

The *incredible* *vanishing* veterinary visit

When clients start disappearing from your veterinary practice, pets don't get the care they need. Consider these steps to preserve pets' health.

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Picture this!

Can you guess what this curious pooch ate?

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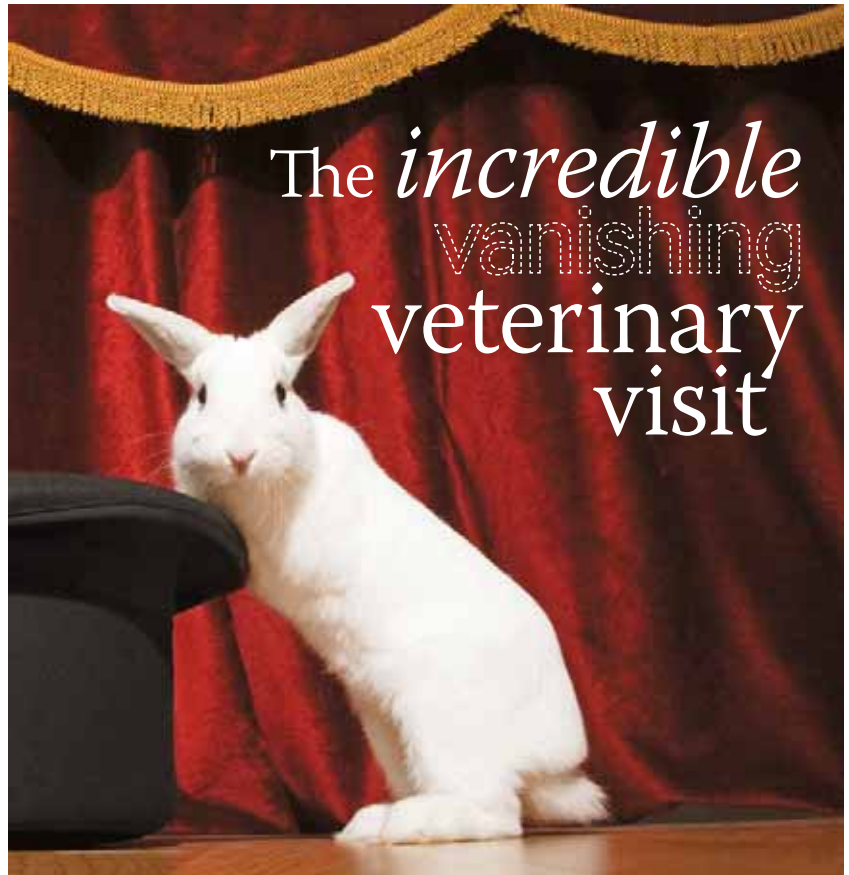


- » **Dental corner:** A goldendoodle with masticatory myositis
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When clients start disappearing from your veterinary practice, pets don't get the care they need. Consider these steps to preserve pets' health.

page 16 *By Steve Dale, CABC*

PATIENT CARE

Open the door to senior care

Those soft, white muzzles and wise eyes beg for your compassion. Use these easy adaptations to offer a gentle veterinary experience for aging pets.

page 21 *By Oriana D. Scislowicz, BS, LVT*

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CLIENT RELATIONS

Mystery dermatology diagnosis

Use these tips to keep clients calm and comforted as your veterinarian unravels the evidence to unveil the culprit of the pet's distress. **page 28** *By Portia Stewart*

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Why doctors should *let managers manage*

A practice manager is an invaluable asset to the veterinary clinic. But Brian Conrad, CVPM, doesn't think all managers are being used correctly. Find out the role he thinks managers can play in practice at dvm360.com/managemore. Then use the sample script on page 11 to ask your doctor to delegate more responsibility.



4 ways to stay healthy while you're traveling

Whether you're hitting the road for summer break or packing your bag for some great continuing education at CVC Washington D.C., May 8 to 14, it's crucial to take care of yourself. Certified health nut Dr. Ernie Ward offers some advice on how to stay healthy on the road at dvm360.com/getfit. And learn more about CVC at thevcv.com.



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New veterinary products rolled out

Veterinary industry representatives unveiled a number of new products and services for the profession during the 2013 Western Veterinary Conference in Las Vegas. For highlights uncovered by the dvm360 content team, visit dvm360.com/newproducts.



GETTY IMAGES / STOCKBYTE

Use trash bags to keep pets clean

Giving charcoal to patients is messy. Learn how to make your own trash bag coats to use as ponchos, exposing the patient's head to protect it, at dvm360.com/trashfashion.





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Dogs travel to help kids heal

Amidst the paralyzing grief following the Newtown, Conn., elementary school shooting, a team of golden retrievers is on site to comfort, be present, and listen.

By Julie Scheidegger

Newtown High School counselors are assigned students alphabetically. When

Deidre Croce looked at the list of victims, she realized that in eight short years, six would have been her students. Those children, 20 first-graders in all, along with six adults—their principal, counselor, and teachers—were killed at the hands of a gunman at Sandy Hook Elementary Friday morning, Dec. 14, 2012. The following Monday, Croce, fellow counselors, and teachers grappled with how to help students process the grief Newtown, Conn., now faced.

Amidst that uncertainty, Croce received an offer from Lutheran Church Charities. Its K-9 Comfort Dogs had arrived in Newtown that weekend and, if needed, were available to students and staff. Croce jumped at the opportunity.

Beacons of calm

The team—10 golden retrievers and their handlers—arranged to be at the high school Tuesday by the time students arrived. That morning the

student body gathered in the Newtown High School gym, the usual raucous timbre of a high school assembly tempered by tragedy. Then, the dogs walked in. The golden retrievers sat in a circle in the middle of the gym—beacons of everything calm, happy, and adorable. “It was like a scene from a movie,” Croce says. “I just knew the power these dogs would have—I just knew. That moment set the tone for the rest of the healing process.”



The best listeners

School counselors set up quiet rooms where they could bring one or two students to sit with a dog. Tim Hetzner, president of Lutheran Church Charities, says the first week after the tragedy, a boy who hadn't spoken about what had happened to his classmates visited the dogs. “He wouldn't share it with anybody else, but he'd talk to the dog,” Hetzner says. “People think after a disaster you have to say something to a person. They don't need you to say anything—they need you to listen. [The dogs] look at you, they smile.” **FL**

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Question of the month:

How do you encourage clients to schedule early?

Last month, a team member asked the question, “How can we get pet owners and team members on board with the idea of scheduling appointments six months to one year in advance?”

Responses: We struggled with that same issue about five years ago. We implemented a staff reward program to schedule appointments before the clients left the building. We track (manually from our travel sheets) the percentage of clients who schedule their next appointment before leaving our clinic each month. We set goals of between 55 percent and 75 percent. If we reach one of our monthly goals, we put \$10, \$20, and \$100 bills in balloons and each team member gets to pop

a balloon and keep the cash. The team loves doing this and they try really hard to get those appointments scheduled. When we started we were only at 20 percent. Now we’re consistently between 50 percent and 65 percent. And now our clients are trained to schedule their next appointments before they leave. —*chrisakeller*

First, we mail out postcards to remind clients that their pet is due for an annual exam. When they come in for the annual, we have them write their name and address on a postcard designated for the semi-annual. We keep a list six months ahead and write in the client’s number and that a card was made. We then place the postcard in an



accordion folder and place the postcard in the correct month. If the annual is in February, the postcard is placed in the August part of the folder and gets mailed out then. We go back through the list and check off that the card was mailed. This way we know the card went out and we can follow up if necessary. Good luck! —*NomiL18*



Share your answer: Visit dvm360.com/appointments to answer this question and read other responses. While you’re there, blog or post on our message boards at dvm360.com/community to tell us what’s going on in your world.

A shout out to a special reader

Sue from Illinois read “Coping With Grief at Work” in the January issue of *Firstline*. (You can read the article at dvm360.com/griefatwork.) Touched by author Jennifer Graham’s candid discussion of life after losing a personal pet at her veterinary practice, Sue sent Jennifer a sympathy card—and proved *Firstline* readers really are the best!





Picture this!
What did this curious pooch eat? You guessed ...



- Pacifier. —Beth S. Glasses or a yo yo. —Katie E.
- Rubber ducky. —Sharon S. Looks like a stuffed animal of some kind, either a dog or a dino. —Erin L.
- Looks like half of a tennis ball. —Jean M. Did not eat anything, was attacked and impregnated by alien, results will show themselves soon. —Lisa F.
- A canary? Oops, cats eat those. —John Q. Hair ties. —Amy D.
- A slinky. —Holly B. Big bird. —Ethan M.
- Condom? —Pamelyn R. Coins. —Kelly S.
- Camera? —Denise H. Glasses! My Brittany ate mine as a pup. Lol, they will eat anything while teething if you leave it in reach! —Marlene J.
- Kong? —Gerry H. Kinda looks like a lemon, cut in half. —Shaunt'a E.
- A ring. —Kathy J. Kenny South Park toy? —Rick W.

The answer: Many of you were so close! Thanks to everyone who guessed. The dog actually swallowed—drum roll, please—a small toy frog, about 2 square inches.



Do you have a great image to share? Whether you want to stump your colleagues with an unusual smear or a radiograph of something a curious pooch ate or ask us to caption a picture of your precious pet causing mischief, send in your best images to firstline@advanstar.com. We'll pay \$30 for every image we use.



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Ask Shawn

Must we guard our speech at work?

A team member at our practice has controversial decorations on her car, and our practice manager is worried that the materials will offend clients when they see the car parked in front of the veterinary practice. Does it violate the employee's right to freedom of speech if the manager asks her to remove the potentially offensive material?—**Caught in the Middle**

Dear Stuck Between Bigotry and Freedom:

The good news about America is that whether you cling to outdated, insensitive, and potentially offensive ways of expressing yourself or try to get others to understand a new era of inclusion and diversity, you are protected by law. However, our right to expression primarily only extends to our homes and public domain. If, however, we are on private property and employed in a private enterprise, we are subject to the policies of that organization if we take a paycheck.

Consider this advice from attorney Todd Wulffson, a partner with the California law firm of Carothers, DiSante, and Freuden-

berger: "Given the fact that freedom of speech is part of the Bill of Rights and taught to us in elementary school, people have the misconception that it applies in all instances. The reality is that freedom of speech in the Bill of Rights only applies to actions taken by the government. A private employer can, and virtually all do, dictate what and how an employee deals with customers, other employees, and the public, whether it's by instructing employees what to say to customers or by proscribing certain conduct—for example, prohibiting sexually harassing comments, offensive statements, or disparaging the business."

Double check with an attorney in your state to review your state's laws, but it's likely your manager can tell the employee to remove the offensive decoration or park the car off the employer's property. Remember, as an employee, you can always choose to leave a business if freedom of expression is more important to you than a paycheck or work satisfaction.—**Shawn**



Need help now?

Get an answer—fast—with *Firstline* Hotline. Text your problem to **913-732-1465**. We'll send you an answer in 48 hours (business days only). Standard text messaging rates apply. You can also email us at **firstline@advanstar.com** or direct message us on Facebook at **facebook.com/FirstlineMag** or Twitter at **@firstlinemag**.

Got a question? Ask Shawn.

Maybe you're tired of babysitting your team members. Perhaps you're looking for strategies to beat a bully. Shawn can help. **Shawn McVey, MA, MSW**, is a member of the *Firstline* and *Veterinary Economics* Editorial Advisory boards and CEO of McVey Management Solutions in Chicago. Email your question to **firstline@advanstar.com**. Then visit **dvm360.com/mcvey** to read McVey's advice on other hot topics, including how to talk to angry clients, the top 10 ways to kill team communication, what to do when your doctor disses you, and more.

Which learning path should I pursue?

Q I'm a practice manager trying to decide between pursuing an MBA or a CVPM. What do I need to consider to choose the right program for me?

"For starters, you may want to consider which one you should choose first, rather than narrowing it down to one versus the other," says *Firstline*



Marianne Mallonee, CVPM

Editorial Advisory Board member Marianne Mallonee, CVPM, hospital administrator at Wheat Ridge Animal Hospital in Wheat Ridge, Colo.

If you're planning on staying in the veterinary field, she says, the CVPM designation provides industry-wide recognition and respect as well as pertinent experience and information in the areas of human resources, law and ethics, marketing, finance, and practice organization.

"This is the most well-rounded and applicable program available to veterinary practice managers who plan on continuing in this role," Mallonee says.

A portion of the application process requires formal education from an accredited college or university in disciplines pertinent to practice management.

"If you don't already have these courses under your belt, I know colleagues who have taken MBA-level courses to satisfy this requirement. And these courses can then be used to acquire an MBA," she says. "As you consider what the right next step is for you, sit back and look at where you spend more of your time in your current role, where you see yourself wanting to expand your skills in the future, and what your long-term goals are."

For example, she says it's important to take time to consider your own strengths and weaknesses and your current job requirements. Some practice managers handle more human resources responsibilities, while others are more deeply involved in the practice's finances. If you're involved in a lot of human resources work, she also encourages exploring other certifications, such as a Professional in Human Resources (PHR) or Senior Professional in Human Resources (SPHR) from the Society for Human Resource Management.

"The CVPM is an excellent foundation for you as a practice manager and gives you the most global viewpoint for your job," Mallonee says. "Then you can supplement this in the future with an MBA or PHR."



[CANNED]



[TREATS]



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—*Kim Fish, practice manager*
Seville Animal Hospital
Seville, Ohio

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Flea Control History

1. What flea control products are you using now? (List all products for all pets.) _____
2. For all pets, when was the last dose administered? _____
3. For all pets, how many applications have you used and when were they applied? _____
4. When were fleas noticed? _____
5. Are fleas a problem on all your pets? _____
6. Is this a recurring problem? _____
7. How many and what other types of pets are in the household? _____
8. How many hours a day does your pet spend outdoors? _____
Where does it go—the backyard, shared courtyard, sidewalk, or dog park? _____
9. Do other pets visit your household, or does your pet visit another home? _____
10. Where does your pet sleep or rest? _____
11. Do you have an elevated porch, a covered patio, or another structure under which your pet, stay animals, or wildlife might get access? _____
12. Are any people bitten by fleas in your home? If so, where do you see fleas? _____

Find the facts about parasites

When you don't have the full story, it's difficult to help pet owners solve their flea control problems. Use the handy form at dvm360.com/fleahistory to uncover the products clients use and when they were last administered as well as lifestyle issues, such as how many hours a day the pet spends outdoors and what parts of the yard or park it spends most of its time. The answers can help you halt parasite problems before they blossom into bigger issues.

