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

12 In the Matter of the Accusation and Petition to
13 Revoke Probation Against:

Case No. 4602017000814

14 **TEJPAUL S. GHUMMAN**
15 **Alta View Animal Hospital**
16 **690 Showers Drive**
17 **Mountain View, CA 94040**

**THIRD AMENDED ACCUSATION AND
AMENDED PETITION TO REVOKE
PROBATION**

18 **Veterinarian License No. VET 10812**
19 **Premises Registration No. HSP 4645**

20 Respondent.

21 Complainant alleges:

22 **PARTIES**

23 1. Jessica Sieferman (Complainant) brings this Third Amended Accusation and
24 Amended Petition to Revoke solely in her official capacity as the Executive Officer of the
25 Veterinary Medical Board, Department of Consumer Affairs.

26 **Veterinary License**

27 2. On or about June 15, 1990, the Veterinary Medical Board issued Veterinarian License
28 Number VET 10812 to Tejpaul S. Ghumman (Respondent). The Veterinarian License was in full
force and effect at all times relevant to the charges brought herein and will expire on September
30, 2020, unless renewed.

1 **Premises Registration**

2 3. On or about April 27, 1993, the Veterinary Medical Board issued Premises
3 Registration No. HSP 4645 to Respondent. The Premises Registration will expire on May 31,
4 2020, unless renewed.

5 **Prior Disciplinary Action**

6 4. In a disciplinary action entitled "*In the Matter of the Accusation Against: Tejpaal*
7 *Ghumman*," Case No. AV 2013 29, the Veterinary Medical Board issued a Decision and Order
8 effective April 19, 2014, in which Respondent's Veterinarian License and Premises Registration
9 was revoked. However, the revocation was stayed and Respondent and his Premises Registration
10 was placed on probation for four (4) years with certain terms and conditions. A copy of that
11 Decision and Order is attached as Exhibit A and is incorporated by reference.

12 **JURISDICTION**

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

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

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

26 **STATUTORY AND REGULATORY PROVISIONS**

27 8. Section 143.5 [**Provisions in agreement to settle certain causes of action**
28 **prohibited]** of the Code states:

1 “(a) No licensee who is regulated by a board, bureau, or program within the Department
2 of Consumer Affairs, nor an entity or person acting as an authorized agent of a licensee, shall
3 include or permit to be included a provision in an agreement to settle a civil dispute, whether the
4 agreement is made before or after the commencement of a civil action, that prohibits the other
5 party in that dispute from contacting, filing a complaint with, or cooperating with the department,
6 board, bureau, or program within the Department of Consumer Affairs that regulates the licensee
7 or that requires the other party to withdraw a complaint from the department, board, bureau, or
8 program within the Department of Consumer Affairs that regulates the licensee. A provision of
9 that nature is void as against public policy, and any licensee who includes or permits to be
10 included a provision of that nature in a settlement agreement is subject to disciplinary action by
11 the board, bureau or program.

12 . . .”

13 9. Section 4883 [**Denial, revocation, or suspension of license or registration;**
14 **Grounds**] of the Code states:

15 "The board may deny, revoke, or suspend a license or assess a fine as provided in Section
16 4875 for any of the following:

17 . . .

18 “(c) Violation or attempting to violate, directly or indirectly, any of the provisions of this
19 chapter.

20 . . .

21 "(f) False or misleading advertising.

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

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

25 . . .

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

27 “(j) Aiding or abetting in any acts that are in violation of any of the provisions of this
28 chapter.

1 . . .”

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

4 10. Section 4855 [**Written records**] of the Code states:

5 “A veterinarian subject to the provisions of this chapter shall, as required by regulation of
6 the board, keep a written record of all animals receiving veterinary services, and provide a
7 summary of that record to the owner of animals receiving veterinary services, when requested.
8 The minimum amount of information which shall be included in written records and summaries
9 shall be established by the board. The minimum duration of time for which a licensed premise
10 shall retain the written record or complete copy of the written record shall be determined by the
11 board.”

12 11. California Code of Regulations (CCR), title 16, section 2032 [**Minimum Standards**
13 **of Practice**] states:

14 “The delivery of veterinary care shall be provided in a competent and humane manner. All
15 aspects of veterinary medicine shall be performed in a manner consistent with current veterinary
16 medical practice in this state.”

17 12. CCR, title 16, section 2032.05 [**Humane Treatment**] states:

18 “When treating a patient, a veterinarian shall use appropriate and humane care to minimize
19 pain and distress before, during and after performing any procedure(s).”

20 13. CCR, title 16, section 2032.1 [**Veterinarian-Client-Patient Relationship**], states:

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

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

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

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

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

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

15 “(d) As used herein, ‘drug’ shall mean any controlled substance as defined by Section
16 4021 of the Business and Professions code, and any dangerous drug, as defined by Section 4022
17 of Business and Professions code.

18 14. CCR, title 16, section 2032.3, [**Record Keeping; Records; Contents; Transfer**]
19 states:

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

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

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

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

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

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

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

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

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

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

10 (10) Diagnosis or tentative diagnosis at the beginning of custody of animal.

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

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

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

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

19 "(1) Name and address of client and animal.

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

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

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

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

27 "(6) All medications and treatments prescribed and dispensed, including
28 strength, dosage, quantity, and frequency.

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

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

9 ...

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

12 ...”

13 15. CCR, title 16, section 2032.35 [**Altering Medical Records**] states:

14 “Altering or modifying the medical records of any animal, with fraudulent intent, or
15 creating any false medical record, with fraudulent intent, constitutes unprofessional conduct in
16 accordance with Business and Professions Code section 4883(g).”

17 16. CCR, title 16, section 2032.4 [**Anesthesia**] states:

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

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

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

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

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

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

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

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

14 17. Section 4037 [**Pharmacy**] of the Code states:

15 “(a) ‘Pharmacy’ means an area, place, or premises licensed by the board [California State
16 Board of Pharmacy]in which the profession of pharmacy is practice and where prescriptions are
17 compounded. ‘Pharmacy’ includes, but is not limited to, any area, place, or premises described in
18 a license issued by the board wherein controlled substances, dangerous drugs, or dangerous
19 devices are stored, possessed, prepared, manufactured, derived, compounded or repackaged, and
20 from which the controlled substances, dangerous drugs, or dangerous devices are furnished, sold
21 or dispensed at retail.

22 . . .”

23 18. Section 4051 [**Unlawful acts; Permitted functions for pharmacists**] of the Code
24 states:

25 “(a) Except as otherwise provided in this chapter, it is unlawful for any person to
26 manufacture, compound, furnish, sell, or dispense a dangerous drug or dangerous device, or to
27 dispense or compound a prescription pursuant to Section 4040 of a prescriber unless he or she is a
28 pharmacist under this chapter.

1 ...”

2 19. Section 4110 [**License requirements**] of the Code states:

3 “(a) No person shall conduct a pharmacy in the State of California unless he or she has
4 obtained a license from the board. A license shall be required for each pharmacy owned or
5 operated by a specific person. A separate license shall be required for each of the premises of any
6 person operating a pharmacy in more than one location. The license shall be renewed annually.

7 The board may, by regulation, determine the circumstances under which a license may be
8 transferred.

9 ...”

10 **COST RECOVERY**

11 20. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
12 administrative law judge to direct a licentiate found to have committed a violation or violations of
13 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
14 enforcement of the case, with failure of the licentiate to comply subjecting the license to not being
15 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
16 included in a stipulated settlement.

17 **STATEMENT OF FACTS REGARDING “LENA”**

18 21. On March 27, 2017, Van V. took her 13-year-old canine “Lena” to Respondent for
19 complaints of vomiting and diarrhea. Lena had a history of pancreatitis that had previously
20 responded to intravenous fluids and medications.

21 22. Two separate records were kept by Respondent for his care of Lena. One was a
22 handwritten note dated March 27, 2017. This record was incomplete as it:

- 23 A. Failed to include the initials or name of the individual who took Lena’s history.
- 24 B. Failed to document her breed, species, color and whether her weight was in pounds or
25 kilograms.
- 26 C. Failed to document the owner’s full name, address and phone number.
- 27 D. Failed to document physical examination findings.
- 28 E. Failed to document an assessment and/or diagnosis.

1 F. Failed to document a treatment plan and/or intended treatment plan.

2 G. Failed to document a disposition of the case.

3 ///

4 23. Respondent also kept an electronic medical record (EMR) on Lena.¹ On the EMR, he
5 documented that on March 27, 2017, Lena had a tender/painful abdomen and was dehydrated.
6 Her weight was recorded as 13.6 pounds. Respondent recommended keeping Lena overnight. He
7 also recommended blood work, a urinalysis and full body radiographs, which the owner declined.

8 24. Treatment included 10 milligrams of Metacam.² However, the oral dose of Metacam
9 administered by Respondent was 8 to 16 times that recommended based on Lena's weight.

10 25. On March 28, 2017, at approximately 1:30 p.m., Respondent called Van V. as Lena
11 was reported to be in critical condition. Without the owner's consent and/or knowledge,
12 Respondent sent out blood work, a urinalysis, completed x-rays and performed an
13 abdominocentesis on Lena. The owner was billed and paid for the unauthorized testing.

14 26. At 1:30 p.m., Respondent administered 4 milligrams of Dexate.³ He failed to
15 document the brand name and/or concentration of the Dexate administered intravenously, a
16 medication contraindicated as Lena had received Metacam without an adequate "washout period"
17 between administration of these drugs.⁴

18 27. Van V. arrived promptly at Respondent's clinic and requested to take Lena to another
19 facility. Respondent prepared Lena for transfer and gave her an unknown amount/concentration
20 of "Heparinized IV." Respondent documented that Lena's condition started to deteriorate rapidly

21 ¹ The EMR software system Respondent used was Avimark (2010.4). This system has a
22 feature in which data entered into a client record is locked with the time and date that the entry is
23 made. However, this "time-stamped" feature was not used by Respondent. Accordingly, the
client records could at a later date be altered without detection.

