

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

**IN THE MATTER OF THE PETITION FOR EARLY TERMINATION OF PROBATION  
OF KENNETH CARL ALLISON**

**Agency Case No. 4602018000298**

**Office of Administrative Hearings Case No. 2025090678**

**HEARING EXHIBITS INDEX**

<b>EX. #</b>	<b>DOCUMENT</b>	<b>I.D.</b>	<b>ADMIT</b>
<b>1</b>	<b>Notices of Hearing and Proofs of Service</b>		
<b>2</b>	<b>Certification of License History</b>		
<b>3</b>	<b>Veterinary Medical Board Case No. 4602018000298 Decision and Order re Stipulated Settlement, Effective December 30, 2022; Stipulated Settlement and Disciplinary Order No. 4602018000298, signed October 15, 2022; First Amended Accusation, filed April 7, 2022 (Redacted)</b>		
<b>4</b>	<b>Petition for Reinstatement or Modification of Penalty (Redacted)</b>		
<b>5</b>	<b>Petitioner's Narrative Statement</b>		
<b>6</b>	<b>Letters of Recommendation (Redacted)</b>		
<b>7</b>	<b>Petitioner's Resume</b>		
<b>8</b>	<b>Continued Education Certificates (Redacted)</b>		

<b>9</b>	<b>Probation Compliance Report</b>		
<b>10</b>	<b>Probation Violation Letter, dated June 25, 2024</b>		
<b>11</b>	<b>Petitioner's Response Letter to the Probation Violation Letter, dated June 25, 2024</b>		
<b>12</b>	<b>Emails, Monthly Supervision Reports, and Supervision Review Logs (Redacted)</b>		
<b>13</b>	<b>Probation Violation Letter, dated August 22, 2025</b>		
<b>14</b>	<b>Inspection Report and Mobile Clinic Inspection Report (Redacted)</b>		
<b>15</b>	<b>Petitioner's Response Letter to the Probation Violation Letter, dated August 22, 2025</b>		
<b>16</b>	<b>Probation Violation Letter, dated October 2, 2024, and Mobile Inspection Report</b>		

## Exhibit 1



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR  
 DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA VETERINARY MEDICAL BOARD  
 1747 North Market Blvd., Suite 230, Sacramento, CA 95834-2987  
 P (916) 515-5520 | Toll-Free (866) 229-0170 | [www.vmb.ca.gov](http://www.vmb.ca.gov)



**VIA ELECTRONIC MAIL, CERTIFIED MAIL AND REGULAR MAIL**

September 4, 2025

Kenneth Allison, DVM  
 15 Augusta Ct.  
 Alamo, CA 94507  
[sfequine.office@gmail.com](mailto:sfequine.office@gmail.com)

**RE: HEARING NOTICE**  
**OAH Case No. TBD**  
**Petition for Early Termination or Modification of Penalty – Dr. Kenneth Allison**

Dear Dr. Kenneth Allison:

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

**Date:** Thursday, October 16, 2025  
**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=m7ddadf7a4a8a1147878bd4349ec28e79>

**Event number:** 2492 180 0395  
**Event password:** CVMB1016

**Phone audio conference:** (415) 655-0001  
**Access code:** 2492 180 0395  
**Passcode:** 28621016

The hearing will be conducted before the California 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 Early Termination of Probation 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](http://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](mailto:Alexander.Juarez@dca.ca.gov).

Sincerely,

SIGNATURE ON FILE

Alexander A. Juarez  
 Probation Monitor  
 California Veterinary Medical Board

cc: Neva Tassan, Deputy Attorney General



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR  
DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA VETERINARY MEDICAL BOARD  
1747 North Market Blvd., Suite 230, Sacramento, CA 95834-2987  
P (916) 515-5520 | Toll-Free (866) 229-0170 | www.vmb.ca.gov



**DECLARATION OF SERVICE BY CERTIFIED, REGULAR, & ELECTRONIC MAIL**

**RE: Notice of Hearing**

**LICENSE NO: VET 11482**

I, the undersigned declare that I am over 18 years of age; my business address is 1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834. I served a true copy of the attached letter by Certified Mail on the following, by placing same in an envelope addressed as follows:

**NAME AND ADDRESS**

Kenneth Allison  
15 Augusta Ct  
ALAMO CA 94507-2301  
[sfequine.office@gmail.com](mailto:sfequine.office@gmail.com)

**CERTIFIED NUMBER:**

9589 0710 5270 0918 6918 08

Neva Tassan, DAG

FileDrop

Said envelope was then, on **September 9, 2025**, sealed and deposited in the United States Mail at 1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834, the county in which I am employed, as certified mail with postage thereon fully prepaid, return receipt requested.

Executed on **September 9, 2025**, at Sacramento, California.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

**DECLARANT:**

**SIGNATURE ON FILE**

**Alexander A. Juarez**  
**Probation Monitor**  
**Veterinary Medical Board**

9589 0710 5270 0918 6933 08

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and Apt. No., or PO Box	
City, State, ZIP+4®	
Kenneth Allison, DVM 15 Augusta Ct. Alamo, CA 94507	
Ex. 1 - 003	
PS Form 3800, January 2023 PSN 7530-02-000-2047 See Reverse for Instructions	

## Exhibit 2



## CERTIFICATION OF LICENSE HISTORY

This is to certify that I, Ashley Sanchez, Enforcement Manager 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. Kenneth Allison. 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. 11482:**

Kenneth Carl Allison  
 San Francisco Equine Inc.  
 15 Augusta Ct.  
 Alamo, CA 94507-2301

First Issued: May 29, 1992  
 Expiration: November 30, 2026  
 Status: Current  
 Secondary Status: Probation

### **HSP No. 6179:**

San Francisco Equine Inc.  
 15 Augusta Ct.  
 Alamo, CA 94507-2301

First Issued: May 30, 2006  
 Expiration: May 31, 2026  
 Status: Current  
 Secondary Status: Probation

### **Discipline:**

On or about April 7, 2022, the Board filed a First Amended Accusation (Case No. 4602018000298) against Respondent. On October 14, 2022, Respondent agreed to a Stipulated Settlement, placing his license on probation for three years with terms and conditions, effective December 30, 2022.

Dated at Sacramento, California, this 18<sup>th</sup> day of August 2025

## SIGNATURE ON FILE

Ashley Sanchez, Enforcement Manager

## Exhibit 3

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

**In the Matter of the First Amended Accusation Against:**

**Kenneth Carl Allison, DVM,**

**Veterinarian License No. VET 11482,**

**Respondent**

**Case No. 4602018000298**

**OAH No. 2021040364**

**DECISION AND ORDER**

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Veterinary Medical Board, Department of Consumer Affairs, State of California, as its Decision in this matter.

This Decision shall become effective on December 30, 2022.

It is so ORDERED November 30, 2022.

SIGNATURE ON FILE

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

1 ROB BONTA  
 Attorney General of California  
 2 KIM KASRELIOVICH  
 Supervising Deputy Attorney General  
 3 MICHAEL YI  
 Deputy Attorney General  
 4 State Bar No. 217174  
 ELAINE YAN  
 5 Deputy Attorney General  
 State Bar No. 277961  
 6 300 So. Spring Street, Suite 1702  
 Los Angeles, CA 90013  
 7 Telephone: (213) 269-6483  
 Facsimile: (916) 731-2126  
 8 E-mail: Michael.Yi@doj.ca.gov  
*Attorneys for Complainant*  
 9

10 **BEFORE THE**  
**VETERINARY MEDICAL BOARD**  
 11 **DEPARTMENT OF CONSUMER AFFAIRS**  
 12 **STATE OF CALIFORNIA**  
 13

14 In the Matter of the Accusation Against:

Case No. 4602018000298

15 **KENNETH CARL ALLISON**  
  
 16

OAH No. 2021040364

17 **STIPULATED SETTLEMENT AND**  
**DISCIPLINARY ORDER**  
 18

Veterinarian License No. VET 11482,

Respondent.

19  
 20  
 21 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
 22 entitled proceedings that the following matters are true:

23 **PARTIES**

24 1. Jessica Sieferman (Complainant) is the Executive Officer of the Veterinary Medical  
 25 Board (Board). She brought this action solely in her official capacity and is represented in this  
 26 matter by Rob Bonta, Attorney General of the State of California, by Michael Yi and Elaine Yan,  
 27 Deputy Attorneys General.  
 28

2. Respondent Kenneth Carl Allison (Respondent) is represented in this proceeding by attorney George M. Wallace of Wallace, Brown & Schwartz, whose address is: 215 North Marengo Ave, 3rd Floor, Pasadena, CA 91101-1504.

3. On May 29, 1992, the Board issued Veterinarian License Number VET 11482 to Respondent. The Veterinarian License was in full force and effect at all times relevant to the charges brought in First Amended Accusation number 4602018000298, and will expire on November 30, 2024, unless renewed.

### **JURISDICTION**

4. First Amended Accusation number 4602018000298 was filed before the Board, and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on April 11, 2022. Respondent timely filed his Notice of Defense contesting the First Amended Accusation.

5. A copy of First Amended Accusation number 4602018000298 is attached as Exhibit A and incorporated herein by reference.

### **ADVISEMENT AND WAIVERS**

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation number 4602018000298. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the First Amended Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.



**CULPABILITY**

9. Respondent understands and agrees that the charges and allegations in First Amended Accusation number 4602018000298, if proven at a hearing, constitute cause for imposing discipline upon his Veterinarian License.

10. For the purpose of resolving the First Amended Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the First Amended Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent agrees that his Veterinarian License is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

**CONTINGENCY**

12. This stipulation shall be subject to approval by the Veterinary Medical Board. Respondent understands and agrees that counsel for Complainant and the staff of the Veterinary Medical Board may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

13. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

14. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary

Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

### **DISCIPLINARY ORDER**

IT IS HEREBY ORDERED that Veterinarian License Number VET 11482 issued to Respondent Kenneth Carl Allison is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions:

#### **1. Obey All Laws**

Respondent shall obey all federal and state laws and regulations substantially related to the practice of veterinary medicine. Within thirty (30) days of any arrest, Respondent shall notify the Board. Within thirty (30) days of any conviction, Respondent shall report to the Board and provide proof of compliance with the terms and conditions of the court order including, but not limited to, probation and restitution requirements. Obey all laws shall not be tolled.

#### **2. Quarterly Reports**

Respondent shall report quarterly to the Board or its designee, under penalty of perjury, on forms provided by the Board, stating whether there has been compliance with all terms and conditions of probation. Omission or falsification in any manner of any information on these reports shall constitute a violation of probation and shall result in the filing of an accusation and/or a petition to revoke probation against Respondent's license registration or permit. If the final written quarterly report is not made as directed, the period of probation shall be extended until the final report is received by the Board. Any period(s) of delinquency in submission of reports as directed may be added to the total period of probation.

#### **3. Interview with the Board**

Within 30 days off the effective date of the Decision, Respondent shall appear in person for an interview with the Board or its designee to review the terms and conditions of probation. Thereafter, Respondent shall, upon reasonable request, report or appear in person as directed.

1 Interview with the Board shall not be tolled.

2 **4. Cooperation with Board Staff**

3 Respondent shall cooperate with the Board's inspection program and with the Board's  
4 monitoring and investigation of Respondent's compliance with the terms and conditions of  
5 Respondent's probation. Respondent may receive the assistance of private counsel, but  
6 Respondent shall communicate directly with the Board or its designee, and written  
7 communications from the Board will only be sent to the Respondent. Respondent shall make  
8 available all patient records, hospital records, books, logs, and other documents relating to the  
9 practice of veterinary medicine to the Board, upon request.

10 Respondent shall claim all certified mail issued by the Board, respond in a timely manner to  
11 all notices and requests for information, and submit Reports, Identification Update reports or  
12 other reports similar in nature, as requested and directed by the Board or its designee.  
13 Respondent is encouraged to contact the Board's probation monitoring program representative at  
14 any time Respondent has a question or concern regarding the terms and conditions of  
15 Respondent's probation.

16 **5. Probation Monitoring Costs**

17 Probation monitoring costs are set at a rate of \$100 per month for the duration of the  
18 probation. These costs shall be payable to the Board on a schedule as directed by the Board or its  
19 designee.

20 **6. Changes of Employment or Address**

21 Respondent shall notify the Board, and appointed probation monitor in writing, of any and  
22 all changes of employment, location, and address within fourteen (14) calendar days of such  
23 change. This includes, but is not limited to, termination or resignation from employment, change  
24 in employment status, and change in supervisors, administrators or directors. Respondent shall  
25 also notify Respondent's probation monitor AND the Board IN WRITING of any changes of  
26 residence or mailing address within fourteen (14) calendar days. P.O. Boxes are accepted for  
27 mailing purposes; however, Respondent must also provide Respondent's physical residence  
28 address as well.

1           **7. No Supervision of Students, Interns, or Residents**

2           Respondent shall not supervise students, interns, or residents.

3           **8. Notice to Employers**

4           During the period of probation, Respondent shall notify all present and prospective  
5 employers of this Decision and the terms, conditions, and restrictions imposed on Respondent by  
6 this Decision, as follows:

7           Within thirty (30) days of the effective date of this Decision and within fifteen (15) days of  
8 Respondent undertaking any new employment, Respondent shall cause Respondent's supervisor  
9 and/or managing licensee (licensee manager) to report to the Board in writing, acknowledging  
10 that the listed individual(s) has/have read this Decision, including the terms conditions, and  
11 restrictions imposed. It shall be Respondent's responsibility to ensure that Respondent's  
12 supervisor and/or licensee manager submit timely acknowledgment(s) to the Board.

13           If Respondent provides veterinary services as a relief veterinarian, Respondent shall notify  
14 each individual or entity with whom Respondent is employed or contracted and require the  
15 supervisor and/or licensee manager to submit to the Board timely acknowledgment of receipt of  
16 the notice.

17           **9. Notice to Employees**

18           Throughout the probationary period, and in a manner that is visible to all licensed,  
19 registered, or permitted veterinary employees at the veterinary premises, Respondent shall post a  
20 notice provided or approved by the Board, that recites the violations for which Respondent has  
21 been disciplined and the terms and conditions of probation.

22           **10. Tolling of Probation**

23           Respondent shall notify the Board or its designee in writing within fifteen (15) calendar  
24 days of any periods of non-practice lasting more than thirty (30) calendar days and shall notify  
25 the Board or its designee within fifteen (15) calendar days of Respondent's return to practice.  
26 Any period of non-practice will result in the Respondent's probation being tolled.

27           Non-practice is defined as any period of time exceeding thirty (30) calendar days in which  
28 Respondent is not engaging in the practice of veterinary medicine in California.

1 It shall be considered a violation of probation if Respondent's periods of temporary or  
 2 permanent residence or practice outside California total two years. However, it shall not be  
 3 considered a violation of probation if Respondent is residing and practicing in another state of the  
 4 United States and is on active probation with the licensing authority of that state, in which case  
 5 the two-year tolling limitation period shall begin on the date probation is completed or terminated  
 6 in that state.

7 The following terms and conditions, if required, shall not be tolled:

8 Obey All Laws  
 9 Interview with the Board  
 10 Tolling of Probation  
 11 Maintain a Current and Active License  
 12 Cost Recovery

13 Non-practice is also defined as any period that Respondent fails to engage in the practice of  
 14 veterinary medicine in California for a minimum of 24 hours per week for the duration of  
 15 probation (except reasonable time away from work for vacations, illnesses, etc.) or as determined  
 16 by the Board. While tolled for not meeting the hourly requirement, Respondent shall comply  
 17 with all terms and conditions of this Decision.

18 Any period of tolling will not apply to the reduction of the probationary term.

#### 19 11. **Maintain a Current and Active License**

20 At all times while on probation, Respondent shall maintain a current and active license with  
 21 the Board. Maintain a current and active license shall not be tolled.

#### 22 12. **Violation of Probation**

23 If Respondent violates probation in any respect, the Board, after giving Respondent notice  
 24 and the opportunity to be heard, may revoke probation and carry out the disciplinary order that  
 25 was stayed. If an accusation or petition to revoke probation is filed against Respondent during  
 26 probation, or if the Attorney General's office has been requested to prepare any disciplinary  
 27 action against Respondent's license, the Board shall have continuing jurisdiction until the matter  
 28 is final, and the period of probation shall be extended until the matter is final. No petition for  
 modification or termination of probation shall be considered while there is an accusation or

petition to revoke probation pending against Respondent.

### 13. **License Surrender While on Probation/Suspension**

Following the effective date of this Decision, should Respondent cease to practice veterinary medicine due to retirement or health issues, or be otherwise unable to satisfy the terms and conditions of probation, Respondent may tender Respondent's license to practice veterinary medicine to the Board for surrender. The Board or its designee has the discretion to grant the request for surrender or to take any other action it deems appropriate and reasonable. Upon formal acceptance of the license surrender, Respondent will no longer be subject to the terms and conditions of probation. The surrender constitutes a record of discipline and shall become a part of the Respondent's license history with the Board.

Respondent must relinquish Respondent's license to the Board within ten (10) days of receiving notification from the Board that the surrender has been accepted.

### 14. **Completion of Probation**

All costs for probation monitoring and/or mandatory premises inspections shall be borne by Respondent. Failure to pay all costs due shall result in an extension of probation until the matter is resolved and costs paid or a petition to revoke probation is filed. Upon successful completion of probation and all payment of fees due, Respondent's license will be fully restored.

### 15. **Cost Recovery**

Pursuant to Section 125.3 of the California Business and Professions Code, within thirty (30) days of the effective date of this Decision, Respondent shall pay to the Board its enforcement costs including investigation and prosecution, in the amount of \$23,961.01 which may be paid over time in accordance with a Board approved payment plan, within six (6) months before the end of the probation term. Cost recovery shall not be tolled.

### 16. **Inspections**

If Respondent is the owner or managing licensee of a veterinary premises, the following probationary conditions apply:

(A) The location or mobile veterinary practice shall hold a current premises registration issued by the Board, and Respondent shall make the practice or location available for inspections

1 by a Board representative to determine whether the location or veterinary practice meets  
2 minimum standards for a veterinary premises. The inspections will be conducted on an  
3 announced or unannounced basis and shall be held during normal business hours. The Board  
4 reserves the right to conduct these inspections on at least a quarterly basis during probation.  
5 Respondent shall pay the Board for the cost of each inspection, which is \$500.

6 (B) As a condition precedent to any premises registration issued to Respondent as Owner or  
7 managing licensee, the location or mobile veterinary practice for which application is made shall  
8 be inspected by a Board representative to determine whether the location or mobile veterinary  
9 practice meets minimum standards for a veterinary premises. Respondent shall submit to the  
10 Board, along with any premises registration application, a \$500 inspection fee.

#### 11 17. Medical Records Review

12 Within 30 calendar days of the effective date of this Decision, Respondent shall provide to  
13 the Board or its designee the name and qualifications of one or more proposed reviewer of the  
14 medical records of animal patients created and maintained by Respondent. If Respondent's terms  
15 of probation include Supervised Practice, that supervisor also may serve as the medical records  
16 reviewer. Each reviewer shall be a licensed veterinarian in California, have held a valid  
17 California license for at least five (5) years, and have never been subject to any disciplinary action  
18 by the Board.

19 The Board or its designee shall provide the approved reviewer with copies of this Decision.  
20 Within fifteen (15) calendar days of the reviewer's receipt of this Decision, the reviewer shall  
21 sign an affirmation that they have reviewed the terms and conditions of this Decision and fully  
22 understands the role of the reviewer.

23 If Respondent fails to obtain the Board's or its designee's approval of a reviewer within  
24 sixty (60) calendar days of the effective date of this Decision, Respondent shall receive a  
25 notification from the Board or its designee to cease practicing veterinary medicine within three  
26 (3) calendar days after being notified. Respondent shall cease practice until a reviewer is  
27 approved to provide medical records review services.  
28

The reviewer shall review a minimum of ten percent (10%) of Respondent's animal patient medical records or fifteen (15) records (whichever is greater), a minimum of twelve (12) times per year. The reviewer shall determine the method of random selection of medical records to review and shall access the medical records directly from where the medical records are being kept. Review of Respondent's medical records shall not be delegated to Respondent or Respondent's staff. The reviewer's random selection of medical records shall include medical records that correlate to the animal patient care issues or other issues identified in the disciplinary action that resulted in this Decision. Respondent is required to make all animal patient medical records available for immediate inspection and copying by the reviewer at all times during business hours. The reviewer shall immediately notify the Board's Probation Monitor if Respondent fails or refuses to make the medical records available for inspection and/or copying.

Any potential costs associated with conducting the medical records review shall be borne by Respondent.

The reviewer shall evaluate the medical records to assess 1) The medical necessity and appropriateness of Respondent's treatment; 2) Respondent's compliance with minimum standards of practice in the diagnosis and treatment of animal patients; 3) Respondent's maintenance of necessary and appropriate treatment; 4) Respondent's maintenance of necessary and appropriate records and chart entries; and 5) Respondent's compliance with existing statutes and regulations governing the practice of veterinary medicine.

The reviewer shall submit quarterly reports to the Board on a form designated by the Board. The reports shall be submitted by the reviewer directly to the Board's Probation Monitor within seven (7) calendar days after the end of the preceding quarter. The quarterly reporting periods and due dates are as follows:

<b>Reporting Time Period</b>	<b>Due No Later Than</b>
January 1 to March 31 (Quarter I)	April 7
April 1 to June 30 (Quarter II)	July 7
July 1 to September 30 (Quarter III)	October 7
October 1 to December 31 (Quarter IV)	January 7



18. **Continuing Education**

Within sixty (60) days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board for its prior approval, an educational program or course related to recordkeeping which shall not be less than 8 hours per year, for each year of probation. Upon successful completion of the course, Respondent shall provide proof to the Board. This program shall be in addition to the Continuing Education required of all licensees for licensure renewal. All costs shall be borne by Respondent.

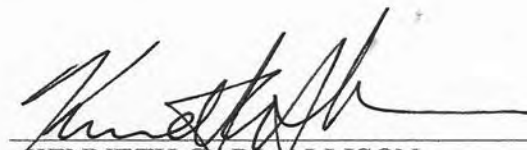
19. **Fine**

Respondent shall pay to the Board a fine in the amount of \$5,000 pursuant to Business and Professions Code sections 4875 and 4883, which may be paid over time in accordance with a Board approved payment plan, within six (6) months before the end of the probation term.

**ACCEPTANCE**


I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney George M. Wallace. I understand the stipulation and the effect it will have on my Veterinarian License. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Veterinary Medical Board.

DATED: 10-14-22

  
KENNETH CARL ALLISON  
Respondent

I have read and fully discussed with Respondent Kenneth Carl Allison the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: October 15, 2022

  
GEORGE M. WALLACE  
Attorney for Respondent

**ENDORSEMENT**

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Veterinary Medical Board.

