



How to Utilize Credentialed Veterinary Technicians in Mixed Animal Practice

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I spent the first 16 years of my career in a mixed animal practice split between West Virginia, Ohio, and Kentucky. Most days were in the clinic, with farm calls the rest of the time, treating dogs, cats, horses, cattle, small ruminants, and the occasional camelid. Mixed animal veterinarians make up a relatively small share of the profession, and many rural communities continue to face shortages of veterinary services.¹ The vet who sees the farm dog in the morning, pregnancy-checks the herd in the afternoon, and handles a colicking horse late at night is filling a gap no specialist is lining up to cover. That

variety is one of the joys of this work—and for the communities relying on it, it is essential. But without the right team, that same variety can wear you down.

From the start, skilled credentialed veterinary technicians (CrVTs) helped me shift my daily question from “What do I need to do today?” to “What can only I do today?” On more than one winter herd check, a CrVT ran the entire vaccination, deworming, and tagging line—within our practice act and written protocols—while I focused on problem cows and breeding-soundness exams. Some of the best answers

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to the mixed animal workforce crisis are already in the truck with us. When CrVTs are used to the full extent allowed by law and supported by clear protocols, veterinarians gain capacity, practices perform better, and CrVT engagement and retention improve.^{2,3} Mixed animal practice will not be saved by working harder. It will be saved by allowing CrVTs to do all they are legally permitted to do.

Why Mixed Animal Practices Cannot Underuse CrVTs

Mixed animal medicine is demanding. There are the multiple species, clinic and farm work, and 24-hour expectations that quickly stretch a small team. At the same time, many practices underuse a key asset: highly trained CrVTs.

Data from NAVTA's 2024 Demographic Survey show that only a minority of CrVTs feel fully utilized, and many see little differentiation between their responsibilities and those of uncredentialed staff.⁴ This mismatch drives frustration, burnout, and turnover. When CrVTs talk about why they leave the profession, they consistently mention lack of utilization right alongside low pay and poor wellbeing.^{4,5}

The upside is significant. The 2023 AAHA Technician Utilization Guidelines show that practices where veterinarians rarely perform tasks that CrVTs can legally perform see a substantial increase in revenue per veterinarian.² Full utilization can yield 6-figure gains annually—money that supports better pay, benefits, equipment, and staffing in the very practices struggling to survive.² When CrVTs work at the top of their skills rather than spend their days as glorified assistants, they are more engaged, more likely to stay, and more invested in the practice's success.^{2,3} Utilization is retention. It is also respect.

Scope of Practice: Your Real Delegation Guide

Scope of practice is the legal job description for the veterinary team. It defines which tasks each role can do and under what supervision—the line between what only the veterinarian can do and what CrVTs can legally handle. If you do not know where that line is, you cannot delegate with confidence.

My home clinic was in West Virginia, but I made farm calls in Ohio and Kentucky with the same CrVTs. The medicine was the same, but the rules were not. How I used my CrVTs changed the moment we crossed a state line.

In West Virginia, the statute gives RVTs a detailed list of duties under general and indirect supervision. Under general supervision, my CrVTs could legally administer anesthesia (including induction, intravenous sedation, and recovery), perform dental prophylaxis, administer immunizations, and perform external suturing.⁶ Under general or indirect supervision, they could perform diagnostic imaging, place intravenous catheters, administer medications by multiple routes, and collect specimens.⁶ CrVTs routinely performed external suturing under my general supervision after I debrided and inspected the wounds, a task that made busy surgery days more efficient and one they genuinely valued.

In Kentucky, regulation defines scope of practice and sets minimum supervision levels by task, then relies on the supervising veterinarian's judgment above those minimums.⁷ I used that flexibility to put CrVTs in a primary hands-on role on farm calls. On a typical beef herd visit, my CrVTs placed jugular catheters in sick calves, drew blood for diagnostics, and administered intravenous and subcutaneous medications in accordance with our written protocol while I examined problem animals, performed ultrasonography on cows, and discussed the herd plan with the producer.

In Ohio, the code ties specific tasks to supervision language.⁸ Under veterinary supervision, my CrVTs could prepare patients and equipment for surgery, collect specimens, apply wound dressings, administer medications, and suture skin incisions. Tasks requiring direct veterinary supervision included anesthesia induction and monitoring, dental prophylaxis, and equine dental procedures.⁸ Ohio does not use a separate “indirect supervision” tier; therefore, veterinary supervision permits the veterinarian to be on the premises or readily available to communicate, while direct veterinary supervision requires the veterinarian to be in the immediate area and within audible and visual range.^{8,9}

Same CrVTs. Same cases. Three different rulebooks. Living that reality convinced me that, whatever state

you practice in, you have to read your practice act and use it as a practical guide to delegation.

