
	4.0	Small Animal Medicine 1 Gastroenterology: Dr. Katie Tolbert		3.5	Small Animal Medicine 1 Gastroenterology: Dr. Katie Tolbert
4	4.0	Small Animal Medicine 2 Cardiology: Dr. John Rush		2.0	Small Animal Medicine 1 Ophthalmology: Dr. Kenneth Abrams
2	2.0	Small Animal Medicine 2 Emergency Critical Care: Dr. Robert Goggs	2	2.0	Small Animal Medicine 2 Cardiology: Dr. John Rush
1	1.0	Small Animal Medicine 2 Antimicrobial Prescribing and Stewardship in Emergency and Critical Care ‡ - Dr. Robert Goggs	3.5	3.5	Small Animal Medicine 2 Emergency Critical Care: Dr. Robert Goggs
	6.0	Technician Nutrition: Vicky Ograin, RVT	2	2.0	Small Animal Medicine 2 Immune-Mediated Diseases: Dr. Andrew Woolcock
	1.5	Keynote Speaker: The Power of Giving Back: How WE Hold this Unique Gift! Dr. S. Kwane Stewart		7.0	Technician Emergency Critical Care - Recovery: Courtney Waxman, RVT
# of Hrs. Attended	Max. Credits	SUNDAY, JUNE 11, 2023	# of Hrs. Attended	Max. Credits	MONDAY, JUNE 12, 2023
	5.5	Small Animal Medicine 1 Ophthalmology: Dr. Kenneth Abrams		5.5	Small Animal Medicine 1 Nephrology/Urology: Dr. JD Foster
	2.0	Small Animal Medicine 1 Nephrology/Urology: Dr. JD Foster	5.5	5.5	Small Animal Medicine 2 Pharmacology: Dr. Dawn Boothe
5.5	5.5	Small Animal Medicine 2 Immune-Mediated Diseases: Dr. Andrew Woolcock		5.5	Technician Physical Rehabilitation: Sandy Gregory, RVT
2	2.0	Small Animal Medicine 2 Pharmacology: Dr. Dawn Boothe	‡ This course satisfies the one hour of California CE requirement on the judicious use of medically important antimicrobial drugs.		
	7.0	Technician General Practice: Liza Rudolph, RVT			

Record CE hours each day enter your final CE total below, sign and date and keep with your records.
I certify that I have attended the sessions entered above which qualify for a final total of 27.5 continuing education hours.

Signature _____

A Singh

Date _____

06/18/23

Thank you for your support in helping make the 2023 Pacific Veterinary Conference a success.

Daniel L. Baxter

Daniel L. Baxter
CVMA Executive Director



CE Transcript

July 26, 2023

Student Name	Amandeep Singh
Status	56 / 56 courses completed

Course	Status	Final Score	CEUs
Addisonian Crisis Management	Completed on January 25, 2023	100%	1
AFAST© and Its Abdominal Fluid Scoring System for the Bleeding Patient	Completed on January 24, 2023	100%	1
Allergies (Flea, Food, and Contact)	Completed on July 18, 2023	100%	1
Anesthesia in the Critical Patient	Completed on November 9, 2022	100%	1
Atopic Dermatitis	Completed on January 12, 2023	100%	1
Basic Dental Extractions in Dogs and Cats	Completed on December 5, 2022	100%	1
BREATHE! Approach to the Respiratory Distressed Patient	Completed on January 24, 2023	100%	1
Cancer detection in 2022: Can a blood test really find 30 different types of cancer in dogs?	Completed on July 12, 2023	80%	1
Canine Anaphylactic Medically Treated Hemoabdomen - A Unique Canine Complication Every Veterinarian Should Know	Completed on July 13, 2023	80%	1
Canine Red Eye: External Causes	Completed on February 16, 2023	80%	1

Canine Red Eye: Internal Causes	Completed on March 4, 2023	80%	1
Cardiac Emergencies in Dogs	Completed on November 18, 2022	80%	1
Cesarean Section in Dogs and Cats	Completed on July 15, 2023	80%	0.5
Crazy Cation Lady	Completed on June 12, 2023	80%	1
Dental Radiograph Interpretation	Completed on July 18, 2023	80%	1
Dermatology Diagnostics	Completed on June 4, 2023	100%	1
Diagnosis and Management of Diabetic Ketoacidosis	Completed on February 16, 2023	100%	1
Effective Communication in Veterinary Dentistry	Completed on November 19, 2022	80%	1
Emergency Management of Blocked Cats - Is There Anything New?	Completed on March 4, 2023	100%	1
Examination of the Dyspneic Cat	Completed on November 18, 2022	80%	1
Feline House Soiling	Completed on November 19, 2022	80%	1
Feline Inappropriate Urination: Forget the Box and Focus on the Felines	Completed on November 25, 2022	100%	1
Fun With Flags and IMHA	Completed on July 26, 2023	80%	1
Gastric Dilatation and Volvulus	Completed on December 5, 2022	100%	1
Gastrotomy in Dogs and Cats	Completed on January 23, 2023	100%	0.5
Glaucoma in Dogs and Cats	Completed on February 23, 2023	100%	1
Hose Beast: Enteric Feeding Tubes	Completed on November 9, 2022	100%	1