DATED: October 16, 2022

Respectfully submitted,

ROB BONTA  
Attorney General of California  
KIM KASRELIOVICH  
Supervising Deputy Attorney General  
ELAINE YAN  
Deputy Attorney General

*Michael Yi*

MICHAEL YI  
Deputy Attorney General  
*Attorneys for Complainant*

LA2021600025

**Exhibit A**

**First Amended Accusation number 4602018000298**

1 ROB BONTA  
 Attorney General of California  
 2 KIM KASRELIOVICH  
 Supervising Deputy Attorney General  
 3 MICHAEL YI  
 Deputy Attorney General  
 4 State Bar No. 217174  
 ELAINE YAN  
 5 Deputy Attorney General  
 State Bar No. 277961  
 6 300 So. Spring Street, Suite 1702  
 Los Angeles, CA 90013  
 7 Telephone: (213) 269-6483  
 Facsimile: (916) 731-2126  
 8 E-mail: Michael.Yi@doj.ca.gov  
*Attorneys for Complainant*  
 9

10 **BEFORE THE**  
**VETERINARY MEDICAL BOARD**  
 11 **DEPARTMENT OF CONSUMER AFFAIRS**  
 12 **STATE OF CALIFORNIA**  
 13

14 In the Matter of the Accusation Against:

Case No. 4602018000298

15 **KENNETH CARL ALLISON**  
  
 16

**FIRST AMENDED ACCUSATION**

17 Veterinarian License No. VET 11482,

18 Respondent.

19  
 20 **PARTIES**

21 1. Jessica Sieferman (Complainant) brings this First Amended Accusation (Accusation)  
 22 solely in her official capacity as the Executive Officer of the Veterinary Medical Board (Board),  
 23 Department of Consumer Affairs, State of California.

24 2. On or about May 29, 1992, the Board issued Veterinarian License Number VET  
 25 11482 to Kenneth Carl Allison (Respondent). The Veterinarian License was in full force and  
 26 effect at all times relevant to the charges brought in this Accusation and will expire on November  
 27 30, 2022, unless renewed.  
 28

## **JURISDICTION**

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

4. Section 118, subdivision (b), provides that suspension, expiration, surrender, or cancellation of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary action during the period within which the license may be renewed, restored, reissued, or reinstated.

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

## **STATUTORY PROVISIONS**

6. Section 4022 provides:

“Dangerous drug” or “dangerous device” means any drug or device unsafe for self-use in humans or animals, and includes the following:

(a) Any drug that bears the legend: “Caution: federal law prohibits dispensing without prescription,” “Rx only,” or words of similar import.

(b) Any device that bears the statement: “Caution: federal law restricts this device to sale by or on the order of a \_\_\_\_\_,” “Rx only,” or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device.

(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006.

7. Section 4024, subdivision (b), defines “dispense” to include the furnishing of drugs or devices directly to a patient by a veterinarian acting within the scope of his or practice.

8. Section 4170 provides, in relevant part:

(a) No prescriber shall dispense drugs or dangerous devices to patients in his or her office or place of practice unless all of the following conditions are met:

1 . . . .

2 (2) The dangerous drugs or dangerous devices are necessary in the treatment of the  
3 condition for which the prescriber is attending the patient.

4 9. Section 4855 requires a veterinarian, as required by regulation of the Board, to keep a  
5 written record of all animals receiving veterinary services, and provide a summary of that record  
6 to the owner of animals receiving veterinary services, when requested.

7 10. Section 4883 states, in relevant part:

8 The board may deny, revoke, or suspend a license or registration or assess a fine as

9 . . . .

10 (g) Unprofessional conduct, that includes, but is not limited to, the following:

11 . . . .

12 (3) A violation of any federal statute, rule, or regulation or any of the statutes, rules,  
13 or regulations of this state regulating dangerous drugs or controlled substances.

14 . . . .

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

17 . . . .

18 (o) Violation, or the assisting or abetting violation, of any regulations adopted by the  
board pursuant to this chapter [the Veterinary Medicine Practice Act].

### 19 **REGULATORY PROVISIONS**

20 11. California Code of Regulations (CCR), title 4, section 1867, subdivision (b), prohibits  
21 the possession and/or use on the premises of a facility under the jurisdiction of the California  
22 Horse Racing Board (CHRB) of any drug, substance, or medication by a veterinarian that has not  
23 been approved by the United States Food and Drug Administration for use in the United States.

24 12. CCR, title 16, section 2032.1 provides, in relevant part:

25 (a) It is unprofessional conduct for a veterinarian to administer, prescribe, dispense  
26 or furnish a drug, medicine, appliance, or treatment of whatever nature for the  
prevention, cure, or relief of a wound, fracture or bodily injury or disease of an  
27 animal without having first established a veterinarian-client-patient relationship with  
the animal patient or patients and the client, except where the patient is a wild animal  
28 or the owner is unknown.

(b) A veterinarian-client-patient relationship shall be established by the following:

(1) The client has authorized the veterinarian to assume responsibility for making medical judgments regarding the health of the animal, including the need for medical treatment,

(2) The veterinarian has sufficient knowledge of the animal(s) to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s). This means that the veterinarian is personally acquainted with the care of the animal(s) by virtue of an examination of the animal or by medically appropriate and timely visits to the premises where the animals are kept, and

(3) The veterinarian has assumed responsibility for making medical judgments regarding the health of the animal and has communicated with the client a course of treatment appropriate to the circumstance.

(c) A drug shall not be prescribed for a duration inconsistent with the medical condition of the animal(s) or type of drug prescribed. The veterinarian shall not prescribe a drug for a duration longer than one year from the date the veterinarian examined the animal(s) and prescribed the drug.

(d) As used herein, "drug" shall mean any controlled substance, as defined by Section 4021 of the code, and any dangerous drug, as defined by Section 4022 of the code.

(e) No person may practice veterinary medicine in this state except within the context of a veterinarian-client-patient relationship or as otherwise permitted by law. A veterinarian-client-patient relationship cannot be established solely by telephonic or electronic means.

13. CCR, title 16, section 2032.3 provides, in relevant part:

(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:

....

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

....

(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.

....

(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.

### **COST RECOVERY**

14. Section 125.3 provides that a board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

### **DRUG CLASSIFICATIONS**

15. *Adrenocorticotrophic hormone*, sold under the brand name ACTH, is an injectable polypeptide tropic hormone used in the treatment of adrenal cortex suppression and severe stress in horses. Adrenocorticotrophic hormone is a dangerous drug pursuant to section 4022.

16. *Branched chain amino acids*, commonly known as BC2A paste, is marketed to support horse health and performance, including joints, muscles, hooves, skin and coat, mane and tail, and digestion.

17. *Conjugated equine estrogens*, sold under the brand name Premarin, is an estrogen medication used in menopausal hormone therapy. Conjugated equine estrogens is a dangerous drug pursuant to section 4022.

18. *Dimethyl sulfoxide*, commonly known as DMSO, is approved by the FDA for topical use on horses, but has been used off-label to treat inflammatory conditions.

19. *Electrolyte paste*, commonly referred to as ELPAS, is a nutritional supplement marketed as replacing crucial electrolytes depleted through exercise, stress, heat and/or humidity to help a horse maintain the necessary fluid levels for normal function.

20. *Ferric hydroxide-sucrose complex*, sold as Hippiron, is an injectable iron supplement for treatment of iron deficiency in racing horses. Ferric hydroxide-sucrose complex is a dangerous drug pursuant to section 4022.

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21. *Flumethasone*, sold under the brand name Flucort, is an injectable corticosteroid used in horses for musculoskeletal conditions due to inflammation, where permanent structural changes do not exist, such as bursitis, carpalis, osselets, and myositis. Flumethasone is a dangerous drug pursuant to section 4022.

22. *Flunixin meglumine*, sold under the brand name Banamine, is an injectable non-steroidal anti-inflammatory drug (NSAID) approved for use in cattle and horses in the United States. Flunixin meglumine is a dangerous drug pursuant to section 4022.

23. *N-butyl alcohol*, commonly known as Clotol, is a pre-race bleeding medication. N-butyl alcohol is a dangerous drug pursuant to section 4022.

24. *Phenylbutazone*, commonly known as Bute and sold as Butazolidin, is an NSAID used to treat lameness in horses. Phenylbutazone is a dangerous drug pursuant to section 4022.

25. *Platinum Performance Equine* is a nutritional supplement marketed to support horse health and performance.

26. *Polysulfated glycosaminoglycan*, sold under the brand name Adequan, is used for the intramuscular treatment of non-infectious degenerative and/or traumatic joint dysfunction and associated lameness of the carpal and hock joints in horses. Polysulfated glycosaminoglycan is a dangerous drug pursuant to section 4022.

27. *Magnesium sulfate*, commonly referred to as Magsul or Magsulfate, is used for muscle function. Magnesium sulfate is a dangerous drug pursuant to section 4022.

28. *Methocarbamol*, sold under the brand name Robaxin-V, is a potent skeletal muscle relaxant, and federal law restricts this drug to use by or on the order of a licensed veterinarian. Methocarbamol is a dangerous drug pursuant to section 4022.

29. *Selenium-tocopherol*, sold under the brand name E-SE, is an injectable drug and labeled for only veterinary use to control myositis syndrome, rapid respiration, profuse sweating, muscle spasms and stiffness. Selenium-tocopherol is restricted by federal law for use by or on the order of a licensed veterinarian and is a dangerous drug pursuant to section 4022.

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30. *Stop Two* is a homeopathic animal medicine that is not FDA-approved for the treatment or mitigation of any disease. The Stop Two label states an indication “to reduce the incidence and severity of EPIH (bleeding) in performance horses.” The label also states it is “RX Only for IV injection.” Stop Two is a dangerous drug pursuant to section 4022.

31. *Vitamin C*, an injectable nutritive supplement used in horses, is a dangerous drug pursuant to section 4022.

32. *Vitamin/electrolyte*, a substance injected or administered intravenously, is a dangerous drug pursuant to section 4022.

33. *Zylkene* is a nutritional supplement marketed for calming horses.

### **FACTUAL ALLEGATIONS**

34. On or about September 22, 2017, the Board received a complaint from the California Horse Racing Board (CHRB) alleging that Respondent and two other veterinarians employed at San Francisco Equine, Inc. (SFE), Dr. Kim Kuhlmann and Dr. Steven Boyer (collectively, “the SFE veterinarians”), prescribed and administered medications to equine patients per the trainer’s instructions, without an examination or medical necessity. The complaint alleged the SFE veterinarians prescribed the medications because the equine patients were entered to race – not to treat any specific condition diagnosed by the veterinarians. The complaint included CHRB veterinarian reports completed by the SFE veterinarians, dated June 2017 through August 2017. The reports showed that the trainers of SFE’s equine patients, rather than the SFE veterinarians, made the decisions to prescribe and administer the medications.

35. On or about September 27, 2018, Board Inspector J. H., assisted by investigators J. A. and C. R. from the Department of Consumer Affairs, Division of Investigation, inspected Respondent SFE’s premises (Board inspection). No SFE veterinarians were present during the inspection. J. A. requested that SFE’s Office Manager, S. K., provide records for the equine patients allegedly treated by the SFE veterinarians. S. K. could not locate records for some of the equine patients. The records produced by S. K. showed that there was no examination, assessment, medical explanation, or quantity for the medication given to the equine patients. J. A. asked S. K. to verify there were no additional records explaining the reason for the

1 medication administered or dispensed. S. K. confirmed there was no explanation in the records as  
 2 to why the medications were administered or dispensed.

### 3 **FIRST CAUSE FOR DISCIPLINE**

#### 4 **(Negligence)**

5 36. Respondent is subject to disciplinary action under section 4883, subdivision (i), for  
 6 negligence in the practice of veterinary medicine. Respondent prescribed, dispensed, or  
 7 administered medications to animal patients without performing an examination and forming a  
 8 diagnosis of any condition that required treatment, as follows:

9 37. On or about June 29, 2017, without performing an examination and forming a  
 10 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
 11 administered the following medications to equine patient T. A.<sup>1</sup>:

- 12 a. Flunixin meglumine injection;
- 13 b. Methocarbamol injection;
- 14 c. Flumethasone;
- 15 d. Polysulfated glycosaminoglycan injection;
- 16 e. Dimethyl sulfoxide IV;
- 17 f. Stop Two;
- 18 g. Magnesium sulfate;
- 19 h. Branched chain amino acids;
- 20 i. Electrolyte paste;
- 21 j. Zylkene; and
- 22 k. Selenium-tocopherol injection.

23 38. On or about June 30, 2017, without performing an examination and forming a  
 24 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
 25 administered the following medications to equine patient S. L.:

- 26 a. Flunixin meglumine injection;
- 27 b. Polysulfated glycosaminoglycan injection;

28 <sup>1</sup> Initials are used to protect the equine patients' identities.

- c. Electrolyte paste;
- d. Branched chain amino acids;
- e. Zylkene;
- f. Magnesium sulfate; and
- g. Dimethyl sulfoxide IV.

39. On or about June 30, 2017, without performing an examination and forming a diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or administered the following medications to equine patient G. S.:

- a. Flunixin meglumine injection;
- b. Methocarbamol injection;
- c. Flumethasone;
- d. Polysulfated glycosaminoglycan injection;
- e. Selenium-tocopherol injection;
- f. Dimethyl sulfoxide IV;
- g. Branched chain amino acids;
- h. Electrolyte paste;
- i. Zylkene;
- j. Magnesium sulfate;
- k. Vitamin C injection; and
- l. Stop Two.

40. On or about August 1, 2017, without performing an examination and forming a diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or administered the following medications to equine patient P. C.:

- a. Vitamin/electrolyte;
- b. Ferric hydroxide-sucrose complex injection;
- c. Flunixin meglumine injection;
- d. Methocarbamol injection;
- e. Flumethasone;

- f. Polysulfated glycosaminoglycan injection;
- g. Selenium-tocopherol injection;
- h. Dimethyl sulfoxide IV;
- i. Magnesium sulfate;
- j. Branched chain amino acids paste;
- k. Electrolyte paste; and
- l. Zylkene.

41. On or about August 1, 2017, without performing an examination and forming a diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or administered the following medications to equine patient B. D.:

- a. Flunixin meglumine injection;
- b. Methocarbamol injection;
- c. Flumethasone;
- d. Polysulfated glycosaminoglycan injection;
- e. Vitamin C injection;
- f. Dimethyl sulfoxide IV;
- g. Magnesium sulfate;
- h. Branched chain amino acids paste;
- i. Zylkene;
- j. Vitamin/electrolyte; and
- k. Ferric hydroxide-sucrose complex injection.

42. On or about August 1, 2017, without performing an examination and forming a diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or administered the following medications to equine patient N. O.:

- a. Flunixin meglumine injection;
- b. Selenium-tocopherol injection;
- c. Methocarbamol injection;
- d. Flumethasone;

- e. Polysulfated glycosaminoglycan injection;
- f. Vitamin C injection;
- g. Stop Two;
- h. Dimethyl sulfoxide IV;
- i. Magnesium sulfate;
- j. Branched chain amino acids paste;
- k. Electrolyte paste;
- l. Zylkene;
- m. Vitamin/electrolyte; and
- n. Ferric hydroxide-sucrose complex injection.

43. On or about August 1, 2017, without performing an examination and forming a diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or administered the following medications to equine patient N.:

- a. Flunixin meglumine injection;
- b. Methocarbamol injection;
- c. Flumethasone;
- d. Polysulfated glycosaminoglycan injection;
- e. Dimethyl sulfoxide IV;
- f. Magnesium sulfate;
- g. Branched chain amino acids paste;
- h. Electrolyte paste;
- i. Zylkene;
- j. Vitamin/electrolyte; and
- k. Ferric hydroxide-sucrose complex injection.

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1           44. On or about August 1, 2017, without performing an examination and forming a  
2 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
3 administered the following medications to equine patient A.:

- 4           a. Flunixin meglumine injection;
- 5           b. Methocarbamol injection;
- 6           c. Flumethasone;
- 7           d. Polysulfated glycosaminoglycan injection;
- 8           e. Dimethyl sulfoxide IV;
- 9           f. Magnesium sulfate;
- 10          g. Branched chain amino acids paste;
- 11          h. Electrolyte paste;
- 12          i. Zylkene;
- 13          j. Vitamin/electrolyte; and
- 14          k. Ferric hydroxide-sucrose complex injection.

15           45. On or about August 8, 2017, without performing an examination and forming a  
16 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
17 administered the following medications to equine patient C.:

- 18          a. Flunixin meglumine injection;
- 19          b. Methocarbamol injection;
- 20          c. Flumethasone;
- 21          d. Polysulfated glycosaminoglycan injection;
- 22          e. Dimethyl sulfoxide IV;
- 23          f. Magnesium sulfate;
- 24          g. Branched chain amino acids paste;
- 25          h. Electrolyte paste; and
- 26          i. Zylkene.

27        ////

28        ////

1           46. On or about August 16, 2017, without performing an examination and forming a  
2 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
3 administered the following medications to equine patient M. L.:

- 4           a. Flunixin meglumine injection;
- 5           b. Methocarbamol injection;
- 6           c. Flumethasone;
- 7           d. Polysulfated glycosaminoglycan injection;
- 8           e. Dimethyl sulfoxide IV;
- 9           f. Selenium-tocopherol injection;
- 10          g. Magnesium sulfate;
- 11          h. Branched chain amino acids paste;
- 12          i. Electrolyte paste;
- 13          j. Zylkene; and
- 14          k. Conjugated equine estrogens.

15           47. On or about August 16, 2017, without performing an examination and forming a  
16 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
17 administered the following medications to equine patient P. S.:

- 18          a. Flunixin meglumine injection;
- 19          b. Methocarbamol injection;
- 20          c. Flumethasone;
- 21          d. Polysulfated glycosaminoglycan injection;
- 22          e. Dimethyl sulfoxide IV;
- 23          f. Conjugated equine estrogens;
- 24          g. Selenium-tocopherol injection;
- 25          h. Magnesium sulfate;
- 26          i. Branched chain amino acids paste;
- 27          j. Electrolyte paste; and
- 28          k. Zylkene.



1           48. On or about August 16, 2017, without performing an examination and forming a  
2 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
3 administered the following medications to equine patient N.:

- 4           a. Flunixin meglumine injection;
- 5           b. Methocarbamol injection;
- 6           c. Flumethasone;
- 7           d. Polysulfated glycosaminoglycan injection;
- 8           e. Dimethyl sulfoxide IV;
- 9           f. Magnesium sulfate;
- 10          g. Branched chain amino acids paste;
- 11          h. Electrolyte paste; and
- 12          i. Zylkene.

13           49. On or about August 16, 2017, without performing an examination and forming a  
14 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
15 administered the following medications to equine patient A.:

- 16          a. N-butyl alcohol;
- 17          b. Flunixin meglumine injection;
- 18          c. Methocarbamol injection;
- 19          d. Flumethasone;
- 20          e. Polysulfated glycosaminoglycan injection;
- 21          f. Dimethyl sulfoxide IV;
- 22          g. Selenium-tocopherol injection;
- 23          h. Magnesium sulfate;
- 24          i. Branched chain amino acids paste;
- 25          j. Electrolyte paste; and
- 26          k. Zylkene.

27        ////

28        ////

1           50. On or about August 16, 2017, without performing an examination and forming a  
2 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
3 administered the following medications to equine patient M. G.:

- 4           a. Flunixin meglumine injection;
- 5           b. Dimethyl sulfoxide IV;
- 6           c. Magnesium sulfate;
- 7           d. Branched chain amino acids paste;
- 8           e. Electrolyte paste; and
- 9           f. Zylkene

10          51. On or about August 17, 2017, without performing an examination and forming a  
11 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
12 administered the following medications to equine patient H. J.

- 13          a. Polysulfated glycosaminoglycan injection;
- 14          b. Vitamin/electrolyte;
- 15          c. Ferric hydroxide-sucrose complex injection; and
- 16          d. Flunixin meglumine injection.

17          52. On or about August 17, 2017, without performing an examination and forming a  
18 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
19 administered the following medications to equine patient T. S.:

- 20          a. Polysulfated glycosaminoglycan injection;
- 21          b. Vitamin/electrolyte injection;
- 22          c. Ferric hydroxide-sucrose complex injection; and
- 23          d. Flunixin meglumine injection.

24          53. On or about August 17, 2017, without performing an examination and forming a  
25 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
26 administered the supplement Platinum Performance Healthy Weight to equine patient I. K.

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1           54. On or about August 17, 2017, without performing an examination and forming a  
2 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
3 administered the supplement Platinum Performance Healthy Weight to equine patient B. D.

4           55. On or about August 17, 2017, without performing an examination and forming a  
5 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
6 administered the supplement Platinum Performance Healthy Weight to equine patient R. R.

7           56. On or about August 17, 2017, without performing an examination and forming a  
8 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
9 administered the supplement Platinum Performance Healthy Weight to equine patient N. O.

10          57. On or about August 17, 2017, without performing an examination and forming a  
11 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
12 administered a phenylbutazone injection (IV) to equine patient P. S.

13          58. On or about August 17, 2017, without performing an examination and forming a  
14 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
15 administered a phenylbutazone injection (IV) to equine patient A.

16          59. On or about August 17, 2017, without performing an examination and forming a  
17 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
18 administered a phenylbutazone injection (IV) to equine patient M. L.

19          60. On or about August 17, 2017, without performing an examination and forming a  
20 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
21 administered a phenylbutazone injection (IV) to equine patient M. G.

22          61. On or about August 17, 2017, without performing an examination and forming a  
23 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
24 administered a phenylbutazone injection (IV) to equine patient N.

25          62. On or about August 17, 2017, without performing an examination and forming a  
26 diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or  
27 administered the following medications to equine patient W. N.:

28           a. Flunixin meglumine injection;

- b. Methocarbamol injection;
- c. Flumethasone;
- d. Polysulfated glycosaminoglycan injection;
- e. Dimethyl sulfoxide IV;
- f. Conjugated equine estrogens;
- g. Selenium-tocopherol injection;
- h. Branched chain amino acids paste;
- i. Electrolyte paste;
- j. Magnesium sulfate; and
- k. Zylken

63. On or about August 17, 2017, without performing an examination and forming a diagnosis of any condition that required treatment, Respondent prescribed, dispensed, or administered the following medications to equine patient U. G.:

- a. Flunixin meglumine injection;
- b. Flumethasone;
- c. Polysulfated glycosaminoglycan injection;
- d. Dimethyl sulfoxide IV;
- e. Adrenocorticotrophic hormone;
- f. Magnesium sulfate;
- g. Branched chain amino acids paste;
- h. Electrolyte paste; and
- i. Zylkene.

## **SECOND CAUSE FOR DISCIPLINE**

### **(Unprofessional Conduct – Dispensing Dangerous Drugs Without Medical Necessity)**

64. Respondent is subject to disciplinary action for unprofessional conduct under section 4883, subdivision (g)(3), for violating section 4170, subdivision (a)(2). Respondent dispensed dangerous drugs to equine patients that were unnecessary for the treatment of any condition, as follows:

1           65. On or about June 29, 2017, without performing an examination and forming a  
2 diagnosis of any condition that required treatment, Respondent dispensed the following  
3 unnecessary dangerous drugs to equine patient T. A.:

- 4           a. Flunixin meglumine injection;
- 5           b. Methocarbamol injection;
- 6           c. Flumethasone;
- 7           d. Polysulfated glycosaminoglycan injection;
- 8           e. Stop Two;
- 9           f. Magnesium sulfate; and
- 10          g. Selenium-tocopherol injection.

