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## SUMMARY

The attached report indicates that Jeff Charter, Brandner Veterinary Clinic, and Mark Scott behaved negligently with respect to the possession, storage, and use of a controlled substance. Additionally Mark Scott violated several aspects of the terms of his employment. Here is an overview of these findings with respect to each party.

### 1. Jeff Charter

As the Executive Director, Mr. Charter has the responsibility of clearly communicating procedures policies to his employees. The policy regarding the use of Telazol should have been communicated in writing to all employees.

From the report, page 2:

The investigation identified that there are no written policies regarding the possession and use of controlled substances such as Telazol.

We recommend that Mr. Charter develop a written policy regarding veterinary medications used in the shelter and ensure all employees are familiar with it.

### 2. Brandner Veterinary Hospital (BVH)

This report indicates that Brandner Veterinary Hospital was negligent both in terms of communication and record keeping.

### 3. Mark Scott

Of all the procedural errors and negligent behavior uncovered by this investigation, those of Mr. Scott are the most serious and are grounds for his termination according to the terms of his employment as set forth in [The PASF Employee Manual](#).

From section 3.12 (page 10) :

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Though committed to a progressive approach to corrective action, Petaluma Animal Services Foundation considers certain rule infractions and violations of standards as grounds for immediate termination of employment. These include but are not limited to: theft in any form, **insubordinate behavior**, vandalism or destruction of company property, being on company property during non-business hours, the use of company equipment and/or company vehicles without prior authorization by the Board of Directors, **untruthfulness about personal work history**, skills, or training, divulging Company business practices, and misrepresentations of Petaluma Animal Services Foundation to a customer, a prospective customer, the general public, or an employee.

Mr. Scott violated the terms of his employment at PASF by repeated instances of:

### 1. Insubordinate behavior:

From page 2 of the report:

In 2015 PASF entered into a contract with BVH for veterinary services, no longer had an on-site vet and all drugs were cleared out of the shelter site. According to Charter, **Scott was instructed to work with BVH to donate any usable product to them and send the rest for proper disposal. On further questioning, Charter repeated that Scott was supposed to "clean up our books, donate anything usable to BVH, then dispose of the rest", and finalize the books with DEA. He understood that they notified the DEA that there were "zero drugs onsite".**

This policy was confirmed by Devan Amundsen, Certified Dog Trainer and acting Shelter Manager..

From page 4 of the report:

Amundsen also forwarded Carter an email he had sent out in January 2018 to all staff updating policy on donated medications since he claimed he had discovered that Scott had a box full of these. In that email, Amundsen stated, **"As a**

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policy, we will no longer be accepting donations of expired medications, and cannot accept ANY donations of controlled substances. (Tramadol, acepromazine, other sedatives, etc.) If anyone has any medication donations that they were expecting to have donated to Brandner, please bring them to me ASAP so we can call the appropriate agency to properly dispose of them.”

The fact that Mr. Scott not only possessed but made use of the controlled substance Telazol in the course of the February 8<sup>th</sup> 2018 incident demonstrates that he ignored the directives of both Mr. Charter and Mr. Amundsen.

Scott documented in his report that 3mls of Telazol were used on February 8. He returned an empty 5ml bottle, which he claims he received from BVH already reconstituted. BVH states that the last bottle of Telazol it provided to Scott was in March of 2016 and it was not reconstituted.

## 2. Untruthfulness

The investigation report includes **fourteen** statements made by Mr. Scott that contradict either the statements of others involved or the facts at hand, or that contradict other statements made by Mr. Scott himself. There is strong evidence that all of these statements are untruthful and thus grounds for immediate termination.

The inconsistent and contradictory statements can be categorized as follows:

- **Protocol and Training:** Three inconsistent statements regarding protocol and training (pages 6 and 7).
- **Storage and Transportation:** Three statements asserting that the Telazol was stored and transported securely. These statements contradict both the evidence at hand and the statements of others. (page 7)
- **Logging:** An assertion that BVH was responsible for logging the use of the substance when actually it was the ACO's responsibility, and two assertions that the use of the substance had been reported to BVH when it had not. There was also a failure to provide completed logs of the incidents in which the missing Telazol was used. (pages 8 and 9)
- **Use of a Prescription Medicine:** Statements asserting that he had been trained by a previous PASF employee in the use of Telazol and had used a dosage chart that contradict the statement of BVH and the fact that Mr. Scott provided a chart showing the dose per weight for a different substance. (page 10)

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- **Reconstitution of the Telazol:** Three contradictory statements about who had reconstituted the Telazol and when. These statements were made in part to cover up the fact that reconstituted Telazol was stored for much longer than its seven day shelf life.(page 12)

**Improper Treatment of an Animal:** In addition to these clearly documented violations of his terms of employment, Mr. Scott violated the public trust by administering a potentially lethal medication to an animal without proper veterinary supervision and follow-up and without monitoring the animal's recovery, thus endangering the welfare of at least one animal entrusted to his care. (page 11)  
Additionally, the substance had been stored for much longer than its post-reconstitution shelf life.

