DRAFT — FOR REVIEW AND COMMENT

Practice Guidelines for Licensed Veterinary Technicians in New York State

What an LVT may do, under what supervision, and where the limits are

Prepared for consideration by the New York State Board for Veterinary Medicine
At the request of the New York State Veterinary Medical Society

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A note on how to use this document

These guidelines are advisory. They explain what the law requires and offer good-practice recommendations; they are not law themselves and are not a basis for a finding of misconduct. Where anything here conflicts with a statute or regulation, the statute or regulation controls.

Throughout, we distinguish two kinds of statements. Where a rule comes from New York law, the citation appears in parentheses. Where the law is silent and we are offering an interpretation or recommendation, the text says so. Counsel should verify all citations before the Board adopts anything.

1. Why these guidelines exist

NYSVMS members have asked a simple question that turns out to be hard to answer: what exactly may a licensed veterinary technician do in New York?

The difficulty is built into the law. Education Law § 6708 defines the practice of veterinary technology in broad terms, and the regulation that lists LVT functions (8 NYCRR 62.7) says the list is illustrative — functions "may include, but shall not be limited to" the six items it names. That flexibility is deliberate and useful: it lets the veterinarian delegate according to each LVT's training and demonstrated skill. But it also leaves practices guessing, especially in multi-doctor, specialty, emergency, and mobile settings.

These guidelines gather what New York law does say, and where it says nothing, offer reasoned guidance drawn from the AAVSB model regulations and sound practice. The goal is to let veterinarians delegate confidently up to the legal limits rather than well short of them.

2. The core rule

An LVT carries out the medical orders of a supervising veterinarian. The LVT does not diagnose, prescribe, or operate, and never practices independently (Education Law § 6708). Everything that follows elaborates that sentence.

Two fixed limits apply everywhere:

- A veterinarian may supervise no more than three LVTs at one time (Education Law § 6702).
- Only licensed individuals may practice veterinary technology or use the title "veterinary technician" (Education Law § 6709).

The supervising veterinarian must have a valid veterinarian-client-patient relationship with the animal, remains responsible for diagnosis and treatment, and is accountable for the decision to delegate. The LVT is accountable for the care they personally provide.

3. Levels of supervision

New York uses three levels. The State Education Department's practice guidelines supply the definitions.

Level	What it requires	When it applies
General	The veterinarian is readily available to communicate. Being on site is not required.	• The default for all LVT work, unless a higher level is listed below.
Direct (on site)	The veterinarian is on the premises.	**Required by law:** • Anesthesia — induction, maintenance, and recovery (8 NYCRR 62.7(a)(5)) • Rabies vaccination by an LVT (Public Health Law art. 21; DOH guidance) **Also:** • Any other task the veterinarian judges needs on-site backup
Physical presence	The veterinarian is within sight or hearing and can step in immediately.	• Assisting in surgery (8 NYCRR 62.7(a)(6))

The level shown is a floor, not a ceiling. A veterinarian should require closer supervision whenever the patient's condition, the risk of the procedure, or the LVT's experience calls for it.

4. What an LVT may do

4.1 The six functions in the regulation

Under 8 NYCRR 62.7, an LVT may, on the veterinarian's direction and under general supervision:

- collect specimens and perform laboratory work;
- take radiographs;
- prepare and give medications on the veterinarian's medical orders;
- assist in medical procedures;
- induce and maintain anesthesia — with the veterinarian on site; and
- assist in surgery — with the veterinarian physically present.

4.2 Tasks beyond the list

Because the list is not exhaustive, a task not named may still be delegated. The test comes from the statute. Ask three questions:

- Does it carry out the veterinarian's medical order for this patient?
- Is it technical work that requires an understanding of veterinary science — rather than lay work?
- Does it stop short of the judgments reserved to the veterinarian — diagnosis, prognosis, prescribing, and surgery?

If the answer to all three is yes, the task may be delegated to an LVT whose training and demonstrated competence support it. The veterinarian should satisfy themselves of that competence before delegating, and document it.

4.3 Common tasks, sorted by supervision

The table below is a practical guide. The two items marked "required by law" come from New York authority; the rest reflects our reading of the statute alongside the AAVSB model, and the veterinarian may always require more.

General supervision	Veterinarian on premises	Veterinarian physically present
• Collecting specimens • Laboratory work • Radiographs and other imaging • Giving medications on the veterinarian's orders — oral, topical, SQ, IM, IV • Placing IV catheters • Monitoring, nursing care, and treatments • Bandaging and wound care • Dental scaling and polishing • Microchips • Client education and discharge instructions **Not included:** • Rabies vaccination — see the note below the table	**Required by law:** • Anesthesia and sedation, including recovery • Rabies vaccination **Advisory — veterinarian's judgment:** • Non-emergency intubation • Transfusions • Cystocentesis • Other higher-risk delegated tasks	• Assisting the veterinarian in surgery • Assisting in other invasive procedures where the veterinarian is the operator • Any task the veterinarian decides needs someone able to step in immediately

Rabies vaccination is the exception to the first column. Rabies is governed by the Public Health Law and the State Sanitary Code rather than the general delegation rules, and they are stricter. Rabies vaccine may be given only by a veterinarian, or by an LVT with the veterinarian on the premises at the time. The veterinarian signs every certificate, and by signing certifies the vaccination was properly given. Unlicensed staff may never give it. General supervision is not enough (Public Health Law art. 21, tit. 4; NYS DOH, "Rabies in New York: What Veterinarians Need to Know").

