

Veterinary **economics**[®]

The business of client and patient care

INCLUDES THE
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toolkit

Flea control



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SELL CLIENTS on your SERVICE

But you don't have to have butler-style service to win new clients and keep existing clients happy.

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By W. Dane Foxwell with Andy Roark, DVM

Self quiz: Are you ready to pay team members more?

Team members love their jobs, but low pay is squeezing high performers out of the industry. Are you ready to do what it takes to turn around this depressing trend at *your* veterinary practice?

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9 crucial components to find a loan that fits

Choosing the right loan for you doesn't have to be a guessing game—if you know where to focus your efforts.

page 21 *By Tom McFerson, CPA, ABV*

{ **WHAT'S NEW** on **dvm360** Find it all here.



Curious about the Fear Free movement?

Come to our July 22 Google+ Hangout on Air at noon CST with Drs. Marty Becker and Karen Overall. Visit dvm360.com/fearfreehangout for more information.

Veterinary economics®

The business of client and patient care

Poll question:

What customer service aspect do you like best about visiting your veterinarian?

JESSICA ZEMLER:
I was very touched by the ceramic paw print I received after we lost our Aussie.

ADRIENNE WAGNER:
Saturday appointment times! The receptionist was also gracious enough to alert me when there were going to be road closures that would make it difficult to get to the practice for my appointment.

JENNIFER VOSSMAN:
Staff greeting my puppy—at one hospital every staff member who was behind the desk or walked by while we waited came up and gave my dog a treat.

KATIE JAMES: My dog worries, but every staff member greets him like he's the most special dog they've ever seen. All the attention makes him calm down quickly.

Mission

To give practicing veterinarians the business tools, insights, ideas and inspiration they need to fuel their passion for practice; run a well-managed, profitable business; enhance client loyalty and satisfaction; and maximize their patients' well-being.

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OVERNIGHT-only emergency clinics aren't "DANGEROUS"

This doctor disagrees about the danger of transporting pets back and forth between hospitals.

I read all your publications monthly and am usually impressed by the content and relevance of the subject matter. However, I was taken aback by the article about 24/7 care ("The around-the-clock advantage in veterinary practice," April 2014).

I practice in the same county as Dr. Fred Metzger. When he went to 24/7 care, I sent him an email thanking him for bringing new options to the local area. Dr. Metzger has improved the standard of care for most small animal hospitals in central Pennsylvania through the continual evolution of his veterinary

practice. But as a participant of the competing emergency practice, I take umbrage to the dismissal of that practice as dangerous.

Is your publication a forum for general practice, or are you only advocating what your practitioner board deems necessary? Personal bias should never have appeared in the article. Is your job to inform or promulgate only what your board deems necessary?

Hopefully, you will get back to your mission of providing business tools, ideas and inspiration needed to fuel the passion for practice and leave the unnecessary personal bias out of well-intended articles.

*John Shapira, DVM
Straley Veterinary Associates
Bellefonte, Pennsylvania*

Dr. Metzger replies:

I appreciate Dr. John Shapira's compliments about our

"raising the standard of care in central PA" and I think central Pennsylvania pets greatly benefit from our competing ER's. Dr. Shapira's emergency practice does a great job and we frequently collaborate with their overnight doctors on cases.

I have been a member of the *Veterinary Economics* and *Veterinary Medicine* magazines' practitioner advisory boards for over 15 years because I give my honest opinion and I'm not afraid to give input on controversial issues—that's the mission of a practitioner's advisory board.

Many overnight ERs will send the patient back to the primary care doctor in the morning because the emergency hospital closes. Many cases can be transferred easily; however, there are many examples where transporting may be detrimental.

I'm also concerned about pet owner safety, because they must transfer pets that may be in pain, and most owners aren't adequately trained to handle ill pets. I'm sure there are cases of serious automobile accidents caused when owners were preoccupied with their pets during transport.

And finally, would you want to be transported daily from the ER to your primary care physician every morning?

*Fred Metzger, DVM, DABVP
Metzger Animal Hospital
State College, Pennsylvania*



THE AROUND-THE-CLOCK ADVANTAGE

24/7 hours can set you apart from competitors, but consider first whether it'll work for your practice.

Each year, the veterinary community sees an increasing number of 24/7 emergency clinics popping up across the country—some are brand new, while others are reinvigorated practices making the switch to offering around-the-clock veterinary care. Veterinarians and architects are wondering about the emerging trend. The owners want instant access to animal care after hours in much the same way that parents want it for their kids, says Neil Longo, AIA, an architect who works on veterinary hospitals. "It's like there is some peace of mind in being able to bring your pet to your regular hospital after hours, since all of their records are there."

Whether you're building new or remodeling your existing practice to accommodate 24-hour services, your initial design considerations should be efficiency and safety says Longo. "At night, you may have fewer employees; they need to be able to run the facility on their own and feel safe doing so," he says. Longo suggests installing a buzzer system for the front door



of your hospital to prevent just anyone from walking through the door as well as having a small vestibule where clients can wait to be buzzed in.

Dr. Fred Metzger, practitioner and owner of Metzger Animal Hospital in State College, Pa., went 24/7 in January and says it was a logical move, but "We've always covered our own emergencies via an on-call service. The cases we see can be very complicated, so 24-hour care was a natural next step for us," says Metzger.

But how do you know if it's a good decision for your clinic? Metzger says for him, the largest adjustment was staffing, which is a significant investment.

"The most important advice Dr. Metzger would give to practice owners looking into going 24/7 is this: "Figure out

your payroll costs first, because operating an emergency practice is a risky venture. You will need three full-time doctors as a minimum that "hooked itself, so get your wallet out!"

However, the response he has received from clients and referring doctors makes it all worth it for his practice. "Since we then were going to a competing veterinary emergency practice that was just overnight, not 24/7. This meant clients needed to pick up their pets and transfer them in the morning, which is inconvenient—and is not optimal for the most important benefit of all," says Metzger. "Patient care can be affected in the real time by the emergency doctor, but there communication is greatly improved."

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See brief summary on page 11.

Laser-focused CRITICISM

One *Veterinary Economics* Editorial Advisory Board member has found success with therapy lasers. Some readers are not convinced.

I was surprised to see the article “Laser Therapy: Less Pain, More Gain” (in which Dr. Jim Kramer, CVPM, talks about his use of a therapy laser online at dvm360.com/lasers and promoted in April 2014 *Veterinary Economics*), given that there is no evidence at this time that Class IV lasers have any analgesic value, and that this article may mistakenly give the impression that laser therapy will produce “less pain,” and might be used erroneously in place of substantiated analgesia.

Troubling too is the sales pitch promoting these lasers on the basis of boasting practice revenue. The issue should not be money, but effectiveness, and there is no evidence to prove their effectiveness in pain control.

*Janet Davis, DVM
Marymont Animal Hospital
Silver Spring, Md.*

Dr. Kramer replies:

It’s difficult to separate truth from hype when investigating new equipment. There’s a level of inconsistent information, claims and counter-claims, ours vs. theirs, ect.

I first heard of therapy lasers at a presentation on physical therapy and rehabilitation at CVC Kansas City that was given by an expert on the subject who headed a large physical therapy facility dedicated to animal rehab.

We do a lot of orthopedic surgery and I was interested in techniques for post-surgery rehab. Therapy lasers and ultrasounds had just hit the



I am sympathetic to my colleagues who are getting a lack of consistent information concerning facts necessary to consider prior to purchasing a therapy laser.

Pointing out some risk/benefit considerations may help guide many to pause and think about such a costly endeavor and not take this purchase lightly. This could also prevent future liabilities.

*Janet Gordon Palm, DVM, CVC
Erchonia Corp.*

market and I wanted to know about the relative costs and benefits. The presenter said that while they had both therapy lasers and ultrasound machines, the lasers were used far more in their facility. “Our staff fights over the lasers,” she told us, because of their popularity and effectiveness.

