

**STATE OF VERMONT  
SECRETARY OF STATE  
OFFICE OF PROFESSIONAL REGULATION  
BOARD OF VETERINARY MEDICINE**

**In re: Robert John Wendell  
License No. 052.0001166**

**Docket Nos. 2025-67, 2025-68,  
2025-69, 2025-70, 2025-71,  
2025-72, 2025-73**

**DECISION ON PETITION FOR  
SUMMARY SUSPENSION**

**Board of Veterinary Medicine:**

Paul Howard DVM, chair  
Mary O'Donovan DVM  
Lori Stroutsos, public member<sup>1</sup>  
Deborah Belcher, public member (*ad hoc*)  
Daniel Coane, public member (*ad hoc*)<sup>2</sup>  
Jenna Simanskas, public member (*ad hoc*)

**Appearances:**

Zoe Newman, Esq. Prosecuting Attorney  
Bryan Harnett DVM, IT Member  
Alexander Dean, Esq. Respondent's Attorney  
Robert J. Wendell DVM, Respondent

**Presiding Officer:**

Michael S. Kupersmith, Esq., Administrative Law Officer

**Exhibits:**

Exhibit 1: affidavit of Hayleigh Prevost, sworn to 2/24/25  
Exhibit 2: affidavit of Hayleigh Prevost, sworn to 3/9/25  
Exhibit 3: affidavit of Natalia Belyi, sworn to 3/4/25  
Exhibit 4: affidavits (2) of Sharon DuChien, sworn to 5/6/25  
Exhibit C: patient records for patient C  
Exhibit D: patient records for patient D  
Exhibit E: patient records for patient E  
Exhibit F: patient records for patient F  
Exhibit G: patient records for patient G

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<sup>1</sup> Ms. Stroutsos withdrew before the end of the hearing and did not participate in deliberations.

<sup>2</sup> Mr. Coane withdrew before the end of the hearing and did not participate in deliberations.

Exhibit J: affidavit of Kyle Bushee, DVM, sworn to 5/6/25

Exhibit L: affidavit of Kendra Beavin, sworn to May 2025

### **Introduction**

This matter came on before the Board of Veterinary Medicine on May 8, 2025, on the State's petition for summary suspension of the Respondent's license as a veterinarian. The hearing was conducted according to Rules for Hybrid and Remote Hearings adopted by the Office of Professional Regulation. Michael S. Kupersmith, Esq, was the Presiding Officer. Zoe Newman, Esq., was the Prosecuting Attorney representing the Office of Professional Regulation. Board member Bryan Harnett was the IT Member. Respondent Robert J. Wendell was present and was represented by Alexander Dean, Esq. The Board of Veterinary Medicine has the authority to summarily suspend a license pending further action if the State proves by a preponderance of the evidence that public health, safety, or welfare require emergency action. See 3 V.S.A. § 814(c).

### **Findings of Fact**

The Board finds that the State has proved the following facts by a preponderance of the evidence.

1. Robert John Wendell (Respondent) of Manchester Center, Vermont is licensed by the State of Vermont as a Veterinarian under license number 052.0001166. This license was first issued on April 14, 1989, and expires on May 31, 2025.
2. Since 1992, and at all times relevant, Respondent has owned his own practice (the Practice), in Bennington, Vermont.
3. Since November of 2022, Respondent has been the sole veterinarian at the Practice.
4. Between September of 2022 and March of 2024, S.D. worked for Respondent at the Practice as a veterinary technician.
5. Between February of 2024 and until at least March of 2025, H.P. worked for Respondent at the Practice as a veterinary technician.
6. On or about January of 2025, N.B. began work for Respondent at the Practice as a veterinary technician; she has since resigned.

### General Conduct

7. Between September of 2022 and March of 2024, S.D. witnessed Respondent "throw" a lot of animals in his care.
8. Between September of 2022 and March of 2024, on multiple occasions, S.D. witnessed Respondent kick his own dogs.
9. Between February of 2024 and March of 2025, H.P. observed that: most animals (dogs mostly) that come in exhibit fear towards the Respondent in some form, whether it be aggressive fear, or submissive fear. A lot of these animals are fine with technicians prior to meeting with the doctor.
10. H.P. described witnessed typical behaviors by Respondent in the work place to include: regularly clamped dogs' mouths shut with his hands, so hard that they bit their tongues/lips and bled; regularly laid on and stepped on cats and small dogs when they tried to get away or were not cooperating; used his feet to step on and hold down heads of uncooperative animal patients; regularly squeezed animal patients' legs while 'stopping the bleeding' after front leg injections or blood draws. He pushed their paws into the floor with a closed fist too causing the animals to scream.
11. On February 20, 2025, H.P. witnessed Respondent use a spray bottle to spray the mouths and eyes of animals that barked or whined in their kennels while waiting for dental procedures. Respondent used either alcohol or peroxide, depending on what was on hand, to spray kenneled animals in the face regularly

### Patient A.

12. On or about February 20, 2023, S.D. was assisting Respondent in the treatment of a 19-year-old cat, Patient A. Respondent told S.D. to go run blood work on Patient A while Respondent administered fluids to her. S.D. went to the adjoining room and, while working, heard a crash which prompted her to check on Respondent and Patient A. S.D. re-entered the room and saw Respondent bleeding and trying to catch Patient A. Once Respondent recaptured Patient A, he was excessively rough with her and kicked her. Respondent said many things to Patient A including, "I'm going to crush your head, and then we won't have to worry about fluids." Patient A was bleeding from the nose and looked neuropathic.