PRACTICE MANAGER SCRIPT: Asking for more responsibility

If you're an experienced manager, you may be ready to ask for more responsibility in your practice. Adding financial tasks, such as measuring and tracking services and setting financial goals to boost the practice's productivity or helping update your fee structure, offer ways to grow in your job.

"A good place to begin is by understanding the staff payroll and benefits expense," says *Firstline* Editorial Advisory Board member Debbie Gair, CVPM. "This is a large financial budget item that directly relates to the manager's role of personnel supervisor. Other, smaller items include petty cash, continuing education for team members, and so on."

Before you start this conversation with your doctor, Gair suggests you ask yourself these questions:

- > Who handles the finances now?
- > Do I have an effective relationship with my boss, and can we split some of the financial tasks?
- > What elements of the practice finances do I have the experience to take over?
- > Do I need to pursue additional education or training to be prepared for this new responsibility?

Once you've

considered these questions and your answers, you'll be better prepared to ask the doctor to delegate and explain any training you need to be successful. Consider this sample script:

YOU: "Dr. Smith, I've been your manager for several years, and I'm interested in increasing my effectiveness as your manager. I've been thinking about ways to expand my job role, allowing me to be more productive for our practice."

DOCTOR: "What do you have in mind?"

YOU: "It would be helpful if I could have a better understanding of our financials. [Mention the specific tasks you are interested in learning about and eventually taking over as well as any education you would need to pursue. Be

specific.] Not only could we create more efficiency at our practice, we could free up your time to [insert a specific activity or goal your practice owner has mentioned, such as enjoying more time with family or spending more time with clients in the exam room]. Could we discuss this?"



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Dental corner

A goldendoodle with masticatory myositis

A veterinary team worked together to correct an autoimmune disorder that limits this dog's ability to open its mouth. *By Patricia March, CVT, VTS (Dentistry)*

A 2-year-old neutered male goldendoodle named Gordon was presented to the University of Pennsylvania's Dentistry and Oral Surgery Service because he couldn't open his mouth. The owner reported that Gordon had been with a pet sitter while she was out of town and experienced no known trauma. When she noticed that Gordon was eating in a strange, messy way and that he couldn't open his mouth, she brought him to the emergency room.

Upon examination, Gordon was mildly dehydrated and drooling excessively, and his

A dental technician must become educated about diseases, such as masticatory myositis, and understand the anatomy.

left temporomandibular area was enlarged. Gordon did not appear painful, but left-sided swelling and temporalis muscle wasting could be palpated. The

owner could not tell whether Gordon had lost weight.

A complete blood count (CBC) and serum chemistry profile, including creatine kinase activity, were performed, and the results were normal. An intravenous catheter was

Technicians assist in patient care preoperatively and postoperatively.

placed, and anesthesia was induced with propofol. An oral exam revealed that Gordon's jaws couldn't be opened more than 1 inch. Since an endotracheal tube could not be placed by normal means, an emergency tracheostomy was performed. Gordon was taken for a computed tomography scan and then to the dental surgical suite for a more extensive oral exam.

The extraoral exam

An extraoral exam revealed that the masticatory muscles

Technicians must know how to process the required lab work and biopsy samples. In this case, three different biopsy samples were obtained, all requiring different containers and different processing fluids.

were atrophied, and the doctors suspected chronic masticatory myositis because of the atrophy. This autoimmune disorder causes autoantibodies to attack certain muscle fibers (type 2M) found within the muscles of mastication—the temporalis, masseter, and pterygoid. It usually affects middle-aged and older large-breed dogs and results in atrophy of—and scar tissue deposition in—the affected muscles, leading to decreased range of motion of the jaws.

Treatment

Treatment involves high-dose corticosteroid therapy. A serum titer test was performed, and

A dental technician is also responsible for keeping detailed medical records for each patient.

biopsy samples were obtained on the right side of the temporalis muscle because it was less inflamed.

Gordon was given intravenous injections of cephalexin for the tracheostomy and biopsy and famotidine to reduce stomach acid. He was carefully monitored postoperatively, where he continued doing well; his tracheostomy tube was removed. Sucralfate (to be given before meals) to protect the stomach from the effects of high-dose corticosteroid therapy, tramadol, and immunosuppressive doses of prednisone (2 mg/kg) were prescribed. Gordon was able to lick water and baby food, and he was sent home with a high-protein soft diet.

Rechecks and follow-up care

At his one-week recheck, Gordon was eating and drinking well and able to open his mouth about 2 ½ inches. The biopsy and tracheostomy sites were healing normally. The prednisone dose was decreased to 1 mg/kg once a day. The 2M antibody test results were 1:4,000 (> 1:100 being positive). The muscle biopsy results were inflammatory myopathy/myositis with antibodies against type 2M fibers. The examination, computed tomography scan results, and treatment response alluded to the diagnosis, and the biopsy and antibody titer results confirmed it.

At a two-week recheck, Gordon could open his mouth 4 ½ inches but was demonstrating side effects of corticosteroid usage, such as polyuria, polyphagia, weight gain, and soft stools, so his prednisone dose was decreased to

>>> **Photo 1:** When Gordon was first examined, he could not open his mouth more than 1 inch.

>>> **Photo 2:** The anesthetist was unable to pass an endotracheal tube, even with a large laryngoscope, so a tracheostomy was performed.

>>> **Photo 3:** The doctor chose to perform a biopsy on the right temporalis muscle because it was less inflamed than the left side.

>>> **Photo 4:** At his two-week recheck, he could open his mouth 4 ½ inches.

>>> **Photo 5:** At his three-month recheck, Gordon smiles for the camera.



0.5 mg/kg once a day. The famotidine and sucralfate were continued.

At a two-month recheck, Gordon was able to open his mouth enough to eat and drink normally and was able to hold small toys in his mouth. He had previously gained weight from corticosteroid use, and he was also back to his normal weight. His dose of prednisone was 2.5 mg once a day. He was encouraged to chew and play with toys to help strengthen his muscles. Six months later, the owner reported the dog was doing well.

Patricia March, CVT, VTS (Dentistry), is a dental technician at Animal Dental Center in Baltimore, Md., and the past president of the Academy of Veterinary Dental Technicians. March will teach on dental topics on the technician program May 11 at CVC



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CAUTION: Federal (US) law restricts this drug to use by or on the order of a licensed veterinarian.

BRIEF SUMMARY: Please consult package insert for complete product information.

Indications: For use in dogs to prevent canine heartworm disease by eliminating the tissue stage of heartworm larvae (*Dirofilaria immitis*) for a month (30 days) after infection and for the treatment and control of roundworms (*Toxocara canis*, *Toxascaris leonina*), hookworms (*Ancylostoma caninum*, *Uncinaria stenocephala*, *Ancylostoma braziliense*), and tapeworms (*Dipylidium caninum*, *Taenia pisiformis*).

WARNINGS: For use in dogs only. Keep this and all drugs out of reach of children. In safety studies, testicular hypoplasia was observed in some dogs receiving 3 and 5 times the maximum recommended dose monthly for 6 months (see Animal Safety). In case of ingestion by humans, clients should be advised to contact a physician immediately. Physicians may contact a Poison Control Center for advice concerning cases of ingestion by humans.

PRECAUTIONS: Use with caution in sick, debilitated, or underweight animals and dogs weighing less than 10 lbs. The safe use of this drug has not been evaluated in pregnant or lactating bitches.

All dogs should be tested for existing heartworm infection before starting treatment with IVERHART MAX Chewable Tablets, which are not effective against adult *D. immitis*. Infected dogs should be treated to remove adult heartworms and microfilariae before initiating a heartworm prevention program.

While some microfilariae may be killed by the ivermectin in IVERHART MAX Chewable Tablets at the recommended dose level, IVERHART MAX Chewable Tablets are not effective for microfilariae clearance. A mild hypersensitivity-type reaction, presumably due to dead or dying microfilariae and particularly involving transient diarrhea, has been observed in clinical trials with ivermectin alone after treatment of some dogs that have circulating microfilariae.

ADVERSE REACTIONS: In clinical field trials with ivermectin/pyrantel pamoate, vomiting or diarrhea within 24 hours of dosing was rarely observed (1.1% of administered doses). The following adverse reactions have been reported following the use of ivermectin: depression/lethargy, vomiting, anorexia, diarrhea, mydriasis, ataxia, staggering, convulsions and hypersalivation.

ANIMAL SAFETY: Studies with ivermectin indicate that certain dogs of the Collie breed are more sensitive to the effects of ivermectin administered at elevated dose levels (more than 16 times the target use level of 6 mcg/kg) than dogs of other breeds. At elevated doses, sensitive dogs showed adverse reactions which included mydriasis, depression, ataxia, tremors, drooling, paresis, recumbency, excitability, stupor, coma and death. No signs of toxicity were seen at 10 times the recommended dose (27.2 mcg/lb) in sensitive Collies. Results of these studies and bioequivalence studies support the safety of ivermectin products in dogs, including Collies, when used as recommended by the label.

In a laboratory safety study, 12-week-old Beagle puppies receiving 3 and 5 times the recommended dose once weekly for 13 weeks demonstrated a dose-related decrease in testicular maturation compared to controls.

HOW SUPPLIED: IVERHART MAX Chewable Tablets are available in four dosage strengths (see **Dosage** section) for dogs of different weights. Each strength comes in a box of 6 chewable tablets and in a box of 12 chewable tablets, packed 10 boxes per display box.

STORAGE CONDITIONS: Store at controlled room temperature of 59°-86° F (15°-30° C). Protect product from light.

For technical assistance or to report adverse drug reactions, please call 1-800-338-3659.

Manufactured by: Virbac AH, Inc. Fort Worth, TX 76137

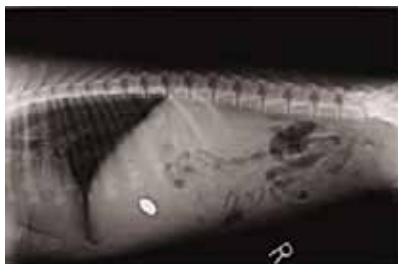
NADA 141-257, Approved by FDA

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PEARLS of practice

> Picture this! 📷



An Airedale named Jack presented with vomiting, lethargy, and anorexia. Radiographs revealed a circular object that appeared to be blocking the opening to the dog's intestines from his stomach. Vomiting was induced, and the object released and entered the intestines. Can you guess what this pet passed in his stool?

- a. A ring
- b. Hair ties
- c. A coin
- d. A washer

Visit dvm360.com/ispay to find the answer and read about the amazing reveal.

I spy

Got a great radiograph of a foreign object in Fido's stomach? Have a slide with a suspicious smear or an uncommon parasite? Send in the images that stumped you—and the diagnosis. You can earn **\$30** as well as sweet bragging rights for every quiz we publish.

“I WAS MORTIFIED.”



“HOW COULD MY QUEENIE HAVE
REVOLTING TAPEWORMS?”

CLIENTS NEVER EXPECT THEIR DOGS TO GET TAPEWORMS.

Fortunately, IVERHART MAX[®] (ivermectin/pyrantel pamoate/praziquantel) Chewable Tablets can spare clients the shock of seeing their dogs get them. **Choose the only monthly heartworm preventative that treats and controls tapeworms.**

Help clients avoid nasty tapeworm surprises. Call **1-800-338-3659** or visit www.virbacvet.com.

All dogs should be tested for heartworm infection before starting a preventive program. Following use of IVERHART MAX Chewable Tablets, digestive and neurological side effects have rarely been reported. Use with caution in sick, debilitated or underweight animals and dogs weighing less than 10 lbs. See brief summary on page 14 for additional information.

IVERHART MAX[®]
(ivermectin/pyrantel pamoate/praziquantel)
Chewable Tablets



PREVENT • TREAT • CONTROL



Passionate About Animal Health

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The *incredible* vanishing veterinary visit

When clients start disappearing from your practice, pets don't get the care they need and the business you work for suffers. Learn the steps you can take to pull more visits out of your proverbial hat and preserve pets' health with your near-magical medical prowess.

By Steve Dale, CABP

Now you see 'em, now you don't. This amazing vanishing act that pet owners are performing at veterinary practices across the country spells bad news for pets. After all, veterinarians

can't diagnose or treat animals who aren't brought in.

Now, perhaps veterinary visits are down at your clinic and your boss has asked you to do something about the problem. Or maybe you've tasked

yourself to step up and make a difference. And if you're one of the lucky ones, how do you stay ahead of the curve? Let's look at the reasons behind the drop in visits and how you can bring magic back to your practice.

Pet care in crisis

Evidence shows a long-standing decline in veterinary visits. And it doesn't seem to be getting any better. Half of all veterinarians had fewer patient visits in 2010, compared with 2009, according to the Bayer Veterinary Care Usage Study, a research initiative conducted by Bayer Animal Health, the National Commission on Veterinary Economic Issues, and Brakke Consulting.

Cats, in particular, are in serious need of preventive care. Data from Banfield's 800 hospitals in 2011 showed their practices saw two million dogs but only 430,000 cats—despite the fact there are about 20 percent more owned cats than dogs. According to the AVMA, 36 percent of cat-owning households received no veterinary care in 2006. And many suggest, given economic realities, that this number is higher today.

If clients aren't visiting the veterinarian, and the economy continues its sloth-like recovery, what can you do to make a difference? According to the Bayer Veterinary Care Usage Study, there are six primary factors that explain the decline in veterinary visits. The environmental factors include the recession, fragmentation of veterinary services, and proliferation of Internet information. The client factors are that

clients don't understand the need for services, they suffer from sticker shock, and they resist bringing their cats to the veterinarian. Let's examine each of these factors and explore what you can do.

> **The recession.** A poor economy and unemployment has affected the number of pet visits. But it's important to remember that the decline in visits began before the recession, so it's not the only cause.

> **Fragmentation of veterinary services.** Simply put, pet owners have more options for places to go to get Fluffy's food, flea and tick preventives—and even, in some cases, vaccinations.

I admit the first two factors are out of your hands. Unless you're eying Federal Reserve Chairman Ben Bernanke's job, there's not much you can do about the economy. You also can't stop fragmentation in veterinary medicine.

