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

In the Matter of the Accusation and Petition to Revoke Probation Against: **JAMES C. COGHLAN, D.V.M.** **17th Street Animal Hospital** **1745 West 17th Street, #C** **Santa Ana, CA 92706** **Veterinarian License No. VET 9742** Respondent.	Case No. D1 2006 19 **FIRST AMENDED ACCUSATION AND THIRD AMENDED PETITION TO REVOKE PROBATION**

Complainant alleges:

PARTIES

1. Annemarie Del Mugnaio (Complainant) brings this First Amended Accusation and Third Amended Petition to Revoke Probation solely in her official capacity as the Executive Officer of the Veterinary Medical Board, Department of Consumer Affairs.

2. On or about September 1, 1987, the Veterinary Medical Board issued Veterinarian License Number VET 9742 to James C. Coghlan (Respondent). The Veterinarian License was in full force and effect at all times relevant to the charges brought herein and will expire on June 30, 2018, unless renewed.

3. In a disciplinary action entitled "*In the Matter of the Amended Accusation Against James C. Coghlan,*" Case No. AV 2006 19, the Veterinary Medical Board issued a Decision and Order effective May 6, 2011, in which Respondent's Veterinarian License was revoked.

However, the revocation was stayed and Respondent's Veterinarian License was placed on probation for four (4) years with certain terms and conditions. A copy of that Decision and Order is attached as Exhibit A and is incorporated by reference.

JURISDICTIONAL AND STATUTORY PROVISIONS

4. This First Amended Accusation and Third Amended Petition to Revoke Probation is brought before the Veterinary Medical Board (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

5. Section 118, subdivision (b) of the Code provides that the 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. Under Code section 4843.5, an expired license may be renewed at any time within five years after its expiration on the filing of application for renewal on a form prescribed by the board, and payment of the renewal fee in effect on the last regular renewal date.

6. Section 4875 of the Code provides, in pertinent 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 Article 4 of the Veterinary Medicine Practice Act (Bus. & Prof. Code Sections 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 section 4883 of the Code. Such fine may be assessed in lieu of, or in addition to, a suspension or revocation.

7. Section 4876 of the Code provides, in pertinent part, that in addition to its authority to suspend or revoke a license or registration, or assess a fine on a person licensed or registered under this chapter, the board shall have the authority to place a licensee or registrant on probation.

8. Section 4883 of the Code states:

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

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

. . . .

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

REGULATORY PROVISIONS

9. California Code of Regulations, title 16, section 2032.1, states:

(a) It is unprofessional conduct for a veterinarian to administer, prescribe, dispense 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 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 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 Business and Professions code, and any dangerous drug, as defined by Section 4022 of Business and Professions code.

10. California Code of Regulations, title 16, section 2032.3, states:

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

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

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

(3) Name or identity of the animal, herd or flock.

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

(5) Dates (beginning and ending) of custody of the animal, if applicable.

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

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

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

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

(10) Diagnosis or assessment prior to performing a treatment or procedure.

(11) If relevant, a prognosis of the animal's condition.

(12) All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.

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

(b) Records shall be maintained for a minimum of three (3) years after the animal's last visit. A summary of an animal's medical records shall be made available to the client within five (5) days or sooner, depending if the animal is in critical condition, upon his or her request. The summary shall include:

(1) Name and address of client and animal.

(2) Age, sex, breed, species, and color of the animal.

(3) A history or pertinent information as it pertains to each animal's medical status.

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

(5) Treatment and intended treatment plan, including medications, their dosage and frequency of use.

(6) All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.

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

(c)(1) Radiographs and digital images are the property of the veterinary facility that originally ordered them to be prepared. Radiographs or digital images shall be released to another veterinarian upon the request of another veterinarian who has the authorization of the client. Radiographs shall be returned to the veterinary facility which originally ordered them to be prepared within a reasonable time upon request. Radiographs originating at an emergency hospital shall become the property of the next attending veterinary facility upon receipt of said radiograph(s). Transfer of radiographs shall be documented in the medical record.

(2) Radiographs and digital images, except for intraoral radiographs, shall have a permanent identification legibly exposed in the radiograph or attached to the digital file, which shall include the following:

(A) The hospital or clinic name and/or the veterinarian's name,

(B) Client identification,

(C) Patient identification, and

(D) The date the radiograph was taken.