24 ² Metacam is a non-steroidal medication with a recommended dose of 0.1 to 0.2
milligrams per kilogram. It is to be administered once a day.

25 ³ Dexate is the trade name for dexamethasone, a corticosteroid. It has not been
26 manufactured or been available for purchase for several years.

27 ⁴ "Washout period" refers to an amount of time between administering different drugs to
28 ensure that they do not cross-react and cause untoward side-effects.

(continued...)

1 with a heartbeat of 60 beats per minute. He took Lena into the surgery room to give oxygen by
2 mask and administered an unknown concentration of Epinephrine.⁵ Respondent did not initiate
3 chest compressions or ventilations. Instead, he administered 10 milligrams of Dopram,⁶ a
4 medication not indicated given Lena’s condition. At 3:15 p.m., Respondent documented that
5 Lena had agonal breathing. She expired shortly thereafter.

6 28. On April 11, 2017, Van V. requested Lena’s medical records. On April 18, 2017, the
7 owner received an incomplete set of Lena’s records. Included was an altered copy of the invoice
8 for medications/treatments given to Lena on March 27, 2017, which included a copying of Van
9 V.’s signature that was not on the original invoice.

10 **FIRST CAUSE FOR DISCIPLINE**

11 **(Negligence – Medication Administration)**

12 29. Respondent is subject to discipline for negligence pursuant to Code section 4883,
13 subdivision (i), based on:

14 A. Administration of an excessive dose of Metacam given Lena’s weight.

15 B. Administration of Dexate intravenously without waiting the requisite “washout
16 period,” thereby increasing her Lena’s risk for gastrointestinal bleeding.

17 C. Administration of Dopram, a medication not indicated given Lena’s critical condition.

18 The facts in support of this cause for discipline are set forth above in paragraphs 24, 26 and 27.

19 **SECOND CAUSE FOR DISCIPLINE**

20 **(Negligence – Failure to Institute Appropriate Resuscitation)**

21 30. Respondent is subject to discipline for negligence pursuant to Code section 4883,
22 subdivision (i), in that he failed to initiate chest compressions, provide appropriate ventilation,
23 including intubation, and/or failed to administer additional doses of Epinephrine in response to
24 Lena’s deteriorating cardiac status. The facts in support of this cause for discipline are set forth
25 above in paragraph 27.

26 ⁵ Epinephrine is used in cardiac resuscitation. It comes in a dose of 1:1000 (1 gram in
27 1000 milliliters) or 1:10000 (1 gram in 10000 milliliters).

28 ⁶ Dopram is prescribed to stimulate breathing during and/or after anesthesia and/or to
initiate breathing in newborns.

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THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct -Deception in Animal Records)

31. Respondent is subject to discipline for deception pursuant to Code section 4883, subdivision (i), and CCR, title 16, section 2032.35, in that the handwritten records for Lena were significantly different from the EMR that was allegedly concurrently maintained and presented to the Board and to Van V. The facts in support of this cause for discipline are set forth above in paragraphs 22 through 28.

FOURTH CAUSE FOR DISCIPLINE

(Deception-Performing and Billing Owner for Unauthorized Testing)

32. Respondent is subject to discipline for deception pursuant to Code section 4883, subdivision (i), in that he performed and billed Lena’s owner for various tests without the owner’s consent and/or knowledge. The facts in support of this cause for discipline are set forth above in paragraphs 23 and 25.

FIFTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct - Record Keeping Violations)

33. Respondent is subject to discipline for unprofessional conduct pursuant to Code section 4883, subdivision (i), and CCR, title 16, section 2032.3, in that the March 27, 2017 handwritten records on Lena failed to include the following:

- A. The initials or names of the person(s) who took Lena’s presenting history as required by CCR, title 16, section 2032.3, subdivision (a)(1).
- B. The name, address and phone number of the owner as required by CCR, title 16, section 2032.3, subdivision (a)(2).
- C. The breed, species, and color of Lena as required by CCR, title 16 section 2032.3, subdivision (a)(4).

1 D. Whether Lena’s weight was in pounds or kilograms as required by CCR, title 16,
2 section 2032.3, subdivision (a)(7).

3 E. Documentation regarding physical examination findings of Lena as required by CCR,
4 title 16, section 2032.3, subdivision (a)(7).

5 F. Documentation of assessment and/or diagnosis of Lena’s condition as required by
6 CCR, title 16, section 2032.3, subdivision (a)(10).

7 G. Documentation of a treatment plan and/or intended treatment plan for Lena as
8 required by CCR, title 16, section 2032.3, subdivision (a)(8).

9 H. Documentation of a disposition of the case and/or prognosis as required by CCR, title
10 16, sections, 2032.3, subdivisions (a)(11) and (a)(13).

11 The facts in support of this cause for discipline are set forth above in paragraph 22.

12 **SIXTH CAUSE FOR DISCIPLINE**

13 **(Unprofessional Conduct - Medication Charting Omissions)**

14 34. Respondent is subject to discipline for unprofessional conduct pursuant to Code
15 section 4883, subdivision (i), and CCR, title 16, section 2032.3, subdivision (a)(12), in that he
16 failed to document:

17 A. The brand name and/or concentration of the Dexate administered intravenously.

18 B. The concentration and/or amount of Heparin administered intravenously.

19 C. The concentration of Epinephrine administered.

20 The facts in support of this cause for discipline are set forth above in paragraphs 26 and 27.

21 **SEVENTH CAUSE FOR DISCIPLINE**

22 **(Unprofessional Conduct - Failure to Timely Provide Owner with Records)**

23 35. Respondent is subject to discipline for unprofessional conduct pursuant to Code
24 section 4855 and CCR, section 2032.3, subdivision (b), in that he failed to timely provide Lena’s
25 owner with her records and the records he sent were incomplete and/or altered. The facts in
26 support of this cause for discipline are set forth above in paragraph 28.

27 **STATEMENT OF FACTS IN REGARDS TO “BOOBOO”**

28 36. On April 22, 2016, Irina B. took BooBoo, her 11-year-canine to Respondent. The

1 owner completed a Patient/Client Information Sheet and Animal Medical History form that had
2 the trademark of the American Animal Hospital Association (AAHA), the accrediting body for
3 companion animal hospitals. Respondent was not then a member of the AAHA and his facility
4 was not then an AAHA accredited hospital.

5 37. BooBoo presented with lethargy, vomiting, a swollen abdomen, increased urination
6 and incontinence. The records failed to document the owners address or phone number,
7 BooBoo's age, sex, breed, species and/ color. Respondent documented that BooBoo's liver was
8 enlarged, a finding confirmed by an x-ray. Blood work showed elevated liver enzymes and an
9 abnormally high Spec cPL, which can be associated with pancreatitis or other diseases.

10 38. On April 23, 2016, BooBoo was seen for blood in his urine. Respondent
11 administered an "injection" of an unknown medication (noted in the billing invoice), but not
12 documented in his record. He sent a urine culture and started BooBoo on an antibiotic.

13 39. On May 6, 2016, BooBoo presented without improvement. Respondent ordered an
14 ACTH stimulation test to rule-out Cushing's disease.⁷ A urine culture showed a small amount of
15 Pseudomonas bacteria.

16 40. On May 10, 2016, BooBoo was seen by Respondent. The ACTH stimulation test
17 result was "equivocal." Respondent nonetheless prescribed Vetoryl.⁸ Respondent did not
18 counsel the owner as to the risks of starting BooBoo on this medication in the absence of a
19 confirmed diagnosis of Cushing's disease. Respondent treated BooBoo's urine infection with
20 Ciprofloxacin, when Marbofloxacin, a medication specifically prescribed for canine urinary
21 infections should have been prescribed.⁹ Respondent documented that he consulted with another
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23 _____
24 ⁷ Cushing's disease is a disease of the adrenal glands that causes overactive steroid
production.

25 ⁸ Vetoryl is an adrenocortical suppressant prescribed to treat the symptoms of Cushing's
26 disease. It is indicated when there is a confirmed, not presumptive diagnosis, of Cushing's
disease, as it can have life-threatening side effects if prescribed inappropriately.

27 ⁹ Marbofloxacin is the appropriate medication for treatment of canine urinary tract
28 infections. Ciprofloxacin has an extra-label use in dogs and has a known poor and widely
variable rate of absorption especially when given orally.

1 veterinarian Dr. Sterns and a veterinarian who specialized in internal medicine. However,
2 BooBoo's medical records did not contain notes from these consultants.

3 41. On June 11, 2016, Respondent repeated blood testing and an ACTH stimulation test.
4 According to his notes, another veterinarian Dr. Gurushav examined BooBoo. However,
5 BooBoo's records did not contain any notes from this consultant. The ACTH stimulation test
6 result was normal. Blood work indicated an infection, with elevated liver enzymes and abnormal
7 electrolytes.

8 42. On or about June 13, 2016, Irina B. requested that a complete copy of BooBoo's
9 records be sent to Dr. B., her consulting veterinarian. Respondent's clinic instead forwarded only
10 laboratory test results, omitting Respondent's notes. Dr. B. recommended that BooBoo be taken
11 to a 24-hour clinic for immediate evaluation. A veterinarian at a 24-hour clinic examined
12 BooBoo on June 14, 2016, and immediately ordered an abdominal ultrasound. The test revealed
13 a large liver mass. After consultation, the owner elected humane euthanasia for BooBoo.

14 43. BooBoo's owner requested complete records on multiple occasions. On June 13,
15 2016, Irina B. called Respondent's clinic requesting all of BooBoo's records, and was sent only
16 his laboratory test results. On July 2, 2016, Irina B. sent another request for records by certified
17 mail. On July 16, 2016, an incomplete set of altered/amended records were received. The
18 records received by the Board did not include any consultant notes regarding BooBoo's diagnosis
19 and/or treatment plans.

20 44. On or about August 8, 2016, BooBoo's owners met with Dr. Sterns, who was
21 Respondent's supervising veterinarian while he was on probation. The owners were dissatisfied
22 with the care given to BooBoo. Dr. Sterns presented the owners with a settlement agreement
23 entitled **FULL RELEASE OF ALL CLAIMS**. Under this heading was the warning:

24 "Read this Document Carefully
25 When you Sign It, You Give
26 Up Certain Rights."