The good news is that you can help your practice owner address the four remaining factors. Just remember, there's no magic solution. So some ideas will make sense to implement in your practice, while other ideas may not.

1. Clients look to the Internet for information

Veterinary medicine is a profession that has always been

fundamentally based on trust, and there are generally three types of clients:

> Those who never go to the Internet following a veterinary discussion or diagnosis because they simply aren't computer savvy. They don't care enough to bother or they blindly trust anything the veterinarian says.

> Those who really don't trust the veterinarian and may actively look to prove a diagnosis incorrect or seek alternative pricing or an alternative treatment to a veterinarian's recommendations.

> Those who do trust their veterinarian, perhaps implicitly, yet yearn to learn as much as they possibly can about the suggested diagnosis or treatment. Along the way, they may discover and an alternative treatment plan or information that the veterinarian can use. Be honest, even the savviest veterinarian isn't always as up-to-the-minute as the Internet.

There are a myriad of credible websites, so providing an online list with links is a great idea. Direct clients to the sites you like, and feature them periodically in social media and in a newsletter.

Tailor supple-

Get clients back
Learn more about how to bring your vanishing clients back to your veterinary practice at dvm360.com/vanish.

mentary sites to the client's specific needs, and email those to the client with exact URLs. For a cat with a heart problem, for example, you may offer a page on the latest in cat health studies at the Winn Feline Foundation page.

By and large, clients have little clue as to the value of an exam, particularly when the doctor doesn't diagnose a disease or illness.

2. Pet owners don't understand the need

Your and your clients' perceptions and your clients may be entirely different from the types I've described. But data suggests in many practices, most clients don't understand the need to visit the veterinarian for preventive care exams. While I believe this is true, I also believe that when veterinary team members take the time to explain the importance of these exams, most clients see the value in them

because they want what's best for their pets.

Team members also play a key role when the client checks out. Ask clients if they have any questions about the bill.

By and large, clients have little clue as to the value of an exam, particularly when the doctor doesn't diagnose any disease or illness. Believe it or not, if the veterinarian discovers cancer or heart disease, many clients think, "Well, at least I got my money's worth." Conversely—and nonsensically—when a pet checks out healthy, some clients believe they've wasted their time and money.

This is a place where you can help by influencing the client's understanding of the value you offer. Start by reviewing the bill step by step to help demonstrate medical value and also financial value. Consider the sample script on page 20 to get started.

Taking time to go over the bill also demonstrates that you care what the client thinks. Even when Dr. Smith goes over every detail in the exam room, clients sometimes walk out with their heads spinning. So try to serve as a resource at all stages of the pet's visit. Partners for Healthy Pets also offers free resource toolboxes to help with critical skills, such as improving your communication with clients and implementing preventive care plans in your practice.

3. Clients suffer from sticker shock

You're probably not responsible for pricing, and often

you're the one stuck defending the practice's fees. The key is to be informative—not defensive—and explain the reason behind the price. And be sure to indicate value.

Most pet owners realize veterinary practices are for-profit businesses. No one expects high-quality care without a price. And your clients want to feel they're receiving a fair or better-than-fair deal. Everyone loves a bargain. As I mentioned earlier, there's no one-size-fits-all solution for all practices. But here are some ideas you might consider:

> Offer free nail clippings.

Seeing no charge on an invoice makes people feel good.

> **Provide senior discounts.** You can offer these for senior people or senior pets, or both.

> **Work with animal shelters** to give a substantial price break to adopted pets for their first visit. Sure, you might take a loss during that one visit, but odds are, you'll have a client for the life of that pet.

4. The decline of feline visits

With as much difficulty as practices have getting dogs in for regular visits, the feline decline in visits is more severe. Consider these steps to fight this trend:

> **Become an American Association of Feline Practitio-**



Psssst!

Have you heard about the new way to control pain?

You just did.

Introducing OroCAM (meloxicam),
the first and only veterinary NSAID
with transmucosal oral delivery.

Learn more at OroCAM.com



OroCAM™
(meloxicam)
quick and reliable delivery^{1,2}



Indication: OroCAM (meloxicam) Transmucosal Oral Spray is indicated for the control of pain and inflammation associated with osteoarthritis in dogs.

Important OroCAM (meloxicam) Safety Information: WARNING: Repeated use of meloxicam in cats has been associated with acute renal failure and death. Do not administer meloxicam transmucosal oral spray to cats. See Contraindications for detailed information. Warnings, Precautions, and Contraindications: For oral use in dogs only. OroCAM should not be used in dogs with known hypersensitivity to meloxicam or other NSAIDs, dogs weighing less than 5.5 pounds (2.5 kg), or dogs younger than six months of age. It has not been evaluated for safety in breeding dogs, lactating dogs, or dogs with bleeding disorders. Adverse Reactions: Common adverse reactions include vomiting, diarrhea, increased liver enzyme values, and loss of appetite. In clinical studies, the clinical signs were generally mild, transient (lasted 1-4 days during the 28-day study period), and resulted in complete recovery. There were no clinical signs related to the increased liver enzymes. Kidney or liver damage has been reported with other NSAIDs. Other recommendations: All dogs should undergo a thorough history and physical examination before the initiation of NSAID therapy. Appropriate laboratory testing to establish hematological and serum biochemical baseline data is recommended prior to and periodically during administration of any NSAID.

See the Package Insert and Client Information Sheet for complete prescribing and other information.

See brief summary on page 20.

To learn more about OroCAM, contact Abbott Animal Health Customer Service at 888-299-7416 or visit OroCAM.com. Promist is a trademark of Velcera, Inc. OroCAM is a trademark of Abbott Laboratories. PAIN-007 January 2013 © Abbott Laboratories.

Delivered by  Promist Technology

1. RevitaCAM Spray Studies Summary, Abbott Study 11-11-MC-N-DC-MC, 2011. 2. Placebo-Controlled Field Efficacy Trial of Meloxicam Administered Orally Via Transmucosal Oral Mist (Promist™ Technology), in Client-Owned Dogs with Osteoarthritis, Abbott Study 09-17-MC-D-CT-MP, 2011.



 **Abbott**
Animal Health

OroCAM™ (meloxicam) Transmucosal Oral Spray

Non-steroidal anti-inflammatory drug for oral use in dogs only.

Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian.

BRIEF SUMMARY: This summary does not include all the information needed to use OroCAM safely and effectively. See the Package Insert and Client Information Sheet for complete prescribing and other information.

For Animal Use Only

For Oral Use in Dogs Only

WARNING

Repeated use of meloxicam in cats has been associated with acute renal failure and death. Do not administer meloxicam transmucosal oral spray to cats. See Contraindications for detailed information.

Description: Meloxicam belongs to the oxicam class of non-narcotic, non-steroidal anti-inflammatory drugs (NSAID). Each milliliter of OroCAM contains 5 mg meloxicam.

Indication: OroCAM (meloxicam) Transmucosal Oral Spray is indicated for the control of pain and inflammation associated with osteoarthritis in dogs.

Dosage and Administration: Always provide the client information sheet when prescribing and dispensing OroCAM. Use the lowest effective dose for the shortest duration consistent with individual response. Due to the pump sizes, dogs weighing less than 5.5 pounds (2.5 kg) cannot be accurately dosed. OroCAM should be administered once daily at a dose of 0.1 mg/kg (0.045 mg/lb). See Bottle/Pump Assembly Instructions for Veterinarians and Administration Instructions for Owners.

Contraindications: OroCAM (meloxicam) Transmucosal Oral Spray should not be used in dogs that have a hypersensitivity to meloxicam or known intolerance to NSAIDs. Do not use OroCAM in cats.

Do not use OroCAM in cats. Acute renal failure and death have been associated with the use of meloxicam in cats.

Human Warnings: Not for use in humans. Keep this and all medications out of reach of children. Consult a physician in case of accidental ingestion by humans or contact with mucous membranes. Direct contact with skin, eyes, and mucous membranes should be avoided. If contact occurs with skin, the area should be washed immediately with soap and water for at least 20 seconds. In case of contact with eyes, flush immediately with water. Women in late pregnancy should avoid contact with this product.

Other Precautions: The use of OroCAM (meloxicam) Transmucosal Oral Spray has not been evaluated in dogs younger than 6 months of age, dogs weighing less than 5.5 lbs (2.5 kg), dogs used for breeding, or in pregnant or lactating dogs. Meloxicam is not recommended for use in dogs with bleeding disorders, as safety has not been established in dogs with these disorders. Concurrent administration of potentially nephrotoxic drugs should be carefully approached. Please refer to the full package insert for more complete information on possible interactions and other pertinent information.

Common Side Effects: The most common adverse reactions involved the gastrointestinal system (see the Table in the package insert). Non-gastrointestinal adverse reactions were rare and included increased liver enzymes, hematuria, lethargy, polydipsia, and dehydration.

The incidence of adverse reactions observed in a clinical study is tabulated in the package insert. The pattern suggests some gastrointestinal effects (vomiting, diarrhea) are associated with OroCAM. The clinical signs were generally mild, transient (lasted 1-4 days during the 28-day study period), and resulted in complete recovery. There were no clinical signs related to the increased liver enzymes.

Effectiveness: Effectiveness was demonstrated using OroCAM in a masked, placebo-controlled, multi-site field study involving client-owned dogs. In this study, 280 dogs diagnosed with osteoarthritis were randomly administered OroCAM, or a placebo. Dogs received a daily meloxicam dose or placebo for 28 days. Effectiveness was evaluated in 258 dogs and field safety was evaluated in 280 dogs. After 28 days the treatment group showed a success rate (improvement of clinical signs) of approximately 73% and the placebo group showed a success rate of about 43%.

See full Package Insert for more details, as well as for results of safety studies.

COMMUNICATION strategies

Sample script:

Reviewing the bill

You: "As Dr. Smith indicated, the exam revealed important information today. Fluffy needs to lose a few pounds. Helping Fluffy lose three or four pounds could potentially extend her lifespan and enhance her quality of life. Also, if Fluffy loses the weight, you may save on medical expenses, because you'll help prevent other serious illnesses."

ners (AAFP) endorsed Cat Friendly Practice. You'll become cat friendlier, which cat owners will appreciate—and so will cats. Having that logo on your website and your front door could make a difference, too.

> Fight common feline assumptions. For example, pet owners might say, "My cat isn't acting sick" or "My indoor cat doesn't need to see a veterinarian." Provide information to dispel myths proactively to clients via email and social media. And link to the handout "Getting your cat to the veterinarian" from the AAFP that offers tips for carrier desensitization and counter-conditioning. The CATalyst Council also offers a great video about carrier transport.

5. The parasiticide dilemma

These factors begin to explain the decline in veterinary care, but there are several others—for example, the profusion of parasiticides now available over the counter. In my opinion, this contributes big time to the decline.

My readers, listeners, and viewers tell me that since they're purchasing these products in other places, there's no need to see the veterinarian. What's more, pet owners sometimes make the wrong choices or don't understand how to use the products. Why else would flea infestations be up? Be proactive, and use email and social media to explain why your input might save clients money and help protect their pets' health.

The disappearing act pet owners are performing across the country is more than a veterinary problem—it's a veterinary hospital problem. We're all in this together. So don't sit back and assume nothing can be done. You have a few tricks up your sleeve to make a difference in pets' health. **FL**

Steve Dale, CABC, writes a twice-weekly syndicated newspaper column for Tribune Media services and is a contributing editor at USA Weekend. He is also host of two nationally syndicated radio shows, "Steve Dale's Pet World" and "The Pet Minute," and is heard on WGN Radio.

Calling all clients
For links to the resources mentioned in this article, including client resources and team training materials, visit dvm360.com/vanishtools.

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toolkit

March 2013 | dvm360.com/toolkit

tick control

A special monthly package designed to help boost client compliance and make it easy for your team to educate pet owners about regular pet wellness care.

Lyme disease: How to keep **PETS and PATIENTS** **SAFE**

p4



Your tick control tools:



Social media

Stay on top of ticks with social media marketing

p07



iPad Tools

A FREE iPad module to educate clients on tick prevention

p09



Handouts

Ready-to-use team and client handouts:

- >> Lyme disease and your dog
- >> Tick myths vs. facts
- >> Tackling tick talks across the map

p10



Patient care

How to identify tick-borne illnesses on blood smears

p13



Meeting guide

Tips each team member can use to stay on message

p14



Take Action

- >> Go for the "gross" factor
- >> The next step

p15

PLUS



WHAT YOU SHOULD
KNOW ABOUT
CYTAUXZONOSIS

p2

Don't get ticked
at ticks—
GET EVEN



p6

WHAT YOU SHOULD KNOW ABOUT CYTAUXZOOONOSIS

Leah A. Cohn, DVM, PhD, DACVIM, discusses a new treatment regimen that shows promise in managing cats with this serious, often fatal infection.

Q *What do practitioners need to know about how cytauxzoonosis, or bobcat fever, is transmitted? Is it zoonotic? What population of cats is most at risk?*

A Cytauxzoonosis is transmitted by a tick bite, especially the lone star tick (*Amblyomma americanum*). It cannot be transmitted directly from cat to cat.

Cytauxzoonosis is not a zoonotic infection. The protozoal pathogen (*Cytauxzoon felis*) infects cats of every kind, but only cats. Bobcats, cougars, and even tigers and lions can be infected, but it cannot be transmitted to nonfelid animals.

Those cats with the greatest risk of contracting cytauxzoonosis are outdoor cats living in the South Central and Southeastern United States during the spring, summer, and early autumn.

Q *What is the prevalence of cytauxzoonosis in the*

United States, and in which regions are we seeing this infection?

A Infections were first recognized in the South Central United States—Missouri, Arkansas, and Oklahoma. Today, the disease has a greatly expanded geographic region, extending all the way to the Mid-Atlantic states and throughout the Southeast as well as the South Central states. The pathogen has even been identified in bobcats, the reservoir host, as far north as North Dakota.

The prevalence of infection is not known. In Oklahoma, the diagnosis accounted for almost 1.5% of feline hospital admissions at the Veterinary Medical Teaching Hospital; most of these cats suffered from the acute illness. In some areas of the country, the infection is completely unheard of. In others (like parts of southern Missouri) I am aware of clinics that see three cases a

week throughout the spring and early summer.