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HERE IS A KEY TO THE COLOR CODES I HAVE ADDED

Telazol reconstitution lies and amount supplied/ used/ returned discrepancies as well as lies about informing Brandner of usage.

Lies about changing the protocols

Telazol dosing discrepancies and misleading answers/ lies

Gun Safe / truck storage lies

Training claims which change based on what lie he is trying to defend- first Jeff and Peitsch and the city trained him, then it was Bliss Fisher, then it was Dr Bove.... Meanwhile Dr Pfann and Erin make different claims about training on the Telazol dosing

*When there are outright lies not related to a highlighted color I also put them in bold and italics. (for instance "Not only did I follow proper procedure...")*

## INVESTIGATION MEMORANDUM

**To:** PASF Board of Directors

**From:** Matthew Carter and Don Duffala

**Date:**

**Subject:** February 2018 Telazol

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### Executive Summary

In the normal course of business at the Petaluma Animal Services Foundation (PASF), it was discovered and brought to the board's attention that the tranquilizer Telazol, a controlled substance, was used on an animal owned by a private citizen in conjunction with a police matter. Controlled substances have extensive and strict legal requirements, and there could be serious repercussions to PASF, its employees, the animals in its care, and its private contractors if Telazol is not used in strict compliance with existing policies, laws and regulations.

In order to ensure that incident in question was properly handled, and that future risks are appropriately minimized, PASF assigned board members Matthew Carter (veterinarian) and Don Duffala (attorney) to investigate the question of whether a PASF Animal Control Officer (ACO) Mark Scott inappropriately possessed and used Telazol in the performance of his duties.

In investigating the incident, the following issues arose, each of which is discussed below in this investigation memorandum.

**1) PASF policy in regard to controlled substances.**

- What was the policy according to the various people involved?
- Did the policy change over time, and if so, how?

**2) Permitted/ legal use of a controlled substance**

- Storage
- Transport

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- Logging

### **3) Use of a prescription medication**

- Dose
- Medical record-keeping
- Drug effects and safety; follow-up on the patient

### **4) Telazol particulars**

- Reconstitution and shelf life

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The investigation consisted of gathering of facts from the following sources:

- Several government documents, including those sourced from the Veterinary Medical Board (VMB), the Food and Drug Administration (FDA) and the relevant state and federal laws. A list of many of the government documents reviewed is provided in Exhibit A.
- Correspondence conducted via email, telephone and in person (see itemized in Exhibit B)

## **Summary Factual Conclusion**

The report below summarizes the facts as determined by the investigators during the course of their investigation, which the Board may consider in determining what and if any actions should be taken. No actions relating to this matter, apart from researching and investigating the incident in question, have been taken by PASF as of the submission of this report, except that Scott was asked to return all remaining Telazol in his possession to Brandner Veterinary Hospital (BVH), which he has done.

### **1. PASF Policy in Regard to Controlled Substances**

The investigation identified that there are no written policies regarding the possession and use of controlled substances such as Telazol. According to Jeff Charter, a “Dan Inject dart gun” was purchased sometime around 2008 and Charter attended a class on its use. Charter stated that the unwritten policy on its use was to call a veterinarian (usually Dr. Ray Visco.) and request a dose of Telazol. Charter would then go to the vet’s office and pick up a syringe that he used to load the darts. After darting the animal, Charter would return to the veterinarian with the animal and also return any unused drugs. The vet would examine the animal, create a medical chart and supervise its recovery. Charter claims that this was how Charter trained ACO Scott to do it when Scott was hired in 2013. Scott confirmed that Charter trained him (Feb 23 email from Scott to Matt, Don).

At some point (around 2010), Dr. Leah Bove was hired by PASF and she maintained a DEA registration at the shelter and used controlled drugs there for procedures. There was a DEA approved safe in the PASF clinic where controlled substances were stored, and there was a controlled drug log kept for each drug. (Charter has reviewed this log). At this point Dr Bove would supply Telazol for use in the darts, but Charter was not aware of any other change to policy as he had practiced it. Charter said that the drugs used in the dart gun were logged alongside all the other controlled drugs, not separated because of use in darts. Charter said that the DEA conducted an audit of PASF while Dr Bove was there and found no cause for concern.

In 2014 Scott became Senior ACO and Charter had stopped working in an ACO capacity.

In 2015 PASF entered into a contract with BVH for veterinary services, no longer had an on-site vet and all drugs were cleared out of the shelter site. According to Charter, Scott was instructed to work with BVH to donate any usable product to them and send the rest for proper disposal. On further questioning, Charter repeated that Scott was supposed to “clean up our books, donate anything usable to BVH, then dispose of the rest”, and finalize the books with DEA. He understood that they notified the DEA that there were “zero drugs onsite”.