(3) Non-digital intraoral radiographs shall be inserted into sleeve containers and include information in subdivision (c)(2)(A)-(D). Digital images shall have identification criteria listed in subdivision (c)(2)(A)-(D) attached to the digital file.

(d) Laboratory data is the property of the veterinary facility which originally ordered it to be prepared, and a copy shall be released upon the request of the client.

(e) The client shall be provided with a legible copy of the medical record when the patient is released following emergency clinic service. The minimum information included in the medical record shall consist of the following:

(1) Physical examination findings

(2) Dosages and time of administration of medications

(3) Copies of diagnostic data or procedures

(4) All radiographs and digital images, for which the facility shall obtain a signed release when transferred

(5) Surgical summary

(6) Tentative diagnosis and prognosis, if known

(7) Any follow-up instructions.

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11. California Code of Regulations, title 16, section 2032.4, states:

(a) General anesthesia is a condition caused by the administration of a drug or combination of drugs sufficient to produce a state of unconsciousness or dissociation and blocked response to a given pain or alarming stimulus.

(b) When administering general anesthesia, a veterinarian shall comply with the following standards:

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

(2) An animal under general anesthesia shall be observed for a length of time appropriate for its safe recovery.

(3) Provide respiratory monitoring including, but not limited to, observation of the animal's chest movements, observation of the rebreathing bag or respirometer.

(4) Provide cardiac monitoring including, but not limited to, the use of a stethoscope, pulseoximeter or electrocardiographic monitor.

(5) When administering general anesthesia in a hospital setting, a veterinarian shall have resuscitation or rebreathing bags of appropriate volumes for the animal patient and an assortment of endotracheal tubes readily available.

(6) Records for procedures involving general anesthesia shall include a description of the procedure, the name of the surgeon, the type of sedative and/or anesthetic agents used, their route of administration, and their strength if available in more than one strength.

FACTUAL ALLEGATIONS

Complaint Regarding Luna

12. On or about the morning of March 14, 2012, Dorothy K., Cameron V.'s grandmother, brought Cameron's female Malti-Poo dog ("Luna") to Respondent's clinic for an ovariohysterectomy procedure. Luna had previously been a patient at Respondent's clinic. Dorothy told employees at the hospital that they thought the dog might be pregnant. Cameron wanted to cancel the procedure if Luna was pregnant. Dorothy provided telephone numbers where Cameron could be reached. It was agreed that Cameron would call the clinic at noon to find out if Luna was pregnant. At 11:00 a.m., the clinic contacted Cameron by telephone stating that the ovariohysterectomy had already taken place. The clinic employees stated that they were

unable to contact Cameron at the telephone numbers provided by Dorothy prior to the surgery. When Cameron's husband came to pick up Luna at the clinic later that day, the clinic initially refused to give him the dog because ownership of Luna was in dispute.

13. A veterinarian was directed by the Board to conduct a review of Luna's medical files and provide an opinion as to whether Respondent violated statutes and/or regulations adopted by the Board. The Board consultant found the following violations:

a. On May 6, 2011, Luna was first seen by Respondent. The treatment record is illegible and no doctor initials are present to determine if an appropriate veterinarian-client-patient relationship existed prior to administering vaccinations. There were no physical examination findings, and no diagnosis noted in the treatment record.

b. On January 25, 2012, Luna was seen by Respondent for a skin condition. There were no physical examination findings, no history, and no diagnosis noted in the treatment record.

c. On March 14, 2012, when Luna was presented for the ovariohysterectomy procedure, there were no physical examination findings, and no diagnosis noted in the treatment record. The record did not state the anesthetic protocol, what drugs were administered, the drug dosages, or monitoring. The owners were not provided post-operative care instructions.

14. On or about April 9, 2012, Cameron filed a complaint with the Board regarding the treatment of Luna at Respondent's clinic.

Complaint Regarding Hestia

15. On or about December 29, 2012, Eric R. took his female Neopolitan Mastiff dog ("Hestia") to Respondent's clinic for treatment due to her lethargy and violent shaking. In Respondent's absence, Dr. V treated Hestia and prescribed medications.

16. On or about January 6, 2013, Hestia's symptoms returned, and in addition, she was breathing heavily, hyper salivating, and had a significantly enlarged lower neck area. Eric took Hestia to Respondent's clinic where Dr. M treated her and prescribed medications.

