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f iguring out cat owners:



- ✓ One doesn't care.
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- ✓ One likes Dr Google.
- ✓ And one's pretty good.

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A master class on veterinary pricing

Do you raise your prices consistently year-over-year to account for increasing overhead and inflation? Is this the best way to do it? Find out how Jeff Rothstein, DVM, MBA, a successful multi-practice owner and all-around smart guy, does it. Hint: It's not throwing darts at a board. Go to dvm360.com/JRpricing to learn from the master.



How to chase that runner's high in a busy veterinary life ...

Research has proven that exercise helps your brain fight the symptoms of anxiety, stress, even depression. Practice management consultant, counselor and wellness coach Steve Noonan, DVM, CPCC, digs into this research and provides strategies to help you put it to work for you. Ready it at dvm360.com/SNexercise.



Fear-Free design: What you see is not what the cat or dog gets

Are your paint choices in your veterinary practice agitating your patients? Another step toward lower-stress veterinary visits might be the color of your walls. Architect Heather Lewis is working with veterinary experts to figure out what colors could help calm canines and felines in a veterinary practice. See it at dvm360.com/FFpalette.



How do you charge for at-home diabetic monitoring?

Veterinary endocrinologist Dr. David Bruyette and financial consultant and *Veterinary Economics* Editorial Advisory Board member Dr. Karen Felsted, have a frank talk about the best way to charge—or not charge—clients for consultations. Watch it at dvm360.com/diabetesfaceoff.



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Veterinary economics

The business of client and patient care

What do you wish your veterinarian had told you about owning cats?

BECKY TURNER CHAPMAN
I wish my veterinarian had talked me out of declawing my cats.

BRENDAN HOWARD
"There's a chance we'll never fix your cat's pooping on the floor."

Check out page 14 to read about the four types of cat clients you'll have at your hospital and get insight into their ownership personalities.

Mission

You don't need inspiration to help animals and the people who love them—that's in your blood. Instead, we'll give you the inspiration and tools you need to be happy, healthy and whole. Because you matter to us.

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Finalist



2011
Neal Award
Finalist



2012
Neal Award
Finalist



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Talking public perception



Commenters sounded off on dvm360's Facebook page about what they wished pet owners understood about the veterinary profession—plus how the now-infamous Dr. Kristen Lindsey might lose her license.



A new documentary about a veterinarian is making the rounds at film festivals, and he wants to bring awareness to his causes. What do you wish more people understood about the profession?

2 things: It's not free but it's heavily discounted at the hospital's expense so, really, no one is in it for the money; and second, pets are a privilege, not accessories that can be thrown away at your discretion. They're living things that I can only compare to children, as a parent, and require your best commitment and care.

—Steph Cognomen

That veterinary medicine is a business, and services cannot be given away for free. Also, pets are a luxury, not a necessity, and they cost money—as much as human children do, except human children have better insurance options.

—Fulton Holbrook



Although the grand jury in Austin County, Texas, declined to indict, the Texas Board of Veterinary Medical Examiners filed a formal complaint to revoke the license of Kristen Lindsey, DVM, accused of killing a cat with a bow and arrow and bragging about it on social media.



Ariane Goerlich

Oct 06, 9:53pm

I hope there will be a way to ban her from the veterinary profession in all states.

Add a reply...



Melanie Collins

Oct 06, 7:08pm

Good I'm glad she got charged, sorry excuse for a Vet.

Add a reply...



Nancy Stephens Dunham

Oct 06, 7:01pm

True, this is a troubled person whose behavior towards animals would be unpredictable at best

1 comment

Add a reply...

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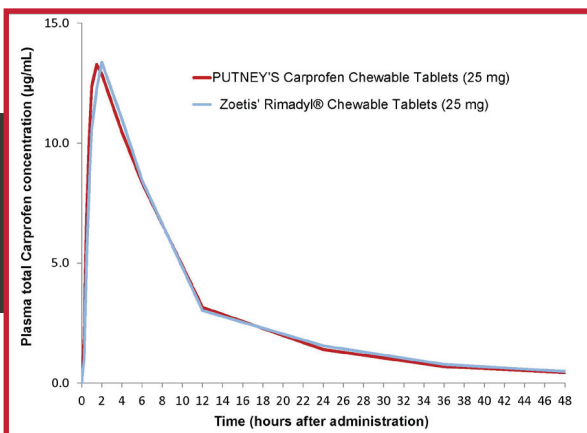
Understanding the Quality Standards of FDA Approved Veterinary Generics

By Stephen Ettinger, DVM, DACVIM (Internal Medicine and Cardiology)

As veterinarians, we have a lot on our proverbial plates. Not only do we see multiple species, perform a variety of treatments and prescribe an assortment of drugs—we oversee staff, manage a hospital facility and run a business. It's no wonder that few veterinarians can spend their time studying the FDA submission data and quality records for each veterinary drug that comes onto the market.