We ended up purchasing a Class III laser that meets our hospital’s standards for doing no harm, and we also only use it as adjunct therapy in addition to other pain management techniques we would otherwise employ.

*Jim Kramer, DVM, CVPM
Columbus Small Animal Hospital
Columbus, Neb.*

Elevating the standard of diabetic care

Diabetes mellitus is one of the most common endocrine disorders veterinarians encounter in day-to-day practice. Still, the management of these cases within a practice may differ from one clinician to the next.

To ensure each pet owner receives a consistent message from every doctor and staff member, it's important to establish a diabetes management protocol within every practice.

A new protocol for glucose curve evaluation

In the recently published protocol for diabetic management,¹ Audrey K. Cook, BVM&S, MRCVS, DACVIM, DECVIM provides a step-by-step process for making decisions based on the nadir and average blood glucose values and the duration of insulin effect. The protocol also includes factors to consider to verify the reliability of the curve, including proper intervals between blood glucose collection and adequate number of readings to determine insulin duration.

The importance of home glucose monitoring

While the glucose curve is the foundation for making decisions about insulin type and dose, client perceptions and patient status must be considered, as well.¹ Home glucose monitoring may help improve pet owner comfort.

Clients who measure blood glucose at home may feel less anxious because they have a better understanding of the link between insulin and blood glucose, and they may feel more actively involved in their pets' treatment.¹

Blood glucose values collected at home also tend to be more accurate when not influenced by the stress of hospitalization.¹ Pets are more likely to eat and exercise as they normally would. Additionally, obtaining a 12-hour curve can be completed with ease at home. This not only helps save the client both time and money but also frees up the hospital staff, which helps the clinic run more efficiently.

Working as a team

When instituting a diabetes management protocol, it's important that all team members are knowledgeable about the protocols and consistently adhere to them. This will provide a continuity of care that clients appreciate, especially if they are unable to see the same veterinarian for every appointment.

To improve the success of home glucose monitoring, the veterinary team should work closely with the client to mitigate fears

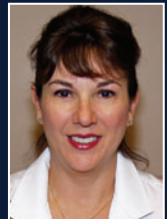
and build their confidence doing capillary sampling and utilizing the blood glucose monitor.

Routine appointments should be scheduled at least quarterly to examine the pet, discuss any client questions or concerns and review the glucose data.¹

The comprehensive protocol for diabetic management can be found at: www.veterinaryteambrief.com/diabeticmanagement.

The importance of diabetes protocols

"The biggest advantage of home monitoring for practitioners is the significantly greater understanding of their patients' glycemic regulation as well as the ability to obtain accurate blood glucose data that are not influenced by hospital stress or a truncated hospital schedule. The professional satisfaction gleaned from achieving diabetic remission in the cat and avoiding diabetic cataracts in the dog cannot be underestimated. The veterinarian will undoubtedly have a client for life."



Sara Ford, DVM, DACVIM
Chief of internal medicine
VCA Emergency Hospital
& Referral Center
San Diego, CA



**Rachel Poulin, RVT,
VTS (SAIM)**

Internal medicine team
leader, Coral Springs
Animal Hospital
Coral Springs, FL

"Clients are so appreciative of the time and energy put into educating them on diabetes and capillary sampling. When the benefits of capillary sampling are explained, the anxiety starts to fade. By investing that time and education into the client, you build a good reputation and earn the trust and respect of your client, which makes them more likely to give you excellent reviews and recommend your clinic to friends."

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Advanced test strip technology for easy wicking

References

1. Cook AK, Lee JG, Lynch H. A protocol for diabetic management [clinical brief]. *Veterinary Team Brief* 2013; 1(6 suppl):1-8. Available at: www.veterinaryteambrief.com/diabeticmanagement. Accessed March 9, 2014.

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Pin down PREVENTIVE PREFERENCES

Q: Our doctors are all over the place with their parasite preventive recommendations. How do we fix it?

Clients pick up on obvious disagreement among doctors, which may be detrimental to the hospital's reputation because it sends the message that the veterinarians can't decide what's best for their pets, according to Dr. Ross Clark, founder of Woodland West PetCare Centers in Tulsa, Okla., co-founder of National PetCare Centers and *Veterinary Economics'* Practice Management Editor.

"But of course, some variation is OK because veterinarians like to practice their own style of medicine. Harmonious variety of practice styles is a beautiful thing," says Dr. Clark.

Consider the variety of products you carry and why. Some practices carry multiple lines be-

cause of pets' varied needs (a great reason) and varied opinions among the associates working there (not a great reason). "From the practice owner's standpoint, there's concern for the additional cost of carrying multiple lines of products in order to nullify emotional and legitimate concerns of associate DVMs," says Dr. Clark.

At the same time, associates don't want to feel constrained by too few choices. Pinpoint employees' concerns with specific items. If the flea or tick preventive list is less than five products, you might eliminate any that doctors have serious qualms about then ask everyone to vote on their favorite products. Those with the most votes would become the products of choice. **VE**

PAIN control PUSHBACK

Q: Some of our clients don't want to pay for and don't see the need for at-home pain control drugs. How do we explain the value and importance of pet pain control?

Use language clients will understand and phrases that will get their attention, says Dr. Robin Downing, CVPP, CCRP, DAAPM, owner of Windsor Veterinary Clinic and The Downing Center for Animal Pain Management in Windsor, Colo. Here are a few approaches you can try depending on the patient's pain:

Acute pain. Use analogies. Explain that because pets' nervous systems are similar to ours, anything that's painful for us will be painful for them—even minor surgery. Pain medicine often prevents unnecessary suffering. Also, scientific evidence shows that failure to manage pain as soon as possible can negatively impact the ner-

vous system, potentially causing persistent pain long after injury or surgery occurs.

Chronic pain. Perform a careful palpation exam to show clients their pets' reaction when pressure is applied to certain areas.

"I always demonstrate the pressure I'll use on the patient by pressing on the client's forearm with their permission," says Dr. Downing. "That way, they know that the pressure I'm using should be perceived as pressure, not as pain. If the pet reacts, the client can see that the pet is truly hurting."

Also choose words with emotions tied to them, such as "Your pet is suffering," or "Your pet deserves to be comfortable and relieved of pain." **VE**

Find it all here.
dvm360

Additional expert advice

Read more from Dr. Downing on communicating the value of crucial pain control to clients at dvm360.com/pmqapain.

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—Robert Henrickson,
DVM, Manhasset
Animal Hospital
Manhasset, N.Y.

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Thieves that {hide} in plain sight

Cell phones, web browsers and text windows: how idle time online could be hurting your veterinary practice.

By Bob Levoy

Time theft, the deliberate waste of time at work, has been estimated to be more than four hours per employee per week—or about six weeks a year! At \$15 to \$20 an hour, that adds up fast. Could it be happening in your practice?

In today's environment, the Internet is the culprit in many cases and the possibilities for abuse are endless: surfing, shopping, spending time on social networking sites, emailing—all during work hours. Other causes of time theft include arriving late for work, socializing too much with co-workers and making too many personal phone calls.



Time theft takes a tremendous toll on productivity. As a result, an additional burden is placed on hard-working team members to pick up the slack and maintain workflow. This causes

resentment not only towards the time-wasters, but also towards the doctor or hospital manager who keeps them on the payroll.

Action steps

➤ **Include policies on phone and Internet usage as well as tardiness in your practice**

manual. Require team members to sign off that they've read the guidelines, understand the policies and will follow them.

➤ **Let team members know how much you'll tolerate.** Some practice owners and managers say that allowing employees to surf the Internet or check Facebook between chores actually boosts productivity. There's an argument to be made that taking a break for a few minutes can make you more productive. And most employees would agree. In a 2012

Salary.com survey, 71 percent of respondents said they believe short breaks throughout the day are beneficial. Proponents of tougher Internet controls establish limits; for example, team members can use the Internet during breaks or lunchtime. Still other practice owners have installed blocking and monitoring software on web browsers on their work computer.