27 The agreement, which was not executed by BooBoo's owners, provided that:

28 For in consideration of the payment to (owners of BooBoo) of the sum Seven hundred

1 and forty nine dollars (\$749.00), and other good and valuable consideration, (owners)
2 . . . release, acquit and forever discharge Alta View Animal Hospital, Paul Ghumman,
3 Suji Gurushav, Michael Sterns . . . from any and all past, present and future actions, .
4 . . . including claims or suits *to any licensing body*, for contribution and/or indemnity,
5 of whatever nature, and all consequential damage on account of, or in any way
6 growing out of any and all claims resulting from the medical treatment of BooBoo at
7 Alta View Animal Hospital. (Emphasis added.)

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12 **EIGHTH CAUSE FOR DISCIPLINE**

13 **(Negligence - Failure to Counsel Owner Regarding Medication)**

14 45. Respondent is subject to discipline for negligence pursuant to Code section 4883,
15 subdivision (i), in that he failed to counsel BooBoo's owner of the risks associated with
16 prescribing and administering Vetoryl without a confirmed diagnosis of Cushing's disease.
17 The facts in support of this cause for discipline are set forth above in paragraph 40.

18 **NINTH CAUSE FOR DISCIPLINE**

19 **(Negligence - Failure to Treat Urinary Infection with Appropriate Medication)**

20 46. Respondent is subject to discipline for incompetence pursuant to Code section 4883,
21 subdivision (i), in that he treated BooBoo's urinary infection with Ciprofloxacin instead of
22 Marbofloxacin, an antibiotic with known absorption properties and safety margin for treatment
23 of canine urinary infections. The facts in support of this cause for discipline are set forth above in
24 paragraph 40.

25 **TENTH CAUSE FOR DISCIPLINE**

26 **(Unprofessional Conduct - Record-Keeping Violations)**

27 47. Respondent is subject to discipline for unprofessional conduct pursuant to Code
28 sections 4883, subdivision (i), and CCR, title 16, section 2032.3, in that the records failed to
include:

A. The name, address and phone number of the client as required by CCR, title 16,
section 2032.3, subdivision (a)(2).

B. The sex, breed species or color of BooBoo as required by CCR, title 16, section
2032.3, subdivision (a)(4).

1 C. The name and dosage of the medication administered on April 23, 2016 as required
2 by CCR, title 16, section 2032.3, subdivision (a)(8).

3 D. Physical examination findings and/or reports of consulting veterinarians that
4 Respondent allegedly consulted with regarding BooBoo's condition on May 10 and June 11, 2016
5 as required by CCR, title 16, section 2032.3, subdivision (a)(7).

6 ///

7 The facts in support of this cause for discipline are set forth above in paragraphs 37, 38, 40
8 and 41.

9 **ELEVENTH CAUSE FOR DISCIPLINE**

10 **(False and Misleading Advertising and/or Deception)**

11 48. Respondent is subject to discipline for false and misleading advertising pursuant to
12 Code section 4883, subdivision (f), and/or for deception pursuant to section 4883, subdivision (i),
13 in that he represented that he was a member of the AAHA and that his facility was an AAHA
14 accredited hospital, when such representations were false and misleading. The facts in support of
15 this cause for discipline are set forth above in paragraph 36.

16 **TWELFTH CAUSE FOR DISCIPLINE**

17 **(Deception-Animal Records)**

18 49. Respondent is subject to discipline for deception pursuant to Code section 4883,
19 subdivision (i), in that Respondent referenced consulting other veterinarians as to BooBoo's
20 condition on May 10 and June 11, 2016, when the records submitted to the owner and to the
21 Board do not include any consulting veterinarian notes. The facts in support of this cause for
22 discipline are set forth above in paragraphs 41 and 43.

23 **THIRTEENTH CAUSE FOR DISCIPLINE**

24 **(Failure to Timely Provide Owner with Records)**

25 50. Respondent is subject to discipline for unprofessional conduct pursuant to Code
26 section 4883, subdivision (i) and CCR, section 2032.2, subdivision (b), in that he failed to timely
27 provide the owner with complete records. The facts in support of this cause for discipline are set
28 forth above in paragraphs 42 and 43.

1 **FOURTEENTH CAUSE FOR DISCIPLINE**

2 **(Unprofessional Conduct - Seeking Prohibited Settlement)**

3 51. Respondent is subject to discipline for unprofessional conduct pursuant to Code
4 sections 4883, subdivision (c) and 143.5, in that he permitted his name to be used and/or
5 authorized another veterinarian in his practice to enter into a prohibited settlement with BooBoo’s
6 owners, reducing veterinary costs owed in exchange for not filing a complaint with the Board.
7 This facts in support of this cause for discipline are set forth above in paragraph 44.

8 **STATEMENT OF FACTS REGARDING “GRACE”**

9 52. On July 14, 2016, Margarita G., took her 9-year-old Irish Setter “Grace” to
10 Respondent’s clinic for bilateral ear surgery. The surgery was performed by Dr. Suji Gurushav.
11 During surgery, Grace’s oxygen saturation and blood pressures dropped quickly. She went into
12 cardiac arrest and was unable to be resuscitated.

13 53. Margarita G. spoke to a veterinarian after the surgery, who admitted that Grace’s
14 death was due to his negligence. Margarita G. was told by the male veterinarian that he would
15 “take care of the death expenses.”

16 54. A few days after Grace’s death, Margarita G. called Respondent’s clinic to inquire
17 about a refund. She was told that she needed to come to the clinic and sign a document in order
18 to get a refund for Grace’s surgery. Margarita G. recalled signing a document similar to that
19 given to BooBoo’s owners. In exchange for a refund she recalled that she “promised not to talk
20 badly about them (Respondent’s clinic).”

21 55. The Full Release of All Claims document referenced above in paragraph 44 has
22 Margarita G.’s name in the fourth paragraph and provides in relevant part:

23 “Should Margarita G. fail to adhere to this agreement, *Alta View Animal Hospital*
24 would be entitled to reasonable damages arising therefrom and a complete refund of
25 the settlement amount stated in paragraph one. Further, it is understood and agreed
that this non-disparagement provision if a material term of this Agreement.”
(Emphasis in original.)

26 **FIFTEENTH CAUSE FOR DISCIPLINE**

27 **(Unprofessional Conduct - Seeking Prohibited Settlement)**

1 56. Respondent is subject to discipline for unprofessional conduct pursuant to Code
2 sections 4883, subdivision (c) and 143.5, in that he permitted his name to be used and/or
3 authorized another veterinarian in his practice to enter into a prohibited settlement with Grace's
4 owner, reducing and/or rebating veterinary costs owed in exchange for her not filing a complaint
5 with the Board.

6 ///

7 ///

8 **STATEMENT OF FACTS REGARDING "SABRINA"**

9 57. On September 26, 2012, Beata S. took her 6-year-old feline "Sabrina" to Respondent
10 for complaints of straining on urination, drinking excessively and weight loss. The owner
11 completed a Patient/Client Information Sheet and Animal Medical History form that had the
12 trademark of the AAHA, the accrediting body for companion animal hospitals. Respondent was
13 not then a member of the AAHA and his facility was not then an accredited AAHA hospital.

14 58. Two separate sets of records were kept by Respondent. One consisted of handwritten
15 notes for visits on September 26, 2012 and October 10, 2012. These records were incomplete as
16 they:

- 17 A. Failed to include the initials or name of the person who recorded Sabrina's history.
18 B. Failed to document any physical examination(s).
19 C. Failed to include a treatment plan or intended treatment plan.
20 D. Failed to include any tentative diagnosis.

21 59. Respondent also kept an EMR on Sabrina that was subsequently turned over to the
22 Board. For the visit on September 26, 2012, Respondent documented a presumptive diagnosis of
23 urinary tract infection and ordered a urinalysis and blood work. Testing did not include a urine
24 culture and/or recommendation that a urine culture be done to confirm the diagnosis. Respondent
25 treated Sabrina with 20 milligrams of a subcutaneous injection of Baytril.¹⁰ Based on Sabrina's
26 weight of 6.06 pounds she should have received no more than 13.7 milligrams of Baytril.

27 _____
28 ¹⁰ Baytril is an antibiotic indicated only for a confirmed urinary tract infection in felines.
The recommended dose is 5 milligrams per kilogram. A dose greater than 5 milligrams per
kilogram can cause blindness.

1 Respondent also prescribed a 10-day course of Baytril 22 milligrams to be taken daily, a dose that
2 translated to 8 milligrams per kilogram. He also advised the owner to give “fluids at home. 150
3 mil q 48” without documentation as to the type of fluids to be administered. Urinalysis results on
4 September 26, 2012, were consistent with a possible urinary tract infection.

5 60. Respondent’s EMR for the visit of October 10, 2012, included a presumptive
6 diagnosis of chronic kidney disease. However, there is no order for a urine culture, the definitive
7 test to determine if a feline has a urinary tract infection/chronic kidney disease.

8 **SIXTEENTH CAUSE FOR DISCIPLINE**

9 **(Negligence – Medication Administration)**

10 61. Respondent is subject to discipline for negligence pursuant to Code section 4883,
11 subdivision (i), based on his administering and prescribing doses of Baytril that were excessive
12 given Sabrina’s weight. The facts in support of this cause for discipline are set forth above in
13 paragraph 59.

14 **SEVENTEENTH CAUSE FOR DISCIPLINE**

15 **(Negligence – Medication Prescribed without Confirmation of Diagnosis)**

16 62. Respondent is subject to discipline for negligence pursuant to Code section 4883,
17 subdivision (i), in that without a definitive diagnosis of a urinary tract infection, he prescribed
18 Baytril. The facts in support of this cause for discipline are set forth above in paragraph 59.