17. On or about February 26, 2013, Hestia's symptoms returned and she had even more swelling in her neck. Eric took Hestia to Respondent's clinic where Respondent treated Hestia and reviewed her records. After examination, Respondent disagreed with Dr. M's analysis and

opined that a foreign body was not in the salivary gland, but lodged deep in her neck. Respondent felt that a conservative approach in diagnosing Hestia's problem was best and to avoid rushing into surgery.

18. On or about February 27, 2013, Eric brought Hestia back to Respondent's clinic. Respondent drew a Complete Blood Count and prescribed medications and again emphasized a conservative "non-invasive" treatment approach.

19. On or about March 1, 2013, Eric took Hestia to Respondent's clinic where Respondent stated that he believed Hestia's problem stemmed from a deep foreign body and he drew an abscess specimen from Hestia's neck which confirmed an infection. Respondent recommended a surgical procedure to flush out and capture the foreign body.

20. On or about March 7, 2013, Respondent performed surgery on Hestia, but was unable to flush out the foreign body. Respondent created an open and exposed incision in Hestia's neck.

Respondent stated that he believed Hestia's body would eventually reject and expel the foreign matter. Eric asked Respondent if the growth could be cancerous or lead to cancer, however, Respondent stated that the chance that it was cancer was extremely remote.

21. Portions of the medical record entries for March 7, 2013 are illegible. The medical records for March 7, 2013 are incomplete regarding the anesthesia and surgery report for failure to include the Ketamine/Valium dose.

22. On or about March 12, 2013 through on or about April 18, 2013, Eric brought Hestia to Respondent for follow-up visits.

23. On or about April 25, 2013, Respondent performed an exploratory endoscopic surgery on Hestia in an attempt to remove the foreign body. However, the endoscopic procedure performed by Respondent did not capture or reveal the anticipated foreign body.

24. Medical records for April 25, 2013 are missing pertinent information regarding a radiographic evaluation. The medical records for April 25, 2013 are incomplete regarding the anesthesia and surgery report for failure to include the route of administration for Ketamine/Valium.

25. Respondent did not perform a physical examination within 12 hours of anesthesia following Hestia's surgery on April 25, 2013.

26. In or around May and June 2013, Hestia's wound continued to discharge and Respondent continued with the same antibiotic regime.

27. On or about June 14, 2013, Respondent had the pathogens identified that were taken from Hestia's open and exposed incision to make a diagnosis and determine appropriate antibiotic treatment.

28. On or about June 19, 2013, Respondent performed blood tests on Hestia and administered a thyroid panel.

29. On or about June 20, 2013, Hestia appeared to be dying and blood samples showed extremely low glucose.

30. On or about June 21, 2013, when Eric took Hestia in for a recheck with Respondent, Hestia was very lethargic.

31. On or about June 29, 2013, Respondent examined Hestia and noted the foreign body appeared to be located in a "very" unusual place. Respondent suggested performing surgery number three.

32. On or about July 2, 2013 until or about July 6, 2013, Hestia was boarding at Respondent's facility. Instructions were given to contact Eric to discuss a diagnosis and procedures prior to performing any surgery that Respondent might consider during this time. Specific instructions were given regarding Hestia's feeding and medication.

33. On or about July 4, 2013, Respondent performed surgery on Hestia without Eric's consent and without contacting Eric.

34. Respondent failed to perform a physical examination within 12 hours of anesthesia following Hestia's surgery on July 4, 2013.

35. No doctors' name/initials were in the medical records for February 27, 2013, March 1, 2013, March 7, 2013, March 21, 2013, March 28, 2013, April 19, 2013, April 25, 2013, May 29, 2013, and July 4, 2013.

36. On or about July 6, 2013, Eric picked up Hestia from Respondent's clinic and saw that Hestia had a shaved neck and a massive 9 inch incision on her neck. Respondent confirmed that he had performed surgery on Hestia and informed Eric that Hestia had cancer. Eric also learned that Hestia had not been given her raw diet as instructed, but instead was fed canned food, which Respondent knew she was highly allergic to.

37. On or about July 7, 2013, Hestia's stitches unraveled, exposing 2 inches of her incision and she was profusely bleeding.

38. Medical records for July 7, 2013 are missing pertinent information regarding a biopsy report evaluation.

39. On or about July 9, 2013, Eric took Hestia to Respondent's clinic for examination by Dr. M. Dr. M stated that closing the wound would require sedation and would be an extra charge and that the wound would never heal and would continue to bleed even if he did re-stitch the wound. Dr. M admonished Eric for not following his initial recommendation in January of 2013, stating that it was Eric's fault that Hestia developed cancer.