Reality check

No one is a machine. Occasional breaks in the workday are needed. Infrequent, legitimate phone calls, socializing and/or lateness should be expected. However, deliberate and frequent time theft seriously affects practice productivity, morale and the bottom line. **VE**

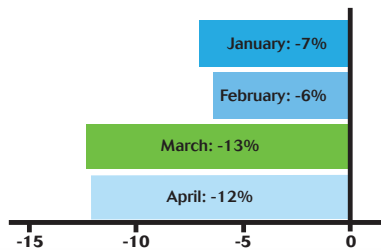


Veterinary Economics Editorial Advisory Board member Bob Levoy is the author of seven best-selling books, including 101 Secrets of High Performance Veterinary Practice.

Introducing THE DATA CENTER

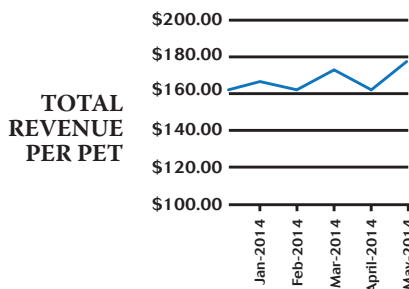
This monthly column will cover data, industry trends, spending habits and more. For continuing coverage visit dvm360.com/datacenter.

2014: No. of new clients drop



Continuing a trend seen January-March 2014, the April 2014 edition of the VHMA's *Insiders' Insights* shows that compared to April 2013, client visits were down 12% in April 2014.

2014: Revenue per pet increases



Sikka Software, a benchmarking and opt-in database company that measures key performance indicators, has seen a 29-month high in revenue per pet in May 2014 with a total of \$174, which total practice revenue divided by unique pet visits for that month.

They expect this trend to continue to rise when the June data is available.

Tell us—are your numbers up? Send an email to ve@advanstar.com.

NexGard™ (afoxolaner) Chewables

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

Description:

NEXGARD™ (afoxolaner) is available in four sizes of beef-flavored, soft chewables for oral administration to dogs and puppies according to their weight. Each chewable is formulated to provide a minimum afoxolaner dosage of 1.14 mg/lb (2.5 mg/kg). Afoxolaner has the chemical composition 1-Naphthalenecarboxamide, 4-[5-[3-chloro-5-(trifluoromethyl)phenyl]-4,5-dihydro-5-(trifluoromethyl)-3-isoxazolyl]-N-[2-oxo-2-[2,2,2-trifluoroethyl]amino]ethyl.

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NEXGARD kills adult fleas and is indicated for the treatment and prevention of flea infestations (*Ctenocephalides felis*) and the treatment and control of Black-legged tick (*Ixodes scapularis*), American Dog tick (*Dermacentor variabilis*), and Lone Star tick (*Amblyomma americanum*) infestations in dogs and puppies 8 weeks of age and older, weighing 4 pounds of body weight or greater, for one month.

Dosage and Administration:

NEXGARD is given orally once a month, at the minimum dosage of 1.14 mg/lb (2.5 mg/kg).

Dosing Schedule:

Body Weight	Afoxolaner Per Chewable (mg)	Chewables Administered
4.0 to 10.0 lbs.	11.3	One
10.1 to 24.0 lbs.	28.3	One
24.1 to 60.0 lbs.	68	One
60.1 to 121.0 lbs.	136	One
Over 121.0 lbs.	Administer the appropriate combination of chewables	

NEXGARD can be administered with or without food. Care should be taken that the dog consumes the complete dose, and treated animals should be observed for a few minutes to ensure that part of the dose is not lost or refused. If it is suspected that any of the dose has been lost or if vomiting occurs within two hours of administration, redose with another full dose. If a dose is missed, administer NEXGARD and resume a monthly dosing schedule.

Flea Treatment and Prevention:

Treatment with NEXGARD may begin at any time of the year. In areas where fleas are common year-round, monthly treatment with NEXGARD should continue the entire year without interruption.

To minimize the likelihood of flea reinfestation, it is important to treat all animals within a household with an approved flea control product.

Tick Treatment and Control:

Treatment with NEXGARD may begin at any time of the year (see **Effectiveness**).

Contraindications:

There are no known contraindications for the use of NEXGARD.

Warnings:

Not for use in humans. Keep this and all drugs out of the reach of children. In case of accidental ingestion, contact a physician immediately.

Precautions:

The safe use of NEXGARD in breeding, pregnant or lactating dogs has not been evaluated. Use with caution in dogs with a history of seizures (see **Adverse Reactions**).

Adverse Reactions:

In a well-controlled US field study, which included a total of 333 households and 615 treated dogs (415 administered afoxolaner; 200 administered active control), no serious adverse reactions were observed with NEXGARD.

Over the 90-day study period, all observations of potential adverse reactions were recorded. The most frequent reactions reported at an incidence of > 1% within any of the three months of observations are presented in the following table. The most frequently reported adverse reaction was vomiting. The occurrence of vomiting was generally self-limiting and of short duration and tended to decrease with subsequent doses in both groups. Five treated dogs experienced anorexia during the study, and two of those dogs experienced anorexia with the first dose but not subsequent doses.

Table 1: Dogs With Adverse Reactions.

	Treatment Group			
	Afoxolaner		Oral active control	
	N ¹	% (n=415)	N ²	% (n=200)
Vomiting (with and without blood)	17	4.1	25	12.5
Dry/Flaky Skin	13	3.1	2	1.0
Diarrhea (with and without blood)	13	3.1	7	3.5
Lethargy	7	1.7	4	2.0
Anorexia	5	1.2	9	4.5

¹Number of dogs in the afoxolaner treatment group with the identified abnormality.

²Number of dogs in the control group with the identified abnormality.

In the US field study, one dog with a history of seizures experienced a seizure on the same day after receiving the first dose and on the same day after receiving the second dose of NEXGARD. This dog experienced a third seizure one week after receiving the third dose. The dog remained enrolled and completed the study. Another dog with a history of seizures had a seizure 19 days after the third dose of NEXGARD. The dog remained enrolled and completed the study. A third dog with a history of seizures received NEXGARD and experienced no seizures throughout the study.

To report suspected adverse events, for technical assistance or to obtain a copy of the MSDS, contact Merial at 1-888-637-4251 or www.merial.com/nexgard. For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or online at <http://www.fda.gov/AnimalVeterinary/SafetyHealth>.

Mode of Action:

Afoxolaner is a member of the isoxazoline family, shown to bind at a binding site to inhibit insect and acarine ligand-gated chloride channels, in particular those gated by the neurotransmitter gamma-aminobutyric acid (GABA), thereby blocking pre- and post-synaptic transfer of chloride ions across cell membranes. Prolonged afoxolaner-induced hyperexcitation results in uncontrolled activity of the central nervous system and death of insects and acarines. The selective toxicity of afoxolaner between insects and acarines and mammals may be inferred by the differential sensitivity of the insects and acarines' GABA receptors versus mammalian GABA receptors.

Effectiveness:

In a well-controlled laboratory study, NEXGARD began to kill fleas four hours after initial administration and demonstrated >99% effectiveness at eight hours. In a separate well-controlled laboratory study, NEXGARD demonstrated 100% effectiveness against adult fleas 12 hours post-infestation for 35 days, and was ≥ 90% effective at 12 hours post-infestation through Day 21, and on Day 35. On Day 28, NEXGARD was 81.1% effective 12 hours post-infestation. Dogs in both the treated and control groups that were infested with fleas on Day -1 generated flea eggs at 12- and 24-hours post-treatment (0-11 and 1-17 eggs in the NEXGARD treated dogs, and 4-90 eggs and 0-118 eggs in the control dogs, at 12- and 24-hours, respectively). At subsequent evaluations post-infestation, fleas from dogs in the treated group were essentially unable to produce any eggs (0-1 eggs) while fleas from the control group continued to produce eggs (1-141 eggs).