19 **EIGHTEENTH CAUSE FOR DISCIPLINE**

20 **(Negligence – Failure to Order and/or Recommend Urine Culture)**

21 63. Respondent is subject to discipline for negligence pursuant to Code section 4883,
22 subdivision (i), in that he failed to recommend a urine culture to definitively diagnose if Sabrina
23 had a urinary tract infection and /or chronic kidney disease. The facts in support of this cause for
24 discipline are set forth above in paragraphs 59 and 60.

25 **NINETEENTH CAUSE FOR DISCIPLINE**

26 **(Deception-Animal Records)**

27 64. Respondent is subject to discipline for deception pursuant to Code section 4883,
28 subdivision (i), and CCR, title 16, section 2032.35, in that his handwritten records were

1 significantly different from the EMR allegedly maintained on Sabrina which was presented to the
2 Board. The facts in support of this cause for discipline are set forth above in paragraphs 53
3 through 60.

4 **TWENTIETH CAUSE FOR DISCIPLINE**

5 **(Unprofessional Conduct – Record Keeping Violations)**

6 65. Respondent is subject to discipline for unprofessional conduct pursuant to Code
7 sections 4883, subdivision (i), 4855, and CCR, title 16, section 2032.3, in that the handwritten
8 record on Sabrina on September 26, 2012, failed to include the following:

9 A. The initials or name of the individual who took the history of Sabrina presenting
10 problems as required by CCR, title 16, section 2032.3, subdivision (a)(1).

11 B. The name, address and phone number of the client, as required by CCR, title 16,
12 section 2032.3, subdivision (a)(2).

13 C. Documentation regarding physical examination findings as required by CCR, title 16,
14 section 2032.3, subdivision (a)(7).

15 D. Documentation of a treatment plan and/or intended treatment plan as required by
16 CCR, title 16, section 2032.3, subdivision (a)(8).

17 E. Documentation of assessment and/or diagnosis as required by CCR, title 16, section
18 2032.3, subdivision (a)(10).

19 F. Documentation regarding the type of fluid that the owner was to administer as
20 required by CCR, title 16, section 2032.3, subdivision (a)(12).

21 The facts in support of this cause for discipline are set forth above in paragraph 58.

22 **TWENTY-FIRST CAUSE FOR DISCIPLINE**

23 **(False and Misleading Advertising and/or Deception)**

24 66. Respondent is subject to discipline for false and misleading advertising pursuant to
25 Code section 4883, subdivision (f), and/or for deception pursuant to section 4883, subdivision (i),
26 in that he represented that he was a member of the AAHA and that his facility was an AAHA
27 accredited hospital, when such representations were false and misleading. The facts in support of
28 this cause for discipline are set forth above in paragraph 57.

1 **STATEMENT OF FACTS REGARDING “KATY”**

2 67. On September 26, 2012, Beata S. completed a Patient/Client Information Sheet and
3 Animal Medical History form as the owner of “Katy” a 4 to 5-year old feline. These forms had
4 the trademark of the AAHA, the accrediting body for companion animal hospitals. Respondent
5 was not then a member of the AAHA and his facility was not then an accredited AAHA hospital.

6 68. On April 5, 2013, Katy presented to Respondent with complaints of loss of appetite,
7 decreased activity and hair loss. Two separate sets of records were kept by Respondent. One
8 consisted of a handwritten note for the visit on April 5, 2013. The record was incomplete as it:

- 9 A. Failed to include the initials or name of the individual who took the history.
10 B. Erroneously referred to Katy as being a male and as being 2 years of age.
11 C. Failed to document a physical examination.
12 D. Failed to include a treatment plan or intended treatment plan.
13 E. Failed to include any diagnosis.

14 69. Respondent also kept an EMR on Katy that was subsequently turned over to the
15 Board. For the visit on April 5, 2013, Respondent documented a limited physical examination
16 and noted her weight as 9 pounds. He diagnosed her with miliary dermatitis.¹¹ Respondent
17 treated Katy with 30 mg of Baytril, an antibiotic not indicated for dermatitis. The recommended
18 dose of Baytril in felines is no more than 5 milligrams per kilogram, with Respondent’s dose
19 equivalent to 7.33 milligrams per kilogram. The following day, Respondent again administered
20 30 milligrams of Baytril to Katy.

21 **TWENTY-SECOND CAUSE FOR DISCIPLINE**

22 **(Negligence – Medication Administration)**

23 70. Respondent is subject to discipline for negligence and/or incompetence pursuant to
24 Code section 4883, subdivision (i), based on prescribing excessive doses of Baytril to Katy and
25 given that this medication was not indicated for a diagnosis of miliary dermatitis. The facts in
26 support of this cause for discipline are set forth above in paragraph 69.

27 _____
28 ¹¹ Miliary dermatitis is a term used to describe a skin condition in felines that commonly
results from an allergic reaction.

1 **TWENTY-THIRD CAUSE FOR DISCIPLINE**

2 **(Unprofessional Conduct – Record-Keeping Violations)**

3 71. Respondent is subject to discipline for unprofessional conduct pursuant to Code
4 sections 4883, subdivision (i), 4855 and CCR, title 16, section 2032.3, in that the handwritten
5 record on Katy for April 5, 2013, failed to include the following:

6 A. The initials or name of the individual who took the history of Katy’s presenting
7 problems as required by CCR, title 16, section 2032.3, subdivision (a)(1).

8 B. The name, address and phone number of the client, as required by CCR, title 16,
9 section, 2032.3, subdivision (a)(2).

10 C. The accurate gender and age of Katy as required by CCR, title 16, section 2032.3,
11 subdivision (a)(4).

12 D. Documentation regarding physical examination findings as required by CCR, title 16,
13 section 2032.3, subdivision (a)(7).

14 E. Documentation of a treatment plan and/or intended treatment plan as required by
15 CCR, title 16, section 2032.3, subdivision (a)(8).

16 F. Documentation of assessment and/or diagnosis as required by CCR, title 16, section
17 2032.3, subdivision (a)(10).

18 The facts in support of this cause for discipline are set forth above in paragraph 63.

19 **TWENTY-FOURTH CAUSE FOR DISCIPLINE**

20 **(Deception-Animal Records)**

21 72. Respondent is subject to discipline for deception pursuant to Code section 4883,
22 subdivision (i), and CCR, title 16, section 2032.35, in that his handwritten records were
23 significantly different from the EMR allegedly maintained on Katy. The facts in support of this
24 cause for discipline are set forth above in paragraphs 68 and 69.

25 **TWENTY-FIFTH CAUSE FOR DISCIPLINE**

26 **(False and Misleading Advertising and/or Deception)**

27 73. Respondent is subject to discipline for false and misleading advertising pursuant to
28 Code section 4883, subdivision (f), and/or for deception pursuant to Code section 4883,

1 subdivision (i), in that he represented that he was a member of the AAHA and that his facility was
2 an AAHA accredited hospital, when such representations were false and misleading. The facts in
3 support of this cause for discipline are set forth above in paragraph 67.

4 **STATEMENT OF FACTS REGARDING “MABEL”**

5 74. On July 10, 2017, owner Courtney B. took her 11-week-old canine Mabel to
6 Respondent’s clinic to be spayed. The owner briefly met with Respondent and left Mabel at the
7 clinic for the spay procedure. At no time did Respondent inform Courtney B. that another
8 veterinarian Dr. Sterns would be performing the spay procedure.

9 75. Two separate sets of records were provided for review. EMR records were received
10 from the owner (Copy A) and separate (different) EMR records for Mabel were received from the
11 Respondent (Copy B).¹² Copy A of the EMR documented that Mabel’s initial visit was on July
12 10, 2017. The EMR failed to include:

- 13 A. Documentation of any pertinent information or history documented.
- 14 B. Documentation of a physical examination.
- 15 C. Referenced an “injection” without information regarding what medication was given,
16 its dose or route of administration.
- 17 D. Referenced giving vaccinations to Mabel without documentation of the route and
18 location of administration.
- 19 E. Referenced dispensing of Heartguard (sic) without information regarding the strength,
20 dosage, route of administration, and/or frequency of use of this medication.
- 21 F. Referenced “Prescriptions” without information of what medications were given,
22 amount, dosage, route of administration, frequency of administration.
- 23 G. Results from a fecal test and pre-surgical blood test.

24 76. There was no reference in Copy A of the EMR that Mabel was picked up on July 11,
25 2017. An invoice for July 11, 2017, had in the upper right corner the logo of the AAHA, the
26

27 ¹² Copy A, the EMR from the owner was printed on July 22, 2017. Copy B, the EMR
28 presented to the Board, was printed on September 6, 2017.

1 accrediting body for companion animal hospitals. Respondent was not then a member of the
2 AAHA and his facility was not then an accredited AAHA hospital.

3 77. An entry dated July 13, 2017, on Copy A noted that the owner was contacted with no
4 information as to what was discussed. On July 21, 2017, Mabel returned to Respondent's clinic
5 for a post-operative visit. A "DHP-PV (2nd)" vaccination was given. There was no
6 documentation of a history/pertinent information, physical examination, treatment plan or
7 assessment of Mabel on this date.

8 ///

9 78. Copy B of the EMR records, submitted to the Board were significantly different than
10 the EMR records provided to the owner.

11 79. On July 11, 2017, Respondent treated Mabel for coccidia.¹³ He prescribed "Albon
12 Liquid plus Metronidazole (30 mg/ml) 15 ml" with instructions to the owner to give "ONE ml
13 daily by mouth."¹⁴ This mixture is a compounded drug that is not commercially available.
14 There was no documentation of the amount and/or concentration of the Albon and/or of the
15 amount or concentration of the Metronidazole in this compounded mixture. There was no
16 documentation to support administration of Metronidazole as Mabel's fecal test result indicated
17 coccidia, not giardia.

18 **TWENTY-SIXTH CAUSE FOR DISCIPLINE**

19 **(Negligence - Medication Error)**

20 80. Respondent is subject to discipline for negligence and/or incompetence pursuant to
21 Code section 4883, subdivision (i), based on the following:

22 A. On or about July 11, 2017, Respondent prescribed an unknown dose of Metronidazole
23 without indication and prescribed this unknown dose to be given once a day, when standard
24 dosing regimens for this medication is that it be given every 8 to 12 hours.