Bobcats, and domestic cats that survive initial infection, can remain healthy chronic carriers of the pathogen. In some regions, prevalence of infection in bobcats is as high as 50%. In a study of domestic cats from a trap-neuter-release program, only two of 494 cats in Florida and one of 75 cats in Tennessee were found to be presumably healthy carriers.¹

Q *Are there typical presenting signs of cytauxzoonosis in domestic cats?*

A An owner first notices that his or her previously healthy cat goes off food and acts lethargic. The cat may cry out as if in pain and may develop respiratory effort or distress. The veterinarian may recognize a high fever, icterus, pallor, splenomegaly or lymphadenomegaly, and sometimes central nervous

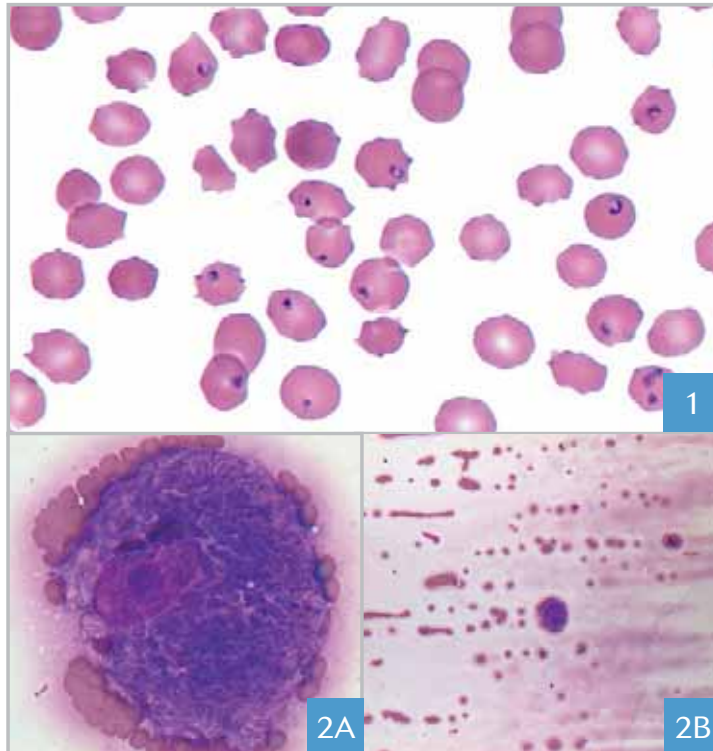
system signs including obtundation. Laboratory findings usually include evidence of hemolytic anemia, disseminated intravascular coagulation, and hepatopathy. Often, affected cats die within five to seven days of the appearance of the very first signs.

Cats that do survive initial infections remain chronic carriers for years. These cats are clinically healthy, but small numbers of infected red blood cells may be observed on a peripheral blood smear.

Q *How do we diagnose this infection in domestic cats?*

A Microscopic examination of a peripheral blood smear will reveal signet-ring-shaped piroplasms in the red blood cells (Fig. 1) of most acutely infected cats, but since illness can occur before the red blood cell stage of infection, negative smears should be re-evaluated the next day. Alternatively, schizont-distended mononuclear cells accompany clinical illness (Figs. 2A & 2B). These large cells are commonly found on aspirates of lymph nodes or spleen and are occasionally observed on blood smears. The infection can also be confirmed by polymerase chain reaction testing.

Q *What is the latest on how we should treat*



1. Signet-ring shaped *Cytauxzoon felis*. 2A & 2B. Schizont-laden macrophage (2A 100X; 2B 1000X).

PHOTOS COURTESY OF DR. MARLYN WHITNEY, UNIVERSITY OF MISSOURI VETERINARY MEDICAL DIAGNOSTIC LABORATORY

cytauxzoonosis in domestic cats?

A In a recent study, the combination of an antimalarial drug, atovaquone, and the antibiotic azithromycin was demonstrated to result in improved survival of acutely ill cats compared with cats treated with the antiprotozoal drug imidocarb dipropionate.² All cats also received supportive care including fluid therapy and blood transfusions when required. While only 26% of the imidocarb-treated cats survived, 60% of those treated with the combination drug therapy lived. However, the

antimalarial drug is expensive and not readily available from nearby pharmacies.

Q *How do we prevent cytauxzoonosis in domestic cats?*

A Since the infection is transmitted only by ticks, tick prevention is key. Because there are no acaricides that prevent tick bites perfectly, in endemic regions the most effective prevention is to apply products such as fipronyl and keep cats indoors to minimize exposure.

For references, visit dvm360.com/cytauxzoonosisQandA.

Lyme disease:

How to keep pets—and your veterinary clients—safe.

Sunny days and a milder winter bring more than an early spring—they may also mean more ticks all over the country. As the threat increases, your role in safeguarding health in your community is more important than ever before.

By Julie Legred, CVT

We often first see ticks on dogs during the spring months, but I'm betting we will see them much earlier and in greater numbers than we have in previous years—even in places where ticks haven't typically been a problem before.

Be ready to talk with all clients coming through your doors and answer all of their questions concerning parasites and the preventive products available.

A closer look at Lyme disease

Lyme disease is typically seen in dogs. It can occur in cats, but the disease process is not clearly understood in our feline friends. So for the purposes of this article, we will concentrate on dogs.

A dog becomes infected with *Borrelia burgdorferi* when spirochetes of *B. burgdorferi* enter connective tissue of the



dog from the tick feeding on it. The Eastern black-legged tick (*Ixodes scapularis*) and the Western black-legged tick (*Ixodes pacificus*) are the only two tick species in North America that have been proved to pass the infection to dogs.

The *Ixodes* species are three-host ticks, which means they feed on animals throughout the life cycle—as larvae, nymphs, and adults. Immature ticks become infected by rodents.

The ticks maintain the infection through immature stages and can transmit disease after molting to the nymphal or adult stage. Female ticks do not transfer the infection to newly hatched larvae.

Typically, borreliosis in dogs is seen on the West coast as well as in Northeastern and upper Midwestern states. There is also a higher risk of infection in dogs living in or frequenting tick-infested areas. However,

there is always risk no matter where you live or where you've travelled—there are just different levels of exposure risks. The best practice is to recommend that pet owners take precautions and use preventives no matter where they live.

When the infected tick bites the dog, *B. burgdorferi* enters the connective tissue, leading to infection. It cannot be seen in the blood by means of a microscope, and it is rarely seen in tissue sections. It takes about 24 to 48 hours of feeding before *B. burgdorferi* can be passed on to a dog—or a human. It is important to note that dogs are not important in maintaining a source of infection. It is very rare for ticks to move back and forth from dogs to people and from people to dogs.

Most dogs don't present with extreme signs when they are exposed to *B. burgdorferi*. They may have signs that are so mild, the owner and the healthcare team have difficulty noticing the signs. But when dogs suffer from a more severe case of borreliosis, they may present with a fever, enlarged lymph nodes, depression, and lethargy, as well as shifting lameness and swollen joints. In some cases, dogs have had nephropathy that has led to renal failure.

Diagnosing the disease

Diagnosing Lyme disease is complicated. Clinical signs and positive serologic test results for *B. burgdorferi* help in these efforts but do not result in a definitive diagnosis. Serology is usually done, but because of the long incubation period of four to six weeks, results may be positive if dogs have been exposed or if they have been vaccinated. And dogs that do not show signs in high-risk areas can also have positive test results. This makes it especially difficult to confirm true cases of infection. Enzyme-linked immunosorbent assays and immunofluorescence assays may result in false positive results if a dog has been previously vaccinated or has had prior exposure.

Prevention and zoonotic implications

Vaccines can be a good preventive measure for dogs living in or frequenting tick-infested areas. Vaccina-

tion is not warranted if a dog is not commonly in exposure areas. Tick preventives that are highly effective acaricides with residual effects on ticks are strongly recommended for all dogs year-round everywhere. It is also recommended to remove ticks as quickly as possible from dogs with forceps or special tick removal devices. Take care to avoid contact with tick contents by wearing gloves to prevent zoonotic infections. And wash your hands thoroughly and regularly.

You can also help prevent infection in your clients. Lyme disease is the most common vector-borne disease in the United States. This disease in people is similar to the disease in dogs in many ways. Like dogs, people can become infected from single or multiple tick bites from ticks infected with *B. burgdorferi*. Remind clients to pay close attention to precautionary measures when they head into potentially heavily infested areas. Recommend that pet owners wear light-colored, protective clothing; use repellent products labeled specifically for effectiveness against ticks; check themselves for ticks; and remove ticks as quickly as possible.





Dr. Fred Metzger

Don't get ticked at ticks— *get even*

Year-round prevention efforts are key to keeping ticks and Lyme disease at bay.

Dr. Fred Metzger, DABVP, of Metzger Animal Hospital in State College, Pa., knows that ticks are a big problem in his part of the country. In his 23 years of practice, the last 10 have been among the worst for

about 95 percent, he estimates.

Dr. Metzger uses a simple in-house test that requires only a few drops of a pet's blood. Beyond Lyme disease, the test also detects heartworm infection, ehrlichiosis, and anaplasmosis. Dr. Metzger and his team test patients every year as part of these pets' wellness visits.

blood test and the vaccine, Dr. Metzger recommends a year-round topical preventive to fight fleas and ticks.

3. Teach clients with technology

To be sure he really sends a message about ticks and Lyme disease, Dr. Metzger uses interactive devices that display informative videos in every exam room. His clients love using the technology to stay up to date on the latest information about tick-borne diseases.

2. Stress the value of vaccination

It's also Dr. Metzger's standard of care to vaccinate all dogs at risk for Lyme disease. And at his practice, that includes any dog who visits wooded areas or spends significant time outside. He also communicates the vaccine's effectiveness. "I tell the client about our experiences with the vaccine in other patients and that my four dogs are vaccinated," Dr. Metzger says.

He's never seen a clinical Lyme disease case in any previously vaccinated patient. "The Lyme vaccine is an important tool in the prevention of the disease in at-risk patients," he says. In addition to the

4. Promote year-round prevention

With year-round approach to battling ticks, Dr. Metzger knows he's keeping patients healthy. If a client doesn't opt for a year-round approach, he starts the pet on a preventive in March or early April at the latest, and keeps the pet on it for at least six months. This at least protects the pet up until the season ends—a season that, to Dr. Metzger, seems to be getting longer and longer.



ticks, and each year is getting worse, he says. Here are his tips to stay on top of tick control.

1. Take time to test

Dr. Metzger's clients are aware of the tick problem and they know that these nasty critters can spread Lyme disease. At Metzger Animal Hospital, it's a standard of care to test every dog for Lyme disease, whether it's an indoor-only dog or not. And his compliance rate is high:



Stay ON TOP of ticks with Facebook and Twitter

Use social media to raise awareness about the importance of tick control with these tweets and posts.

Feeling frustrated with Facebook? Not sure how Twitter can be of service to you? Not to worry—we're here to help your practice get the right message out to clients on key pet healthcare topics like tick control.

By serving up a mix of statistics and reminders, you're encouraging your clients to join in the conversation—and learn something, too!

Visit dvm360.com/tickposts to get your hands on the Facebook posts and tweets (at right) for your practice's Facebook and Twitter pages. And, for more categories, visit dvm360.com/socialmediatoolkit.



Just visit dvm360.com/socialmediatoolkit to get started. Or, use your smartphone to scan the QR code above to send your first tweet right now.



It typically takes less than 48 hours for a tick to transmit disease to your pet. Ask us about parasite control!

The lone star tick transmits *Ehrlichia ewingii* and *Ehrlichia chaffeensis* to dogs and people. Not good. Keep pets safe!

Although fertility varies between species of ticks, one female tick can lay approximately 5K eggs!

There's no place like...anywhere year-round for a tick to call home (wooded areas, meadows, homes, kennels, backyards...)

Ticks are not just ticks. Different species call for different strategies to keep them off pets—and you.

Since signs of tick-borne disease are difficult to recognize in both pets and people, simple preventive measures are key.




Limiting your pet's exposure to ticks is crucial. If you wait until you see ticks, it's too late. #pethealth #parasites

Even though tick season usually runs from April to November, infection can happen year-round. #pethealth #parasites

One white-tailed deer can support more than 450,000 ticks in a year. And those munchers want to get on your pet, too. #pethealth #parasites

Warm weather is just around the corner. If you've taken a break from tick preventives, it's time to start again. #pethealth #parasites

Repelling ticks is important! If a tick can't insert their mouth parts into the skin, they can't transmit infections. #pethealth #parasites



If you were a dog, what would you do about ticks and fleas?

Activyl® Tick Plus adds the proven effective tick control of permethrin to the innovative, highly effective flea control in Activyl®.

The indoxacarb in Activyl® works via bioactivation – a mode of action that uses enzymes inside the flea to activate Activyl®'s full flea-killing power.

Now offer dogs the best of both worlds, indoors and out.



activyl[®]
TICKPLUS

FOR DOGS ONLY



Available strictly through veterinarians.
Protected by Merck Animal Health
Track & Trace™ technology.

us.activyl.com

 MERCK Animal Health
TRACK & TRACE





FACT:
The number of dogs diagnosed with Lyme disease has more than **DOUBLED** SINCE 2006.

Source: Banfield Pet Hospital's State of Pet Health 2011 report

Use your iPad to promote tick control

Help clients get tough on ticks with an easy-to-use module.

There's no question that exam room communication is critical for parasite prevention. But if it's easier to "show" rather than "tell," consider using the client modules in the dvm360 iPad app. The new tick control module was made to help you instruct clients on how to identify ticks, bust common tick myths and learn what types of ticks live in your area. Just flip to

the Client Education tab to start the conversation about ticks.

While you can always walk your clients through these tools one-on-one, try leaving the iPad in the exam room with them while they wait for routine procedures. Not only will clients be impressed with your tech-savvy, but they're also likely to learn how to help their pets in the process—a win-win for everyone.

INTERESTED? Update your app via iTunes to check out our client education tools right now. We'll release more modules on a regular basis, so be sure to check back for our latest offerings. Don't have the app yet? Visit dvm360.com/ipadapp on your iPad to download, or search "dvm360" in the Apple App Store.



MYTHS VS. FACTS:

The TRUTH about TICKS

Help clients bust common tick myths and keep your patients—and their owners—protected.

Information from your veterinarian

Myths vs. facts: The truth about ticks

Make sure parasites have no place on your pets.