Human-directed Aggression in Dogs	Completed on July 6, 2023	75%	1.5
Intestinal Resection and Anastomosis in Dogs and Cats	Completed on March 4, 2023	80%	0.5
Is it cancer? Use of a blood-based test as an aid-in-diagnosis for cancer detection in dogs	Completed on July 26, 2023	100%	1
It's a Wrap! Bandaging for Beginners	Completed on February 23, 2023	100%	1
It's Catchy! Infection Control Strategies for the Veterinary Practice	Completed on July 17, 2023	80%	1
Management of Septic Abdomen in Dogs and Cats	Completed on November 28, 2022	100%	0.5
Managing Anxiety and Fear in the Veterinary Practice	Completed on July 8, 2023	80%	1
Mass Excision: Soft Tissue Sarcomas and Mast Cell Tumors in Dogs and Cats	Completed on December 5, 2022	100%	1
Medical Causes and Medication Intervention for Aggression in Dogs	Completed on July 8, 2023	80%	1
Ophthalmic Emergencies in Dogs and Cats	Completed on March 7, 2023	100%	1
Perineal Urethrostomy in Cats	Completed on January 22, 2023	100%	0.5
Periodontal Disease in Dogs and Cats	Completed on January 22, 2023	100%	1
Practice Pearls: Emergency Stabilization for General Practitioners	Completed on July 25, 2023	80%	1
Pulmonary Hypertension: A Cardiopulmonary Clinical Enigma	Completed on June 12, 2023	100%	1
Puppy and Kitten Behavioral Development and Problem Behavior Prevention	Completed on July 6, 2023	100%	1.25
Ruptured Bladder Repair in Dogs and Cats	Completed on January 3, 2023	100%	0.5
Soft Palate Resection and Correction of Stenotic Nares in Dogs	Completed on January 3, 2023	80%	0.5

Splenectomy in Dogs and Cats	Completed on January 11, 2023	80%	0.5
Stop the Clot! Diagnosis, Treatment & Prevention of Feline Thromboembolic Disease	Completed on March 9, 2023	100%	1
Surgical Dental Extractions and Complications in Dogs and Cats	Completed on November 25, 2022	100%	1
TFAST for the Accurate Diagnosis of Pleural and Pericardial Effusion	Completed on April 10, 2023	80%	1
The Art of Assisted Feeding	Completed on July 6, 2023	100%	1
The Initial Approach to the Allergic Patient	Completed on January 11, 2023	80%	1
The Pain Stops Here: Locoregional Anesthetic Techniques	Completed on December 4, 2022	100%	1
Tips for Managing Canine Otitis Externa	Completed on January 12, 2023	100%	1
Tracheostomy Tube Placement in Dogs and Cats	Completed on November 26, 2022	80%	0.25
Triage STAT: Emergency Approach to the Small Animal Trauma Patient	Completed on February 23, 2023	100%	1
Understanding Feline Tooth Resorption and Stomatitis	Completed on March 9, 2023	100%	1
Your Dog Ate What?! Managing Common Toxicities	Completed on April 10, 2023	100%	1
		91%	52

VETERINARY BOOTCAMP CERTIFICATE OF COMPLETION

Awarded to:

Amandeep Singh

For satisfactorily completing the Veterinary Medical Records CE online course., which covers several topics related directly to the subject of medical record keeping as it pertains to the veterinary field for 10 hours of continuing education contact hours.

Completed on October 11, 2022



ABIGAIL KITCHENS, DVM
CEO, Veterinary Bootcamp CE, LCC.

This program 42528 is approved by the AAVSB RACE to offer a total of 10 CE credits. 10 max being available to any one veterinarian. This RACE approval is for the subject matter categories of: Category Three: non Scientific, Practice Management, Professional Development using the delivery method of interactive distance. This approval is valid in jurisdictions which recognize AAVSB RACE; however participants are responsible for ascertaining each board's CE requirements. RACE does not "accredit" or "endorse" or "certify" any program or person, nor does RACE approval validate the content of the program

2022 Pacific Veterinary Conference

CE CERTIFICATE OF ATTENDANCE

This certifies that Amandeep Singh attended the following sessions at the Pacific Veterinary Conference, in San Francisco, California, June 2- 5, 2022 sponsored by the California Veterinary Medical Association. This form is provided for your records. The form may be used to verify CE requirements for license renewal. Record CE hours for the sessions that you attended and write the final total on the bottom of this form, sign and date.