Fortunately, the FDA relieves veterinarians of this burden. For each veterinary drug application, the FDA's Center for Veterinary Medicine (CVM) reviews thousands of pages of scientific and technical data. In order for a generic animal drug to obtain CVM approval, manufacturers must meet rigorous manufacturing quality standards and they must demonstrate that the generic drug is bioequivalent to, and therefore just as safe and effective as, the brand drug.

As part of its FDA drug application, a manufacturer of oral veterinary generic drugs submits species-specific bioequivalence studies that measure the plasma concentration of the active ingredient over time, where each animal is tested twice -- once with the brand drug and once with the generic drug. The graph below is an example of a successful bioequivalence study comparing Putney's Carprofen Chewable Tablets (25mg) to Zoetis' Rimadyl® Chewable Tablets (25 mg). You can see that the plasma concentrations of the two products over time are nearly identical.

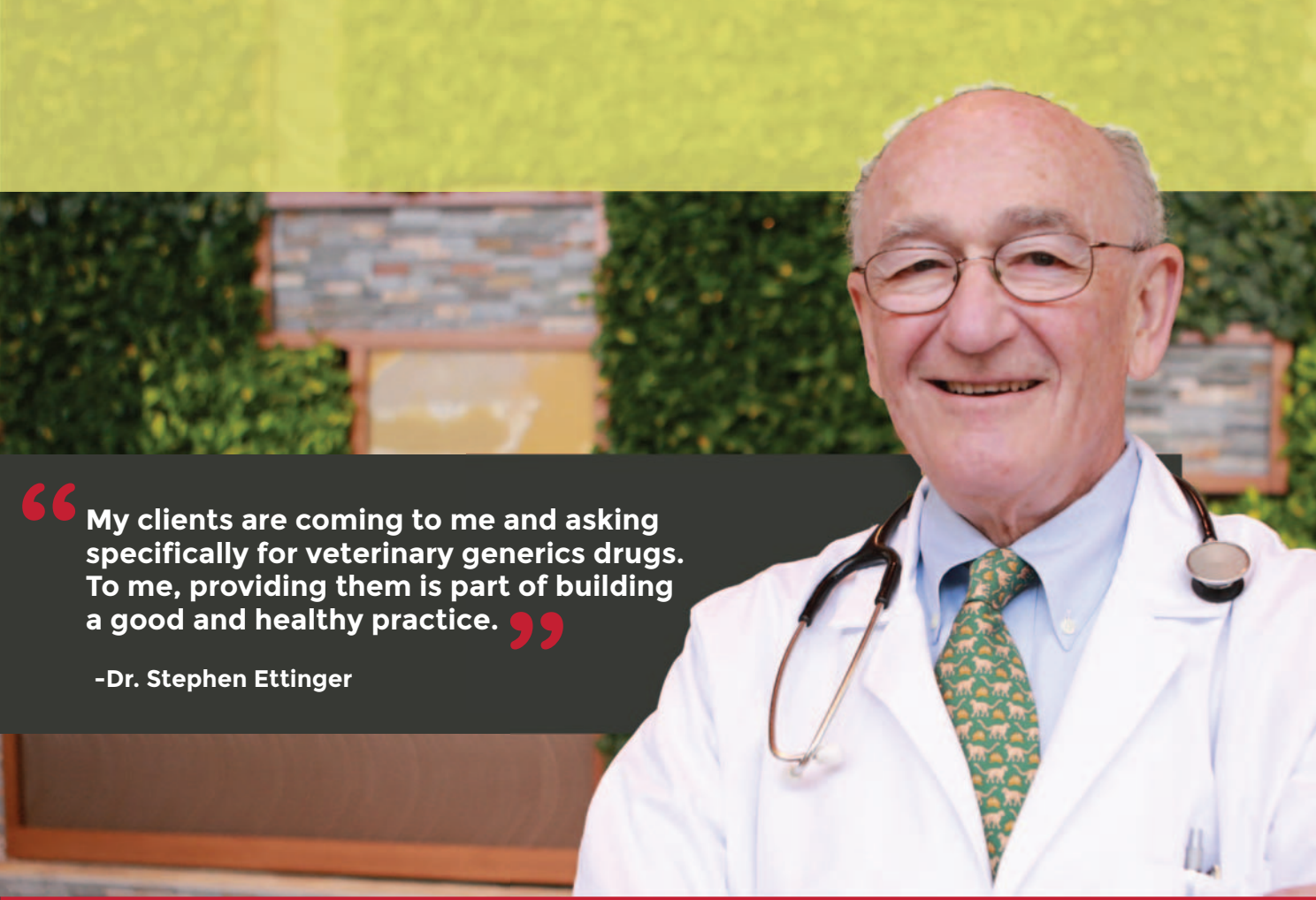


Bioequivalence data:

Putney's Carprofen Chewable Tablets vs. Zoetis Rimadyl® Chewable Tablets

In a second part of the FDA drug application, generic drug manufacturers must demonstrate that quality is built into their products at every step, from starting materials to finished goods. Generic drug manufacturers must do more than operate their manufacturing, packaging and testing facilities to meet the FDA's current Good Manufacturing Practice (cGMP) requirements. In order to receive FDA approval, generic manufacturers must also meet FDA's standards for all active ingredients, inactive ingredients, packaging materials, manufacturing processes and analytical tests—so that the same high quality product is manufactured every time.