Disease-carrying ticks pose health risks to dogs and people, no matter where you live. The U.S. Centers for Disease Control (CDC) reports that ticks in every U.S. state carry diseases, and the number of tick-borne diseases is increasing. But do you know the myths and facts about ticks? Here, DogsAndTicks.com debunks some of the most commonly believed myths about ticks so you can protect your pets.

Myth #1: The best way to remove a tick is with a lit match, fingernail polish, or petroleum jelly.

Fact: None of these methods cause the tick to "back out," and all of them may actually result in the tick depositing more disease-carrying saliva into the wound, increasing the risk of infection.

The best way to remove a tick is to grasp it as close to the skin as possible with tweezers and pull the tick's body out with a steady motion. Wear rubber gloves, and clean the skin with soap and water after removal. Dispose of the tick by placing it in alcohol or flushing it down the toilet.

Myth #2: Lyme disease is the only illness that ticks can transmit to dogs and humans.

Fact: Lyme is the most widely known and common tick disease, but there are many others that ticks carry and can transmit to dogs and people. These include Rocky Mountain spotted fever, anaplasmosis (sometimes known as "dog fever"), ehrlichiosis, and some emerging diseases with potentially devastating effects.

Myth #3: If I find a tick on myself or someone in my family, Lyme and other tick diseases can be ruled out immediately with a blood test.

Fact: According to the CDC, laboratory results for tick-borne illness in people are often negative on the first sample and require a second test two to three weeks later to confirm infection. Children are more susceptible to infection due to their immature immune systems.

Signs of Lyme are flu-like symptoms such as fever and malaise with or without a bull's-eye rash, but many people (and dogs) with tick-borne illness don't experience any symptoms, especially in the early stages of the disease.



Myth #4: Ticks aren't a problem in the winter when it's too cold for them to live outside.

Fact: In most areas of the country, high season for ticks runs from April to November. Experts recommend year-round preventives, however, as infection can occur at any time of the year. In the winter, for example, some tick species move indoors and are in closer contact with pets and people, while others make a type of antifreeze to survive during the winter months.

Myth #5: Ticks live in trees, so as long as I don't live near or visit a wooded area, I don't have to worry about them.

Fact: Ticks live on the ground no matter the locale, be it an urban park or a rural area. They typically crawl up from grass blades onto a host and migrate upward, which is why they're often found on the scalp.

Myth #6: Ticks are insects.

Fact: Ticks are actually a species of parasite called arachnids that belong to the same family as mites.

Since signs of tick-borne disease are difficult to recognize in both pets and people, simple preventive measures and understanding as much as possible about these creepy crawlers are the best ways to keep everyone safe.

Information courtesy of DogsAndTicks.com

Don Farrell/Getty Images

"Lighting a match behind an embedded tick and covering it with Vaseline or alcohol are old wives' tales," says Dr. Julie Clark-Blount, owner of Laurel Oaks Animal Hospital in Kingsland, Ga. "Actually these actions can aggravate ticks and make them throw up, essentially shooting Lyme disease right into the pet."

This client handout explains the correct way to remove a tick and busts more common tick myths (like *Lyme disease is the only illness that ticks can transmit to dogs and humans*).

Fact:

May and June

are the peak months for ticks in both dogs and cats.

Source: Banfield Pet Hospital's State of Pet Health 2011 report



Lyme disease & your dog

Testing and vaccination are crucial to prevention of this zoonotic disease.

Treating Lyme disease is no fun, so testing and prevention are key to keeping your client's loved ones—pets or people—from being infected.

This client handout answers the most commonly asked questions about ticks and Lyme disease. Use it in the exam room to start the conversation about parasite control.

PHYSICAL removal of a tick using tweezers **WITHIN 24 to 48 HOURS** is thought to prevent transmission of most tick-borne diseases.

Source: Banfield Pet Hospital's State of Pet Health 2011 report

From your veterinarian

Lyme disease and your dog

Here are answers to commonly asked questions about ticks and Lyme disease. For more information, follow up with your veterinarian.

Q What is Lyme disease?

Lyme disease is a bacterial disease spread by ticks. It's most prevalent in the Northeast, but it has been discovered in almost all parts of the United States. Lyme disease affects dogs and humans and is rare in other domestic animals.

Q How does it spread?

A bite from a tick, most commonly the black-legged deer tick, transmits the bacteria to dogs. Wooded, dense areas are common locations for these ticks. When it's attached to a host, ticks can spread Lyme disease through their saliva. It is not spread from one person to another or from a dog to a human.

Q What are the symptoms?

A rash may appear around the tick bite soon after infection; however, it may not be noticeable if your dog has a lot of fur. Other symptoms include fever, lethargy, swollen lymph nodes, loss of appetite, and limping. Some infected dogs don't show any symptoms, making it difficult to diagnose. The disease can cause kidney inflammation, and it can damage the heart and nervous system in its later stages. Blood or joint fluid tests are often needed to diagnose the disease.

Q How is it treated?

Antibiotics like doxycycline can help treat dogs. Additional medications can help with pain and inflammation. Treatment can take months or longer, and it's most successful when it's started within a few weeks of infection. It's possible for the bacteria to remain in the body long-term, leading to periodic flare-ups.

Q How is it prevented?

It's best to avoid areas infested with ticks. Tick repellents are beneficial for people and pets, but be sure to read all labels carefully and follow safety precautions. Your veterinarian can recommend effective tick control products that are safe for dogs. After leaving a tick-infested area, check your dog—and yourself—thoroughly. You can remove attached ticks with tweezers or inexpensive tick removal tools.

Grasp the tick as close to the skin as possible and pull it straight out. Do not apply insecticide or a hot match—this may increase the amount of saliva released by the tick. After you remove the tick, clean the area with antiseptic soap and wash your hands. There are Lyme disease vaccinations recommended for dogs living in areas where the disease is prevalent. Check with your veterinarian to see if your dog should be vaccinated.



To download these free handouts for your clients and team, visit dvm360.com/tickcontroltoolkit.



Tackling tick talks across the map

Clients are often in the dark about the risk ticks present for their pets. Use these tips to tackle tough tick talks, region by region.

United States TICK ZONES

The Northeast and upper Midwest

Lyme disease is most prevalent in the northeast, from Pennsylvania to Massachusetts, and the upper Midwest, in Wisconsin and Minnesota. The black-legged tick, commonly called the deer tick, resides in grassy meadows, young forests, and along roadways and trails.

- >>> **Start the conversation** with brochures that accompany tick preventives. Brochures are great tools to help teach owners about the products available and stress the importance of their use.
- >>> **Hand out tick cards**, courtesy of the American Lyme Disease Foundation (aldf.com). These tick cards show clients different types and sizes of ticks, and they offer tips on how to avoid them.

The West

Species like the Rocky Mountain wood tick and the American dog tick are found throughout the region. And the Western black-legged tick is found on the Pacific coast. Ticks throughout the west hide in grassy areas or woodland and warm, sandy areas. They also live in hot, drier range areas, rocky habitats, or animal shelters.

- >>> **Start the tick conversation** by asking questions, such as whether clients are planning to travel with their animals or if they have any specific concerns.
- >>> **Focus on prevention**, educating clients, and offering preventives case-by-case, based on the animal's risk.
- >>> **Recommend a good once-over** with fingers and eyes if clients are avid hikers or frequent wooded areas.

The Southeast

The Lone Star tick is the most common in the southeast. It can also be found in grassy meadows and woodland. Other species of ticks found in the lower portion of the country hide out in warm, subtropical climates in shaded, sandy areas.

- >>> **Always ask** whether pets venture into wooded or grassy areas to identify the pet's risk.
- >>> **Use the printed material** from preventives to educate clients.

Best practices

It's a good idea to start improving your clients' tick awareness by recommending a parasitic disease screening at each annual checkup. Even if pet owners feel their area isn't affected by ticks, they should still monitor their pets for ticks and symptoms of illnesses. Tick-borne diseases are slowly migrating. Annual disease screening helps protect pets and provides an accurate record of incidence in the area.

For team members, client communication is essential. Use attention-grabbing phrases, such as "Tick-borne diseases are typically easier to prevent than to treat." Buzzwords, such as "exposure" and "disease transmission," can also make a strong impact. The bottom line: Ticks are a threat in every area of the country.

Sometimes clients fail to take ticks seriously—and suffer the consequences. “Your veterinary team probably knows the danger that ticks present to pets,” says Ciera Sallesse, CVT, a technician at Metzger Animal Hospital in State College, Pa. “But it’s important for each of us to remember that the diseases that we’re so familiar with may be completely foreign to the owners of affected pets. Often, the only chance we get to talk about prevention is when pet owners visit for an annual exam. So it’s important to use this time wisely and highlight key facts about tick-borne diseases.”

For example, Sallesse says team members should highlight the vector-borne diseases that are most common in their area, stressing preventives and regular inspections to protect pets against disease. And she says it’s also important to explain to clients that even with a perfect prevention protocol, just one tick on a pet can spread a disease. So, routine testing can either assure pet owners that their pet has been successfully protected or it can help diagnose a disease so that the veterinarian can offer treatment.

Use this handout to review tick tips with your team, region by region.

Cytauxzoon felis is one scary diagnosis for a client's cat—which is why it's best to be informed on the best treatment options.

Visit dvm360.com/cytauxzoonosis to hear all about treatment options.



Identifying parasites on blood smears

Here are tips to help you prepare a readable blood smear to identify *cytauxzoon felis*, transmitted by ticks.

Cytauxzoon felis

Facts

>>> This tick-transmitted intracellular protozoan affects cats.

>>> *Cytauxzoon felis* is typically seen during the spring and summer.

Identification

>>> The piroplasms are found within erythrocytes, commonly at the feathered edge of the smear.

>>> The inclusions appear as signet rings, comma-shaped, or elongated signet forms (safety pin). Multiple inclusions may be present within the erythrocyte.

>>> The inclusion will have a refractile appearance within the band portion of the ring (Figures 5A-5C).

Clinical signs

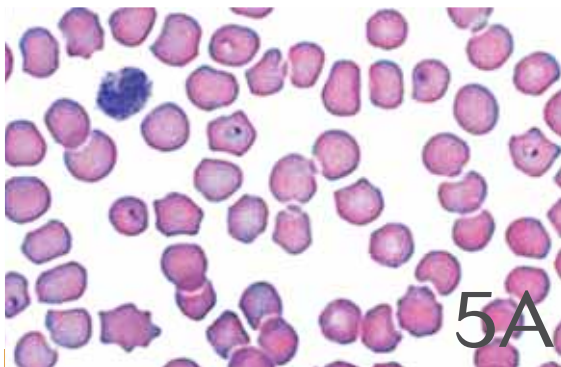
>>> Signs of cytauxzoonosis are related to the disease stage. Unfortunately, this disease progresses within two or three days and is often fatal.

>>> Everything from lethargy, anorexia, dyspnea, icterus, and pale mucous membranes to high fever is consistent with infection with this blood parasite.

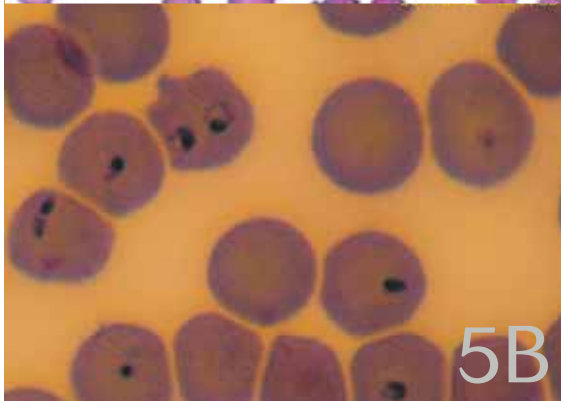
Treatment

>>> Quick intervention is necessary for any chance of recovery.

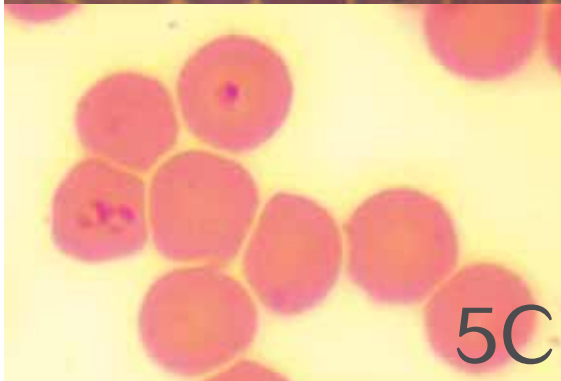
>>> To target the infection, cats should be given imidocarb (2 to 3 mg/kg intramuscularly) once a week for two weeks or a combination of atovaquone (15 mg/kg orally three times a day) and azithromycin (10 mg/kg orally once a day) for 10 days.



5A



5B



5C

>>>5A-5C. *Cytauxzoon felis* on a blood smear. These inclusions have highly refractile centers (Wright's stain; 5A—40x, 5B & 5C—100x).



Make your meeting matter

Review these tips during your next team meeting to make parasite control messages stick with your clients.

To be effective educators on parasite control, your team members need to know the details of the disease caused by parasites, be familiar with the testing done concerning these diseases, and know the particulars of the preventive products you offer.

At your next team meeting, make sure to talk about the role each member of your team plays in keeping pets free of all types of parasites. Because as time will tell, the best results come when the whole team delivers a consistent message with confidence.

Receptionists

When the client calls, your on-hold message can promote parasite control.

As clients schedule appointments, remind them to bring a fecal sample. Explain you'll use the sample to test for parasites. If the pet is on a prevention program, the sample is to make sure the program is effective.

When clients arrive for appointments, tell them the doctor may want to talk to them today about parasite control. Offer parasite control literature to prepare them for the conversations they'll have with the technician and doctor in the exam room. At checkout, ask clients if they have the parasite prevention products the doctor recommended and reinforce the importance of parasite control.



Technicians and assistants

During your initial history, ask whether the client is concerned about parasites. Mention parasite control using your practice's standards of care as your guide to prepare them for the doctor's recommendations.



Practice managers

While you may not have direct contact with clients, you have direct contact with each team member. Set a goal for the team to work toward. Start by determining your current success rate. Estimate the number of cats and dogs that visited your practice in the last year. Then look at how many fecal tests you ran. Let's say that number is 200. A realistic improvement might be to complete 400 fecal exams. The average practice is open about 240 days a year, so you'll need to perform about two fecal exams a day.



