NAVEC

NORTH AMERICAN VETERINARY ETHICS COUNCIL

WORKFORCE & ACCESS RESEARCH SERIES · REPORT NO. 5

Illegal to Help

The Veterinary Lobby's Invisible Hand

How the AVMA and state veterinary associations turn private trade preference into public law, and why the rules they wrote would sound absurd to any pet owner who read them.

> **The through line of this report:** Reports No. 1 through No. 4 of this series documented the private gates that decide how few veterinarians exist, and the fifty-year forecast record that excused them. This report documents the other half of the design. For fifty years, the same organizations lobbied statehouses to make it illegal for anyone but a veterinarian to help. When there is no veterinarian, there is, by law, no one.

"People of the same trade seldom meet together, even for merriment and diversion, but the conversation ends in a conspiracy against the public, or in some contrivance to raise prices."

ADAM SMITH, THE WEALTH OF NATIONS, 1776

AUGUST 2026 NAVEC.ORG

Written for pet owners, for shelters and charities, and for the working veterinarians and independently owned clinics this system grinds down. The target of this report is a lobby, not a profession.

The North American Veterinary Ethics Council is a 501(c)(3) public charity advocating for fairness, transparency, ethics, and merit in veterinary medicine. Every claim in this report is drawn from public records and cited. NAVEC is happy to be fact-checked.

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NAVEC REPORT NO. 5

Contents

INTRODUCTION

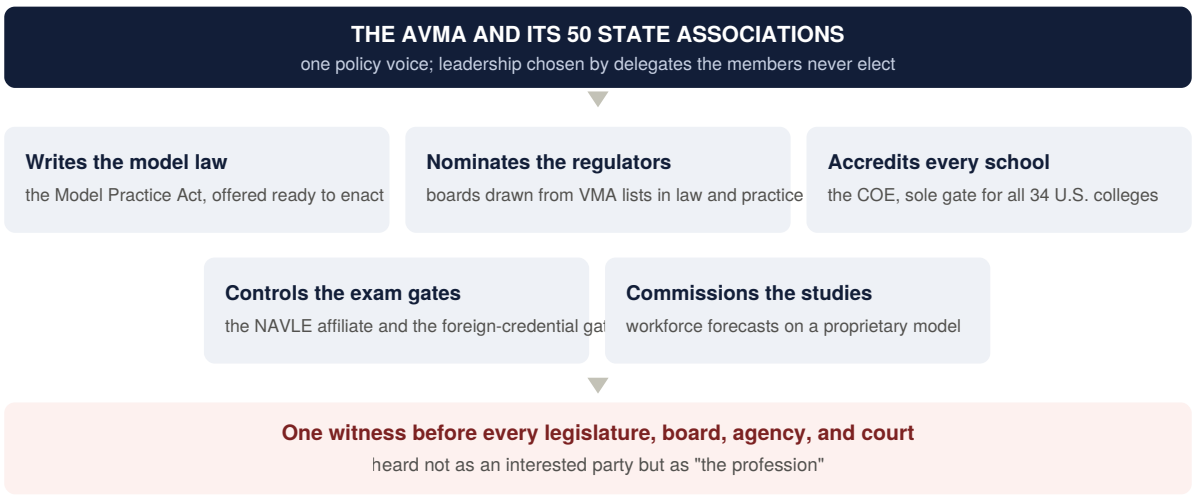
The trust transfer: how a guild became the government's veterinarian

Before the case files, name the machine. Every law documented in this report was produced by the same system, and the system runs on a single mistake that American government makes every day: it treats organized veterinary medicine the way it treats organized human medicine, and the two are not the same kind of thing.

When a physician association testifies, legislators extend a very old form of trust. Medicine arrives wrapped in the oldest professional ethic in the world, healer before merchant, patient before payment, and lawmakers assume the institution in front of them is governed by that mission. Whether or not that assumption is ever fully safe, in human medicine it is at least supervised. The physician guild operates inside a crowd of institutions with the power to contradict it: government and insurers who pay the bills and employ their own economists, hospitals, a rival lobby for every allied profession, federal agencies that publish public workforce models anyone can audit, patient organizations, and a malpractice bar. When the physicians' association overreaches, someone with standing and a budget says so. The white coat is trusted because the trust is checked.

Veterinary medicine wears the same coat before the same committees, and legislators transfer the same trust. What they are actually facing is documented in Part II: a trade association whose members may vote on, in its own bylaws' words, contested district-director elections "and no other matter"; whose policy is set by roughly 70 delegates its members never elect; and whose Texas affiliate lists, under Threats in its own strategic plan, "Encroachment on practice of veterinary medicine (by non-profits, telemedicine, etc.)."[1,2,3] This is not a failing of the people inside it. NAVEC makes no claim about any veterinarian's heart; individual veterinarians take an oath and honor it daily at exam tables across the country. But the institution's own history tells you what it is. The Veterinarian's Oath itself dates only to 1954, and the words "and welfare," with the commitment to the "prevention" of suffering, were added by the AVMA's board in November 2010.[4] Sixteen years after adding those words, the same organization endorsed, in Congress, the nullification of the country's strongest farm-animal welfare law, in a letter its members never saw, published on the pork lobby's website (Case File 8).[5] The oath is what the members swear. The lobbying is what the institution does.

Here is how the system works. One organization and its fifty state affiliates write the model law that defines veterinary medicine "by any method or mode," nominate the regulators who enforce that definition, accredit every school that produces a veterinarian, control the exam and foreign-credential gates that decide how many exist, and commission the workforce studies that tell legislators whether any alternative is needed. Then that same organization appears at the hearing, and is heard, not as the interested party it is, but as "the profession."



The machine, end to end. Every element is documented in Parts II through V. Sources: AVMA Model Practice Act, bylaws, COE recognition, and affiliate documents as cited throughout this report.

And here is why it keeps working. Veterinary medicine has no counterweights. There is no large payer with its own analysts, no rival profession with its own lobby, no federal agency publishing an auditable workforce model for companion animals, no organized patient, and, because the law prices a killed pet at market value, no malpractice bar. Where human medicine's guild instincts run into a wall of institutions, veterinary medicine's run into open field. Worse, the record in this report shows the field being cleared deliberately: the liability check was lobbied away in eight states in 2025 alone, the rival-profession check was fought in all fifty at once, and the public-model check was replaced with software the association owns.[6,7,8] A monoculture is not a conspiracy. It is worse, because it needs no conspiring: with no one institutionally positioned to say no, an ordinary trade association's ordinary preferences flow straight into statute.

A note on geography before the evidence begins. The case files ahead draw on the public records of more than twenty states, the District of Columbia, and Congress. Texas recurs more than any other state, and the reason deserves stating plainly: not because Texas is unusual, but because it is unusually documented. Its state association publishes the strategic plans, bill counts, and victory announcements its forty-nine peers keep private; its restrictions produced the leading federal litigation; and its sunset process forced records into the open. Where other associations publish, in Virginia, California, Colorado, Alabama, South Carolina, and Illinois, the same pattern appears. Read the Texas depth as a sample with the lid off, not as an outlier.

That is the structural problem, stated once so the reader can carry it through everything that follows. The pages ahead are simply the machine observed in operation: what it costs families and animals (Parts I and VI), who runs it and how (Parts II and III), the eight markets it closed (Part IV), the studies that excused it (Part V), the independent clinics it is liquidating (Part VII), and what officials, courts, and citizens can do about a government that outsourced animal policy to the seller (Parts VIII through X). Read every page the way regulators should have been reading the testimony all along: as the filings of an interested party.

EXECUTIVE SUMMARY

Three sentences that should not survive contact with a pet owner

A pharmacy technician can give your child a flu shot in all fifty states. **In Texas, it is illegal for a trained animal shelter worker to give your dog a rabies shot unless a veterinarian is standing on the premises.**[9,10,11,12]

A licensed physical therapist can treat your bad knee in every state without a physician in the building. **In most states, that same licensed therapist risks prosecution for treating your dog's bad knee without a veterinarian supervising.**[13,14,15,16]

Your own doctor can begin treating you by video from another city. **In 39 of 51 U.S. jurisdictions, a licensed veterinarian who sees the fleas crawling on your dog over the same kind of video call cannot legally prescribe the standard monthly flea preventive until the animal is first examined in person.**[17,18]

Say plainly who this report is for, because the lobby will claim otherwise. It is for pet owners. It is for the shelters and charities that catch what the market drops. And it is, emphatically, for veterinarians and the independently owned clinics and hospitals where most of them work: the people this system exhausts, outbids, and finally buys out. The target of every page that follows is not a profession. It is the trade association that claims to speak for that profession while writing rules that have helped deliver half the market to corporate consolidators, priced 52% of pet owners out of care, and left the independent practice owner bidding against private equity for labor the lobby's own gates keep scarce. Part VII is addressed to those owners directly.

None of these rules is an accident of history. Each was written, defended, or is still actively defended by organized veterinary medicine: the American Veterinary Medical Association and its network of state veterinary medical associations. The AVMA publishes the model law that state practice acts are built from, and says so plainly: the Model Veterinary Practice Act's language "is intended for use in state statute."[19] Its affiliated state associations nominate the regulators. In at least two states the governor is required by statute to appoint veterinary board members from lists the state VMA hands him.[20,21] And when legislators or courts want to know what veterinary medicine thinks, one organization answers for all of it: "the nation's leading representative of the veterinary profession... veterinary medicine's voice before Congress, federal agencies, and courts," in the AVMA's own words.[22]

NAVEC does not claim to know what is in anyone's heart. This report makes no accusation of motive. It does something simpler: it reads the record. The bills, the campaign finance filings, the cease-and-desist letters, the court opinions, the federal enforcement documents, and the associations' own publications. The record shows a fifty-year pattern with one direction:

- **Every alternative to a veterinarian's paid time has been fought.** Midlevel practitioners, telemedicine, prescription portability, physical therapists, massage practitioners, equine dental workers, lay rabies vaccinators, and the nonprofit clinics that serve families priced out of care. Each fight is documented in the case files of Part IV.
- **The justifications rest on studies that pointed the wrong way for five decades.** Five association-commissioned workforce forecasts since 1978 found surpluses or excess capacity. The federal government now counts 243 veterinary shortage areas across 46 states, the most ever recorded, and the associations' own economists report 18 job openings per job-seeking veterinarian and signing bonuses for 61% of new graduates.[23,24,25]
- **The organizations making these decisions answer to remarkably few people.** AVMA policy is set by roughly 70 voting delegates chosen by member organizations, not by member ballot. In July 2026 its president-elect ran unopposed and was seated by unanimous consent.[2,26]
- **The public, offered a direct vote, disagreed.** In 2024, Colorado voters created the nation's first veterinary midlevel role over a $2.4 million opposition campaign, 94.6% of it funded by the AVMA itself.[27]
- **Federal enforcers have started saying what pet owners cannot:** "professional accreditation societies, like the AVMA, cannot erect anticompetitive hurdles that reduce competition by restricting the number of veterinary providers entering the profession." U.S. Department of Justice, December 15, 2025.[28,29]
- **The program is liquidating its own base.** Corporate consolidators now hold 25% of general practices, 75% of specialty and emergency hospitals, and roughly half the market's revenue, on more than $51 billion of private equity; only about one in five veterinarians still owns a practice. The restrictions in this report starve independent clinics of staff and leverage while scarcity fattens the consolidators buying them.[30,31]
- **And the documented record is the floor, not the ceiling.** Most lobbying leaves no public trace: bills never filed, sponsors quietly warned off, positions announced with no votes behind them. In Texas, the association wrote it down: TVMA's own 2025 session report boasts that after "extensive relationship-building" with a bill's author, "we prevented this bad legislation from even being filed this session."[32] Part IX shows why economists and the Supreme Court both say to count the influence that leaves no records.[33,34]

52%

of U.S. pet owners skipped or declined needed veterinary care in the past year

PetSmart Charities-Gallup, 2025

243

federally designated veterinary shortage areas across 46 states, the most ever recorded

USDA, FY2025

+242%

rise in veterinary prices since 2000, vs. +75% for physicians' services

BLS Consumer Price Index

$2.31M

AVMA money in the campaign against Colorado's veterinary midlevel ballot measure

Colorado TRACER filings

Part I starts where every reader starts: the bill, and the appointment you cannot get. Part II asks who actually writes the rules of American animal care, and for whom the writers speak. Part III describes the legal machine. Part IV opens eight case files, one for each thing it is now illegal for anyone else to do, ending with the one where the lobby sided against the animals outright. Part V examines the studies used to justify all of it. Part VI counts the cost to families, animals, and public safety. Part VII opens the independent clinic file: how the same program breaks the private practice's business model and hands the profession to consolidators, and why the charity clinic was never the threat. Part VIII is addressed to the officials who have been relying on a single source of advice. Part IX reads the dark ledger: the influence a closed monopoly keeps unprovable, and why the sound response is to count it against the monopoly. Part X is the counter-campaign: how pet owners, independent clinics, and independent experts take the microphone away, and the legal remedies already on the table.

One sentence governs everything that follows. Everything in this report is checkable. Everything that is not checkable is a door only the associations can open, and Part IX is about why they keep it shut.

PART I

Start where you are standing: no appointment, and a bill you cannot pay

Every American pet owner already knows the two facts this report begins with, because they live them. Veterinary care has become brutally expensive, and in much of the country it has become hard to find at any price.

The price story is not a feeling. Since 2000, the Consumer Price Index for veterinary services has risen 242%. Over the same quarter century, physicians' services rose 75% and all consumer prices rose 87%. Veterinary prices did not merely outrun inflation; they outran human medicine three times over, and the gap accelerated after 2021, with veterinary inflation running 8.8%, 9.4%, 7.4%, and 6.5% in 2022 through 2025 while overall inflation fell back toward 3%.[35] None of this is a story of clinic greed. The same quarter century squeezed thousands of independently owned practices out of existence, and Part VII shows why: the structure that inflates the family's bill, scarce labor and outlawed leverage, is the same structure breaking the clinic that sends it.