This policy was confirmed by Devan Amundsen, Certified Dog Trainer and acting Shelter Manager, who reported that when BVH took over veterinary services they sent someone over

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and all meds were either donated or disposed of with Koefran (a DEA licensed reverse distributor). As far as Amundsen is concerned the policy from the beginning of the BVH contract was no drugs on site, only what is provided by BVH for a specific animal which is kept with that animal. Amundsen was not aware of any change made to that policy and stated that Scott would have been responsible for any change to policy regarding animal control or medications after the initiation of the BVH contract.

According to Erin, the lead technician at BVH, she has been working with Scott since they assumed the veterinary contract 3 years ago. At the onset of the contract she went to PASF and emptied their controlled drug safe, filled out a DEA Form 222. She is of the understanding that Scott set up the protocol. She says Scott had been using Telazol this way for a long time before BVH began working with PASF three years ago. She feels she can trust Scott and his knowledge and capability to handle Telazol.

Scott was asked via email: "Was the protocol for storing and using controlled drugs altered after veterinary services were outsourced to Brandner, and if so how was that accomplished?" His answer was:

"Yes. This was done in a conversation with Erin and Dr, Pfann on how we can accomplish the same level of access as we had in the past when we had vet services here at the shelter. Since we do not carry the chemical capture gun in the vehicle the theory was we would save time by not having to the shelter to get the gun then go to the vet office to get the Telazol. Or in the event the vet office was not open."

When Charter notified the board about the Telazol use on February 8, 2018, he stated that the policy at PASF was that all drugs were furnished by BVH and that each drug was furnished for a specific animal. Otherwise no drugs are to be kept at PASF, and Charter believed that there had been no controlled substances stored at PASF since 2015. According to Acting Shelter Manager and Dog Care Coordinator Amundsen this was the policy.

Both ACO Jonathan Lowden and ACO Zabrina Parks stated that they had never used nor been trained on using a dart gun or pharmaceuticals. Jonathan did not know that PASF had a dart gun and stated, "I am kind of stunned to hear that these capabilities were in the organization".

- What the exact policy on controlled substances was not able to be confirmed with the other ACOs as they, all reported that they had never received any communication about or had knowledge of the ability to use chemical restraint (with one exception: when ACO Parks was asked to assist Scott by distracting a dog in a kennel at PASF so that Scott could dart it; she did not know where the dart gun was stored and had only ever heard of Scott using chemical restraint in on-site shelter operations).

Scott was asked the question, "Do current ACO's have the same training and follow the same protocols as you did?" His response was, "No, not to my knowledge, Jonathan was trained by Charter, per Charter. I am not aware of any Chemical Capture training Jonathan may have received."



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### 2. Permitted/ Legal Use of a Controlled Substance

**Storage:** Telazol is a schedule III controlled substance. The storage of controlled substances is subject to strict DEA requirements involving specific safe and building security measures defined in the Federal Code. Additionally, non-controlled drugs, substances and other materials may only be stored with schedule III through V controlled substances provided that permission for non-segregated storage with non-controlled items is obtained in advance, in writing, from the Special Agent in Charge of DEA for the area in which such storage area is situated. Any such permission tendered must be upon the Special Agent in Charge's written determination that such non-segregated storage does not diminish security effectiveness for schedules III through V controlled substances (§1301.71- 1301.76).

Scott was the only PASF employee interviewed that had any knowledge that Telazol was being stored at PASF. According to Scott,

"The Telazol is stored in a Locked Gun Safe in a Locked Office." "There is 1 bottle of unconstituted Telazol It is stored in the Animal Control Office in the Gun Safe. **Prior to the Animal Control Office being moved it was stored in the Clinic Safe.**" "Antiseden [sic] and Telazol [sic] are the only drugs that are stored in the Animal Control Office. And currently just the 1 bottle of Telazol. The Antiseden [sic] was expired and given back to Brandner."

Scott also provided a photo of an unopened bottle of Telazol next to three bottles of sterile water and a handful of syringes and needles all in an open plastic tupperware-type of container on a desk.

Scott was asked, "What other veterinary prescription medications do you have in your possession or have access to?" Scott answered, "The interim shelter manager (Devan Amundsen) has possession of the prescription medication." According to Amundsen, he has no medications on site - only vaccines and antiseptics. Amundsen also forwarded Carter an email he had sent out in January 2018 to all staff updating policy on donated medications since he claimed he had discovered that Scott had a box full of these. In that email, Amundsen stated, "As a policy, we will no longer be accepting donations of expired medications, and cannot accept ANY donations of controlled substances. (Tramadol, acepromazine, other sedatives, etc.) If anyone has any medication donations that they were expecting to have donated to Brandner, please bring them to me ASAP so we can call the appropriate agency to properly dispose of them."