Veterinarians

You'll reinforce the message the technician introduced, following your practice's standards of care. Then introduce your personalized parasite prevention plan for the pet and the family. Ideally, the doctors in the practice would meet to develop the standards of care. You may also invite technicians to help create these protocols.





One more tip

Go for the gross factor

If you find a tick on one of your patients, that's the prime time to bring up the subject. In fact, Dr. Matt Eberts, owner of Lakeland Veterinary Hospital in Baxter, Minn., uses the "gross factor" to his advantage.

He pulls off the tick—while the pet owner watches—and places the tick in an empty jar or pill vial filled with rubbing alcohol. What makes this "in-your-face" example even more powerful? He rarely cleans out the container. When clients see dozens and dozens of dead ticks with their own eyes, they become more motivated to protect their pets.



The next step

Too often clients don't understand the threat that parasites pose to their pets' health, their kids' health, and their own. To keep pet owners in the know, take the next step with these tick tips:

- 1. Do your research.** Find out which ticks are prevalent in your area and what diseases they carry. Use the **hand-out on p. 12** to educate your team about the risks in your region.
- 2. Ready your team.** Your message is much more effective if the entire team is on the same page. **Schedule regular team meetings** to get everyone excited about tick control and prepare every team member to answer clients questions about ticks.
- 3. Say it—and repeat it.** Clients need to hear your message five to 10 times before they get it. And not everyone learns by listening. Show pet owners pictures of ticks and life cycles, handouts on tick-borne diseases, and so on. The **handouts on pages 10 and 11** will get you started.
- 4. Make testing a habit.** Offer an in-clinic test that detects common tick-borne diseases and test your patients yearly. If the results come back negative, tell clients to keep up the good work with preventives. If the results are positive, it will reinforce your recommendation for tick control.
- 5. Get clients involved.** Pet owners need to understand what you're asking them to do. When you dispense a tick preventive, explain what you expect the product to do and why they should use it. Demonstrate how to apply it so you know clients can administer it properly. Make sure they feel comfortable with the process before they leave your clinic.

If you were a dog, what would you do about ticks and fleas?

Activyl® Tick Plus adds the proven effective tick control of permethrin to the innovative, highly effective flea control in Activyl®.

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Now offer dogs the best of both worlds, indoors and out.



activyl® TICKPLUS

FOR DOGS ONLY



Available strictly through veterinarians.
Protected by Merck Animal Health
Track & Trace™ technology.

us.activyl.com

MERCK Animal Health
TRACK & TRACE™



MERCK
Animal Health

OPEN THE DOOR TO SENIOR CARE

Those soft, white muzzles and wise eyes beg for your attention and compassion. Use these easy adaptations to offer a gentle veterinary experience to aging pets.

By Oriana D. Scislowicz, BS, LVT

Elderly patients are a large part of every general or specialty practice, and keeping these slightly slower (and slightly wiser?) patients comfortable during their visit allows a more stress-free examination for both team members and patients. There are many small adjustments you can make in any hospital to help geriatric patients' visits flow more smoothly. It's also helpful to offer different diagnostic packages for your hospital's elderly pets.

We all love seeing kittens and puppies at their first few visits. But it can be even more rewarding to follow patients from their first visits into their golden years. Going the extra mile to ensure pets' comfort and health helps

you build a stronger connection with pet owners at your practice.

What would Grandma need?

Human medicine offers guidance on many comfort measures to use for elderly pets. Start by thinking of ways you would make your home more comfortable and welcoming to an elderly family member. You can often offer similar adjustments for pets. Older patients may suffer from arthritis and have difficulty ambulating. You

can help by placing yoga mats on the exam room floors and tables to help them gain better traction and avoid a fall. Yoga mats can also serve as a runway from the entrance of the building to the exam room. This is something a receptionist can quickly lay down a few minutes before their arrival, or you can opt for a more permanent solution with a flooring that includes granular or rubberized particles to increase traction.

Other solutions include interlocking foam mats, such as play mats for children, which

can be relatively inexpensive. Or your hospital may already own kennel mats, which are usually rubber grids that wash easily and also provide great traction. Horse stall mats are usually more expensive, but in a hospital full of animal lovers possibly attainable. These are also easy to clean and work great to cover slick floors.

Soft solutions for hard surfaces

Most elderly patients lose muscle mass as they age, and they may also suffer from

OSTEOARTHRITIS What's your role?

Follow the tools here and on the next pages to see how each team member can improve your client education.

>>Receptionist:



When pet owners visit your practice, pass out the client handout **"How wellness care saves money."** Spend a few minutes reviewing the example of how

preventive care to reduce a pet's obesity and maintain a healthy weight is not only good for the pet, it also saves money.

Find it all here. **dvm360.com** Free tools: Visit **dvm360.com/osteotools** for links to these free tools to help

improve your practice's osteoarthritis program.

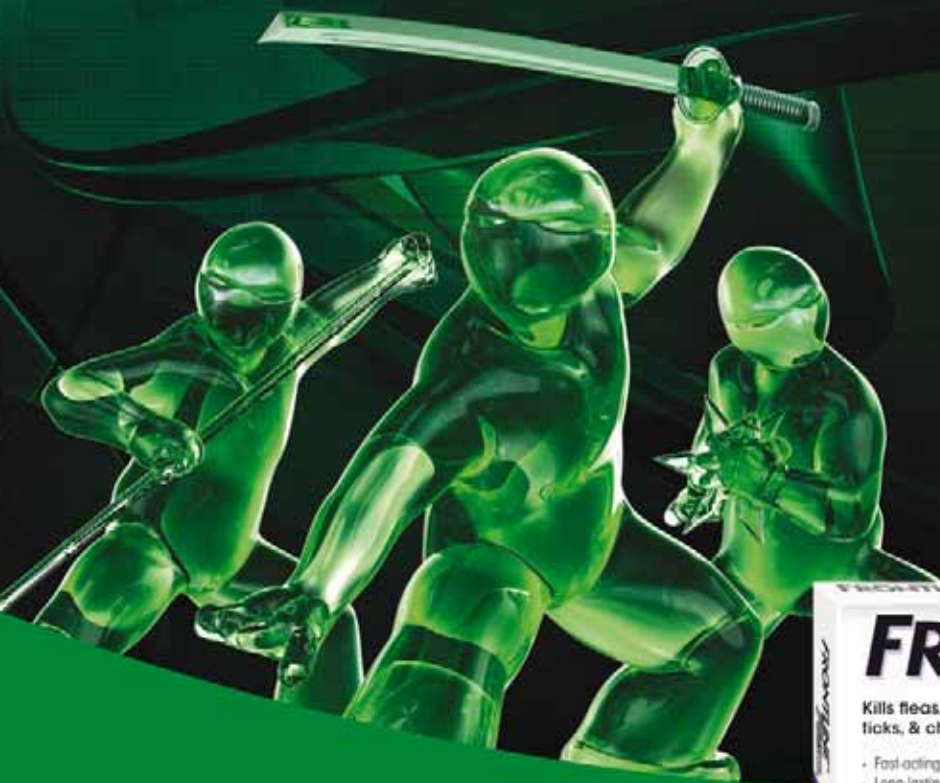
How wellness care saves money

Pet and condition	Typical cost of treatment	Preventive measures	Typical cost of prevention	Annual cost savings
40-lb dog with osteoarthritis worsened by obesity	\$400 per year based on one 75-mg chewable NSAID tablet per day (\$199.99 150-pill bottle from online pharmacy) \$180 per year for drug-monitoring blood tests* \$216 per year based on daily nutritional supplement with chondroitin-glucosamine (\$89.99 150-pill bottle from online pharmacy) \$442 per year for therapeutic dry diet (\$77 30-lb bag lasting two months) Annual cost of treatment: \$1,238	• Maintain lean body weight • Feed premium diet	\$270 per year for therapeutic dry diet (\$30 20-lb bag lasting 60 days) \$216 per year based on daily nutritional supplement with chondroitin-glucosamine (\$89.99 150-pill bottle from online pharmacy) Annual cost of prevention: \$486	\$752
10-lb cat with Type 2 diabetes	\$110 per year for two six-month fructosamine-level tests* \$90 per year for one blood test* \$40 per year for two urinalyses* \$306 per year for insulin based on 10 units per day (\$33.99 bottle with four doses from online pharmacy) \$108 per year for insulin syringes (\$29.99 for 100 syringes from online pharmacy) \$750 per year for therapeutic wet food (based on feeding 1.5 cans per day) Annual cost of treatment: \$1,424	• Maintain lean body weight	\$90 per year for therapeutic dry food (based on 0.75 cup per day from \$29.99 25-lb bag from online pharmacy) Annual cost of prevention: \$90	\$1,334
10-lb cat with chronic kidney disease	\$120 per year for four urinalyses* \$180 per year for two blood tests* \$60 per year for two blood pressure checks monitoring* \$240 per year for at-home subcutaneous fluid administration and supplies (based on \$80 per case of fluids, administration sets, needles, and shipping costs from online retailer) \$50 per year for aluminum hydroxide dried gel powder (from online retailer) \$840 per year for therapeutic wet food (based on 1.5 cans per day) Annual cost of treatment (advanced disease): \$1,490	• Diagnose kidney disease early (before BUN and creatinine are significantly elevated)	\$840 per year for therapeutic wet food (based on 1.5 cans per day) \$180 per year for two blood tests* \$60 per year for two urinalyses* Annual cost of treatment (early-stage disease): \$1,080	\$410

*Based on industry averages. Courtesy of Dr. Ernest Ward, Jr., Seattle Animal Care in Colabash, N.C.

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The science that's in it.
The exclusive guarantee behind it.



When clients buy FRONTLINE® Plus from you, they get more. They get proven ingredients that kill adult fleas, eggs, and larvae, as well as ticks. They also get peace of mind from the vet exclusive SATISFACTION PLUS GUARANTEE™ – if they aren't completely satisfied, they call us directly for technical help and if eligible* we'll give them a replacement, a refund, or a one-time visit from TERMINIX® to inspect and treat their home, if necessary. That's all there is to it.

*For more information and complete details visit FRONTLINE.com



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painful joints. So providing cushioning for them to lie on is vital to your hospital's setup. The waiting room as well as the exam rooms should include cushion seating instead of a hard floor and hard seating. For an inviting, home-like option, place booths in the lobby area with large cushions and pillows. Your clients will thank you, too. You may also choose individual seats and offer large, comfortable dog bedding on the floor.

In exam rooms, use cushioned seats. And for larger dogs, provide big, fluffy dog beds. Your typical feline patients will, of course, make themselves at home on these as well. Then neatly place extra bedding for pets, such as comforters or blankets, off to the side or in a trunk in the exam room.

Out of sight, top of mind

As pets age, their vision may suffer as well. Often older patients are more likely to develop cataracts or retinal degeneration. To help these patients feel more safe and comfortable, try to reserve a room off to the side, in a quieter area of the hospital. This way patients will be less likely to be startled by loud noises near kennel housing or a treatment area. Placing a bell on your shoe or pant leg will signal to blind patients when you're entering the room or coming near.

Talk to your clients with blind pets to see what they do at home to make their pet more comfortable, and try to follow their lead in the hospital. To avoid collisions with

furniture within the hospital, take a scented spray or oil—nothing too strong or irritating—and spray corners in the patient's path on the way to the exam room. For example, if the pet has to pass a reception counter, apply some scented oil to the edge the pet will approach first.

Team members should use short leashes when moving these patients from one area of the hospital to another, such as the trip from exam room to treatment. This way there's less likelihood of patients wrapping around walls where they can't be monitored. This also reduces the chances they'll run into objects and injure themselves—or unknowingly sneak up on a roaming hospital-owned pet and cause an altercation.

OSTEOARTHRITIS What's your role?

>>Technicians and veterinary assistants:



As you record the pet's history and the doctor's exam findings, complete the "Senior wellness report card" to create a full picture of the pet's health.

You can send a copy home with clients and keep a copy for your medical record. This offers pet owners reminders about your recommendations to help keep their pets more comfortable.

SENIOR WELLNESS REPORT CARD

First name: _____ Last name: _____ Date: _____

<p>Vaccination program <input type="checkbox"/> Current <input type="checkbox"/> Vaccinations due: parvovirus, Bordetella, Lyme, DHAPP, rabies, FCV/RV, Iskemis</p> <p>1. Coat and skin <input type="checkbox"/> Appears normal <input type="checkbox"/> Oily <input type="checkbox"/> Itchy <input type="checkbox"/> Dull <input type="checkbox"/> Shedding <input type="checkbox"/> Fleas <input type="checkbox"/> Scaly <input type="checkbox"/> Matted <input type="checkbox"/> Hair loss <input type="checkbox"/> Dry <input type="checkbox"/> Tumors <input type="checkbox"/> Pigment <input type="checkbox"/> Other _____</p> <p>2. Eyes <input type="checkbox"/> Appear normal <input type="checkbox"/> Infection L _____ R _____ <input type="checkbox"/> Discharge L _____ R _____ <input type="checkbox"/> Lenticular sclerosis <input type="checkbox"/> Other _____</p> <p>3. Ears <input type="checkbox"/> Appear normal <input type="checkbox"/> Hearing <input type="checkbox"/> Infection L _____ R _____ <input type="checkbox"/> Infected <input type="checkbox"/> Excessive hair <input type="checkbox"/> Itchy <input type="checkbox"/> Ear drums L _____ R _____ <input type="checkbox"/> Mites <input type="checkbox"/> Other _____</p> <p>4. Nose and throat <input type="checkbox"/> Appear normal <input type="checkbox"/> Inflamed tonsils <input type="checkbox"/> Nasal discharge <input type="checkbox"/> Enlarged lymph gland <input type="checkbox"/> Inflamed throat <input type="checkbox"/> Other _____</p> <p>5. Mouth, teeth, gums <input type="checkbox"/> Appear normal <input type="checkbox"/> Ulcers <input type="checkbox"/> Infection (sus) <input type="checkbox"/> Broken teeth <input type="checkbox"/> Loose teeth <input type="checkbox"/> Tumors <input type="checkbox"/> Sore buildup <input type="checkbox"/> Gingivitis <input type="checkbox"/> Other _____ <small>(inflamed gum tissue)</small></p> <p>6. Legs and paws <input type="checkbox"/> Appear normal <input type="checkbox"/> Nails too long <input type="checkbox"/> Limpness <input type="checkbox"/> Joint problems <small>(E.g. PE, LR, RS)</small> <input type="checkbox"/> Foot hair discoloration <input type="checkbox"/> Damaged ligaments <input type="checkbox"/> Other _____</p> <p>7. Weight <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____</p>	<p>8. Cats/Dogs lab results Fecl _____ Genetic panel _____ Urinalysis _____ Hematocrit _____ Hct/Hgb test _____ Hct/Hgb test _____</p> <p>11. Urinogenital system <input type="checkbox"/> Appear normal <input type="checkbox"/> Recommend neutering <input type="checkbox"/> Abnormal urination <input type="checkbox"/> Mammary tumors <input type="checkbox"/> Genital discharge <input type="checkbox"/> Blood sacs <input type="checkbox"/> Abnormal testicles <input type="checkbox"/> Enlarged prostate <input type="checkbox"/> Other _____</p> <p>12. Weight (pounds) <input type="checkbox"/> Normal range <input type="checkbox"/> Thin by _____ pounds <input type="checkbox"/> Heavy by _____ pounds <input type="checkbox"/> Other _____</p> <p>13. Diet <input type="checkbox"/> Excellent <input type="checkbox"/> Vitamins needed <input type="checkbox"/> Good <input type="checkbox"/> Improvement necessary</p> <p>14. Senior wellness questionnaire 1. On medications? _____ 2. Type of diet/feeds (What kind? How often? How many feeds? How much food?) _____ 3. Type of vitamins/supplements: _____ 4. Appetite: _____ 5. Increased drinking/urinating/incontinence? _____ 6. Ability to climb stairs? _____ 7. Wobbling/limping? _____ 8. Urinating: _____ 9. Urinating: _____</p>
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Offer accident forgiveness

Incontinence often comes along with old age. And many owners use diapers at home to help control accidents. Hospitals can make patients more comfortable and relieve some of pet owners' stress by keeping extra diapers in the hospital in case pets need to be changed and clients forget extras.