11           66. On or about June 30, 2017, without performing an examination and forming a  
12 diagnosis of any condition that required treatment, Respondent dispensed the following  
13 unnecessary dangerous drugs to equine patient S. L.:

- 14          a. Flunixin meglumine injection;
- 15          b. Polysulfated glycosaminoglycan injection; and
- 16          c. Magnesium sulfate.

17           67. On or about June 30, 2017, without performing an examination and forming a  
18 diagnosis of any condition that required treatment, Respondent dispensed the following  
19 unnecessary dangerous drugs to equine patient G. S.:

- 20          a. Flunixin meglumine injection;
  - 21          b. Methocarbamol injection;
  - 22          c. Flumethasone;
  - 23          d. Polysulfated glycosaminoglycan injection;
  - 24          e. Selenium-tocopherol injection;
  - 25          f. Magnesium sulfate;
  - 26          g. Vitamin C injection; and
  - 27          h. Stop Two.
- 28

1           68. On or about August 1, 2017, without performing an examination and forming a  
2 diagnosis of any condition that required treatment, Respondent dispensed the following  
3 unnecessary dangerous drugs to equine patient P. C.:

- 4           a. Vitamin/electrolyte;
- 5           b. Ferric hydroxide-sucrose complex injection;
- 6           c. Flunixin meglumine injection;
- 7           d. Methocarbamol injection;
- 8           e. Flumethasone;
- 9           f. Polysulfated glycosaminoglycan injection;
- 10          g. Selenium-tocopherol injection; and
- 11          h. Magnesium sulfate.

12           69. On or about August 1, 2017, without performing an examination and forming a  
13 diagnosis of any condition that required treatment, Respondent dispensed the following  
14 unnecessary dangerous drugs to equine patient B. D.:

- 15          a. Flunixin meglumine injection;
- 16          b. Methocarbamol injection;
- 17          c. Flumethasone;
- 18          d. Polysulfated glycosaminoglycan injection;
- 19          e. Vitamin C injection;
- 20          f. Magnesium sulfate; and
- 21          g. Ferric hydroxide-sucrose complex injection.

22           70. On or about August 1, 2017, without performing an examination and forming a  
23 diagnosis of any condition that required treatment, Respondent dispensed the following  
24 unnecessary dangerous drugs to equine patient N. O.:

- 25          a. Flunixin meglumine injection;
- 26          b. Selenium-tocopherol injection;
- 27          c. Methocarbamol injection;
- 28          d. Flumethasone;

- e. Polysulfated glycosaminoglycan injection;
- f. Vitamin C injection;
- g. Stop Two;
- h. Magnesium sulfate;
- i. Vitamin/electrolyte; and
- j. Ferric hydroxide-sucrose complex injection.

71. On or about August 1, 2017, without performing an examination and forming a diagnosis of any condition that required treatment, Respondent dispensed the following unnecessary dangerous drugs to equine patient N.:

- a. Flunixin meglumine injection;
- b. Methocarbamol injection;
- c. Flumethasone;
- d. Polysulfated glycosaminoglycan injection;
- e. Magnesium sulfate;
- f. Vitamin/electrolyte; and
- g. Ferric hydroxide-sucrose complex injection.

72. On or about August 1, 2017, without performing an examination and forming a diagnosis of any condition that required treatment, Respondent dispensed the following unnecessary dangerous drugs to equine patient A.:

- a. Flunixin meglumine injection;
- b. Methocarbamol injection;
- c. Flumethasone;
- d. Polysulfated glycosaminoglycan injection;
- e. Magnesium sulfate;
- f. Vitamin/electrolyte; and
- g. Ferric hydroxide-sucrose complex injection.

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1           73. On or about August 8, 2017, without performing an examination and forming a  
2 diagnosis of any condition that required treatment, Respondent dispensed the following  
3 unnecessary dangerous drugs to equine patient C.:

- 4           a. Flunixin meglumine injection;
- 5           b. Methocarbamol injection;
- 6           c. Flumethasone;
- 7           d. Polysulfated glycosaminoglycan injection; and
- 8           e. Magnesium sulfate.

9           74. On or about August 16, 2017, without performing an examination and forming a  
10 diagnosis of any condition that required treatment, Respondent dispensed the following  
11 unnecessary dangerous drugs to equine patient M. L.:

- 12           a. Flunixin meglumine injection;
- 13           b. Methocarbamol injection;
- 14           c. Flumethasone;
- 15           d. Polysulfated glycosaminoglycan injection;
- 16           e. Selenium-tocopherol injection;
- 17           f. Magnesium sulfate; and
- 18           g. Conjugated equine estrogens.

19           75. On or about August 16, 2017, without performing an examination and forming a  
20 diagnosis of any condition that required treatment, Respondent dispensed the following  
21 unnecessary dangerous drugs to equine patient P. S.:

- 22           a. Flunixin meglumine injection;
- 23           b. Methocarbamol injection;
- 24           c. Flumethasone;
- 25           d. Polysulfated glycosaminoglycan injection;
- 26           e. Conjugated equine estrogens;
- 27           f. Selenium-tocopherol injection; and
- 28           g. Magnesium sulfate.



1           76. On or about August 16, 2017, without performing an examination and forming a  
2 diagnosis of any condition that required treatment, Respondent dispensed the following  
3 unnecessary dangerous drugs to equine patient N.:

- 4           a. Flunixin meglumine injection;
- 5           b. Methocarbamol injection;
- 6           c. Flumethasone;
- 7           d. Polysulfated glycosaminoglycan injection; and
- 8           e. Magnesium sulfate.

9           77. On or about August 16, 2017, without performing an examination and forming a  
10 diagnosis of any condition that required treatment, Respondent dispensed the following  
11 unnecessary dangerous drugs to equine patient A.:

- 12           a. N-butyl alcohol;
- 13           b. Flunixin meglumine injection;
- 14           c. Methocarbamol injection;
- 15           d. Flumethasone;
- 16           e. Polysulfated glycosaminoglycan injection;
- 17           f. Selenium-tocopherol injection; and
- 18           g. Magnesium sulfate.

19           78. On or about August 16, 2017, without performing an examination and forming a  
20 diagnosis of any condition that required treatment, Respondent dispensed the following  
21 unnecessary dangerous drugs to equine patient M. G.:

- 22           a. Flunixin meglumine injection; and
- 23           b. Magnesium sulfate.

24           79. On or about August 17, 2017, without performing an examination and forming a  
25 diagnosis of any condition that required treatment, Respondent dispensed the following  
26 unnecessary dangerous drugs to equine patient H. J.:

- 27           a. Polysulfated glycosaminoglycan injection;
- 28           b. Vitamin/electrolyte;

1 c. Ferric hydroxide-sucrose complex injection; and

2 d. Flunixin meglumine injection.

3 80. On or about August 17, 2017, without performing an examination and forming a  
4 diagnosis of any condition that required treatment, Respondent dispensed the following  
5 unnecessary dangerous drugs to equine patient T. S.:

6 a. Polysulfated glycosaminoglycan injection;

7 b. Vitamin/electrolyte injection;

8 c. Ferric hydroxide-sucrose complex injection; and

9 d. Flunixin meglumine injection.

10 81. On or about August 17, 2017, without performing an examination and forming a  
11 diagnosis of any condition that required treatment, Respondent dispensed unnecessary dangerous  
12 drug phenylbutazone injection (IV) to equine patient P. S.

13 82. On or about August 17, 2017, without performing an examination and forming a  
14 diagnosis of any condition that required treatment, Respondent dispensed unnecessary dangerous  
15 drug phenylbutazone injection (IV) to equine patient A.

16 83. On or about August 17, 2017, without performing an examination and forming a  
17 diagnosis of any condition that required treatment, Respondent dispensed unnecessary dangerous  
18 drug phenylbutazone injection (IV) to equine patient M. L.

19 84. On or about August 17, 2017, without performing an examination and forming a  
20 diagnosis of any condition that required treatment, Respondent dispensed unnecessary dangerous  
21 drug phenylbutazone injection (IV) to equine patient M. G.

22 85. On or about August 17, 2017, without performing an examination and forming a  
23 diagnosis of any condition that required treatment, Respondent dispensed unnecessary dangerous  
24 drug phenylbutazone injection (IV) to equine patient N.

25 86. On or about August 17, 2017, without performing an examination and forming a  
26 diagnosis of any condition that required treatment, Respondent dispensed the following  
27 unnecessary dangerous drugs to equine patient W. N.:

28 a. Flunixin meglumine injection;

- b. Methocarbamol injection;
- c. Flumethasone;
- d. Polysulfated glycosaminoglycan injection;
- e. Conjugated equine estrogens;
- f. Selenium-tocopherol injection; and
- g. Magnesium sulfate.

87. On or about August 17, 2017, without performing an examination and forming a diagnosis of any condition that required treatment, Respondent dispensed the following unnecessary dangerous drugs to equine patient U. G.:

- a. Flunixin meglumine injection;
- b. Flumethasone;
- c. Polysulfated glycosaminoglycan injection;
- d. Adrenocorticotrophic hormone; and
- e. Magnesium sulfate.

### **THIRD CAUSE FOR DISCIPLINE**

#### **(Unprofessional Conduct – Failure to Establish a Veterinarian-Client-Patient Relationship)**

88. Respondent is subject to disciplinary action for unprofessional conduct under section 4883, subdivisions (g) and (o), and CCR, title 16, section 2032.1, subdivision (a). Respondent did not establish a veterinarian-client-patient relationship before administering, prescribing, dispensing, or furnishing a drug, medicine, application, or treatment, as follows:

89. As set forth in paragraphs 34 through 87 above, incorporated here by reference, Respondent prescribed, dispensed, or administered drugs to equine patients, without establishing a veterinarian-client-patient relationship with the patients. Respondent did not: (1) perform and/or document an examination of the patients; (2) form and/or document a diagnoses of any condition that required treatment; or (3) communicate and/or document the appropriate course of treatment with the client.

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90. On August 16, 2017, Respondent provided pharynx treatment to equine patient M. L. Before providing treatment, Respondent did not: (1) perform and/or document an examination of M. L.; (2) form and/or document a diagnoses of any condition that required treatment; or (3) communicate and/or document the appropriate course of treatment with the client. Accordingly, Respondent failed to establish the required veterinarian-client-patient relationship before treating M. L.

#### **FOURTH CAUSE FOR DISCIPLINE**

##### **(Recordkeeping)**

91. Respondent is subject to disciplinary action under sections 4855 and 4883, subdivision (o), for failing to keep written records containing the information required under CCR, title 16, section 2032.3, for equine patients receiving veterinary services, as follows:

92. The Patient History Report for equine patient T. A., dated June 29, 2017, failed to include the following information:

- a. Age, sex, breed, species, and color of the equine patient as required under CCR, title 16, section 2032.3, subdivision (a)(4);
- b. A history or pertinent information as it pertains to the equine patient's medical statutes as required under CCR, title 16, section 2032.3, subdivision (a)(6);
- c. Data, including that obtained by instrumentation, from the physical examination of the equine patient as required under CCR, title 16, section 2032.3, subdivision (a)(7);
- d. Treatment and intended treatment plan, including medication dosages as required under CCR, title 16, section 2032.3, subdivision (a)(8);
- e. Diagnosis or assessment prior to performing a treatment or procedure as required under CCR, title 16, section 2032.3, subdivision (a)(10);
- f. A prognosis of the animal's condition as required under CCR, title 16, section 2032.3, subdivision (a)(11);

- 1 g. For each medication prescribed and dispensed, the strength, dosage, route  
2 of administration, quantity, and frequency of use as required under CCR,  
3 title 16, section 2032.3, subdivision (a)(12); and  
4 h. Daily progress and disposition of the case as required under CCR title 16,  
5 section 2032.3, subdivision (a)(13).

6 93. The Patient History Report for equine patient S. L., dated June 30, 2017, failed to  
7 include the following information:

- 8 a. Age, sex, breed, and color of the equine patient as required under CCR,  
9 title 16, section 2032.3, subdivision (a)(4);  
10 b. A history or pertinent information as it pertains to the equine patient's  
11 medical statutes as required under CCR, title 16, section 2032.3,  
12 subdivision (a)(6);  
13 c. Data, including that obtained by instrumentation, from the physical  
14 examination of the equine patient as required under CCR, title 16, section  
15 2032.3, subdivision (a)(7);  
16 d. Treatment and intended treatment plan, including medication dosages as  
17 required under CCR, title 16, section 2032.3, subdivision (a)(8);  
18 e. Diagnosis or assessment prior to performing a treatment or procedure as  
19 required under CCR, title 16, section 2032.3, subdivision (a)(10);  
20 f. A prognosis of the animal's condition as required under CCR, title 16,  
21 section 2032.3, subdivision (a)(11);  
22 g. For each medication prescribed and dispensed, the strength, dosage, route  
23 of administration, quantity, and frequency of use as required under CCR,  
24 title 16, section 2032.3, subdivision (a)(12); and  
25 h. Daily progress and disposition of the case as required under CCR title 16,  
26 section 2032.3, subdivision (a)(13).

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1           94. The Patient History Report for equine patient G. S., dated June 30, 2017, failed to  
2 include the following information:

- 3           a. Age, sex, breed, and color of the equine patient as required under CCR,  
4 title 16, section 2032.3, subdivision (a)(4);
- 5           b. A history or pertinent information as it pertains to the equine patient's  
6 medical statutes as required under CCR, title 16, section 2032.3,  
7 subdivision (a)(6);
- 8           c. Data, including that obtained by instrumentation, from the physical  
9 examination of the equine patient as required under CCR, title 16, section  
10 2032.3, subdivision (a)(7);
- 11          d. Treatment and intended treatment plan, including medication dosages as  
12 required under CCR, title 16, section 2032.3, subdivision (a)(8);
- 13          e. Diagnosis or assessment prior to performing a treatment or procedure as  
14 required under CCR, title 16, section 2032.3, subdivision (a)(10);
- 15          f. A prognosis of the animal's condition as required under CCR, title 16,  
16 section 2032.3, subdivision (a)(11);
- 17          g. For each medication prescribed and dispensed, the strength, dosage, route  
18 of administration, quantity, and frequency of use as required under CCR,  
19 title 16, section 2032.3, subdivision (a)(12); and
- 20          h. Daily progress and disposition of the case as required under CCR title 16,  
21 section 2032.3, subdivision (a)(13).

22           95. The Patient History Report for equine patient P. C., dated August 1, 2017, failed to  
23 include the following information:

- 24           a. A history or pertinent information as it pertains to the equine patient's  
25 medical statutes as required under CCR, title 16, section 2032.3,  
26 subdivision (a)(6);

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- b. Data, including that obtained by instrumentation, from the physical examination of the equine patient as required under CCR, title 16, section 2032.3, subdivision (a)(7);
- c. Treatment and intended treatment plan, including medication dosages as required under CCR, title 16, section 2032.3, subdivision (a)(8);
- d. Diagnosis or assessment prior to performing a treatment or procedure as required under CCR, title 16, section 2032.3, subdivision (a)(10);
- e. A prognosis of the animal's condition as required under CCR, title 16, section 2032.3, subdivision (a)(11);
- f. For each medication prescribed and dispensed, the strength, dosage, route of administration, quantity, and frequency of use as required under CCR, title 16, section 2032.3, subdivision (a)(12); and
- g. Daily progress and disposition of the case as required under CCR title 16, section 2032.3, subdivision (a)(13).

96. The Patient History Report for equine patient B. D., dated August 1, 2017, failed to include the following information:

- a. Age, sex, and color of the equine patient as required under CCR, title 16, section 2032.3, subdivision (a)(4);
- b. A history or pertinent information as it pertains to the equine patient's medical statutes as required under CCR, title 16, section 2032.3, subdivision (a)(6);
- c. Data, including that obtained by instrumentation, from the physical examination of the equine patient as required under CCR, title 16, section 2032.3, subdivision (a)(7);
- d. Treatment and intended treatment plan, including medication dosages as required under CCR, title 16, section 2032.3, subdivision (a)(8);
- e. Diagnosis or assessment prior to performing a treatment or procedure as required under CCR, title 16, section 2032.3, subdivision (a)(10);

- f. A prognosis of the animal's condition as required under CCR, title 16, section 2032.3, subdivision (a)(11);
- g. For each medication prescribed and dispensed, the strength, dosage, route of administration, quantity, and frequency of use as required under CCR, title 16, section 2032.3, subdivision (a)(12); and
- h. Daily progress and disposition of the case as required under CCR title 16, section 2032.3, subdivision (a)(13).

97. The Patient History Report for equine patient N. O., dated August 1, 2017, failed to include the following information:

- a. Age, sex, breed, color of the equine patient as required under CCR, title 16, section 2032.3, subdivision (a)(4);
- b. A history or pertinent information as it pertains to the equine patient's medical statutes as required under CCR, title 16, section 2032.3, subdivision (a)(6);
- c. Data, including that obtained by instrumentation, from the physical examination of the equine patient as required under CCR, title 16, section 2032.3, subdivision (a)(7);
- d. Treatment and intended treatment plan, including medication dosages as required under CCR, title 16, section 2032.3, subdivision (a)(8);
- e. Diagnosis or assessment prior to performing a treatment or procedure as required under CCR, title 16, section 2032.3, subdivision (a)(10);
- f. A prognosis of the animal's condition as required under CCR, title 16, section 2032.3, subdivision (a)(11);
- g. For each medication prescribed and dispensed, the strength, dosage, route of administration, quantity, and frequency of use as required under CCR, title 16, section 2032.3, subdivision (a)(12); and
- h. Daily progress and disposition of the case as required under CCR title 16, section 2032.3, subdivision (a)(13).



1           98. The Patient History Report for equine patient N., dated August 1, 2017, failed to  
2 include the following information:

- 3           a. A history or pertinent information as it pertains to the equine patient's  
4 medical statutes as required under CCR, title 16, section 2032.3,  
5 subdivision (a)(6);
- 6           b. Data, including that obtained by instrumentation, from the physical  
7 examination of the equine patient as required under CCR, title 16, section  
8 2032.3, subdivision (a)(7);
- 9           c. Treatment and intended treatment plan, including medication dosages as  
10 required under CCR, title 16, section 2032.3, subdivision (a)(8);
- 11          d. Diagnosis or assessment prior to performing a treatment or procedure as  
12 required under CCR, title 16, section 2032.3, subdivision (a)(10);
- 13          e. A prognosis of the animal's condition as required under CCR, title 16,  
14 section 2032.3, subdivision (a)(11);
- 15          f. For each medication prescribed and dispensed, the strength, dosage, route  
16 of administration, quantity, and frequency of use as required under CCR,  
17 title 16, section 2032.3, subdivision (a)(12); and
- 18          g. Daily progress and disposition of the case as required under CCR title 16,  
19 section 2032.3, subdivision (a)(13).

20           99. The Patient History Report for equine patient A., dated August 1, 2017, failed to  
21 include the following information:

- 22          a. A history or pertinent information as it pertains to the equine patient's  
23 medical statutes as required under CCR, title 16, section 2032.3,  
24 subdivision (a)(6);
- 25          b. Data, including that obtained by instrumentation, from the physical  
26 examination of the equine patient as required under CCR, title 16, section  
27 2032.3, subdivision (a)(7);

- c. Treatment and intended treatment plan, including medication dosages as required under CCR, title 16, section 2032.3, subdivision (a)(8);
- d. Diagnosis or assessment prior to performing a treatment or procedure as required under CCR, title 16, section 2032.3, subdivision (a)(10);
- e. A prognosis of the animal's condition as required under CCR, title 16, section 2032.3, subdivision (a)(11);
- f. For each medication prescribed and dispensed, the strength, dosage, route of administration, quantity, and frequency of use as required under CCR, title 16, section 2032.3, subdivision (a)(12); and
- g. Daily progress and disposition of the case as required under CCR title 16, section 2032.3, subdivision (a)(13).

100. The Patient History Report for equine patient C., dated August 1, 2017, failed to include the following information:

- a. A history or pertinent information as it pertains to the equine patient's medical statutes as required under CCR, title 16, section 2032.3, subdivision (a)(6);
- b. Data, including that obtained by instrumentation, from the physical examination of the equine patient as required under CCR, title 16, section 2032.3, subdivision (a)(7);
- c. Treatment and intended treatment plan, including medication dosages as required under CCR, title 16, section 2032.3, subdivision (a)(8);
- d. Diagnosis or assessment prior to performing a treatment or procedure as required under CCR, title 16, section 2032.3, subdivision (a)(10);
- e. A prognosis of the animal's condition as required under CCR, title 16, section 2032.3, subdivision (a)(11);
- f. For each medication prescribed and dispensed, the strength, dosage, route of administration, quantity, and frequency of use as required under CCR, title 16, section 2032.3, subdivision (a)(12); and

- 1 g. Daily progress and disposition of the case as required under CCR title 16,  
2 section 2032.3, subdivision (a)(13).

3 101. The Patient History Report for equine patient M. L., dated August 16, 2017, failed  
4 to include the following information:

- 5 a. A history or pertinent information as it pertains to the equine patient's  
6 medical statutes as required under CCR, title 16, section 2032.3,  
7 subdivision (a)(6);  
8 b. Data, including that obtained by instrumentation, from the physical  
9 examination of the equine patient as required under CCR, title 16, section  
10 2032.3, subdivision (a)(7);  
11 c. Treatment and intended treatment plan, including medication dosages as  
12 required under CCR, title 16, section 2032.3, subdivision (a)(8);  
13 d. Diagnosis or assessment prior to performing a treatment or procedure as  
14 required under CCR, title 16, section 2032.3, subdivision (a)(10);  
15 e. A prognosis of the animal's condition as required under CCR, title 16,  
16 section 2032.3, subdivision (a)(11);  
17 f. For each medication prescribed and dispensed, the strength, dosage, route  
18 of administration, quantity, and frequency of use as required under CCR,  
19 title 16, section 2032.3, subdivision (a)(12); and  
20 g. Daily progress and disposition of the case as required under CCR title 16,  
21 section 2032.3, subdivision (a)(13).

22 102. The Patient History Report for equine patient P. S., dated August 16, 2017, failed to  
23 include the following information:

- 24 a. Age, sex, breed, species, and color of the equine patient as required under  
25 CCR, title 16, section 2032.3, subdivision (a)(4);  
26 b. A history or pertinent information as it pertains to the equine patient's  
27 medical statutes as required under CCR, title 16, section 2032.3,  
28 subdivision (a)(6);

- c. Data, including that obtained by instrumentation, from the physical examination of the equine patient as required under CCR, title 16, section 2032.3, subdivision (a)(7);
- d. Treatment and intended treatment plan, including medication dosages as required under CCR, title 16, section 2032.3, subdivision (a)(8);
- e. Diagnosis or assessment prior to performing a treatment or procedure as required under CCR, title 16, section 2032.3, subdivision (a)(10);
- f. A prognosis of the animal's condition as required under CCR, title 16, section 2032.3, subdivision (a)(11);
- g. For each medication prescribed and dispensed, the strength, dosage, route of administration, quantity, and frequency of use as required under CCR, title 16, section 2032.3, subdivision (a)(12); and
- h. Daily progress and disposition of the case as required under CCR title 16, section 2032.3, subdivision (a)(13).