# of Hrs. Attended	Max. Credits	Thursday, June 2, 2022	# of Hrs. Attended	Max. Credits	Friday, June 3, 2022
	4.0	Small Animal Medicine 1: Immune-Mediated Diseases : A. Mackin		2.0	Small Animal Medicine 1: Immune-Mediated Diseases: A. Mackin
4	4.0	Small Animal Medicine 2: Dermatology: W. Rosenkrantz	2	2.0	Small Animal Medicine 2: Dermatology: W. Rosenkrantz ‡
	3.0	Small Animal Medicine 1: Ophthalmology: M. Church		3.5	Small Animal Medicine 1: Ophthalmology: M. Church
3	3.0	Small Animal Medicine 2: Cardiology: H. Kellihan	3.5	3.5	Small Animal Medicine 2: Cardiology: H. Kellihan
	4.0	Small Animal Surgery: Orthopedic Disease, Osteoarthritis: N. Kieves		2.0	Small Animal Medicine 1: Oncology: S. Ettinger
	3.0	Small Animal Surgery: Dentistry and Maxillofacial Surgery: G. Thatcher	2	2.0	Small Animal Medicine 2: Nutrition: V. Parker
	4.0	Equine: Muscle Pathology/Genetic Diseases: S. Valberg		2.0	Small Animal Surgery: Orthopedic Disease, Osteoarthritis: N. Kieves
	3.0	Equine: Infectious Diseases and Clinical Neurology: S. DeNotta		3.5	Small Animal Surgery: Dentistry and Maxillofacial Surgery: G. Thatcher
	4.0	Avian/Exotics: Backyard Poultry: L. Tell		2.0	Small Animal Surgery: Orthopedics: B. Beale
	3.0	Avian/Exotics: Reptiles: S. Stahl		3.0	Avian/Exotics: Reptiles: S. Stahl
	4.0	Shelter Medicine: Infectious Diseases: E. Berliner		1.0	Avian/Exotics: Avian and Reptile Hematology: V. Joseph
	2.0	Shelter Medicine: Community-based Approaches to Animal Welfare: C. Karsten		3.0	Avian/Exotics: Clinical Pathology and Laboratory Medicine: C. Cray
	1.0	Shelter Medicine: Grab Bag, Ask Questions about Shelter Protocols: E. Berliner/C. Karsten		2.0	Equine: Infectious Diseases and Clinical Neurology: S. DeNotta
	4.0	Practice Management: Tools to Work on Your Practice, Employee's Life Cycle: A. Crabtree		2.0	Equine: Invasive Surgical Procedures: S. Gutierrez-Nibeyro
	3.0	Practice Management: Hiring, Employee Engagement, Customer Service: L. Boudreau		3.0	Equine: Muscle Pathology/Genetic Diseases: S. Valberg
	7.0	Technician: Nutrition: V. Ograin		4.0	Shelter Medicine: Community-based Approaches to Animal Welfare: C. Karsten
	1.0	Keynote Speaker: The Role and Medical Management of Military Working Dogs in Combat: J. Giles		2.0	Shelter Medicine: Infectious Diseases: E. Berliner
	1.0	USDA-NVAP - Module 4: E. Nietrzeba		3.0	Shelter Medicine: Ask Questions about Medical Challenges in Shelters: C. Karsten and E. Berliner
	1.0	USDA-NVAP - Module 7: S. Wong		4.0	Practice Management: Hiring, Employee Engagement, Customer Service: L. Boudreau
	1.0	USDA-NVAP - Module 18: D. Nelson		3.0	Practice Management: Tools to Work on Your Practice, Employee's Life Cycle: A. Crabtree
	1.0	USDA-NVAP - Module 13: K. Starzel		7.0	Technician: Small Animal Clinical Practice: L. Rudolph
	1.0	USDA-NVAP - Module 23: E. Marshall ‡		4.0	Integrative Medicine: Oncology: K. Pope
	2.0	USDA-NVAP - Module 9 & 34: L. England		3.0	Disaster Medicine: Emergency and Critical Care: K. Zersen
7	←	TOTAL CEU Hours for - THURSDAY, JUNE 2		2.0	Hobby Animal: Small Ruminants / FARAD: L. Tell
# of Hrs. Attended	Max. Credits	Sponsored Labs		1.0	NVAP: Introduction to USDA, APHIS and NVAP: D. Nelson
	3.0	Universal Imaging Ultrasound Lecture: J. Sharpley 6/2/22		1.0	NVAP: Reportable Animal Disease Part A & B - D. Nelson
	3.0	Universal imaging Ultrasound Hands on Lab: J. Sharpley 6/2/22		1.0	NVAP: Animal Movement and Int. Health Certification Process: L. England
	3.0	Karl Storz Endoscopy Lecture: T. McCarthy The LAP Spay and Other Common Rigid Endoscopy Procedures 6/3/22		1.0	NVAP: Hot Topics: A. Mikolon
	3.0	Karl Storz Endoscopy Hands on Lab: T. McCarthy Introduction to LAP Spay, Vessel Sealing and Rigid Endoscopy Equipment. (DVM's ONLY) 6/3/22		1.0	NVAP: Orientation to State-Specific Programs & Services: E. Nietrzeba
←	←	TOTAL CEU Hours for Sponsored Labs	7.5	←	TOTAL CEU Hours for - FRIDAY, JUNE 3

Record CE hours each day (see reverse side for Saturday & Sunday CE) enter your Final CE total, sign and date and keep with your records.

I certify that I have attended the sessions entered above which qualify for a final total of 27.5 continuing education hours.