It's important to note that this set of stringent quality and manufacturing standards do not apply to compounded drugs or nutraceuticals, since these two treatment options are not FDA approved. While compounding pharmacists create customized medications when there are no FDA approved drugs available that will appropriately treat the patient, the FDA does not verify the safety or effectiveness of compounded drugs. Likewise, manufacturers of nutraceuticals—products derived from food and herbs that are said to have medicinal benefits—are not required by the FDA to conduct safety or efficacy studies.



“My clients are coming to me and asking specifically for veterinary generics drugs. To me, providing them is part of building a good and healthy practice.”

-Dr. Stephen Ettinger

Some veterinarians worry that drugs manufactured outside the United States do not meet the same quality and manufacturing standards as drugs manufactured inside the U.S. Whether they are located in the United States or in a foreign country, the FDA inspects and regulates all facilities that manufacture drugs for the U.S. market. For this reason, FDA drug approvals are manufacturer-specific and manufacturing facilities cannot be changed without obtaining FDA approval for the change. Both brand name veterinary drugs and generics, are safely manufactured outside the United States. In fact, many of the drugs prescribed for people in the U.S. are manufactured in foreign countries.

As the first generic company focused exclusively on pets, Putney works with manufacturing partners that have a positive FDA track record with regard to inspections, compliance and quality. In fact, each and every one of the drugs that Putney has developed and gained FDA approval for is manufactured in a plant that also manufactures FDA-approved human drugs— drugs that your doctor may prescribe for you or your family.

Among its responsibilities, the FDA is charged with protecting the public health by assuring the safety, effectiveness, quality and security of human and veterinary drugs. By putting generic drugs through a rigorous, multi-step approval process—from quality and performance, to manufacturing and labeling—FDA approval ensures that a generic drug is the same as the brand name drug in safety, quality, the way it works, the way it is taken and the way it should be used.

As veterinarians, we can prescribe Putney's FDA approved veterinary generics with confidence, knowing that we are providing our patients with a high quality medicine that is just as safe and effective as the brand—but costs less.

Cats love to get **HIGH**

Strategic cage placement in veterinary practices can alleviate cats' behavioral problems. *By Marty Becker, DVM*



There's much talk about low-stress ways to get cats into carriers, but new insight in feline care suggests the effort to adopt Fear-Free medicine doesn't end with putting cats in cages.

I was at a veterinary practice in Southern California recently and noticed that the upper bank of small stainless steel cages in treatment and boarding were being used for inventory storage, not housing. I also noticed cats in the middle and bottom cages. This seemingly little matter is a big mistake.

Of course, if the clinic isn't busy and has plenty of cages to

choose from, what's wrong with using the easier-to-access lower cages? Plenty— if you're a cat. Here's why.

The cat's point of view

I sat in on a recent seminar from Tony Buffington, DVM, MS, PhD, DACVN, about cats at the Portland Veterinary Medical Association. Dr. Buffington, who recently retired after working for decades at The Ohio State University College of Veterinary Medicine, talked about how cats intrinsically love to climb (in predator mode to look for food, in prey mode to

relax safely) and how they go from "sleep to slaughter" in their brain about 10 times a day. How important are high perches?

He gave us an example from his clinical study days at the university. A cat with feline idiopathic cystitis was donated to the school, but she was so stressed he was going to need to cull her from the study (she would have been euthanized). Dr. Buffington's graduate student at the time, Judi Stella (now a PhD animal behaviorist with the USDA), put the cat in an upper bank of cages for closer observation. All the freaked-out feline's behavioral

problems disappeared overnight.

For decades, we've put canine and feline patients in whatever cages seemed to fit the pet. Some of us still don't think about whether it's better to put a cat in an upper cage, a middle cage or a lower cage—where, heaven forbid, predators are only a whisker away.

While there's always more study to be done, we now know that if you have a choice, put the cat in the uppermost cage. **VE**
Dr. Marty Becker is a speaker, TV personality and author. He practices at North Idaho Animal Hospital in Sandpoint, Idaho.

CAT-FRIENDLY HOSPITAL DESIGN

Check out a wealth of tips that keep feline friends front of mind when thinking about how hospital design can benefit cats, their owners and your bottom line. Go to dvm360.com/felinehd for the following articles:



- > Cat-friendly accommodations for feline veterinary patients
- > 5 veterinary facility choices that make cat owners feel loved
- > Think like a cat and build a Fear-Free veterinary practice
- > A renewed commitment to cats
- > Catering to feline fancies
- > The forgotten feline: Grow your veterinary practice by attracting cat owners

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The power of pet insurance

Do clients with pet insurance spend more—why?
Our board members explore.