103. The Patient History Report for equine patient N., dated August 16, 2017, failed to include the following information:

- a. A history or pertinent information as it pertains to the equine patient's medical statutes as required under CCR, title 16, section 2032.3, subdivision (a)(6);
- b. Data, including that obtained by instrumentation, from the physical examination of the equine patient as required under CCR, title 16, section 2032.3, subdivision (a)(7);
- c. Treatment and intended treatment plan, including medication dosages as required under CCR, title 16, section 2032.3, subdivision (a)(8);
- d. Diagnosis or assessment prior to performing a treatment or procedure as required under CCR, title 16, section 2032.3, subdivision (a)(10);
- e. A prognosis of the animal's condition as required under CCR, title 16, section 2032.3, subdivision (a)(11);

- 1 f. For each medication prescribed and dispensed, the strength, dosage, route  
2 of administration, quantity, and frequency of use as required under CCR,  
3 title 16, section 2032.3, subdivision (a)(12); and  
4 g. Daily progress and disposition of the case as required under CCR title 16,  
5 section 2032.3, subdivision (a)(13).

6 104. The Patient History Report for equine patient A., dated August 16, 2017, failed to  
7 include the following information:

- 8 a. A history or pertinent information as it pertains to the equine patient's  
9 medical statutes as required under CCR, title 16, section 2032.3,  
10 subdivision (a)(6);  
11 b. Data, including that obtained by instrumentation, from the physical  
12 examination of the equine patient as required under CCR, title 16, section  
13 2032.3, subdivision (a)(7);  
14 c. Treatment and intended treatment plan, including medication dosages as  
15 required under CCR, title 16, section 2032.3, subdivision (a)(8);  
16 d. Diagnosis or assessment prior to performing a treatment or procedure as  
17 required under CCR, title 16, section 2032.3, subdivision (a)(10);  
18 e. A prognosis of the animal's condition as required under CCR, title 16,  
19 section 2032.3, subdivision (a)(11);  
20 f. For each medication prescribed and dispensed, the strength, dosage, route  
21 of administration, quantity, and frequency of use as required under CCR,  
22 title 16, section 2032.3, subdivision (a)(12); and  
23 g. Daily progress and disposition of the case as required under CCR title 16,  
24 section 2032.3, subdivision (a)(13).

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1           105. The Patient History Report for equine patient M. G., dated August 16, 2017, failed  
2 to include the following information:

- 3           a. A history or pertinent information as it pertains to the equine patient's  
4           medical statutes as required under CCR, title 16, section 2032.3,  
5           subdivision (a)(6);
- 6           b. Data, including that obtained by instrumentation, from the physical  
7           examination of the equine patient as required under CCR, title 16, section  
8           2032.3, subdivision (a)(7);
- 9           c. Treatment and intended treatment plan, including medication dosages as  
10          required under CCR, title 16, section 2032.3, subdivision (a)(8);
- 11          d. Diagnosis or assessment prior to performing a treatment or procedure as  
12          required under CCR, title 16, section 2032.3, subdivision (a)(10);
- 13          e. A prognosis of the animal's condition as required under CCR, title 16,  
14          section 2032.3, subdivision (a)(11);
- 15          f. For each medication prescribed and dispensed, the strength, dosage, route  
16          of administration, quantity, and frequency of use as required under CCR,  
17          title 16, section 2032.3, subdivision (a)(12); and
- 18          g. Daily progress and disposition of the case as required under CCR title 16,  
19          section 2032.3, subdivision (a)(13).

20          106. The Patient History Report for equine patient H. J., dated August 17, 2017, failed to  
21 include the following information:

- 22          a. Age, sex, and color of the equine patient as required under CCR, title 16,  
23          section 2032.3, subdivision (a)(4);
- 24          b. A history or pertinent information as it pertains to the equine patient's  
25          medical statutes as required under CCR, title 16, section 2032.3,  
26          subdivision (a)(6);

27        ////

28        ////

- c. Data, including that obtained by instrumentation, from the physical examination of the equine patient as required under CCR, title 16, section 2032.3, subdivision (a)(7);
- d. Treatment and intended treatment plan, including medication dosages as required under CCR, title 16, section 2032.3, subdivision (a)(8);
- e. Diagnosis or assessment prior to performing a treatment or procedure as required under CCR, title 16, section 2032.3, subdivision (a)(10);
- f. A prognosis of the animal's condition as required under CCR, title 16, section 2032.3, subdivision (a)(11);
- g. For each medication prescribed and dispensed, the strength, dosage, route of administration, quantity, and frequency of use as required under CCR, title 16, section 2032.3, subdivision (a)(12); and
- h. Daily progress and disposition of the case as required under CCR title 16, section 2032.3, subdivision (a)(13).

107. The Patient History Report for equine patient T. S., dated August 17, 2017, failed to include the following information:

- a. A history or pertinent information as it pertains to the equine patient's medical statutes as required under CCR, title 16, section 2032.3, subdivision (a)(6);
- b. Data, including that obtained by instrumentation, from the physical examination of the equine patient as required under CCR, title 16, section 2032.3, subdivision (a)(7);
- c. Treatment and intended treatment plan, including medication dosages as required under CCR, title 16, section 2032.3, subdivision (a)(8);
- d. Diagnosis or assessment prior to performing a treatment or procedure as required under CCR, title 16, section 2032.3, subdivision (a)(10);
- e. A prognosis of the animal's condition as required under CCR, title 16, section 2032.3, subdivision (a)(11);

- 1 f. For each medication prescribed and dispensed, the strength, dosage, route  
2 of administration, quantity, and frequency of use as required under CCR,  
3 title 16, section 2032.3, subdivision (a)(12); and  
4 g. Daily progress and disposition of the case as required under CCR title 16,  
5 section 2032.3, subdivision (a)(13).

6 108. The Patient History Report for equine patient I. K., dated August 17, 2017, failed to  
7 include the following information:

- 8 a. A history or pertinent information as it pertains to the equine patient's  
9 medical statutes as required under CCR, title 16, section 2032.3,  
10 subdivision (a)(6);  
11 b. Data, including that obtained by instrumentation, from the physical  
12 examination of the equine patient as required under CCR, title 16, section  
13 2032.3, subdivision (a)(7);  
14 c. Treatment and intended treatment plan, including medication dosages as  
15 required under CCR, title 16, section 2032.3, subdivision (a)(8);  
16 d. Diagnosis or assessment prior to performing a treatment or procedure as  
17 required under CCR, title 16, section 2032.3, subdivision (a)(10);  
18 e. A prognosis of the animal's condition as required under CCR, title 16,  
19 section 2032.3, subdivision (a)(11);  
20 f. For each medication prescribed and dispensed, the strength, dosage, route  
21 of administration, quantity, and frequency of use as required under CCR,  
22 title 16, section 2032.3, subdivision (a)(12); and  
23 g. Daily progress and disposition of the case as required under CCR title 16,  
24 section 2032.3, subdivision (a)(13).

25 109. The Patient History Report for equine patient B. D., dated August 17, 2017, failed to  
26 include the following information:

- 27 a. Age, sex, and color of the equine patient as required under CCR, title 16,  
28 section 2032.3, subdivision (a)(4);



- b. A history or pertinent information as it pertains to the equine patient's medical statutes as required under CCR, title 16, section 2032.3, subdivision (a)(6);
- c. Data, including that obtained by instrumentation, from the physical examination of the equine patient as required under CCR, title 16, section 2032.3, subdivision (a)(7);
- d. Treatment and intended treatment plan, including medication dosages as required under CCR, title 16, section 2032.3, subdivision (a)(8);
- e. Diagnosis or assessment prior to performing a treatment or procedure as required under CCR, title 16, section 2032.3, subdivision (a)(10);
- f. A prognosis of the animal's condition as required under CCR, title 16, section 2032.3, subdivision (a)(11);
- g. For each medication prescribed and dispensed, the strength, dosage, route of administration, quantity, and frequency of use as required under CCR, title 16, section 2032.3, subdivision (a)(12); and
- h. Daily progress and disposition of the case as required under CCR title 16, section 2032.3, subdivision (a)(13).

110. The Patient History Report for equine patient R. R., dated August 17, 2017, failed to include the following information:

- a. A history or pertinent information as it pertains to the equine patient's medical statutes as required under CCR, title 16, section 2032.3, subdivision (a)(6);
- b. Data, including that obtained by instrumentation, from the physical examination of the equine patient as required under CCR, title 16, section 2032.3, subdivision (a)(7);
- c. Treatment and intended treatment plan, including medication dosages as required under CCR, title 16, section 2032.3, subdivision (a)(8);

- d. Diagnosis or assessment prior to performing a treatment or procedure as required under CCR, title 16, section 2032.3, subdivision (a)(10);
- e. A prognosis of the animal's condition as required under CCR, title 16, section 2032.3, subdivision (a)(11);
- f. For each medication prescribed and dispensed, the strength, dosage, route of administration, quantity, and frequency of use as required under CCR, title 16, section 2032.3, subdivision (a)(12); and
- g. Daily progress and disposition of the case as required under CCR title 16, section 2032.3, subdivision (a)(13).

111. The Patient History Report for equine patient N. O., dated August 17, 2017, failed to include the following information:

- a. Age, sex, breed, and color of the equine patient as required under CCR, title 16, section 2032.3, subdivision (a)(4);
- b. A history or pertinent information as it pertains to the equine patient's medical statutes as required under CCR, title 16, section 2032.3, subdivision (a)(6);
- c. Data, including that obtained by instrumentation, from the physical examination of the equine patient as required under CCR, title 16, section 2032.3, subdivision (a)(7);
- d. Treatment and intended treatment plan, including medication dosages as required under CCR, title 16, section 2032.3, subdivision (a)(8);
- e. Diagnosis or assessment prior to performing a treatment or procedure as required under CCR, title 16, section 2032.3, subdivision (a)(10);
- f. A prognosis of the animal's condition as required under CCR, title 16, section 2032.3, subdivision (a)(11);
- g. For each medication prescribed and dispensed, the strength, dosage, route of administration, quantity, and frequency of use as required under CCR, title 16, section 2032.3, subdivision (a)(12); and

- 1 h. Daily progress and disposition of the case as required under CCR title 16,  
2 section 2032.3, subdivision (a)(13).

3 112. The Patient History Report for equine patient P. S., dated August 17, 2017, failed to  
4 include the following information:

- 5 a. Age, sex, breed, species, and color of the equine patient as required under  
6 CCR, title 16, section 2032.3, subdivision (a)(4);  
7 b. A history or pertinent information as it pertains to the equine patient's  
8 medical statutes as required under CCR, title 16, section 2032.3,  
9 subdivision (a)(6);  
10 c. Data, including that obtained by instrumentation, from the physical  
11 examination of the equine patient as required under CCR, title 16, section  
12 2032.3, subdivision (a)(7);  
13 d. Treatment and intended treatment plan, including medication dosages as  
14 required under CCR, title 16, section 2032.3 ,subdivision (a)(8);  
15 e. Diagnosis or assessment prior to performing a treatment or procedure as  
16 required under CCR, title 16, section 2032.3, subdivision (a)(10);  
17 f. A prognosis of the animal's condition as required under CCR, title 16,  
18 section 2032.3, subdivision (a)(11);  
19 g. For each medication prescribed and dispensed, the strength, dosage, route  
20 of administration, quantity, and frequency of use as required under CCR,  
21 title 16, section 2032.3, subdivision (a)(12); and  
22 h. Daily progress and disposition of the case as required under CCR title 16,  
23 section 2032.3, subdivision (a)(13).

24 113. The Patient History Report for equine patient A., dated August 17, 2017, failed to  
25 include the following information:

- 26 a. A history or pertinent information as it pertains to the equine patient's  
27 medical statutes as required under CCR, title 16, section 2032.3,  
28 subdivision (a)(6);

- b. Data, including that obtained by instrumentation, from the physical examination of the equine patient as required under CCR, title 16, section 2032.3, subdivision (a)(7);
- c. Treatment and intended treatment plan, including medication dosages as required under CCR, title 16, section 2032.3, subdivision (a)(8);
- d. Diagnosis or assessment prior to performing a treatment or procedure as required under CCR, title 16, section 2032.3, subdivision (a)(10);
- e. A prognosis of the animal's condition as required under CCR, title 16, section 2032.3, subdivision (a)(11);
- f. For each medication prescribed and dispensed, the strength, dosage, route of administration, quantity, and frequency of use as required under CCR, title 16, section 2032.3, subdivision (a)(12); and
- g. Daily progress and disposition of the case as required under CCR title 16, section 2032.3, subdivision (a)(13).

114. The Patient History Report for equine patient M. L., dated August 17, 2017, failed to include the following information:

- a. A history or pertinent information as it pertains to the equine patient's medical statutes as required under CCR, title 16, section 2032.3, subdivision (a)(6);
- b. Data, including that obtained by instrumentation, from the physical examination of the equine patient as required under CCR, title 16, section 2032.3, subdivision (a)(7);
- c. Treatment and intended treatment plan, including medication dosages as required under CCR, title 16, section 2032.3, subdivision (a)(8);
- d. Diagnosis or assessment prior to performing a treatment or procedure as required under CCR, title 16, section 2032.3, subdivision (a)(10);
- e. A prognosis of the animal's condition as required under CCR, title 16, section 2032.3, subdivision (a)(11);

- 1 f. For each medication prescribed and dispensed, the strength, dosage, route  
2 of administration, quantity, and frequency of use as required under CCR,  
3 title 16, section 2032.3, subdivision (a)(12); and  
4 g. Daily progress and disposition of the case as required under CCR title 16,  
5 section 2032.3, subdivision (a)(13).

6 115. The Patient History Report for equine patient M. G., dated August 17, 2017, failed  
7 to include the following information:

- 8 a. A history or pertinent information as it pertains to the equine patient's  
9 medical statutes as required under CCR, title 16, section 2032.3,  
10 subdivision (a)(6);  
11 b. Data, including that obtained by instrumentation, from the physical  
12 examination of the equine patient as required under CCR, title 16, section  
13 2032.3, subdivision (a)(7);  
14 c. Treatment and intended treatment plan, including medication dosages as  
15 required under CCR, title 16, section 2032.3, subdivision (a)(8);  
16 d. Diagnosis or assessment prior to performing a treatment or procedure as  
17 required under CCR, title 16, section 2032.3, subdivision (a)(10);  
18 e. A prognosis of the animal's condition as required under CCR, title 16,  
19 section 2032.3, subdivision (a)(11);  
20 f. For each medication prescribed and dispensed, the strength, dosage, route  
21 of administration, quantity, and frequency of use as required under CCR,  
22 title 16, section 2032.3, subdivision (a)(12); and  
23 g. Daily progress and disposition of the case as required under CCR title 16,  
24 section 2032.3, subdivision (a)(13).

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1           116. The Patient History Report for equine patient N., dated August 17, 2017, failed to  
2 include the following information:

- 3           a. A history or pertinent information as it pertains to the equine patient's  
4 medical statutes as required under CCR, title 16, section 2032.3,  
5 subdivision (a)(6);
- 6           b. Data, including that obtained by instrumentation, from the physical  
7 examination of the equine patient as required under CCR, title 16, section  
8 2032.3, subdivision (a)(7);
- 9           c. Treatment and intended treatment plan, including medication dosages as  
10 required under CCR, title 16, section 2032.3, subdivision (a)(8);
- 11          d. Diagnosis or assessment prior to performing a treatment or procedure as  
12 required under CCR, title 16, section 2032.3, subdivision (a)(10);
- 13          e. A prognosis of the animal's condition as required under CCR, title 16,  
14 section 2032.3, subdivision (a)(11);
- 15          f. For each medication prescribed and dispensed, the strength, dosage, route  
16 of administration, quantity, and frequency of use as required under CCR,  
17 title 16, section 2032.3, subdivision (a)(12); and
- 18          g. Daily progress and disposition of the case as required under CCR title 16,  
19 section 2032.3, subdivision (a)(13).

20           117. The Patient History Report for equine patient W. N., dated August 17, 2017, failed  
21 to include the following information:

- 22          a. Age, sex, breed, and color of the equine patient as required under CCR,  
23 title 16, section 2032.3, subdivision (a)(4);
- 24          b. A history or pertinent information as it pertains to the equine patient's  
25 medical statutes as required under CCR, title 16, section 2032.3,  
26 subdivision (a)(6);

27 ////

28 ////

- c. Data, including that obtained by instrumentation, from the physical examination of the equine patient as required under CCR, title 16, section 2032.3, subdivision (a)(7);
- d. Treatment and intended treatment plan, including medication dosages as required under CCR, title 16, section 2032.3, subdivision (a)(8);
- e. Diagnosis or assessment prior to performing a treatment or procedure as required under CCR, title 16, section 2032.3, subdivision (a)(10);
- f. A prognosis of the animal's condition as required under CCR, title 16, section 2032.3, subdivision (a)(11);
- g. For each medication prescribed and dispensed, the strength, dosage, route of administration, quantity, and frequency of use as required under CCR, title 16, section 2032.3, subdivision (a)(12); and
- h. Daily progress and disposition of the case as required under CCR title 16, section 2032.3, subdivision (a)(13).

118. The Patient History Report for equine patient U. G., dated August 17, 2017, failed to include the following information:

- a. A history or pertinent information as it pertains to the equine patient's medical statutes as required under CCR, title 16, section 2032.3, subdivision (a)(6);
- b. Data, including that obtained by instrumentation, from the physical examination of the equine patient as required under CCR, title 16, section 2032.3, subdivision (a)(7);
- c. Treatment and intended treatment plan, including medication dosages as required under CCR, title 16, section 2032.3, subdivision (a)(8);
- d. Diagnosis or assessment prior to performing a treatment or procedure as required under CCR, title 16, section 2032.3, subdivision (a)(10);
- e. A prognosis of the animal's condition as required under CCR, title 16, section 2032.3, subdivision (a)(11);

- f. For each medication prescribed and dispensed, the strength, dosage, route of administration, quantity, and frequency of use as required under CCR, title 16, section 2032.3, subdivision (a)(12); and
- g. Daily progress and disposition of the case as required under CCR title 16, section 2032.3, subdivision (a)(13).

### **FIFTH CAUSE FOR DISCIPLINE**

#### **(Unprofessional Conduct – Prohibited Veterinary Practices)**

119. Respondent is subject to disciplinary action for unprofessional conduct under section 4883, subdivision (g)(3), for violating CCR, title 4, section 1867, subdivision (b).

Respondent possessed a drug, substance, or medication that has not been approved by the United States Food and Drug Administration (FDA) for use in the United States, as follows:

120. On or about June 29, 2017, Respondent used the following medications not approved by the FDA to treat equine patient T. A.:

- a. Dimethyl sulfoxide IV, industrial solvent; and
- b. Stop Two, homeopathic, misbranded.

121. On or about June 30, 2017, Respondent used the following medication not approved by the FDA to treat equine patient S. L.:

- a. Dimethyl sulfoxide IV, industrial solvent.

122. On or about June 30, 2017, Respondent used the following medications not approved by the FDA to treat equine patient G. S.:

- a. Dimethyl sulfoxide IV, industrial solvent; and
- b. Stop Two, homeopathic, misbranded.

123. On or about July 17, 2017, Respondent used the following medication not approved by the FDA to treat two (2) equine patients:

- a. Dimethyl sulfoxide IV, industrial solvent.

124. On or about August 1, 2017, Respondent used the following medications not approved by the FDA to treat equine patient P. C.:

- a. Ferric hydroxide-sucrose complex, compounded;



1                   b.       Magnesium sulfate, compounded.

2           125.   On or about August 1, 2017, Respondent used the following medications not  
3 approved by the FDA to treat equine patient B. D.:

4                   a.       Dimethyl sulfoxide IV, industrial solvent; and

5                   b.       Ferric hydroxide-sucrose complex, compounded.

6           126.   On or about August 1, 2017, Respondent used the following medications not  
7 approved by the FDA to treat equine patient N. O.:

8                   a.       Stop Two;

9                   b.       Dimethyl sulfoxide IV, industrial solvent; and

10                  c.       Ferric hydroxide-sucrose complex, compounded.

11           127.   On or about August 1, 2017, Respondent used the following medications not  
12 approved by the FDA to treat equine patient N.:

13                  a.       Dimethyl sulfoxide IV, industrial solvent; and

14                  b.       Ferric hydroxide-sucrose complex injection, compounded.

15           128.   On or about August 1, 2017, Respondent used the following medications not  
16 approved by the FDA to treat equine patient A.:

17                  a.       Dimethyl sulfoxide IV, industrial solvent; and

18                  b.       Ferric hydroxide-sucrose complex injection, compounded.

19           129.   On or about August 8, 2017, Respondent used the following medication not  
20 approved by the FDA to treat equine patient C.:

21                  a.       Dimethyl sulfoxide IV, industrial solvent.

22           130.   On or about August 16, 2017, Respondent used the following medication not  
23 approved by the FDA to treat equine patient M. L.:

24                  a.       Dimethyl sulfoxide IV, industrial solvent.

25           131.   On or about August 16, 2017, Respondent used the following medication not  
26 approved by the FDA to treat equine patient P. S.:

27                  a.       Dimethyl sulfoxide IV, industrial solvent.

28

132. On or about August 16, 2017, Respondent used the following medication not approved by the FDA to treat equine patient N.:

a. Dimethyl sulfoxide IV, industrial solvent.

133. On or about August 16, 2017, Respondent used the following medications not approved by the FDA to treat equine patient A.:

a. N-butyl alcohol, compounded; and

b. Dimethyl sulfoxide IV, industrial solvent.

134. On or about August 16, 2017, Respondent used the following medication not approved by the FDA to treat equine patient M. G.:

a. Dimethyl sulfoxide IV, industrial solvent.

135. On or about August 17, 2017, Respondent used ferric hydroxide-sucrose complex injection, compounded, which is not approved by the FDA, to treat equine patient H. J.

136. On or about August 17, 2017, Respondent used ferric hydroxide-sucrose complex injection, compounded, which is not approved by the FDA, to treat equine patient T. S.

137. On or about August 17, 2017, Respondent used the following medication not approved by the FDA to treat equine patient W.N.:

a. Dimethyl sulfoxide IV, industrial solvent.

138. On or about August 17, 2017, Respondent used the following medication not approved by the FDA to treat equine patient U. G.:

a. Dimethyl sulfoxide IV, industrial solvent.

139. On or about August 17, 2017, Respondent used the following medication not approved by the FDA to treat three (3) equine patients:

a. Hippiron.