Signature _____

Date 10/05/22

Thank you for your support in helping make the 2022 Pacific Veterinary Conference a success.

Daniel L. Baxter
Daniel L. Baxter
CVMA Executive Director

2022 Pacific Veterinary Conference CE CERTIFICATE OF ATTENDANCE

# of Hrs. Attended	Max. Credits	Saturday, June 4, 2022	# of Hrs. Attended	Max. Credits	Sunday, June 5, 2022
	5.5	Small Animal Medicine 1: Oncology: S. Ettinger		5.5	Small Animal Medicine 1: Neurology: R. Windsor
	2.0	Small Animal Medicine 1: Neurology: R. Windsor	5.5	5.5	Small Animal Medicine 2: Pharmacology: C. Fellman ‡
5.5	5.5	Small Animal Medicine 2: Nutrition: V. Parker		5.5	Small Animal Surgery: Soft Tissue: E. Gibson
2	2.0	Small Animal Medicine 2: Pharmacology: C. Fellman		5.0	Avian/Exotics: Avian and Small Mammals: H. Beaufrere
	5.5	Small Animal Surgery: Orthopedics: B. Beale		4.0	Practice Management: Common Practice Mgt. Matters: M. Tompkins
	2.0	Small Animal Surgery: Soft Tissue : E. Gibson		5.5	Technician: Rehabilitation: S.Gregory
	2.0	Equine: Infectious Diseases and Clinical Neurology: S.DeNotta		1.0	Practice Management: Practice Managers Share Their Secrets: M. Tompkins, L. Boudreau, and A. Crabtree
	5.0	Equine: Invasive Surgical Procedures: S. Gutierrez-Nibeyro	5.5	←	TOTAL CE Hours for SUNDAY, JUNE 5
	1.0	Avian/Exotics: Comparative Avian and Retic Response to Clinical Diseases: V. Joseph	# of Hrs. Attended	Max. Credits	Sponsored Symposiums
	3.0	Avian/Exotics: Clinical Pathology and Laboratory Medicine: C.Cray		1.0	Omni Practice Group: R. Johnston Maximize Your Veterinary Practice
	3.0	Avian/Exotics: Avian and Small Mammals: H. Beaufrere		1.0	Omni Practice Group: R. Johnston Selling to a Corporation - What to Know
	1.0	Practice Management: Employer's Rights and Responsibilities: A. Claxton		1.0	Omni Practice Group: R. Johnston What Happens If You Sell Your Practice Mid-Career?
	1.0	Practice Management: Independent Contractors: J. Lopez		1.0	PetDK: A. McCleary-Wheeler Cancer DNA Goes Off Leash
	1.0	Practice Management: Recordkeeping: S. Marmaduke		1.0	PetDK: A. Flory Cancer Detection In 2022 Can a Blood Test Really Find Cancer?
	1.0	Practice Management: Ask the Attorneys: A. Claxton, J. Lopez and S. Marmaduke		1.0	PetDK: L. Wong Real World Experience with Blood-based "Liquid Biospy"...
	3.0	Practice Management: Common Practice Management Matters: M. Tompkins		1.0	Trupanion: S. Huggins (Thursday) Why You Should Re-evaluate the Role of Pet Insurance in Your Practice
	7.0	Technician: Surgery: H. Reuss-Lamky		1.0	Trupanion: S. Huggins (Friday) Why You Should Re-evaluate the Role of Pet Insurance in Your Practice
	3.0	Integrative Medicine: Oncology: K. Pope	5.5	←	TOTAL CEU Hours for Sponsored Symposiums
	4.0	Disaster Medicine: Emergency and Critical Care: K. Zersen	‡ This course satisfies the one hour of California CE requirement on the judicious use of medical important antimicrobial drugs. See program guide for full details.		
	4.0	Wellness: Improvise, Adopt, Overcome; Resilience, ... : C. Journey	CVPM Approved CE for Recertification - VHMA approved course ID 22-16 • Qualifying Speakers=Andrea Crabtree, Leslie Boudreau, and Melissa Tompkins		
7.5	←	TOTAL CEU hours for SATURDAY, JUNE 4			

**The California Veterinary Medical Association is a statutorily approved CE provider.
Additional information on mandatory CE can be found at www.cvma.net.**

California Mandatory Continuing Education Requirements

One hour of continuing education (CE) is defined as 50 minutes of presentation and a 10-minute break. Question and answer time is included as presentation time.

Veterinarians are required to complete 36 hours of acceptable CE during the two-year license period immediately preceding the license expiration date. All 36 hours may be earned by attending scientific programs, such as medical and surgical courses. Up to 24 hours of business/practice management related courses will be accepted for each renewal period. A maximum of six (6) hours can be earned by self-study methods, such as non-interactive internet courses, reading journals, listening to audiotapes, or viewing video for each renewal period.

Judicious Use of Medically Important Antimicrobial Drugs CE Requirement for Veterinarians

As of January 1, 2018, a veterinary licensee must complete a minimum of one credit hour on the judicious use of medically important antimicrobial drugs every four years for license renewal. After the initial course has been completed, you will need to complete a judicious use course at least every other renewal period.

