

Code of Professional Conduct

Summary of March 2026 Changes | Quick Reference for Veterinarians

This cheat sheet summarises the key changes made to the Code in March 2026 related to defining “under the care of a veterinarian” and “specific and limited range of veterinary services”. The full Code of Professional Conduct remains the authoritative reference.

This document was produced with the assistance of an AI tool (LLM). The AI was used to analyse the amended Code of Professional Conduct and supporting documentation, and to generate an initial draft of the cheat sheet content and layout. The draft was reviewed and edited by Vet Council staff before publication. Staff verified the accuracy of the content against the source documents and made revisions as appropriate.

1. New definition: 'Under the Care of a Veterinarian'

An animal or group of animals is under a veterinarian's care when the veterinarian has been given, and has accepted, the responsibility for their ongoing health and welfare — or a specified aspect of it (for specific and limited service providers).

What's new: Written agreement required (new Section 2.4)

When accepting animals into your care you must now:

- Document the agreement to provide veterinary services to the specified animal(s).
- Have the client sign the agreement.
- Record the agreement in the clinical record.

The written agreement should include:

- Description of services provided
- Emergency/after-hours care arrangements (or named alternative practice)
- Expiry clause (if animals not seen, care responsibility terminates)
- Annual review / review on material change
- Dispute and termination clause
- For production animals: farm description, stock types/numbers, RVM training undertaking, disclosure of other treating vets

2. New framework: Specific and Limited Range of Veterinary Services Sections 5.10-5.13 and glossary definition

The Code now defines three sub-categories and sets clear obligations for each. This clarifies who is responsible for emergency care and RVM authorisation when a veterinarian provides something other than general practice.

UNIQUE SERVICES	ADVANCED SERVICES	CONSULTANCY SERVICES
• House-call euthanasia • Equine pre-purchase exams	Examples: • Equine dentistry • Embryo transfer • Orthopaedic surgery • Ophthalmology • Specialist referral services	Examples: • Dairy cattle fertility/reproduction consultancy • Udder health / milk quality consultancy • General nutrition consultancy
RVM authorisation: Immediate use only, for matters consulted on	RVM authorisation: Immediate use only (including special circumstances approval for specific conditions). Cannot authorise future supply, routine vaccines, or disease control programme RVMs (dry cow, lameness, fertility, parasite, etc.)	RVM authorisation: Diagnostic purposes only — no therapeutic RVMs
GVP requirement:	GVP requirement:	GVP requirement:

Must contact client's GVP with client permission	Must confirm GVP involvement and share records before providing service. Cannot proceed without a GVP.	Must confirm GVP involvement and share records. Cannot proceed without a GVP.
Emergency cover: Must arrange 24/7 cover for matters consulted on	Emergency cover: Must arrange 24/7 cover proportionate to services and RVMs authorised (can be by GVP if agreed)	Emergency cover: Must arrange cover proportionate to diagnostic RVMs only (can be by GVP if agreed)

Key rule: The following service types are NOT specific and limited services — they are treated as general veterinary practice: companion animal vaccination clinics, companion animal desexing clinics, production animal vaccination programmes, dry cow treatment consultations, cattle synchronisation / non-cycler programmes, emergency after-hours clinics.

Veterinarians must indicate their specific and limited service at the time of applying for their Annual Practising Certificate 2027/2028. This will be displayed on the Vet Council Register.

3. New definition: 'Sufficient Information'

A new glossary definition now sets out what 'sufficient information' means when conducting a veterinary consultation or authorising RVMs.

What must be considered:

- Scientific evidence and currently accepted standards of care
- Patient circumstances (history, disease challenges, general health status)
- Client circumstances (spectrum of care options)
- For production animals: representative animal data, farm system, herd health history, environment

In ongoing care, this requires regular and appropriately frequent reassessments.

In-person assessment requirement:

Gathering sufficient information should involve an in-person clinical assessment, and where appropriate a physical examination, at the time of the consultation.

If not in person, animals must have been seen recently or often enough — and

at least within the last 6 months

Exception: emergencies or natural disasters where in-person assessment is not possible. You must record your justification in the clinical notes.

4. Clarified rules: RVM Authorisation (Sections 6.3 & 6.4)

Authorising in anticipation of future use (new section 6.3, para 7):

When authorising RVMs for future use you must:

- Issue specific instructions to specified persons for specified animals in specific situations.
- Ensure the quantity and duration of the authorisation is limited and appropriate.
- Have sufficient current knowledge of the animal(s)' health status.
- Provide the client with a printed or electronic summary of all RVMs authorised.
- Review what authorisations and stock are already on farm before authorising more.
- Conduct regular reviews — at minimum within the last 6 months — to confirm circumstances haven't changed.

Competence of those administering RVMs (new section 6.3, para 8):

You must ensure people authorised to administer RVMs are competent to do so, and document that you have confirmed this. They must be able to:

- Recognise and treat conditions covered by the authorisation
- Administer at the correct dose, site and frequency
- Record use appropriately and store/dispose of RVMs safely
- Monitor treatment effects and comply with withholding periods
- Make provision for veterinary intervention if adverse events occur

Antibiotics and VOIs (section 6.4 — clarified):

VOIs must NOT be used to authorise the use of antibiotics. Antibiotic administration always requires: (1) the animals to be under the care of the veterinarian, (2) individual clinical assessment, and (3) direct veterinary authorisation specific to the animals being treated. This applies to all uses — prophylactic, metaphylactic, therapeutic, individual or group treatment.

5. Other Changes at a Glance

Section 5.7 – Emergency services

Wording updated to clarify that the emergency service obligation applies to

animals under your care

(not just 'clients' animals' generally). The obligation is unchanged — you must have 24/7 emergency cover for animals you have accepted into your care.

Section 3.2 – Specific & limited services

Cross-references added directing to new sections 5.10–5.13 for full requirements on specific and limited service providers.

Section 2.4 – Client relationships

New section requiring written, signed agreements when accepting animals into care (see Change 1 above).

New glossary terms added:

- Under the care of a veterinarian
- Specific and limited range of veterinary services
- Sufficient information
- Clinical assessment
- Period of review
- Person in charge
- Physical examination

Antibiotic prophylaxis guidance updated:

The explanation of appropriate antibiotic prophylaxis has been amended and examples of appropriate perioperative prophylactic use are now included. Metaphylaxis guidance is unchanged.

This is a summary only. The full Code of Professional Conduct is the authoritative document. All previous Code provisions remain in force unless specifically amended. Visit hub.vetcouncil.org.nz for the complete Code and explanatory notes. | Updated March 2026