

**STATE OF MARYLAND
DEPARTMENT OF AGRICULTURE
BEFORE THE STATE BOARD OF VETERINARY MEDICAL EXAMINERS**

IN THE MATTER OF:

*

OWEN FINK, DVM
LICENSE NO. 7705

*

DOCKET NO. 24-94A

*

* * * * *

CONSENT AGREEMENT AND ORDER

This Consent Agreement and Order (“Consent Agreement”), dated this 22nd day of April 2025, is between the State Board of Veterinary Medical Examiners (“SBVME” or “Board”) and Owen Fink, DVM (“Dr. Fink”), License No. 7705. This Consent Agreement resolves a case arising from a complaint filed with the SBVME on November 17, 2023, assigned Docket No. 24-94A, alleging that Dr. Fink did not satisfy the Veterinary Practice Act, Md. Code Ann., Agric. §§ 2-301 – 2-316 (“the Veterinary Practice Act”) and related Code of Maryland Regulations (“COMAR”) 15.14.01 – 15.14.17, as set forth herein.

On April 16, 2025, Dr. Fink, having been advised in writing regarding his due process rights and while represented by legal counsel, agreed to resolve this case under the terms and conditions reflected in this Consent Agreement. By signing this Consent Agreement, Dr. Fink agrees to waive his right to formal proceedings in this case, including the issuance of charges and a hearing.

Under Maryland law, the SBVME is the licensing authority responsible for regulating the practice of veterinary medicine in this State, which includes filing disciplinary actions against veterinarians charged with not satisfying the provisions of the Veterinary Practice Act and related COMAR regulations adopted under this law. As part of its authority, the SBVME "may refuse, suspend, or revoke any application or license, and censure or place on probation any licensee ... if the veterinarian ... [f]ails to comply with Board rules and regulations after receiving a license." Md. Code Ann., Agric. § 2-310(8). The Board may also impose a civil penalty of not more than \$5,000 for a first offense or \$10,000 for a second or subsequent offense instead of or in addition to suspending or revoking a veterinarian's license. Agric. § 2-310.1. In

setting the amount of a civil penalty, the Board shall consider the severity of the violation, the good faith of the violator, any history of prior violations, and the Board's civil penalty standards. Md. Code Ann., State Gov't. § 10-1001(b); COMAR 15.14.11 (Civil Penalty Standards for Veterinarians).

FINDINGS OF FACT AND CONCLUSIONS OF LAW

By entering and signing this Consent Agreement after retaining legal counsel, Owen Fink, DVM, License Number 7705, agrees to the provisions of this Consent Agreement, acknowledging that the SBVME has sufficient evidence to find as fact and to conclude as a matter of law that he did not satisfy COMAR 15.14.01.07A (Professional Judgment and Practice) as described below:

1. Dr. Fink has been a veterinarian licensed to practice in Maryland since 2016.
2. At the time of the events described herein, Dr. Fink was a veterinarian working at Skylos Sports Medicine, Ellicott City (“SSM” or “Hospital”) (License No. 13-00396), which is located at 10829 Birmingham Way, Woodstock, MD 21163.
3. Dr. Fink has no history of discipline with the Board.
4. This case involves the care and treatment of Myles, a 6-year-old neutered French Bulldog owned by Shelby Reinhardt (“Ms. Reinhardt”) and Brandon Bono (“Mr. Bono”) (collectively, “the owners”). Myles had a history of IVDD, sliding esophageal hiatal hernia, chronic regurgitation, vomiting, and ptyalism. At the time of the events giving rise to the complaint, Myles had been recently diagnosed with lymphoplasmacytic inflammatory bowel disease (“IBD”) and was taking prednisone.
5. On July 11, 2023, Ms. Reinhardt and Mr. Bono took Myles to SSM for a consultation with Dr. Fink to address left pelvic lameness, unrelated to Myles’ more recent medical issues. SSM advertises as a veterinary facility that focuses on orthopedics and rehabilitation therapy.
6. Dr. Fink ordered radiographs of both stifles, Myles’ pelvis, and his lumbar spine and sent the images out for review by a specialist. Dr. Fink diagnosed Myles with a suspected left cranial cruciate ligament (“CCL”) tear and a grade II/IV medial patellar luxation (“MPL”). He recommended a left stifle exploratory surgery and a left tibial-plateau-leveling osteotomy (“TPLO”), to which the owners consented.
7. On July 24, 2023, Mr. Bono dropped Myles off at SSM for his surgery to be performed by Dr. Fink.

8. In preparation for surgery, a veterinary assistant administered pre-medications to Myles. Myles was induced with Propofol IV, and during surgery, he was maintained on isoflurane and a fentanyl/lidocaine CRI. Dr. Fink performed Myles' left TPLO.