40. On or about November 2, 2013, Hestia died.

41. On or about May 12, 2014, Eric filed a complaint with the Board regarding the treatment of Hestia at Respondent's clinic.

Probation Violations

42. Respondent failed to comply with the Decision and Order "*In the Matter of the Amended Accusation Against James C. Coghlan,*" Case No. AV 2006 19, effective May 6, 2011, Condition 2 regarding quarterly reports and interviews when he failed to timely provide Quarterly Reports as follows:

Reporting Period	Due Date	Date Received	Comments
Apr-May-Jun 2012	7/5/12	8/14/12	Late
Jul-Aug-Sep 2012	10/5/12	5/28/13	Late
Jan-Feb-Mar 2013	4/5/13	5/28/13	Late
Apr-May-Jun 2013	7/5/13	3/5/14	Late

Jul-Aug-Sep 2013	10/5/13	11/26/13	Late
Oct-Nov-Dec 2013	1/5/14	3/5/14	Late
Jan-Feb-Mar 2014	4/5/14	5/16/14	Late
Apr-May-Jun 2014	7/5/14		Not Submitted
Jul-Aug-Sep 2014	10/5/14	11/3/14	Late

43. Respondent failed to comply with the Decision and Order "*In the Matter of the Amended Accusation Against James C. Coghlan,*" Case No. AV 2006 19, effective May 6, 2011, Condition 17 for failing to abstain from controlled substances or provide a prescribing physician letter indicating a medically necessary medication resulting in positive biological fluid test results for Amphetamines on May 23, 2014, June 27, 2014, September 12, 2014, September 25, 2014, October 3, 201, February 4, 2015, March 6, 2015, March 26, 2015, May 2, 2015, July 7, 2015, July 16, 2015, October 9, 2015, October 13, 2015, March 18, 2016, April 7, 2016, June 28, 2016, July 11, 2016, August 16, 2016, August 29, 2016, September 7, 2016, and September 22, 2016.

44. Respondent failed to comply with the Decision and Order "*In the Matter of the Amended Accusation Against James C. Coghlan,*" Case No. AV 2006 19, effective May 6, 2011, Condition 17 for failing to abstain from controlled substances or provide a prescribing physician letter indicating a medically necessary medication resulting in positive biological fluid test results for Buprenorphines on January 27, 2015, March 6, 2015, March 26, 2015, April 8, 2015, April 29, 2015, May 2, 2015, July 7, 2015, September 30, 2015, October 9, 2015, October 13, 2015, November 3, 2015, and August 16, 2016.

45. Respondent failed to comply with the Decision and Order "*In the Matter of the Amended Accusation Against James C. Coghlan,*" Case No. AV 2006 19, effective May 6, 2011, Condition 18 for failing to abstain from use of alcoholic beverages for failing to abstain from alcohol use resulting in positive biological fluid test results for ETG (Alcohol) on October 3, 2014, October 27, 2014, November 4, 2014, January 27, 2015, February 4, 2015, March 26, 2015, April 29, 2015, May 2, 2015, September 1, 2015, September 30, 2015, October 9, 2015, October 13, 2015, November 3, 2015, March 18, 2016, April 7, 2016, April 20, 2016, June 28, 2016, July

11, 2016, July 26, 2016, August 16, 2016, August 29, 2016, September 7, 2016, September 22, 2016 and September 27, 2016.

46. Respondent failed to comply with the Decision and Order "*In the Matter of the Amended Accusation Against James C. Coghlan,*" Case No. AV 2006 19, effective May 6, 2011, Condition 16 for failing to submit biological fluid samples in accordance with the instructions when he logged in on August 30, 2016 and October 24, 2016.

FIRST AMENDED ACCUSATION

FIRST CAUSE FOR DISCIPLINE

(Failure to Establish a Veterinarian-Client-Patient Relationship)

47. Respondent has subjected his license to disciplinary action under section 4883, subdivision (o) of the Code in that he failed to establish a veterinarian-client-patient relationship with complainant and Luna, as described in paragraphs 12-14, above, which is a violation of California Code of Regulations, title 16, section 2032.1.

SECOND CAUSE FOR DISCIPLINE

(Recordkeeping)

48. Respondent has subjected his license to disciplinary action under section 4883, subdivision (o) of the Code in that he failed to prepare legible, written or computer generated records concerning Luna containing his initials, Luna's medical history, physical examination findings, diagnosis, anesthetic protocol, drugs, dosages, monitoring, or post-operative care instructions as described in paragraphs 12-14, above. Said conduct violates California Code of Regulations, title 16, section 2032.3, subdivision (a).