Today, practices have an advantage I did not: species-specific utilization guidelines. The 2023 AAHA Technician Utilization Guidelines cover small animal clinic work.² The American Association of Bovine Practitioners (AABP) Guideline for Credentialed Veterinary Technicians in Bovine Practice does the same for herd-check and feedlot days.¹⁰ Utilization guidance from the American Association of Equine Veterinary Technicians and Assistants (AAEVT) outlines equine procedures and proficiency levels, subject to each jurisdiction's supervision requirements.¹¹ When a state practice act is vague, these guidelines provide a practical template for efficient delegation that builds on the applicable law.

What the Truck Changes: Effectively Conducting the “Split Run” and “Technician-Run” Clinic Day

You only get real efficiency in mixed animal practice when you use CrVTs well in the field, not just in the clinic. One of the most powerful tools is the split run: The veterinarian and CrVT travel together but do not always work side by side. Where a valid veterinarian–client–patient relationship exists, and state law allows, a CrVT can—on a previously examined farm and under written protocols—administer treatments, collect samples, update herd records, and document everything while the veterinarian moves to the next stop.

The AABP guideline provides recommended supervision levels for medication administration under farm-specific protocols, sample collection, blood draws, intravenous catheter placement, diagnostic imaging, and castrations within parameters established by the supervising veterinarian.¹⁰ These recommendations remain subject to applicable state, provincial, and federal laws and regulations. In practice, this might look like a CrVT staying at a backgrounding lot to work a respiratory protocol—pulling blood, administering prescribed antimicrobials and anti-inflammatories, taking temperatures, and updating treatment logs—while the veterinarian heads to another farm for dystocias or complex herd-health decisions, provided the work is permitted by applicable law and performed under the supervising veterinarian's farm-specific written protocol.

Equine utilization guidance from the AAEVT describes CrVT use at multiple proficiency levels.¹¹ On a day of equine dental and lameness work, a trained CrVT may place intravenous catheters, monitor standing sedation, obtain radiographic images, and manage postprocedure bandaging and discharge instructions while the veterinarian focuses on exams, dentistry, joint diagnostics, and client decisions. Administration of prescribed sedatives should occur only when permitted by state law and delegated under the required level of supervision.

None of this works without written protocols. In an ambulatory practice, a protocol defines the task, its limits, when to call the veterinarian, and how to document everything. When a CrVT is 20 minutes away with a postoperative horse and the veterinarian is examining cattle at the next farm, the protocol supports consistent delegation within applicable law and supervision requirements.

Another underused tool is the technician-run clinic day. AAHA's guidelines highlight CrVT appointments, surgical and anesthetic duties, and teletriage as high-impact areas of utilization.² When the veterinarian is deep into a farm run and someone calls about a limping dog, a CrVT can triage, gather a history, and—where state law allows—collect an initial nursing assessment under an established protocol without pulling the veterinarian off the farm.

Field data supports this approach. A 2022 study found that greater use of veterinary technician hours was associated with higher revenue, while greater use of nonmedical staff was associated with higher revenue and veterinarian productivity.¹² Appropriate delegation gives veterinarians more capacity for work that requires their license and expertise.

Auditing Your Day

To know whether you are truly leveraging CrVT skills, compare what is legally possible with how work actually happens. Pick a typical mixed animal day. Have a CrVT or assistant jot down every task from start to finish. At day's end, pull out your practice act and the relevant guidelines. Sort every task into 4 buckets:

- **V:** Veterinarian only (e.g., diagnosis, prognosis, prescribing, surgery, medical decisions reserved to the veterinarian under applicable law)

- **T (direct):** Technician tasks when the veterinarian is on-site and available
- **T (indirect/general):** Technician tasks that the veterinarian can legally delegate when off premises
- **S:** Support staff tasks or those that could be automated or dropped

Then ask for anything outside the V column: “Is there a real reason this has to be me?” Patterns appear quickly—catheters, anesthesia, radiography, routine herd work, loading the truck—with most belonging in the CrVT or support staff columns.

The audit works both ways. You may also find tasks CrVTs are performing that fall outside your state’s requirements—a liability better found now than by a board complaint. Start with a single area—appointments, surgery, anesthesia, or routine herd work. Write a single-page protocol per task based on your practice act and the relevant guidelines, then schedule a 30-day review to see what worked, what needs training, and what to hand off next.

Summary

Mixed animal practice does not require veterinarians to work harder. It requires designing the work so everyone—from support staff to CrVTs to veterinarians—is doing the highest value work their role allows. The tools are there. The guidelines are written. The legal framework, in any state, is clear enough to use. What most practices lack is not information—it is the decision to act.

Your CrVTs are ready. They did not go through credentialing to spend their careers loading trucks and restocking shelves. When they do the work they trained for, they become more engaged, more loyal, and more valuable to everyone—a win for them, for you, and for the rural communities that need mixed animal veterinary teams to keep showing up. **TVP**

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