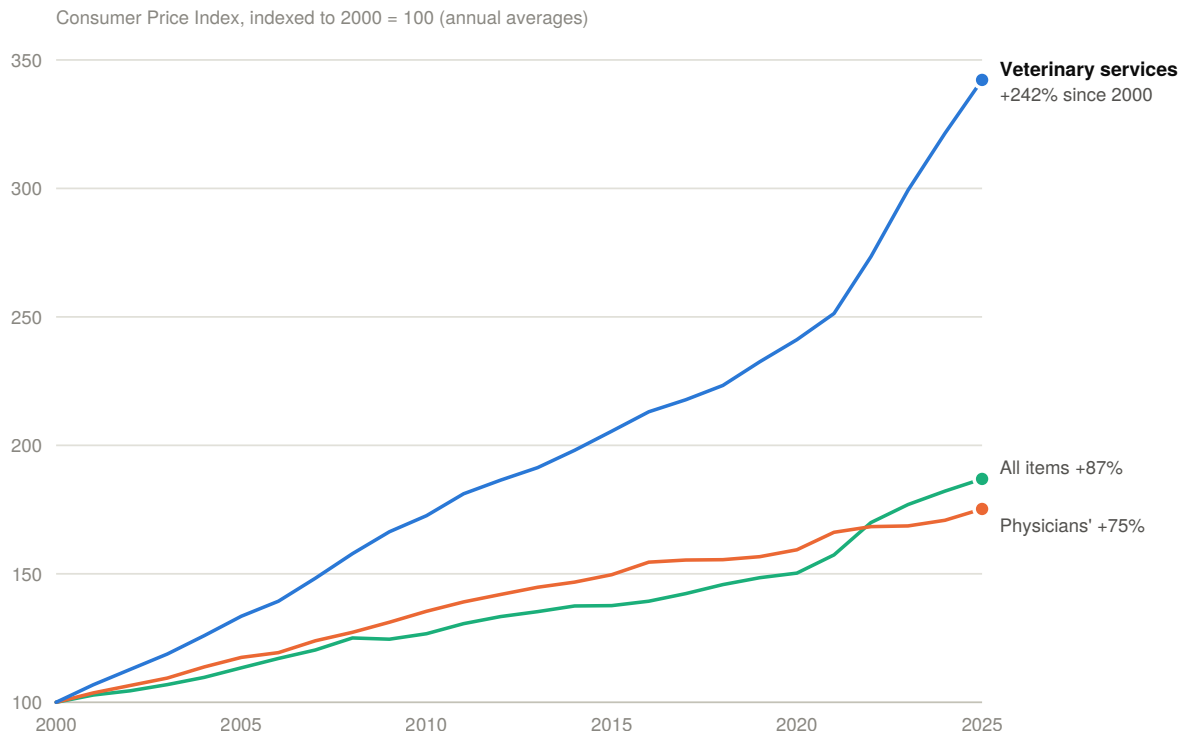


Figure 1. Veterinary prices vs. physicians' services and all consumer prices, 2000-2025, indexed to 2000 = 100. Source: BLS Consumer Price Index detailed expenditure categories (veterinarian services; physicians' services; all items), annual averages.[35]

The access story is now measured by the federal government, and the federal count is the conservative one. The USDA designated 243 veterinary shortage situations across 46 states for fiscal year 2025, which the department's own announcement called the highest number ever recorded; those designations are nomination-based, counted only where a state files the paperwork.[23,36] Dr. Sue M. Neal of the Veterinary Care Accessibility Project, whose peer-reviewed indexes map veterinary capacity county by county, counts 344 U.S. counties with no veterinarian in practice at all in the project's most recent analysis.[37,38,39] A Farm Journal Foundation report by a Cornell economist counts more than 500 U.S. counties facing shortages of food-animal veterinarians.[40] Emergency care is retreating even inside the largest corporate groups: only 59 of Mars Veterinary Health's 75 VCA hospitals and 49 of its 103 BluePearl hospitals still offered around-the-clock emergency care as of May 2024, and its chief medical officer reported "hundreds of emergency veterinarian openings" the company could not fill.[41] NAVEC's own need-based assessment puts the national gap at roughly 37,000 full-time-equivalent veterinarians in 2026, on a path to roughly 83,000 by 2031; the arithmetic is published and the assessment invites correction.[36]

What those two facts do to families is also measured. More than half of U.S. pet owners, 52%, skipped or declined needed veterinary care in the past year; 71% of those who declined cited cost; only 23% have ever been offered a payment plan.[42] On the other side of the exam table, 94% of veterinarians say client finances limit the treatment they can recommend, and 41% report that euthanasia for cost reasons happens at least sometimes in their own practice.[43] The profession has a term for that: economic euthanasia. The animal did not have an untreatable disease. It had an untreatable invoice.

Here is the question this report exists to answer. In every other corner of American life, that combination of scarcity and price would call forth alternatives: cheaper providers, charity clinics, new categories of licensed helpers, technology. In veterinary medicine, almost every one of those alternatives is illegal, restricted, or was fought to the death in a state legislature. The rest of this report shows who did the fighting, with citations.

> **THE PATTERN, STATED ONCE**
>
> Scarcity this severe usually produces substitutes. In veterinary medicine, the substitutes were outlawed first. That is not a market failing on its own. That is a market with an author.

PART II

Who writes the rules of American animal care, and who elected them

When a state legislator hears that "the veterinary profession opposes" a bill, it is worth asking a question no one asks: opposes according to whom, chosen how, by how many?

The membership arithmetic

The AVMA reported 111,257 members at the end of 2025, against its own count of 133,475 U.S. veterinarians.[44,45] The raw ratio flatters. The membership figure includes more than 20,000 veterinary students, and the AVMA's own recruiting machinery blurs the line between joining and being enrolled: student chapter members receive "automatic conversion to AVMA membership upon graduation," the graduation year is complimentary, and the AVMA Trust's professional liability and life insurance programs are "available exclusively to AVMA members," which makes leaving expensive for reasons that have nothing to do with agreeing.[46,47] The AVMA's own marketing claim is "a 74% market share."[48] At the state level, where the actual lobbying happens, the base is far thinner. The Texas VMA's 2023-24 year in review reports 4,082 veterinarian members; the Texas board licenses more than 10,000 veterinarians. Four in ten, at most, in the state association that speaks to Austin as the voice of Texas veterinary medicine.[49,50]

The chain of delegation

Membership is one thing. Control is another. AVMA policy, including every "the profession opposes" position in this report, is set by a House of Delegates of roughly 70 voting delegates. Members do not elect them. The AVMA's own governance page states that the House "embraces state, territorial, and allied veterinary groups, who select its members."[2,51] The bylaws state the members' place in one clause: a voting member's right to vote directly "is specifically limited to contested elections of District Directors in accordance with Article V, and no other matter."[1] No other matter. The president is elected by that House, not by the membership, and the bylaws restrict candidacy to veterinarians with at least ten continuous years of membership plus prior service inside the structure: a board term, council term, committee terms, or years as a delegate.[52] In July 2026, the president-elect and vice president both ran unopposed and were seated by unanimous consent.[26] Contested elections for district directors are decided by mailed member ballots with a quorum of just 100 returned ballots.[53]

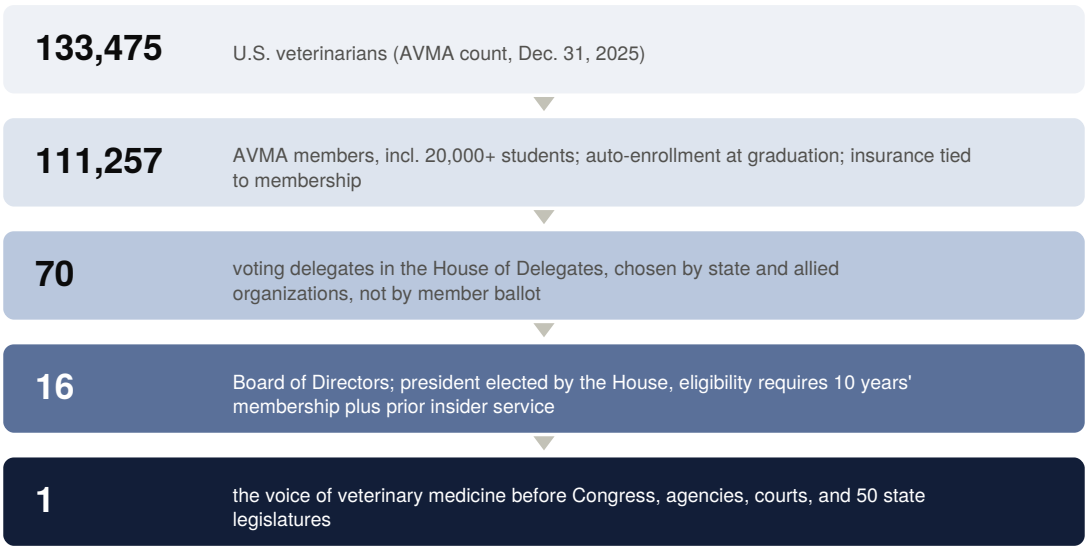


Figure 2. The chain of delegation, using the organization's own published numbers. Counts are as reported by the AVMA; the boxes are not drawn to scale.[2,44,45,51]

This structure is not a secret, and it is not new criticism from outside. The AVMA's own Member Services Committee chair called the system "old-fashioned and clunky" during a 2012 governance review.[54] A 2014 proposal to let members directly elect even half the delegates was floated in the AVMA's own publication and never adopted; the House remains organization-selected today.[55] A New Jersey delegate, Dr. Robert Gordon, put the deeper problem plainly after the House voted 50.2% to 49.8% to refuse even to discuss his resolution: "if AVMA wants to be the authority on animal issues, its membership at least has to be willing to discuss amending its policy."[56]

The House also does not look like the profession it claims to speak for. The profession is 68.8% female by the AVMA's own 2025 count; the most recent published JAVMA tally of its governance found only about one-third of House and Board members were women.[45,57] And it does not work like the profession works: only 21.3% of U.S. veterinarians were practice owners in the AVMA's own 2018 census, a share that falls every year, while the House's delegate class is drawn from the association-active cohort, weighted toward longtime insiders.[31] Most working veterinarians today are employees squeezed by the same staffing shortage as their clients. Nothing in this structure requires their consent to anything done in their name.

The money

The machine is well funded. The AVMA's IRS filings report $51.7 million in revenue for fiscal 2023 and $68.9 million for fiscal 2024, with net assets of $115.8 million.[58] Its federal lobbying disclosures total roughly $1.26 million (2023) and $1.28 million (2024).[59] Its political action committee moved $682,000 to candidate committees in the 2023-24 cycle alone.[60] Its state legislative program boasted, in its own 2025 annual report, of sending "over 600 legislative and regulatory alerts" in a single year, and of coordinated state-by-state campaigns with "the state VMAs, AVMA, and our coalition partners."[6] And when a single ballot measure threatened the monopoly on paid care, the AVMA wrote checks totaling $2.31 million to one state campaign, as Part IV, Case File 6 documents.[27]

The regulators the regulated nominate

The state boards that enforce practice acts are, almost everywhere, boards of practicing veterinarians. In some states the capture is written into statute. Alabama: "Each of the eight members of the board shall be appointed by the Governor from a list of three persons nominated and submitted to him or her by the Alabama Veterinary Medical Association."[20] Louisiana: the governor appoints the board from nominees of the State Veterinary Medical Association.[21] This is not the accident of fifty separate legislatures; it is the design. The AVMA's own Model Practice Act supplies the language: "The State veterinary medical association may nominate licensed veterinarians for the governor's consideration."[61] The U.S. Supreme Court addressed exactly this arrangement in *North Carolina State Board of Dental Examiners v. FTC* (2015): a licensing board controlled by active market participants in the occupation it regulates enjoys no antitrust immunity unless the state actively supervises it.[62] Part IV's case files include multiple episodes, in Texas, Minnesota, Arizona, Tennessee, Maryland, and Alabama, in which veterinarian-controlled boards issued cease-and-desist letters and prosecutions against non-veterinarian competitors. Readers can decide how much active state supervision they detect in those records.

The authority claim

Stack the layers and the shape appears. One organization writes the model statute ("intended for use in state statute," first version 1964).[19] Its state affiliates nominate the enforcers. Its accreditation council is the sole gate through which every U.S. veterinary school must pass, recognized for that purpose by the U.S. Department of Education.[63] Its Washington office describes it as "veterinary medicine's voice before Congress, federal agencies, and courts," and the institutions agree: Congress now hosts a Veterinary Medicine Caucus the AVMA applauded into existence, and in a 2025 New York case a court invited the AVMA itself to brief the question of what a pet's loss should be worth.[6,22,64]

In December 2025, one institution finally described this arrangement from the outside. Responding to a private antitrust suit brought against the AVMA by the country's largest veterinary school, the U.S. Department of Justice filed a Statement of Interest that opens with a sentence every state legislator should pin above the committee-room door: "When trade associations act as accreditors and occupational and professional licensors, they become gatekeepers with the power to exclude others from entering their profession."[29] The Department's accompanying release was blunter still: "professional accreditation societies, like the AVMA, cannot erect anticompetitive hurdles that reduce competition by restricting the number of veterinary providers entering the profession."[28] The school's allegations are its own, and remain to be proven.[65] The Justice Department's description of the structure is not an allegation. It is an observation.

Name the arrangement for what it functionally is: a private government of the animal-care market. Its legislature is a House no member elected. Its statutes begin as model acts drafted in its own offices and delivered to capitols ready to enact. Its regulators are drawn from lists its affiliates write. Its treasury holds nine figures, and its foreign ministry announces itself to Congress as the voice of 133,475 people who were never once asked to vote on what that voice would say. The only feature of government it has declined to adopt is accountability.

PART III

The playbook: how a definition becomes a dragnet

The machinery behind every case file in Part IV is a single legal device: the definition of "the practice of veterinary medicine." Write the definition broadly enough, and everything from a massage to a video call becomes the exclusive property of one license. Then enforcement, board discipline, and criminal referral do the rest. This is how private preference enters law wearing a white coat.

The master text is the AVMA's Model Veterinary Practice Act, maintained since 1964 and revised most recently in July 2025, when the House of Delegates adopted it by a 96% vote while explicitly rejecting any midlevel role.[19,66] Here is the operative definition, verbatim:

> "To diagnose, prognose, treat, correct, change, alleviate, or prevent animal disease, illness, pain, deformity, defect, injury, or other physical, dental, or mental conditions **by any method or mode**..."
>
> AVMA Model Veterinary Practice Act, 2025 revision, Sec. 3.18.1. The definition extends, in Sec. 3.18.2, to anyone who even "represent[s], directly or indirectly, publicly or privately, an ability and willingness" to do the above.[61]

Read it the way a prosecutor can. "Any method or mode" of alleviating an animal's "pain... or other physical, dental, or mental conditions" captures a massage that eases a stiff horse, a stretching routine for an arthritic dog, filing a sharp point off a molar, an acupressure session, and an emailed piece of advice. The "represents an ability and willingness" clause captures the advertisement for any of them, before a single animal is touched. States that copied this architecture did not need to name massage or rehabilitation or teeth floating as veterinary medicine. The definition swallowed them silently, and boards then enforced the definition against people who had no idea they were practicing medicine. Florida went further and wrote the specifics in: its practice act names "physical therapy," "acupuncture," and "dentistry" as veterinary medicine by definition.[15] The model's own revision history shows the sweep is deliberate: the 2019 edition named "complementary, alternative, and integrative therapies" and "physical rehabilitation" outright; the 2025 revision deleted the incriminating examples and kept the dragnet words that capture them anyway.[61,67]

The playbook that follows from the definition has four recurring moves, each documented in the case files:

- **Move 1: Enforce the sweep.** Boards of practicing veterinarians send cease-and-desist letters to non-veterinarian providers, threatening fines and jail. Ten equine dental practitioners in Texas in a single month of 2007; horse massage practitioners in Arizona, Tennessee, and Maryland; a third-generation teeth floater in Minnesota.[68,69,70,71,72]
- **Move 2: Defend the sweep in the legislature.** When lawmakers try to carve an exemption, the associations testify that animal safety is at stake. When the Minnesota legislature considered exempting teeth floaters,

veterinarians "feverishly opposed" the bill, in the Institute for Justice's account of the record; when California considered letting licensed physical therapists treat animals without a veterinarian in the room, the CVMA's opposition helped stall the bill in the Senate.[72,73,74]

- **Move 3: Write the fallback.** Where exemption becomes unavoidable, narrow it to supervision: the non-veterinarian may work, but only under a veterinarian's oversight, which converts the competitor into a referral source and a billing event. California's rehabilitation rule requires the supervising veterinarian to be "physically present wherever the AR is being performed."[14] Texas's post-litigation equine dental compromise licenses floaters for exactly eight enumerated procedures, "under the general supervision of a veterinarian."[75]
- **Move 4: Hold the line everywhere at once.** The AVMA's 2023 policy commits it to "vigorously defend" against scope expansion by nonveterinarians; its January 2025 president's address announced that "All 50 state veterinary medical associations, plus the District of Columbia and Puerto Rico VMAs, have committed to opposing a midlevel practitioner."[7,76] Fifty-two associations, one position, zero member ballots. The line holds in the quietest venues too: in June 2026 the California VMA and the state board turned away sunset-bill amendments that would have let licensed human health providers treat animals, securing the committee chair's assurance that the language would not be included.[77]

Every move shares one design error, and it is the error to name in every hearing: policy begins with who owns the task, then works backward to safety. The public-interest sequence runs the other way: hazard, competency, supervision, escalation, outcomes.