Using puppy pads in the waiting area and exam room can also help control inevitable accidents.

Along with vision issues, hearing may become impaired as pets age. Oftentimes owners will announce their presence at home by tapping on the floor a few times loudly when first entering a room. Usually the pet

Hospitals can make patients more comfortable and relieve some of pet owners' stress by keeping extra diapers in the hospital in case pets need to be changed and clients forget extras.

feels vibrations even if it's completely deaf. This avoids some cases of fear biting because a pet didn't hear the person approaching. You can also use this technique when you enter the exam room. Make sure your team members know how easily these patients can become startled and, subsequently, aggressive out of fear. And ensure all team members make slow, soft movements towards pets once they're close. Pet

owners can also educate you about any hand signals they've taught their pets to perform certain actions.

Most hospitals include a client questionnaire to update records before entering the exam room. These often help the back office team members better understand why the pet is visiting and alert them to clients' concerns. Be sure to ask whether pet owners suspect hearing and vision deficits or

>>Practice manager:



At your next team meeting, share the articles **"Manage pets' pain"** and **"Take the 'ouch' out of osteoarthritis"** to teach team mem-

bers how they play a role in improving arthritic pets' quality of life. Ask each team member to share one thing they can do to make the practice more old-pet-friendly.



Live learning

Ready to learn about pain assessment, oncology, cardiology, and more? Don't miss out on the technician program at CVC Washington, D.C., May 9 to 13. To learn more, visit thecvc.com.



notice any behavior changes.

Often older patients can experience dementia. Discussing behavior changes not only helps you improve the pet's well being, it can alert you so you're more cautious and take direction from the pet owner about how to approach a pet experiencing dementia.

Be prepared to boost compliance

Stocking your pharmacy with medications to help treat cognitive disorders and incontinence, arthritis supplements, and the latest pain management drugs can help maintain a level of comfort for these pets. This way you offer convenience and improve the chances pet owners will follow your recommendations. Oftentimes, own-

ers with older pets feel discouraged when it comes to treating these ailments. Easy access to these therapies can mean the difference between an owner feeling like the pet's quality of life is poor and feeling a sense of hope. If you have properly trained team members, offering massage, acupuncture, and acupressure can help these patients with chronic pain or arthritic joints.

Lastly, offering packages for clients to more affordably pursue routine tests, such as annual blood work—and possibly even blood pressure and electrocardiogram evaluation—can motivate clients to invest more in their older pets. In some cases we can catch disease processes sooner and treat them. Pet owners feel they're

doing right by their elderly pet without the pressure of financial strain that may make them hesitate or refuse services.

It's often easy to make many of these adjustments in most hospitals, and patients, clients, and team members reap the rewards. The practice also enjoys the financial benefits of supporting geriatric patients' needs and extending their golden years. Your clients will thank you when you open the door to care that accommodates and values their furry family members. **FL**



Oriana D. Scislowicz, BS, LVT, VDT, is a technician in Richmond, Va. Send questions or comments to firstline@advanstar.com.

OSTEOARTHRITIS
What's your role?

>> Veterinarian:



When you make a diagnosis of osteoarthritis, offer support for clients by sharing the handout, "Adjusting to arthritis." This handout will help your clients track changes in their arthritic pet's clinical signs, lifestyle, and treatment plan.

Client form

Adjusting to arthritis

I like to hang out jumping up to his favorite spot on the couch or Ray doesn't want to run around the yard like she used to, it might not just be early signs of aging or laziness. Your pet might have osteoarthritis, a condition that progresses slowly, but insidiously, and easily diagnosed by your veterinarian.

Keep track of changes in your pet's clinical signs, therapy, and treatment plan with this form, and share the information with your veterinarian at recheck appointments.

Clinical signs

These are common clinical signs associated with arthritis in dogs and cats. Check the areas that apply to your pet and make note of any other changes you notice in your pet's behavior.

0000

Limping

Swelling, redness

Not using certain limbs, avoiding

Not moving normally

Lifestyle

How you track changes: see changes in your pet's behavior? like none of the ones that apply to your pet.

Changes in environment:

- Rough or uneven walking, mang, etc.
- Barking
- Signs or pain-medic drugs
- Inactive either indoors or outdoors
- Reduced physical activity: walking, running, swimming, or playing
- Changes in that what and how much your pet eats



It's the ~~yummy~~ ^{deadly} surprise that attracts ~~unwanted~~ ^{curious} little ~~rodents~~ ^{Chihuahuas}.

When a frantic client calls because her dog has eaten mouse bait, knowledge is your lifeline. *What type of rodenticide? How much did the pet eat? What's the pet's weight?* These factors can determine if it's a minor problem or a serious emergency. That's why we developed the *Cats, Dogs and Rodenticides Risk Slide* to guide your first critical steps. For over 30 years, the ASPCA® Animal Poison Control Center has been the only center in North America dedicated solely to animals. Our team of board-certified veterinary toxicologists* utilize our exclusive AnTox™ database to provide you with lifesaving information 24/7/365. It's no surprise so many veterinarians trust us in a crisis.



Be prepared. Go to www.aspcapro.org/freebies to order your *Cats, Dogs and Rodenticides Risk Slide* and other free tools. Or scan the code with your Smartphone. Add 888-426-4435 to your contacts list and speed dial.



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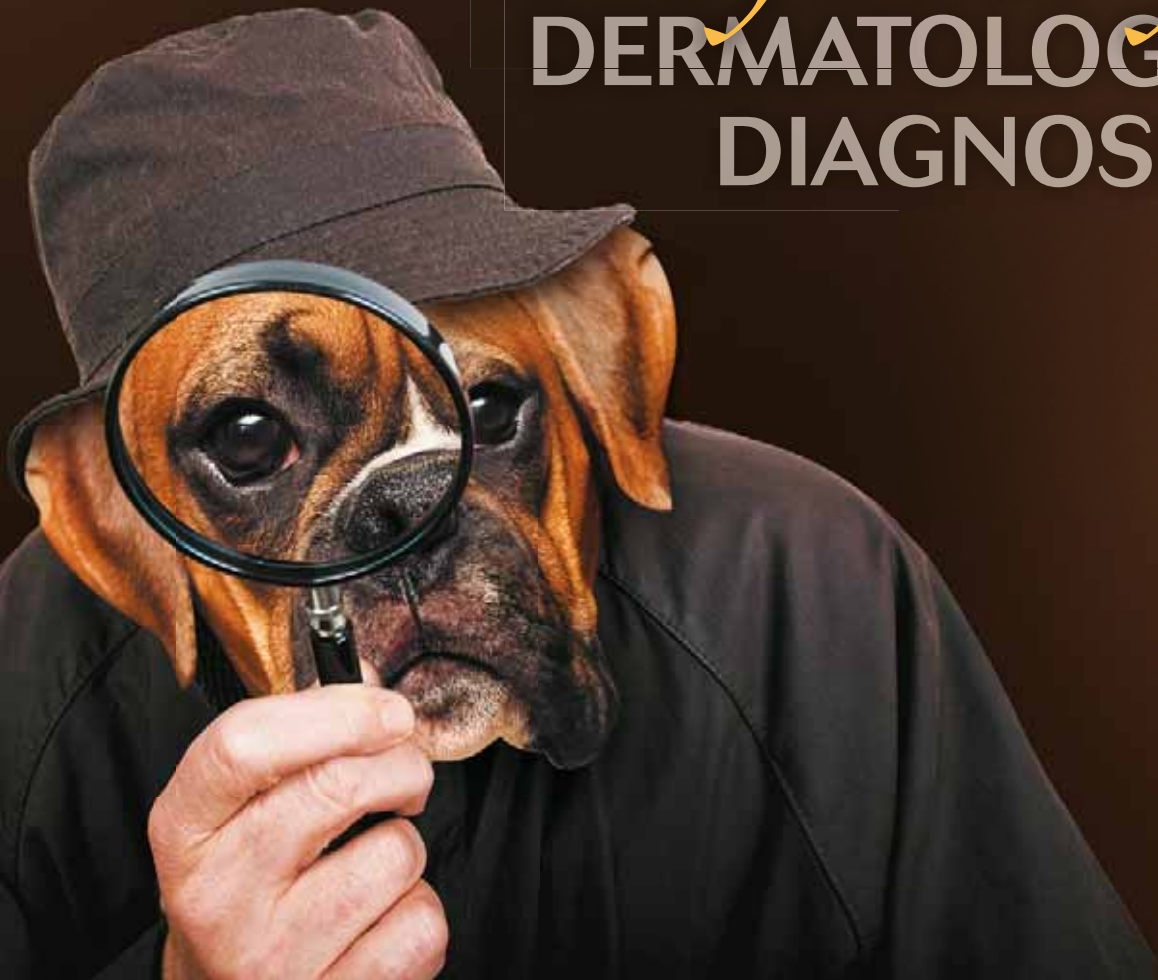
888-426-4435. Where knowledge is your lifeline.™

For more information visit www.aspcapro.org.
No animals were harmed during the production of this ad.

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American Board of Toxicology, Inc. www.abtox.org
A consultation fee may apply.

Mystery

DERMATOLOGY DIAGNOSIS



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How do you soothe frustrated clients?

Share your tips on Twitter

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#happyclients.



Imagine for a minute your furry friend is itchy. She scratches all night long, sometimes until she bleeds on the carpet. Maybe she's losing hair or her ears ache. The veterinarian tries to help, but she needs to run tests to find out what's wrong. The tests take time and cost money, and you have other expenses on your plate. Are you feeling stressed yet?

Tell your clients to hide their shoes...

Dermatology cases can mean heavy detective work for your clinical team. Use these tips to keep clients calm and comforted as your veterinarian unravels the evidence to reveal the culprit of the pet's distress.

By Portia Stewart

When pet owners visit with dermatologic conditions, these mysteries can take time to unravel. Sometimes they even require a referral to a board-certified veterinary dermatologist. So you can begin to see how these clients might be curt, on edge,



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Aging can take its toll on pets. Synovi G4[®] helps support long-term comfort and mobility by combining the core joint health compounds of our popular Synovi G3[®] formulation with two new, next generation ingredients:

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- **Turmeric**, a potent antioxidant to help combat free radical cell damage

For use in dogs only. See product label for warnings and cautions.

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“One of the most important things we can do is to sympathize and never brush off clients’ concerns.”

—Lisa Petty, BS, RVT

or even downright rude on occasion. But you can help. By caring for clients when their pets suffer from chronic illness, you can improve the care these itchy pets receive and increase the chances their owners will offer the high level of care pets may need.

Scratch the surface

One of the most important skills you can cultivate is listening, says Lisa Petty,

BS, RVT, a technician at Animal Dermatology Clinic in Indianapolis. Petty works for boarded veterinary dermatologists and sees exclusively dermatology cases.

“The best thing to do is to empathize with clients. Listen and see where the frustration is coming from,” Petty says. “Is it because they’re not sleeping at night because the pet’s scratching so much and keeping them awake? Is it because they don’t have the money to continue an expensive medication? If we listen and uncover the root of the frustration, we can usually find ways to help.”

Remember, in some cases pet owners have been dealing with a pet’s illness for a while. Petty says it’s not usual for clients to look up their pet’s symptoms on the Internet, which can spark new worries about their pet’s health. And sometimes clients are juggling several issues, such as a sick family member, which can lead to a shorter fuse when they’re grappling with their pet’s condition.

Avoid crimes of omission

“How much is this going to cost?” This is often one of clients’ top questions, Petty says. Practicing patience and empathy can be key to negotiating these delicate client interactions. As a technician at a referral practice, Petty hears this question regularly. In many cases, clients already feel financially exhausted because they’ve been battling their pet’s condition with the help of their primary care veterinarian.

“One of the most important things we



Find it all here.
dvm360
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Coach your clients

Clients shouldn't feel intimidated about giving their pet allergen injections. Give them this handout for a step-by-step tutorial at dvm360.com/allergenhandout.



Clients prefer Heartgard[®] Plus¹ (ivermectin/pyrantel)



HEARTGARD[®] Plus (ivermectin/pyrantel):

- Dogs love to take the only preventive that comes in a Real-Beef Chewable.²
- #1 most requested heartworm preventive – owners prefer to give their pets HEARTGARD Plus.¹
- Backed by the Plus Customer Satisfaction Guarantee.³

Easy to give. Protection to live.