9. At approximately 4:40 p.m., Dr. Fink called the owners to report that Myles "did great under anesthesia and had no problem." Dr. Fink examined Myles at 6:00 p.m., shortly before his shift ended. Myles appeared fine at that time, and Dr. Fink departed for the day, leaving Myles under the care of hospital staff. At 10:00 p.m., Ms. Reinhardt and Mr. Bono called SSM to check on Myles and were informed that "Myles was snoring away."

10. According to the SSM's hospitalization medical records, at 1:02 a.m., a hospital veterinary assistant noted that Myles had regurgitated. At 1:10 a.m., registered veterinary technician, CheTarra Jenkins-Daughtery ("Ms. Jenkins-Daughtery") (License No. VT-01117), administered a dose of trazodone based on standing orders.

11. Myles regurgitated again. At 1:11 a.m., Ms. Jenkins-Daughtery gave Myles an injection of Dexdomitor IV. At 3:04 a.m., Ms. Jenkins-Daughtery gave Myles another injection of Dexdomitor IV. Neither Ms. Jenkins-Daughtery nor the veterinary assistant contacted Dr. Fink or any other hospital veterinarian about Myles' condition before administering these medications.

12. At 4:10 a.m., staff found Myles unresponsive in his cage. He was given oxygen via a mask while the veterinary assistant and Ms. Jenkins-Daughtery tried to reach Dr. Fink on his cell phone. When Dr. Fink did not answer, the staff members called and spoke with another hospital veterinarian, Jessica Leasure, DVM ("Dr. Leasure") (License No. 6959). Dr. Leasure assisted Ms. Jenkins-Daughtery and the veterinary assistant with CPR by phone. Antisedan (a reversal agent to Dexdomitor), naloxone, and epinephrine were administered to Myles.

13. CPR efforts were stopped at 4:40 a.m., and Myles was pronounced dead.

14. At approximately 6:00 a.m., Dr. Fink checked his phone and found several voicemails from the veterinary assistant, Ms. Jenkins-Daughtery, and Dr. Leasure. He called Ms. Reinhardt at approximately

6:30 a.m. and left a voicemail message. Shortly after, Dr. Fink received a call back from Mr. Bono. Dr. Fink told him that he wished to speak with Ms. Reinhardt and him in person.

15. Dr. Fink arrived at SSM at approximately 8:00 a.m. for an in-person meeting with Myles' owners. Prior to their arrival, Dr. Fink examined Myles and took postmortem chest radiographs. They were sent out for review, but ultimately, no cause of death was identified.

16. During their meeting, Dr. Fink told Ms. Reinhardt and Mr. Bono he suspected Myles had a regurgitation/aspiration event. Mr. Bono asked for a copy of Myles's medical records, which were emailed to him shortly after the meeting.

17. On July 26, 2023, Peter Lotsikas, DVM ("Dr. Lotsikas") (License No. 5980), SSM's responsible veterinarian, spoke with Mr. Bono by telephone. During that conversation, Dr. Lotiskas recommended a cosmetic necropsy (performed in-house), which Mr. Bono approved. A necropsy was performed and samples were sent out for histopathology. Samples for toxicology screening were also submitted for analysis.

18. According to the lab report on the biopsied samples, no significant pathology explaining Myles's acute death was found. The report noted that "a reaction to butorphanol is difficult to rule out histologically since there are no reports of lesions associated with the drug." The toxicology screening results showed the presence of propofol, trazodone, and lidocaine.

19. On November 17, 2023, Ms. Reinhardt and Mr. Bono filed a complaint with the SBVME alleging deficiencies in Myles' care.

20. After receiving the complaint, the Board opened a case and conducted an investigation. As part of the investigation, Dr. Fink provided a statement through his legal counsel offering his perspective on the case.

21. Dr. Fink stated that overnight at approximately 1:00-2:00 a.m., Ms. Jenson-Daughtery and the veterinary assistant noted that Myles was panting, and they interpreted it as anxiety. Myles was then given Dexdomitor "based on standing orders for sedation medications." During this time, neither Ms. Jenson-Daughtery nor the veterinary assistant attempted to call him. Dr. Fink admitted that when Myles crashed in

the early morning hours, Ms. Jenson-Daughtery and the veterinary assistant were unable to reach him because his phone was on vibrate mode and he was sleeping. Since this case, Dr. Fink has added all the overnight staff members and main hospital phone numbers to the emergency bypass feature on his phone.

22. Dr. Fink acknowledged that based on what he learned from this case, he will be more attuned to the risks of treating a patient with brachycephalic airway syndrome. If an airway-risk patient is to be hospitalized, he will verify that the necessary equipment for intubation is immediately available and readily accessible. Dr. Fink will also anesthetize higher-risk patients earlier in the day so their recovery can be monitored longer while a veterinarian is present at SSM.