One more feature of the playbook deserves a name, because pet owners never see it happen. These fights rarely arrive as bills titled anything a voter would recognize. They arrive as a definition inside a practice-act "modernization," a supervision clause inside a sunset-review housekeeping bill, an "unfair competition" complaint to a board, or an amendment quietly substituted into an unrelated bill: in 2013 an Alabama Senate substitute rewrote a protective bill to bar nonprofit clinics from giving rabies shots and flea treatment, and in 2016 a one-section South Carolina bill about prescription labels left a House committee rebuilt into nonprofit mobile-clinic restrictions, as Case File 2 documents.[78,79] The people affected, shelter workers, therapists, farriers, pet owners, find out when the cease-and-desist letter lands.

> **THE TEST THIS REPORT APPLIES**
>
> For each restriction in Part IV, ask the one question that matters: does human medicine, with vastly higher stakes, restrict the equivalent service this way? If the answer is no, the burden of proof belongs to the people who wrote the animal rule, and to the studies they wrote it on. And hold "safety" to its burden: safety must be evidenced and tailored, not recited as a password that ends the analysis.

Table 1. Two patients, two rulebooks: who may lawfully provide the same service

Service	For a human patient	For a dog, cat, or horse
Routine vaccination	Pharmacists in all 50 states and DC; pharmacy technicians under federal PREP Act authority through 2029[9,10]	Rabies: veterinarian or under direct veterinary supervision in Texas and many states; a veterinarian "physically present on the premises"[11,12]
Physical therapy	Licensed PT, direct access in all 50 states, DC, and USVI[13]	Veterinary medicine by definition in FL and other states; PT allowed only under veterinary supervision, clearance, or registration in CA, CO, NV, NE[14,15,80,81,82]
Massage	Licensed massage therapist; no physician involvement anywhere	Treated as unlicensed veterinary practice in AZ, TN, MD until lawsuits and legislation (2008-2018); penalties threatened included jail[69,70,71]
Teeth cleaning / dental work	Licensed dental hygienist; direct access in 43 states[83]	Veterinary dentistry by policy and statute; TX licenses floaters for 8 procedures under veterinary supervision after litigation; MN requires certification plus veterinary supervision[75,84]
Chiropractic / acupuncture	Independently licensed professions; direct patient access	TX: prior veterinary exam, owner acknowledgment, and veterinary supervision; FL: veterinary medicine by definition[15,85]
Midlevel practitioner	Nurse practitioners (461,000+) and physician assistants prescribe nationwide; roles created in 1965 and absorbed by organized medicine within a decade[86,87]	None existed in any state until Colorado voters created one by ballot in 2024 over the organized profession's funded opposition[27]
Telehealth to start care	Physicians may establish a relationship and prescribe by live video in every state; 52.7 million Medicare telehealth visits in 2020[88]	Prohibited in 39 of 51 jurisdictions until an in-person exam occurs; AVMA policy: a VCPR "cannot be established solely by telephonic or other electronic means"[17,18]
Taking your prescription elsewhere	Automatic release required for eyeglasses and contact lenses under FTC rules; physician self-dealing in drugs broadly restricted	Veterinarians both prescribe and sell; federal bills requiring automatic written prescriptions died repeatedly with AVMA lobbying against them[59,89,90]

Representative citations; state detail appears in the case files. Where a state is not named, the restriction shown is the pattern documented for the named states.

PART IV · CASE FILE 1

The rabies shot: a public-health tool locked behind a doctorate

During the pandemic, the United States asked pharmacists, pharmacy interns, and pharmacy technicians to vaccinate the country, and they did: pharmacies delivered 67.7% of all bivalent COVID-19 doses, and federal authority for technician-administered vaccines now runs through 2029.[10,91] **Rabies is the one vaccine in American life that is legally dangerous for a trained non-doctor to give, and it is a vaccine for dogs.**

Texas is the clean example, not the lone one: most states put a veterinarian's license between the public and this vaccine in some form, and Texas simply writes the rule twice. The Health and Safety Code provides that rabies vaccine for animals "may be administered only by or under the direct supervision of a veterinarian," and the health department's implementing rule specifies that an animal "must be vaccinated by or under the direct supervision of a veterinarian," with the state's guidance explaining that the supervising veterinarian must be "physically present on the premises."[11,12,92] Wisconsin allows a veterinary technician to give the shot only "if a veterinarian is physically present at the location."[93] Retail sellers will not even ship rabies vaccine to laypeople across most of the country: one national supplier's compliance list bars shipment to roughly 35 states.[94] Meanwhile parvovirus and distemper vaccines, for diseases that kill far more dogs, sit on feed-store shelves for any owner to buy and give. The line was not drawn around danger to the animal. Rabies is the vaccine with a public-health mandate attached, which makes it the vaccine a family must pay a veterinarian to deliver.

Whether that gate protects anyone is not a hypothetical. The United States has been running the experiment for decades, state against state:

- **North Carolina** lets local health directors appoint certified rabies vaccinators: laypeople the state public health veterinarian trains for "at least four hours," after which they are "authorized to administer rabies vaccine to animals in the county."[95]
- **Arizona** adopted the same model by statute in 2023, letting veterinarians appoint certified rabies vaccinators for county rabies control programs.[96]
- **Maryland** in 2023 authorized shelter veterinary technicians and trained clinical staff to vaccinate shelter animals.[96]
- **Maine** joined in 2025, creating certified rabies vaccinators and technician administration under supervision, with the Maine VMA testifying in support: proof that a veterinary association can choose the public's side of this question.[97,98] Illinois's 2026 law shows the usual toll instead: filed to let trained shelter staff vaccinate, it was enacted allowing only certified veterinary technicians, after a two-hour course, under direct supervision, effective 2027.[99]

- **Virginia** shows the objection is not always even about who holds the syringe. In 2023, the Virginia VMA opposed a bill that would have capped the price of a rabies vaccination at $20 and barred requiring add-on services alongside it. The subcommittee struck the bill on a unanimous vote.[100,101] Not the vaccinator's training. The price.
- **Texas** requires the doctorate on the premises. A 2013 bill by Rep. Angie Button would have allowed trained municipal and county shelter staff to vaccinate under a veterinarian's general supervision. It was heard once, left pending, and died in committee.[92,102] A 2023 Kentucky attempt to let certified euthanasia specialists vaccinate failed the same way.[96]

> **THE FOUR-HOUR FACT**
>
> North Carolina has vaccinated animals against rabies for decades using laypeople with four hours of state training. Texas requires a doctor of veterinary medicine to be physically on the premises for the same injection. It is the same vaccine, against the same virus, in the same country.

The stakes of undervaccination are carried by people, not just pets, and the undervaccination is measured. At 22 high-volume nonprofit spay/neuter clinics, 81% of cats and 32% of dogs four months or older arrived without rabies vaccination, and 77% of those cats had never been examined by a veterinarian outside vaccination clinics: the exact population the veterinarian-on-premises rules price out of the shot.[103] The human bill follows. The CDC counts 1.4 million Americans receiving healthcare for possible rabies exposure every year; about 100,000 receive post-exposure treatment, at a CDC-estimated average of $3,800 before wound care and administration fees, with individual bills past $10,000, a national bill above $200 million, and cat-associated exposures alone costing about $33 million a year.[104,105,106,107] A Johns Hopkins public health professor, herself a veterinarian, states the purpose of these laws exactly: "Rabies [vaccination] laws are not in place for animal health. They are in place for human health," and names cost, distance, and transportation as the barriers that pop-up and mobile clinics bridge.[108] Those are precisely the clinics that a veterinarian-on-premises rule makes expensive to run, and that boards have moved against: in 2014 Alabama's veterinary board restricted a humane society's vaccination clinic after receiving an "unfair competition" complaint, and in 2013 an Alabama Senate substitute would have banned nonprofit clinics from giving rabies vaccines outright.[78,109] Among pet owners who declined recommended care in the latest national survey, 18% declined preventive care such as vaccines.[42]

Their best case, and the answer

The stated rationale for veterinarian-only administration is vaccine handling, valid certificates, and the seriousness of rabies as a zoonotic disease. Seriousness is the point of the counterexample: rabies is exactly as zoonotic in North Carolina, which trains lay vaccinators in an afternoon, and the human vaccination system entrusts pharmacy technicians with the shots that protect people themselves. Certificates are paperwork; North Carolina's statute handles them. What the veterinarian-on-premises rule reliably produces is not documented safety. It is a per-shot professional fee, and a legal barrier in front of every low-cost vaccination clinic a charity tries to run.

PART IV · CASE FILE 2

The charity clinic: making it illegal to help the working poor

No American law forbids a charity hospital from treating a patient who has a job. **Texas law forbids a shelter veterinarian from treating a working family's dog for anything except sterilization, unless the family is indigent.**

The Texas rule is not folklore. Health and Safety Code Sec. 828.012(b): a veterinarian employed by a releasing agency "may not perform nonemergency veterinary services other than sterilization on an animal that the releasing agency knows or should know has an owner," with a narrow exception for "an animal whose owner is indigent," a term the statute does not define.[110] The provision has teeth. The founder of Austin Pets Alive, Dr. Ellen Jefferson, was hauled before the State Office of Administrative Hearings, and the veterinary board's published guidance for shelter veterinarians flows from that enforcement.[111]

The 2023 fight was the third round of this war, and the earlier rounds set the tone. In 2015, the City of Austin's official analysis warned that the TVMA-backed shelter bill would force shelters to raise costs dramatically, euthanize more animals, or leave impounded animals untreated, "effectively mandating animal cruelty" during hold periods, while the association's director dismissed the competing shelter-exemption bill as "frankly, dangerous"; both died.[112,113] In 2019, a bill arrived to means-test charity care against enrollment in federal poverty programs; TVMA registered at the hearing as neutral, and the bill died in committee.[114]

Then 2023. Rep. Ann Johnson filed HB 3439 to let shelter veterinarians treat the owned pets of households at or below 80% of area median income. Shelters, cities, and humane organizations lined up in support. The Texas House passed it 103 to 39, but not clean: floor amendments cut the eligibility line from 80% of area median income to 50%, half the definition of need deleted in an afternoon, and required charities to keep families' income papers available for the veterinary board's inspection. TVMA's own year in review claims the credit: "DVM representatives delivered key amendments on the floor... Placing reasonable income and record-keeping requirements in HB 3439."[115,116,117] The amended bill then died in a Senate committee without a floor vote. During the fight, the Texas VMA circulated an action alert, described in contemporaneous accounts, arguing that self-attested income was a "loophole" and that families at 80% of area median income were not "truly in need of subsidized veterinary care."[118] Johnson refiled in 2025 as HB 1614. It was referred to committee in March and never received a hearing.[119] As of this writing, the restriction stands unamended: the 2025 edition of the Texas statutes, current through the 89th Legislature, carries Section 828.012(b) exactly as written, its last substantive amendment dated 2005.[110] For contrast, Washington State's veterinary association helped pass the equivalent reform in 2019, which is evidence that a VMA can choose the other side of this question.[118]

SAY IT AS A PET OWNER WOULD HEAR IT

A Texas shelter has a veterinarian, an exam room, and a family in the lobby that cannot afford the private clinic across town. If the dog needs to be spayed, the law allows help. If the same dog has an ear infection, treating it is illegal unless the family proves it is poor enough. The bill to fix this passed the Texas House 103 to 39 and died in a Senate committee; refiled in 2025, it died again without even a hearing.

Alabama: the war on nonprofit spay and neuter

Alabama shows what happens when the same logic is enforced to the end. Beginning around 2011, the state veterinary board, whose members are by statute appointed from lists nominated by the Alabama VMA,[20] moved against the state's four nonprofit spay/neuter clinics. The board's president argued that "enough licensed Alabama veterinarians provided affordable spay-neuter services and there was no need for low-cost spay-neuter clinics," and that the board "adamantly opposes this legislation that would allow every 501(c)(3) nonprofit organization to own a clinic."[120] The Federal Trade Commission's staff reviewed the record in 2012 and told the legislature the opposite: ownership restrictions "may reduce competition and consumer choice," nonprofits "may charge lower prices... thereby expanding access," and the four clinics had operated since 2007 without documented quality problems.[121]

What followed is documented in trade and nonprofit press: a protective bill passed both chambers in 2012 and died procedurally ("It passed both houses, but the speaker wouldn't bring it out of the basket," its sponsor said).[120] A 2013 Senate substitute flipped a protective bill into a restrictive one, adding "prohibitions on rabies vaccines and flea/tick treatment" at nonprofit clinics; a clinic director answered with the sentence that defines this entire case file: "To think those people are going to turn around when they leave here and go to a full-service, private practice to get a rabies vaccination, that's just pie in the sky."[78] The board then prosecuted the people doing the work. Dr. William Weber of Alabama Spay/Neuter had his license revoked for a year with a $5,000 fine, appealed to circuit court. Dr. Margaret Ferrell faced 29 charges; the administrative law judge recommended not guilty on all of them; the board convicted her anyway on three technical counts and fined her $250.[109,122] The North Alabama Spay/Neuter Clinic in Huntsville, whose veterinarian had performed 8,882 surgeries in 28 months, closed under license threats; she explained: "I am unwilling to endure what poor Dr. Weber has been put through."[109] A final protective bill failed in 2015. The Humane Society's state director summarized four years of it: "It's been very ugly. It has consumed the past four years of my life."[123]

South Carolina: the eyesight noncompete

In South Carolina, the campaign went from proposal to statute, and the statute is worse than the proposal. The state's veterinarian association campaigned for years to means-test charity care to people below the federal poverty line, roughly $11,770 for an individual at the time, and floated a ban on charity clinics operating within seven miles of a private practice.[123] Watch the vehicle: S.980 entered the 2016 session as a one-section bill about prescription labels. A House committee substitute gutted it and rebuilt it as nonprofit-clinic regulation, and the enacted law, S.C. Code Section 40-69-295(B), now reads that a nonprofit-affiliated mobile practice "is prohibited from operating within eyesight of the nearest privately owned veterinarian practice."[79,124] An eyesight noncompete, drafted for charities,

written into a state code. Governor Nikki Haley vetoed it and named the authors on her way out: "it is unfortunate, then, that pro-veterinary groups tacked this arbitrary and obstructionist provision onto an otherwise inoffensive Bill." The legislature overrode her, 37 to 4 in the Senate and 92 to 3 in the House, and the act also pulled every shelter offering veterinary services under the veterinary board's registration, records, and reporting regime.[125,126]

Their best case, and the answer

The argument made in each state was some form of: nonprofit clinics are unfair, tax-advantaged competition, and means-testing protects private practices from freeloading clients who could pay. The FTC staff answer from 2012 still holds: restricting nonprofit providers "may reduce competition and consumer choice" while nonprofits expand access at lower prices.[121] And the empirical premise has collapsed since. With 52% of pet owners now skipping care over cost and PetSmart Charities estimating 50 million pets lacking access to veterinary care, the claim that families at 80% of area median income are not "truly in need" is not a safety judgment.[42,118] It is a business judgment, written into law, by the competitors of the people offering help.