Scott was asked, "When did you return the Antisedan to Brandner?" and replied on February 23, "I believe it was 2/14 in person." Antisedan is a prescription medication and not a controlled substance. Scott was also asked, "Who has the key and/or combination to the Locked Gun Safe?" and Scott replied, "Charter, Jonathan, Zabrina and myself to my knowledge."

The safe used by PASF which is located in the clinic room of the main PASF building meets DEA Storage requirements (§1301.71- 1301.76). However, a gun safe in the ACO office does not meet these requirements since it is not bolted or cemented to the floor or wall in such a way that it cannot be readily removed. (It was not determined whether the gun safe meets other specifications.) Additionally Scott was storing non- controlled substances in the same safe (guns, antisedan, sterile water, syringes, needles) which violates DEA storage requirements for Telazol.

Scott was not asked nor does he state why he relocated storage of Telazol from a DEA-

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approved safe to a non-compliant gun safe in his office, which is accessible by other employees with no training on controlled drug use, nor why he combined the storage of Telazol with other things. He did however state that, **"The storing and protocol was the same just who was responsible for the log and how this was going to be accomplished in the event the situation arose that we would need immediate access. It was decided to keep some Telazol on hand at the shelter in a locked container / safe. This was also approved by Charter"** Charter denied having approved the storage of controlled substances on site and stated that he was not aware there was any Telazol at the shelter.

**Transport:** The DEA requires that controlled substances be kept adequately locked at all times, including during transport. (Title 21 of the Code of Federal Regulations, parts 1300-END). California regulations were amended in 2013 to further specify that outside of DEA-registered veterinarians only specifically qualified ACOs are allowed to transport and use animal controlled drugs. (Section 597.1, Penal Code, California Senate Bill 1162 (Runner))

This is a non-exhaustive list of some of the requirements for transport:

- **Controlled Substance Training.** – Officers may only possess and administer tranquilizers that contain a controlled substance if they have received training in the administration of these drugs from a licensed veterinarian. The training must be approved by the California Veterinary Medical Board. At their October meeting the VMB approved the training guidelines. (see Penal Code § 597.1(a)(2)(A), which requires a certificate).
- **Official Policy** – The agency or organization must have a policy regarding the possession and administration of the tranquilizer to be used, and that policy must be approved by the veterinarian who obtained the controlled substance. (see Penal Code § 597.1(a)(2)(C)). The statute does not specify that the policy must be in writing, but does state "best practices would dictate that this policy, the veterinarian's approval, and the agency authorization be in writing." [Penal Code § 597.1(a)(2)(C)]
- **Agency Authorization** – Officers must be specifically authorized by their agency or organization to possess and administer the tranquilizer in accordance with the official policy. [Penal Code § 597.1(a)(2)(C)]
- **Euthanasia Training** – Officers must complete the euthanasia training set forth in Section 2039 of Title 16 of the California Code of Regulations. [Penal Code § 597.1(a)(2)(D)].
- **Firearms Training** – Officers must successfully complete the firearms component of a course relating to the exercise of police powers, as set forth in Penal Code Section 832. (See Penal Code § 597.1(a)(2)(B))

During the investigation, no documentation was offered or found that shows these requirements were met.

With regard to training, Scott stated: **"Not only did I follow proper procedure, I also followed the exact training provided to me by PASF and the City of Petaluma."** He also stated, **"I was trained by Jason Pietsch and Jeff Charter"** I do not recall any documentation." "The training I received by the Petaluma Police Department was for recertification of the use of firearms."

Scott separately stated that

**"Bliss Fisher a previous employee of PASF was the person who showed me how to use Telazol.** We designed an ACO kit to use in the field. It was outfitted with

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the proper usage guidelines forms. I am not aware of Bliss Fisher's Training Certifications. I do not recall receiving a certificate of completion of training. This was per Jeff Charter instruction to learn from Bliss."

Scott was then asked where the written guidelines he developed with Bliss Fisher were kept and how they were distributed to other ACOs. Scott responded by stating:

"The manual stays in the ACO office. It is not distributed. I should also mention that Dr. Lea Bove was the Veterinarian at the time I was trained. If I remember correctly Bliss was the RVT and we all 3 trained for several different days with Dr. Lea Bove overseeing / supervising. There is no distribution to other ACO's as they do not have the training to conduct this type of procedure. It is my understanding that they would need to finish the PC 832 Course in order to conduct this type of procedure which Jonathan just completed in September 2017. He may be considered for training in CC if Charter would like him to."