In a 90-day US field study conducted in households with existing flea infestations of varying severity, the effectiveness of NEXGARD against fleas on the Day 30, 60 and 90 visits compared with baseline was 90.0%, 93.7%, and 99.9%, respectively. Collectively, the data from the three studies (two laboratory and one field) demonstrate that NEXGARD kills fleas before they can lay eggs, thus preventing subsequent flea infestations after the start of treatment of existing flea infestations.

In well-controlled laboratory studies, NEXGARD demonstrated >94% effectiveness against *Dermacentor variabilis* and *Ixodes scapularis*, 48 hours post-infestation, and against *Amblyomma americanum* 72 hours post-infestation, for 30 days.

Animal Safety:

In a margin of safety study, NEXGARD was administered orally to 8- to 9-week-old Beagle puppies at 1, 3, and 5 times the maximum exposure dose (6.3 mg/kg) for three treatments every 28 days, followed by three treatments every 14 days, for a total of six treatments. Dogs in the control group were sham-dosed. There were no clinically-relevant effects related to treatment on physical examination, body weight, food consumption, clinical pathology (hematology, clinical chemistry, or coagulation tests), gross pathology, histopathology or organ weights. Vomiting occurred throughout the study, with the similar incidence in the treated and control groups, including one dog in the 5x group that vomited four hours after treatment.

In a well-controlled field study, NEXGARD was used concomitantly with other medications, such as vaccines, anthelmintics, antibiotics (including topicals), steroids, NSAIDs, anesthetics, and antihistamines. No adverse reactions were observed from the concomitant use of NEXGARD with other medications.

Storage Information:

Store at or below 30°C (86°F) with excursions permitted up to 40°C (104°F).

How Supplied:

NEXGARD is available in four sizes of beef-flavored soft chewables: 11.3, 28.3, 68 or 136 mg afoxolaner. Each chewable size is available in color-coded packages of 1, 3 or 6 beef-flavored chewables.

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A positive end to a 'GOOD LIFE'



Due diligence is deserved when recommending funeral services for pets. *By Marty Becker, DVM*

One of the most important moments in solidifying the family-pet-veterinarian bond comes when it's time to say goodbye to a beloved pet. Unlike most other healthcare professionals, we provide cradle-to-grave care, and when it works like it should, a "good death" is the bookend to a "good life." But sadly, what happens after we perform the most sensitive of services inside our practices far too often causes a stain on our practices and the profession.

This was brought to life for me as I spoke to a conference of 600 professionals who handle cremation and funeral services.

Like veterinarians, the cremation and funeral professionals have their inside jokes, like, "We're the last ones to 'let you down!'" They were dead serious, however, when several rose up after my talk to challenge our profession for unprofessionalism and duplicity.

About half of the people raised their hands to tell me they worked at companies that did services for both humans and pets. They told me that the grief at a pet funeral is much worse than at a funeral for a human family member.

Shocked, I asked why. They said grieving for people is always through filters of family disputes, past duplicity, hidden agendas ... the list went on and on. With pets, there's none of that, they said—just pure love, loyalty and happiness.

And because there is so much emotion in a pet's passing, they always make sure pets and pet owners are cradled in loving, skilled hands throughout the process. Where it all falls apart, they said, is the hand-off from the veterinary hospital to them.

I heard story after story, with voices rising in passion, that the veterinary community mostly chooses who to use for these services based on cost, or rebates, or seemingly at random. In a community, often the worst-run facility with the worst reputation among other death care professionals is the one that thrives financially. They gave me three specific ideas on how to make sure clients are handled by better cremation and funeral professionals:

Visit the pet death-care facilities within a reasonable distance from your practice. Judge the facilities the way clients judge veterinary practices. Look at the exterior. Watch for dead plants, a no-no for a facility that should be celebrating life. Make sure it's clean-looking and doesn't smell bad.

Ask about their process. Find out exactly what happens from the time they pick up a pet until cremation or interment is complete.

Ask about their communication. How does the death-care facility team talk to and meet with pet owners?

We research laboratories, equipment and suppliers—we need to do due diligence when researching and recommending a death-care facility. If we do things the right way, then we can better guarantee a "good death" to a pet's "good life" and a pet owner's return to your door with their other pets. **VE**



Dr. Marty Becker is a speaker and author of 21 books. He is the Veterinary Economics Practice Leadership Editor and practices in North Idaho Animal Hospital in Sandpoint, Idaho.

Creature comforts benefit your bottom line

Luxury boarding is still in high demand among veterinary clientele, urban *and* rural. Learn how this feature can attract pet owners and create cash flow for your practice.

Practice owners Drs. Chad and Stephanie Bailey were surprised to receive an overwhelming number of client requests for luxury boarding suites. So along with their new veterinary hospital—the Merit Award-winning Cleveland Road Animal Hospital in Wooster, Ohio—the husband-and-wife team opened The Pet Hotel, the first luxury boarding, spa and doggy day care facility in the area. They cater to boarded cats and dogs not only with attractive housing, but also medical care, grooming and even room service with special meal options and snacks.

“Saving time with one-stop shopping is critical to our clients. Providing them with high-quality veterinary medicine, boarding, grooming, day care and training under one roof at a reasonable price is a great start,” says Dr. Chad Bailey.

At Veterinary Medical Center of St. Lucie County (VMC St. Lucie), another Merit Award winner, in Port St. Lucie, Fla., practice owner Dr. Michael Geraghty designed fun themed suites with pet owners top of mind—and so far, business is booming.

Want to add luxury boarding to your own practice? First, share your business plan with your architect. He or she will need a clear understanding of this in order to help you choose the right number of suites to build.

Wayne Usiak, senior partner of Wayne Usiak and Associates/BDA Architecture P.C. in Albuquerque, N.M., and *Veterinary Economics* Editorial Advisory Board member, worked on the VMC project. When setting prices for luxury suites, he recommends looking at the demographics in your area—personally, he’s seen prices from \$45 to \$75 per night.

It’s also wise to include expansion possibilities



>>> Boarded cats at The Pet Hotel enjoy state-of-the-art feline condos that continually circulate fresh air into the entire area. Windows are strategically placed to face the outdoors so cats can watch the world go by. “Pets are valued family members and our clients demand the creature comforts of home,” says Dr. Chad Bailey.



>>> At VMC St. Lucie, clients boarding dogs can choose among jungle, beach, Disney, princess and cowboy room themes. Each suite has a satellite TV and is under surveillance by staff and owners using webcams. “Boarding is a vital part of our revenue stream, says Dr. Michael Geraghty. “After only seven full months of operation, the monthly gross from boarding paid half of our loan payment.”

into your original design, like they did at The Pet Hotel. If this trend’s past and present serve as any indication for the future, it won’t be long before all pet owners want their furry friends to live in the lap of luxury.

See the full version of this story and additional photos at dvm360.com/hdluxury.ve

Take the DOOM out of DIABETES

With the right training and guidance—and just a little bit of encouragement—you can help clients understand that this common disease is actually quite manageable.

It's understandable that when most pet owners hear the word "diabetes," they immediately imagine a lifetime of suffering for their pet—and a substantial investment of time and money on their part. But Dr. David Bruyette, DACVIM, medical director of VCA West Los Angeles Animal Hospital in Los Angeles, Calif., says it doesn't have to be that way.

"Pet owners often have concerns about the disease based on what they know about it in people,"

he says. "We just need to adjust their perception."

One way to do this is to make sure you communicate openly and honestly about the diagnosis once it's made. Explain to clients that pets don't have the same complications that people do and that most diabetic pets do quite well—and even have a good quality of life—with treatment. But that doesn't mean keeping pet owners in the dark about the complications that pets *can* experience. "Up to 70 percent of dogs with diabetes will develop cataracts at some point," Dr. Bruyette says. "Even if pet owners do a great job at home and come to the clinic frequently for regular check-ups, cataract formation is common. Pet owners need to be aware of this."