Which came first?

I think this is a good chicken and egg scenario. A client will certainly be more inclined to visit a veterinarian for a questionable malady (and thus spend more money) if they are insured and know that finances are covered.

When it comes to who initially enrolls in insurance it comes down to people's financial planning. People who save money are more likely to get better health, home, auto, life and disability insurance to protect that wealth. These are the people who can afford a monthly payment as well.

For people who are not accumulating wealth, another monthly payment is not in their budget and there is little incentive to protect wealth since there are few assets to protect. If an unforeseen incident occurs, that person may look to acquire more debt or decline services.

In my opinion, it's hard to convince clients to change their mind on pet insurance. That decision is based on their already set financial habits.

—Andy Rollo, DVM

Break free from financial handcuffs

I think pet owners spend more because insurance allows veterinarians to practice without the usual financial handcuffs we encounter, although I'm convinced we handcuff ourselves. I think when veterinarians realize a pet owner has insurance they feel they can actually practice medicine and do testing they might otherwise not perform. As a profession we

undermine our own authority by not telling the pet owner what to do. Pet owners want to be told what to do if medically justified. Insurance allows veterinarians to practice the way they were taught in school. I say quit thinking for pet owners and be a doctor, not just when a pet is insured.

—Fred Metzger, DVM, MRCVS, DABVP

Broaden insurance usage

The majority of pet owners currently purchasing pet insurance are already utilizing veterinary services more than average. The goal is to broaden pet insurance usage to those less-frequent clinic visitors and users.

Pet owners with insurance, regardless of their previous service utilization habits, will visit veterinarians more frequently. This data supports that notion, although in a limited and early fashion. I have witnessed firsthand the powerful impact pet insurance can have in growing your practice and improving standards of medical care for patients.

The real challenge is how to position pet insurance so that our clients understand what it is and isn't and what they're paying for. Veterinarians also need to transcend the notion that pet owners aren't interested in learning about pet insurance.

Finally, as veterinarians continue to face increased competition from outside service providers, pet insurance will become an important differentiator.

Pet insurance is a vital part of the next wave in the veterinary profession. We've progressed from bartering to bargaining to pet insurance.

—Ernie Ward, DVM

Data results were provided by Nationwide pet insurance and based on its 2013 internal study of consumer usage and awareness of pet insurance.

1.92
Annual veterinary
visits by clients
with pet insurance,
compared with
1.18 without

\$542
Annual spending
on dogs by clients
with pet insurance,
compared with
\$376 without

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3 ways practices can help debt-ridden associates

Brace yourself: Your next associate may have twice as much as debt as the salary you'll offer. *By Kathryn Primm, DVM*

Statistics on veterinary student debt can be frightening.

According to the American Veterinary Medical Association's (AVMA) 2015 Report on Veterinary Debt and Income, veterinarians' average debt load

They feel misled—they thought their troubles were over when they donned their white coats. Empathizing with new associates and showing you understand their adjustment to a new reality can build your relationship with your associates.

employer, but it's subject to taxes for the employee.

A practice owner could still pay toward an associate's debt and reap some tax benefits, according to Paoletti. This assistance would be deductible as "other wages" and subject to Social Security and Medicare taxes, but not federal unemployment tax (and, in most cases, not state unemployment tax).

New associates may not have considered ROI when they chose a veterinary education, but now they're working for you.

is more than twice the level of starting income. That ratio should be 1-to-1. This discrepancy spells trouble.

When it's your new associate struggling with student debt, here are my three ideas for mentoring debt-ridden new doctors:

1. Be understanding

New associates may not have considered ROI when they chose the profession, but now they're working for you.

These new doctors are ready to begin their lives, get married, have kids and buy homes (big and expensive assumptions, I know).

2. Offer them financial support

We could maximize tax advantages for employer and employee if practice owners could offset some student debt under an educational assistance program. This has been proposed to Congress but hasn't passed yet.

Unfortunately, an employer paying part of an associate's student loan doesn't qualify as an educational assistance program, according to Mary Lou Paoletti, CPA, with practice management consulting group Wutchiett Tumblin and Associates in Columbus, Ohio. The payment would be deductible for the


3. Give guidance

Urge associates to see a financial planner—it can give them a sense of control over their lives.

Acknowledging your associate's student debt issue—one you probably didn't face—shows your willingness to guide and maximize his or her time, energy and earning potential.

Making new associates believe there's a future with you could be the inspiration they need to buckle down and show their worth to you and prove to themselves they can find a happy, financially stable future. **VE**

Kathryn Primm, DVM, owns and practices at Applebrook Animal Hospital in Ooltewah, Tennessee, and is the author of Tennessee Tails: Pets and Their People.