¹ Opinion Research Corporation, Heartworm Prevention Medication Study, 2012. Data on file at Merial.

² Of dogs showing a preference in three studies, dogs preferred HEARTGARD[®] Chewables over INTERCEPTOR[®] (milbemycin oxime) Flavor Tabs[®] by a margin of 37 to 1; data on file at Merial.

³ Ask your Merial Sales Representative for full guarantee details.



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IMPORTANT SAFETY INFORMATION: HEARTGARD[®] (ivermectin) is well tolerated. All dogs should be tested for heartworm infection before starting a preventive program. Following the use of HEARTGARD, digestive and neurological side effects have rarely been reported. For more information, please visit www.HEARTGARD.com.

See brief summary on page 32.

Heartgard® Plus

(ivermectin/pyrantel)

CHEWABLES

CAUTION: Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian.

INDICATIONS: For use in dogs to prevent canine heartworm disease by eliminating the tissue stage of heartworm larvae (*Dirofilaria immitis*) for a month (30 days) after infection and for the treatment and control of ascarids (*Toxocara canis*, *Toxascaris leonina*) and hookworms (*Ancylostoma caninum*, *Uncinaria stenocephala*, *Ancylostoma braziliense*).

DOSAGE: HEARTGARD® Plus (ivermectin/pyrantel) should be administered orally at monthly intervals at the recommended minimum dose level of 6 mcg of ivermectin per kilogram (2.72 mcg/lb) and 5 mg of pyrantel (as pamoate salt) per kg (2.27 mg/lb) of body weight. The recommended dosing schedule for prevention of canine heartworm disease and for the treatment and control of ascarids and hookworms is as follows:

Dog Weight	Cheewables Per Month	Ivermectin Content	Pyrantel Content	Color Coding On Foil Backing and Carton
Up to 25 lb	1	68 mcg	57 mg	Blue
26 to 50 lb	1	136 mcg	114 mg	Green
51 to 100 lb	1	272 mcg	227 mg	Brown

HEARTGARD Plus is recommended for dogs 6 weeks of age and older. For dogs over 100 lb use the appropriate combination of these chewables.

ADMINISTRATION: Remove only one chewable at a time from the foil-backed blister card. Return the card with the remaining chewables to its box to protect the product from light. Because most dogs find HEARTGARD Plus palatable, the product can be offered to the dog by hand. Alternatively, it may be added intact to a small amount of dog food. The chewable should be administered in a manner that encourages the dog to chew, rather than to swallow without chewing. Chewables may be broken into pieces and fed to dogs that normally swallow treats whole.

Care should be taken that the dog consumes the complete dose, and treated animals should be observed for a few minutes after administration to ensure that part of the dose is not lost or rejected. If it is suspected that any of the dose has been lost, redosing is recommended.

HEARTGARD Plus should be given at monthly intervals during the period of the year when mosquitoes (vectors), potentially carrying infective heartworm larvae, are active. The initial dose must be given within a month (30 days) after the dog's first exposure to mosquitoes. The final dose must be given within a month (30 days) after the dog's last exposure to mosquitoes.

When replacing another heartworm preventive product in a heartworm disease preventive program, the first dose of HEARTGARD Plus must be given within a month (30 days) of the last dose of the former medication.

If the interval between doses exceeds a month (30 days), the efficacy of ivermectin can be reduced. Therefore, for optimal performance, the chewable must be given once a month on or about the same day of the month. If treatment is delayed, whether by a few days or many, immediate treatment with HEARTGARD Plus and resumption of the recommended dosing regimen will minimize the opportunity for the development of adult heartworms.

Monthly treatment with HEARTGARD Plus also provides effective treatment and control of ascarids (*T. canis*, *T. leonina*) and hookworms (*A. caninum*, *U. stenocephala*, *A. braziliense*). Clients should be advised of measures to be taken to prevent reinfection with intestinal parasites.

EFFICACY: HEARTGARD Plus Chewables, given orally using the recommended dose and regimen, are effective against the tissue larval stage of *D. immitis* for a month (30 days) after infection and, as a result, prevent the development of the adult stage. HEARTGARD Plus Chewables are also effective against canine ascarids (*T. canis*, *T. leonina*) and hookworms (*A. caninum*, *U. stenocephala*, *A. braziliense*).

ACCEPTABILITY: In acceptability and field trials, HEARTGARD Plus was shown to be an acceptable oral dosage form that was consumed at first offering by the majority of dogs.

PRECAUTIONS: All dogs should be tested for existing heartworm infection before starting treatment with HEARTGARD Plus which is not effective against adult *D. immitis*. Infected dogs must be treated to remove adult heartworms and microfilariae before initiating a program with HEARTGARD Plus.

While some microfilariae may be killed by the ivermectin in HEARTGARD Plus at the recommended dose level, HEARTGARD Plus is not effective for microfilariae clearance. A mild hypersensitivity-type reaction, presumably due to dead or dying microfilariae and particularly involving a transient diarrhea, has been observed in clinical trials with ivermectin alone after treatment of some dogs that have circulating microfilariae.

Keep this and all drugs out of the reach of children.

In case of ingestion by humans, clients should be advised to contact a physician immediately. Physicians may contact a Poison Control Center for advice concerning cases of ingestion by humans.

Store between 68°F - 77°F (20°C - 25°C). Excursions between 59°F - 86°F (15°C - 30°C) are permitted. Protect product from light.

ADVERSE REACTIONS: In clinical field trials with HEARTGARD Plus, vomiting or diarrhea within 24 hours of dosing was rarely observed (1.1% of administered doses). The following adverse reactions have been reported following the use of HEARTGARD: Depression/lethargy, vomiting, anorexia, diarrhea, mydriasis, ataxia, staggering, convulsions and hypersalivation.

SAFETY: HEARTGARD Plus has been shown to be bioequivalent to HEARTGARD, with respect to the bioavailability of ivermectin. The dose regimens of HEARTGARD Plus and HEARTGARD are the same with regard to ivermectin (6 mcg/kg). Studies with ivermectin indicate that certain dogs of the Collie breed are more sensitive to the effects of ivermectin administered at elevated dose levels (more than 16 times the target use level) than dogs of other breeds. At elevated doses, sensitive dogs showed adverse reactions which included mydriasis, depression, ataxia, tremors, drooling, paresis, recumbency, excitability, stupor, coma and death. HEARTGARD demonstrated no signs of toxicity at 10 times the recommended dose (60 mcg/kg) in sensitive Collies. Results of these trials and bioequivalency studies, support the safety of HEARTGARD products in dogs, including Collies, when used as recommended.

HEARTGARD Plus has shown a wide margin of safety at the recommended dose level in dogs, including pregnant or breeding bitches, stud dogs and puppies aged 6 or more weeks. In clinical trials, many commonly used flea collars, dips, shampoos, anthelmintics, antibiotics, vaccines and steroid preparations have been administered with HEARTGARD Plus in a heartworm disease prevention program.

In one trial, where some pups had parvovirus, there was a marginal reduction in efficacy against intestinal nematodes, possibly due to a change in intestinal transit time.

HOW SUPPLIED: HEARTGARD Plus is available in three dosage strengths (See DOSAGE section) for dogs of different weights. Each strength comes in convenient cartons of 6 and 12 chewables.

For customer service, please contact Merial at 1-888-637-4251.



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CLIENT relations

Lisa Petty, BS, RVT, a technician at Animal Dermatology Clinic in Indianapolis, offers these tips to keep communication lines open when you're guiding clients through their pet's dermatology diagnosis.



DON'T guarantee a specific time-line for a response to treatment or a specific outcome. For example, "His hair will grow back in six weeks and it will look beautiful" or "After he goes on allergy medicine he'll never scratch again. He'll never need another steroid or he'll never have another flare."



DO give clients an idea of what you hope will happen and give them the success rates of different therapies.



DON'T make a client feel bad for choosing a less expensive treatment protocol. "Our job is to give clients all of the options that we have available and let them choose what suits their budget and lifestyle," Petty says. "So we don't want to make people feel guilty if they don't choose the most expensive treatment option."



DO follow what's best for clients and what's best for their pets within the scope of what pet owners tell you they can do.



DON'T assume that people aren't taking good care of their pets or that they don't care about their pets based on what their pet's skin looks

Dermatology

DOS AND DON'TS

like. "Sometimes people will see an animal walking across the street that doesn't have any hair and they assume it's been abused," Petty says. "I tell our new team members that it doesn't mean that they haven't been well cared for. It means they really do need to see us. So we can't assume they're being neglected just because their skin and hair coat don't look good."

DO make yourself available to clients.

Make sure clients know that they can call at any time with a question or problem.

"We want their pets to get better as much as they do, and we want to know if their pet is having a problem. If their pet is vomiting because of a medication or doesn't like the new food that we put them on for a dietary trial, we want to know that, because it's crucial to their compliance," Petty says.

To make sure clients feel connected to you and your practice, follow these steps:

- > Introduce yourself.
- > Wear a name tag.
- > Offer a business card with your name, phone number, and email, so clients know who to contact when they're struggling with a problem. Let clients

know when they can expect a response if they send an email or leave a message.

Petty says at her practice, technicians follow cases so clients see the same team members each time. It's less confusing for pet owners who know they have someone to talk to when they have problems.

"The worst thing that could happen is we send them home with medication, the pet starts to vomit or has diarrhea, and they stop the medication and don't call us—and we don't see them for a month. So they don't give anything that whole time between visits and they never call to let us know," Petty says.

DO follow up with phone updates.

"Our software is set up so we can put in reminders to call clients," she says. "And we print that list daily to call and check to find out how pets are doing. If the client prefers email, we use email. And email actually works really well, because there's nothing lost in translation with the message, and we can copy and paste it right into the medical record. The important thing is, we want clients to feel comfortable contacting us with any concerns they might have."

can do is to sympathize and never brush off clients' concerns," Petty says. "We all have pets who have most likely had a costly problem. So I'll use an example of my own cat who has dietary allergies and loves to eat things around the house."

She says she explains that her own cat has a habit of eating things and vomiting, which means she's had to pay for radiographs several times to rule out a foreign body. Telling her own story helps, she says. And she often follows up with a comforting statement, such

as, "I know that this is expensive and you guys have been through a lot. Let's try to find a way that works for you and for your pet."

A key point: Don't argue with clients about whether the diagnostics or treatment are expensive. "Yes, it does cost money and it can be expensive," Petty says. "Relating shows your clients that you do know what it's like to have a pet that's expensive."

Next, make sure you're up front about costs at every visit. "We give a lot of estimates here, so we're all on the same page as far as what testing might cost for a certain issue—or once the diagnosis has been made, what they can expect moving forward," Petty says.

Estimates often include the frequency that they plan to see the patient to help pet owners prepare for the costs of follow-up visits.

"We like to be as specific as possible if we can. For example, if the pet suffers from an autoimmune disease and is receiving medication that requires frequent rechecks to monitor progress, we would give them the cost, say that they would be back every two weeks for the first couple of months, and give them an estimate of what they will spend for a recheck and blood work each time," she says.

It's also a good idea to remind clients that estimates may change based on the pet's condition and how it responds to treatment. For example, you may need to add an additional medication, which could increase the cost.

Review the evidence

While affording their pet's care is a big issue for clients, another common concern is when their pets will return to normal. And this can be a tricky question to answer, Petty says.

"This is a tough one, because most of the cases we see in dermatology are not able to be completely cured. A lot of the conditions we see, such as allergies, require long-term management. It's our job to come up with a plan that the owner



Get the full scoop on how to stop getting burned by ear infections—as well as a complete set of lesson plans to hold educational team meetings in your practice—at dvm360.com/teammeeting. You'll find critical tools, including how to teach ear cleaning and lock in rechecks.



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Ready to learn—and bond with your team? CVC Washington, D.C., May 9 to 13, is offering training for the whole team:

First, boost your clinical skills with hot clinical topics, including:

- > “The technician’s role in managing pets on allergen-specific immunotherapy and their owners”

- > “Topical therapy for skin problems.”

Then brush up on your client relations skills with advice from practice manager and communication expert Brian Conrad, CVPM, to learn how every team member can take ownership to serve clients.

Finally, don’t forget to finish your conference experience by spending quality time with your team members. And share what you’ve learned during your next staff meeting to keep the momentum going. Find out more and register at thecvc.com.

can live with, yet keeps the pet comfortable with the lowest risk of potential long-term side effects,” Petty says.

A common related question is, “When will my pet’s hair grow back?”

“Often clients want a specific date and time, and it’s really hard to give that to them. It depends on how the pet responds to the treatment,” Petty says. “So allergies and autoimmune diseases that we see require a lot of follow up after the initial diagnosis and throughout the pet’s life.”

Avoid finger pointing

Sometimes your veterinarian will decide to refer big mysteries to a board-certified dermatologist. This can be tricky business, and it’s not uncommon for clients to express frustration with your practice because you couldn’t resolve their pet’s problem, Petty says.

In these situations, remind pet owners that your primary care facility must specialize in several different aspects of veterinary medicine, including surgery, wellness, emergency, nutrition, puppies and kittens, and geriatric medicine, while dermatologists are able to focus solely on diseases that affect the skin.

Finally, it’s important to explain to pet owners that once the veterinarian unravels the mystery of their pet’s condition, you can manage several of those conditions with medication and other therapies. And addressing these conditions may require their dedication to lifelong care. Managing clients’ expectations, Petty says, will improve your relationships and smooth the way for more effective home care. **FL**

Portia Stewart is a freelance writer in Lenexa, Kan. Please send your questions or comments to fristline@advanstar.com. And visit dvm360.com/community to share your strategies to support clients whose pets suffer from skin conditions.

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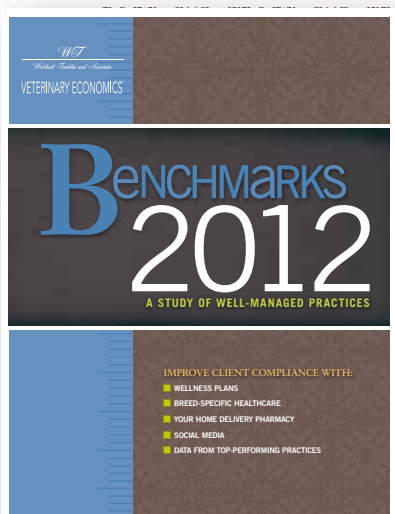
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