Registered Veterinary Technicians are required to complete 20 hours of acceptable CE during the two-year license period immediately preceding the license expiration date. All 20 hours may be earned by attending scientific programs, such as medical and surgical courses. Up to 15 hours of business/practice management related courses will be accepted for each renewal period. A maximum of four (4) hours can be earned by self-study methods, such as correspondence courses, independent study and home study programs, reading journals, video or audio presentations related to veterinary technology or related fields.

CVMA Certified Veterinary Assistants must complete a minimum of 10 hours of acceptable continuing education every two years to maintain their certification.

Out of State Continuing Education Requirements

Texas

To receive credit for your CE at the Pacific Veterinary Conference, you must follow proper procedures per the Texas Board of Veterinary Medical Examiners (TBVME).

1. Check in at the REGISTRATION desk, a Texas CE Reporting Form will be included in your registration packet.
2. Please proceed to the INFORMATION desk, located right next to the ON-SITE registration desk and sign in on the attendee roster.
3. Track your CE hours on the Texas CE Reporting form. At the end of the conference, return to the INFORMATION desk BEFORE you leave the conference. A Pacific Veterinary Conference staff member must verify your hours; you will be issued a signed Texas DVM Certification of Attendance/Completion form. (Per the TBVME these certificates cannot be mailed.)

All Other States

Most states will accept CVMA-sponsored CE.

Contact your state veterinary medical board or licensing agency to determine which Pacific Veterinary Conference CE courses qualify in your state.



Animal & Veterinary Legal Services, PLLC

CERTIFICATE OF COMPLETION

Race Program # 1078-37545 and VHMA Course ID # 20-47

AMANDEEP SINGH

This non interactive-distance, non medical program has been approved for 2 hours of continuing education credit in jurisdictions that recognize RACE approval. The Veterinary Hospital Managers Association has approved this course for 2.0 (two) continuing education credits (Online Delivery).

Veterinary Medical Records (2 hours)

Date: 2023-04-21

Serial No.

cert_ktzi2g7b



Sarah L. Babcock
SARAH L. BABCOCK, DVM, JD
PRESIDENT, ANIMAL & VETERINARY LEGAL SERVICES, PLLC



Animal & Veterinary Legal Services, PLLC

CERTIFICATE OF COMPLETION

RACE Program # 1078-43981

Amandeep Singh

THIS NON INTERACTIVE-DISTANCE, NON-MEDICAL PROGRAM HAS BEEN APPROVED FOR 1 HOUR OF CONTINUING EDUCATION CREDIT IN JURISDICTIONS THAT RECOGNIZE RACE APPROVAL

The Veterinarian-Client-Patient-Relationship (1 hour)

Date: 2023-06-04

Serial No.

cert_nwv5xqvy



Sarah L. Babcock
SARAH L. BABCOCK, DVM, JD
PRESIDENT, ANIMAL & VETERINARY LEGAL SERVICES, PLLC



Animal & Veterinary Legal Services, PLLC

CERTIFICATE OF ATTENDANCE

RACE Program # 1078-41731 and VHMA Course ID #20-46

AMANDEEP SINGH

This non-interactive-distance, non-medical program has been approved for 2 hours of continuing education credit in jurisdictions that recognize RACE approval. The Veterinary Hospital Managers Association has approved this course for 2.0 (two) continuing education credits (Online Delivery).

Telehealth & Telemedicine Legal and Ethical Considerations (2 hours)

Date: 2023-03-29

Serial No.

cert_bnlghx70



Sarah L. Babcock
SARAH L. BABCOCK, DVM, JD
PRESIDENT, ANIMAL & VETERINARY LEGAL SERVICES, PLLC



Animal & Veterinary Legal Services, PLLC

CERTIFICATE OF COMPLETION

RACE Program # 1078-37547 and VHMA Course ID # 20-50

AMANDEEP SINGH

This non interactive-distance, non medical program has been approved for 2 hours of continuing education credit in jurisdictions that recognize RACE approval. The Veterinary Hospital Managers Association has approved this course for 2.0 (two) continuing education credits (Online Delivery).

Regulation of the Profession (2 hours)

Date: 2023-06-04

Serial No.

cert_w4tcj5gv



Sarah L. Babcock
SARAH L. BABCOCK, DVM, JD
PRESIDENT, ANIMAL & VETERINARY LEGAL SERVICES, PLLC



Animal & Veterinary Legal Services, PLLC

CERTIFICATE OF ATTENDANCE

Program # 1078-41865 and VHMA Course ID # 20-49

AMANDEEP SINGH

This non-interactive-distance, non-medical program has been approved for 1 hour of continuing education credit in jurisdictions that recognize RACE approval. The Veterinary Hospital Managers Association has approved this course for 1.0 (one) continuing education credits (Online Delivery).