How to pay associates
New associates with big debt are looking for jobs with competitive salaries. How do you stack up? Hear Mark Opperman, CVPM, and Sheila Grosdidier, BS, RVT, Dec. 5 at CVC San Diego in "Salary, production, ProSal: What's best for your practice?" Visit dvm360.com/SDregister to register now.

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Equip your space like the pros

You know what it takes to build a Hospital of the Year. Now find out what it takes to make it run. *By Katie James*

Every year, we share dozens of photos and stories of Hospitals of the Year and Merit Award winners from the *Veterinary Economics* Hospital Design Competition. We prove that these facilities are beautifully designed and finished. But what good is a pretty space without the equipment to fill it? Now you can dive into the equipment lists from the two 2015 Hospitals of the Year and go comparison-shop for yourself. Maybe some items are out of your price range today, but that doesn't mean these items aren't in your tomorrow. Veterinarians can dream, can't they?



See more

For a full photo tour of both of these hospitals go to dvm360.com/AVC and dvm360.com/PBVS.

General Practice Hospital of the Year—Atwater Veterinary Center, Atwater, California

\$2,438,853 total cost of facility / \$138,673 equipment and computers = 6% of total cost

● Anesthesia equipment:

Three Fortec and one Highland Medical Isoflurane vaporizers, with monitoring equipment by Cardell,

ApAlert and VetSpecs VSM100 multiparameter monitoring systems

● Laboratory equipment:

- > IDEXX LaserCyte DX hematology analyzer
- > IDEXX Catalyst DX chemistry analyzer
- > Abaxis VetScan VSpro specialty analyzer

● Cages: Shor-Line

● Dog runs: Shor-Line PVC with glass fronts and “lazy susan” water and food bowl insets

● Dental: Corix Medical Systems dental X-ray generator

● Ultrasound

- > GE Logiq Book (small animal)
- > BCF Technology Easi-Scan units (large animal)

● Mobile lift tables: Shor-Line

● Practice management software: Avimark

● Surgical tables: Shor-Line

● Grooming: Stainless steel Shor-Line tub

● Lighting: Medical Illumination MI-1000 LED for surgery and MI-500 LED for procedures

Specialty Practice Hospital of the Year—Palm Beach Veterinary Specialists, Palm Beach, Florida

\$11,150,000 total cost of facility / \$2,550,000 equipment and computers = 23% of total cost

● Anesthesia equipment:

- > MatrX VMS anesthesia machines with VIP 3000 vaporizers and ventilators
- > Bird Mark 8 respirator in triage

● Laboratory equipment and monitors:

- > Abaxis VetScan VS2 chemistry, electrolyte, immunoassay and blood gas analyzer



>>> Surgery suite and dog runs at Atwater Veterinary Center in Atwater, California.



HOSPITAL design

>>> Triage area and endoscopy room (inset) at Palm Beach Veterinary Specialists in Palm Beach, Florida



- > Abaxis VetScan HM5 hematology analyzer
- > SurgiVet Advisor Vital Signs Monitors with ECG, digital pulse oximetry, heart rate and blood pressure, End-tidal CO₂, respiratory rate and temperature
- > Mindray Passport Patient Monitors
- **Cages:** Shor-Line, Suburban Surgical and Ken-Kage
- **Dog runs:** Masonry walls with seamless epoxy walls and integral cove base; fronts are custom Mason Company stainless steel gates
- **Digital radiography:**
 - > Varian 21EX Linear Accelerator
 - > Toshiba Aquilion Veterinary CT Scanner
 - > GE MRI system with short-bore magnet
 - > Sedecal Vet Ray unit
 - > Bennett high-frequency unit with Eklin DR Imaging
- **Endoscopy:** Karl Storz veterinary endoscopy system and tower
- **Lift tables:** Suburban Surgical Regal Vet-Mate table
- **Practice management software:** DVMAX
- **Ultrasound:**
 - > Philips Healthcare iU22 xMATRIX in ultrasound exam room
 - > Hitachi Aloka ProSound Alpha 6 in triage
- **Medical gasses:** BeaconMedaes and LEI Medical
- **Surgery and treatment central vacuum:** MD Silent-Master Central Unit
- **Reference laboratory equipment:**
 - > Siemens Advia 120 hematology system
 - > Olympus AU640 chemistry immuno system
 - > Siemens Clinitek Automated Urine Chemistry Analyzer. **VE**



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four kitties ask, “WHO owns me?”



I know who
owns these
cats! Do you?

Using flash cards to learn is a fun brain game for children, but they could hold a lesson for you too when it comes to understanding cat owners. *By Matthew Kenwright*

It's all creatures great and small—yes, even “felines” and their owners. If either one of these species is a dreaded word in your practice, we have a game for you with a valuable prize!