25 _____
26 ¹³ Coccidia is a common intestinal parasite in young canines.

27 ¹⁴ Albon is an antibiotic used to treat coccidia and is given every 24 hours. Metronidazole
28 is an antibiotic used to treat giardia, a parasite. It is to be administered every 8-12 hours. There
was no documentation that Mabel had giardia.

1 B. On or about July 11, 2017, Respondent prescribed an unknown dose of Albon.
2 The facts in support of this cause for discipline are set forth above in paragraph 79.

3 **TWENTY-SEVENTH CAUSE FOR DISCIPLINE**

4 **(Unprofessional Conduct – Compounding and Dispensing a Medication**
5 **without a Pharmacist License)**

6 81. Respondent is subject to discipline for unprofessional conduct pursuant to Code
7 sections 4883, subdivision (g) and 4051, in that on or about July 11, 2017, he compounded and
8 dispensed a liquid solution of Albon and Metronidazole to Mabel’s owner without being a
9 licensed pharmacist. The facts in support of this cause for discipline are set forth above in
10 paragraph 79.

11 **TWENTY-EIGHTH CAUSE FOR DISCIPLINE**

12 **(Unprofessional Conduct – Acting as a Pharmacy)**

13 82. Respondent is subject to discipline for unprofessional conduct pursuant to Code
14 sections 4883, subdivision (g) and 4110 in that on or about July 11, 2017, he acted as a pharmacy
15 by compounding/dispensing a solution of Albon and Metronidazole, without licensure as a
16 pharmacy. The facts in support of this cause for discipline are set forth above in paragraph 79.

17 **TWENTY-NINTH CAUSE FOR DISCIPLINE**

18 **(Deception- Animal Records)**

19 83. Respondent is subject to discipline for deception pursuant to Code section 4883,
20 subdivision (i) and CCR, title 16, section 2032.35, in that there were significant discrepancies in
21 the records provided to the owner (Copy A) and the records submitted to the Board (Copy B).
22 The facts in support of this cause for discipline are set forth above in paragraphs 76 through 78.

23 **THIRTIETH CAUSE FOR DISCIPLINE**

24 **(Unprofessional Conduct – Record-Keeping Violations)**

25 84. Respondent is subject to discipline for unprofessional conduct pursuant to Code
26 sections 4883, subdivision (i), 4855, and CCR, title 16, section 2032.3 in that Copy A of Mabel’s
27 records failed to include the following:
28

1 A. Documentation of any pertinent information or history as required by CCR, title 16,
2 section 2032.3, subdivision (a)(2).

3 B. Documentation of a physical examination as required by CCR, title 16, section
4 2032.3, subdivision (a)(7).

5 C. Referenced an “injection” without information regarding what medication was given,
6 its dose or route of administration as required by CCR, title 16, section 2032.3, subdivision
7 (a)(12).

8 D. Referenced giving vaccinations to Mabel without documentation of the route and
9 location of administration as required by CCR, title 16, section 2032.3, subdivision (a)(12).

10 E. Referenced dispensing of Heartguard (sic) without information regarding the strength,
11 dosage, route of administration, and/or frequency of use of this medication as required by CCR,
12 title 16, section 2032.3, subdivision (a)(12).

13 F. Referenced “Prescriptions” without information of what medications were given,
14 amount, dosage, route of administration, frequency of administration as required by CCR, title 16,
15 section 2032.3, subdivision (a)(12).

16 G. Results from a fecal test and pre-surgical blood test as required by CCR, title 16,
17 section 2032.3., subdivision (a)(7).

18 The facts in support of this cause for discipline are set forth above in paragraph 75.

19 **THIRTY- FIRST CAUSE FOR DISCIPLINE**

20 **(False and Misleading Advertising and/or Deception)**

21 85. Respondent is subject to discipline for false and misleading advertising pursuant to
22 Code section 4883, subdivision (f), and/or for deception pursuant to Code section 4883,
23 subdivision (i), in that he represented that he was a member of the AAHA and that his facility was
24 an AAHA accredited hospital, when such representations were false and misleading. The facts in
25 support of this cause for discipline are set forth above in paragraph 76.

26 **RECORDS FROM BOARD’S INSPECTION**

27 86. On or about February 17, 2017, the Board conducted an inspection of Respondent’s
28 clinic. As part of that inspection, animal care records were selected for review. Included below

1 are the Statement of Facts regarding violations in the standard of care and deficiencies found in
2 these records.

3 **STATEMENT OF FACTS REGARDING “JOONEY”**

4 87. On September 25, 2014, Previn B. took her 6-month old canine Jooney to
5 Respondent’s clinic to be spayed and completed a Patient/Client Information Sheet and Animal
6 Medical History form. These forms had the trademark of the AAHA, the accrediting body for
7 companion animal hospitals. Respondent was not then a member of the AAHA and his facility
8 was not then an accredited AAHA hospital.

9 ///

10 88. On April 6, 2015, Jooney presented for examination of her back paws. The hand
11 written record has a history, but no initials/name of the person responsible for the entry. The
12 EMR reference is unclear as it noted that her “pelvic digits are mild inflamed (sic) at nail bed.”
13 Jooney was sent home on oral antibiotics and the owner was instructed to apply Neosporin,
14 without any specific instructions as to its application.

15 89. On May 12, 2015, Jooney was given a Bordetella vaccine. Respondent failed to
16 document a history, physical examination, intended treatment plan or assessment on either the
17 handwritten record or the EMR.

18 90. On April 19, 2016, Jooney presented for vaccinations. There is a limited physical
19 examination documented on the handwritten medical record, but no history, intended treatment
20 plan or assessment documented.

21 91. On October 25, 2016, Jooney presented for vaccinations. Respondent failed to
22 document a history, physical examination, intended treatment plan or assessment on either the
23 handwritten record or the EMR. The handwritten record references “deworming done” with no
24 initials/name of the person making this notation. There also is no reference to the drug, dose or
25 route of administration of the de-worming medication.

26 **THIRTY-SECOND CAUSE FOR DISCIPLINE**

27 **(Unprofessional Conduct – Record-Keeping Violations)**

28 92. Respondent is subject to discipline for unprofessional conduct pursuant to Code

1 sections 4883, subdivision (i), 4855, and CCR, title 16, section 2032.3, in that the records for
2 Jooney failed to include the following:

3 A. The name, address and phone number of the client, as required by CCR, title 16,
4 section 2032.3, subdivision (a)(2).

5 B. The initials or name of the individual who made the entries in the handwritten record
6 on April 6, 2015, as required by CCR, title 16, section 2032.3, subdivision (a)(1).

7 C. Documentation regarding Jooney's injuries on April 6, 2015, such that another
8 veterinarian could understand her injuries and treatment, as required by CCR, title 16, section
9 2032.3, subdivision (a)(7).

10 D. Documentation of a physical exam on Jooney prior to administering a Bordetella
11 vaccine on May 12, 2015.

12 The facts in support of this cause for discipline are set forth above in paragraphs 87 through
13 91.

14 **THIRTY-THIRD CAUSE FOR DISCIPLINE**

15 **(False and Misleading Advertising and/or Deception)**

16 93. Respondent is subject to discipline for false and misleading advertising pursuant to
17 Code section 4883, subdivision (f), and/or for deception pursuant to Code section 4883,
18 subdivision (i), in that he represented that he was a member of the AAHA and that his facility was
19 an AAHA accredited hospital, when such representations were false and misleading. The facts in
20 support of this cause for discipline are set forth above in paragraph 87.

21 **STATEMENT OF FACTS REGARDING "BUDDY"**

22 94. On September 6, 2014, Alden C. took her 9-year-old canine Buddy to Respondent for
23 a vaccination. Alden C. completed a Patient/Client Information Sheet and Animal Medical
24 History form as the owner of Buddy. These forms had the trademark of the AAHA, the
25 accrediting body for companion animal hospital. Respondent was not then a member of the
26 AAHA and his facility was not then an accredited AAHA hospital.

27 95. Two separate sets of records were kept by Respondent. On March 6, 2015, Buddy
28 presented for drinking and urinating more than usual. On the handwritten record, Respondent

1 failed to document a history, physical examination, or assessment of Buddy. The EMR
2 documentation recorded a limited physical examination. Laboratory testing was done and
3 revealed that Buddy had a high level of protein in his urine.

4 96. On July 2, 2015, Buddy was seen for an examination. He was still drinking and
5 urinating more than usual and his owner complained that he had decreased energy. A urine
6 protein test was done. However, a complete urinalysis was not done and/or recommended and no
7 blood work was done. Respondent prescribed Rimadyl, an anti-inflammatory medication that can
8 impact kidney and liver functions. There was no documentation that Respondent provided the
9 owner with information regarding the adverse effects of this medication.

10 97. On July 25, 2015, Buddy presented for a follow-up appointment. There was no
11 reference to recommended laboratory testing given Buddy's prior symptoms and/or extended use
12 of the Rimadyl which he re-filled for another month.

13 98. On April 23, 2016, Buddy presented for a right eye infection and cyst on his left
14 forearm. A limited physical examination was documented. Blood testing showed that he had an
15 abnormally high PrecisionPSL that correlates with a diagnosis of pancreatitis in canines. In the
16 EMR records, Respondent documented that the owner was contacted on April 24, 2016, but there
17 are no details of the reason for this contact.

18 99. On May 5, 2016, Buddy presented for removal of the cyst and a dental cleaning. He
19 was given the anti-inflammatory Metacam after the procedure and placed on a course of antibiotic
20 therapy. Four days later, Buddy presented with excessive vomiting. A physical examination was
21 documented on the handwritten record with no initials/name of the examiner. For the first time
22 there was reference to a potential diagnosis of pancreatitis, with the examiner recommending that
23 previously prescribed antibiotics be discontinued.

24 **THIRTY-FOURTH CAUSE FOR DISCIPLINE**

25 **(Negligence)**

26 100. Respondent is subject to discipline for negligence pursuant to Code section 4883,
27 subdivision (i), based on the following:
28

1 A. On July 2, 2015, he failed to recommend blood work and/or a urinalysis on Buddy
2 given his persistent problems with excessive drinking and excessive urination.