4.4 Emergencies

New York law does not address emergency tasks for LVTs, so this is advisory. When no veterinarian can be reached in a true emergency, an LVT working under the practice's written protocols may reasonably provide stabilizing first aid — controlling bleeding with pressure, maintaining an airway, CPR, oxygen — while making urgent efforts to reach a veterinarian. Drugs should be given only on a veterinarian's order or under that veterinarian's specific written emergency protocol. Practices should write those protocols in advance and confirm each LVT is trained in them.

5. What an LVT may not do

These belong to the veterinarian alone and cannot be delegated to anyone:

- diagnosing, giving a prognosis, and setting the treatment plan;

- surgery — that is, incision, excision, or other structural alteration of tissue (assisting is permitted; operating is not);
- prescribing;
- deciding to begin or stop treatment, including the decision to euthanize;
- establishing the veterinarian-client-patient relationship — New York has not adopted the technician-as-agent approach some states use;
- practicing without a supervising veterinarian.

A veterinarian who delegates these may face discipline for improper delegation and for aiding unlicensed practice; the LVT who performs them may face action for practicing beyond scope (Education Law §§ 6509–6511; 8 NYCRR 29.1).

6. Delegating well

- **Competence first.** Confirm the individual LVT can do the task before assigning it, based on training, experience, and — where useful — documented skills verification kept in personnel files.
- **Every task traces to an order.** Delegated work must connect to a medical order for that patient. Standing orders and written protocols are appropriate for routine and emergency situations, provided they are current, in writing, and within LVT scope.
- **Watch the ratio.** Build schedules so every LVT on duty has an identifiable supervising veterinarian, within the limit of three.
- **Write it down.** Records should show who ordered the care and who provided it. LVT entries should be initialed or otherwise attributed. Good records are the main evidence that supervision and delegation were proper.

7. Controlled substances

LVTs cannot hold their own registration. No mechanism exists — state or federal — for an LVT to obtain a DEA registration or a New York controlled substance license. LVTs are not "practitioners" under the Public Health Law (§ 3302). An LVT may never prescribe, dispense to a client, or independently order controlled substances. (California allows registered technicians to obtain a DEA registration solely to buy pentobarbital for shelter euthanasia; New York handles shelters differently — see below.)

Why LVTs may still handle them. The veterinarian's DEA registration covers the LVT who administers a controlled substance on that veterinarian's order, in the course of employment — federal law does not require employees and agents to register separately (21 U.S.C. § 822(c)(1)). New York adds one condition: a person may act as the veterinarian's agent only for conduct their own license permits (Public Health Law § 3302). Because LVTs are authorized to prepare and administer medications on medical orders (8 NYCRR 62.7(a)(3)), they may serve as the veterinarian's agent. Unlicensed staff, limited to oral and topical medications under Education Law § 6713, may not.

In practice. The registered veterinarian remains responsible for security, inventory, and records (Public Health Law art. 33; 10 NYCRR pt. 80; 21 C.F.R. pts. 1300–1321). Orders should state drug, dose, route, and timing rather than leaving those judgments to the person administering. Logs should show the ordering veterinarian, the administering LVT, the patient, the drug, and the amount, with waste witnessed per practice protocol.

The shelter exception. New York provides one narrow path for people who are neither veterinarians nor LVTs. An incorporated SPCA or municipal animal control facility without a veterinarian's services may register with the Department of Health to buy, hold, and dispense premixed sodium pentobarbital for euthanasia, and ketamine solely to anesthetize animals beforehand. The facility names a registered agent, and no one but a veterinarian may receive the drug from that agent unless individually certified and registered with DOH as a euthanasia technician. Certification requires written attestation of observed proficiency from two veterinarians, or one veterinarian and one LVT — one of the few places New York law gives the LVT a formal credentialing role. This authority exists only in the registered shelter setting and only for euthanasia; it confers nothing in private practice (Public Health Law § 3305(1)(d); 10 NYCRR § 80.134).

8. Unlicensed staff

The line here is statutory, and narrower than many practices assume. Unlicensed staff may give **oral or topical medications only**, and only while the veterinarian is personally performing the service or procedure on that patient — not merely present in the building (Education Law § 6713). Their work must not require an understanding of veterinary science.