PART IV · CASE FILE 3

The hands: massage, rehab, and teeth, reserved by cease-and-desist

A human being can walk into a physical therapist's office in all fifty states with no physician involved, get a massage anywhere with no doctor's note, and have their teeth cleaned by a hygienist with direct access in 43 states.[13,83] **Do any of those things to a dog or a horse for money, and in much of America you have practiced veterinary medicine without a license, an offense boards have punished with threats of jail.**

Massage: the misdemeanor that wasn't

Arizona, 2011-2013: the state veterinary board sent cease-and-desist letters to three animal massage practitioners, including Celeste Kelly, threatening six months in jail and $2,500 in criminal fines, plus $1,000 per violation civilly, unless they obtained a veterinary degree to rub sore horses. It took a constitutional lawsuit to end it; a 2017 consent judgment now bars the board from requiring veterinary licensure or supervision for animal massage.[69,127] Tennessee, 2016: the board sent the same letters to equine massage practitioners Martha Stowe and Laurie Wheeler, penalty exposure up to six months in prison; the legislature had to pass an exemption, made permanent in 2018 as a voluntary animal-massage credential.[70,128] Maryland, 2008: Mercedes Clemens, a licensed human massage therapist, was ordered to stop massaging horses under threat of criminal prosecution and the revocation of her human massage license; the boards backed down under suit, and a court later found the chiropractic board had "acted illegally."[71]

When Tennessee's exemption came up for renewal, FTC staff wrote the legislature a comment that should embarrass everyone who drafted the original rule. Licensing "erects barriers to entry in a profession, which means it can significantly raise prices for consumers"; supervision requirements "would impose additional costs on lay therapists, which likely would be passed on to consumers"; and the sentence that gives the game away: "training in animal massage therapy is not a prerequisite to graduate from the University of Tennessee College of Veterinary Medicine."[129] The rule reserved animal massage for the one profession not trained to do it.

Teeth floating: three states, one script

Equine teeth floating, filing the sharp points that develop on horses' teeth, has been lay work for as long as America has had horses. In late February 2007, the Texas veterinary board sent cease-and-desist notices to ten equine dental practitioners in a single sweep, threatening prosecution, fines, and incarceration, after changing its long-standing interpretation, in the litigation record's words, "without holding any public hearings, without conducting any studies." A Travis County judge struck down the campaign in November 2010, and in 2011 the legislature created a licensed equine dental provider category, permitted to perform exactly eight enumerated procedures "under the general supervision of a veterinarian."[68,75] Minnesota sent its cease-and-desist to third-generation floater Chris Johnson in 2004, threatening up to $3,000 and a year in jail; the courts upheld the scheme, a legislative exemption was defeated amid fierce opposition from veterinarians, and Minnesota floaters today must be certified and work under veterinary supervision.[72,84] Oklahoma's legislature went the other way in 2010 and freed teeth floaters outright over the board's objections.[130]

Rehabilitation: the therapist your dog is not allowed to see

Animal physical rehabilitation is the turf fight still underway. The human baseline is total: direct access to physical therapists in all fifty states, DC, and the U.S. Virgin Islands, with decades of evidence finding fewer visits, lower costs, and, in a systematic review's words, "no evidence for harm."[13,131] The animal rulebook, state by state: Florida writes "physical therapy" into the definition of veterinary medicine itself.[15] California permits a licensed human PT to touch an animal only under direct veterinary supervision with the veterinarian "physically present wherever the AR is being performed."[14] Nevada requires PTs to register with the veterinary board and work under a veterinarian's direction, filing records with the veterinarian within 48 hours.[81] Nebraska requires a separate animal-therapist license issued under the veterinary practice act.[82] Colorado, the outlier, lets a PT treat an animal after obtaining veterinary medical clearance.[80] The professional association's own special-interest-group survey could identify only a handful of states where a licensed PT may clearly treat animals under their own credential; in most, the "any method or mode" practice-act sweep governs by default.[16]

None of this is accidental drift. At the AVMA's 2017 House of Delegates, the delegates asked for the Model Practice Act to be strengthened against "unlicensed practice." A Texas delegate explained the target: "One of the issues is physical therapists are trying to bypass veterinarians." An Arizona delegate explained the mechanism: "Courts refer to AVMA policy, state boards in their efforts refer to AVMA policy."[132] When California's AB 814 proposed letting licensed PTs treat animals without a veterinarian in the room, the CVMA's opposition fact sheet insisted rehabilitation "is the Practice of Veterinary Medicine," listed things physical therapists allegedly are not trained in,

and offered this argument, verbatim: "physical therapists cannot call 911 if an animal experiences an emergency while in their care."[74] The bill stalled in the Senate.[73] Neither can a veterinarian call 911 for a dog. There is no 911 for dogs.

Texas closed the same loop on chiropractic, and then wrote down how. TVMA's own review says it "strongly opposed" a 2023 bill allowing certified animal chiropractors to work without veterinary supervision "at all stages," until the bill died without a House floor vote. Its 2025 session report finishes the story: after "extensive relationship-building" with the 2023 bill's author and a "full-court press" at its Capitol day, "we prevented this bad legislation from even being filed this session."[32,117] That is the playbook in a single sentence, from the association's own newsletter: the fight the public never saw, because the bill was never allowed to exist.

Table 2. The enforcement record: boards vs. non-veterinarian animal workers

State, years	Target	Threatened penalty	Outcome
Texas, 2007-2011	10 equine dental practitioners (one sweep)	Prosecution, fines, incarceration	Board campaign struck down in court (2010); compromise license, 8 procedures under veterinary supervision (2011)[68,75]
Minnesota, 2004-present	Third-generation teeth floater	Up to $3,000 and one year	Courts upheld scheme; exemption bill defeated; certification plus veterinary supervision required[72,84]
Arizona, 2011-2017	3 animal massage practitioners	6 months jail, $2,500 criminal, $1,000 per violation civil	Consent judgment bars the board from requiring DVM licensure for massage (2017)[69]
Tennessee, 2016-2018	2 equine massage practitioners	Up to 6 months prison	Legislative exemption, then permanent voluntary credential (2018)[70,128]
Maryland, 2008-2009	Licensed human massage therapist	Criminal prosecution; loss of her human massage license	Boards retreated under suit; court found board acted illegally[71]
Alabama, 2012-2015	Nonprofit spay/ neuter veterinarians	License revocation, fines	Revocation and fines imposed; one clinic closed; see Case File 2[109,122]

Their best case, and the answer

The associations' argument is that animals cannot describe symptoms, hide pain, and may need emergency intervention, so hands-on ancillary care requires a veterinarian's oversight.[74] Everything in that sentence is equally true of a two-year-old child, whose physical therapist needs no pediatrician in the room; and of the horses North Carolina laypeople vaccinate, and of the animals that veterinary students themselves practice on. The human-medicine baseline is the control group, and it has run for fifty years at direct-access scale with "no evidence for

harm."[131] What the supervision rules reliably produce is documented in this file: cease-and-desist letters against masseuses and farriers' colleagues, and a mandatory veterinary invoice attached to every session of someone else's work.

PART IV · CASE FILE 4

The screen: a decade of war on the video call

In 2020, Medicare telehealth visits rose from about 840,000 to 52.7 million in a single year. A physician in every state may form a relationship with a new patient by live video and prescribe.[88] **In roughly 39 of 51 U.S. jurisdictions, a veterinarian who starts care for an animal the same way is violating the practice act until an in-person exam happens first.**[17]

The rule has an author. AVMA policy states that a veterinarian-client-patient relationship, the legal predicate for diagnosing and prescribing, requires "an in-person physical examination of the patient or a visit to the premises where the patient is kept," and the AVMA "opposes telehealth offered directly to the public" absent that relationship.[18] Its advocacy page against a "virtual VCPR" argues that animals "instinctively hide illness and injury and cannot speak," that remote care risks delayed diagnoses and inappropriate prescribing, and, notably, that virtual care is "NOT the answer to access-to-care concerns."[133]

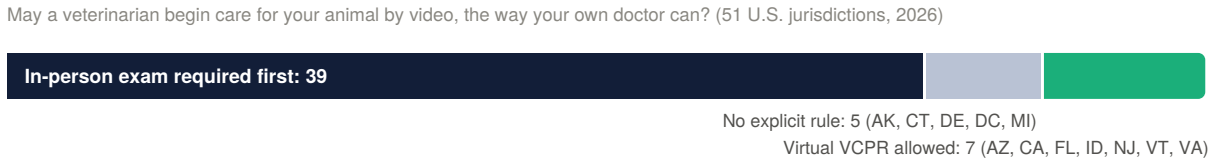


Figure 3. Where a veterinarian may begin care by video, as of 2026. Sources: Animal Policy Group state count (Today's Veterinary Business, October 2024); state practice-act survey for jurisdictions with no explicit VCPR rule.[17,134]

The Hines case: thirteen years to win the right to answer an email

Ron Hines is a Texas-licensed veterinarian, retired and physically disabled, who spent a decade answering pet owners' emails from around the world, often for free, otherwise for a flat fee under $60. In 2013, with no complaint that any animal had been harmed, the Texas board disciplined him: a probated suspension, a fine, retesting, and an order to stop giving online advice, because he had not physically examined the animals.[135] It took two trips to the Fifth Circuit and eleven more years before the court ruled, in September 2024, that applying the physical-exam requirement to his advice violated the First Amendment. Judge Don Willett's opinion made two findings every legislator should read. On the evidence: the State "failed to show" that the harms it invoked were real, and its own expert witness, a former AVMA president, "could not provide a single instance where Dr. Hines's emails harmed an animal." On the double standard: "Exam-free telehealth, turns out, is fine for your Uncle Bernard, but not for your

Saint Bernard."[136] The Supreme Court declined Texas's appeal in April 2026, and the ruling stands.[137] Note who asked the Court to save the mandate: the AVMA and the Texas VMA filed a joint amicus brief urging the justices to take the case.[138] A decade of enforcement, zero harmed animals in evidence, a First Amendment ruling against them, and the associations' response was to petition for the restriction's revival.

> **READ THAT AGAIN**
>
> The state's expert defending the in-person mandate was a past president of the AVMA. Asked in federal court for one example of harm from a decade of remote advice, she could not provide a single instance. The mandate she was defending is AVMA model policy in nearly forty states.[18,136]

California ran the experiment anyway

In 2023 California passed AB 1399, allowing a VCPR to be formed by synchronous video, with guardrails: the animal must be in-state, controlled-substance and racehorse limits apply, and the veterinarian must offer a written prescription.[139] The state VMA fought it. Its president told a legislative hearing: "There can be no doubt that these app companies are looking to take business away from hard working veterinarians in your district... We question if they care more about animals or profit margins."[140] The AVMA's president warned that preventive care "requires more familiarity with the patient and client than can be gained through an electronic encounter," and the AVMA never dropped its opposition even after amendments moved the CVMA to neutral.[141] A telehealth medical director answered with the word this report has so far avoided and attributes to him: he called the campaign "protectionist" and "fearmongering."[140] The Assembly passed the bill unanimously. It took effect January 1, 2024. No systematic harm has been documented in its wake, and the burden of showing any now sits with the organizations that predicted it.

There is also a controlled before-and-after. In 2020, the FDA suspended enforcement of the federal in-person VCPR requirement so veterinarians could work remotely during the pandemic, and California waived its own rule for nearly a year. When the FDA reverted in 2023, its withdrawal notice cited changed circumstances, not harm; when California's board recommended reverting, its own review memorandum cited no complaints or harm findings from the waiver period.[142,143] The experiment ran. The catastrophe did not occur. The mandates came back anyway.

Since then the pattern has been enforced state by state. Colorado's VMA backed a 2024 law codifying the in-person requirement, then helped table a 2025 virtual-VCPR bill in committee, writing that it "would undermine the integrity of veterinary care."[144,145] Texas, after Hines, is the anatomy lesson. A 2025 bill would have allowed a VCPR by electronic means. It never received a vote in that form: a committee substitute stripped the authorization and replaced it with a study of the idea, the Senate passed the study 20 to 11, and even the study died in the House.[146,147] Then the Texas VMA took a public bow. Its session recap headlined the episode "PITCHING A SHUT-OUT," subtitled "The Virtual VCPR: Dead for Now," and credited five member veterinarians' committee testimony, almost 300

member messages to the House Calendars Committee, and "TVMA's strong relationships and legislative efforts" for getting the concept "removed days later" when it briefly resurfaced as an amendment.[32] Seven states now allow a virtual VCPR. Thirty-nine still forbid it.[17]

Their best case, and the answer

The safety argument was tested three times: in a federal courtroom, where the state could not produce one harmed animal; in a statewide waiver, which ended with no harm findings in the regulator's own memo; and in California's open market since 2024.[136,143] What remains is the argument the CVMA's president actually made under oath to a committee: the app companies "are looking to take business away from hard working veterinarians in your district."[140] That is a true statement. Competition takes business. It is also, for a family fifty miles from the nearest open clinic at 11 p.m., the entire point. And note whose business that family actually is: with no appointment available and no clinic in the county, it was never on any practice's schedule. Care that cannot be bought is not business anyone loses; Part VII runs the same arithmetic for the charity clinic, and it comes out the same way.

PART IV · CASE FILE 5

The pharmacy: the prescription you were never handed

Your physician writes prescriptions and, with narrow exceptions, does not profit from filling them; federal rules have required automatic release of eyeglass and contact lens prescriptions for decades precisely so patients can shop.[89] **Your veterinarian is both the prescriber and the store, in a pet medication market the FTC sized at $7.6 billion, and organized veterinary medicine lobbied for a decade against a bill that would simply have required handing you the prescription.**

The Fairness to Pet Owners Act was introduced in Congress in 2011 and reintroduced across four more Congresses through 2019. It did one thing: required veterinarians to provide a written prescription automatically, at no fee, so owners could fill it at any pharmacy. It never received a floor vote in any Congress.[148] The AVMA's opposition is not an inference; it is in the organization's own federal lobbying disclosures, which report activity on the bill across multiple years and Congresses, and in its own publications: the bill was "not only redundant but also will cause undue regulatory and administrative burdens on veterinary practices," and, in the association's blog: "we do not believe there is a problem that needs resolving."[59,90,149]

The Federal Trade Commission looked at the same question with subpoena-grade attention and published its staff report in 2015. Two sentences carry the file. First, the conclusion: "Staff concluded that portability likely benefits consumers, and therefore generally supports policies that would increase consumer awareness of the availability of portable prescriptions and veterinarian release of prescriptions to consumers." Second, the structural problem the record before the Commission named, in the report's words: "several stakeholders suggested that a financial conflict of interest arises when the exclusive legal right to prescribe is combined with de facto exclusive authorization to dispense, which could cause veterinarians to be reluctant to provide portable prescriptions to consumers."[89] That is

the entire case, on a federal agency's record: the structure places every veterinarian, willing or not, in the position of both prescriber and store, and the trade association fought the rule that would have let the client simply walk out with the paper.