### **PRAYER**

WHEREFORE, Complainant requests that a hearing be held on the matters alleged in this First Amended Accusation, and that following the hearing, the Board issue a decision:

1. Revoking or suspending Veterinarian License Number VET 11482, issued to Kenneth Carl Allison;

2. Ordering Kenneth Carl Allison to pay the Veterinary Medical Board the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;

3. Assessing a fine against Kenneth Carol Allison not in excess of \$5,000, for each violation of the causes specified in Business and Professions Code section 4883; and

4. Taking such other and further action as deemed necessary and proper.

DATED: \_\_\_\_\_

SIGNATURE ON FILE

\_\_\_\_\_  
JESSICA SIEFERMAN  
Executive Officer  
Veterinary Medical Board  
Department of Consumer Affairs  
State of California  
*Complainant*

LA2021600025  
64990798.docx

## Exhibit 4

## CLEAR FORM



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR  
 DEPARTMENT OF CONSUMER AFFAIRS • VETERINARY MEDICAL BOARD  
 1747 North Market Blvd., Suite 230, Sacramento, CA 95834-2978  
 P (916) 515-5220 | Toll-Free (866) 229-0170 | www.vmb.ca.gov



## PETITION FOR REINSTATEMENT OR MODIFICATION OF PENALTY

**INSTRUCTIONS:** Please type or print neatly. All blanks must be completed; if not applicable enter N/A. If more space is needed attach additional sheets. Attached to this application should be a "Narrative Statement" and two original verified recommendations from a veterinarian licensed by the Board who has personal knowledge of activities since the disciplinary action was imposed.

### TYPE OF PETITION [Reference Business and Professions Code section 4887]

☐ Reinstatement of Revoked/Surrendered License or Registration ☐ Modification of Probation ☒ Termination of Probation

**NOTE:** A Petition for Modification and/or Termination of Probation can be filed together. If you are requesting Modification, you must specify in your "Narrative Statement" the term(s) and condition(s) of your probation that you want reduced or modified and provide an explanation. Please check all boxes above that apply.

### PERSONAL INFORMATION

NAME: First Middle Last  
 KENNETH CARL ALLISON

Other name(s) licensed under, if any:

N/A

HOME ADDRESS: Number & Street City State Zip

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

HOME TELEPHONE NUMBER WORK TELEPHONE NUMBER CELL NUMBER

[REDACTED] (510) 412-3660 [REDACTED]

E-mail address: CA License or Registration Number  
 [REDACTED]@[REDACTED].[REDACTED] 11482

Are you licensed by any other state(s) or country(ies) (please include license number(s), issue date(s), and status of license(s)):  
 NO

### ATTORNEY INFORMATION (If Applicable)

Will you be represented by an attorney? ☒ No ☐ Yes (If "Yes," please provide the following information)

NAME: N/A

ADDRESS: N/A

PHONE: N/A

### DISCIPLINARY INFORMATION

Provide a brief explanation in your "Narrative Statement" as to the cause for the disciplinary action (e.g., negligence or incompetence, self use of drugs or alcohol, extreme departures from sanitary conditions, conviction of a crime, etc.)

Have you ever had your license revoked, suspended, voluntarily surrendered, denied, or placed on probation in any other state or country? ☒ No ☐ Yes

(If Yes, give a brief cause for administrative action or license denial in your "Narrative Statement" section, including dates and discipline ordered (e.g., 5 years probation.)

**VETERINARIAN/REGISTERED TECHNICIAN BACKGROUND**Total number of years in veterinary practice: **33 YEARS****CONTINUING EDUCATION** (List continuing education completed since the date of the disciplinary action)

Controlled Substance Management in Veterinary Medicine 10/14/23  
 Efficient Medical Record Keeping for Veterinarians 12/29/23  
 Legal Requirements of Medical Records 11/03/24  
 Veterinary Medical Records 12/12/24  
 Regulating Vaccines and Regulated Biologics 12/6/24  
 Use of Antibiotics in Animals 12/6/24  
 Veterinary Export Health Certification System 12/6/24  
 High Impact Equine Disease in the U.S. 1/4/25  
 International Movement of Horses 1/4/25, Animal Health Emergency Response 1/4/25  
 American Association of Equine Practitioners Convention 11/29/23 to 12/3/23 - 30 hrs

**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:

N/A

**EMPLOYMENT HISTORY** (list for the past 5 years only)

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

SAN FRANCISCO EQUINE, INC., VETERINARIAN, CO-OWNER, 1997-CURRENT (2025)

7026 KOLL CENTER PARKWAY, #205

PLEASANTON, CA 94566 (510) 412-3660

**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.

Taken 16 hours of recordkeeping continuing education:  
 Controlled Substance Management in Veterinary Medicine 10/14/23 - 2 hours  
 Efficient Medical Recordkeeping for Veterinarians 12/29/23 - 6 hours  
 Legal Requirements of Medical Records 11/03/24 - 6 hours  
 Veterinary Medical Records 12/12/24 - 2 hours

Implemented proper recordkeeping.

Eliminated use of unapproved drugs.



**CURRENT COMPLIANCE**

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

- |   |                              |  |
|---|------------------------------|--|
| 1. Been placed on criminal probation or parole?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Been charged in any pending criminal action by any state, local or federal agency or court?  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Been convicted of any criminal offense? (A conviction includes a no contest plea; disregard traffic offenses with a \$100 fine or less.) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. Been charged or disciplined by any other veterinary board?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 5. Surrendered your license to any other veterinary board?  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 6. Had your licensee manager's premise permit disciplined?  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 7. Had any civil malpractice claims filed against you of \$10,000 or more?  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 8. Become addicted to the use of narcotics or controlled substances?  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 9. Become addicted to or received treatment for the use of alcohol?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 10. Been hospitalized for alcohol or drug problems or for mental illness?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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? \$0.00

When is payment anticipated? PAID IN FULL

**DECLARATION**

Executed on JANUARY 21 20 25 at ALAMO C A  
(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.

KENNETH CARL ALLISON, DVM

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 of Kenneth Carl Allison, DVM****January 21, 2025**

This statement is to request early termination of my veterinary license probation that took effect on December 30, 2022. The California Veterinary Medical Board (VMB) identified five deficiencies which resulted in my veterinary license being put on probation.

The deficiencies noted were: negligence for prescribing, dispensing, or administering medications without examination or diagnosis of condition; recordkeeping; and three counts of unprofessional conduct, use of dangerous drugs without medical necessity, no VCPR established prior to treatment, and use of substances not approved by the FDA.

After completing the first two of three years of probation and completing 16 hours of recordkeeping continuing education courses, complying with all terms in my decision, and improving my recordkeeping practices to meet required standards, I am respectfully requesting an early termination of probation.

I have been very cooperative with the Board and probation officers. All fees and fines have been paid in a timely manner and in full.

Along with modifications made to my medical records which are reviewed by a VMB approved practitioner and submitted quarterly to the VMB, there is now a program implemented by the California Horse Racing Board (CHRB) called EquiTap, which I complete daily, and which documents patient signalment, medications, time and dosage administered, and reason for treatment. These are reviewed by the CHRB regulatory veterinarian daily. This is an additional recordkeeping tool to ensure proper documentation of my practice.

Now, as was true in the past, I am practicing 6-7 days per week and examine 20-80 patients or more per day. While I examined patients in the past, I failed to document exams so had no proof of a VCPR or diagnosis of condition. I now know, if it's not in the record, it didn't happen. With the knowledge I gained from my recordkeeping continuing education, I have implemented changes to document each patient's signalment, VCPR, diagnosis and treatment plan, and client drug consultations. Medications and supplements intended to treat conditions of these elite equine athletes now reflect reasons for use, dosage, and route administered. I have discontinued use of unapproved substances, and made efforts to be informed on the status of medications used in horses.

I have been in equine practice for over 30 years and have never had a client complaint or had other disciplinary action taken on my license. My patient care has always been paramount. I now have a better understanding of what is required for recordkeeping and professional conduct and how these are important aspects of this care. Going forward I will continue to strive to practice at the highest level.

Thank you for your consideration.

 DVM

## Exhibit 6

January 22, 2025

To: California Veterinary Medical Board

From: Mark Christin DVM  
[REDACTED]

Dear CVMA Board,

This recommendation is for Dr. Ken Allison who was charged with five separate violations on or about June of 2017. I have been an equine practice owner from 2000 to 2018. I was employed as a pre-race inspector for Stronach group at Golden Gate Fields intermittently from 2018 through 2024. In 2021 I was asked by the CHRB director to design a panel responsible for identifying moderate and high risk racehorses prior to racing.

I have known Dr. Allison since February of 2018 on both a personal and professional level. I am aware of the action taken by the CVMA against Dr Allison and the violations at large. I truly believe the violations were committed without any malicious intent. In my opinion he is one of the most ethical and moral veterinarians that I have worked with. He has taken the violations to heart and, in my best observation, has complied with all of your recommendations for resolution. I have witnessed his changes in case recording and all pertinent documentation upon examination. I have not witnessed any misuse or mislabeling of any dispensed product. I believe his practice is now free of any medications not specifically labeled for animal therapeutics. In all cases I have observed, the proper diagnostics have been performed prior to the horse receiving treatment.

In conclusion, I believe that Dr Allison has made an honorable effort to comply with all CVMA guidelines. I believe he is deserving of absolution from probation. Feel free to contact me with any further questions or concerns.

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

Sincerely,

 DVM

Dr. Mark Christin DVM  
CA Lic # 13345  
[REDACTED]

H Ashton Cloninger, DVM



22 January 2025

California Veterinary Medical Board  
1747 N Market Blvd #230  
Sacramento, CA 95834

Greetings,

I am writing on behalf of Kenneth C. Allison, DVM in support of his petition for termination of probation. I have been licensed by the California Veterinary Medical Board (CVMB) and the California Horse Racing Board (CHRB) since August 1981. I was a private practitioner on Northern California Racetracks until 2017. In late 2017 I began doing Veterinary regulatory duties on the racetracks, including race day Lasix administration, Examining Veterinarian and Track Veterinarian in the afternoons.

I have known Dr Allison since 1992. In my capacity as a regulatory veterinarian, I have had many discussions regarding specific cases with Dr. Allison. He has always provided information that demonstrated appropriate protocol of examination, diagnostics, treatment/therapy. We have also had conversations regarding record keeping, medications that are and are not FDA approved and compounded medication restrictions. Any and all prohibited medications have been removed from his practice. The signalment of all horses is included in Equi Taps electronic records program that is the required record reporting system for race track practitioners.

I encourage the CVMB to look favorably upon Dr. Allison's petition. Please feel free to contact me with any questions or concerns.

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

Sincerely,

A handwritten signature in cursive script that reads "Ashton Cloninger".

Ashton Cloninger, DVM

## Exhibit 7

# Kenneth Carl Allison

---

## Education

University of Missouri - Columbia

May 15, 1992 Doctor of Veterinary Medicine

## Experience

Equine Veterinary Services | N Amphlett Blvd, San Mateo, CA 94401

Associate Veterinarian, June 1992 – May 1997

San Francisco Equine, Incorporated | 7026 Koll Center Parkway, Pleasanton, CA 94566

Veterinarian, Co- owner, May 1997 – current (2025)

## Exhibit 8





**Kenneth Allison, DVM**

has completed

**Controlled Substance Management in Veterinary Medicine**

**on October 14, 2023**

**This program 769259 is approved by the AAVSB RACE to offer a total of 2.00 CE Credits (2.00 max) being available to any one veterinarian: and/or 2.00 Veterinary Technician CE Credits (2.00 max).**

This RACE approval is for the subject matter categories of: Medical using the delivery method of Non-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.

David Tollon, DVM, MBA, Founder

Pat Lynch, Director of Operations

VetMedTeam, LLC, 2325 SW Dodge Terrace, Port St. Lucie, FL 34953  
[www.VetMedTeam.com](http://www.VetMedTeam.com)



## 2023 AAEP Convention • San Diego, CA

This certifies that Kenneth C. Allison attended the following scientific sessions sponsored by the AAEP (Provider #16) in San Diego, California, November 29- December 3, 2023.

This form is for your own records. **DO NOT SEND TO AAEP.** Use this record to help you meet license renewal or academy requirements. After the meeting, place this completed record in a file along with your registration receipts, program information and notes. Documentation of this type for license renewal and tax deduction purposes is similar. The individual licensed veterinarian is responsible for the accuracy of his or her own CE records. A license renewal form is a legal document that cannot be falsified without risking the loss of your license.

RACE (Registry of Approve Continuing Education) has designated the following credit hours for the educational program: 88.5 hours of medical CE; and 35 hours of non-medical CE, for a total of 123.50 CE credits offered (33.5 max being available to any one veterinarian). Check the sessions that you attend and write the total in the statement certifying your attendance.

Wednesday, November 29	Hours	Saturday, December 2	Hours
Clinical Lab – Colic Emergencies	2.0	The Intersection of Ethics in Equine Practice	1.5
Clinical Lab – Stallion Breeding	2.0	In-Depth: Complex Lameness	3.0
Clinical Lab – Venograms and Applying Hoof Casts	2.0	In-Depth: Non-Colic Gastrointestinal Disease	3.0
Clinical Lab – Imaging Techniques	2.0	Burst Session	3.0
Thursday, November 30	Hours	Optimizing Personal Wellness in Practice	3.5
Opening Session, Keynote, and Kester News Hour	3.0	Table Topic	1.5
Frank J. Milne State-of-the-Art Lecture	2.5	Table Topic	1.5
Understanding DEI for the Equine Veterinary Profession	3.0	How to Use Ultrasonography for Internal Medicine Cases	2.0
		GI, Teeth, and Wound Care	2.5
Friday, December 1	Hours	Lameness and Imaging	3.0
In-Depth: Mitigating Pregnancy Loss	3.0	AAEP/AAEVT Improving the Vet/Tech Team	1.5
Back to Basics: Radiology in Practice	3.0	Table Topic	1.5
Sports Medicine and Rehabilitation	3.0	Table Topic	1.5
Managing Expenses, Compensation, and Support Staff	3.0		
Table Topic	1.5		
Table Topic	1.5	Sunday, December 3	Hours
DEI 101	1.5	Team Approach to Podiatry	5.5
In-Depth: The Fine Art of the Purchase Exam	2.5	Theriogenology	3.0
Medicine: Infectious Diseases	3.0	Medicine: Non-Infectious Diseases	3.5
Cervical Spine Disease: How to Improve Field Skills	2.0		
I Am Change: Transforming Your Equine Practice	3.0		
Table Topic	1.5		
Table Topic <u>Field Neurology</u>	1.5		

I certify that I attended the sessions checked above which qualify for a total of 30 continuing education hours.

Signature: Kenneth C. AllisonState of License: CaAddress: [Redacted]License # 11482City, State, [Redacted]


David L. Foley, Executive Director  
American Association of Equine Practitioners

This program has been approved by the AAVSB RACE to offer a total of 123.5 CE Credits. Max Veterinary Hours approved: 123.50; Max Veterinary Hours available: 33.5; Max Veterinary Technician Hours approved: 115.5; Max Veterinary Technician Hours available: 25.5; Method of Delivery: Seminar/Lecture, Lab/Wet Lab; RACE Categories: Medical Program, Non-Medical Program. The CE Broker Tracking Number for this program is 20-1113966



drip.vet a part of the VIN Family

## CERTIFICATE OF COMPLETION

6 anytime on-demand CE hours (non-medical) for completing RACE Program 20-981038. This program has been approved for 6 hours of continuing education credit in jurisdictions that recognize RACE approval.

# KENNETH ALLISON

Provided by drip.vet, a part of the VIN Family, RACE Provider 50-26217

**Efficient Medical Recordkeeping for Veterinarians**

Date: 2023-12-29

**Serial No.**

cert\_h5p026fw

**State:** CALIFORNIA

**License  
Number:** 11482



drip.vet a part of the VIN Family

## CERTIFICATE OF COMPLETION

6 anytime on-demand CE hours (non-medical) for completing RACE Program 20-1042648. This program has been approved for 6 hours of continuing education credit in jurisdictions that recognize RACE approval.

# KENNETH ALLISON

Provided by drip.vet, a part of the VIN Family, RACE Provider 50-26217

### Legal Requirements of Medical Records

Date: 2024-11-03

**Serial No.**

cert\_q56gynk3

**State:** CALIFORNIA

**License  
Number:**

11482





Animal & Veterinary Legal Services

## CERTIFICATE OF COMPLETION

Race Program # 20-745377 and VHMA Course

# KENNETH ALLISON

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: 2024-12-12

Serial No.

cert\_lmcb3dbr



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

# USDA-APHIS NATIONAL VETERINARY ACCREDITATION PROGRAM SUPPLEMENTAL TRAINING MODULE COMPLETION CERTIFICATE

## Module 23: Use of Antibiotics in Animals

Content Finalized: February 2017, Revised October 2017

*The content in this module has been approved expressly to serve as one unit of supplemental training for participants in USDA's National Veterinary Accreditation Program. Please ensure you retain, (save the file or print) this certificate. This certificate will be your only proof of having completed this module and will need to be provided to the appropriate official should APHIS audit your accreditation supplemental training records in the future. Contact your NVAP Coordinator for more details on accreditation renewal.*

Kenneth Carl

Allison

First Name

Last Name

[REDACTED]

[REDACTED]

[REDACTED]

City, State, ZIP Code

0 3 2 8 2 3

National Accreditation Number (NAN)

I have read the contents of this  
web-based supplemental training module

  
Signature

12/6/24

Date of Completion

Indicate the format of the supplemental materials reviewed

☒ Web-based



# USDA-APHIS NATIONAL VETERINARY ACCREDITATION PROGRAM SUPPLEMENTAL TRAINING MODULE COMPLETION CERTIFICATE

## Module 32: Regulating Vaccines and Regulated Biologics

Content Finalized: October 2020

*The content in this module has been approved expressly to serve as one unit of supplemental training for participants in USDA's National Veterinary Accreditation Program. Please ensure you retain, (save the file or print) this certificate. This certificate will be your only proof of having completed this module and will need to be provided to the appropriate official should APHIS audit your accreditation supplemental training records in the future. Contact your NVAP Coordinator for more details on accreditation renewal.*

Kenneth Carl

Allison

First Name

Last Name

[REDACTED]

[REDACTED]


[REDACTED]

City, State, ZIP Code

0 3 2 8 2 3

National Accreditation Number (NAN)

I have read the contents of this  
web-based supplemental training module



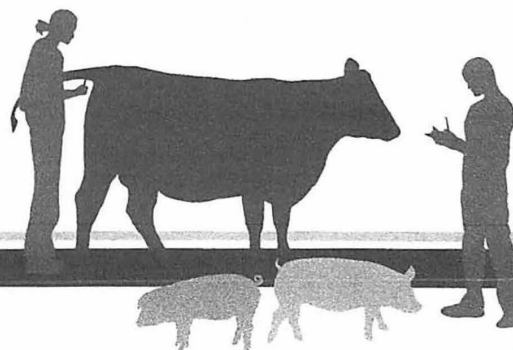
Signature

12/6/24

Date of Completion

Indicate the format of the supplemental materials reviewed

☒ Web-based





# USDA-APHIS NATIONAL VETERINARY ACCREDITATION PROGRAM SUPPLEMENTAL TRAINING MODULE COMPLETION CERTIFICATE

## Module 34: Veterinary Export Health Certification System

Content Finalized: October 2020

The content in this module has been approved expressly to serve as one unit of supplemental training for participants in USDA's National Veterinary Accreditation Program. Please ensure you retain, (save the file or print) this certificate. This certificate will be your only proof of having completed this module and will need to be provided to the appropriate official should APHIS audit your accreditation supplemental training records in the future. Contact your NVAP Coordinator for more details on accreditation renewal.

Kenneth Carl

Allison

First Name

Last Name

[REDACTED]

[REDACTED]

[REDACTED]

City, State, ZIP Code

0 3 2 8 2 3

National Accreditation Number (NAN)

I have read the contents of this  
web-based supplemental training module



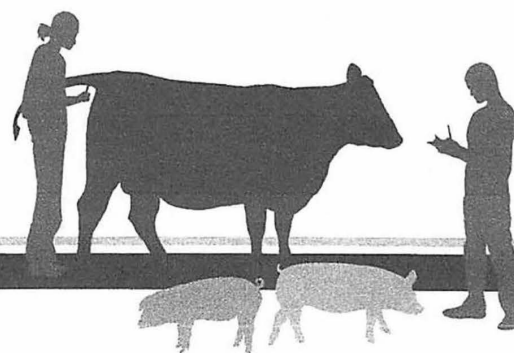
Signature

12/6/24

Date of Completion

Indicate the format of the supplemental materials reviewed

☒ Web-based



# USDA-APHIS NATIONAL VETERINARY ACCREDITATION PROGRAM SUPPLEMENTAL TRAINING MODULE COMPLETION CERTIFICATE

## Module 31: High Impact Equine Diseases in the U.S.

Content Finalized: October, 2019

*The content in this module has been approved expressly to serve as one unit of supplemental training for participants in USDA's National Veterinary Accreditation Program. Please ensure you retain, (save the file or print) this certificate. This certificate will be your only proof of having completed this module and will need to be provided to the appropriate official should APHIS audit your accreditation supplemental training records in the future. Contact your NVAP Coordinator for more details on accreditation renewal.*

Kenneth Carl

Allison

First Name

Last Name

[Redacted]  
[Redacted]  
[Redacted]

City, State, ZIP Code

0 3 2 8 2 3

National Accreditation Number (NAN)

I have read the contents of this  
web-based supplemental training module

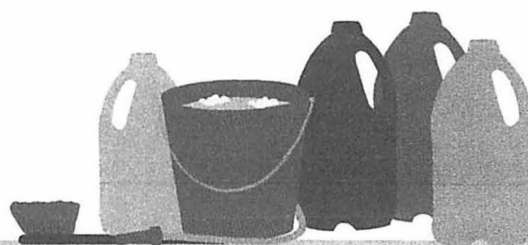
  
Signature

1/4/25

Date of Completion

Indicate the format of the supplemental materials reviewed

☒ Web-based





# USDA-APHIS NATIONAL VETERINARY ACCREDITATION PROGRAM SUPPLEMENTAL TRAINING MODULE COMPLETION CERTIFICATE

## Module 8: International Movement of Horses

Content Finalized: July 2017

*The content in this module has been approved expressly to serve as one unit of supplemental training for participants in USDA's National Veterinary Accreditation Program. Please ensure you retain, (save the file or print) this certificate. This certificate will be your only proof of having completed this module and will need to be provided to the appropriate official should APHIS audit your accreditation supplemental training records in the future. Contact your NVAP Coordinator for more details on accreditation renewal.*

Kenneth Carl

First Name

Allison

Last Name

City, State, ZIP Code

0 3 2 8 2 3

National Accreditation Number (NAN)

I have read the contents of this  
web-based supplemental training module



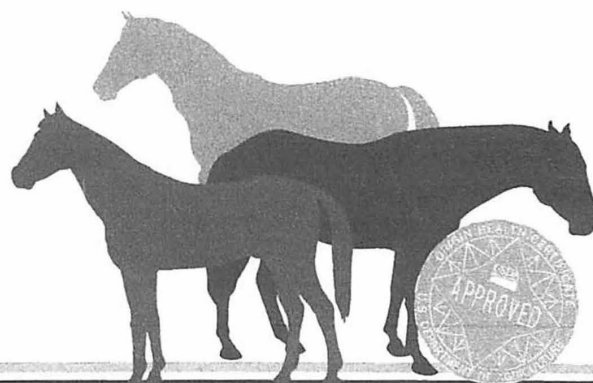
Signature

1/4/25

Date of Completion

Indicate the format of the supplemental materials reviewed

☒ Web-based



# USDA APHIS NATIONAL VETERINARY ACCREDITATION PROGRAM APHIS APPROVED SUPPLEMENTAL TRAINING MODULE COMPLETION CERTIFICATE

## Module 19: Animal Health Emergency Response

Content Updated: January 2023

*The content in this module has been approved expressly to serve as one unit of supplemental training for participants in USDA's National Veterinary Accreditation Program. Please ensure you complete, sign, and retain this certificate stating you attended a presentation that reviewed the contents of this module. This certificate will be your only proof of having completed this module and will need to be provided to the appropriate official should APHIS audit your accreditation supplemental training records in the future. Contact your NVAP Coordinator for more details on accreditation renewal.*

Kenneth Carl

Allison

First Name

Last Name

[REDACTED]

[REDACTED]

[REDACTED]

City, State, ZIP Code

0 3 2 8 2 3

National Accreditation Number (NAN)

I attended a presentation that reviewed the contents of this AAST training module.