49. Respondent has subjected his license to disciplinary action under section 4883, subdivision (o) of the Code in that he failed to prepare legible, written or computer generated records concerning Hestia on March 7, 2013, as described in paragraphs 15-41, above. Said conduct violates California Code of Regulations, title 16, section 2032.3, subdivision (a).

50. Respondent has subjected his license to disciplinary action under section 4883, subdivision (o) of the Code in that he failed to prepare legible, written or computer generated records concerning Hestia containing the treating doctors' name/initials February 27, 2013,

March 1, 2013, March 7, 2013, March 21, 2013, March 28, 2013, April 19, 2013, April 25, 2013, May 29, 2013, and July 4, 2013, as described in paragraphs 15-41, above. Said conduct violates California Code of Regulations, title 16, section 2032.3, subdivision (a)(1).

51. Respondent has subjected his license to disciplinary action under section 4883, subdivision (o) of the Code in that he failed to prepare legible, written or computer generated records concerning Hestia containing pertinent information regarding a radiographic evaluation on April 25, 2013 and a biopsy report evaluation on July 7, 2013, as described in paragraphs 15-41, above. Said conduct violates California Code of Regulations, title 16, section 2032.3, subdivision (a)(6).

52. Respondent has subjected his license to disciplinary action under section 4883, subdivision (o) of the Code in that he failed to prepare legible, written or computer generated records concerning Hestia containing complete information in the March 7, 2013 anesthesia and surgery report for failure to include the Ketamine/Valium dose, as described in paragraphs 15-41, above. Said conduct violates California Code of Regulations, title 16, section 2032.3, subdivision (a)(9).

53. Respondent has subjected his license to disciplinary action under section 4883, subdivision (o) of the Code in that he failed to prepare legible, written or computer generated records concerning Hestia containing complete information in the April 25, 2013 anesthesia and surgery report for failure to include the route of administration for Ketamine/Valium, as described in paragraphs 15-41, above. Said conduct violates California Code of Regulations, title 16, section 2032.3, subdivision (a)(9).

THIRD CAUSE FOR DISCIPLINE

(Negligence)

54. Respondent has subjected his license to disciplinary action under section 4883, subdivision (i) of the Code in that he was negligent in the practice of veterinary medicine for prescribing repeated anti-microbial therapy without a diagnosis and sufficient response to therapy concerning Hestia as described in paragraphs 15-41, above.

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FOURTH CAUSE FOR DISCIPLINE

(Incompetence)

55. Respondent has subjected his license to disciplinary action under section 4883, subdivision (i) of the Code in that he was incompetent in the practice of veterinary medicine for failing to perform a physical examination within 12 hours of anesthesia following Hestia's surgeries on April 25, 2013 and July 4, 2013, as described in paragraphs 15-41, above. Said conduct violates California Code of Regulations, title 16, section 2032.4, subdivision (b)(1).

THIRD AMENDED PETITION TO REVOKE PROBATION

FIRST CAUSE TO REVOKE PROBATION

(Obey All Laws)

56. At all times after the effective date of Respondent's probation, Condition 1 stated:

Condition 1: Obey All Laws

Respondent shall obey all federal and state laws and regulations substantially related to the practice of veterinary medicine.

57. Respondent's probation is subject to revocation because he failed to comply with Condition 1, referenced above, in that he failed to comply with the conditions of his probation.

SECOND CAUSE TO REVOKE PROBATION

(Quarterly Reports and Interviews)

58. At all times after the effective date of Respondent's probation, Condition 2 stated:

Condition 2: Quarterly Reports And Interviews

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. In addition, the Board at its discretion may request additional in-person reports of the probationary terms and conditions. If the final written quarterly report is not made as directed, the period of probation shall be extended until such time as the final report is received by the Board. Respondent shall make available all patient records, hospital records, books, logs, and other documents to the Board, upon request.