Another important way to take the sting out of the diabetes diagnosis is to break down the pet owner's role in the treatment process into manageable steps. Talk them through any changes they'll make in their pet's diet and feeding

regimen and make sure they feel comfortable administering insulin injections. Ask a technician to show them how to draw up the insulin in a syringe and where to give the injections. Let clients practice with saline to get the feel of it.

Dr. Bruyette also steers clients toward reputable websites with videos that show the proper way to give insulin injections, just in case they get confused after they leave the hospital. Once clients are comfortable with these items, it's easier to talk to them about monitoring their pet's blood glucose at home, he says.

"We just need to make it doable for clients," Dr. Bruyette says. "We need to encourage clients and let them know that by doing a few simple things at home, like feeding the right diet and giving insulin injections, there's no reason their pet can't live a good life."

To download informational client handouts about diabetes in dogs and cats, visit dvm360.com/diabeteshandout_VE



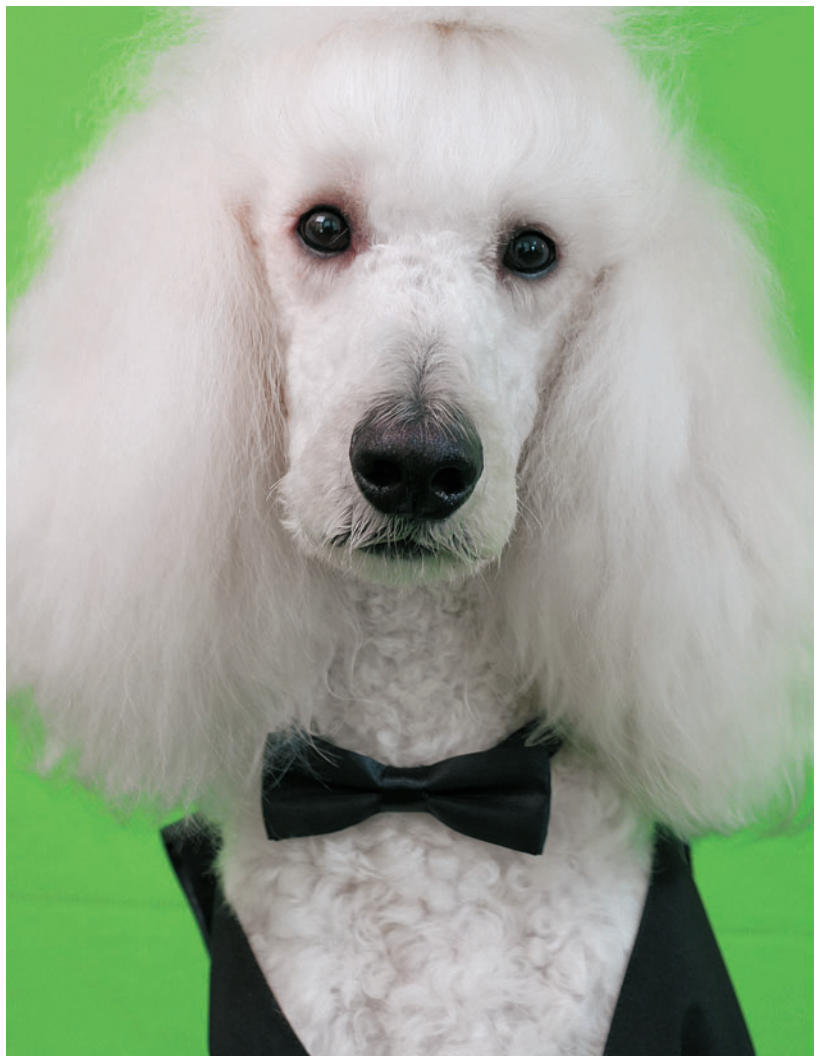
SELL CLIENTS on your SERVICE

But you don't have to have butler-style service to win new clients and keep existing clients happy. *By W. Dane Foxwell*

When was the last time you received sub-par customer service? I recently ran into trouble with an online travel-booking service and ended up spending hours on hold. I traded emails with people who weren't willing or able to help me and ultimately swore I would drive across the country before I used that company again. In short, my experience was so bad that I've sworn off that company for good, and if I could hurt their website's feelings, I would. Did I tell my friends of my displeasure? You bet.

Now, think about the last time someone wowed you with customer service. For me, I was in a restaurant last month where the waitress treated me like I was the only person there. She explained what the restaurant was known for, shared what was popular and asked questions about the kinds of dishes I generally like. When the meal was over, I didn't want a to-go box—I wanted a job there.

I often tell friends about this restaurant and hope to get back as soon as possible. But here's the interesting part: The food wasn't particularly amazing. It was very good, but there are lots of restaurants with very good food. The way the staff there made me feel, however, was incredible. That's the power of outstanding customer service.



At its core, customer service is simply the pursuit of customer satisfaction. Studies have shown that a satisfied customer is more likely to become a loyal customer, which is important for two bottom-line reasons¹. (Head over to dvm360.com/service for a list of references mentioned in this article.) First, the cost of attracting a new client can be as much as 10 times the cost of retaining an existing one². Second, satisfied and loyal customers are more willing to pay higher prices than neutral or dissatisfied clients¹. Not surprisingly, the cost of dissatisfied customers is high. While the average satisfied customer tells eight people about their experience, the average dissatisfied customer tells 22². Given this reality, it's worth investing some time in trying to ensure that pet owners visiting your practice feel as satisfied as possible.

Here are five tips, backed by customer service research, to help ensure your clinic is making a good impression on pet owners.

1 Communicate more

One study showed that the more people who positively interact and communicate with customers, the more likely it is that customers will feel satisfied with their experience³. This means pet owners who have positive interactions with two front-desk staff members, three technicians and two veterinarians are more likely to become loyal clients than pet owners who interact with one front-desk staff member, one technician and one veterinarian. Simply having everyone on your staff greet each person they meet can make a difference. A smile and a "hello" is all it takes.

You can get the ball moving on more and better interaction two easy ways. First, for team buy-in, explain this idea at a team meeting and ask for help. Second, simply lead by example. Greet staff members every morning with a positive attitude and encourage them to do the same to each other. This way when they interact with a customer, it will be something

they automatically do, rather than something they need to think about.

2 Improve the customer experience

There are three segments of the customer experience: before the service, during the service and after the service⁴.

Before the pet owner comes to your clinic, opportunities to improve the experience include phone calls, wellness care reminders, your website and your social media interactions. During the service, you can boost client satisfaction by minimizing wait times, designing pleasant clinic aesthetics, making sure your team is professionally dressed and, most important, effectively communicating the value of goods and services. After the service, interactions such as follow-up calls and educational emails may further improve the overall pet owner experience. Always remember: The customer's perception of experience quality is more strongly affected by how the experience was delivered than what service was delivered⁴. (Up to a point, obviously. Friendly, timely interactions can't make up for poor clinical care.) Attitude may not be everything, but it makes a huge difference.

3 Exceed expectations

The relationship between expectations and satisfaction is nonlinear, which means that the amount by which you exceed or fail to meet an expectation does not directly relate to how satisfied or dissatisfied a pet owner will be with your service. The fact is, even slightly exceeding a customer's expectations can produce major increases in his or her satisfaction¹.

On a basic level, customers coming to a veterinary hospital expect very little. They expect to come to a clean building, to be seen relatively quickly and to have their pet's health evaluated by people who treat them and their pets with care and respect. Fortunately, this leaves a lot of room for exceeding expectations. You might do that by offering coffee for customers and snacks for pets,

providing up-to-date reading material or doggy toys in the waiting room, or having receptionists greet all clients and pets by name.