Based on consumer data from advertising firm Trone Brand Energy (tronebrandenergy.com), these four profiles of feline-owning consumers might help you think more strategically and purposefully when you market to and communicate with the different folks who come in the door—or who you're trying to bring in the door.

You know not every cat owner is created alike. Some folks won't ever agree to spend much money on their favorite felines. But some folks you can reach!

Let these four personality profiles and the accompanying insight inspire your team to better serve and understand cat clients (and maybe even *like* them) ...

November issues of our sister journals are also addressing felines ...



Cat data: Check out new research on how veterinarians feel about their feline patients, with a specific focus on how they provide pain control.



Cool cats: Calm cat owners lead to calmer cats. Read eight steps on how to help cat owners chillax already.



Flip the script: Grow your relationship with cats by changing the language your team uses to describe and assess cats.



Get all this and more at dvm360.com/TheFword.

Laissez-faire client

Daddy doesn't take me to the doctor very much—he says I passed my checkup last year, and I look fine. "You're a tough cat," he says. Daddy goes out of town a lot and leaves me cans of tuna. If I'm a good Kitty, he'll give me catnip when he gets back!



These "live and let live" pet owners are at the far end of the ownership personality spectrum, and they make up 37 percent of cat owners. As the name suggests, these owners aren't as close to their cats as the other cat owners. They like the idea of having a pet. In their mind, a cat is nearly self-sufficient. They'll leave food for them to eat for days on end, and cat food is all the same. These owners will take their cat in for an annual checkup, but the cat is happier when it's left alone, they think.

Fitness & Foodies client

My Mommies want me to live forever! They bought me a toy I can play with, and if I get the answer right, I get a treat.

My food changes every time my Mommies hear about the newest healthy thing, and they say it's all-natural and doesn't have bad stuff in it.



Making up 20 percent of cat owners, this slightly older group that has more women than men will project their preference for healthy living onto their cats. Nutrition and exercise are important to them. They believe they know what kind of food and exercises cats need. Homeopathic and natural diets or therapies are popular among these clients.



Attract more clients

Want more clients, cat owners or otherwise? Hear from Dr. Dave Nicol, Cert. Mgmt MRCVS, at CVC San Diego in his Dec. 4 session "Digital marketing: A sales funnel that brings clients to you." Visit dvm360.com/SDregister to register now.

Checks & Vacs client

I'm special because I'm Daddy's first Kitty, he says, and he makes sure I go to the doctor to get my exams and all my shots. He says I never need to worry about anything because the doctor will make sure I'm okay.



These clients make up 11 percent of cat owners. Often male and first-time pet owners, they depend on the veterinarian's guidance and recognize the importance of routine checkups and vaccinations for their pet. They're excellent at client compliance and listen to recommendations.

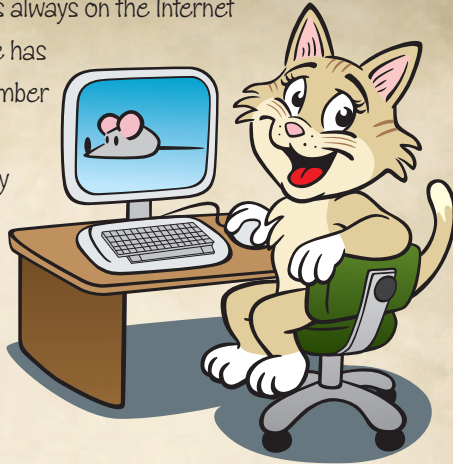


Consult peer data

Want to know what your peers at other practices are doing to attract cat clients? Visit dvm360.com/attractcats for statistics on their strategies. Plus, we've ranked the approaches as easy, moderate or hard.

All About Health client

It seems like my Mommy is always on the Internet finding tips to help me. She has my doctor's cell phone number and texts her a lot to make sure I don't get sick. Mommy always writes a long list of questions down for the doctor when we visit, and the doctor says Mommy is more thorough than doctor school exams.



This highly attached group of cat owners makes up 32 percent of cat owners. Likely to be women, these owners are driven to get the best care for their cats. The Internet is a popular source of information for them. They do extensive research on the Internet, but they just want to be informed so they can visit the veterinarian and ask educated questions. These owners want to develop a relationship with their veterinarians.

GETTY IMAGES/ARTPUDDY; FESJUS ROBERT

The takeaways

Here's what these personalities and the data mean for your practice, according to Kimberly Ness from Trone Brand Energy:

Laissez-faire: They're not worth investing in or worrying about. It's going to be tough to get them on board.

Fitness & Foodies: One theory is that "Checks & Vacs" folks will move into "Fitness & Foodies" or "All About Health." And you want them "All About Health." You can help by talking about nutrition with pet owners, by embracing of what's of most interest to the pet owner. That's what these cat owners want and need to see you as the medical expert for their cat's care.

Checks & Vacs: This is the easiest for veterinarians. They'll do what you want.