3 B. On July 2, 2015, he failed to advise the owner of the adverse effects of prescribing
4 Rimadyl to Buddy.

5 C. On July 25, 2015, failed to recommend blood work and/or a urinalysis on Buddy prior
6 to re-filling the prescription for Rimadyl.

7 The facts in support of this cause for discipline are set forth above in paragraphs 96 and 97.

8 ///

9 ///

10 ///

11 **THIRTY-FIFTH CAUSE FOR DISCIPLINE**

12 **(Unprofessional Conduct – Record-Keeping Violations)**

13 101. Respondent is subject to discipline for unprofessional conduct pursuant to Code
14 sections 4883, subdivision (i), 4855, and CCR, title 16, section 2032.3, in that the records for
15 Buddy failed to include the following:

16 A. The name, address and phone number of the client, as required by CCR, title 16,
17 section 2032.3, subdivision (a)(2).

18 B. A physical examination and pertinent interim history for the visit on July 25, 2015, as
19 required by CCR title 16, sections 2032.3, subdivisions (a)(6) and (a)(7).

20 C. The dose of Metacam prescribed on May 5, 2016, as required by CCR, title 16,
21 section 2032.3, subdivisions (a)(8) and (a)(12).

22 The facts in support of this cause for discipline are set forth above in paragraphs 95, 97 through
23 99.

24 **THIRTY-SIXTH CAUSE FOR DISCIPLINE**

25 **(False and Misleading Advertising and/or Deception)**

26 102. Respondent is subject to discipline for false and misleading advertising pursuant to
27 Code section 4883, subdivision (f), and/or for deception pursuant to Code section 4883,
28 subdivision (i), in that he represented that he was a member of the AAHA and that his facility was

1 an AAHA accredited hospital, when such representations were false and misleading. The facts in
2 support of this cause for discipline are set forth above in paragraph 99.

3 **STATEMENT OF FACTS REGARDING “OSCAR”**

4 103. On March 17, 2015, Amav S. took her 9-week old canine Oscar to Respondent. She
5 completed a Patient/Client Information Sheet and Animal Medical History form as the owner of
6 Oscar. These forms had the trademark of the AAHA, the accrediting body for companion animal
7 hospitals. Respondent was not then a member of the AAHA and his facility was not then an
8 accredited AAHA hospital.

9 104. Two separate sets of records were kept by Respondent. On March 20, 2015, Oscar
10 presented with complaints of constipation, not drinking and not eating. Respondent performed a
11 limited physical examination. Oscar stayed overnight at Respondent’s facility. The next day,
12 March 21, 2015, Respondent failed to document a physical examination. Reference was made to
13 administering fluids and medications at an unknown time.

14 105. On May 19, 2015, Oscar presented with a history of coughing for 2 days. A limited
15 examination was documented. Respondent diagnosed “mild tracheobronchitis” for which he
16 administered 2 milligrams of Vetalog, a long acting steroid not indicated for young animals
17 and/or not prescribed for a mild cough.

18 106. On May 21, 2015, there is a notation in the EMR that Oscar’s “cough is getting
19 worse.” There was no reference to a follow-up examination and/or additional testing.

20 107. On August 15, 2015, Oscar presented for “stool problems.” The handwritten record
21 has two different handwritten notes, without reference to the initials and/or names of the person
22 making the entries. There is a limited physical examination and no assessment of Oscar’s
23 condition.

24 108. On October 14, 2015, Oscar presented with chronic diarrhea. There is no
25 documentation of an abdominal and/or rectal examination. The handwritten record fails to
26 identify the persons making entries on the record.

27 109. On August 2, 2016, Respondent prescribed 200 milligrams of the antibiotic
28

1 Cefpodoxime¹⁵ with instructions that it was to be given twice a day, an incorrect dosing
2 frequency. There was no documentation as to the reason for prescribing this medication.

3 110. On August 8, 2016, Oscar presented for a laceration on his back as a result of being
4 attacked at the dog park. Respondent failed to conduct a complete physical examination to rule-
5 out additional injuries. The wound was sutured under local anesthesia. In the handwritten record,
6 Respondent referenced that he administered 1 ml of lidocaine, whereas in the EMR it was
7 recorded that 2 ml of lidocaine were administered. Respondent failed to administer any pain
8 medication prior to suturing Oscar's laceration and failed to offer the owner pain medications to
9 be taken at home.

10 ///

11 **THIRTY-SEVENTH CAUSE FOR DISCIPLINE**

12 **(Negligence– Medication Administration and Follow Up Examinations)**

13 111. Respondent is subject to discipline for negligence pursuant to Code section 4883,
14 subdivision (i), based on the following:

15 A. On May 19, 2015, he prescribed Vetalog, a long acting steroid that was not indicated
16 given Oscar's age and diagnosis.

17 B. On May 21, 2015, he failed to recommend a follow-up examination and/or chest x-
18 ray given Oscar's worsening cough.

19 C. On August 2, 2016, he prescribed an incorrect dosing frequency for the antibiotic
20 Cefpodoxime.

21 The facts in support of this cause for discipline are set forth above in paragraphs 105,
22 106, and 109.

23 **THIRTY-EIGHTH CAUSE FOR DISCIPLINE**

24 **(Unprofessional Conduct – Record-Keeping Violations)**

25 112. Respondent is subject to discipline for unprofessional conduct pursuant to Code
26 sections 4883, subdivision (i), 4855, and CCR, title 16, section 2032.3, in that the records for
27 Oscar failed to include the following:

28 _____
¹⁵ Cefpodoxime is an antibiotic that is to be given only once a day.

1 A. A complete physical examination of Oscar given his complaints on March 20, 2015,
2 and/or March 21, 2015, as required by CCR, title 16, section 2032.3, subdivision (a)(7).

3 B. Documentation regarding the “fluids” and medications given to Oscar on March 21,
4 2015, as required by CCR, title 16, section 2032.3, subdivision (a)(8).

5 C. Documentation of a complete physical examination on May 19, 2015, given that
6 Oscar presented with a cough and Respondent diagnosed him with “mild tracheobronchitis,” as
7 required by CCR, title 16, section 2032.3, subdivision (a)(7).

8 D. Documentation of a follow-up examination when on May 21, 2015, there was
9 reference that Oscar’s cough was getting worse, as required by CCR, title 16, section 2032.3,
10 subdivision (a)(7).

11 ///

12 E. Documentation of a complete physical examination and treatment plan on August 15,
13 2015, when Oscar presented for “stool problems,” as required by CCR, title 16, section 2032.3,
14 subdivisions (a)(7) and (a)(8).

15 F. The initials or name of the individual who made the entries in the handwritten record
16 on August 15, 2015, as required by CCR, title 16, section 2032.3, subdivision (a)(1).

17 G. Documentation of a complete physical examination and treatment plan on October
18 14, 2015, when Oscar presented with chronic diarrhea, as required by CCR, title 16, section
19 2032.3, subdivisions (a)(7) and (a)(8).

20 H. The initials or name of the individual who made the entries in the handwritten record
21 on October 14, 2015, as required by CCR, title 16, section 2032.3, subdivision (a)(1).

22 I. Documentation of a complete physical examination on August 8, 2016, when Oscar
23 presented with injuries as a result of being attacked in a dog park, as required by CCR, title 16,
24 section 2032.3, subdivision (a)(7).

25 J. Accurate documentation of the amount of Lidocaine administered on August 8, 2016,
26 as required by CCR, title 16, subdivision (a)(12).

27 K. The name, address and phone number of the client, as required by CCR, title 16,
28 section 2032.3, subdivision (a)(2).

1 L. The age, sex, species, and color of Oscar as required by CCR, title 16, section 2032.3,
2 subdivision (a)(2).

3 M. A history of pertinent information including Oscar's weight and rationale for
4 prescribing Acepromazine and Cefpodoxime, as required by CCR, title 16, section 2032.3,
5 subdivision (a)(6).

6 The facts in support of this cause for discipline are set forth above in paragraphs 104
7 through 110.

8 **THIRTY-NINTH CAUSE FOR DISCIPLINE**

9 **(Unprofessional Conduct – Failure to Provide Humane Treatment)**

10 113. Respondent is subject to discipline for unprofessional conduct pursuant to CCR, title
11 16, section 2032.05, in that he failed to provide humane treatment to Oscar in that he did not
12 administer pain medication prior to suturing his laceration on August 8, 2015, he failed to offer
13 pain medications to be given at home. The facts in support of this cause for discipline are set forth
14 above in paragraph 110.

15 **FORTIETH CAUSE FOR DISCIPLINE**

16 **(False and Misleading Advertising and/or Deception)**

17 114. Respondent is subject to discipline for false and misleading advertising pursuant to
18 Code section 4883, subdivision (f), and/or for deception pursuant to Code section 4883,
19 subdivision (i), in that he represented that he was a member of the AAHA and that his facility was
20 an AAHA accredited hospital, when such representations were false and misleading. The facts in
21 support of this cause for discipline are set forth above in paragraph 103.

22 **STATEMENT OF FACTS REGARDING “MAGGIE”**

23 115. On February 15, 2016, Julio D. completed a Patient/Client Information sheet and
24 Medical History form for his 11-year old canine Maggie. The forms used had the logo AAHA,
25 the accrediting body for companion animal hospitals in the United States. Respondent has never
26 been a member of the AAHA and his facility has never been an accredited AAHA hospital.