With that said, don't confuse providing "little extras" with delivering a great basic service. Getting a cup of coffee is nice, but not if it's served in a dirty waiting room 30 minutes after a client's appointment was scheduled to begin.

4 Put clients' minds at ease

From start to finish: Ease of access, convenience, process ease, familiarity, perception of expertise and the relationship built with the customer are some of the biggest factors in customer satisfaction⁴. Pet owners who must struggle to find your clinic, grapple with their dog while they sign in, comprehend an incomplete explanation of their pets' medical conditions or struggle to form a

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COVER story

relationship with your staff won't feel content and relaxed. You can soothe customer nerves and bolster their confidence in your service by simplifying and streamlining the check-in/out processes, clearly addressing all concerns when they come up and assisting with unloading or loading pets from vehicles. The main point here is that small efforts to make the entire process as smooth and relaxed as possible for both the pet and the pet owner can pay off in a big way.

5 Handle unhappy customers quickly and effectively

Fact: 8 percent of unhappy customers will become loyal customers if they feel their complaint was handled quickly and effectively. That may not sound like much, but the significance becomes apparent when we consider that just a 5 percent increase in customer retention can lead to anywhere from a 25 to 85 percent increase in bottom-line production². When pet owners are unhappy, find some immediate way to show that you hear their concerns and then make things right in a way that quickly and effectively addresses their issue.

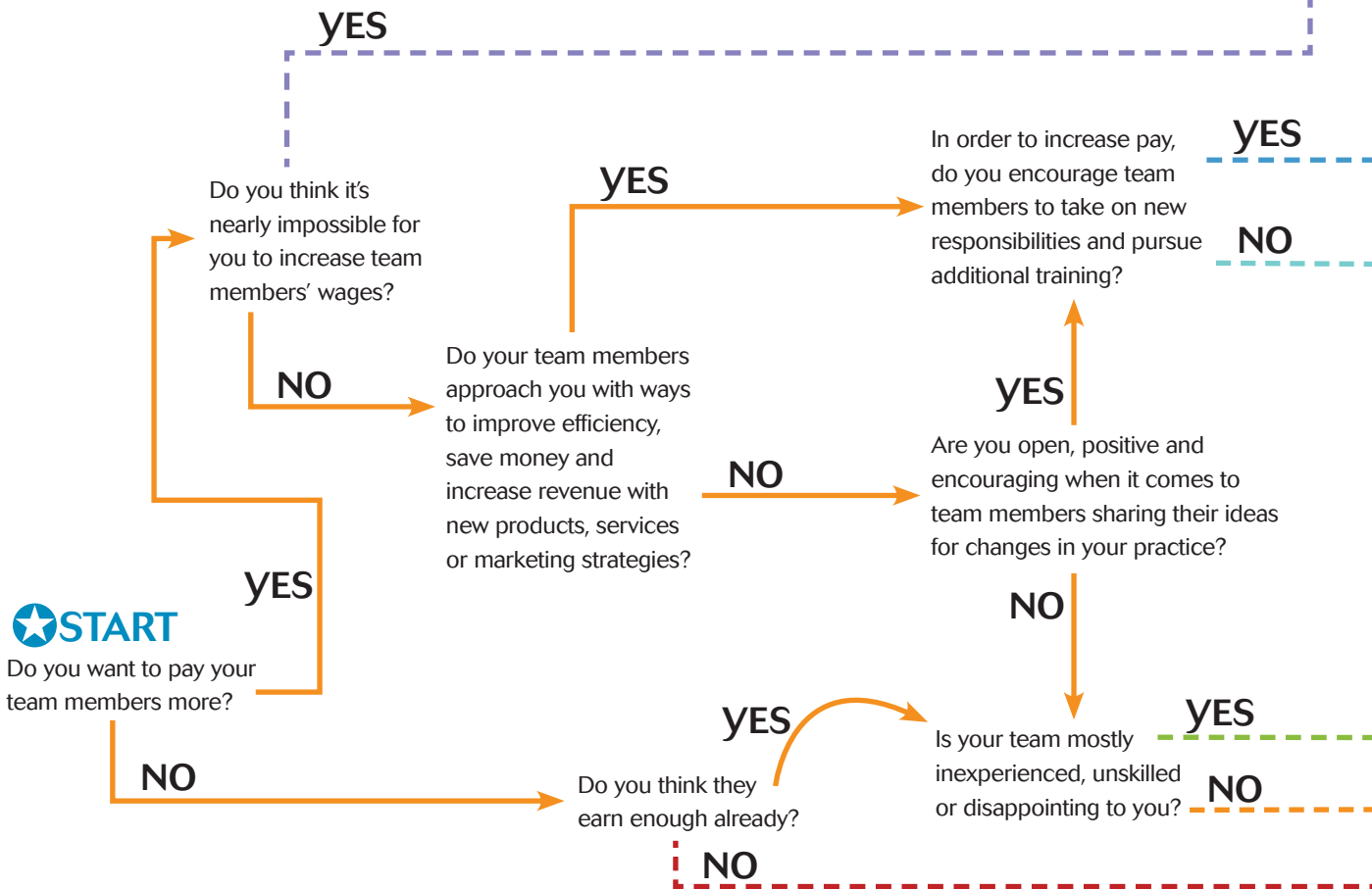
Remember that people equate the speed in which we return their phone calls to how important we believe that person to be. Responding quickly, even if it's only to let an angry pet owner know that their complaint has been heard and is being investigated, may mean the difference between having the opportunity to work through a problem and reading about the problem in a negative online review of your practice.

Research on the subject of customer satisfaction has again and again come to the same conclusion: There are major economic benefits to making customers feel satisfied. Beyond the business benefits, there's an upside that's not so easy to measure, but which matters just the same—the pride you and your clinic staff feel in having provided the best possible service to those who came to you for help. **VE**

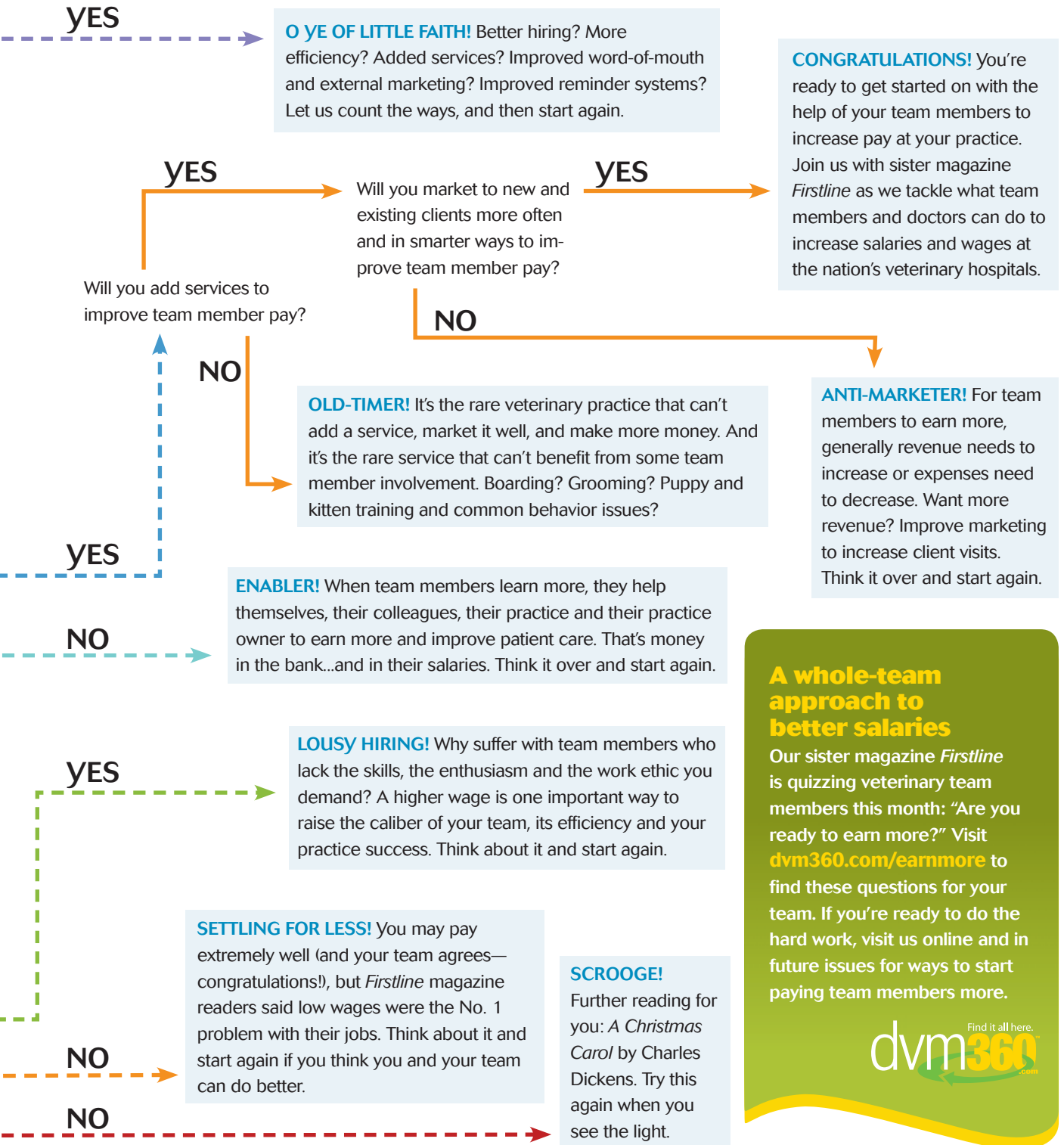
W. Dane Foxwell is a fourth-year DVM student at the University of Missouri College of Veterinary Medicine. Dr. Andy Roark also contributed to this article. He practices in Greenville, S.C. and is the founder and managing director of veterinary consulting firm Tall Oaks Enterprises.