All About Health: Veterinarians can embrace and work better with these cat owners. Embrace the idea that that pet owner is going to go to Dr. Google, but that Dr. Google is not the enemy.

These pet owners will trust the veterinarian *IF* the veterinarian embraces their doing the research. Transparency is king; you need to show the pet owner you're a partner. **VE**



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Frugal design— for felines.



Sometimes all that's needed is a little creativity to help your feline patients feel better about being in your clinic.

Want to make your practice a soothing, less stressful place for your feline patients, but simply don't have the budget for a large redesign of your clinic? Maybe all you need is a little creativity. The American Association of Feline Practitioners (AAFP) showed off a few of their cat-and-dog practice members who implemented budget-savvy feline-friendly elements into their practice design. Check out their responses below.

Go fish

In our endeavor to provide a more feline-friendly practice we modified our facility in three ways.

First, we changed how our feline patients are initially received. Our practice has a large reception area with a fish tank that divides it in half (see right). When a feline patient arrives we attempt to immediately escort them into our feline-only exam room to complete the check-in process. If that room is full we ask them to go to the side of the reception area without dogs and place the carrier on a chair or table.

The second change was designating one of our exam rooms as feline only. It has Feliway diffusers plugged in at all times and has sound panels to reduce internal noise.

Third, we created a treatment and boarding area that was feline only. We used a surgical suite that wasn't used very often. This area is far away from dog boarding, has lots of windows and light, and is very quiet.

*Shawn Clark, DVM
Redmond Veterinary Clinic
Redmond, Oregon*

Hidey-holes

We have a large boarding facility for canines, felines and exotics/birds. We try to reduce stress as much as possible for our feline companions while they



>>> Redmond Veterinary Clinic in Redmond, Oregon, uses a fish tank to divide the waiting room between canine and feline patients, as well as sound panels to reduce stress-inducing noise.

are boarding with us by keeping them in an area separate from canine boarders. We spray their cages with Feliway prior to arrival and provide them with hiding boxes to make them feel more secure. We have two "kitty condos" that can be used for hiding, which were purchased from one of our suppliers. These condos are large and don't fit in most of our cat cages, so we will often just recycle boxes from shipments for the smaller cages. For kitties requiring additional privacy we often hang a curtain over the lower half of the cage door.

*Yvonne Laurence Lemieux, DVM
VCA Riverside Veterinary Hospital
Boscawen, New Hampshire*



>>> Aberdeen Veterinary Hospital in Kamloops, British Columbia, Canada, uses customizable storage to separate their cat and dog waiting spaces without walling them off from each other.

Cubicle coverage

We have an odd-shaped waiting room. It's long and narrow, with a front door and counter at one end and a washroom at the other. All of our clients need to have access to both ends of the room, so we couldn't completely enclose a cat waiting area. But we wanted to somehow partition the area into two parts—one for cats, and one for dogs—with both using the same entrance by the front desk.

How do you make a sitting area that's comfortable and safe for cats, but not so separate that cat owners can't see the front desk and dog owners can't reach the washroom? We thought about stacking tables or bookshelves in the middle, but it didn't look right. We finally decided that cube storage would separate the area without completely walling them off.

We didn't feel comfortable putting up a sign in the cat area saying "No dogs." Dogs are important to the hospital too. We ordered see-through decals that would adhere to the wall above the waiting areas. The decals liven up what would otherwise be a plain wall, and so far they have worked well in keeping the dogs and cats separate. Our receptionist has a clear view of the seating space and can help direct people to the proper area if they seem confused

*Diane McKelvey, DVM, DABVP (Feline)
Aberdeen Veterinary Hospital
Kamloops, British Columbia, Canada*

Divide and conquer

At one end of our seating area there's an island that serves as a coffee bar and storage. The cabinet and space behind it act as a natural barrier from the rest of the seating area, but truly transforming it to cat-friendly privacy was the challenge.

The solution was a trifold room divider purchased from a home decor store. The price range for dividers like these was from \$100 to \$400. Décor-appropriate fabric panels are attached to the frame with Velcro tabs that make cleaning or replacing them a snap. To prevent accidental tipping over, the screen is bolted to the wall.

With the screen in place, Valley Oak Kitty Lounge is now a private seating area with padded benches and an area rug for coziness. Our clients are appreciative of the secluded space, and hopefully their furry companions have a calmer experience.

Our reception area Kitty Committee members meet with the reception team to remind them that the Kitty Lounge is cats only, all day, every day. We are a general, specialty and emergency clinic that doesn't close so we had to keep things simple and easy. It was tempting to let things slide when there were no cat clients in the waiting area, but the lines became a little fuzzy. It was easier to remember "No dogs at all" than only when the space was free.

*Michelle Lawson, DVM
Valley Oak Veterinary Center
Chico, California VE*



>>> Valley Oak Veterinary Center in Chico, California, uses a trifold divider to create a separate space for their cat patients.



But what about ... ?