Scott confirmed that he has been transporting the Telazol in a locked box in his vehicle. According to both Charter and Scott, this box is broken or has not been adequately installed in the truck and thus is not an adequate locked storage device for transport.

Regarding the box in his vehicle, Scott provided the following information:

1. Scott was asked, "Where was the Telazol stored before and after use and how was it transported?" He said it was "Transported in the lock box in the vehicle." Again he was asked, "Was the Telazol locked in a drug box or other secure device in the vehicle?" "Yes," he replied.
2. He was also asked "Would a gun lock have allowed you to lock up the Telazol?" In response, he said, "Yes some gun locks / safes allow room for storage ammo, etc (Photo Attached), my truck does have a handgun safe ( photo attached) but not a rifle safe the other ACO vehicles do not either."
3. He provided a photo which does not show a locked handgun safe but only an open metal storage container with attached cup holders one of which contains vehicle keys with no way to determine if or how it would lock.

According to Charter, two handgun safes were purchased for PASF several years ago but neither was ever installed in any vehicles. Charter also reported that he saw Scott using a crowbar to open Scott's handgun safe because he said that according to Scott, Scott had lost the key and let the battery run out (fingerprint lock). Charter did not believe the safe could be locked or relied upon for security after the manner in which it was opened that day by Scott. Charter is certain there is no safe in the truck.

A February 22, 2014 email (provided by Scott to the investigators in the course of this investigation) from Scott to Jason Pietsch, former PASF ACO, indicates that Scott was aware that the gun safes were not installed in the trucks. It is unclear if the gun safes were bought before or after Scott's email to Pietsch.

In a November 25, 2017 email (provided by Scott to the investigators in the course of this investigation) from Scott to Charter, Scott stated that

"It was my understanding then that the Senior ACO would be allowed to carry in the vehicle. I have always kept then locked in my vehicle in a secure case.

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Maybe we should we revisit getting stationary locks in the vehicles which would eliminate this problem.”

**Logging:** The logging and recording of the use of controlled drugs has strict legal requirements which include the date and amounts used in each instance as well as the intake of the drug and any additions (reconstitution) and disposal. (21 CFR §1304.03; 16 CCR §2032.3; 16 CCR §2032.2; 21 CFR §1304.04(f)(2); 21 CFR §1304.04(g); 21 CFR §1304.21, 21 CFR §1304.22)

In a May 31, 2014 email (provided by Scott to the investigators in the course of this investigation) from Derek Towne to Scott, Scott acknowledges that he was aware of the requirements for logging and recording the use of controlled drugs.

As to the logging of the use of Telazol, Scott stated that BVH is responsible for the logging of the drug. (Feb 23, 2018 email response from Mark to Carter) Conversely, BVH maintains that they log when they provide **the unconstituted bottle** to Scott, and when the bottle is returned to them, but that Scott is responsible logging the use on each animal. (Feb 20, 2018 email from BVH to Carter; March 1, 2018 4:15 pm Carter notes on in-person meetings).

In describing how the policy changed after PASF started contracting with BVH, Scott stated, “The storing and protocol was the same just who was responsible for the log”. However, when BVH was first asked in this investigation about supplying Telazol to PASF, Amanda Kruusmagi, Practice manager at BVH, said that BVH had not recently dispensed any Telazol to PASF. She added, “I think Scott probably had some left over that he used” (Thursday Feb 15 Carter telephone call notes). This suggests that BVH does not keep a log of the use of Telazol after it is supplied to PASF.

With respect to the February, 2018 incident, Kruusmagi stated, “He (Scott) will reconstitute the bottle and then use what he needs and drop off the rest shortly afterwards, since they are unlikely to need more before it would be expired. **He did drop off an empty bottle in the last week, possibly Thurs?**” She thought that the last time they had given him a new bottle of Telazol was at least a year prior but could have been longer. (Thursday Feb 15 Carter telephone call notes) Kruusmagi agreed to send the last 2 years’ data. She also said she does not always correlate the bottle number used with a specific patient. (Tues Feb 20, 2018 4:30 pm Carter telephone call notes)

In the next email from BVH (February 20) Kruusmagi stated that, “After looking through our Controlled Drug Logs, Erin found that in the 3 years we have been in- contract with PASF, 2 bottles of Telazol were dispensed. The first 1/4/16 which was a 2015 bottle, the second on 3/8/16 a 2016 bottle. Each bottle is typically good for 2 years.” (Feb 20, 2018 email from BVH to Carter) They had no more information than this.