  
Signature

1/4/25

Date completed.

Indicate the format of the supplemental materials reviewed:

☒ Web-based



## Exhibit 9



## PROBATION COMPLIANCE REPORT

**PETITIONER:** Kenneth Carl Allison, DVM, VET 11482

**REPORT TYPE:** Early Termination of Probation

**CASE NUMBER:** 4602018000298

**PROBATIONARY TERM:** Three years: December 30, 2022 – December 29, 2025

### PROBATION TERMS AND CONDITIONS AND STATUS:

**Obey All Laws:** Non-Compliant.

Petitioner, as managing licensee of San Francisco Equine, HSP 6179, was found in violation of the Veterinary Practice Act for the following deficiencies related to inspection 4604250020 on August 12, 2024:

CCR§ 2030(e): (After Hours Referral) Signage not posted at the front entrance indicating hours of operation. No after-hours recorded message indicating hours of operation and name, address, or phone number of emergency veterinary services. Board Inspector indicated compliance was obtained after corrections. Respondent corrected the deficiencies by posting signage in their front window and adding an after-hours recorded message with necessary information.

CCR§ 2030 (f)(6) and 3368(a)&(b): (Food and Beverage) Refrigerator contains human food and beverages, but no signage posted on it to indicate. Lab equipment present in break area where food is stored. Board Inspector indicated compliance was obtained after corrections. Respondent corrected deficiencies by placing a sign on refrigerator to indicate "Human Food Only" and removed food from nearby lab equipment.

CCR§ 2030 (f)(1)/6151(c)&(e): (Fire Precautions) two unsecured fire extinguishers present on the floor in storage area of office. Board Inspector indicated compliance was obtained after corrections. Respondent removed unsecured fire extinguishers and clean products.

CCR§ 2032.3 (Record Keeping): Board Inspector reviewed five records for minimum standards in connection with the inspection. The five records revealed the following deficiencies:

Petitioner failed to comply with BPC§ 4826.6 (VCPR) three times between August 18, 2023 and January 17, 2024.

Petitioner failed to comply with BPC§ 4829.5 (Drug Consultation) seven times between November 26, 2023 and May 31, 2024.

Probation Compliance Report  
Kenneth Carl Allison, DVM

Petitioner failed to comply with CCR§ 2032.3(a)(8) (Treatment and Intended Treatment plan) thirteen times between November 7, 2023 and June 9, 2024.

Petitioner failed to comply with CCR§ 2032.3(a)(10) (Diagnosis or Assessment Documentation) six times between September 11, 2023 and June 1, 2024.

Petitioner failed to comply with CCR§ 2032.3(a)(12) (Medication and Treatments Prescribed and Dispensed) seven times between September 13, 2023 and August 4, 2024.

Board Inspector indicated compliance was obtained after corrections. Respondent submitted 2 subsequent medical records that contained all required elements of record keeping including the documentation of drug consultations.

BPC§ 4850: (License/Permit Displayed) An unregistered assistant did not have a required name badge. Board Inspector indicated compliance was obtained after corrections. Respondent submitted a photo of the assistant wearing the required name badge.

CCR§ 2030(f)(11): (Oxygen Equipment) No equipment present on ambulatory truck to deliver oxygen to a patient in an emergency situation. Board Inspector indicated compliance was obtained after corrections. Respondent purchased two ambu bags for the delivery of oxygen to a patient if needed.

CCR§ 2030(f)(4) & 30255(a)&(b)(1)-(6): (X-ray) Only one lead thyroid collar present and the integrity of the lead within the collar could not be verified. No signage present for location of Title 17. Board Inspector indicated compliance was obtained after corrections. Respondent purchased six lead thyroid shields. Respondent submitted a photograph showing the new thyroid shields. Respondent submitted a photograph showing Title 17 was stored in the x-ray generator box with the x-ray machine and showing signage present on a wall showing the location of Title 17.

BPC§ 4840.7(e): (X-ray Safety Training for Unregistered Assistants) Radiation safety exams are not present for unregistered assistants. Board Inspector indicated compliance was obtained after corrections. Respondent submitted signed and dated Radiation Safety Exams for all unregistered assistants who assist with radiographic procedures.

CCR§ 2030(f)(6)/CFR 1301.75: (Drug Security Controls) Controlled drug key kept in compartment on the truck that is not locked. There are up and down arrows that can be pushed to open compartment therefore controlled drug key is not secured. Board Inspector indicated compliance was obtained after corrections. Respondent submitted a photograph showing the controlled drug key was removed from the unsecured compartment on the ambulatory truck and said the key would be kept on his person.

Probation Compliance Report  
Kenneth Carl Allison, DVM

CCR§ 2030(f)(6)/CFR 1304.22(c): (Drug Logs) Drug Logs are missing client address/ID and uses continuation arrows present on some of the drug logs reviewed. Board Inspector indicated compliance was obtained after corrections. Respondent submitted controlled drug log entries after the VMB Inspection date of August 12, 2024. The Controlled drug logs had all required information present to meet compliance.

Petitioner, as managing licensee of San Francisco Equine, HSP 6179, was found in violation of the Veterinary Practice Act for the following deficiency related to inspection 4604260005 on September 26, 2025:

CCR 2030(f)(6) & 3368 (Food and Beverage): Human food and beverages are kept in the same ice chest as vaccines.

**Quarterly Reports:** Non-Compliant.

Quarter 4, 2024, due January 5, 2025, was received on January 17, 2025. All other Quarterly Reports were submitted in a timely manner.

**Interview with the Board:** Compliant.

The probation intake meeting with Petitioner occurred on December 30, 2022.

**Cooperation with Board Staff:** Compliant.

Petitioner has responded and cooperated with probation surveillance in a timely manner when requested to respond.

**Probation Monitoring Costs:** Compliant.

Probation monitoring costs were paid in full as of September 23, 2024. No other probation monitoring costs are outstanding.

**Changes of Employment or Address:** Compliant.

Petitioner notified to Board of a change of address for San Francisco Equine on May 12, 2025. The new address for San Francisco Equine is 15 Augusta Ct., Alamo, CA 94507.

**No Supervision of Students, Interns, or Residents:** Compliant.

No evidence has been received that Petitioner has had any preceptorships or supervision of interns.

**Notice to Employers:**

The Board has not requested a Notice to Employers form from Petitioner as he identified himself as the Co-owner of San Francisco Equine.

**Notice to Employees:**

The Board has not requested a Notice to Employees form from Petitioner as he indicated San Francisco Equine does not employ any staff veterinarians, registered veterinary technicians, or controlled substance permit holders.

**Tolling of Probation:**

Petitioner has not entered tolling status during his probationary period.

**Maintain a Current and Active License:** Compliant.



Probation Compliance Report  
Kenneth Carl Allison, DVM

Petitioner has maintained a valid license during probation.

**Violation of Probation:**

A probation violation letter was sent to Petitioner on June 25, 2024, regarding missing Medical Record Review Reports from January 2024 to June 2024.

A response was received on July 5, 2024.

A probation violation letter was sent to Petitioner on August 22, 2025, regarding a failed inspection, a late Quarterly Report, and inspection fees.

A response was received on September 1, 2025.

Since the effective date of the Decision, no Accusation or Petition to Revoke Probation has been filed against Petitioner for a probation violation.

**License Surrender While on Probation/Suspension:**

Petitioner has not requested to surrender his license.

**Completion of Probation.**

To date, all probation related costs have been paid.

**Cost Recovery: Compliant.**

Petitioner paid \$23,961 in Cost Recovery on September 23, 2024. No other cost recovery costs are outstanding.

**Inspections: Compliant.**

Petitioner, as managing licensee of San Francisco Equine, HSP 6179, has completed payment for the inspection occurring on August 12, 2024.

Petitioner, as managing licensee of San Francisco Equine, HSP 6179, has an outstanding payment for the inspection occurring on September 26, 2025. Payment is due before the end of probation.

**Medical Record Review: Non-Compliant.**

Petitioner failed to ensure an approved Medical Record Reviewer submitted monthly supervision reports for the months of January 2024 through June 2024. Monthly supervision reports for January 2024 through March 2024 were received on June 26, 2024, as a result of a probation violation letter.

**Continuing Education: Compliant.**

Petitioner provided proof of completion for all record keeping courses required for the first two years of probation.

**Fine: Compliant.**

Petitioner's fine was paid in full on January 17, 2023. No other costs related to fines are outstanding.

Completed by: Alexander Juarez Signature: SIGNATURE ON FILE Date: October 2, 2025

Exhibit 10





BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR  
 DEPARTMENT OF CONSUMER AFFAIRS • VETERINARY MEDICAL BOARD  
 1747 North Market Blvd., Suite 230, Sacramento, CA 95834-2978  
 P (916) 515-5220 | Toll-Free (866) 229-0170 | [www.vmb.ca.gov](http://www.vmb.ca.gov)



**VIA ELECTRONIC, CERTIFIED & US MAIL**

June 25, 2024

Kenneth Carl Allison, DVM  
 San Francisco Equine Inc.  
 7026 Koll Center Parkway, Suite 205  
 Pleasanton, CA 94566  
[sfequine.office@gmail.com](mailto:sfequine.office@gmail.com)

**Re: PROBATION VIOLATION LETTER**  
**Case No. 4602018000298**

Dear Dr. Allison:

A comprehensive review of your probation file was conducted. The following items require your immediate attention:

**MEDICAL RECORDS REVIEW**

*The reviewer shall review a minimum of ten percent (10%) of Respondent's animal patient medical records or fifteen (15) records (whichever is greater), a minimum of twelve (12) times per year. The reviewer shall submit quarterly reports to the Board on a form designated by the Board. The reports shall be submitted by the reviewer directly to the Board's Probation Monitor within seven (7) calendar days after the end of the preceding quarter.*

After review of the Board's records, the Board has not received reports for the months of January 2024 through June 2024. Medical Records Review reports are due on (at least) a quarterly basis.

Please submit a written letter of explanation in answer to the above-described violation along with a proposed plan to correct the violation by **July 9, 2024**. Failure to rectify any and/or all of the violations may be considered violations of your probation.

If you have any questions or concerns, please contact me via email at [Alexander.Juarez@dca.ca.gov](mailto:Alexander.Juarez@dca.ca.gov).

Regards,

**SIGNATURE ON FILE**

Alexander A. Juarez  
 Probation Monitor  
 Veterinary Medical Board

Exhibit 11

July 4, 2024

Re: Case # 4602018000298

Dear Alexander A. Juarez:

I received your notice of the probation violation concerning medical records review for the months of January, February, and March 2024. To my knowledge, you did receive January and February reviews in March 2024. The March review was sent in June 2024. There was an unexpected delay getting March to Dr. Batten and she sent it as soon as she reviewed it. Part of the reason there was a delay was that we changed our physical office address. This was due to Golden Gate Fields permanent closure. All of our clients and horses moved to the Pleasanton Fairgrounds. We needed our office closer to our clients.

Going forward we will make sure Dr. Batten receives all reports in a timely manner. We do not anticipate any further issue as the move is now complete.

The VMB was advised of our address change. I am letting you know, as well.

Our new office address is:

San Francisco Equine, Inc.

7026 Koll Center Pkwy #205

Pleasanton, California 94566

Sincerely,

Kenneth C. Allison, DVM

Exhibit 12

**Juarez, Alexander@DCA**

---

**From:** Casille Batten [REDACTED]  
**Sent:** Wednesday, June 26, 2024 9:07 AM  
**To:** Juarez, Alexander@DCA  
**Subject:** Allison and Kuhlman reviews  
**Attachments:** ALLISON JAN 24 MEDICAL RECORD REVIEW OVERALL EXAMINATION ASSESSMENT.pdf; Kuhlman JAN24 MEDICAL RECORD REVIEW OVERALL EXAMINATION ASSESSMENT - Page 2.pdf; ALLISON MAR 24 MEDICAL RECORD REVIEW OVERALL EXAMINATION ASSESSMENT.pdf; Kuhlman JAN 24 Monthly Supervision VET Report Packet.pdf; Allison JAN 24 Monthly Supervision VET Report Packet Fillable.pdf; Kuhlman MAR MEDICAL RECORD REVIEW OVERALL EXAMINATION ASSESSMENT.pdf; Allison MARCH 24 Monthly Supervision VET Report Packet Fillable.pdf; Kuhlman MARCH 24 Monthly Supervision VET Report Packet.pdf

**This Message Is From an Untrusted Sender**

Warning: This email originated from outside of the organization! Do not click links, open attachments, or reply, unless you recognize the sender's email.

[Report Suspicious](#)

Hi Alex,

Here are the record reviews for Drs Allison and Kuhlman. Sorry for the delay in getting these to you. I will have some more coming soon.

Thanks  
Casille

--

Casille Batten, DVM

**Juarez, Alexander@DCA**

---

**From:** Casille Batten [REDACTED]  
**Sent:** Wednesday, June 26, 2024 11:46 AM  
**To:** Juarez, Alexander@DCA  
**Subject:** Re: Allison and Kuhlman reviews

**This Message Is From an Untrusted Sender**

Warning: This email originated from outside of the organization! Do not click links, open attachments, or reply, unless you recognize the sender's email.

Report Suspicious

Hi Alex,

Yes, sorry. I have them on my other computer - I'll get them over to you later today.

Casille

Casille Batten, DVM

On Wed, Jun 26, 2024 at 10:40 AM Juarez, Alexander@DCA <[Alexander.Juarez@dca.ca.gov](mailto:Alexander.Juarez@dca.ca.gov)> wrote:

Hello,

You have provided reports for January 2024 and March 2024. Do you have reports for February 2024?

Thank you,

---

**From:** Casille Batten [REDACTED]  
**Sent:** Wednesday, June 26, 2024 9:07 AM  
**To:** Juarez, Alexander@DCA <[Alexander.Juarez@dca.ca.gov](mailto:Alexander.Juarez@dca.ca.gov)>  
**Subject:** Allison and Kuhlman reviews

Hi Alex,

Here are the record reviews for Drs Allison and Kuhlman. Sorry for the delay in getting these to you. I will have some more coming soon.

Thanks

Casille

--

Casille Batten, DVM

**Juarez, Alexander@DCA**

---

**From:** Casille Batten [REDACTED]  
**Sent:** Wednesday, June 26, 2024 5:41 PM  
**To:** Juarez, Alexander@DCA  
**Subject:** Re: Allison and Kuhlman reviews  
**Attachments:** ALLISON FEB 24 MEDICAL RECORD REVIEW OVERALL EXAMINATION ASSESSMENT.pdf; Allison FEB 24 Monthly Supervision VET Report Packet Fillable.pdf; Kuhlman FEB24 MEDICAL RECORD REVIEW OVERALL EXAMINATION ASSESSMENT.pdf; Kuhlman FEB 24 Monthly Supervision VET Report Packet.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

**This Message Is From an Untrusted Sender**

Warning: This email originated from outside of the organization! Do not click links, open attachments, or reply, unless you recognize the sender's email.

Report Suspicious

Hi Alex,

Here are the reviews for February.

Casille

On Wed, Jun 26, 2024 at 10:40 AM Juarez, Alexander@DCA <[Alexander.Juarez@dca.ca.gov](mailto:Alexander.Juarez@dca.ca.gov)> wrote:

Hello,

You have provided reports for January 2024 and March 2024. Do you have reports for February 2024?

Thank you,

---

**From:** Casille Batten [REDACTED]  
**Sent:** Wednesday, June 26, 2024 9:07 AM  
**To:** Juarez, Alexander@DCA <[Alexander.Juarez@dca.ca.gov](mailto:Alexander.Juarez@dca.ca.gov)>  
**Subject:** Allison and Kuhlman reviews



Hi Alex,

Here are the record reviews for Drs Allison and Kuhlman. Sorry for the delay in getting these to you. I will have some more coming soon.

Thanks

Casille

--

Casille Batten, DVM

--

Casille Batten, DVM



## MONTHLY SUPERVISION REPORT

Case No: 4602018000298

Veterinarian Name: Ken Allison

VET # 11482

Report for the Month of: (circle one)

Jan Feb March April May June July August Sept Oct Nov Dec

### Instructions:

- (1) Please review the supervision agreement which includes the percentage and frequency of records that need to be reviewed.
- (2) Make additional copies of this page and two types of Supervision Review logs to be turned in monthly (Satisfactory/Unsatisfactory).
- (3) Fill this page completely with all up-to-date information and turn in monthly by the 5<sup>th</sup> of each month of supervision with corresponding logs.
- (4) Please fill out UNSATISFACTORY TREATMENT OR DOCUMENTATION review log for all patient care reviewed that required discussion, concerns or recommendations and provide your feedback to the Board (e.g. did you discuss the concerns with the probationer, were any changes made, what was the outcome, etc.)
- (5) Please fill out SATISFACTORY TREATMENT AND DOCUMENTATION for all patient care reviewed that was in total compliance.

The BOX below is to be filled out AFTER all necessary logs are filled out.

I HEREBY SUBMIT THIS REPORT OF COMPLIANCE AS REQUIRED BY THE VETERINARY MEDICAL BOARD AND THE TERMS AND CONDITIONS OF THE DISCIPLINARY ORDER IN THE MATTER REGARDING THE ABOVE REFERENCE PROBATIONER. I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS GIVEN HERE ARE TRUE AND CORRECT.

SUPERVISOR NAME: Casille Batten VET # 18833

PROBATIONER'S EMPLOYER OR HOSPITAL:  
San Francisco Equine, Inc

ADDRESS: 865 Marina Bay Pkwy Ste 39, Richmond, CA 94804 TELEPHONE #: (650)642-4636

NUMBER OF HOURS YOU SPEND REVIEWING PATIENT RECORDS: PER WEEK <sup>0</sup> PER MONTH <sub>3.5</sub>

SUPERVISOR'S SIGNATURE: Casille Batten, DVM REVIEW DATE: 4.21.24

## Supervision Review Log

## SATISFACTORY TREATMENT AND DOCUMENTATION

<b>Patient Name</b>	CatchMeAtTheLake (1)	<b>Treatment Date</b>	1.21.24
<b>Medical Care Provided</b>	Diagnostics and treatment for fever		

<b>Patient Name</b>	Simply Gracious (2)	<b>Treatment Date</b>	1.21.24
<b>Medical Care Provided</b>	Lasix		

<b>Patient Name</b>	Hey Barmaid (3)	<b>Treatment Date</b>	1.23.24
<b>Medical Care Provided</b>	Treatment for street nail		

<b>Patient Name</b>	Miss Union (4)	<b>Treatment Date</b>	1.21.24
<b>Medical Care Provided</b>	Scope		

<b>Patient Name</b>	Chamaville (5)	<b>Treatment Date</b>	1.21.24
<b>Medical Care Provided</b>	Prerace entry exam		

<b>Patient Name</b>	Coppertunity (6)	<b>Treatment Date</b>	1.23.24
<b>Medical Care Provided</b>	Dispense medication for pastern dermatitis		

<b>Patient Name</b>	Desert Dude (7)	<b>Treatment Date</b>	1.21.24
<b>Medical Care Provided</b>	Endoscopic exam		

<b>Patient Name</b>	Wavecrest (8)	<b>Treatment Date</b>	1.21.24
<b>Medical Care Provided</b>	Lasix		

<b>Patient Name</b>	David N Rays Candy (9)	<b>Treatment Date</b>	1.21.24
<b>Medical Care Provided</b>	Lasix		

<b>Patient Name</b>	Hot Betty (10)	<b>Treatment Date</b>	1.21.24
<b>Medical Care Provided</b>	Lasix		

<b>Patient Name</b>	Master The Battle (11)	<b>Treatment Date</b>	1.23.24
<b>Medical Care Provided</b>	Dispense medication for gastric ulcers		

<b>Patient Name</b>	Mastery Kat (12)	<b>Treatment Date</b>	1.21.24
<b>Medical Care Provided</b>	Lasix		

Reviewing Vet Initials CB

## Supervision Review Log

## SATISFACTORY TREATMENT AND DOCUMENTATION

<b>Patient Name</b>	Seize the Derby (13)	<b>Treatment Date</b>	1.23.24
<b>Medical Care Provided</b>	Dispense medication for hives		

<b>Patient Name</b>	Cry Me A Runner (14)	<b>Treatment Date</b>	1.21.24
<b>Medical Care Provided</b>	Prerace entry exam		

<b>Patient Name</b>	Assuredly (15)	<b>Treatment Date</b>	1.21.24
<b>Medical Care Provided</b>	Endoscopic exam		

<b>Patient Name</b>	Cat Bandit (16)	<b>Treatment Date</b>	1.23.24
<b>Medical Care Provided</b>	Pework exam		

<b>Patient Name</b>	Secret Club (17)	<b>Treatment Date</b>	1.23.24
<b>Medical Care Provided</b>	Coggins and vaccines		

<b>Patient Name</b>	Starship Chewbacca (18)	<b>Treatment Date</b>	1.23.24
<b>Medical Care Provided</b>	Coggins and vaccines		

<b>Patient Name</b>	Zeus' War (19)	<b>Treatment Date</b>	1.23.24
<b>Medical Care Provided</b>	Treatment for cellulitis		

<b>Patient Name</b>	All Hallows (20)	<b>Treatment Date</b>	1.21.24
<b>Medical Care Provided</b>	Treatment for respiratory disease		

<b>Patient Name</b>	AManOfMyStature (21)	<b>Treatment Date</b>	1.21.24
<b>Medical Care Provided</b>	Pework exam and alsix		

<b>Patient Name</b>	Mirage Code (22)	<b>Treatment Date</b>	1.21.24
<b>Medical Care Provided</b>	Prerace exam		