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59. Respondent's probation is subject to revocation because he failed to comply with Probation Condition 2, referenced above, for failure to timely provide Quarterly Reports as more fully described in paragraph 42, above and as follows:

Reporting Period	Due Date	Date Received	Comments
Apr-May-Jun 2012	7/5/12	8/14/12	Late
Jul-Aug-Sep 2012	10/5/12	5/28/13	Late
Jan-Feb-Mar 2013	4/5/13	5/28/13	Late
Apr-May-Jun 2013	7/5/13	3/5/14	Late
Jul-Aug-Sep 2013	10/5/13	11/26/13	Late
Oct-Nov-Dec 2013	1/5/14	3/5/14	Late
Jan-Feb-Mar 2014	4/5/14	5/16/14	Late
Apr-May-Jun 2014	7/5/14		Not Submitted
Jul-Aug-Sep 2014	10/5/14	11/3/14	Late

THIRD CAUSE TO REVOKE PROBATION

(Abstention from Controlled Substances)

60. At all times after the effective date of Respondent's probation, Condition 17 stated:

Condition 17: Abstention from Controlled Substances

> Respondent shall completely abstain from the personal use or possession of controlled substances, as defined in the California Uniform Controlled Substances Act, and dangerous drugs as defined in Section 4211 of the Business and Professions Code, except when lawfully prescribed by a licensed practitioner for a bonafide illness.

61. Respondent's probation is subject to revocation because he failed to comply with Probation Condition 17, referenced above, for failing to abstain from controlled substances or provide a prescribing physician letter indicating a medically necessary medication resulting in positive biological fluid test results for Amphetamines on May 23, 2014, June 27, 2014, September 12, 2014, September 25, 2014, October 3, 201, February 4, 2015, March 6, 2015,

March 26, 2015, May 2, 2015, July 7, 2015, July 16, 2015, October 9, 2015, October 13, 2015, March 18, 2016, April 7, 2016, June 28, 2016, July 11, 2016, August 16, 2016, August 29, 2016, September 7, 2016, and September 22, 2016, as more fully described in paragraphs 43, above.

62. Respondent's probation is subject to revocation because he failed to comply with Probation Condition 17, referenced above, for failing to abstain from controlled substances or provide a prescribing physician letter indicating a medically necessary medication resulting in positive biological fluid test results for Buprenorphines on January 27, 2015, March 6, 2015, March 26, 2015, April 8, 2015, April 29, 2015, May 2, 2015, July 7, 2015, September 30, 2015, October 9, 2015, October 13, 2015, November 3, 2015, and August 16, 2016, as more fully described in paragraphs 44, above.

FOURTH CAUSE TO REVOKE PROBATION

(Abstention from Alcohol Use)

63. At all times after the effective date of Respondent's probation, Condition 18 stated:

Condition 18: Abstention from Alcohol Use

Respondent shall abstain completely from the use of alcoholic beverages.

64. Respondent's probation is subject to revocation because he failed to comply with Probation Condition 18, referenced above, for failing to abstain from alcohol use resulting in positive biological fluid test results for ETG (Alcohol) on October 3, 2014, October 27, 2014, November 4, 2014, January 27, 2015, February 4, 2015, March 26, 2015, April 29, 2015, May 2, 2015, September 1, 2015, September 30, 2015, October 9, 2015, October 13, 2015, November 3, 2015, March 18, 2016, April 7, 2016, April 20, 2016, June 28, 2016, July 11, 2016, July 26, 2016, August 16, 2016, August 29, 2016, September 7, 2016, September 22, 2016 and September 27, 2016, as more fully described in paragraphs 45, above.

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FIFTH CAUSE TO REVOKE PROBATION

(Submit Biological Fluid Samples)

65. At all times after the effective date of Respondent's probation, Condition 16 stated:

Condition 16: Submit Biological Fluid Samples

> Respondent shall immediately submit to biological fluid testing, at Respondent's cost, upon request by the Board or its designee. There will be no confidentiality and test results; positive test results will be immediately reported to the Board and to Respondent's current employer.

66. Respondent's probation is subject to revocation because he failed to comply with Probation Condition 16, referenced above, for failing to submit biological fluid samples when he failed to test in accordance with the instructions when he logged in on August 30, 2016 and October 24, 2016, as more fully described in paragraph 46, above.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters alleged in this First Amended Accusation and Third Amended Petition to Revoke Probation, and that following the hearing, the Veterinary Medical Board issue a decision:

1. Revoking the probation that was granted by the Veterinary Medical Board in Case No. AV 2006 19 and imposing the disciplinary order that was stayed thereby revoking Veterinarian License No. VET 9742 issued to James C. Coghlan;

2. Revoking or suspending Veterinarian License No. VET 9742 issued to James C. Coghlan;

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

DATED: November 1, 2016

Annemarie Del Mugnaio
by Candace Raney

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

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