Client Consent and Communications (1 hour)

Date: 2023-04-21

Serial No.

cert_jwgp5893



Sarah L. Babcock

SARAH L. BABCOCK, DVM, JD
PRESIDENT, ANIMAL & VETERINARY LEGAL SERVICES, PLLC



Animal & Veterinary Legal Services, PLLC

CERTIFICATE OF ATTENDANCE

RACE Program # 1078-39963 and VHMA Course ID #20-45

AMANDEEP SINGH

This non interactive-distance, non medical program is approved for 3 hours of continuing education credit in jurisdictions that recognize RACE approval. This program has been approved by the Texas Board of Veterinary Medical Examiners Investigator-Legal Compliance to satisfy S.B. No. 1947 continuing education requirements for opioid abuse and controlled substance diversion, inventory, and security training. Veterinary Hospital Managers Association approved 3.0 (three) continuing education credits (Online Delivery).

A One Health Approach to the Opioid Crisis: Controlled Substance Awareness Training (3 hours)

Date: 2023-07-12

Serial No.

cert_gxht6ydy



SARAH L. BABCOCK, DVM, JD
PRESIDENT, ANIMAL & VETERINARY LEGAL SERVICES, PLLC

EXHIBIT 7

LETTERS OF RECOMMENDATION



Letter Of Recommendation

It is my pleasure to write this letter of recommendation for Dr Amandeep Singh whom I have known for over 20 years. He pursued veterinary career due to his extreme passion for animals.

He has been through a very tough phase of his life in last 5 years both personally and professionally but that has not stopped him from continuously trying to get back in this profession. I have seen first-hand all the efforts he has put in since his revocation of license and then unsuccessful petition for reinstatement last year. He is very regretful of his action of unlicensed activity in the past and his extensive work on ethics specifically is proof of his realization and his promise to never do such a huge mistake ever again His level of commitment towards reinstatement is also reflected from the fact that he has not taken any job and stayed completely focused towards getting his license back.

We transitioned from paper records to paperless records in 2020 at my practice. He has visited my clinic multiple times after hours to learn paperless record keeping in particular He showed keen interest in radiology, dentistry, emergency medicine cases and recent updates in veterinary medicine during these visits. He continued to attend veterinary conferences in and out of state, online certifications and webinars.

As per my observation since last year particularly, he has done extensive rehabilitation and is ready to begin his walk again in veterinary medicine with the new knowledge

I declare under penalty of perjury under the law of state of California that the foregoing is true and correct.

Sincerely,

Avtar Singh 07/18/2023

Dr Avtar Singh D.V.M
Lic#16253

[REDACTED]
[REDACTED]



InterCity Animal Emergency Clinic

Phone: 604-321-8080

Fax: 604-321-8085

www.vancouveranimaler.com

To whom It May Concern

I'm the writing this letter to recommend the reinstatement of Mr Amandeep Singh's veterinarian license. In my opinion, Mr Singh is a highly accomplished and motivated veterinarian whom I have known from our days in the veterinary school in India. I have always come to know Mr Singh as a diligent and intelligent individual with a real passion for Animal Care. During his days in veterinary school, Mr Singh was a member of various Community oriented organizations that helped underprivileged and poor farmers. He also showed remarkable leadership in numerous blood donation drives across the state of Punjab.

I own and operate a 24-hour emergency Facility in Vancouver British Columbia Canada. Mr Singh has performed volunteer work at my facility in October 2022 and December 2022 and showed Keen interest in the day today medical and professional activities of the facility. He specially showed marked interest in learning the practice management and record keeping software.

I have been fortunate to know Mr Singh at a personal level and have witnessed his struggles during the period he had not had his veterinary license. I have come to learn that since the denial of his petition in 2022 Mr Singh has made a serious Endeavor personally and professionally towards his reinstatement efforts.

Outside of the veterinary profession, Mr Singh is known to be an amiable person popular among his peers and within his community. I am very confident that he will make an excellent addition to the veterinary community of the State of California and will continue to mature as a wonderful professional. I recommend him without reservations.

I declare under penalty of perjury under the laws of state of California that the foregoing is true and correct.

Any inquiry on above can be directed to my personal cell phone [REDACTED]



Dr Amit Ranjan

12 July 2023

BC Lic#2476, California Lic# VET23278

Address: 580 SE Marine Drive Vancouver V5X 2T4



**FAMILY FRIENDS
VETERINARY
HOSPITAL**

To Whom It May Concern

I am writing this letter of recommendation for Dr. Amandeep Singh, whom I have known for over two decades.

I met Dr. Amandeep Singh for the first time in our College of Veterinary Science in Punjab, India, when we were studying to get our bachelor's degrees in veterinary sciences. However, I started knowing more about him when both of us acquired our California veterinarian license and started practicing in the Central Valley. I had the opportunity of seeing his veterinarian skills firsthand, including his dedication, hard work, commendable leadership qualities, strong communication skills and passion towards this profession when he started practicing at Geisert Animal Hospital in 2006. I was a part of his team initially, as we spent ample time together professionally and personally during those years. He was well known in the entire area of Stockton as one of very few exceptionally compassionate veterinarians who dedicated their time and skill to help poor pet owners who could not afford quality care for their pets due to how costly it was. The response to his services was so overwhelming that he started opening Geisert Animal Hospital until midnight 7 days a week to make sure no client was turned away during the hours of operation.