27 116. On February 15, 2016, Maggie presented for a dental procedure. Two sets of records
28 were maintained. Respondent documented inconsistent examinations on the handwritten record

1 and the EMR. There were no initials and/or name of the person(s) making the entries on the
2 handwritten notes and many of the entries are crossed out multiple times, instead of a single strike
3 through line. The handwritten notes make reference to Maggie having an “ear infection” without
4 any supporting documentation for this diagnosis. On the handwritten medical record, Maggie
5 was prescribed “#40 ml Clavamox liquid” without any indication of the concentration of the
6 medication.¹⁶

7 117. The following day, February 16, 2016, Respondent prescribed “Amoxi-Clavulanate¹⁷
8 plus Metacam 40 ml.” This is a compounded medication not commercially available. There was
9 no description of the concentration of the Metacam added to this mixture. Respondent was not a
10 licensed pharmacist and his clinic was not a licensed pharmacy. Respondent wrote that 2
11 milliliters were to be given twice a day. However, Metacam is a medication that should be
12 administered only once a day. Respondent also prescribed Temaril-P¹⁸, which is outside of
13 routine veterinary practice due to an increased risk of gastrointestinal ulceration given the
14 concomitant administration of Metacam.

15 118. On April 15, 2016, Maggie presented for an ear infection. Respondent flushed her
16 ears with an unknown solution.

17 119. On July 30, 2016, Respondent dispensed a prescription for Temaril-P 5 milligrams
18 without having documented a physical examination.

19 **FORTY-FIRST CAUSE FOR DISCIPLINE**

20 **(Negligence – Medication Administration)**

21 120. Respondent is subject to discipline for negligence pursuant to Code section 4883,
22 subdivision (i), based on the following:

23 A. On or about February 16, 2016, Respondent incorrectly prescribed the dosing
24 frequency for Metacam.

25 _____
26 ¹⁶ Clavamox is a broad-spectrum antibiotic.

27 ¹⁷ “Amoxi” is in reference to Amoxicillin, a broad-spectrum antibiotic.

28 ¹⁸ Temaril is a combination of an antihistamine and corticosteroid prescribed for the
treatment of itching and/or kennel cough.

1 B. On or about February 16,2016, Respondent compounded a medication, Amoxi-
2 Clavulanate plus Metacam that is not commercially available to use among veterinarians.

3 The facts in support of this cause for discipline are set forth above in paragraph 117.

4 **FORTY-SECOND CAUSE FOR DISCIPLINE**

5 **(Unprofessional Conduct – Record-Keeping Violations)**

6 121. Respondent is subject to discipline for unprofessional conduct pursuant to Code
7 sections 4883, subdivision (i), and CCR, title 16, section 2032.3, in that the records for Maggie
8 failed to include the following:

9 A. Consistent physical examination findings on the handwritten record and the EMR as
10 documented on February 15, 2016, as required by CCR, title 16, section 2032.3, subdivision
11 (a)(7).

12 B. The initials or name of the individual who made the entries in the handwritten record
13 on February 15, 2016, as required by CCR, title 16, section 2032.3, subdivision (a)(1).

14 C. Documentation of the concentration of Clavamox prescribed on February 15, 2016, as
15 required by CCR, title 16, section 2032.3, subdivision (a)(12).

16 D. Documentation of the solution used to flush Maggie’s ears on April 15, 2016, as
17 required by CCR, title 16, section 2032.3, subdivision (a)(12).

18 E. Documentation of a physical examination on July 30, 2016, to support Respondent
19 prescribing Temaril to Maggie, as required by CCR, title 16, section 2032.3, subdivision (a)(7).

20 The facts in support of this cause for discipline are set forth above in paragraphs 116, 118
21 and 119.

22 **FORTY-THIRD CAUSE FOR DISCIPLINE**

23 **(Unprofessional Conduct – Compounding and Dispensing a Compounded
24 Drug without a Pharmacist License)**

25 122. Respondent is subject to discipline for unprofessional conduct pursuant to Code
26 sections 4883, subdivision (g) and 4051 in that on February 16, 2015, in that he compounded and
27 dispensed Amoxi-Clavulanate plus Metacam to Maggie’s owner, without being a licensed
28 pharmacist. The facts in support of this cause for discipline are set forth above in paragraph 117.

1 **FORTY-FOURTH CAUSE FOR DISCIPLINE**

2 **(Unprofessional Conduct – Acting as a Pharmacy)**

3 123. Respondent is subject to discipline for unprofessional conduct pursuant to Code
4 sections 4883, subdivision (g) and 4110 in that on February 16, 2015, in that he compounded and
5 dispensed Amoxi-Clavulanate plus Metacam, without his clinic being a licensed pharmacy. The
6 facts in support of this cause for discipline are set forth above in paragraph 117.

7 **FORTY-FIFTH CAUSE FOR DISCIPLINE**

8 **(False and Misleading Advertising and/or Deception)**

9 124. Respondent is subject to discipline for false and misleading advertising pursuant to
10 Code section 4883, subdivision (f), and/or for deception pursuant to section 4883, subdivision (i),
11 in that he represented that he was a member of the AAHA and that his facility was an AAHA
12 accredited hospital, when such representations were false and misleading. The facts in support of
13 this cause for discipline are set forth above in paragraph 115.

14 **STATEMENT OF FACTS REGARDING “CHATO”**

15 125. In November 2009, Nancy R. completed a Patient/Client Information sheet for her
16 4-year old canine “Chato.” The form had the logo “AAHA, the accrediting body for companion
17 animal hospitals in the United States. Respondent was not then a member of the AAHA and his
18 facility was not then an accredited AAHA hospital.

19 126. On February 21, 2010, Chato presented for “check jaw +/- teeth.” The record of this
20 visit is very limited and illegible. It appears that Respondent sedated Chato with pre-induction
21 anesthesia, but there is no reference to the actual drugs administered and/or reasons for the
22 anesthesia. Chato was sent home on an illegible dose of the antibiotic Cephalexin. There are no
23 initials or name of the person(s) making entries in the record.

24 127. On April 16, 2016, Chato was seen for a checkup and vaccinations. There is a very
25 limited history and other than the notation BAR, not physical examination, assessment and/or
26 treatment plan was documented. There are no initials or name of the person(s) making entries
27 in the record. Several of the vaccination boxes are crossed out in a manner that makes it difficult
28 to discern if a vaccination was given or omitted. No follow up care was documented.

1 **FORTY-SIXTH CAUSE FOR DISCIPLINE**

2 **(Unprofessional Conduct – Record-Keeping Violations)**

3 128. Respondent is subject to discipline for unprofessional conduct pursuant to Code
4 sections 4883, subdivision (i), and CCR, title 16, section 2032.3, in that the records for Chato
5 failed to include the following:

6 A. The initials or name of the individual who made the entries in the handwritten record
7 on February 21, 2010 and/or April 16, 2016, as required by CCR, title 16, section 2032.3,
8 subdivision (a)(1).

9 B. Documentation of a physical exam on February 21, 2010, and/or April 16, 2016, as
10 required by CCR, title 16, section 2032.3, subdivision (a)(7).

11 C. Documentation of treatment and intended treatment plan, including medications,
12 dosages and frequency of use on February 21, 2010, and/or April 16, 2016, as required by CCR,
13 title 16, section 2032.3, subdivision (a)(8).

14 D. Documentation of all medications prescribed on February 21, 2010, and/or April 16,
15 2016, as required by CCR, title 16, section 2032.3, subdivision (a)(12).

16 E. Documentation of assessment and/or diagnosis prior to performing any treatments
17 and/or procedures as required by CCR, title 16, section 2032.3, subdivision (a)(10).

18 The facts in support of this cause for discipline are set forth above in paragraphs 126 and
19 127.

20 **FORTY-SEVENTH CAUSE FOR DISCIPLINE**

21 **(False and Misleading Advertising and/or Deception)**

22 129. Respondent is subject to discipline for false and misleading advertising pursuant to
23 Code section 4883, subdivision (f), and/or for deception pursuant to section 4883, subdivision (i),
24 in that he represented that he was a member of the AAHA and that his facility was an AAHA
25 accredited hospital, when such representations were false and misleading. The facts in support of
26 this cause for discipline are set forth above in paragraph 125.

27 **STATEMENT OF FACTS REGARDING “GROVER”**

28 130. On January 23, 2016, Belinda C. completed a Patient/Client Information sheet for her

1 14-week-old canine “Grover.” The form had the logo AAHA, the accrediting body for
2 companion animal hospitals in the United States. Respondent was not then a member of the
3 AAHA and his facility was not then an accredited AAHA hospital.

4 131. On January 28, 2016, Grover presented for a check of his right eye. A very limited
5 examination was recorded with the diagnosis of conjunctivitis. The billing invoice for this visit
6 referenced that Grover had “scleral hematoma,” a different diagnosis. There were no initials or
7 names of the person(s) who made entries into the record.

8 132. On February 6, 2016, Grover presented for vaccinations. The box “deworm” was
9 checked without reference to the deworming drug type or dosage that was prescribed. There are
10 no initials or names of the person(s) who made entries into the record.

11 133. On March 5, 2016, Grover presented for another vaccination. No physical
12 examination was documented. There was a prescription written for “OFA Vitamin” without
13 further clarification. There are no initials or names of the person(s) who made entries into the
14 record.

15 134. On April 29, 2016, Grover presented for “red eyes” and diagnosed as having
16 conjunctivitis. The record is illegible regarding what medication(s) were prescribed.

17 135. On May 18, 2016, Grover presented with a history of coughing and sneezing. There
18 is a very limited physical examination. Grover was diagnosed with an upper respiratory infection
19 and bronchitis. He was administered the steroid Vetalog and the antibiotic Baytril, which were
20 not indicated for treatment of bronchitis in young canines. On May 31, 2016, Grover presented
21 for a re-check of his cough. No physical examination was documented and there were no initials
22 or names of the person(s) who made entries into the record.

23 136. On September 10, 2016, Grover presented for a right eye check. This was the third
24 time that he was diagnosed with conjunctivitis. He was again prescribed the steroid Vetalog.
25 There was no referral to a board-certified veterinary ophthalmologist and/or further testing to
26 evaluate his recurrence of conjunctivitis.

27 137. On October 22, 2016, Grover presented for being “sick and throwing up this am.”
28 The owner reported finding a “piece of rope on the carpet.” It was documented that Grover’s

1 abdomen was tender. He was diagnosed with enteritis, although there was no indication he had
2 an infection. Respondent treated Grover with the antibiotic Baytril, which are not recommended
3 for young canines. The owner was charged for an x-ray however, there were no records to
4 demonstrated that an abdominal x-ray had been performed to rule out a foreign body in the
5 abdomen.