The AVMA's answering position is that its own policy already encourages members to write prescriptions on request, and that regulation should be left to the states.[90] "On request" is the tell. The eyeglass precedent exists because "on request" fails at scale: consumers do not request what they do not know they are entitled to, from a professional with a financial stake in their not asking. California's 2023 telehealth law quietly proved the point in passing: among its provisions, veterinarians must now affirmatively offer a written prescription before dispensing.[139] The sky over California pharmacies has not fallen.

A word to the independent owner with a pharmacy shelf of her own: the margin concern is real, and so is the paperwork. But captive customers are a chain-store business model, not an independent one. The online giants and the consolidators win on lock-in; the independent practice wins on trust, and a client who is free to fill anywhere and chooses to fill with you is worth more than one who never saw the price. Portability does not threaten that practice. It is how that practice beats the ones that deserve to lose.

> **THE ONE-SENTENCE VERSION**
>
> A federal agency concluded that prescription portability "likely benefits consumers." The veterinary lobby's published answer was that there is no problem that needs resolving, and the bill died in five straight Congresses without a vote.[89,149]

PART IV · CASE FILE 6

The helper: sixty years without a nurse practitioner, and the $2.4 million campaign to keep it that way

In 1965, the University of Colorado invented the nurse practitioner and Duke University trained the first physician assistants. Organized human medicine argued, adjusted, and absorbed both roles within about a decade. There are now more than 461,000 nurse practitioners, and a Cochrane review finds that appropriately trained nurses deliver primary care with outcomes as good as physicians', possibly better on some measures.[86,87,150] **Veterinary medicine reached 2024 with no midlevel role in any state, and when Colorado voters finally created one, fifty-nine years after Colorado invented the nurse practitioner, the AVMA financed 94.6% of the campaign against them.**[27]

The wall, in the association's own words

This was not an oversight awaiting study. It was policy. In January 2023, an AVMA House of Delegates forum rejected the midlevel concept in favor of "better support" for existing staff.[151] In July 2023, the House adopted a policy pledging to "vigorously defend" against scope expansion by non-veterinarians.[76] The AVMA's flagship workforce document dismissed the idea in a sentence: "The idea of a midlevel position (MLP) is an answer in search of a problem."[152] When Colorado's Proposition 129 qualified for the ballot, proposing a Veterinary Professional Associate: a master's-degree clinician working under a licensed veterinarian's supervision, with the training program built at Colorado State University, the AVMA's president called it "disastrous for pets" and warned of "missed or delayed diagnoses, ineffective treatment and repeat visits."[153,154] The AVMA wrote to every U.S. and Caribbean veterinary dean asking them to oppose midlevel training programs anywhere.[155]

Follow the money, then the votes

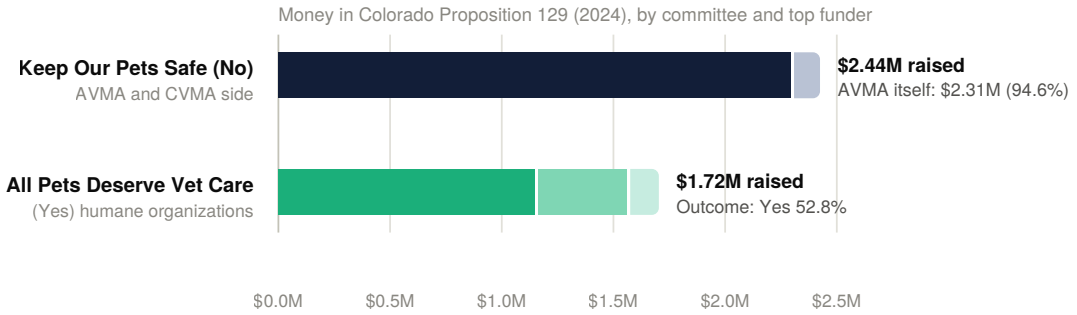


Figure 4. Campaign finance in Proposition 129, from Colorado TRACER filings as compiled by Ballotpedia. The AVMA's direct contributions of $2,308,778 equal 94.6% of the No committee's $2,441,008 in receipts; filings separately list $100,000 from "AVMA Admin" and $35,805 in-kind from the CVMA. Arithmetic: 2,308,778 ÷ 2,441,008 = 0.946.[27]

A Chicago-based national trade association supplied nineteen of every twenty dollars in the campaign to tell Colorado voters what Colorado's animals needed. The humane side, led by the Denver Dumb Friends League and the ASPCA, was outspent 1.4 to 1.[27] The voters heard both and answered: 1,572,545 to 1,407,814, 52.8% to 47.2%. The role became law, effective January 1, 2026.[27,156] And a detail from inside the profession deserves preserving: per a CVMA member survey cited in the proponents' campaign backgrounder, 53% of the association's own members agreed a VPA would help expand access to care.[157] The leadership's fifty-state wall of opposition does not even represent its own rank and file, let alone the public.

Losing at the ballot, relitigating in the building

What happened after the election is the part pet owners never see. Weeks after the vote, the AVMA's president told the House of Delegates that "All 50 state veterinary medical associations, plus the District of Columbia and Puerto Rico VMAs, have committed to opposing a midlevel practitioner" and warned of "efforts afoot" in other states.[7] In the 2025 Colorado session, HB 25-1285 was introduced to rebuild the wall inside the new law: immediate on-site supervision, one VPA per veterinarian, no VPA telemedicine. VIN News Service reported the restrictions were "watered down or eliminated" only after the governor threatened a veto; the enacted version allows appropriate

supervision, up to three VPAs per veterinarian, and telemedicine within an existing relationship, while barring VPA prescribing.[158,159] The head of Humane Colorado said what the record shows: "This is not what the voters intended, and revising their decision just months after the vote is both irresponsible."[160] Florida's 2025 VPA bills died with the AVMA reporting itself "at the forefront of opposition" to midlevel proposals nationally.[6] Meanwhile the machinery of implementation moved anyway: the state licensing board stood the role up, and the association of state licensing boards, which had opposed the idea before passage, reversed to build the VPA's national licensing exam, explaining that the question had shifted from "do we support" to "how best can we protect."[156,161,162] Regulators, when the public forces the question, find a way to make the new role safe. The trade association keeps trying to make it dead.

Their best case, and the answer

The AVMA's substantive argument is that VPA training, about half the credit hours of a DVM and partly online, cannot safely support diagnosis and surgery, and that the role duplicates what veterinarians and technicians already do.[163] Two answers, both from the record. First, the supervision structure is the safety mechanism, exactly as it was for the first physician assistants: the VPA works under a licensed veterinarian, and sixty years of human-medicine evidence shows supervised midlevel roles deliver safe care.[87,150] Second, "duplicates existing capacity" is a strange argument from the same organization whose own data showed 18 openings per job-seeking veterinarian.[24] If the capacity existed, Colorado's shelters would not have spent $1.7 million to create the role, and 1.57 million voters would have had no grievance to vote with. And a veterinarian who still finds the VPA unwise can hold that view honorably while objecting to everything documented in this file, because the objection here is to the process: if the role is as dangerous as the associations claim, it should lose in an open hearing, on evidence, after a member vote, not to $2.3 million of dues no member voted to spend.

PART IV · CASE FILE 7

The courthouse: your dog is priced as property, by policy

If a hospital's negligence kills a family member, the family can recover for the loss itself, not merely the deceased's replacement cost. **If a clinic's negligence kills your dog, the law in nearly every state values the loss at market price, and keeping it that way is written AVMA policy, actively lobbied.**

The policy is public. The AVMA "recognizes and supports the long-standing legal classification of animals as the property of their owners," and "opposes any recovery of non-economic damages," reasoning that emotional-loss awards "would be inappropriate and ultimately harm animals by reducing the availability of affordable veterinary care services."[164] The lobbying is also public, in the association's own annual report: in 2025 the AVMA tracked non-economic damages bills in eight states, including a Rhode Island bill that would have allowed all of $500 to $7,500 for the loss of a companion animal, and celebrated the outcome in one sentence: "thanks to sustained advocacy between the state VMAs, AVMA, and our coalition partners, none of these measures were enacted."[6]

When a New York court weighed the question, it invited the AVMA itself to file a brief.[6] State affiliates have carried the same banner for years; Georgia's VMA argued in 2016 that "emotion-based awards would be detrimental to veterinary medicine and the health and welfare of Georgia's pets."[165]

Be precise about what this report objects to here, because it is not the fear of runaway verdicts. That fear is legitimate. No independent clinic owner should face uncapped emotional-distress liability over a grieving client's worst day, and nothing in this report proposes it; Part X recommends no such law. What the record shows is absolutism. The bills the associations defeated were modest and capped, Rhode Island's at $500 to $7,500, and the associations' written policy opposes "any recovery of non-economic damages": any, in any amount, under any cap, anywhere, while their marketing addresses the same animals as family.[164] A profession can credibly argue about the size of the number. Spending members' dues, without a member vote, so that the number is forever zero is a different position, and it is the one on file.

> **THE ABSURDITY, PRICED**
>
> Under the rules the associations defend, a negligently killed ten-year-old rescue mutt is legally worth approximately his adoption fee. The associations' own economists, meanwhile, report Americans treat pets as family and pay accordingly. Both cannot be the real theory of what a pet is. One of them is just cheaper when things go wrong.

PART IV · CASE FILE 8

The welfare file: the letter on the pork lobby's website

Every restriction in this report was defended with the same premise: the associations' interest and the animals' interest are the same thing. **The Farm Bill put that premise to a recorded vote, and the associations voted against the animals.**

In May 2024, the AVMA sent Congress a letter supporting the House farm bill's preemption of state farm-animal standards: the provision line built to nullify laws like California's Proposition 12, the strongest farm-animal welfare law in the country, enacted by ballot with 62% of the vote.[166] The AVMA renewed its support in 2026, and on April 30, 2026, the House passed H.R. 7567, 224 to 200, carrying the Save Our Bacon Act language as Section 12006.[167, 168] The AVMA's own House of Delegates, meanwhile, holds a policy encouraging "current movement within the swine industry toward group housing" for pregnant sows: the very direction Proposition 12 mandates and Section 12006 would strip states of the power to require.[169] The organization endorsed, in Congress, the nullification of what its own policy encourages.

How the endorsement was produced completes the file. The Animal Welfare Institute, calling on the AVMA to withdraw, reported that the association "provided no opportunity for its members to review or comment on the letter," and noted where the letter could be found: "the only place the AVMA's letter appears to be posted online is on

the website of the National Pork Producers Council."[5] That is where this report retrieved it. The voice of veterinary medicine took a position against the country's strongest animal-welfare law, in a letter its 111,257 members never saw, published to the public by the pork lobby.

> **KEEP THIS ONE FOR THE HEARINGS**
>
> When the associations testify that a scope restriction exists to protect animals, this case file is the reply. On the one recorded occasion when animal welfare and producer economics pointed in opposite directions, the AVMA sided with the producers, against its own published policy, without asking its members. Protection is the argument. It is not the pattern.

Their best case, and the answer

The AVMA's stated rationale for preemption is regulatory uniformity: a patchwork of state standards burdens interstate commerce and producers.[166] Uniformity is a real administrative value, and it is also precisely the argument available against every state welfare law ever passed. What the rationale cannot explain is the process: why an organization confident in its position issued it without member review, and why the profession's position on the largest animal-welfare question of the decade lives on the pork industry's server rather than its own.

PART V

The studies: fifty years of forecasts, one direction, zero apologies

Every restriction in Part IV was defended, at some legislature, with the same sentence: there is no shortage that justifies loosening anything, and here is a study. It is worth examining the provenance of those studies, because they form one of the most consistent forecasting records in American professional life. Consistently wrong, in the direction that favored the forecaster's sponsors.

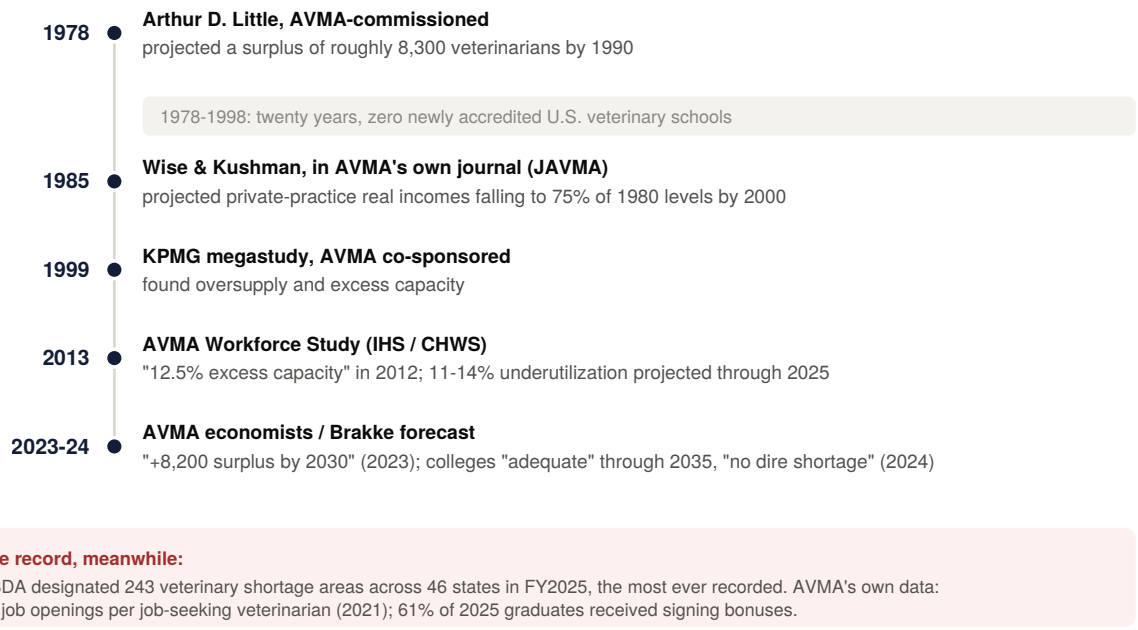


Figure 5. The forecast ledger. Five association-commissioned or association-published workforce studies since 1978, each finding surplus, oversupply, or excess capacity; and the observed record of the 2020s. Sources: forecast lineage documented by the Knee Regulatory Research Center; individual studies and the USDA, AVMA, and market data as cited in the text.[23,24,25,170,171,172]

The modern entries deserve their own exhibits. In April 2013, the AVMA's commissioned workforce study announced "12.5% excess capacity" in veterinary services, roughly 11,250 full-time-equivalent veterinarians going unused, projected 11 to 14 percent underutilization persisting through 2025, and the AVMA's own headline read: "AVMA Workforce Report Confirms Excess Capacity in U.S. Veterinary Profession." The same announcement disclosed who would check the math going forward: future updates would run on the Veterinary Workforce Simulation Model, "an AVMA-owned, proprietary software."[8,171,173] Within a decade, clinics were paying five-figure signing bonuses and turning away patients. No retraction followed. Instead, in July 2023, with waiting rooms overflowing, the AVMA published "Straight talk about veterinary workforce issues": "AVMA data do not support the

projected companion animal veterinarian shortage that has been reported."[152] An AVMA 2023 projection recorded by the veterinary colleges' own association went further: a surplus of 8,200 companion-animal veterinarians by 2030.[174] In October 2024 the AVMA's commissioned Brakke analysis concluded "The data do not support an expectation of a continued shortage," headlined that existing colleges are "adequate" through at least 2035, and warned that if the thirteen proposed new veterinary schools actually opened, absorbing their graduates "without downward economic pressure" would require significant new demand.[172,175] Note what slipped into print there: the stated risk of training more veterinarians was not to animals. It was to prices.

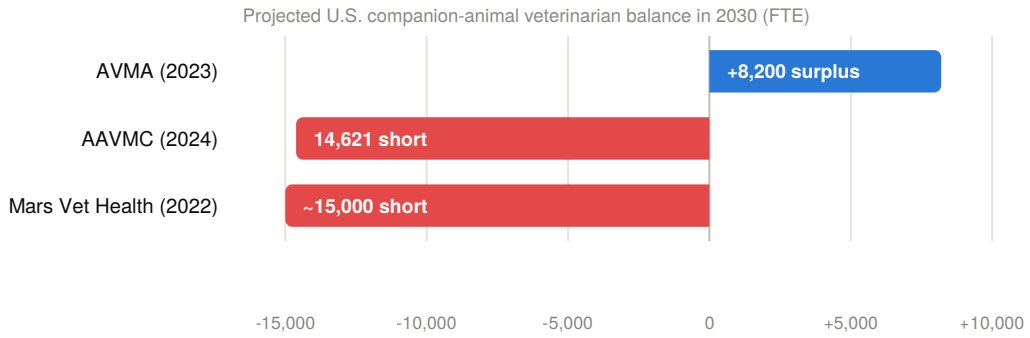


Figure 6. Three projections of the same 2030 market. AVMA's 2023 projection as recorded by AAVMC; Mars Veterinary Health, 2022 (about 41,000 additional veterinarians needed against about 26,000 expected entrants); AAVMC, 2024 (need of 55,044 against 40,424 projected graduates). Sources as cited.[174,176]

Against the association's arithmetic stands everyone else's. Mars Veterinary Health, the largest employer of veterinarians on earth and no one's idea of an anti-industry activist, projected a need for roughly 41,000 additional companion-animal veterinarians by 2030 and warned 75 million pets could lack care.[176] The Association of American Veterinary Medical Colleges stated in March 2024, without hedging: "Significant shortages of veterinarians exist across all sectors of professional activity and at all levels of specialization," and its commissioned 2024 analysis projects a 14,621-veterinarian shortfall by 2030.[174,177] The USDA's 243 designated shortage areas across 46 states in FY2025 is the highest count ever recorded, and its loan-repayment program could fill only 74 of 240 designated situations the prior year.[23,178] And the AVMA's own house data keeps testifying against the house position: 18 job openings per job-seeking veterinarian in 2021; 61% of 2025 graduates receiving signing bonuses; companion-animal starting salaries near $140,000; veterinarian unemployment below one percent; 93.9% of 2024 graduates holding an offer two to three weeks before graduation.[24,25,179,180] Labor markets do not pay signing bonuses into a surplus. The complete fifty-year lineage, forecast by forecast against outcome, is documented in Report No. 4 of this series, The Gatekeepers and the Gate.[173]

The human-medicine mirror, one more time

When the physicians' establishment projects a shortage of up to 86,000 physicians by 2036, its response is to demand "sustained and increased investments in training new physicians" and lobby Congress to fund 14,000 more residency slots.[181] When veterinary medicine faces the most severe access crisis in its history, its establishment's response has been to publish findings of adequacy, warn against new schools, and, as Part IV documents, spend millions against every alternative provider category. Between 1978 and 1998, not one new U.S. veterinary school won accreditation

from the AVMA's council; a veterinary college dean writing on the current expansion notes that every era of proposed growth has met the same recycled objections: that no shortage exists, that graduates will not find jobs, that incumbents' livelihoods will suffer.[170,182] The objections were wrong each time, and each time they were wrong in the same direction: the direction with fewer competitors in it.

A NINETY-SECOND TEST FOR ANY LEGISLATOR

When a veterinary association witness cites a workforce study against a bill, ask three questions. Who commissioned the study? What did the same source's previous four forecasts predict, and what happened? And why does the physicians' establishment respond to its shortage projections by training more physicians, while yours responds to record shortage designations by finding adequacy? Then name the double standard: evidence demanded from challengers while incumbent exclusivity is exempt from the same test is not neutrality. It is a veto.

PART VI

Who pays first: families, animals, and the public

A restriction is a transfer. Every rule in Part IV moves money and options from someone to someone. Here is the ledger of who gives and who gets.

Pet owners pay first

The price series in Figure 1 is the headline: veterinary prices up 242% since 2000 against 75% for physicians' services, with the sharpest acceleration exactly in the years the shortage bit hardest.[35] The behavioral data show what that does. Fifty-two percent of owners skipped or declined needed care in the past year; 71% of decliners cited cost; 73% of those who turned down care for cost were offered no cheaper alternative, and fewer than one in four owners has ever been offered a payment plan.[42] The alternatives owners say they want, community clinics, home visits, telehealth, at 37% to 38% interest each, are precisely the delivery models the case files show being restricted.[183]

Animals pay with their lives

The clinical name for the end state is economic euthanasia. In the 2026 veterinarian-side Gallup survey, 94% of veterinarians said client finances limit recommended treatment; 41% reported euthanasia driven by cost occurs at least sometimes in their own practice; 86% worry about euthanasia when care is declined for cost.[43] The 2018 Access to Veterinary Care report found 28% of pet-owning households hitting a care barrier within two years, with cost the dominant reason across preventive, sick, and emergency care.[184] PetSmart Charities' standing estimate is 50 million U.S. pets without access to veterinary care.[118] Every legal barrier in front of a charity clinic, a low-cost vaccine event, a telehealth consult, or a midlevel visit converts some fraction of treatable cases into surrenders and euthanasias. That is not a metaphor. It is measured: among owners who declined recommended care, 14% report the pet worsened or died within three months, and 98% of veterinarians say worsening or chronic illness is at least somewhat of a concern when care is declined.[42,43]

The public pays in exposure

Rabies mitigation is a public good delivered one animal at a time. The country spends more than $200 million a year on post-exposure treatment for roughly 100,000 people, at an average of $3,800 per course; the cheapest input to reducing that number is an accessible, low-cost animal vaccine, and Case File 1 documents the states where delivering it requires a doctorate on the premises.[105,106] More than 500 counties lack adequate food-animal veterinary coverage in a country that depends on early detection of livestock disease.[40] A system that cannot staff its rural disease sentinels while its professional association projects surpluses is not a public-health success story.

41%

of veterinarians report cost-driven euthanasia at least sometimes in their practice

Gallup vet survey, 2026

50M

U.S. pets estimated to lack access to veterinary care

PetSmart Charities

94%

of veterinarians say client finances limit the treatment they can recommend

Gallup vet survey, 2026

27.9%

of pet-owning households hit a barrier to veterinary care within two years

AVCC / Univ. of Tennessee, 2018

There is a fourth constituency on the paying side of this ledger, and it is the one the associations claim as their own: the working veterinarian and the independently owned clinic. Their bill is large enough, and misunderstood enough, to deserve its own part.

PART VII

The independent clinic file: the lobby's program is liquidating its own base

Nothing in this report cuts against the working veterinarian or the independently owned clinic. The opposite is true: after the priced-out family, the independent practice is this system's largest casualty. The associations lobby in the clinic owner's name. This part shows, in the owner's own numbers, what that lobbying actually buys her.

The staffing vise is policy, not weather

Every independent owner knows the vise: a doctor short for a year, relief shifts that cost more than the revenue they cover, appointment books closed to new clients. What owners are rarely told is that the scarcity squeezing them is manufactured upstream, by the gates this series documented in Reports No. 1 through No. 4, and defended downstream by the lobbying in this report.[36,173] The market signals are not subtle: 18 job openings per job-seeking veterinarian; 61% of 2025 graduates receiving signing bonuses; and in the corporate segment, 81% of offers carrying bonuses averaging $27,181.[24,25,185] An independent clinic bidding for that labor is not bidding against the practice across town. It is bidding against private equity's balance sheet, for a workforce whose size the associations' own policies keep fixed. More than 40% of veterinarians report considering leaving the profession entirely, which tightens the vise further.[174]

A business model with the leverage outlawed

Look at what the same trade association's rulebook does to the unit economics of the practice it claims to protect. A human primary-care physician's practice is an engine of delegation: nurse practitioners and physician assistants see and prescribe, nurses and pharmacy technicians vaccinate, therapists and hygienists work under their own licenses, and new patients arrive by video. Nearly every equivalent lever is, for the veterinary practice owner, forbidden or reserved, by the statutes and rules of Part IV, to the practice's single most expensive and scarcest input: the veterinarian's own hours.

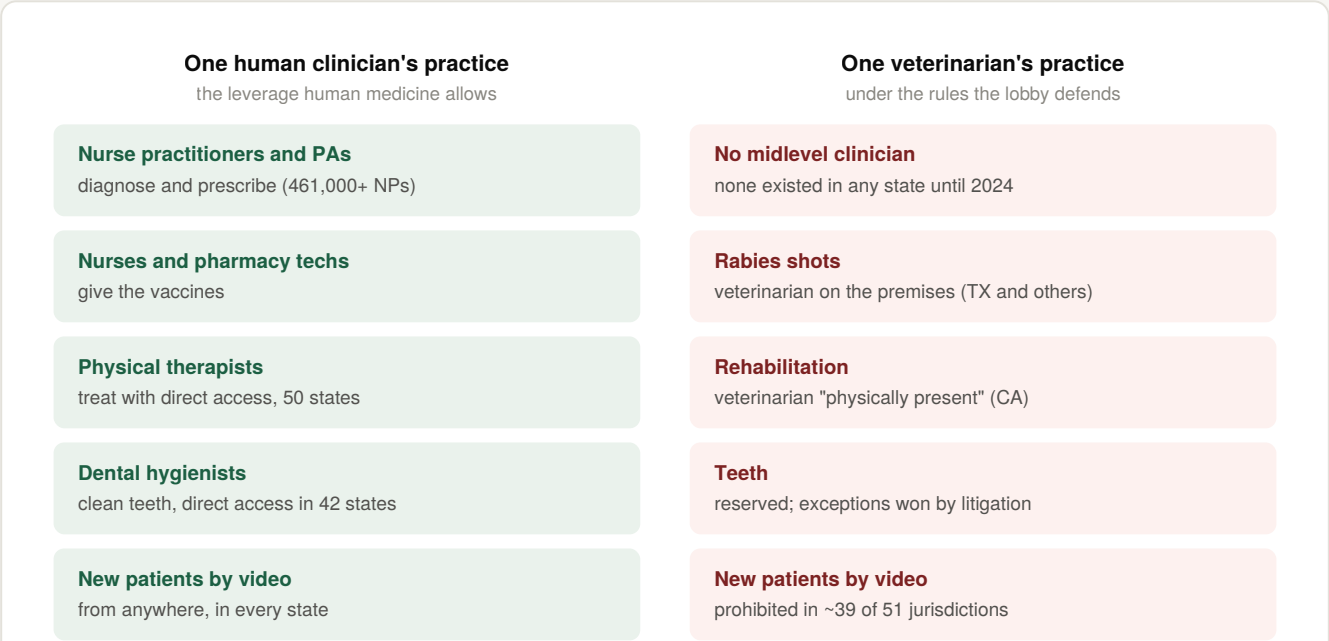


Figure 7. The leverage gap. Left: the delegation available to one human clinician. Right: the same functions under veterinary practice acts as documented in Part IV. Sources as cited in the case files.[9,11,13,14,17,83,86]

A practice that cannot delegate cannot scale, and a practice that cannot scale cannot survive its own demand. That is the independent clinic's actual disease. The cure the associations block is the cure the owner needs most: a supervised midlevel clinician to absorb routine caseload, technicians used to the top of their training, telehealth to extend a solo doctor's radius, and lay vaccinators to take the shot clinics lose money running anyway.

The capacity is not hypothetical, and the profession has already said so twice, in its own instruments. In the state licensing boards' national survey of nearly 14,000 veterinary team members, 91% said credentialed technicians can perform intubation, general anesthesia induction, and dental scaling under supervision; 89% said sedation; 68% said rabies vaccination; and 55% agreed the supervision and delegation rules should change, against 15% who disagreed.[186,187] And the AVMA's own journal has priced the leverage: AVMA economists, studying 409 practice owners, found that one additional technician hour supporting each veterinarian hour was associated with 20.5% higher revenue, and one additional nonmedical staff hour with 17% higher revenue and 14.4% more visits per veterinarian.[188] The association's journal quantifies the exact leverage the association's lobbying forbids. Recall who agrees: when the CVMA surveyed its own members, 53% said a VPA would help expand care.[157] The rank and file can do this arithmetic. The delegates in the House cannot afford to.

Owners who remain skeptical of the midlevel role should hear this plainly, because the skepticism is real and legitimately held: nearly half of CVMA's members did not endorse the VPA, and concerns about supervision liability and quality under one's own license are serious ones.[157] Two things are true at once. First, this report's indictment does not require anyone to love the VPA; it requires the decision to be made honestly, and a fifty-two-association wall funded by unvoted dues, still relitigating after the public voted, is not an honest decision process, whatever one

thinks of the role.[7,27] Second, the wall does not actually protect the skeptical owner. Now that the role exists, the consolidators will deploy it at scale wherever it becomes legal; the only live question is whether the independent clinic gets the same tool on the same day, or watches the chain across town staff it first.

Scarcity is the consolidator's purchasing agent

Now follow the vise to its endpoint. A consolidator with hundreds of hospitals can absorb staffing risk, run national recruiting, pay the $27,000 bonuses, and wait. An independent owner with one hospital and an unfillable schedule eventually gets a phone call with a number in it. The outcome is on the record: corporate consolidators hold 25% of general practices, 75% of specialty and emergency hospitals, and roughly half the market's revenue, on $51.6 billion of private equity invested through 2024.[30] Only 21.3% of U.S. veterinarians owned any practice as of the AVMA's own census, a share falling for decades.[31] The mechanism is now measured directly: a 2025 study in the Journal of the Agricultural and Applied Economics Association, using longitudinal data from 2000 through 2021, found that after a corporate consolidator enters a local market, nearby independent practices become 1.9% more likely to exit, with their employment down 5.7% and revenue down 6.9%.[189] "A large number of these funds are seeing veterinary medicine as a good profit center," as one practice owner put it in national reporting; the FTC's chair told the AVMA's own economic forum she hears "time after time" from veterinarians about consolidation, financialization, and noncompetes "undermining the business of veterinary services."[190,191]

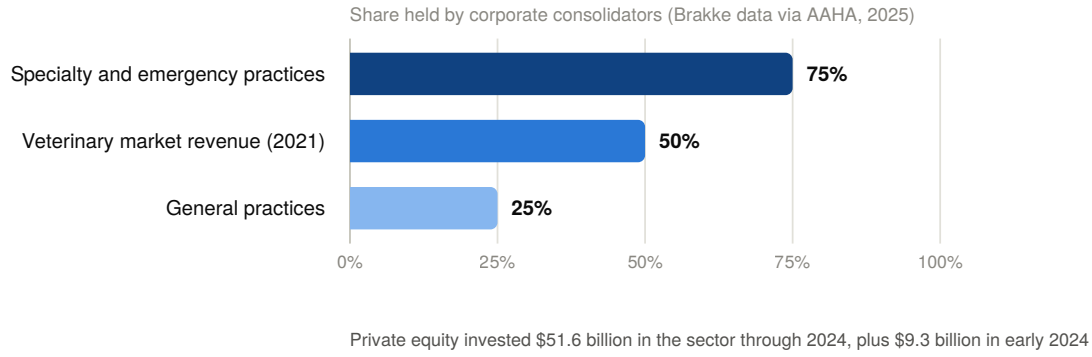


Figure 8. The corporate capture of American veterinary practice. Brakke Consulting market data via AAHA Trends (2025); PitchBook private equity totals.[30]

Connect the two halves and the conclusion writes itself. The associations' program keeps veterinary labor scarce and keeps every billable act locked to that scarce labor. Scarcity is precisely the condition under which consolidation pays best: it breaks the small operator's staffing model while inflating the buyout multiple that tempts her to sell. Functionally, whatever its intent, the lobbying documented in this report operates as a subsidy to the consolidators the associations' own rhetoric deplores. And consolidation is not a change of signage; it is a loss of care. Inside the largest corporate group on earth, dozens of emergency rooms have gone dark, with "hundreds of emergency veterinarian openings" unfilled.[41]

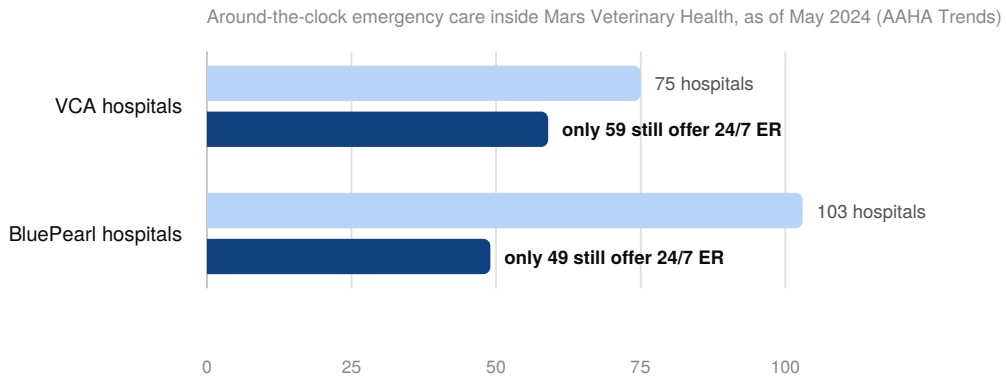


Figure 9. Consolidation is not a guarantee of care. Emergency capacity inside Mars Veterinary Health's VCA and BluePearl networks, May 2024. AAHA Trends, December 2024.[41]

The charity clinic was never your competitor

The associations' oldest pitch to the private owner is that the nonprofit down the road is eating her lunch: the premise behind Alabama's prosecutions, South Carolina's seven-mile proposal, and Texas's indigency straitjacket.[109,110,123] The market data say the pitch is false. The clients charity and low-cost clinics serve are, overwhelmingly, families the private model has already priced out: the 52% who skipped or declined care, the 71% of decliners citing cost, the 28% of households hitting care barriers, the estimated 50 million pets with no access at all.[42,118,184] A clinic cannot lose a client who could never pay its prices. Texas law makes the point in statute: its shelter veterinarians are confined to sterilization and the indigent by definition, and the associations fought to keep even that gate closed.[110, 118] When federal regulators examined the Alabama record, they found the opposite of the pitch: the nonprofit clinics had operated since 2007 without documented quality problems, and restricting them would "reduce competition and consumer choice" while cutting off care for those who would otherwise get none.[121] In four years of that war, the board produced prosecutions, revoked licenses, and a closed clinic; it never produced evidence that a private practice had lost paying clients to charity care.[109,122]

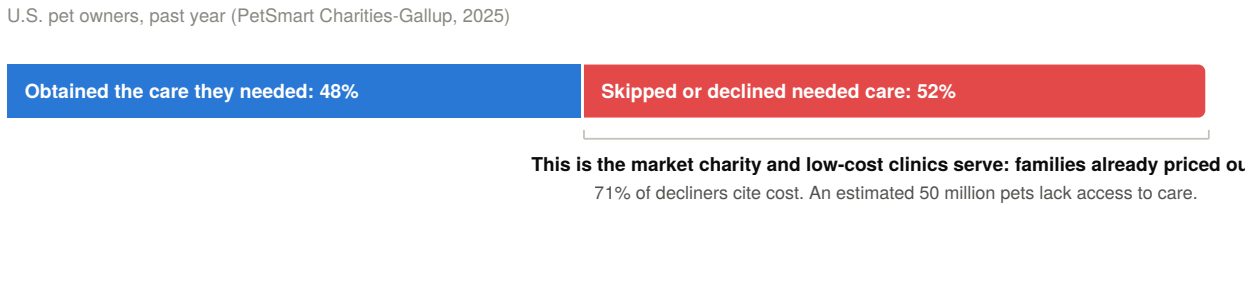


Figure 10. The market charity care serves is the market private practice has already lost to price. PetSmart Charities-Gallup (2025); PetSmart Charities access estimate.[42,118]

Table 3. The threat board: what the lobby warns clinic owners about vs. what the record shows taking their business

Claimed threat	Documented harm to independent clinics	Meanwhile, actually documented
Nonprofit and charity clinics	None found in the record. FTC review: no quality problems since 2007; restrictions reduce access. Serves families already priced out.[42,121]	Corporate consolidators hold ~50% of market revenue and 75% of specialty/ER hospitals.[30]
Midlevel practitioners (VPA)	None; no VPA had practiced anywhere when the $2.4M campaign ran. 53% of CVMA's own members said a VPA would expand care; a supervised VPA is staff leverage an independent can hire.[27,157]	18 openings per job-seeking veterinarian; 81% of corporate offers carry signing bonuses independents must match.[24,185]
Telemedicine	The state defending the in-person mandate could not produce one harmed animal in federal court; California's open market since 2024 has produced no documented harm wave.[136,139]	52% of pet owners skipped or declined care entirely; demand is being destroyed by price and distance, not diverted by apps.[42]

> **THE WRONG GATE**
>
> While the associations spent $2.4 million defending Colorado's clinics from a supervised, master's-level employee those clinics could have hired, private equity spent $51.6 billion buying the profession itself. The guards have been watching the wrong gate, and the people paying their salaries are the owners being bought out.[27,30]

To the independent owner reading this: the associations' pitch is that their wall protects you. Look again at who is on which side of it. The wall keeps out your would-be employees, your telehealth leverage, and the charity clinic serving families who were never your clients. It does not keep out the consolidator; he owns a seat inside it. NAVEC's coalition was co-founded around clinic owners for exactly this reason, and Part X is the campaign plan. The first act of independence is to stop letting the lobby speak in your name.

PART VIII

The single-source problem: when government outsources its judgment

Every case file in this report ends the same way: a legislature or board deciding a contested economic question on the advice of the market's incumbent. It is worth naming how complete the outsourcing has become, because the officials involved rarely see the whole map.

The AVMA drafts the model statute legislatures start from, and its delegates say the quiet part in session: "Courts refer to AVMA policy, state boards in their efforts refer to AVMA policy."[19,132] State VMAs nominate, and in states like Alabama and Louisiana statutorily control, the slates from which governors appoint regulators.[20,21] The AVMA's accreditation council is the sole federally recognized gatekeeper for every veterinary school.[63] Its Washington office is organized to be "veterinary medicine's voice before Congress," and Congress obliged with a dedicated caucus.[22,64] When a New York court needed expertise on pet damages, it invited the AVMA.[6] There is no comparable institutional channel through which a legislator hears from the 52% of pet owners who skipped care, the shelters carrying the overflow, or the 79% of veterinarians who own nothing and vote in no House of Delegates.

Reports No. 1 through No. 4 of this series mapped the supply side of this same architecture: the need-based arithmetic of a 37,000-veterinarian shortage; the accreditation gate, sole authority over all 34 U.S. veterinary colleges, that passed no new school for twenty years; the single licensing exam, run by a private affiliate, that no state audits; the foreign-veterinarian gate that certifies roughly one-sixtieth the number of clinicians its human-medicine counterpart does; and the fifty-year surplus-forecast record that excused it all.[36,170,173,179,192,193,194] This report adds the last road: the statehouse. Four roads into the profession and its markets; two private organizations standing on all of them; zero external audit rights held by any state. A legislator who accepts the AVMA's testimony as "the profession's view" is not consulting an expert. He is consulting the counterparty. A trade association belongs in the record as an interested witness. It does not belong there as the panel, the chair, the data owner, and the default drafter, all at once, which is the seat it currently holds.

The law has begun to catch up with this structure. *North Carolina Dental* stripped antitrust immunity from boards controlled by active market participants absent real state supervision.[62] The Justice Department's 2025 Statement of Interest named trade-association gatekeeping in veterinary medicine specifically.[29] The Fifth Circuit found the flagship telemedicine restriction constitutionally indefensible on the record its defenders brought.[136] The FTC's staff has contradicted the associations' consumer-welfare claims in writing on nonprofits, massage, and prescriptions.[89,121,129] Four different federal institutions, examining four different corners of the same structure, reached the same conclusion the pet owner reaches at the invoice: this is not consumer protection.

THE INVENTORY QUESTION

Any official who relies on organized veterinary medicine's advice can test this report in one afternoon. Ask your veterinary board for an inventory: every private organization whose policies, exams, accreditations, or model language the state relies on; and for each, the audit or documentation rights the state holds. The list of organizations will be short. The list of rights will be shorter.

PART IX

The ledger they keep dark: counting the influence that leaves no records

Everything before this page rests on documents. That discipline has a cost, and the associations collect it: a structure that leaves few records gets judged only on the records it leaves. This part explains why, for an organization built like the AVMA, the missing evidence is not a gap in the indictment. It is an exhibit in it. And in Texas, the associations have now supplied the proof of concept in their own words.

The floor, not the ceiling

This report reconstructs, in detail, a handful of state campaigns: Texas, Alabama, South Carolina, Colorado, California, Minnesota, Arizona, Tennessee, Maryland. The AVMA's own annual report claims a fifty-state operation issuing "over 600 legislative and regulatory alerts" in a single year, coordinated with every state VMA.[6] Hold those two numbers next to each other. The gap between what the organization boasts of doing and what the public can reconstruct from records is the dark ledger, and it is enormous by the organization's own accounting.

Political science has a name for why the most effective lobbying never reaches a witness list: the second face of power, the power to keep questions from ever becoming bills.[33] The public record captures the fights that broke into daylight. It cannot capture the rabies-access bill a sponsor was talked out of filing, the shelter amendment that died in a phone call, the legislator who never drafted the telehealth exemption because the association's opposition was understood in advance. None of that appears in any record, because this is the kind of power that leaves none. Except that once, an association put it in a newsletter. After a chiropractic direct-access bill advanced from committee in 2023, TVMA built a working group, ran what it calls "extensive relationship-building" with the bill's author and key lawmakers, and then reported to its members, in writing: "we prevented this bad legislation from even being filed this session."[32] That sentence is the dark ledger with the lights on. A fifty-state alert network with a century of relationships does most of its work in exactly the places where proof is never generated; what this report documents is the part that happened where records are kept, and the one association that published its interior says the interior works precisely as this part describes.

One association wrote the playbook down

Texas is the dark ledger's Rosetta stone, because TVMA publishes what its peers keep private. Its strategic plan lists, under Threats: "Encroachment on practice of veterinary medicine (by non-profits, telemedicine, etc.)." Not harm to animals. Encroachment. The same plan declares that "the economic viability of the veterinary profession is of paramount concern to our members," and commits the association to "coordinated public testimony from select veterinarians at each and every public hearing," a "database on each legislator's veterinary relationship," and a "Political Influence Coalition" database of "TVMA members that have close friendships and political ties to state and federal officials."[3] The scale is published too: from 75 bills tracked in 2011 to 160 by 2019, with seven bills of

TVMA's own filed in a single biennium and four enacted.[117,195] When the profession's Texas franchise writes its purpose down, the words are market words. There is no reason to assume the other forty-nine franchises, which publish less, think differently; there is only less paper.

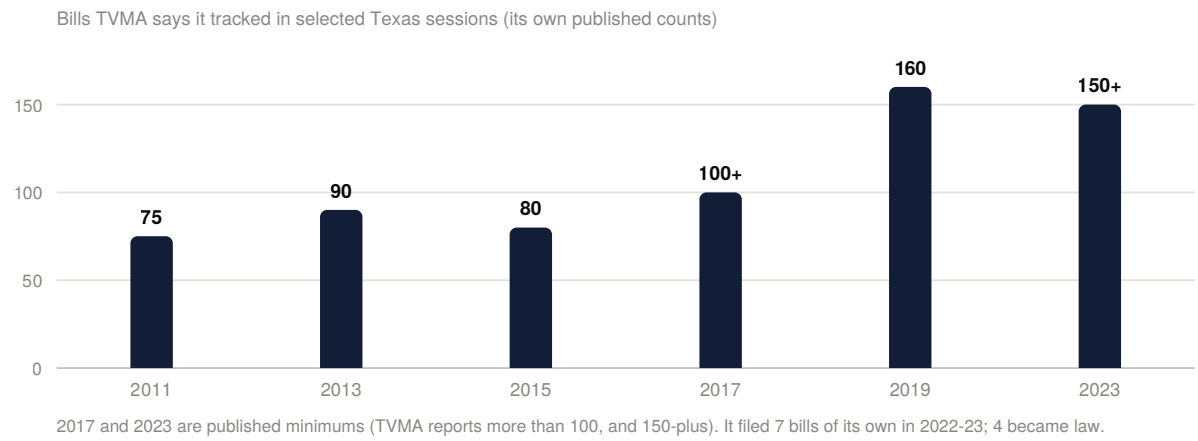


Figure 11. The scale of one state association's legislative operation, in its own published counts. TVMA Issues and Advocacy page; TVMA 2022-23 Year in Review.[117,195]

What economics predicts about a machine this shape

None of this requires a conspiracy, and this report does not allege one. It alleges something older and better documented: incentives. Adam Smith wrote the operating manual for this structure two and a half centuries ago: "People of the same trade seldom meet together, even for merriment and diversion, but the conversation ends in a conspiracy against the public, or in some contrivance to raise prices."[196] The AVMA is, structurally, the same trade meeting together permanently, with a Chicago headquarters, a nine-figure balance sheet, and a House of Delegates. Modern economics filled in the mechanics. Olson: small, concentrated groups with much to gain per member reliably out-organize vast, diffuse publics with little to lose per person, which is how roughly 70 delegates outweigh tens of millions of pet-owning households in a committee room.[197] Stigler, in the paper that reshaped regulatory economics: "as a rule, regulation is acquired by the industry and is designed and operated primarily for its benefit."[198] The federal government's own 2015 interagency review of occupational licensing found what that acquisition produces: higher prices for consumers and restricted opportunity for excluded workers, with wage premiums for licensees on the order of ten to fifteen percent in the empirical literature.[199]

Read Part IV again with Stigler's sentence in hand. A rabies rule that converts a public-health vaccine into a mandatory professional visit. A charity restriction that converts poverty into a client-screening requirement. A supervision rule that converts a competitor into a referral stream. A prescription practice that converts the prescriber into the store. Economics did not merely fail to rule these outcomes out. It predicted them, from structure alone, before a single bill was read. When theory predicts a behavior, and every documented observation matches the prediction, the reasonable inference about the undocumented behavior is not charity.

The Supreme Court already reasons this way

The strongest authority for counting what cannot be seen is not an economist. It is the United States Supreme Court, which has repeatedly judged organizations like this by their structure rather than waiting for proof of each abuse. On private standard-setters, whose model codes become law, exactly the AVMA's Model Practice Act mechanism: "a standard-setting organization like ASME can be rife with opportunities for anticompetitive activity."[34] On what a standard even is: "Agreement on a product standard is, after all, implicitly an agreement not to manufacture, distribute, or purchase certain types of products," which is why "private standard-setting associations have traditionally been objects of antitrust scrutiny," their legitimacy depending on "safeguards sufficient to prevent the standard-setting process from being biased by members with economic interests in restraining competition."[200] On boards controlled by practitioners: no antitrust immunity without active state supervision, full stop, and no requirement that anyone first catch the board conspiring.[62] The law's posture toward this kind of structure is presumptive suspicion. A state legislator who demands a smoking gun before doubting the AVMA is applying a weaker standard of scrutiny to the organization than the Supreme Court of the United States does.

The one-direction test

Where direct proof is impossible, statisticians look at the direction of errors. Honest error scatters: sometimes it overshoots, sometimes it undershoots. The associations' record does not scatter. Five commissioned workforce forecasts across five decades, every one finding surplus or adequacy, every one wrong toward fewer veterinarians.[170] Eight case files of contested policy, every one resolving toward more exclusivity, more billable oversight for members, or, in the welfare file, producer economics over the animals outright. The record assembled for this report contains no instance of organized veterinary medicine taking a contested position that reduced its members' exclusive claim to paid care; the nearest exceptions are lone state affiliates breaking ranks, Washington's and Maine's, and they prove the choice existed everywhere else. If animal safety were the variable actually driving these positions, it would sometimes point away from member revenue: safety arguments would occasionally favor the trained lay vaccinator, the charity clinic, the telehealth consult that beats no care at all, the $20 rabies shot. It never does. Fifty years of coin flips landing on the same side is not luck, and in the associations' case it is not bad luck either. If a counterexample exists, only the associations can produce it, and the standing invitation applies: NAVEC will publish it as a dated correction the day they do.

An inventory of the dark

Secrecy here is not an atmosphere. It is a list of specific, checkable absences, each one a decision that could be reversed tomorrow:

- **No member ballots** authorize the positions taken in the profession's name; policy is set by delegates the members never elected, under weighted voting.[2,53]
- **No published process** produced the announced "commitment" of all fifty state VMAs plus DC and Puerto Rico to oppose a midlevel role; a coordinated fifty-two-association position simply appeared, announced from a podium.[7]

- **No independently reviewable methodology** accompanies the association's campaign statistics, such as the claims that "95% of Colorado veterinarians surveyed" opposed Proposition 129 or that 79% of pet owners prefer its position; the surveys are self-commissioned and deployed in ballot campaigns.[201,202]
- **No public drafting record** exists for the Model Practice Act language that becomes state criminal law; it is written inside the association and delivered to legislatures ready to enact.[19]
- **No routine disclosure** reveals the member action alerts through which state campaigns are run; the Texas alert against shelter care in 2023 is known to the public only because an outside organization described it.[118]
- **No state holds audit rights** over the accreditation council, the licensing examination, or the foreign-credential gate the states rely on, as NAVEC's prior reports documented in detail.[192,194]

Every item on that list is a choice, made by an organization that publishes prolifically when publication persuades. What persuades is published; what would permit independent testing is not. Whatever the reason, it is exactly the disclosure pattern a purely self-interested actor would select, and the associations could break it any morning they choose, by publishing the ballots, the methodologies, and the drafting records. Until they do, every unverifiable claim they make in a committee room should be weighed as what it is: the say-so of a financially interested monopoly that declined to make itself checkable.

The silence of the members is part of the machine

One more number belongs on this ledger, and the associations have made sure no one holds it: how many veterinarians disagree. The structure suppresses the measurement itself. A working veterinarian's liability insurance runs through the association's exclusive member programs; her regulator, in some states, is nominated by the association's affiliate; and she has watched what happened to the Alabama nonprofit veterinarians who crossed the local order, prosecutions, a revoked license, a clinic closed.[20,47,109] Dissent under those conditions is expensive, which is why the glimpses that do surface matter so much: a delegate protesting that the House would not even discuss his resolution; a CVMA member survey, disclosed by the opposing campaign, showing 53% of the association's own members disagreeing with its flagship position.[56,157] The associations claim 74% market share of the profession's members. They have never once put a contested public position to those members for a vote.[48] An organization that will spend $2.3 million to sway the public's ballot, while never permitting its own, has told you what it believes a fair vote would say.

> **THE BURDEN, SHIFTED**
>
> From here forward the burden of proof belongs to the associations. An organization that claims to speak for a profession can prove it with member ballots. An organization that claims its restrictions protect animals can prove it with data it does not control. An organization that claims its forecasts are science can publish the models. Until it does, officials should treat every uncheckable claim from organized veterinary medicine the way courts treat testimony from a witness who owns the outcome: as advocacy, not evidence.

PART X

The counter-campaign: who takes the microphone, and what the law can do

The proposals in this part follow from a single principle: the regulated industry's trade association must stop being the government's default adviser on the rules it profits from. That will not happen because the association agrees to it. It happens when pet owners and independent experts organize to take the microphone, and when the legal system is asked to do what it already knows how to do with structures like this one.

First, learn where this lobby wins and loses

Read the record of Part IV as a strategist would. In the documented fights that happened in loud rooms, in front of voters, juries, and open floor votes, organized veterinary medicine lost: Colorado's voters created the VPA over a $2.4 million campaign; a federal appeals court dismantled the telemedicine mandate on an empty evidentiary record; Oklahoma's legislature freed the teeth floaters; Tennessee's freed the massage practitioners; California's Assembly passed telehealth unanimously.[27,128,130,136,140] In the quiet rooms, committee back benches, board proceedings, unrecorded calendars, it won: the Texas shelter bill died twice without a Senate vote, the Alabama bills died procedurally year after year, the Minnesota exemption was crushed, the Colorado telehealth bill was tabled.[72,115,120,145] The associations have rarely won a loud fight and have rarely lost a quiet one. The entire counter-campaign reduces to one instruction: move every fight into a loud room.

Put pet owners and independent experts at the microphone

- **Build the rival bench of experts.** Legislators default to the AVMA because no one else is organized to answer the phone. That is a solvable logistics problem, not a knowledge problem: licensing economists, access-to-care researchers, shelter medicine leaders, and public health scholars already exist and already publish.[170,184,199] NAVEC's coalition is assembling exactly this bench: independent experts on call for every committee hearing where "the profession's view" would otherwise be the only testimony. Any official reading this can request one today at navec.org.
- **Run the awareness machine on the baseline-first sentence.** Every restriction in this report becomes politically indefensible the moment it is stated next to its human-medicine baseline: a pharmacy technician can vaccinate your child, but a shelter worker cannot vaccinate your dog. Table 1 exists to be shared, printed, and read aloud in hearings. The lobby's power depends on these comparisons never being made in public; making them, relentlessly, in local media, town halls at shelters, and legislators' inboxes, is the pressure that changes votes.
- **Publish a permanent public register of the agenda.** Every bill the AVMA and each state VMA supports or opposes, every session, every state, in one public place, updated for as long as the organizations exist. The one-direction test of Part IX then stops being a report's finding and becomes a living public record: legislators,

journalists, and voters can check for themselves whether the "animal safety" organization ever takes a position against its members' revenue. NAVEC commits to maintaining this register.

- **Flood the doors that are already open.** Regulatory calendars contain dated, legally mandated openings where public input must be heard. The nearest one is enormous: Texas law requires TDLR to review every veterinary rule in the state by December 31, 2026, with "meaningful opportunity" for license holders and the public to provide input and recommend changes, and TDLR, unlike the board it displaced, owes organized veterinary medicine nothing.[203] Federal proceedings on USDA shortage programs and the Department of Education's periodic recognition reviews of the AVMA's accreditation council are the same kind of door.[63] Signature-backed open letters to state attorneys general, published locally before delivery, are a door citizens can open themselves.
- **Use the ballot where the building is captured.** Roughly two dozen states give citizens the initiative process. Colorado proved the model: when the humane organizations took the question over the lobby's head to the public, the public overruled the lobby on a 94.6%-funded campaign.[27] Prop 129's statutory text, rules, and forthcoming national exam are a ready-made kit for the next state.[156,162]

What lawmakers should enact

- **Copy North Carolina on rabies** (certified lay vaccinators, as Arizona and Maryland did in 2023).[95,96] **Free the charity clinics** (repeal Texas 828.012(b)-style indigency straitjackets; pass the reform that carried the Texas House 103 to 39).[110,115] **Write direct-access carve-outs** for massage, rehabilitation, and dental work on the Tennessee and Colorado models.[80,128,204] **Allow the video call** on California's guardrail model.[139] **Mandate prescription release** on the FTC's eyeglass precedent.[89] **Open a midlevel pathway** by importing Colorado's VPA framework.[156]
- **Make the private government disclose.** Require any organization testifying as the voice of a profession to file the member vote that authorized the position; require professional associations that draft model legislation to disclose it as such in every state where it is introduced; require workforce studies offered in testimony to disclose their sponsor and their sponsor's forecasting record.
- **Supervise the boards or lose them.** Enact genuine active-supervision review of every veterinary board decision that restricts non-veterinarian competition, on the FTC's published post-*NC Dental* framework, or restructure the boards so market participants no longer hold the pen.[62,205]

The legal remedies on the table

What follows is a map of remedies that exist in the public record, each already used at least once against this structure or its close analogues (a map, not legal advice; parties should engage counsel). The point of the map is that the counter-campaign does not depend on legislatures alone.

- **Private antitrust litigation.** The Sherman Act reaches trade-association standard-setting and gatekeeping abuse; the Supreme Court's *Hydrolevel* and *Allied Tube* line establishes liability precisely where association processes are "biased by members with economic interests in restraining competition," and the Justice Department has now stated in open court that the AVMA's gatekeeping is subject to that scrutiny.[29,34,200] Lincoln Memorial University's pending suit shows the door is open; treble damages and fee-shifting exist exactly so that injured clinics, excluded providers, and nonprofits can afford to walk through it.[65]

- **Personal exposure for captured boards.** Since *NC Dental*, members of practitioner-controlled boards who send cease-and-desist letters to competitors without genuine state supervision are not immune from federal antitrust liability, and the FTC has published guidance on what supervision requires.[62,205] Every enforcement episode in Table 2 is the fact pattern that doctrine was built for. Boards changed behavior in Arizona when sued, not when asked.[69]
- **First Amendment litigation.** *Hines* establishes, in the nation's largest federal circuit and now beyond the Supreme Court's review, that veterinary-advice restrictions are speech regulations the state must justify with real evidence of real harm, which Texas could not produce after a decade of enforcement.[136,137] Roughly 39 jurisdictions still enforce the rule that just failed that test.
- **State constitutional economic-liberty claims.** The Texas teeth-floating campaign was stopped by a state court on due-course-of-law grounds before the legislature ever acted.[68] The same theory reaches the rehabilitation, massage, and vaccination sweeps in states whose constitutions protect the right to earn a living.
- **State attorney general action.** Consumer-protection and unfair-practices statutes reach deceptive commercial claims made to defeat legislation and ballot measures; safety claims from an organization with a five-decade record of self-interested forecasting error are testable claims.[121] Antitrust parens patriae authority and supervision audits of the state's own boards complete the toolkit. It takes one attorney general, in one state, to make the structure answer questions under oath.
- **Federal enforcement and rulemaking.** The FTC holds a 2015 staff record concluding prescription portability "likely benefits consumers"; a rulemaking petition on the eyeglass model would put that conclusion to work.[89] The Justice Department's Statement of Interest should be the first filing in a course of conduct, not the last.[28]
- **Public-records enforcement.** Board communications with VMAs, hearing sign-in sheets, and the provenance of model-bill language are public records in most states. Requests cost nearly nothing; stonewalling is itself litigable, and itself a story.
- **Federal recognition proceedings.** The Department of Education periodically reviews its recognition of the AVMA's accreditation council; those proceedings accept third-party comment, and the supply-side record of Reports No. 1 through No. 4 belongs in them.[63,173]

Join it

The associations' power in every statehouse rests on one assumption: that they are the only organized voice in the room. That assumption is now optional. NAVEC's coalition of pet owners, clinic owners, shelter and humane leaders, veterinarians, and independent experts exists to end it: to staff the hearings, file the comments, run the register, and put this record in front of every attorney general, board, and legislator who has been taking the monopoly's word for what animals need. Join at navec.org. Bring this report to your state representative. And when the next "animal safety" bill appears, ask the three questions this report has equipped you to ask: who wrote it, who funded it, and what did their last forecast say.

Scarcity normally produces substitutes. When the substitute is illegal, the scarcity becomes policy. Ending that policy is the campaign.

Methodology and sourcing rules

This report was compiled in July and August 2026 from public records: statutes and administrative codes, legislative journals and witness lists, campaign-finance filings, IRS Form 990s, federal lobbying disclosures, court opinions and dockets, federal agency reports, and the AVMA's and state VMAs' own publications, policies, and annual reports. Wherever possible, organizations are characterized in their own published words, quoted verbatim and cited. Litigation allegations are attributed to the parties asserting them and are not treated as findings. NAVEC makes no claims about any person's motives; the report describes documented conduct, documented spending, and documented outcomes, and shows its arithmetic for every computed figure. Claims circulating in public discussion that could not be verified against primary records were excluded, whichever side they would have helped. State examples are representative, not exhaustive: the absence of a state from a case file means only that this report did not document it.

This report draws on public-record reporting by VIN News Service, dvm360, JAVMA News, Today's Veterinary Business, AAHA Trends, the Colorado Sun, Colorado Politics, Stateline, Nonprofit Quarterly, Animals 24-7, Animal Sheltering, and the litigation records of the Institute for Justice and the Beacon Center of Tennessee. Their journalism and case files are credited in the references; the analysis and conclusions are NAVEC's alone.

NAVEC is happy to be fact-checked. Errors identified with sources will be corrected in a dated, visible errata note at navec.org. Write to info@navec.org.

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About NAVEC

The North American Veterinary Ethics Council is a 501(c)(3) public charity dedicated to fairness, transparency, ethics, and merit in veterinary medicine. NAVEC's Workforce & Access Research Series documents, from public records, how privately controlled gates built the veterinary shortage and what governments, courts, and citizens can do about it. Its coalition brings together pet owners, shelters and humane organizations, independent clinic owners, veterinarians, veterinary technicians, and independent experts.

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