Due to his passion for his career, and his desire to help those around him, Dr. Singh was devastated and heartbroken when his license was revoked in 2018. Since then, he has continued to work even harder to eliminate critical errors which resulted in said revocation. He reassessed his mistakes, which unfortunately still led to an unsuccessful petition for reinstatement in 2022. Despite this, he has since continued his pursuit towards his goal of reinstatement through further education and multiple certifications oriented mainly towards those errors. Some of these certifications include record writing, radiology, bandaging, surgeries, dentistry and critical care on emergency cases and veterinary ethics. In 2022, he also visited me few times at my practice in Sacramento to observe and stay connected with this profession.

I still view and will continue to view him as a great asset in the veterinary industry, especially to Stockton and surrounding areas where he plans to practice as a veterinarian if his license is reinstated. I wish him nothing but the best in his relentless effort to reacquire his license, which I strongly believe he should.

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

Sincerely,


07/05/2023

Dr. Mandeep Singh Sidhu D.V.M

CA License No. 17159
[REDACTED]



Greenback Hazel Animal Hospital
8875 Greenback Lane, Orangevale, CA, 95662
916-277-8996

July 25th 2023.

To whom it may concern,

I am writing this letter at the request of Dr. Amandeep Singh of Stockton, California. I have known Dr. Amandeep Singh since the year 2017 when I came for an interview for veterinarian job at Geisert Animal Hospital, Stockton. I made the big move from Canada to USA back then and learnt multiple aspects of veterinary hospital management and practice. I have always been impressed with his veterinary surgical skills. He always was associated with multiple rescue groups for pets and provided low cost care to pets of Stockton and surrounding areas.

He was devastated when his license was revoked in 2018 and understood the reasons for disciplinary action against his license. He started the rehabilitation efforts to get his license reinstated. He was unsuccessful in his attempt in the year 2022 but continued to learn and improve through conferences like Pacific veterinary conference in 2022 and 2023 and Western veterinary conference in 2023. In addition, he attended multiple courses on record writing and veterinary ethics during the past one year. He stayed in touch with most of the veterinary surgery and medicine knowledge through multiple certifications since the year 2022 which he shared with me.

I am aware of his dedication and hard work to get his license back. I think he will make great contribution in helping pet owners needing veterinary services to their pets as it is getting very difficult for low income pet owners to find a veterinarian which they can afford specially in the areas of Stockton and Tracy, California.

I declare under penalty of perjury under the laws of state of California that the foregoing is true and correct. If you have any questions I can be reached at [REDACTED]

I wish Dr. Amandeep Singh good luck in getting his veterinary license to practice.

Yours sincerely,

Dr. Pretheeban Thavaneetharajah DVM, PhD (CA 22273) 07/25/2023



MAST BLVD PET HOSPITAL

9876 N Magnolia Avenue

Santee, CA 92071

(619) 448-6490

July 25, 2023

To Whom It May Concern,

It is my pleasure to write this letter of recommendation for Dr Amandeep Singh. I have known Dr. Amandeep Singh from our college days in Punjab, India. We were part of a few social, religious and charity organizations involved in blood donation and meditation camps as well as livestock farmer fairs. He was actively involved in organizing seminars and fundraisers to help undeserved farmers for treatment free medicine and shelter for their pets.

He was well known for his selfless service to help friends, colleagues and pet owners in need at all times. I have seen his commitment and hard work towards efforts for reinstatement of his license by different approaches like conferences, online courses, boot camps, reading journals and magazines and volunteering at veterinary hospitals to fix and overcome the deficiencies which was the reason of the disciplinary actions against him.

I will recommend California veterinary medical board to reinstate his license for which he has put a lot of effort to improve as a veterinarian, as well as a person.

I declare under penalty of perjury under the laws of state of California that the foregoing is true and correct.

Sincerely,

Dr Karamjeet Singh D.V.M

Ca License #16109



Letter of Recommendation

It is with pride and the utmost confidence that I recommend Dr. Amandeep Singh for your consideration in the reinstatement of his California Veterinary License.

I have had the pleasure of knowing Dr. Amandeep Singh from our early college days in Punjab, India. At this institution, he was a part of numerous social, religious and charity organizations such as blood donation camps, meditation camps and annual livestock farmer fairs to name a few. Furthermore, he was not only at the top of his class academically, but he was also a forerunner in leading by example and showing compassion to all, such as his community service efforts in assisting underserved and underrepresented farmers in the state of Punjab.

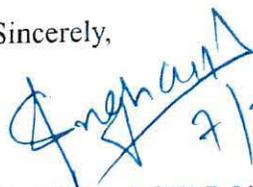
Additionally, he was well known for his selfless services and acts of unconditional kindness to help friends, colleagues and pet owners alike. Dr. Singh has continued to demonstrate his empathetic nature to this day. I witnessed the emotional turmoil he went through with the loss of his professional license in 2018. I have also seen all the sincere and hard work he has put in his endeavors to reinstate his license. One of these efforts, for example, was when we attended the Pacific Veterinary Conference together in 2022 in San Francisco.