After receiving this information from BVH, Scott was asked, “When did you obtain the Telazol used on February 8 from Brander?” and he replied, “Brandner would have the record of when this was transferred to PASF.” He was also asked, “When was the Telazol used on February 8 reconstituted?” to which he replied, “Brandner would have the date it was constituted.” (March 2, 2018 email response from Scott to Carter)

Scott was also asked, “Where is the Telazol drug log, and how did you update it?” He replied, “The controlled drug log is kept by Brandner Vet Hospital and has been since we out sourced out vet care. Erin was informed of the Telazol usage so the log could be updated.” (Feb 23, 2018 email response from Mark to Carter)

Scott was also asked, “When did you inform Erin about your use of the Telazol on February 8 so

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that she could update her log?" He replied, " 2/13/2018". Scott was also asked, "How did you inform Erin about your use of the Telazol on February 8 so that she could update her log, e.g., text, phone, in person?" to which he responded, "I Texted her". (March 2, 2018 email response from Scott to Carter)

In a subsequent meeting with Dr. Pfann and Krussmagi at BVH (March 1), they said that since being asked about Telazol use they have contacted the DEA and researched VMB rules. Dr. Pfann was told by the DEA that he is in compliance by giving Scott a single bottle of Telazol and documenting that, as long as Scott is meeting the legal ACO requirements on his part; the ACO is expected to be documenting each use of Telazol from there. The understanding is that the ACO is keeping the controlled substance locked during storage and during transport per DEA guidelines. Dr. Phann and BVH have not been informed by Scott or anyone else of how or when or on what animal the Telazol is used and do not feel that it is their responsibility to ascertain this.

In the course of the investigation, Scott provided a list of additional cases where Telazol had been used. Upon review of the reports of these cases, all but one were found to be blank and there is no corresponding drug log to document the use. Furthermore, ACO Parks cites a case of tranquilizer darting that is not referenced by Scott in his list of additional cases where Telazol was used.(Feb 28, 2018 Carter telephone calls)

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## 3. Use of a Prescription Medication

The FDA approved prescribing information for Telazol states that “Federal law restricts this drug to use by or on the order of a licensed veterinarian.” (NADA 106-111). BVH and prescribing Dr. Pfann had no knowledge of the use of Telazol on February 8 until they were contacted by Charter requesting billing information. However, as discussed above, BVH had pre-authorized Scott to use the Telazol following certain guidelines.

**Dose of Telazol used on February 8:** BVH has maintained that they gave Scott a verbal guideline for dosing. Erin Chmielewski, Treatment Manager at BVH, stated that she discussed a general dosing guideline with Scott based on rough estimate of weight (i.e., 1, 2 or 3 ml based on size (“50- 100#, etc)) , as she feels Telazol is a safe drug and hard to overdose (Tues Feb 20, 2018 4:30 pm Carter telephone call note). Dr. Pfann also stated that he had verbally reviewed the Telazol dosing guidelines with Scott which he felt was adequate instruction for Scott and others at PASF to use Telazol safely (March 1, 2018 4:15 pm Carter notes on in-person meetings).

Scott was asked in an email, “After the female dog was captured in the Ketch pole, you state that you administered another 1 ml of Telazol because she looked to be over 100 pounds. How did you arrive at a dose of Telazol to use?” (Feb 15 Carter sent email to Mark Scott)]. He replied, “I used a Telazol chart provided by PASF (Bliss Fisher, a previous employee of PASF)”. Scott included with this statement a copy of a dosing chart for a drug titled “Telazol-Torbugesic- Dexdomitor (TTDex) sedation/anesthesia”. **THIS IS A DIFFERENT DRUG WITH A DIFFERENT STRENGTH AND DOSE.** (Feb 23, 2018 email response from Mark to Carter). He also separately stated, “Bliss Fisher a previous employee of PASF was the person who showed me how to use Telazol. We designed an ACO kit to use in the field. It was outfitted with the proper usage guidelines forms” (Feb 23, 2018 email response from Mark to Carter).

Scott stated that he used two 1 ml syringes filled with Telazol to dart the dog on February 8. “I then gave her another full 1cc of Telezol [sic] in the back of the neck area, Since the female dog looked to be over 100 pounds and the seriousness of the situation.”(cane corso report.pdf) The chart Scott supplied lists a dose for “profound sedation” for dogs weighing between 99- 110 pounds as 0.96 ml and surgical anesthesia achieved with between 1.66- 1.95 ml.

**Medical record keeping:** The Veterinary Medical Board has clear requirements that any treatments administered to an animal be recorded in a medical chart (21 CFR §1304.03(c); 16 CCR §2032.3; 16 CCR §2032.2). According to Charter the PASF policy was to bring a darted animal directly to the veterinarian so that it could be examined and any treatment documented.

**Drug effects and safety/ follow- up on the patient:** According to Charter, after a darted animal is brought to the vet, any monitoring for recovery of the effects of tranquilization or after care would be provided by the vet before giving the shelter direction on transferring the animal to the shelter’s ongoing care.