Patient B

13. A different cat, Patient B, got loose in the exam room and Respondent used a slip lead to leash the cat's neck and essentially hung it from the surgery station and then threw it into a kennel.

Patient C

14. In August of 2024, H.P. was helping Respondent to orally administer medication to a dog, Patient C, through a large syringe. Patient C bit down on the syringe followed by Respondent punching Patient C very forcefully in the top of the head and nose. After Respondent punched the dog, Respondent picked him up by his neck scruff and rear end and dropped him on the floor. Respondent then dragged Patient C by a leash out back to the kennels. After a short time, Respondent carried the dog back into the room, where Patient C was now bleeding from his nose and seizing. Patient C died within fifteen minutes of Respondent punching him. Respondent left Patient C's body on the floor and requested that no one move it. Patient C was seen at 8:30 a.m.; the dog's body remained on the floor until at least 2:30 p.m.

Patient D

15. In January of 2025, Respondent attempted to administer a sedative to a sick cat, Patient D, in a kennel. Patient D's owner brought her to the Practice as she was thrashing about, screeching, and was unable to use her hind legs. While administering the sedative, Patient D bit Respondent, and Respondent forcefully punched her.
16. N.B. discovered Patient D unconscious and bleeding from the nose. It was determined that Patient D had thromboembolism, and Patient D was kept at the Practice and under Respondent's care without appropriate pain management for the next two days. The entire time that Patient D spent at the clinic she was clearly in a lot of pain as her legs started turning stiff and cold. Patient D passed away two days later while at the Practice.

Patient E

17. In January 2025, Patient E, a 130 pound, "highly reactive and aggressive" canine was treated by Respondent for bloody urine. After Respondent performed surgery on Patient E, he remained at the Practice for care,

however, Respondent did not check on Patient E nor did Respondent let Patient E out of his kennel to urinate or defecate. Respondent directed the technicians, including H.P., not to handle Patient E, including not to let him out of his kennel to urinate or defecate and not to clean Patient E nor any mess in the kennel. Patient E was left covered in bloody urine in his kennel.

#### Patient F

18. On February 20, 2025, H.P. was assisting Respondent perform a dental procedure on Patient F, a 13-pound dachshund, when Patient F bit H.P.'s finger. After witnessing the bite, Respondent used his hands to squeeze Patient F's head until he began to scream and bleed. Respondent then lay on Patient F while saying: "I will crush your fucking skull, dog."

#### Patient G

19. On March 6, 2025, H.P. was assisting Respondent with a routine spay of Patient G, a 30 pound, nine-month-old corgi. H.P. was holding Patient G, who was nervous and squirming, while Respondent attempted to place an I.V. in the dog's leg to sedate her. Once the I.V. was in place, Patient G pulled her leg back and the I.V. came back out. Respondent grabbed Patient G's leg and squeezed, causing blood to cover his hand. Respondent then grabbed Patient G on both sides of the face, and slammed her head down into the treatment table, holding her there, and said "stop it."
20. The State failed to prove by a preponderance of the evidence that the Respondent took animal medications for his own personal use.

#### Conclusions of Law

The Findings of Fact and Conclusions of Law set forth in this summary suspension order are for the purpose of deciding whether *at this time* there is an imperative need to take emergency action. See 3 V.S.A. § 814(c). The Findings of Fact and Conclusions of Law are for the purposes of this order only.

The State's Petition for Summary Suspension alleges five conduct violations committed by the Respondent: (1) unprofessional conduct that evidences moral unfitness to practice the profession in violation of 26 V.S.A. § 2431(a)(1) and (b)(2) and 3 V.S.A. § 129a; (2) failure to practice competently by reason of performance of unacceptable patient care in violation of 3 V.S.A. § 129a(b)(1); (3) failure to practice competently by reason of failure to conform to the essential standards of acceptable

and prevailing practice in violation of 3 V.S.A. § 129a(b)(2); (4) engaging in conduct of a character likely to deceive, defraud, or harm the public; and (5) failure to exercise independent professional judgment in the performance of licensed activities when that judgment is necessary to avoid action repugnant to the obligations of the profession in violation of 3 V.S.A. § 129a(a)(15). The Board's decision is guided by statute and by the Administrative Rules for Veterinarians (ARV). The Board concludes that the credible evidence presented by the State supports each of the alleged violations.