Self-quiz: Are you ready to *pay* *team members more?*

Team members love their jobs, but low pay is squeezing some high performers out of the industry. Are you ready to do what it takes—with the cooperation of proactive team members—to turn around this depressing trend at *your* veterinary practice?



PROFESSIONAL GROWTH



A whole-team approach to better salaries

Our sister magazine *Firstline* is quizzing veterinary team members this month: "Are you ready to earn more?" Visit dvm360.com/earnmore to find these questions for your team. If you're ready to do the hard work, visit us online and in future issues for ways to start paying team members more.

Find it all here.


9 CRUCIAL COMPONENTS to find a **LOAN** that fits

Choosing the right building or equipment loan for you doesn't have to be a guessing game—if you know where to focus your efforts.

By Tom McFerson, CPA, ABV

Whether you're buying a veterinary practice, refinancing commercial real estate or plotting a start-up, finding the right loan can be a long and arduous process. Plus, the borrowing landscape is constantly shifting, and choosing the wrong loan can have a lasting impact on your practice and cash flow.

The following are nine areas I believe all veterinary practitioners should consider when looking for the right loan for their practice. Some of this is basic business knowledge, but even the savviest practice owners may find tidbits as well.

1 Commercial, SBA and private loans

Banks typically fund commercial loans. Small Business Administration (SBA) loans are funded by the bank in partnership with the government. Private party loans are funded by an individual or group, like family or interested investors.

SBA loans typically require more paperwork and come with additional fees, or points on the



loan, to keep the SBA up and running. However, they also offer a variety of packages for the riskier, unsecured business loans that veterinarians often require.

Private party loans are easier and quicker to pull off, but there's a drawback to borrowing from family or friends. For example, looking across the dinner table at Dad, whom you owe \$100,000, can be awkward.

2 Interest rate

This is often the most crucial component of a potential loan. Typically, there are two types: fixed and variable. The fixed rate remains stable throughout the length of the loan. The variable rate fluctuates based on outside factors (U.S. Treasury Notes or Prime Rate).

At the outset of the loan, the variable rate will be lower than

the fixed rate, making it more attractive—but there's the risk that the variable rate will climb higher over the course of the loan. A 4 percent variable rate could rise to 7 percent in a few years, depending on uncontrollable factors. The fixed rate, while higher initially, won't fluctuate and provides what many borrowers prefer: peace of mind.

3 Term

The term, or length, of the loan varies depending on what you're financing and the risk involved. A smaller piece of equipment generally has a shorter loan term, typically five to seven years. Real estate usually has a longer term, about 20 to 25 years.

A longer loan term can be a two-edged sword. It means a lower monthly payment, which helps cash flow. But it also means more interest is being paid over the course of the loan.

4 Down payment

This is one of the biggest potential stumbling blocks to financing. Whatever the transaction, the loan is impacted by how much you're willing to put down at the outset.

Depending on what you're financing or whom you're financing with, down payment can vary significantly. A real estate purchase may require a down payment of 20 to 30 percent, while a veterinary

practice purchase may require no money up front.

Determining the right down payment often depends on personal cash flow and the need to keep a significant cash reserve. Some practitioners feel more emotionally secure with more money in the bank as a safety net; some need less. If an owner has a business credit line or home equity line of credit in place, he or she may be more willing to make a larger down payment.

5 Prepayment penalty

Lenders sometimes restrict how quickly the borrower can repay a loan. Too fast, and you may be subject to a penalty, which typically decreases the longer the loan stays active and disappears in two to four years.

Why? Lenders often package and sell your loans to outside investors. To make these packages more attractive, lenders want to guarantee cash flow generated by the loans for up to three years—thus, the penalty to you for refinancing or repaying these loans ahead of schedule.

A prepayment penalty limits the borrower's flexibility, but in most cases, it's a lesser issue and shouldn't disqualify the loan for the borrower.

6 Balloon payment

Another technique

banks use to help borrowers' cash flow is the balloon payment. Instead of fully amortizing the loan—requiring equal payments over the length of the loan to ensure the balance is paid in full—a bank allows lower payments in exchange for a large payoff at the end of the term.

This loan requires a steady nerve by borrowers. Will they have enough money at the end of the term to pay off this big chunk of cash? Will they be able to refinance the balloon payment amount at similar terms when the time comes? It boils down to better cash flow now versus the chance of worse cash flow down the road.

7 Veterinary lenders

A lender who knows how to interpret veterinary practice finances will help your chances. Veterinary lenders have studied every type of practice, have seen every veterinary transaction and should be able to structure something best suited to you. Equally important, if they recognize that the loan can't be done for whatever reason, they'll tell you up front.

8 Collateral and personal guarantees

To complete the loan, what assets will the bank require to be held as collateral? If you're buying real estate, then the land

and building will be secured by a “first trust” deed. Similarly, if you’re buying a veterinary practice, all practice assets—equipment, goodwill, clients—will also be secured. But will the lender require anything else? Will the borrower have to personally guarantee the loan? Sometimes there’s no choice.

9 Hassle factor

Anyone who has borrowed before knows what they’re in for: mountains of paperwork and hoops to jump through. Don’t be afraid

to ask your potential lenders about the process. How much documentation is involved? What is the approval process? Typically, the larger the loan, the further up the chain of command it needs to travel. Is there a loan committee that approves these loans? How often does this committee meet? What’s the turnaround time?

Assuming a smooth approval process, what’s the expected timeframe to get a loan completed? Though it can be difficult to define, a real estate loan typically takes longer because

of the size and the need for an appraisal. An equipment loan can go much faster.

Borrowing can be a positive experience. It allows you to pursue a lifelong dream (buying a practice) or short-term financial goal (buying a new piece of equipment). Paying attention to these nine items will help ensure that the next loan is the right one for you.

Tom McFerson, CPA, ABV, is a partner at the veterinary financial and consulting firm Gatto McFerson in Santa Monica, Calif.