According to the incident report prepared by Scott, the dog in question was darted on February 8 and was brought straight to PASF without any veterinary involvement. Scott stated that he asked Kathy Sousa, the cat care coordinator to monitor the dog: Then he explained in his incident report that:

“I then went and got Kathy Sousa informed her of the situation and asked her to monitor the dog especially to keep an eye on the foot that had gotten stuck to make sure she was bearing weight on it.” “I will add this to my report but I did



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inform Amundsen and Valerie as well to monitor the dog's leg as they were there at the time of placing the dog in the kennel. We discussed it."

"I asked Kathy to monitor the dog too because she has the most experience when it comes to the effects of Telazol. In the past I always informed the entire staff of a potentially dangerous / medical related dog being brought into the shelter. Also considering that I requested help and received none from Amundsen. This was a scary moment. I was fearful the dog's leg was injured but I needed it to awake so I could access it properly. I wanted all eyes on it or to be aware of it. If I was not requested to return to the scene I would have stayed to monitor myself."

Scott did not state in his report that he considered or tried to take the sedated animal to the veterinary hospital for monitoring and treatment.

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## 4. Telazol particulars

According to FDA approved prescribing information for Telazol (NADA 106-111), to reconstitute a vial of Telazol:

“To each vial add 5 mL sterile water for injection, USP. Slight agitation will facilitate complete reconstitution. The resultant solution will contain 100 mg active ingredient per one milliliter. Discard unused solution after 7 days when stored at room temperature or after 56 days when kept refrigerated. Only clear solutions should be administered.”

The following information was obtained regarding when and how the Telazol used during the February 2018 incident was reconstituted.

Scott was asked, “When was the Telazol used on February 8 reconstituted?” and replied, “Brandner would have the date it was constituted.” (March 2, 2018 email response from Scott to Carter)

Scott was asked, “When was the Telazol that you used reconstituted, by whom, and how?” and replied, “The Telazol was already constituted by Brandner Vet Office. My understanding is it takes 5ml of sterile water to constitute a full bottle of Telazol” (Feb 23, 2018 email response from Mark to Carter)

BVH was asked, “Have you ever given a reconstituted bottle of Telazol?” and replied, “No, never.” (March 2, 2018 response from BVH to Carter)

Scott stated, “I also gave her the remainder to be disposed of properly”. (Feb 23, 2018 email response from Mark to Carter)

BVH was asked, “Was the bottle of Telazol Scott brought back empty? If not, how much was left?” Their reply was, “Yes the bottle was empty and was disposed of after confirming that it was dispensed from our hospital and was indeed empty.” (March 2, 2018 response from BVH to Carter)

Scott cites other cases that he claims involved the use of Telazol, several between the dates of March 2016 and February 2018, but BVH says it only provided one bottle of Telazol to Scott during this time period. Also, ACO Parks cites a case that she personally witnessed what she understood was Telazol used on an animal sometime around May of 2016. Since Telazol has a shelf-life of one week after reconstitution, potentially expired Telazol by BVH was used on animals, Scott was reconstituting the Telazol himself, or Telazol was obtained from other sources.

Scott documented in his report that 3mls of Telazol were used on February 8. He returned an empty 5ml bottle, which he claims he received from BVH already reconstituted. BVH states that the last bottle of Telazol it provided to Scott was in March of 2016 and it was not reconstituted.



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## Exhibit A – List of Government and Veterinarian Resources Reviewed

Government documents relevant to 2) can be found in the following:

Title 21 of the Code of Federal Regulations, parts 1300- END;  
California Health and Safety Code division 10. Section 4808,  
Business and Professions Code (commencing with Section 11000); Health and Safety Code sections 11000 – 11033, and throughout the Veterinary Medical Practice Act and the Pharmacy Law found in the Business and Professions Code  
Section 597.1, Penal Code. Section 597.1(a)(2).  
California Senate Bill 1162 (Runner)  
21 USC 801, 21 CFR 1300, B&P section 4170(b). State pharmacy law incorporates federal law enforcement through numerous sections (e.g. section 4052 requiring registration with DEA and 4066 requiring conformity with 21 CFR 1301.28) which the Board is also authorized to enforce through section 4170(b).

Government documents relevant to 3) involve minimum standards of practice outlined and enforced by the Veterinary Medical Board relevant to state regulations 2032 and 2032.3.  
Medical records CCR Section 2032.3 (a)  
2016 California Code Business and Professions Code - BPC DIVISION 2 - HEALING ARTS  
CHAPTER 11 - Veterinary Medicine  
ARTICLE 2 - Practice Provisions Section 4826  
Veterinary Practice Act, Business & Professions Code section 4800 - 4917  
Veterinary Medical Board Regulations, Title 16 Code of Regulations sections 2000 - 2085.13  
Pharmacy Laws, Business & Professions Code section 4000 through 4426.  
Pharmacy Board Regulations, Title 16 Code of Regulations sections 1700-1795  
Controlled Substances Act, Health and Safety Code section 11000-11717