So unlicensed staff may not give injections, vaccines, or IV therapy; may not induce or monitor anesthesia; and may not perform laboratory or diagnostic work requiring technical judgment. The one exception anywhere in New York law is the certified shelter euthanasia technician described in Section 7. Appropriate roles include restraint, husbandry, feeding, kennel care, reception, and clerical support. Unlicensed staff may not use any title implying licensure (Education Law § 6709).

Assigning more than this exposes the veterinarian to a misconduct charge for delegating to someone not qualified by training, experience, or licensure (8 NYCRR 29.1(b)(10)), and exposes the individual to action for illegal practice. Supervision of unlicensed staff should always be at least as close as it would be for an LVT doing the same task.

9. Licensure, students, and new graduates

- **Licensure and continuing education.** LVTs must complete 24 hours of acceptable continuing education each three-year registration period, no more than 12 of which may be self-instructional (Education Law § 6711-b; 8 NYCRR 62.11). An LVT who is not currently registered may not practice.
- **Limited permits.** A graduate awaiting the examination may practice under a limited permit, valid one year and renewable once at the Department's discretion (Education Law § 6711-a). The permit allows full LVT duties and ends if the examination is failed. Until a permit or license is in hand, a graduate is unlicensed staff.

- **Students.** Students in approved programs may perform LVT tasks in clinical practice under a veterinarian's supervision (Education Law § 6712). Two points matter. First, there is no rule tying a task to the course the student is taking at the moment — unlike veterinary students, where the law expressly gates certain work until two and a half years and core didactic training are complete (§ 6705(9)), no such stage requirement was written for technology students. Second, the exemption covers work done as part of the program — a preceptorship, externship, or assigned skill list, including skills assigned by distance programs. Enrollment by itself is not enough: a student doing LVT tasks outside the curriculum is unlicensed staff, subject to the limits in Section 8. Keep the school's agreement and current skill list on file, delegate only from it, and record the supervising veterinarian.
- **Veterinary technologists.** Graduates of four-year programs — often called technologists nationally — bring real value to New York practices, particularly in specialty and emergency medicine, anesthesia, teaching, leadership, and pursuit of VTS credentials. Under current law they hold the same license as associate-degree graduates: New York recognizes one profession and one title, the licensed veterinary technician (Education Law §§ 6709, 6711), and the rules in this document apply the same way regardless of degree. Because LVT is the title the statute recognizes, it is the one to use on records and certificates, with degrees and specialty credentials noted alongside. Whether bachelor's-prepared technologists should have a differentiated role is an active national discussion, and these guidelines describe current law without intending to foreclose it.

10. Common questions

Can an LVT induce anesthesia if the veterinarian is reachable by phone but out of the building? No. The veterinarian must be on the premises (8 NYCRR 62.7(a)(5)).

Can an LVT close a surgical incision? Surgery is the veterinarian's. LVTs assist. Absent further Board guidance, treat structural alteration of tissue as surgery. (The AAVSB model would allow suturing an existing skin incision under direct supervision; New York has not adopted that.)

Can an LVT handle a technician appointment — suture removal, bandage change, an injection — with no veterinarian in the building? Yes, if the task is within scope, follows the orders of a veterinarian who has a valid VCPR with that patient, and the veterinarian is reachable. The exceptions needing the veterinarian on site are anesthesia, surgical assistance, and rabies vaccination.

Can an unlicensed assistant monitor anesthesia when no LVT is free? No. Anesthesia is licensed work requiring the veterinarian on site.

Can shelter staff who are not LVTs give euthanasia solution? Only within the framework in Section 7 — registered facility, registered agent, and an individual certified by DOH as a euthanasia technician. Never in private practice.

Can a student do a task before finishing the course that covers it? The law imposes no course sequence, but the task must be part of the program's clinical training and properly supervised. Follow the school's own sequencing and sign-offs.

Does a bachelor's degree widen an LVT's scope? Not under current law. One license, one scope.

How many LVTs may one veterinarian supervise? Three (Education Law § 6702).

11. Authorities

- Education Law art. 135 — § 6702 (supervision ratio), § 6708 (definition), § 6709 (title), §§ 6711, 6711-a, 6711-b (licensure, permits, continuing education), § 6712 (students), § 6713 (unlicensed staff)
- Education Law §§ 6509–6511 and 8 NYCRR 29.1, 29.6 — professional misconduct
- 8 NYCRR 62.7 — functions and supervision; 8 NYCRR 62.11 — continuing education
- Public Health Law art. 21, tit. 4 and NYS DOH, "Rabies in New York: What Veterinarians Need to Know"
- Public Health Law art. 33 (§§ 3302, 3305(1)(d), 3331); 10 NYCRR pt. 80 (§ 80.134); 21 U.S.C. § 822; 21 C.F.R. pts. 1300–1321
- NYSED Office of the Professions, Professional Practice Guidelines — veterinary medicine and veterinary technology
- AAVSB, Model Regulations — Scope of Practice for Veterinary Technicians and Veterinary Technologists (advisory only)