23. SSM has implemented multiple changes to its surgical protocols since Myles's care and treatment at SSM. First, SSM now has a "brachycephalic specific consent form." All SSM veterinarians must discuss previous adverse reactions or allergies to medicines with owners and consult with the patient's referring veterinarian if needed. SSM emergency crash carts have been reorganized, and all patient care staff are required to complete the RECOVER certification program. Further, any surgery for high-risk patients must be completed before noon to allow for more monitoring while veterinary practitioners are on site.

24. After its review, the Board identified deficiencies in Dr. Fink's care. COMAR 15.14.01.07A (Professional Judgment and Practice) provides that: "[a] veterinarian, when caring for and treating a patient, shall conform to those minimum standards of care and treatment which are customary among veterinarians in this State."

25. Dr. Fink did not satisfy the applicable standards by placing Myles in the care of a veterinary technician and veterinary assistant without providing adequate supervision and instructions for the patient's care. At the time of the events, the Veterinary Practice Act authorized registered veterinary technicians to perform work that falls within the definition of the practice of veterinary medicine, including administering

26. medications, under the “responsible direct supervision” of a veterinary practitioner. *See* Agric. § 2-301(g)(10).¹ The Board’s regulations define “responsible direct supervision” as “competent, immediate, and active supervision.” *See* COMAR 15.14.01.17A(2). The regulations further provide that a veterinarian providing “responsible direct supervision” of the work performed by a registered veterinary technician or non-credentialed staff shall be:

- (1) In the immediate vicinity of where the work is being performed; and
- (2) Actively engaged in supervising this work throughout the entire period it is being performed, including:
 - (a) Providing clear and specific directions on what work is to be done,
 - (b) Being cognizant of how the assigned work is being performed, and
 - (c) Being immediately available to provide advice when the assigned work is being performed.

See COMAR 15.14.17B.

27. In this case, Dr. Fink did not provide “responsible direct supervision” to his overnight staff, which included a registered veterinary technician and a veterinary assistant, because he was not on the premises. Furthermore, even if indirect supervision was appropriate for Myles’ care, Dr. Fink was required to be available by phone or other means to provide supervision and answer questions, particularly in an emergency. By not being available for his staff while Myles was hospitalized at SSM, Dr. Fink did not satisfy the Board’s regulations or standards.

Considering the facts and circumstances, including the nature of the violation(s), the veterinarian’s lack of disciplinary history, and his acceptance of responsibility and good faith cooperation in resolving this matter, the Board concluded that the most reasonable and appropriate resolution includes the sanctions below.

¹ Effective October 1, 2024, pursuant to Chapter 487 of the Laws of Maryland 2024 (HB 1097), the Veterinary Practice Act was amended. The statutory changes include an amended definition of “direct supervision” and new definitions for “immediate supervision” and “indirect supervision.” *See* Md. Code Ann., Agric. § 2-301(c), (c-1), & (c-2). In addition, the current version of the statute defines “veterinary assistant” to mean a person who aids a veterinarian or veterinary technician in patient care but is not registered with the Board as a veterinary technician. The legislation also included a new section addressing permissible tasks for registered veterinary technicians and veterinary assistants. *See* Agric. § 2-309.1.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is ORDERED by the State Board of Veterinary Medical Examiners that:

- (a) For not satisfying COMAR 15.14.01.07A (Professional Judgment and Practice) in the care and treatment provided to Myles, a 6-year-old neutered French Bulldog owned by Shelby Reinhardt and Brandon Bono, by not adequately supervising the non-veterinarian hospital staff responsible for Myles' care during the overnight hours of July 24-25, 2023, Dr. Fink shall pay a civil penalty of \$600;
- (b) Dr. Fink shall pay the civil penalty (\$600) within sixty (60) days from the date of this Consent Agreement by check payable to the Maryland Department of Agriculture ("MDA") with the notation "SBVME – 24-94A" sent to the MDA at 50 Harry S. Truman Parkway, Room 102, Annapolis, MD 21401 – Attn: Nathaniel Boan; and
- (c) This Consent Agreement is a public order.

WITNESS the hand of the State Board of Veterinary Medical Examiners, State of Maryland, this 22nd day of April, 2025.

STATE BOARD OF VETERINARY
MEDICAL EXAMINERS



Patricia Crankshaw-Quimby
Vice-President
State Board of Veterinary Medical Examiners
Maryland Department of Agriculture

CONSENT

I, Owen Fink, DVM, acknowledge that I have retained and consulted with legal counsel before entering into this Consent Agreement. By this Consent, I hereby acknowledge the legal authority and jurisdiction of the Board to issue and enforce this Consent Agreement. To resolve this matter, I agree to accept and submit to the foregoing Consent Agreement, consisting of eight (8) pages, including this Consent. I sign this Consent Agreement without reservation as my voluntary act and deed after having had an opportunity to consult with counsel. I fully understand this Consent Agreement's language, meaning, and terms.

Date: 4/18/25



Owen Fink, DVM