Government documents relevant to 4) can be found on the FDA approved prescribing information for Telazol [https://www.zoetisus.com/\\_locale-assets/mcm-portal-assets/products/pdf/cad\\_pis/telazol\\_pi.pdf](https://www.zoetisus.com/_locale-assets/mcm-portal-assets/products/pdf/cad_pis/telazol_pi.pdf)

### Resources:

California Veterinary Medical Board website [www.vmb.ca.gov](http://www.vmb.ca.gov)  
California Pharmacy Board website [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)  
CURES [ag.ca.gov/bne/cures.phpp](http://ag.ca.gov/bne/cures.phpp)  
NDC drug number [www.fda.gov/Drugs/DevelopmentApprovalProcess/UCM070829](http://www.fda.gov/Drugs/DevelopmentApprovalProcess/UCM070829)  
Diversion Control Division <https://www.deadiversion.usdoj.gov/schedules/>  
Federal Law: [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov)  
Controlled Substances Act, [21 USC 801 – 904](#)  
Code of Federal Regulations. [21 CFR Part 1300 – 1399](#)  
California Law: [www.leginfo.ca.gov](http://www.leginfo.ca.gov) or [www.oal.ca.gov](http://www.oal.ca.gov)  
[CA Bus & Prof Code § 4826 \(2016\)](#)  
[https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=PEN&sectionNum=597.1](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=PEN&sectionNum=597.1)  
[http://www.vmb.ca.gov/about\\_us/agenda\\_items/vmbagenda\\_20140423\\_viii\\_e.pdf](http://www.vmb.ca.gov/about_us/agenda_items/vmbagenda_20140423_viii_e.pdf)  
<https://cvma.net/wp-content/uploads/2014/10/ControlledSubstances.pdf>  
<https://www.deadiversion.usdoj.gov/21cfr/cfr/index.html>  
[http://www.vmb.ca.gov/licensees/controlled\\_subs.shtml](http://www.vmb.ca.gov/licensees/controlled_subs.shtml)

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## Exhibit B – List of Interviews & Documents Reviewed

Feb 12 (5:48 pm) email from Matt to Charter, Don:  
Feb 12 (6:32 pm) email from Charter to Matt, Don  
Feb 13 email from Charter to Senior ACO Scott  
Feb 13 email from Scott to Charter  
cane corso report.pdf Printed: 02/13/2018 by Mark Scott, dated Feb 08, 2018  
Feb 15 (?) Matt called Brandner Veterinary Hospital via telephone, spoke with Office Manager Amanda  
Feb 15 email from Charter to Matt  
Feb 15 email from Matt to Scott, Don  
Feb 19 email from Scott to city manager, city clerk and entire PASF board  
Feb 20 (4:30 pm) Matt called Brandner Veterinary Hospital via telephone, spoke with Lead Technician Erin  
Feb 20 email from Amanda to Matt  
Feb 21 email from Matt to Scott, city manager, city clerk and entire PASF board  
Feb 22 (3:30 pm) Matt called Charter via telephone  
Feb 23 email from Scott to Matt, Don  
Feb 27 email from Matt to Scott, Don  
Feb 27 email from Matt to Amundsen  
Feb 28 email from Amundsen to Matt with 7 Attachments  
Feb 28 (12:30 pm) Matt called Charter via telephone  
Feb 28 (after call to Charter) Matt called ACO Jonathan via telephone  
Feb 28 (after call to Jonathan) Matt called ACO Zabrina via telephone  
Feb 28 (after call to Zabrina) Matt called Acting Shelter Manager Amundsen via telephone  
Feb 28 (1:30 pm) email from Amundsen to Matt  
Feb 28 (about 3:30 pm) Matt visited the PASF shelter in person and reviewed the controlled drug logs kept prior to 2015  
March 1 (4:15 pm) Matt visited Brandner Veterinary Hospital and met with Dr Pfann and Amanda together  
March 2 email from Scott to Matt, Don  
March 2 email from Amanda to Matt  
March 2 email from Matt to Amanda  
March 2 email from Amanda to Matt

HERE IS A KEY TO THE COLOR CODES I HAVE ADDED

Telazol reconstitution lies and amount supplied/ used/ returned discrepancies as well as lies about informing Brandner of usage.

Lies about changing the protocols

Telazol dosing discrepancies and misleading answers/ lies

Gun Safe / truck storage lies

Training claims which change based on what lie he is trying to defend- first Jeff and Peitsch and the city trained him, then it was Bliss Fisher, then it was Dr Bove.... Meanwhile Dr Pfann and Erin make different claims about training on the Telazol dosing

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*When there are outright lies not related to a highlighted color I also put them in bold and italics. (for instance "Not only did I follow proper procedure...")*