As I mentioned previously, Dr. Singh has committed the past few years towards efforts for the reinstatement of his license. He shared with me the different aspects of veterinary medicine practice which he needed to work on. He has approached this in a multitude of ways, like conferences, online courses, reading journals/magazines and volunteering at veterinary hospitals to overcome and improve the deficiencies which resulted in the past disciplinary actions against him.

Once again, I strongly urge the association to consider his case for reinstatement. He is a very knowledgeable veterinarian and his services are desperately needed in an environment where we face a shortage of professionals to serve the animals.

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

Sincerely,



7/20/2023

Dr. Gobind Gill D.V.M
CA License # 16352



Letter of Recommendation

I am writing this letter for Dr Amandeep Singh whom I have known from India going back over 20 years. I started knowing him professionally as well when we walked the same path of multiple steps involved in obtaining the California veterinary license after migrating from India. We started practicing veterinary medicine in California around the same time. I settled and practiced veterinary medicine in central valley(fresno) since 2008.

He has always been very helpful to any new graduates in the process of obtaining California veterinary license with his guidance over the years. He would always share his experiences and challenges faced in this profession with his colleagues ,associates and fellow veterinarians. He practiced in Stockton and surrounding areas since he got his California license where affordable quality care is a challenge for pet owners. He was well known for his compassionate,affordable and quality veterinary care among pet owners till the time he practiced.

The action against his license in 2018 was shocking to all his friends and family and a major setback to all the pet owners of that area .He has been on path to get his license reinstated since then through different channels . Witnessing his efforts and his complete devotion,hard work ,realization and continued determination to correct the mistakes committed after his petition of reinstatement was denied last year ,I am hopeful that he will get his license back.He attended conferences ,multiple courses and certifications,shadowed veterinarians oriented towards rectifying those mistakes.I really admire the complete dedication toward the cause of getting his license back.

I strongly recommend the California Veterinary Medical Board to consider him worthy to hold the veterinary license again.

I declare under penalty of perjury under the laws of state of California that the foregoing is true and correct

Sincerely,

Dr Arti Nayyar D.V.M

Ca License #17898
[REDACTED]

Arti Nayyar
7/20/23

EXHIBIT 8



PETITION FOR REINSTATEMENT

CONVICTION STATUS REPORT

PETITIONER: Amandeep Singh
TYPE OF PETITION: Petition for Reinstatement
CASE NUMBER: 4602024001100

CRIMINAL CONVICTION STATUS:

Petitioner provided a Request for Live Scan Service completed July 28, 2023. The criminal history record for Petitioner indicated no conviction history.

This status report is based on all available information in the file.

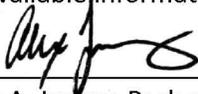
Submitted by:  **Date** April 2, 2024
Alexander A. Juarez, Probation Monitor

EXHIBIT 9



CERTIFICATION OF LICENSE HISTORY

This is to certify that I, Matt McKinney, Deputy Executive Officer of the Veterinary Medical Board (Board), Department of Consumer Affairs, State of California, share the responsibility of maintaining control and custody of the official records of the Board. I made or caused to be made a diligent search of the files and records concerning the license history of Dr. Amandeep Singh. I have determined that the official records prepared by Board employees, acting within the scope of their duties, show the dates and time periods listed herein for the issuance, expiration, periods of invalidity, and renewals of the license, as well as citations issued and periods of formal Board discipline:

VET No. 16252:

Amandeep Singh
4665 Pine Valley Cir.
Stockton, CA 95219-1878

First Issued: June 12, 2006
Expiration: August 31, 2019
Status: Revoked
Secondary Status: N/A

Discipline:

On August 23, 2017, Second Amended Accusation AV 2015 26 was filed against Amandeep Singh. On January 5, 2018, Proposed Decision AV 2015 26 was rendered. On March 9, 2018, the Board adopted Proposed Decision AV 2015 26, revoking Amandeep Singh’s license effective April 8, 2018. On April 17, 2018, the Board denied Amandeep Singh’s Petition for Reconsideration AV 2015 26. On April 11, 2022, the Board issued Citation 4602022000254 with an order of abatement to cease unlicensed practice. On June 27, 2022, the Board adopted an order denying Amandeep Singh’s Petition for Reinstatement AV 2015 26, effective July 27, 2022.

Dated at Sacramento, California, this 15th day of February 2024



Matt McKinney, Deputy Executive Officer

LIVE SCAN



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A 0133

ORI (Code assigned by DOJ)

License / Registration

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Veterinary Medical Board

06386

Agency Authorized to Receive Criminal Record Information

1747 N Market Blvd suite 230

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Sacramento CA 95834

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

Applicant Information:

SINGH

AMANDEEP

Last Name

First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name

First Name Suffix

Sex Male Female

Date of Birth

Driver's License Number

6" 165 lb Black Black

Billing Number

INDIA [Redacted]

(Agency Billing Number)

Home Address 4665 PINE VALLEY CIR

Misc. Number

(Other Identification Number)

STOCKTON CA 95219

City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

[Signature]

Applicant Signature

Date

Your Number:

OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:

(Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City State ZIP Code

Mail Code (five digit code assigned by DOJ)

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed