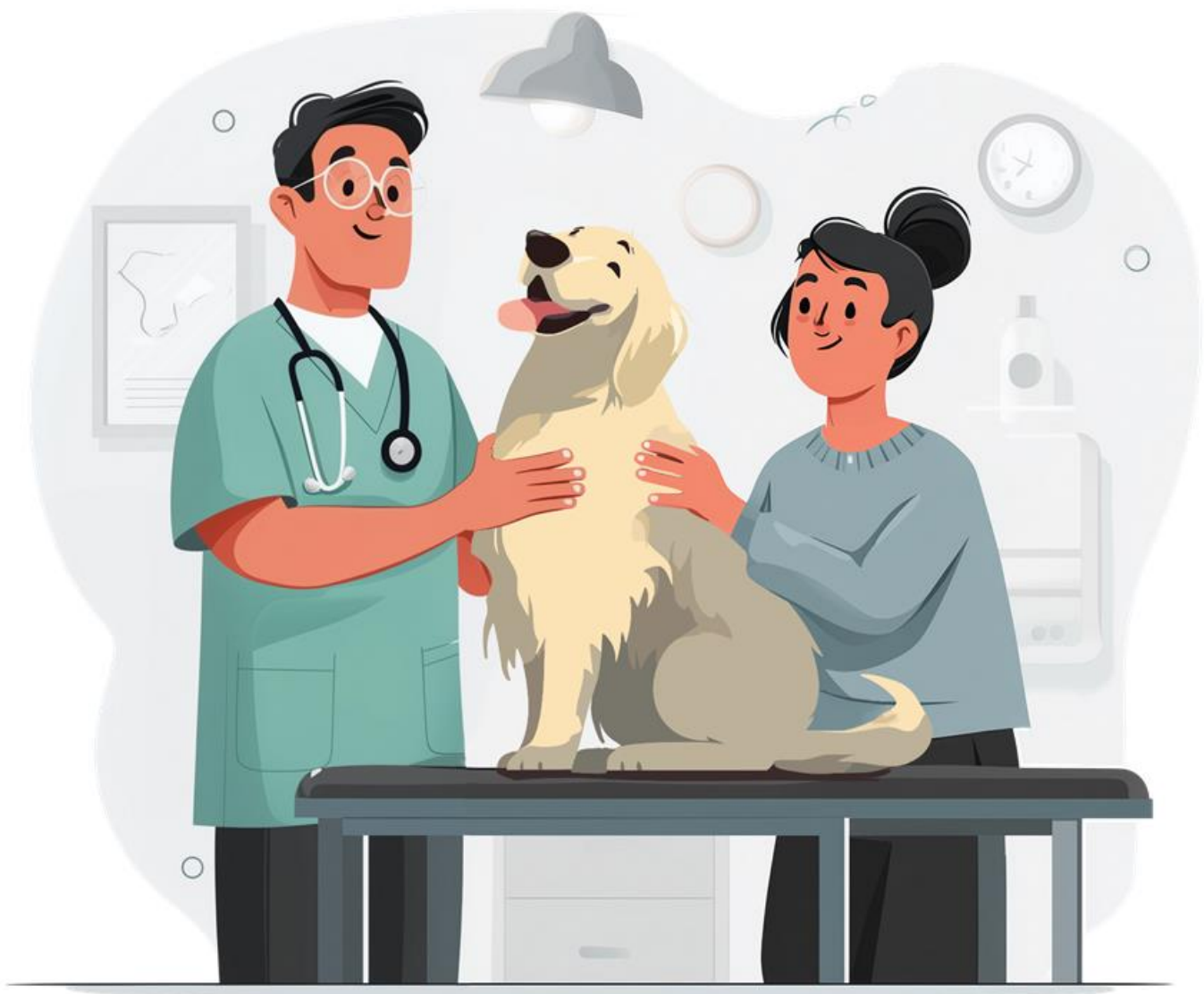


Veterinary Therapeutic Guidelines



Foreword



From Director-General of the
Animal & Veterinary Service,
Dr Chang Siow Foong

It gives me great pleasure to present the Therapeutic Guidelines, which represent a significant collaboration between the Animal & Veterinary Service (AVS) and the Singapore Veterinary Association (SVA). These Guidelines come at a crucial time when veterinary medicine is experiencing rapid evolution, with increasing interest in novel, complementary, and alternative therapies.

The growing demand for diverse therapeutic options presents both opportunities and challenges for the veterinary profession. While these emerging therapies offer new possibilities for animal care, they must be approached with careful consideration for animal welfare and evidence-based practice. In this context, veterinarians play a critical role in ensuring that all forms of therapy, whether conventional or non-conventional, are delivered safely and effectively.

These Guidelines provide a comprehensive framework to support veterinarians in navigating this complex landscape. They address key aspects of therapeutic practice, from establishing minimum standards and obtaining informed consent to managing ethical considerations and referral processes. The document aims to empower veterinarians to make well-informed decisions while maintaining the highest standards of professional practice.

We trust these Guidelines will serve as a valuable resource for veterinarians as they evaluate and implement various therapeutic options in their clinical practice. We extend our sincere gratitude to all veterinarians who contributed their expertise to the development of these Guidelines. AVS looks forward to continuing our partnership with SVA to support the advancement of veterinary medicine in Singapore.



From the
Singapore Veterinary Association,
Dr Haoting Chow

As veterinarians, we are united by a common purpose: to safeguard the health and welfare of animals entrusted to our care. While conventional medicine remains the foundation of our practice, the landscape of veterinary care is evolving. Increasingly, we are presented with new potential treatment options that may offer new avenues for improving patient outcomes and enhancing quality of life.

The Veterinary Therapeutic Guidelines, jointly developed by the Animal & Veterinary Service (AVS) and the Singapore Veterinary Association (SVA), are designed to support our profession in navigating this expanding field. They set out guiding principles and best practices for the potential use of non-conventional therapies, while recognising that no set of recommendations can replace the clinical expertise, judgement, and compassion of the attending veterinarian.

The Guidelines reaffirm our professional responsibility: that all therapies, regardless of their origin, must be practised ethically, responsibly, and in alignment with the Code of Ethics for Veterinarians. By adhering to these standards, we ensure that innovation in treatment remains firmly grounded in the principles of animal welfare and professional integrity.

I thank the team who volunteered their valuable time in the midst of their busy schedules to craft these Guidelines. We hope these Guidelines will serve as a trusted reference, encouraging thoughtful exploration, informed decision-making, and open dialogue within the veterinary community. By embracing both established knowledge and emerging approaches, we enhance our ability to deliver the best possible care to our patients and advance together as a profession.

Together, let us continue to shape a future of veterinary medicine that is guided by science, compassion, and a shared commitment to animal well-being.

Preface

The Animal & Veterinary Service (AVS), a cluster of the National Parks Board (NParks), has partnered with the Singapore Veterinary Association (SVA) to produce the Veterinary Therapeutic Guidelines. The guidelines outline general principles and best practices for the use of therapies, including conventional, novel, complementary and alternative treatment options. They are intended to serve as reference materials, while allowing veterinarians to exercise individual professional and clinical judgement. Notwithstanding, all veterinary therapies should be done in accordance with the Code of Ethics for Veterinarians.

Pet owners and members of the public should always approach AVS-licensed veterinarians for advice on pet health care.

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Introduction

The Animal & Veterinary Service (AVS) and the Singapore Veterinary Association (SVA) both recognise a growing interest in non-conventional therapies for animal patients. We believe that the practice of all forms of veterinary medicine, be it conventional or non-conventional, should be held to a high level of professional standard. The veterinarian's primary objective is to promote animal welfare and to 'first do no harm'. **Any therapy should be effective, safe, evidence-based and holistic, undertaken only after assessment and diagnosis by the veterinarian.**

The purpose of these guidelines is to support veterinarians and clients in making informed and judicious decisions with regard to therapeutic options for animal patients. They are designed to help veterinarians navigate the complex landscape of conventional, novel, complementary, and alternative therapies, ensuring that high standards of veterinary care are upheld.

While these guidelines provide a framework for decision-making, they are not intended to be prescriptive. **Veterinarians should use their professional judgement, taking into account the individual needs of each animal patient and the client, when applying these guidelines in practice.**



Definitions and Types of Therapy

Therapy

Therapy in the veterinary setting pertains to any treatment or intervention that is intended to prevent, diagnose, monitor, alleviate, cure or treat a medical condition, disease, disorder, ailment or injury, or any symptom thereof; improve an animal patient's health and/or wellbeing; relieve pain and suffering; or modify or replace any physiological process. Examples of therapy include but are not limited to medication, surgical procedures, physical rehabilitation/therapy, medical devices, and cell and tissue-based products.

A. Conventional Therapy¹



Conventional therapies are therapies that have gained widespread acceptance for use in a particular species to address specific conditions. There are established and well-recognised safeguards in place to ensure the efficacy and safety of such therapies, such as through regulatory requirements for manufacturers and suppliers of veterinary health products like medicines, as well as the licensing of veterinarians that provide clinical services to animal patients.

These therapies would have undergone rigorous scientific evaluation and peer review to demonstrate their safety and effectiveness, as well as having been widely published to establish their credibility. The evidence supporting a conventional therapy should demonstrate three key aspects:

- It should prove the therapy's efficacy, effectively showing 'proof of principle'.
- The research should include thorough screening for any unexpected side effects, ensuring the therapy's safety.
- Studies should assess the long-term effects, providing a comprehensive understanding of its impact over time.

B. Non-conventional Therapy



Non-conventional therapies are treatments that exist outside of conventional therapy.² They broadly consist of novel, complementary and alternative therapies, and these categories can sometimes overlap.

B1. Novel Therapy

A novel therapy can be characterised as one that has minimal or no established history in addressing a specific ailment in a particular species. This category also encompasses treatments that alter or combine conventional therapies in ways that have seen little to no prior application, potentially impacting clinical efficacy and animal patient safety.

A therapy may be classified as novel if it meets any of the following conditions:

1. It represents an entirely new approach, never before employed for a specific condition in the species in question.
2. Its use has been limited to a small group of veterinary professionals treating animals of this species for a particular disease.
3. It has only been applied in a limited number of cases for this specific disease in this species.
4. It involves a novel combination of previously established treatments (e.g., a new protocol).
5. It incorporates substantial alterations to existing, accepted treatments.
6. It applies a recognised treatment to a condition for which it is not yet an established therapy in a specific species.^{1,3}

Novel therapies should be grounded in scientific principles or have a sound theoretical framework that explains their proposed mechanism of action and justifies their clinical application.

B2. Complementary and Alternative Therapy

A complementary or alternative therapy is one that is based on the philosophy of supporting the body's natural healing processes rather than solely relying on pharmaceutical interventions. There may not be adequate scientific proof of its safety and efficacy.⁴

- When a non-conventional therapy is combined with conventional veterinary medicine, it is considered a complementary therapy.²
- When a non-conventional therapy is used instead of conventional veterinary medicine, it is considered an alternative therapy.

Examples of complementary and alternative therapies include acupuncture, aromatherapy, chiropractic medicine, herbalism, homeopathy, naturopathy, osteopathy and various massage therapies.⁴

Table 1 summarises the differences between conventional, novel, and complementary and alternative therapy.

Table 1. Differences between conventional, novel, and complementary and alternative therapy

Therapy Type	Conventional Therapy	Novel Therapy	Complementary and Alternative Therapy
Definition	Widely accepted treatments for specific conditions in a particular species	Treatments with minimal or no established history for a specific ailment in a particular species	Non-conventional therapy used in combination with conventional veterinary medicine (complementary therapy) or instead of conventional veterinary medicine (alternative therapy)
Key Characteristics	• Standardised protocols and dosages • Typically taught in mainstream veterinary curricula • Subject to regulatory approval processes • Regularly updated based on new research findings • Clear mechanisms of action usually understood	• New or significantly modified approach • Limited historical clinical application • May combine or alter existing treatments • Applied to new conditions or species	• Supports the body's natural healing processes
Evidence Base	Usually undergoes rigorous research that covers quality, efficacy, safety and risk-benefit analysis ⁵	Limited or no established scientific history	Usually lacks significant scientific proof of safety and efficacy

Guiding Principles

Generally, veterinarians should select therapeutic options that maximise positive effects and minimise harm to the animal patient, with the understanding that their primary objective is to promote animal welfare and to 'first do no harm'. The subsequent sections in this document detail the factors that should be considered when deciding which therapy to undertake.



Minimum Standards in Undertaking Therapy

The practice of veterinary medicine requires careful consideration of therapeutic interventions to ensure optimal animal patient outcomes whilst maintaining the highest standards of care. This section outlines the fundamental requirements that veterinarians should consider and satisfy before recommending or initiating any form of treatment.

Considerations in undertaking therapy

1. The foremost objectives in practising veterinary medicine are the health and welfare of the animal patient.
2. Before undertaking a chosen therapy, the following criteria should be met:
 - a. If the therapy is considered novel, complementary or alternative, the therapy should reasonably be expected to result in a similar or better outcome than that following conventional treatment
 - b. If the therapy is deemed novel, complementary or alternative, the highest level of evidence available should be considered (see subsection on “**Highest Level of Evidence**” below)
 - c. Informed consent has been obtained from the client (See section titled “**Informed Consent**” for more details)
 - d. The therapy should have been assessed to cause minimal pain, discomfort and stress in the animal patient, and an appropriate level of analgesia/anaesthesia is utilised if needed
 - e. If the therapy is considered novel, complementary or alternative, clinical end-points for reverting to conventional therapy and/or consideration of euthanasia should be defined, prioritising animal health and welfare as well as quality of life
 - f. Potential safety risks and hazards which may affect the health and welfare of animal patient and personnel have been identified, with contingency and/or mitigation plans set out
 - g. All staff must be adequately trained and possess the necessary knowledge and skills to carry out the therapy effectively and safely, as well as any emergency, palliative or salvage procedures that may be required
 - h. The facility should be well-equipped to carry out the therapy as well as any emergency, palliative or salvage procedures that may be required

3. If the therapy is considered novel, complementary or alternative, the veterinarian responsible for the therapy has a duty to ensure that:
 - a. the therapy does not interact negatively with conventional therapy,
 - b. the animal patient's condition is monitored closely for signs of improvement or deterioration.
4. Informed consent, acknowledgement of risks on part of the client and animal patients and outcomes of treatment (including negative outcomes, rationale, plan, duration of treatment and ongoing monitoring) should be clearly documented in medical records.

Highest Level of Evidence

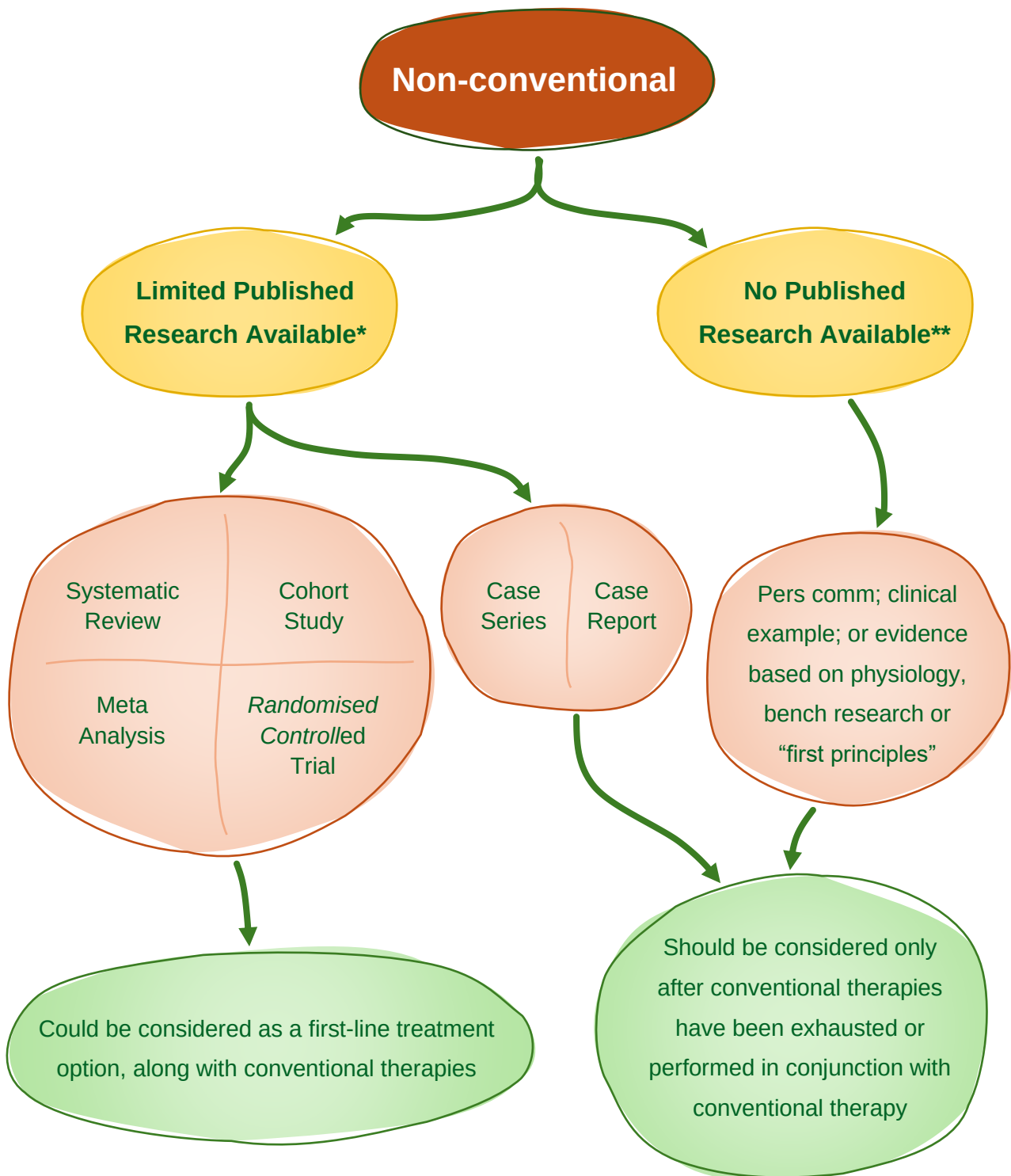
In considering the circumstances under which a non-conventional therapy should be recommended or applied, veterinarians should be cognisant of the highest level of published scientific evidence that is available.

Generally, non-conventional therapies that are backed by published research of higher levels of evidence in the context of evidence-based veterinary medicine could be considered as first-line or empirical therapeutic options, alongside conventional therapies.

All other non-conventional therapies should only be considered after conventional therapies have been exhausted or performed in conjunction with conventional therapies.

In all cases, in relation to seeking informed consent, it is highly recommended to share with the client the highest level of evidence available for the therapeutic option recommended and discuss the related implications. The above considerations for the application of non-conventional therapies are summarised in **Figure 1**.

Figure 1. Therapeutic recommendations depending on the level of evidence available



* It is recommended to share existing published research that supports the recommendation with the client

** It is recommended to highlight that there is no published research during discussions with the client



Informed Consent

Informed consent for undertaking all kinds of therapies is critical for maintaining trust and ethical standards in veterinary practice.

By obtaining informed consent, veterinarians not only fulfil their legal and ethical obligations but also empower clients to make well-considered decisions about the animal patient's care. This fosters trust, promotes transparency, and ensures that both the veterinary team and the client are aligned in their approach to the animal patient's health and welfare.

What Should be Discussed

Veterinarians should use their professional judgement to determine what information should be shared with the client to guide their decision-making. This includes paying particular attention to providing more detailed information when recommending non-conventional therapies, where the scientific evidence and potential limitations of the therapy option may be less known.

In aiding the client to make an informed decision on the choice of therapy, the veterinarian should provide the following information to the best of their ability:

1. A list of reasonable and appropriate treatment options available (including options for palliative care, referral and euthanasia if applicable)
2. For each recommended treatment option:
 - a. A brief description, including mechanism of action and whether it is a conventional, novel or complementary and alternative therapy
 - b. Assessments of likely risks, side effects and benefits
 - c. The current state of supporting scientific evidence
 - d. Cost estimates
 - e. Post-treatment requirements and costs
3. Appropriate responses to questions the client may have⁶

Types of Consent

There are two main types of consent in veterinary medicine:

Verbal

Verbal consent could be appropriate for diagnostic tests and therapies that are non-invasive and carry little to no risk to the animal patient,⁷ or in times of emergency.

A witness should be present especially in situations of higher risk such as emergencies, or when consent is not provided face-to-face e.g. over a phone call.⁶

Written

Written consent should be obtained together with verbal consent for cases involving higher risks.

Regardless of the nature of consent obtained, it is strongly recommended for all relevant communication to be comprehensively captured as part of the medical records, which is **in addition to** any physical consent forms signed in the process.

Ensuring the accuracy of the timestamps in the medical records for when informed consent was obtained is crucial for supporting the chronology of events. If there are any amendments to what was previously consented to, these should be initialled, dated and a note of subsequent conversations recorded on the medical records.^{6,8}

Exceptional Circumstances

If the veterinarian cannot reach the client to obtain informed consent, they should only proceed with treatment in cases where treatment is necessary to prevent severe suffering and/or significant harm. Otherwise, if the animal patient's health and well-being are not at risk, the veterinarian should only proceed upon obtaining informed consent.

Once the situation has been addressed, the client should be contacted to explain the situation, discuss further treatment plans and obtain informed consent as required.

All attempts to contact the client, the post-procedure discussion, as well as considerations behind the assessment for having gone ahead with the treatment despite not having obtained informed consent, should be documented in the medical records.⁹



Ethical Considerations when Undertaking Therapy

The primary **professional responsibility of veterinarians** is to their animal patients, while balancing this with responsibilities they also hold to their clients, to the public, to the profession, to their colleagues and to themselves.¹⁰

Key ethical considerations:

1. Veterinarians should be advocates for their animal patients who use their position, medical knowledge, and clinical training to first and foremost try to improve the animal patient's welfare.¹¹
2. Veterinarians should base treatment decisions primarily on the animal patient's best interests, rather than on personal, financial, or professional motivations.
3. Veterinarians may exercise some influence on clients when their choices are seen as deleterious to the animal patient's health or welfare, based on the veterinarian's professional and clinical assessment.¹²
 - a. If a client chooses diagnostic or treatment options that differ from the veterinarian's professional assessment and recommendations, veterinarians should ensure these procedures still achieve appropriate standards of care.¹³
 - b. If a client strongly requests for services the veterinarian has assessed to be inappropriate, such as causing unnecessary pain and suffering for the animal patient and/or is unlikely to be beneficial, the veterinarian does not have an ethical obligation to provide them¹³ i.e., there is a choice to refuse providing such treatment. In such cases, it is important to remind them of the recommended treatment options, the options of a second opinion or referral,¹⁴ as well as to document the discussion in the medical records.
 - c. If a client still refuses services that would save the animal patient from harm, they are free to do so, provided that the legislative provisions on animal welfare and prevention of cruelty to animals¹⁵ are not contravened.¹¹ It is important to remind them of the options of a second opinion or referral,¹⁴ as well as to document the discussion in the medical records.



Referral¹⁶

This section builds on the principles outlined in Section 9.3 of the Code of Ethics for Veterinarians.¹⁴ Increasingly so for cases in which non-conventional therapeutic options have been used or are being considered, there is a need to ensure clear and traceable communication between referring (sending) and referral (receiving) veterinarians to better safeguard animal health and welfare.

Consultant vs Referral Veterinarian

A primary care practitioner (PCP) may elicit the assistance of either a *consultant* or *referral veterinarian* in the treatment of their animal patient.

A *consultant* may advise on a case but does not have a Veterinary Client Patient Relationship (VCPR) for the case. Examples of consultants include radiologists, pathologists, or other specialist consultancy services. Clinical recommendations made by the consultant to the PCP should be assessed for validity considering the wider animal patient picture before being presented to the client. Consultants are not addressed in this document.

A *referral veterinarian* assists in case management by assuming the VCPR. Typically, the referral veterinarian is expected to manage a specific aspect of an animal patient's health but may, in some instances, proceed to manage comorbidities or additional conditions that arise while under their care. Appropriate case handover from the referring to the referral veterinarian is necessary for continuity of care. Ultimately, once the referral veterinarian has provided input, diagnostics and/or therapy for the referred animal patient, appropriate case handover back to the referring veterinarian is advised.

Responsibilities of the Referring Veterinarian

1. A referring veterinarian should be aware of appropriate referral options.
2. Referral should be considered in a timely manner based on animal patient condition. It is the responsibility of the referring veterinarian to determine the urgency of a referral and communicate this with the referral veterinarian.
3. The following considerations should be considered when deciding on the need for referral:
 - a. Requirement for additional expertise/advanced training.
 - b. Indication for additional equipment, diagnostic tools or therapeutic options.
 - c. Inability to attain a definitive diagnosis or the presence of an unresolved or worsening medical condition despite intervention.
 - d. The need for 24-hour supervision or medical support.
 - e. Client dissatisfaction with case progression and/or request for a second opinion.

The client should be educated on the purpose of the referral.

4. Clients should be informed that consultation and other related fees will apply at the referral clinic and be encouraged to contact the referral clinic directly for specific fee information.
5. The referring veterinarian should recognise that diagnostics performed and treatments rendered by the referral veterinarian may differ from expectations. Caution should be exercised when discussing expectations of case management with the client prior to the referral.
6. The referral process should involve direct communication of all relevant medical records ahead of referral.
7. Should the client and animal patient return to the referring veterinarian while under active care with the referral veterinarian (either expected or unexpected), and coordination of care would benefit the patient, efforts should be made to communicate with the referral veterinarian, preferably with the client's knowledge and consent.

Responsibilities of the Referral Veterinarian

1. The referral veterinarian should make known their credentials as a referral veterinarian, including any specialist qualifications.
2. If the referring veterinarian has highlighted a case as urgent or an emergency, it is the responsibility of the referral veterinarian to either:
 - a. Provide animal patient care in a timely manner that reflects the level of urgency, or
 - b. Inform the referring veterinarian that they are unable to provide timely animal patient care such that the referring veterinarian can make alternate referral arrangements.
3. The referral veterinarian should inform referring veterinarians of consultation charges. Prospective estimates for routine referral services can be provided. However, extensive quotations should be avoided prior to animal patient assessment and the establishment of a VCPR.

4. Timely communications pertaining to diagnostics performed, treatments rendered, medications prescribed, treatment expectations and review requirements should be provided to the referring veterinarian to ensure continuity of care between the referring and referral veterinarians.
5. Care should generally be limited to the condition or procedure for which the animal patient was referred. However, provision of treatment/care for related or newly discovered conditions may be indicated in the interests of animal patient care. Such deviations in diagnostics/treatments should be communicated to the referring veterinarian in a timely manner.
6. Once the animal patient is considered discharged from the referral veterinarian's care, both the client and referring veterinarian should be informed.

References

- ¹ Yeates, J. *et al.* (2013) "Ethical and evidential considerations on the use of novel therapies in veterinary practice," *Journal of Small Animal Practice*, 54(3), pp. 119–123. Available at: <https://doi.org/10.1111/jsap.12031>.
- ² College of Veterinarians of Ontario (2021) *Use of non-conventional therapies in the practice of Veterinary Medicine*, CVO. Available at: <https://www.cvo.org/standards/use-of-non-conventional-therapies-in-the-practice-of-veterinary-medicine> (Accessed: May 16, 2025).
- ³ Yeates, J.W. (2015) "Ethical principles for novel therapies in veterinary practice," *Journal of Small Animal Practice*, 57(2), pp. 67–73. Available at: <https://doi.org/10.1111/jsap.12402>.
- ⁴ Veterinary Practice Board Western Australia (2023) *Complementary and Alternative Therapy Guidelines*, VPBWA. Available at: <https://www.vsbwa.org.au/common/Uploaded%20files/vet%20Guidelines/Guidelines-on-Complementary-and-Alternative-Therapy.pdf> (Accessed: May 16, 2025).
- ⁵ Royal College of Veterinary Surgeons (2017) *College Publishes Complementary Medicines Statement - Professionals*, RCVS. Available at: <https://www.rcvs.org.uk/news-and-views/news/college-publishes-complementary-medicines-statement/> (Accessed: May 16, 2025).
- ⁶ Veterinary Council of New Zealand (2022) *Technical Advice: Informed consent*, VCNZ. Available at: https://vetcouncil.org.nz/Web/Web/News/Technical_advice/Technical_Advice__Informed_consent.aspx (Accessed: May 16, 2025).
- ⁷ Singapore Medical Council (2016) *SMC Ethical Code and Ethical Guidelines (2016 edition)*, SMC. Available at: [https://www.healthprofessionals.gov.sg/docs/librariesprovider2/guidelines/2016-smc-ethical-code-and-ethical-guidelines---\(13sep16\).pdf](https://www.healthprofessionals.gov.sg/docs/librariesprovider2/guidelines/2016-smc-ethical-code-and-ethical-guidelines---(13sep16).pdf) (Accessed: May 16, 2025).
- ⁸ Royal College of Veterinary Surgeons (no date) *11. Communication and consent - Professionals*, RCVS. Available at: <https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-nurses/supporting-guidance/communication-and-consent/> (Accessed: May 16, 2025).
- ⁹ College of Veterinarians of Ontario (2020) *Guide - Informed Client Consent*, CVO. Available at: <https://www.cvo.org/standards/guide-informed-client-consent> (Accessed: May 16, 2025).
- ¹⁰ Canadian Veterinary Medical Association (2016) *Principles of Veterinary Medical Ethics of the CVMA*, CVMA. Available at: <https://www.canadianveterinarians.net/media/o5qjghc0/principles-of-veterinary-medical-ethics-of-the-cvma.pdf> (Accessed: May 16, 2025).
- ¹¹ Coghlan, S. (2018) "Strong Patient Advocacy and the Fundamental Ethical Role of Veterinarians," *Journal of Agricultural and Environmental Ethics*, 31(3), pp. 349–367. Available at: <https://doi.org/10.1007/s10806-018-9729-4>.
- ¹² Yeates, J.W. and Main, D.C.J. (2010) "The ethics of influencing clients," *Journal of the American Veterinary Medical Association*, 237(3), pp. 263–267. Available at: <https://doi.org/10.2460/javma.237.3.263>.
- ¹³ American Veterinary Medical Association (no date) *Principles of veterinary medical ethics of the AVMA*, AVMA. Available at: <https://www.avma.org/resources-tools/avma-policies/principles-veterinary-medical-ethics-avma> (Accessed: May 16, 2025).
- ¹⁴ Animal and Veterinary Service (2012) *Code of Ethics for Veterinarians*, AVS (NParks). Available at: <https://www.nparks.gov.sg/-/media/avs/migrated-content/animals-and-pets/animal-health-and-veterinarians/veterinary-licensing/codeofethicsforveterinariansfeb2012.pdf> (Accessed: March 25, 2025).
- ¹⁵ Section 41C of the Animals and Birds Act 1965.
- ¹⁶ American Animal Hospital Association (2013) *AAHA referral and consultation guidelines*, AAHA. Available at: <http://www.aaha.org/wp-content/uploads/globalassets/02-guidelines/referral/aaaha-referral-guidelines-2013> (Accessed: March 25, 2025).

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