<b>Patient Name</b>	Goodbye Dal (23)	<b>Treatment Date</b>	1.21.24
<b>Medical Care Provided</b>	Prerace entry exam		

<b>Patient Name</b>	Goodbye Kai (24)	<b>Treatment Date</b>	1.21.24
<b>Medical Care Provided</b>	Prerace entry exam		

Reviewing Vet Initials CB

## Supervision Review Log

## SATISFACTORY TREATMENT AND DOCUMENTATION

<b>Patient Name</b>	Tamarando Star (25)	<b>Treatment Date</b>	1.21.24
<b>Medical Care Provided</b>	Prerace entry exam		

<b>Patient Name</b>	Tamarando Coast (26)	<b>Treatment Date</b>	1.23.24
<b>Medical Care Provided</b>	Prewrite exam		

<b>Patient Name</b>	Bold Encounter (27)	<b>Treatment Date</b>	1.21.24
<b>Medical Care Provided</b>	Prerace entry exam		

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>	Prewrite exam and lasix for work		

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

Reviewing Vet Initials CB

## Supervision Review Log

## UNSATISFACTORY TREATMENT OR DOCUMENTATION

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____			
_____			
_____			
Comments/ Recommendations given _____			
_____			
_____			
<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____			
_____			
_____			
Comments/ Recommendations given _____			
_____			
_____			
<b>Patient Name</b>		<b>Treatment Date</b>	3.20.23
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____			
_____			
_____			
Comments/ Recommendations given _____			
_____			
_____			

Reviewing Vet Initials \_\_\_\_\_

MEDICAL RECORD REVIEW. Record #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
<b>OVERALL EXAMINATION ASSESSMENT</b>																								
Diagnosis complied with minimum standards.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Treatment was necessary, appropriate, and complied with minimum standards.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Maintained necessary and appropriate treatment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Maintained necessary and appropriate records and chart entries.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Complied with existing statutes and regulations governing the practice of veterinary medicine.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CCR SECTION 2032.3 (a) RECORD REVIEW</b>																								
Legible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Name or initials of the person responsible for entries.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Name, address and phone number of the client.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Name or identity of the animal, herd or flock.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Except for herds or flocks, age, sex, breed, species.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dates (beginning and ending) of custody of the animal, if applicable.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
A history or pertinent information as it pertains to each animal, herd, or flock's medical status.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Data, including that obtained by instrumentation, from the physical examination.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A
Records for surgical procedures 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.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Diagnosis or assessment prior to performing a treatment or procedure.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A
If relevant, a prognosis of the animal's condition.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A
Daily progress, if relevant, and disposition of the case.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Ex. 12 - 012





## MONTHLY SUPERVISION REPORT

Case No: 4602018000298

Veterinarian Name: Ken Allison

VET # 11482

Report for the Month of: (circle one)

Jan **Feb** March April May June July August Sept Oct Nov Dec

### Instructions:

- (1) Please review the supervision agreement which includes the percentage and frequency of records that need to be reviewed.
- (2) **Make additional copies of this page and two types of Supervision Review logs to be turned in monthly (Satisfactory/Unsatisfactory).**
- (3) Fill this page completely with all up-to-date information and turn in monthly by the 5<sup>th</sup> of each month of supervision with corresponding logs.
- (4) Please fill out UNSATISFACTORY TREATMENT OR DOCUMENTATION review log for all patient care reviewed that required discussion, concerns or recommendations and provide your feedback to the Board (e.g. did you discuss the concerns with the probationer, were any changes made, what was the outcome, etc.)
- (5) Please fill out SATISFACTORY TREATMENT AND DOCUMENTATION for all patient care reviewed that was in total compliance.

The BOX below is to be filled out AFTER all necessary logs are filled out.

I HEREBY SUBMIT THIS REPORT OF COMPLIANCE AS REQUIRED BY THE VETERINARY MEDICAL BOARD AND THE TERMS AND CONDITIONS OF THE DISCIPLINARY ORDER IN THE MATTER REGARDING THE ABOVE REFERENCE PROBATIONER. I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS GIVEN HERE ARE TRUE AND CORRECT.

SUPERVISOR NAME: Casille Batten VET # 18833

PROBATIONER'S EMPLOYER OR HOSPITAL:  
San Francisco Equine, Inc

ADDRESS: 865 Marina Bay Pkwy Ste 39, Richmond, CA 94804 TELEPHONE #: (650)642-4636

NUMBER OF HOURS YOU SPEND REVIEWING PATIENT RECORDS: PER WEEK <sup>0</sup> PER MONTH 3.5

SUPERVISOR'S SIGNATURE: Casille Batten, DVM REVIEW DATE: 4.21.24

## Supervision Review Log

## SATISFACTORY TREATMENT AND DOCUMENTATION

<b>Patient Name</b>	Sound Of Glory (1)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Pework exam		

<b>Patient Name</b>	Susie Cru (2)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Diagnostics and treatment plan for liver disease		

<b>Patient Name</b>	Acclaimed Preacher (3)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Post race electrolyte and vitamin supplementation		

<b>Patient Name</b>	Smiling Lady (4)	<b>Treatment Date</b>	2.19.24
<b>Medical Care Provided</b>	Post race electrolyte and vitamin supplementation		

<b>Patient Name</b>	Smile Baby Smile (5)	<b>Treatment Date</b>	2.19.24
<b>Medical Care Provided</b>	Preventative treatment for osteoarthritis		

<b>Patient Name</b>	To Speight Her (6)	<b>Treatment Date</b>	2.19.24
<b>Medical Care Provided</b>	Post work vitamin supplementation		

<b>Patient Name</b>	Social Status (7)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Post work vitamin supplementation		

<b>Patient Name</b>	Venom (8)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Upper airway endoscopy		

<b>Patient Name</b>	Golden Sunrise (9)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Prerace entry exam		

<b>Patient Name</b>	Sunrise Mischief (10)	<b>Treatment Date</b>	2.19.24
<b>Medical Care Provided</b>	Post work vitamin supplementation		

<b>Patient Name</b>	Grand Slam Kid (11)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Upper airway endoscopy		

<b>Patient Name</b>	Fayruz Tribute (12)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Upper airway endoscopy		

Reviewing Vet Initials CB

## Supervision Review Log

## SATISFACTORY TREATMENT AND DOCUMENTATION

<b>Patient Name</b>	Call Her Contessa (13)	<b>Treatment Date</b>	2.19.24
<b>Medical Care Provided</b>	Post work vitamin supplementation		

<b>Patient Name</b>	Diplomatic (14)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Post work vitamin supplementation		

<b>Patient Name</b>	Lilly's Journey (15)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Prerace entry exam		

<b>Patient Name</b>	Que Sera Sir Ralph (16)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Post work vitamin supplementation		

<b>Patient Name</b>	House of Lords (17)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Lasix		

<b>Patient Name</b>	In Honor Of Autism (18)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Lasix		

<b>Patient Name</b>	Thanks Maggio (19)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Dispense medication for EIPH		

<b>Patient Name</b>	Blossoming (20)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Dispense medication for EIPH		

<b>Patient Name</b>	Super Bill (21)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Lasix		

<b>Patient Name</b>	A Walk on the Moon (22)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Prerace entry exam		

<b>Patient Name</b>	Guide My Steps (23)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Prerace entry exam		

<b>Patient Name</b>	Grazen Sun (24)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Lasix		

Reviewing Vet Initials CB

## Supervision Review Log

## SATISFACTORY TREATMENT AND DOCUMENTATION

<b>Patient Name</b>	Bravo Ragazzo(25)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Lasix		

<b>Patient Name</b>	Tamara Mine (26)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Dispense medication for EIPH		

<b>Patient Name</b>	Town Performer (27)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Prerace entry exam		

<b>Patient Name</b>	Tiger Queen (28)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Lasix		

<b>Patient Name</b>	Father Tom (29)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Radiographs for physeal closure		

<b>Patient Name</b>	Spicy Rosso (30)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Radiographs for physeal closure		

<b>Patient Name</b>	Hot Betty (31)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Lasix		

<b>Patient Name</b>	Magic Chrome (32)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Lasix		

<b>Patient Name</b>	Queen Molotov (33)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Lasix		

<b>Patient Name</b>	Surprise Fashion (34)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Upper airway endoscopy		

<b>Patient Name</b>	Diamond Concerto (35)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Lasix		

<b>Patient Name</b>	Secret Club (36)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Prewrite exam		

Reviewing Vet Initials CB

## Supervision Review Log

## SATISFACTORY TREATMENT AND DOCUMENTATION

<b>Patient Name</b>	Starship Chewbacca (37)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Pework exam		

<b>Patient Name</b>	Winning Lover (38)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Upper airway endoscopy		

<b>Patient Name</b>	Hammet (39)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Prerace entry exam		

<b>Patient Name</b>	Supernal (40)	<b>Treatment Date</b>	2.18.24
<b>Medical Care Provided</b>	Prerace entry exam		

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

Reviewing Vet Initials CB

## Supervision Review Log

## UNSATISFACTORY TREATMENT OR DOCUMENTATION

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____			
_____			
_____			
Comments/ Recommendations given _____			
_____			
_____			
<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____			
_____			
_____			
Comments/ Recommendations given _____			
_____			
_____			
<b>Patient Name</b>		<b>Treatment Date</b>	3.20.23
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____			
_____			
_____			
Comments/ Recommendations given _____			
_____			
_____			

Reviewing Vet Initials \_\_\_\_\_



## MONTHLY SUPERVISION REPORT

Case No: 4602018000298

Veterinarian Name: Ken Allison

VET # 11482

Report for the Month of: (circle one)

Jan Feb **March** April May June July August Sept Oct Nov Dec

### Instructions:

- (1) Please review the supervision agreement which includes the percentage and frequency of records that need to be reviewed.
- (2) Make additional copies of this page and two types of Supervision Review logs to be turned in monthly (Satisfactory/Unsatisfactory).
- (3) Fill this page completely with all up-to-date information and turn in monthly by the 5<sup>th</sup> of each month of supervision with corresponding logs.
- (4) Please fill out UNSATISFACTORY TREATMENT OR DOCUMENTATION review log for all patient care reviewed that required discussion, concerns or recommendations and provide your feedback to the Board (e.g. did you discuss the concerns with the probationer, were any changes made, what was the outcome, etc.)
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SUPERVISOR NAME: Casille Batten VET # 18833

PROBATIONER'S EMPLOYER OR HOSPITAL:  
San Francisco Equine, Inc

ADDRESS: 865 Marina Bay Pkwy Ste 39, Richmond, CA 94804 TELEPHONE #: (650)642-4636

NUMBER OF HOURS YOU SPEND REVIEWING PATIENT RECORDS: PER WEEK <sup>0</sup> PER MONTH 3.5

SUPERVISOR'S SIGNATURE: Casille Batten, DVM REVIEW DATE: 4.21.24

## Supervision Review Log

## SATISFACTORY TREATMENT AND DOCUMENTATION

<b>Patient Name</b>	Iconic Sky (1)	<b>Treatment Date</b>	3.24; 3.25.24qq
<b>Medical Care Provided</b>	Prewrite sedation and post work electrolyte replacement		

<b>Patient Name</b>	Lilly's Journey (2)	<b>Treatment Date</b>	3.24.24
<b>Medical Care Provided</b>	OA preventative		

<b>Patient Name</b>	Maniae (3)	<b>Treatment Date</b>	3.24.24
<b>Medical Care Provided</b>	Post race vitamin replacement		

<b>Patient Name</b>	Nothing is Forever (4)	<b>Treatment Date</b>	3.24.24
<b>Medical Care Provided</b>	Post race vitamin replacement		

<b>Patient Name</b>	Princess Belle (5)	<b>Treatment Date</b>	3.24.24
<b>Medical Care Provided</b>	Prerace entry exam		

<b>Patient Name</b>	Sareeha (6)	<b>Treatment Date</b>	3.24.24
<b>Medical Care Provided</b>	Post work vitamin supplement		

<b>Patient Name</b>	Tiger Attack (7)	<b>Treatment Date</b>	3.24.24
<b>Medical Care Provided</b>	Postrace vitamin supplement		

<b>Patient Name</b>	Dungarvan Oak (8)	<b>Treatment Date</b>	3.24.24
<b>Medical Care Provided</b>	Prerace entry exam		

<b>Patient Name</b>	Effective Gig (9)	<b>Treatment Date</b>	3.23.24
<b>Medical Care Provided</b>	Prewrite exam		

<b>Patient Name</b>	Galway Shawl (10)	<b>Treatment Date</b>	3.23.24
<b>Medical Care Provided</b>	Prewrite exam		

<b>Patient Name</b>	Lady Gregory(11)	<b>Treatment Date</b>	3.24.24
<b>Medical Care Provided</b>	Prerace entry exam		

<b>Patient Name</b>	Miss Union (12)	<b>Treatment Date</b>	3.24.24
<b>Medical Care Provided</b>	Dispense medication - electrolyte supplements		

Reviewing Vet Initials CB



## Supervision Review Log

## SATISFACTORY TREATMENT AND DOCUMENTATION

<b>Patient Name</b>	Andiamo Ragazza (13)	<b>Treatment Date</b>	3.23.24
<b>Medical Care Provided</b>	Prewrite exam		

<b>Patient Name</b>	Don't Tell Hydee (14)	<b>Treatment Date</b>	3.24.24
<b>Medical Care Provided</b>	Scope		

<b>Patient Name</b>	Stone's River (15)	<b>Treatment Date</b>	3.23.24
<b>Medical Care Provided</b>	Prewrite exam		

<b>Patient Name</b>	Sir Dreamer (16)	<b>Treatment Date</b>	3.23.24
<b>Medical Care Provided</b>	Sedation for shoeing		

<b>Patient Name</b>	Catch Me At The Lake (17)	<b>Treatment Date</b>	3.23.24
<b>Medical Care Provided</b>	Endoscopic exam and antibiotics based on scope findings		

<b>Patient Name</b>	Galloping Major (18)	<b>Treatment Date</b>	3.24.24
<b>Medical Care Provided</b>	Prerace entry exam		

<b>Patient Name</b>	Park Road Cowboy (19)	<b>Treatment Date</b>	3.24, 3.25.24
<b>Medical Care Provided</b>	Antibiotics for wound on right hind		

<b>Patient Name</b>	Ready to Gig (20)	<b>Treatment Date</b>	3.24.24
<b>Medical Care Provided</b>	Lasix for work		

<b>Patient Name</b>	David N Rays Candy (21)	<b>Treatment Date</b>	3.24.24
<b>Medical Care Provided</b>	Lasix for work		

<b>Patient Name</b>	Magic Chrome (22)	<b>Treatment Date</b>	3.24.24
<b>Medical Care Provided</b>	Lasix for work		

<b>Patient Name</b>	Mastery Kat (23)	<b>Treatment Date</b>	3.24.24
<b>Medical Care Provided</b>	Lasix for work		

<b>Patient Name</b>	Queen Molotov (24)	<b>Treatment Date</b>	3.24.24
<b>Medical Care Provided</b>	Lasix for work		

Reviewing Vet Initials CB

## Supervision Review Log

## SATISFACTORY TREATMENT AND DOCUMENTATION

<b>Patient Name</b>	Hydofrost (25)	<b>Treatment Date</b>	3.23, 2.24.24
<b>Medical Care Provided</b>	Adequan injection for OA prevention and Lasix for work		

<b>Patient Name</b>	Heat N Reheat (26)	<b>Treatment Date</b>	3.23, 3.24.24
<b>Medical Care Provided</b>	Prewrite exam and Lasix for work		

<b>Patient Name</b>	Night Proof (27)	<b>Treatment Date</b>	3.23.24
<b>Medical Care Provided</b>	Prewrite exam		

<b>Patient Name</b>	Wondribbon (28)	<b>Treatment Date</b>	3.24.24
<b>Medical Care Provided</b>	Electrolyte supplementation for shipping		

<b>Patient Name</b>	Peaceful Waters (29)	<b>Treatment Date</b>	3.23.24
<b>Medical Care Provided</b>	Scope		

<b>Patient Name</b>	Brother O Brien (30)	<b>Treatment Date</b>	3.24.24
<b>Medical Care Provided</b>	Prerace entry exam		

<b>Patient Name</b>	Burnin At Midnight (31)	<b>Treatment Date</b>	3.23.24
<b>Medical Care Provided</b>	Bloodwork and ultrasound recheck on pneumonia		

<b>Patient Name</b>	Grubauer (32)	<b>Treatment Date</b>	3.23, 3.24.24
<b>Medical Care Provided</b>	Prewrite exam and lasix for work		

<b>Patient Name</b>	Happy Does (33)	<b>Treatment Date</b>	3.23.24
<b>Medical Care Provided</b>	Antibiotics for previous choke		

<b>Patient Name</b>	Thea (34)	<b>Treatment Date</b>	3.23.24
<b>Medical Care Provided</b>	Prewrite exam		

<b>Patient Name</b>	Coastal Jazz (35)	<b>Treatment Date</b>	3.24.24
<b>Medical Care Provided</b>	Scope		

<b>Patient Name</b>	Irrrefutable (36)	<b>Treatment Date</b>	3.23.24
<b>Medical Care Provided</b>	Prewrite exam		

Reviewing Vet Initials CB

## Supervision Review Log

## SATISFACTORY TREATMENT AND DOCUMENTATION

<b>Patient Name</b>	Split Aces (37)	<b>Treatment Date</b>	3.23.24
<b>Medical Care Provided</b>	Prewrite exam		

<b>Patient Name</b>	Blursday (38)	<b>Treatment Date</b>	3.24.24
<b>Medical Care Provided</b>	Prewrite exam		

<b>Patient Name</b>	Supernal (39)	<b>Treatment Date</b>	3.23.24
<b>Medical Care Provided</b>	Prewrite exam		

<b>Patient Name</b>	Lovely Josephine (40)	<b>Treatment Date</b>	3.24.24
<b>Medical Care Provided</b>	Prerace entry exam		

<b>Patient Name</b>	Heart On The Run (41)	<b>Treatment Date</b>	3.25.24
<b>Medical Care Provided</b>	Dispense Acepromazine (mild sedative) for training		

<b>Patient Name</b>	Pakas Secret (42)	<b>Treatment Date</b>	3.25.24
<b>Medical Care Provided</b>	Dispense Acepromazine (mild sedative) for training		

<b>Patient Name</b>	She's Resil(43)	<b>Treatment Date</b>	3.24.24
<b>Medical Care Provided</b>	Dispense electrolyte supplement paste		

<b>Patient Name</b>	Coach Cronin (44)	<b>Treatment Date</b>	3.24.24
<b>Medical Care Provided</b>	Dispense electrolyte supplement paste		

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			

Reviewing Vet Initials CB

## Supervision Review Log

## UNSATISFACTORY TREATMENT OR DOCUMENTATION

<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____			
_____			
_____			
Comments/ Recommendations given _____			
_____			
_____			
<b>Patient Name</b>		<b>Treatment Date</b>	
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____			
_____			
_____			
Comments/ Recommendations given _____			
_____			
_____			
<b>Patient Name</b>		<b>Treatment Date</b>	3.20.23
<b>Medical Care Provided</b>			
<b>Medical Records Documentation:</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Noncompliant			
Deficiencies (explain) _____			
_____			
_____			
Comments/ Recommendations given _____			
_____			
_____			

Reviewing Vet Initials \_\_\_\_\_

MEDICAL RECORD REVIEW. Record #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
OVERALL EXAMINATION ASSESSMENT																								
Diagnosis complied with minimum standards.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Treatment was necessary, appropriate, and complied with minimum standards.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Maintained necessary and appropriate treatment.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Maintained necessary and appropriate records and chart entries.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Complied with existing statutes and regulations governing the practice of veterinary medicine.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CCR SECTION 2032.3 (a) RECORD REVIEW																								
Legible	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Name or initials of the person responsible for entries.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Name, address and phone number of the client.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Name or identity of the animal, herd or flock.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Except for herds or flocks, age, sex, breed, species.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dates (beginning and ending) of custody of the animal, if applicable.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
A history or pertinent information as it pertains to each animal, herd, or flock's medical status.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Data, including that obtained by instrumentation, from the physical examination.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.	✓	✓	✓	✓	N/A	✓	✓	N/A	N/A	N/A	N/A	✓	N/A	✓	N/A	✓	✓	N/A	N/A	✓	✓	✓	✓	✓
Records for surgical procedures 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.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Diagnosis or assessment prior to performing a treatment or procedure.	✓	✓	✓	✓	N/A	✓	✓	N/A	N/A	N/A	N/A	✓	N/A	✓	N/A	✓	✓	N/A	N/A	✓	✓	✓	✓	✓
If relevant, a prognosis of the animal's condition.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.	✓	✓	✓	✓	N/A	✓	✓	N/A	N/A	N/A	N/A	✓	N/A	N/A	N/A	✓	✓	N/A	N/A	✓	✓	✓	✓	✓
Daily progress, if relevant, and disposition of the case.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

MEDICAL RECORD REVIEW. Record #	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
<b>OVERALL EXAMINATION ASSESSMENT</b>																									
Diagnosis complied with minimum standards.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
Treatment was necessary, appropriate, and complied with minimum standards.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
Maintained necessary and appropriate treatment.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
Maintained necessary and appropriate records and chart entries.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
Complied with existing statutes and regulations governing the practice of veterinary medicine.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
<b>CCR SECTION 2032.3 (a) RECORD REVIEW</b>																									
Legible	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
Name or initials of the person responsible for entries.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
Name, address and phone number of the client.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
Name or identity of the animal, herd or flock.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
Except for herds or flocks, age, sex, breed, species.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
Dates (beginning and ending) of custody of the animal, if applicable.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A					
A history or pertinent information as it pertains to each animal, herd, or flock's medical status.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	✓	✓	✓	✓					
Data, including that obtained by instrumentation, from the physical examination.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.	✓	✓	N/A	✓	✓	N/A	✓	✓	✓	N/A	✓	N/A	N/A	N/A	N/A	N/A	✓	✓	✓	✓					
Records for surgical procedures 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.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A					
Diagnosis or assessment prior to performing a treatment or procedure.	✓	✓	N/A	✓	✓	N/A	✓	✓	✓	N/A	✓	N/A	N/A	N/A	N/A	N/A	✓	✓	✓	✓					
If relevant, a prognosis of the animal's condition.	N/A	N/A	N/A	N/A	N/A	N/A	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A					
All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.	✓	✓	N/A	✓	N/A	N/A	✓	✓	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A	✓	✓	✓	✓					
Daily progress, if relevant, and disposition of the case.	N/A	N/A	N/A	N/A	N/A	N/A	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A					

MEDICAL RECORD REVIEW. Record #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
<b>OVERALL EXAMINATION ASSESSMENT</b>																								
Diagnosis complied with minimum standards.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Treatment was necessary, appropriate, and complied with minimum standards.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Maintained necessary and appropriate treatment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Maintained necessary and appropriate records and chart entries.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Complied with existing statutes and regulations governing the practice of veterinary medicine.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CCR SECTION 2032.3 (a) RECORD REVIEW</b>																								
Legible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Name or initials of the person responsible for entries.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Name, address and phone number of the client.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Name or identity of the animal, herd or flock.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Except for herds or flocks, age, sex, breed, species.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dates (beginning and ending) of custody of the animal, if applicable.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
A history or pertinent information as it pertains to each animal, herd, or flock's medical status.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	N/A	N/A
Data, including that obtained by instrumentation, from the physical examination.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	<input checked="" type="checkbox"/>
Records for surgical procedures 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.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Diagnosis or assessment prior to performing a treatment or procedure.	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	<input checked="" type="checkbox"/>
If relevant, a prognosis of the animal's condition.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	<input checked="" type="checkbox"/>	N/A	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	<input checked="" type="checkbox"/>
Daily progress, if relevant, and disposition of the case.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Ex. 12 - 028



Exhibit 13



## VIA ELECTRONIC, CERTIFIED & US MAIL

August 22, 2025

Kenneth Allison, DVM  
 15 Augusta Ct.  
 Alamo, CA 94507  
[sfequine.office@gmail.com](mailto:sfequine.office@gmail.com)

**Re: PROBATION VIOLATION LETTER**  
**Case No. 4602018000298**

Dear Dr. Allison:

A comprehensive review of your probation file was conducted. The following items require your immediate attention:

### **OBEY ALL LAWS**

*Respondent shall obey all federal and state laws and regulations substantially related to the practice of veterinary medicine. Within thirty (30) days of any arrest, Respondent shall notify the Board. Within thirty (30) days of any conviction, Respondent shall report to the Board and provide proof of compliance with the terms and conditions of the court order including, but not limited to, probation and restitution requirements. Obey all laws shall not be tolled.*

Violation: After review of the Board's records, an inspection of SF Equine Inc., completed on August 12, 2024, resulted in violations of the statutes and regulations related to the practice of veterinary medicine (Inspection Report attached).