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Nexgard New label claims for ticks

Merial has announced that NexGard (afoxolaner) chewables, which kill fleas and the American dog tick (*Dermacentor variabilis*), has also been approved by the FDA to kill two additional species of ticks—the black-legged tick (*Ixodes scapularis*) and the lone star tick (*Amblyomma americanum*.) NexGard's active ingredient, afoxolaner, was developed for the treatment of fleas and ticks and designed to eliminate them for 30 days. It is approved for use in dogs and puppies 8 weeks of age or older and weighing more than 4 pounds. For fastest response visit NexGardForDogs.com



Boehringer Ingelheim Low-dose feline vaccines

Boehringer Ingelheim Vetmedica has announced the launch of Ultra Fel-O-Vax, a ½-ml vaccine line for cats. The product is manufactured with PureFil technology, which is designed to reduce vaccine reactions associated with extraneous proteins and cellular debris. PureFil technology also includes improved purification processes and tighter manufacturing profiles, resulting in more serial-to-serial consistency. Ultra Fel-O-Vax is available in core and non-core combinations to align with AAEP feline vaccination guidelines. For fastest response visit biviultrafelovax.com



PRN Pharmacal Canine otic medication

PRN Pharmacal has introduced once-a-week Cameo Otic ointment to manage otitis externa and maintain healthy ears. The product's potent formulation kills yeast and bacteria, including *Pseudomonas*, at a level of 99.8 percent for up to seven days with just one dose. By reducing bacteria and yeast, Cameo Otic helps control secondary signs such as redness, pain and itching, and the blend of natural ingredients helps alleviate resistance concerns, making it ideal for dogs with recurring or chronic otitis externa. The solution is packaged in eight single-use tubes, which is the precise dosing for two ears for a month. For fastest response visit prnpharmaceutical.com/cameo



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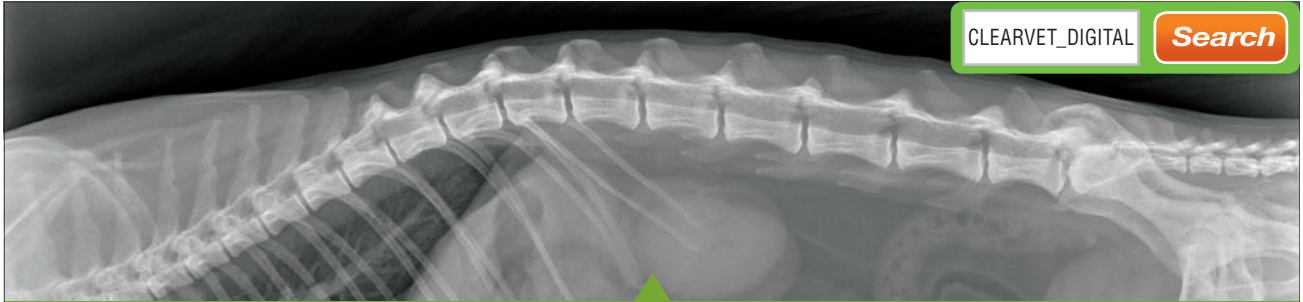
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Continued from page 25



DermaZoo Pharma Ophthalmic wipes

DermaZoo Pharma has released TrisOphtho eye wipes for dogs, cats and horses. The product, which contains tris-EDTA, makes cleaning around eyes safe and easy for clients. The wipes contain a patent-pending formula that includes EDTA, tromethamine and 0.002 percent chlorhexidine. Tris-EDTA is alkalizing and antimicrobial, plus it potentiates antibiotics and synergizes chlorhexidine's antimicrobial effect. Tris-Ophtho eye wipes are indicated for prevention and removal of tear stains, reducing odor and infection around the eye, and routine cleansing. Wipes may also be used to aid in the removal of salivary staining on feet.

For fastest response visit dermazoo.com

Carestream Mobile image viewing

Carestream's newest version of its Image Suite software now supports viewing of radiograph images on iPad devices. Users of the latest version of the software can add the tablet viewer option, while users of previous generations of software can upgrade to gain access. Image Suite delivers a flexible image acquisition, processing and storage platform that supports Carestream's wireless DRX-1 systems as well as CR imaging systems and optional mini-PACS. It also offers Web-based patient scheduling, image review and reporting and flexible archiving solutions.

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DuPont Chemicals and Fluoroproducts PEDv disinfectant

DuPont Chemicals and Fluoroproducts has announced that Neogen, a farm biosecurity company, can now offer swine producers a proven disinfectant for porcine epidemic diarrhea virus (PEDv): the DuPont Virkon S disinfectant. This product is proven to be effective against PEDv at a dilution rate of 1:600, in the presence of high organic content (5 percent) and at low temperatures (down to 5° C), reflecting its proven performance and suitability for real-world, on-farm conditions. Assessment of the safety of Virkon S shows that operators have no need for excessive personal protection during biosecurity procedures.

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Trupanion Core policy changes

Trupanion, a medical insurance provider for pets, has introduced updates to its core policy. Policyholders will see an expanded core policy, improved coverage for intact pets, clarification of pre-existing conditions and dental coverage. The core policy now includes 10 treatments that were previously only offered through an additional care package (Rider A). Additionally, the company's Rider A package has been renamed the Recovery and Complementary Care Rider and includes seven treatments and therapies: acupuncture, behavioral modification, chiropractic, homeopathy, hydrotherapy, naturopathy and rehabilitative therapy.

For fastest response visit Trupanion.com.

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Gone too soon? When **ETHICS** and **EUTHANASIA** CONFLICT



Dr. Andrew Rollo is a *Veterinary Economics* Editorial Advisory Board member and an associate at Madison Veterinary Hospital in Michigan.

There are bound to be shades of gray in difficult decisions, but is euthanasia too often the end result?

I was speaking with a friend the other day who always shows an interest in what I do. I told him about a sad case in which I euthanized a healthy 1.5-year-old Great Dane mix because of the dog's unpredictable aggression. The pet was a rescue that bonded quickly with its owner—so much so that there was destructive behavior when the owner left the house. A few attempts of anti-depressants only made the problem worse. So the owner made adjustments and only went places where she could take the dog.

Unfortunately, anxiety turned to aggression—at first with other large dogs, but then with any dog daring to walk in front of the house. The Great Dane would turn into the Incredible Hulk, and the window, blinds and anyone in the vicinity would pay the price. One day the owner's

grandson was a little too close when a dog walked by and he got the brunt end of the aggression. The owner told herself it was a fluke and that she would make sure the grandchildren don't play near him or the windows. But one day he wouldn't come out of his Mr. Hyde personality and bit the owner.

With no one she felt she could give him to and

without the financial means to pursue consultation with a veterinary behavioral specialist, she felt she had only one choice. After a long conversation, as difficult as it was, I agreed.

After telling my friend this story, he asked about removing all of the dog's teeth. Wouldn't that make him less of a threat and therefore allow him to stay alive and in the home? I told him that would be unethical. Certainly there are dogs that lose their teeth because of dental disease or an immune-mediated reaction to tartar and need to have them all pulled. But removing all the teeth from a dog with a healthy mouth is something we simply don't do. I explained that a dog without teeth doesn't become harmless; the dog can scratch or knock someone down, especially one this size.


Our conversation did get me thinking, do veterinary ethics bring us too soon to premature euthanasia? Should a dog be debarked that won't stop barking in an apartment no matter what the owner tries? There are scratching cats that keep their homes and lives when they're declawed. But in Europe and Australia, veterinary ethics have made this illegal. In some areas here, our widely recommended procedure to spay and neuter dogs and cats is deemed unacceptable and even unethical.

For some of these issues, there will never be a black-or-white answer. The least we can do is talk about them and push the envelope in areas where it can be pushed. **VE**

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Marc Rosenberg, DVM, offers additional insight at dvm360.com/euthanasiaethics.



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