6 138. On December 19, 2016, Grover presented for an evaluation of a wart on the left side
7 of his mouth. He was placed under anesthesia for removal of the growth diagnosed as a
8 papilloma. No physical examination was documented prior to Grover undergoing anesthesia.
9 The anesthetic drugs were not recorded in milliliters or milligrams, there was no documentation
10 regarding how the procedure was performed and/or the name of the surgeon who performed the
11 procedure. Two different antibiotics were given for the surgery, PPG and Baytril. Pain
12 medications were not administered. The surgical record ends with the notation “Rx?” The
13 pathology report confirmed that lesion was a viral papilloma, with no reference as to whether the
14 owner was notified with the results.

15 139. On January 13, 2017, Grover presented for “recheck, mouth, breath.” The owner
16 reported that his breath was starting to smell again and that the antibiotics previously prescribed
17 had helped the smell to go away. No physical examination was documented and there were no
18 initials or names of the person(s) who made entries into the record. There was no documentation
19 that Grover had been previously prescribed antibiotics for his breath.

20 **FORTY-EIGHTH CAUSE FOR DISCIPLINE**

21 **(Unprofessional Conduct – Record-Keeping Violations)**

22 140. Respondent is subject to discipline for unprofessional conduct pursuant to Code
23 sections 4883, subdivision (i), and CCR, title 16, section 2032.3, in that the records for Grover
24 failed to include the following:

25 A. The initials or name of the individual who made the entries in the handwritten record
26 for Grover, as required by CCR, title 16, section 2032.3, subdivision (a)(1).

27 B. Documentation of a complete physical examination/assessment on January 28, 2016,
28 March 5, 2016, May 18, 2016, as required by CCR, title 16, section 2032.3, subdivision (a)(7).

1 C. Documentation of treatment and intended treatment plan, including medications,
2 dosages and frequency of use, as required by CCR, title 16, section 2032.3, subdivisions (a)(8)
3 and (a)(12).

4 D. Documentation of the name of the surgeon for the surgical procedure on December
5 19, 2016, as required by CCR, title 16, section 2032.3, subdivision (a)(9).

6 E. The name, address and phone number of the client, as required by CCR, title 16,
7 section 2032.3, subdivision (a)(2).

8 F. The breed, species, and color of Grover as required by CCR, title 16, section 2032.3,
9 subdivision (a)(4).

10 ///

11 The facts in support of this cause for discipline are set forth above in paragraphs 131
12 through 139.

13 **FORTY-NINTH CAUSE FOR DISCIPLINE**

14 **(Unprofessional Conduct – Failure to Provide Humane Treatment)**

15 141. Respondent is subject to discipline for unprofessional conduct pursuant to CCR, title
16 16, section 2032.05, in that he failed to provide humane treatment to Grover in that there was no
17 documentation that he was prescribed any pain medication before, during and/or after the surgical
18 procedure on December 19, 2016. The facts in support of this cause for discipline are set forth
19 above in paragraph 138.

20 **FIFTIETH CAUSE FOR DISCIPLINE**

21 **(Unprofessional Conduct – Failure to Document Physical Examination**
22 **Prior to Surgery)**

23 142. Respondent is subject to discipline for unprofessional conduct pursuant to Code
24 section 4883, subdivision (g)(3) and CCR, title 16, section 2032.4, subdivision (b)(1), in that he
25 failed to document a physical examination on Grover prior to his surgery on December 19, 2016.
26 The facts in support of this cause for discipline are set forth above in paragraph 138.

27 **FIFTY-FIRST CAUSE FOR DISCIPLINE**

28 **(Negligence – Medication Administration and Failure to Refer to Specialist)**

1 143. Respondent is subject to discipline for negligence pursuant to Code section 4883,
2 subdivision (i), based on the following:

3 A. On May 18, 2016, he administered the steroid Vetalog and antibiotic Baytril, which
4 are not indicated for treatment of bronchitis.

5 B. On October 22, 2016, he administered the antibiotic Baytril, which is not
6 recommended for young canines.

7 C. On September 10, 2016, Grover presented with his third diagnosis of conjunctivitis in
8 his right eye, which required that he be referred to a board-certified ophthalmologist.

9 The facts in support of this cause for discipline are set forth above in paragraphs 131, 134
10 and 136.

11 **SIXTY -NINTH CAUSE FOR DISCIPLINE**

12 **(False and Misleading Advertising and/or Deception)**

13 144. Respondent is subject to discipline for false and misleading advertising pursuant to
14 Code section 4883, subdivision (f), and/or for deception pursuant to Code section 4883,
15 subdivision (i), in that he represented that he was a member of the AAHA and that his facility was
16 an AAHA accredited hospital, when such representations were false and misleading. The facts in
17 support of this cause for discipline are set forth above in paragraph 130.

18 **STATEMENT OF FACTS REGARDING “AMARUQ”**

19 145. On April 28, 2016, Pearl P. took her 2.5-month-old canine “Amaruq” to Respondent.
20 There was no documentation regarding the owner’s full name, address or phone number. No
21 physical examination was documented on the handwritten record, despite the presenting
22 complaint of diarrhea. Vaccinations were administered. There are no initials or names of the
23 person(s) who made entries in the record.

24 **SEVENTY-SECOND CAUSE FOR DISCIPLINE**

25 **(Unprofessional Conduct – Record Keeping Violations)**

26 146. Respondent is subject to discipline for unprofessional conduct pursuant to Code
27 sections 4883, subdivision (i), and CCR, title 16, section 2032.3, in that the records for Amaruq
28 failed to include the following:

1 A. The initials or name of the individual who made the entries in the handwritten record
2 for Amaruq, as required by CCR, title 16, section 2032.3, subdivision (a)(1).

3 B. Documentation of a complete physical examination/assessment on April 28, 2016, as
4 required by CCR, title 16, section 2032.3, subdivision (a)(7).

5 C. The name, address and phone number of the client, as required by CCR, title 16,
6 section 2032.3, subdivision (a)(2).

7 D. The breed, species, and color of Amaruq as required by CCR , title 16, section
8 2032.3, subdivision (a)(4).

9 E. Documentation of assessment and/or diagnosis, prior to performing treatment or
10 procedure as required by CCR, title 16, section 2032.3, subdivision (a)(10).

11 The facts in support of this cause for discipline are set forth above in paragraph 145.

12 **JURISDICTION FOR PETITION TO REVOKE PROBATION**

13 147. This Amended Petition to Revoke Probation is brought before the Veterinary Medical
14 Board, Department of Consumer Affairs, under Probation Terms and Conditions as set forth in
15 the Decision and Order *In the Matter of the Accusation Against: Tejpaal Ghumman*, Case No. AV
16 2013 29.

17 **FIRST CAUSE TO REVOKE PROBATION**

18 **(Failure to Obey All Laws)**

19 148. At all times after the effective date of Respondent’s probation, Condition 1 stated in
20 relevant part: **“Obey All Laws.** Respondent shall obey all federal and state laws and regulations
21 substantially related to the practice of veterinary medicine.”

22 149. Respondent’s probation is subject to revocation in violation of Code section 4853, as
23 Respondent was practicing at Alta View Animal Hospital as the managing licensee after his
24 Premises Registration had expired on May 31, 2017.¹⁹

25 _____
26 ¹⁹ Business and Professions Code section 4853 governs the registration of animal premises
and provides in pertinent part:

27 “(a) All premises where veterinary medicine, veterinary dentistry, veterinary surgery,
and the various branches thereof is being practiced shall be registered with the board. The
28 certificate of registration shall be on a form prescribed in accordance with Section 164.

...”

1 Decision, and on an annual basis thereafter, Respondent shall submit to the Board for its prior
2 approval, an educational program or course related to Respondent's specific area(s) of weakness
3 which shall not be less than 25 hours per year, for each year of probation. This program shall be
4 in addition to the Continuing Education required of all licensees. All costs shall be borne by
5 Respondent."

6 155. Respondent's probation is subject to revocation in that he failed to submit to the
7 Board evidence of completing 25 hours of continuing education from April 2016 to April 2017.

8 ///

9 ///

10 ///

11 **FIFTH CAUSE TO REVOKE PROBATION**

12 **(Failure to Complete Required Ethical Training)**

13 156 At all times after the effective date of Respondent's probation, Condition 17 stated in
14 pertinent part: "**Ethical Training.** Respondent shall take ethical training courses for a minimum
15 of 20 hours per year, for each year of probation."

16 157. Respondent's probation is subject to revocation in that he failed to complete Ethical
17 Training for the 2015/2016 and the 2016/2017 years to the Board. Respondent admitted that he
18 had not completed the requisite Ethical Training.

19 **PRAYER**

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

23 1. Revoking the probation granted by the Veterinary Medical Board in Case No. AV
24 2013 29 and imposing the disciplinary order that was stayed thereby revoking Veterinarian
25 License No. VET 10812 issued to Tejpaul S. Ghumman;

26 2. Revoking the probation granted by the Veterinary Medical Board in Case No. AV
27 2013 29 and imposing the disciplinary order that was stayed thereby revoking or suspending
28

1 Premises Registration No. HSP 4645, issued to Alta View Animal Hospital and Tejpaul S.
2 Ghumman;

3 3. Assessing a fine against Tejpaul S. Ghumman, not in excess of \$5,000 for any of the
4 causes specified in Business and Professions Code section 4883;

5 4. Ordering Tejpaul S. Ghumman to pay the Veterinary Medical Board the reasonable
6 costs of the investigation and enforcement of this case, pursuant to Business and Professions
7 Code section 125.3; and

8 ///

9 ///

10 ///

11 ///

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

13 DATED: October 23, 2019



14 Jessica Sieferman
15 Executive Officer
16 Veterinary Medical Board
17 Department of Consumer Affairs
18 State of California
19 Complainant
20
21
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27
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Exhibit A

Decision and Order

Veterinary Medical Board Case No. AV 2013 29