The August 12, 2024 inspection indicated multiple record keeping violations for the following animal patients:

Carson's Legacy had three medical record deficiencies between January 17, 2024 and April 11, 2024.

Gea had four medical record keeping deficiencies between November 26, 2023 and June 9, 2024.

Arctic Breeze had fifteen medical record keeping deficiencies between November 7, 2023 and June 1, 2024.

Smile Baby Smile had fourteen medical record keeping deficiencies between September 13, 2023 and July 7, 2024.

Lila At The Beach had fourteen medical record keeping deficiencies between August 18, 2023 and August 4, 2024.

### **QUARTERLY REPORTS**

*Respondent shall report quarterly to the Board or its designee, under penalty of perjury, on forms provided by the Board, stating whether there has been compliance with all terms and conditions of probation. Omission or falsification in any manner of any information on these reports shall constitute a violation of probation and shall result in the filing of an accusation and/or a petition to revoke probation against Respondent's license, registration or permit. If the final written quarterly report is not made as directed, the period of probation shall be extended until the final report is received by the Board. Any period(s) of delinquency in submission of reports as directed may be added to the total period of probation.*

Violation: After review of the Board's records, a Quarterly Report for Quarter 4, 2024, due January 5, 2025, was received on January 17, 2025.

### **INSPECTIONS**

*The location or mobile veterinary practice shall hold a current premises registration issued by the Board, and Respondent shall make the practice or location available for inspections by a Board representative to determine whether the location or veterinary practice meets minimum standards for a veterinary premises. The inspections will be conducted on an announced or unannounced basis and shall be held during normal business hours. The Board reserves the right to conduct these inspections on at least a quarterly basis during probation. Respondent shall pay the Board for the cost of each inspection, which is \$500.*

Pursuant to your inspection term, a \$500 fee has been uploaded to your BreEZe account.

Please submit a written letter of explanation in answer to the above-described violation along with a proposed plan to correct the violation by **September 5, 2025**. Failure to rectify any and/or all of the violations may be considered violations of your probation.

If you have any questions or concerns, please contact me via email at [Alexander.Juarez@dca.ca.gov](mailto:Alexander.Juarez@dca.ca.gov).

Regards,

### **SIGNATURE ON FILE**

Alexander A. Juarez  
Probation Monitor  
California Veterinary Medical Board

Exhibit 14



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAMIN NEWSOM, GOVERNOR  
**DEPARTMENT OF CONSUMER AFFAIRS • VETERINARY MEDICAL BOARD**  
 1747 North Market Blvd., Suite 230, Sacramento, CA 95834-2987  
 P (916) 515-5220 | Toll-Free (866) 229-0170 | www.vmb.ca.gov



## Inspection Report

Name of Facility <b>San Francisco Equine Inc.</b>		Registration # <b>6179</b>	
Address <b>7026 Koll Center Pkwy Ste 205</b>		City <b>Pleasanton</b>	Zip <b>94566</b>
Managing Licensee <b>Kenneth C. Allison, DVM</b>		Telephone <b>[REDACTED]</b>	VET # <b>11482</b>
Facility Email <b>sfequine.office@gmail.com</b>		Inspection # <b>4604250020</b>	Inspector ID <b>VBMHAGL</b>
Routine Inspection	Follow-Up Inspection	<input checked="" type="checkbox"/> <b>4602018000298, 4602018000299</b>	

Licensee			License #			Licensee			License #		
Kim Kuhlmann, DVM			8208								
Kenneth Allison			11482								
	General		SAT	UNS	COR		Surgery		SAT	UNS	COR
1	After Hours Referral	CCR 2030(e)		X	X	24	Separate Surgery	CCR 2030(g)(1)-(5)			
2	License / Permit Displayed	B&P 4850	X			25	Surgery Lighting, X-ray & Emergency	CCR 2030(g)(6)			
3	Correct Address	B&P 4852	X			26	Surgery Floors, Tables & Countertop	CCR 2030(g)(7)			
4	Notice of No Staff on Premises	CCR 2030(d)(3)				27	Endotracheal Tubes	CCR 2032.4(b)(5)			
	Facilities		SAT	UNS	COR	28	Resuscitation Bags	CCR 2032.4(b)(5)			
5	General Sanitary Conditions	B&P 4854/CCR 2030	X			29	Anesthetic Equipment	CCR 2030(f)(10)			
6	Temp & Ventilation	CCR 2030(f)(2)	X			30	Anesthetic Monitoring	CCR 2032.4(b)(3)&(4)			
7	Lighting	CCR 2030(a)	X			31	Surgical Packs & Sterile Indicators	CCR 2030(g)(9)&(10)			
8	Reception/Office	CCR 2030(b)	X			32	Sterilization of Equipment	CCR 2030(f)(8)&(g)(8)(B)			
9	Exam Rooms	CCR 2030(c)				33	Sanitary Attire	CCR 2030(g)(11)&(h)			
10	Food & Beverage	CCR 2030(f)(6)/3368(a)&(b)		X	X		Dangerous & Controlled Drugs		SAT	UNS	COR
11	Fire Precautions	CCR 2030(f)(1)/6151(c)&(e)		X	X	34	Drugs & Biologics	CCR 2030(f)(6)/B&P 4169(a)(4)/4342	X		
12	Oxygen Equipment	CCR 2030(f)(11)				35	Drug Security Controls	CCR 2030(f)(6)/CFR 1301.75	X		
13	Emergency Drugs & Equipment	CCR 2030(f)(12)				36	Drug Logs	CCR 2030(f)(6)/CFR 1304.22(c)			
14	Laboratory Services	CCR 2030 (f)(5)	X			37	VACSP	B&P 4836.1(b)(1)&(2)			
15	X-ray	CCR 2030(f)(4)/30255(a)&(b)(1)-(6)				38	CURES Reporting	B&P 4170/H&S 11165	X		
16	X-ray Identification	CCR 2032.3(c)(2)				39	Current DEA	CCR 2030(f)(6)/CFR 1301.11/12	X		
17	X-ray Safety Training for Unregistered Assistants B&P 4840.7						Practice Management		SAT	UNS	COR
18	Waste Disposal	CCR 2030(f)(3)	X			40	Managing Licensee	CCR 2030.05	X		
19	Disposal of Animals	CCR 2030(f)(7)				41	Veterinary Reference Library	CCR 2030(f)(9)	X		
20	Freezer	CCR 2030.1(b)				42	Record Keeping	CCR 2032.3		X	X
21	Compartments	CCR 2030(d)(1)									
22	Exercise Runs	CCR 2030.1(a)									
23	Contagious Facilities	CCR 2030(d)(2)									

### Legend

CCR = California Code of Regulations

H&amp;S = Health &amp; Safety Codes

B&amp;P = Business &amp; Professions Codes

CFR = Title 21 of the Code of Federal Regulations

If you have questions you were not able to resolve with the inspector, you may call the Board for clarification at 916-515-5220.

Date of Inspection **8/12/2024**Correction Due Date **9/12/2024**Time Inspection Started **8:15 a.m.** Completed: **10:20 a.m.**

Inspected by:

Managing Licensee Present at time of inspection?

☒ Yes☐ No

Inspection Report received by (print):

**Kenneth C. Allison**

Upload required corrections using the link provided by your Board Inspector.

Corrections link email received by (print):

**Kenneth C. Allison**

Inspector Approval Stamp:

**Approved**

Initial:

**mut**

Signed by:

**[Signature]**

Date:

**8-12-24**

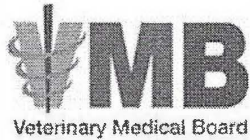
Final Board Approval Stamp:

Initial:

See next page for correction items. Corrections are not final until approved by the Board.

Failure to correct violations within 30 days may result in Board action.





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## Inspection Report

Name of Facility San Francisco Equine Inc.					Registration #6179			
Inspection # 4604250020				Inspector ID VBMHAGL				
Date of Inspection: 8/12/2024				Corrections Due: 9/12/2024				
Corrections Required						Handouts	BOARD STAFF	
Item	W	R	P	Description	UNS		COR	
1	X		X	signage not posted at front entrance indicating hours of operation; no after-hours recorded message indicating hours of operation and name/ address/phone number of emergency veterinary services. Correction: post signage at front entrance indicating hours of operation; add name/address/phone number to after hours recorded message indicating hours of operation and name/address/phone number of emergency veterinary services. Submit written documentation (signed & dated) indicating when this was done.				
4,9				not applicable since mobile equine service and no patients are seen on premise; no correction required.				
10			X	refrigerator present that contains human food/beverages but no signage posted on it to indicate this; lab equipment present in break area where food is stored. Corrections: post signage on refrigerator to indicate it contains human food and beverages; separate lab equipment from human food storage area.				
11			X	2 unsecured fire extinguishers present on floor in storage area of office. Correction: secure unsecured fire extinguishers or remove them from office.				
12,13				not applicable since mobile equine service and patients are not seen on site; no correction required.				
15-17				x-ray machine stored on ambulatory truck; see mobile inspection report for the corrections for these items.				
18			X	mobile equine service disposes of all sharps waste at Golden Gate Fields; SF Equine does is not registered as a small waste generator as required by Alameda County and does not have account with approved hazarous waste disposal company. Correction: register SF Equine with Alameda County as a small waste generator; obtain account with approved waste disposal company;				

**W** = Written narrative describing your correction efforts, and how corrections will be maintained.  
**R** = Receipts, contractor invoices, etc to demonstrate corrections.  
**P** = Photocopy of documents or Pictures of the correction measures, before and after corrections and from all four cardinal points of the room. Close up and distance. Label each picture with Item # and describe in narrative how correction is demonstrated.







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## Mobile Clinic Inspection Report

Name of Facility <b>San Francisco Equine Inc.</b>		Registration # <b>6179</b>	
Address <b>7026 Koll Center Pkwy Ste 205</b>		City <b>Pleasanton</b>	Zip <b>94566</b>
Managing Licensee <b>Kenneth C. Allison, DVM</b>		Telephone <b>[REDACTED]</b>	VET # <b>11482</b>
Facility Email <b>sfequine.office@gmail.com</b>		Inspection # <b>4604250020</b>	Inspector ID <b>VBMHAGL</b>
Routine Inspection	Follow-Up Inspection	X 4602018000298, 4602018000299	

Licensee			License #			Licensee			License #		
Kim Kuhlman, DVM			8208								
Kenneth Carl Allison			VET 11482								
	General		SAT	UNS	COR		Surgery		SAT	UNS	COR
1	After Hours Disclosure	CCR 2030.2(d)				24	Separate Surgery	CCR 2030.2(b)(5)			
2	License / Permit Displayed	B&P 4850		X	X	25	Surgery Lighting, X-ray & Emergency	CCR 2030(g)(6)			
3	Correct Address	B&P 4852				27	Endotracheal Tubes	CCR 2032.4(b)(5)			
	Facilities		SAT	UNS	COR	28	Resuscitation Bags	CCR 2032.4(b)(5)			
5	General Sanitary Conditions	CCR 2030	X			29	Anesthetic Equipment	CCR 2030(f)(10)			
6	Temp & Ventilation	CCR 2030.2(b)(4)				30	Anesthetic Monitoring	CCR 2032.4(b)(3)&(4)			
7	Lighting	CCR 2030.2(a)(4) & (b)(1)				31	Surgical Packs & Sterile Indicators	CCR 2030(g)(9)&(10)			
9	Exam area	CCR 2030.2(b)(2)				32	Sterilization of Equipment	CCR 2030(f)(8), (g)(8)(B) & (h)			
10	Food & Beverages	CCR 2030(f)(6) & 3368				33	Sanitary Attire	CCR 2030(g)(11) & (h)			
11	Fire Precautions	CCR 2030.2(b)(3)				Dangerous & Controlled Drugs			SAT	UNS	COR
12	Oxygen Equipment	CCR 2030(f)(11)		X	X	34	Drugs & Biologics	CCR 2030(f)(6)/B&P 4342	X		
13	Emergency Drugs & Equipment	CCR 2030.2(c)	X			35	Drug Security Controls	CCR 2030(f)(6)/ CFR 1301.75		X	X
14	Laboratory Services	CCR 2030(f)(5)				36	Drug Logs	CCR 2030(f)(6)/ CFR 1304.22(c)		X	X
15	X-ray	CCR 2030(f)(4) & 30255(a)&(b)(1)-(6)		X	X	37	VACSP	B&P 4836.1(b)(1)&(2)			
16	X-ray Identification	CCR 2032.3(c)(2)	X			38	CURES Reporting	B&P 4170/ H&S 11165			
17	X-ray Safety Training for Unregistered Assistants	B&P 4840.7		X	X	39	Current DEA	CCR 2030(f)(6)/ CFR 1301.11			
18	Waste Disposal	CCR 2030(f)(3)				Practice Management			SAT	UNS	COR
19	Disposal of Animals	CCR 2030(f)(7)				40	Managing Licensee	CCR 2030.05	X		
20	Freezer/Carcass Storage	CCR 2030.2(e)				41	Veterinary Reference Library	CCR 2030(f)(9)			
21	Compartments	CCR 2030.2(a)(6)				42	Record Keeping	CCR 2032.3			
						Mobile Clinic			SAT	UNS	COR
						43	Hot & Cold Water	CCR 2030.2(a)(1)			
						44	110-Volt Power	CCR 2030.2(a)(2)			
						45	Collection Tank for Waste	CCR 2030.2(a)(3)			
						46	Floors, Tables & Countertop	CCR 2030.2(a)(5)			

### Legend

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H&amp;S = Health &amp; Safety Codes

B&amp;P = Business &amp; Professions Codes

CFR = Title 21 of the Code of Federal Regulations

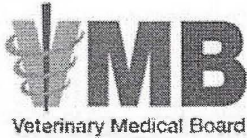
If you have questions you were not able to resolve with the inspector, you may call the Board for clarification at 916-515-5220.

Date of Inspection: <b>8/12/2024</b>	Correction Due Date: <b>9/12/2024</b>
Time Inspection Started: <b>8:15 a.m.</b> Completed: <b>10:20 a.m.</b>	Inspected by: <b>Marilyn Hagler RVT, BA</b>
Managing Licensee Present at time of inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload required corrections using the link provided by your Board Inspector
Inspection Report received by (print): <b>Kenneth C. Allison</b>	Inspector Approval Stamp: <b>[Signature]</b> Initial: <b>[Signature]</b>
Corrections link email received by (print): <b>Kenneth C. Allison</b>	Final Board Approval Stamp: <b>[Signature]</b> Initial: <b>[Signature]</b>
Signed by: <b>[Signature]</b> Date: <b>8-12-24</b>	

See next page for correction items. Corrections are not final until approved by the Board.

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## Mobile Clinic Inspection Report

Name of Facility San Francisco Equine Inc.					Registration # 6179		
Inspection # 4604250020				Inspector ID VBMHAGL			
Date of Inspection: 8/12/2024				Corrections Due: 9/12/2024			
Corrections Required					Handouts	BOARD STAFF	
Item	W	R	P	Description		UNS	COR
1				see inspection report for premise of this item			
2			X	unregistered assistant, [REDACTED] does not have required name badge			
				Correction: obtain required name badge for unregistered assistant and submit proof.			
3				see premise inspection report for this item; no correction required			
6				Items #6, #7 & #9, #10, #11 not applicable since mobile equine ambulatory truck; correction required for these items.			
12			X	no equipment present on ambulatory truck to deliver oxygen to a patient in an emergency situation.			
				Correction: obtain a means of delivering oxygen to a patient and submit documentation (i.e. an ambu bag..)			
14				see inspection report of premises			
15			X	only 1 lead thyroid collar present and the integrity of the lead within the collar could not be verified; no signage present for location of Title 17			
				Corrections: obtain thyroid collar(s) to be present on ambulatory truck; post signage for location of Title 17 on/in portable x-ray machine box so it is clearly visible to employees.			
17			X	radiation safety exams not present for unregistered assistants			
				Correction: submit a completed (signed & dated) for all unregistered assistants.			
18				see inspection report for premise for this item			
19				Items #19, #20, #21 not applicable since mobile equine service			
24				Items #24 - #33 not applicable since mobile service since all surgeries are performed at Golden Gate Fields; no correction required.			
35	X		X	controlled drug key kept in compartment on truck that is not locked- there are up and down arrows that can be pushed to open compartment therefore controlled drug key is not secured.			

W= Written narrative describing your correction efforts, and how corrections will be maintained.  
 R = Receipts, contractor invoices, etc to demonstrate corrections.  
 P = Photocopy of documents or pictures of the correction measures, before and after corrections and from all four cardinal points of the room. Close up and distance. Label each picture with Item # and describe in narrative how correction is demonstrated.



# mobile Inspection Report

[illegible]

Exhibit 15

**September 1, 2025**

To:

Alexander A. Juarez

Probation Monitor

California Veterinary Medical Board

Re: Case #4602018000298

I am writing in response to the probation violation letter I received on August 22, 2025.

The first probation violation included multiple record keeping violations. August 2024, Dr. Hagler, an inspector for the Veterinary Medical Board, documented deficiencies in our record keeping. She then identified what needed to change in order for the records to meet standards. Dr. Hagler was very helpful and we appreciated her assistance. She specifically noted that old records could not be changed. However, going forward from her initial visit, corrections were made and every effort has been made to make our record keeping meet all standards. After the initial inspection date, Dr. Hagler again reviewed records and found that they did meet standards. She passed the records for her Veterinary Medical Board reporting.

The second probation violation is due to submission of the fourth quarter 2024 quarterly report 12 days late. This was at the time I was preparing my petition for early release from probation which included multiple pages. As I submitted that, I thought I had already submitted the quarterly report. When I realized it had not gone out as intended, I immediately submitted it. I have been on time with all other quarterly reports and it was an unfortunate mistake at that time. I have not been late since and do not expect any tardiness in the future.

The third item, the \$500 inspection fee, has been paid on my Breeze account. It was paid immediately on receipt.

Sincerely,

Dr. Kenneth Allison

Exhibit 16



## VIA ELECTRONIC, CERTIFIED & US MAIL

October 2, 2025

Kenneth Allison, DVM  
 15 Augusta Ct.  
 Alamo, CA 94507  
[sfequine.office@gmail.com](mailto:sfequine.office@gmail.com)

**Re: PROBATION VIOLATION LETTER**  
**Case No. 4602018000298**

Dear Dr. Allison:

A review of your probation file was conducted. The following items require your immediate attention:

### **OBEY ALL LAWS**

*Respondent shall obey all federal and state laws and regulations substantially related to the practice of veterinary medicine. Within thirty (30) days of any arrest, Respondent shall notify the Board. Within thirty (30) days of any conviction, Respondent shall report to the Board and provide proof of compliance with the terms and conditions of the court order including, but not limited to, probation and restitution requirements. Obey all laws shall not be tolled.*

Violation: After review of the Board's records, an inspection of SF Equine Inc., completed on September 26, 2025, resulted in a violation of the statutes and regulations related to the practice of veterinary medicine (Inspection Report attached).

### **INSPECTIONS**

*The location or mobile veterinary practice shall hold a current premises registration issued by the Board, and Respondent shall make the practice or location available for inspections by a Board representative to determine whether the location or veterinary practice meets minimum standards for a veterinary premises. The inspections will be conducted on an announced or unannounced basis and shall be held during normal business hours. The Board reserves the right to conduct these inspections on at least a quarterly basis during probation. Respondent shall pay the Board for the cost of each inspection, which is \$500.*

Pursuant to your inspection term, a \$500 fee has been uploaded to your BreZE account.

Please submit a written letter of explanation in answer to the above-described violation along with a proposed plan to correct the violation by **October 16, 2025**. Failure to rectify any and/or all of the violations may be considered violations of your probation.



If you have any questions or concerns, please contact me via email at  
[Alexander.Juarez@dca.ca.gov](mailto:Alexander.Juarez@dca.ca.gov).

Regards,

SIGNATURE ON FILE

Alexander A. Juarez  
Probation Monitor  
California Veterinary Medical Board



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## Mobile Inspection Report

Inspection Date : 09/26/2025  
 Inspector Name: Inspector Kuykendall  
 Inspection Number: 4604260005

Start Time : 11:50 AM  
 End Time : 13:10 PM  
 Complaint Number:

Mobile Inspection Report	
Business Name: SAN FRANCISCO EQUINE INC	Registration #: 6179
Address: 15 Augusta Ct, ALAMO, CONTRA COSTA, CA, 94507-2301	
Email: sfequine.office@gmail.com	
Phone Number:	
MGL Name: KENNETH CARL ALLISON	MGL License #: 11482
MGL Present During Inspection? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Name of Employee Present (If different than MGL):	
Employee Present Email:	
Employee Present Phone:	

Licensees/Registrants/Permit Holders		
Name : Kim Lewis Kuhlman	Type : DVM	License Number : 8208


This inspection resulted in no violations being cited.

### 1. CCR 2030(f)(6) & 3368 Food & Beverages





**(Deficiency) Human food and beverages are kept in the same ice chest as vaccines.**  
 All biologics must be kept separate from human food and beverages.

<b>Correction(s) Due Date :</b>
<p><b>Signed By:</b></p>  <p>09/26/2025 - 1:01 pm</p>

Legend	
MGL: Managing Licensee	
B&P: Business and Professions Code	CCR: California Code of Regulation
CFR: Code of Federal Regulation	H&S: Health and Safety Code