The Administrative Rules for Veterinarians provide that, "The Board may consider the Principles of Veterinary Medical Ethics of the AVMA a recognized source of professional standards when determining 'the essential standards of acceptable and prevailing practice' for purposes of 26 V.S.A. § 129a(b)... ." ARV 8.1 (ethical standards).

Principles of Veterinary Medical Ethics of the AVMA (hereinafter "Principles") includes several provisions that inform our discussion.

### The Principles

Three fundamental principles form the foundation of the Principles of Veterinary Medical Ethics: Stewardship, Integrity, and Respect. These are aspirational goals for the veterinary profession, which provide guidance and offer justification for the Code of Conduct.

**Stewardship:** *Veterinarians have an ethical responsibility to alleviate suffering, promote health, and act in the best interests of their patients in balance with the interests of their clients, the environment, and the public.*

**Integrity:** Veterinarians have an ethical responsibility to be honest and truthful in all interactions with clients, patients, and their community.

**Respect:** *Veterinarians have an ethical responsibility to demonstrate respect to all patients, clients, and members of their community, including self and professional colleagues.*

<https://www.avma.org/resources-tools/avma-policies/principles-veterinary-medical-ethics-avma>. (Emphasis added).

As well, the Code of Conduct contained in the Principles requires that a veterinarian must provide competent veterinarian medical care.

1. Veterinarian-Client-Patient Relationship

- a. A veterinarian shall provide competent veterinary medical care under the terms of a veterinarian-client-patient relationship (VCPR), *with compassion and respect for animal welfare and human health*. A veterinarian should first consider the needs of the patient to prevent and relieve disease, suffering, or disability while minimizing pain, fear, anxiety, stress, and distress.

*Id.* (emphasis added).

The evidence demonstrated that the Respondent failed to show respect for animals under his care on multiple occasions. Beyond Respondent's failure to show respect for his patients, on multiple occasions he not only failed to alleviate pain, he also intentionally caused pain and unnecessary stress and suffering.

- Respondent was excessively rough with Patient A and kicked her. He said, "I'm going to crush your head and then we won't have to worry about fluids."
- Respondent hung Patient B from a slip leash and threw her into a kennel.
- Respondent punched Patient C on top of the head; he picked him up by the scruff and rear end and dropped him on the floor. He then dragged the dog to the kennel where he died a few minutes later.
- Patient D was in pain and was screeching and thrashing about. Respondent failed to administer appropriate pain medication for two days until she died.
- Respondent operated on Patient E for kidney stones. He permitted the dog to fester in his own urine and feces post-operatively.
- While treating Patient F for dental procedures, Respondent squeezed his head until he began to scream.
- During a routine spay procedure, Respondent grabbed Patient G's head and slammed it down on the treatment table.

The Board concludes that on multiple occasions the Respondent violated both the Principles and Code of Conduct set forth in the Principles of Veterinary Medical Ethics of the AVMA. Accordingly, the Board concludes that State has proved each of the alleged conduct violations: (1) that the Respondent is not morally fit to practice veterinarian medicine by reason of his continuing failure to prevent and to alleviate suffering among his patients; (2) that the aforesaid examples of unsafe and unacceptable patient care constitute failures to practice competently; (3) that the aforesaid examples of patient care fail to conform to the essential standards of acceptable and prevailing practice; (4) that the aforesaid examples of patient care are likely to deceive, defraud, and harm the public; and (5) that the aforesaid

examples of patient care demonstrate a failure to exercise independent professional judgment in the performance of licensed activities which is necessary to avoid action repugnant to the obligations of veterinary medicine.

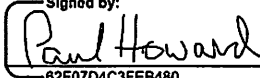
Summary suspension of a professional license can be imposed only when the Board “finds that public health, safety or welfare *imperatively require* emergency action . . .” 3 V.S.A. § 814(c) (emphasis added). The Board finds that Defendant’s professional misconduct has caused many of his patients needless and excessive pain and suffering. In order to avoid further mistreatment of animals while proceedings are pending, summary suspension of the Respondent’s license is necessary.

### ORDER

The State’s Petition for Summary Suspension is *granted*. Respondent’s license as a veterinarian is *suspended immediately* pending proceedings for revocation or other action.

Vermont law requires that these proceedings be initiated and determined promptly. 3 V.S.A. § 814(c). Because the OPR investigator testified that the investigation of pending complaints against the Respondent have been concluded, the Board strongly requests that the State file Specification of Charges no later than May 19, 2025. The Docket Clerk is requested to compress pre-hearing scheduling so that a contested hearing on the Specification of Charges can be heard at the next meeting of the Board on August 14, 2025.

It is SO ORDERED this \_\_\_\_ day of May 2025,

Signed by:  
  
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Board of Veterinary Medicine  
By: Paul Howard DVM, Chair

Date of Entry: 5/15/25

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