We asked the DVMs in this article to respond to naysayers who say it takes too much time and money to achieve lower-stress feline visits. Check it out at dvm360.com/FrugalFeline.

From Eureka to Action

Why and How to Create a Fear-Free Practice

Dr. Marty Becker is on a mission to make Fear-Free veterinary visits a reality for pets. He's outspoken about the need, and his message is eye-opening. In this symposium, you'll learn how to use Fear-Free concepts to:

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Marty Becker, DVM

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Richard LeCouteur, BVSC, PhD, DACVIM (Neurology), DECVN

The science of fear in animals: It's real. It's damaging. It's our responsibility.

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falling for felines: Why they're inspired to give cat patients better care

Motivated by Bug, the adventure cat.

By Ken Lambrecht, DVM

At 12 weeks old, my cat Bug started to change the way I lived and how I saw my role as a veterinarian. I call her an adventure cat—hiking, sailing, camping,



Bug and Dr. Ken Lambrecht

even stand-up paddle boarding are things she learned because those were my passions. I became bonded beyond any previous pet and started thinking about optimal preventive care and what could be done for all cats based on my strong bond with her.

I was in the middle of a practice downgrade (from 12,000 to 5,000 square feet) when I got

her. It was the perfect time to design our new practice to be cat-friendly. The new facility—although only 2,500 square feet per floor—was three floors, so we designed an entire upstairs for cats with five different cat boarding rooms, a cat hospital room, two cat gyms with tunnels that connect to catwalks that connect to main level, two climbing walls and a cat wheel, treadmill and more. We designed two of our three cat exam rooms to have windows to the outside. We hold our monthly “Cats Night Out” in Bug’s gym to emphasize the importance of environmental enrichment for all cats. We also use the entire upstairs to house and socialize cats and kittens for our local rescues—it’s not a fancy facility, but it puts pets and pet owners at ease because it’s built with their perspective and preferences in mind.

Other areas affected by my extremely close bond with Bug have been nutrition, dentistry and anesthesia. I also travel with Bug extensively (even to Spain and Portugal), so I’m better able to discuss details of pet travel with my clients. Bug travels with me as I paddle-board race all over the Midwest.

Bug’s fearless spirit is perhaps what has inspired me the most to do things that might be a bit beyond my comfort zone. She has—without a doubt—changed my outlook and that of my staff on the role of cats in our clients’ lives.

Dr. Ken Lambrecht is medical director and owner of West Towne Veterinary Center in Madison, Wisconsin, an AAHA-accredited and Gold-Level Cat-Friendly-certified practice.

Change with a kitty committee

By Michelle Lawson, DVM

Volunteering for projects is a weakness of mine. My most recent self-appointed project is at a 15-doctor, 24-hour, general, specialty and emergency hospital where I’m a fairly new employee of just a couple of years. As you can imagine, any project in this type of environment could be daunting.

When I initially suggested the notion of improving cat, client and staff quality of life through the American Association of Feline Practitioners’ Cat-Friendly Practice (CFP) program, I received mixed responses. Some of the most memorable in-

cluded, “What we’ve been doing has worked just fine,” and “I’m not really sure all this stuff is going to make a difference.” My response to this was simple: Are you willing to try?

So, how did I maintain a positive attitude and focus? By forming a volunteer kitty committee of staff members who were cat- and client-loving as well as curious enough to give it a try. The committee’s energy and willingness to not only check the CFP boxes but their empathy and shared enthusiasm paved the way to our CFP Silver Certification. This synergistic group diluted any initial trepidation I may have felt.

And here we are now about a year later, with ongoing feline-friendly training, compassion and acceptance spreading throughout the hospital. The first person invited to our Kitty Lounge, our cats-only reception nook, closed her eyes, gently exhaled and warmly thanked us as she cooed to her cat about having a private seating area. The team also “cozied up”



>>> The “Kitty Lounge” at Valley Oak Veterinary Center in California.

our patient enclosures with fleece bedding, pheromones and a hiding box, and the cats seem more at ease and friendlier while under our care. And finally, staff members come to the kitty committee with ideas on how to improve the CFP experience at our hospital.

Now when we speak about the quality of life for cats, clients and staff, the responses are, “Why weren’t we doing this before?” and “What a difference this made.” Once again, the cats have told us how to get it right.

Dr. Michelle Lawson is an associate at Valley Oak Veterinary Center in Chico, California.

Trained—and raised—by cats

By Evelyn Richer, DVM

When I was an infant, in an era before baby monitors, we had a cat named Lollipop II. He would sit by my crib and when I cried he would search out my mother. I grew up with his story and the story of Lollipop I,

who greeted my father returning home from World War II by laying a giant sewer rat at his feet.

I was raised by cats, trained

by cats and taught by cats: the tough, street-smart Lollipop II; Snort, who knew the New York City sewer rats were bigger than he was; ShaoBao and DaoBao, a pair of Siamese; Cinnamon, who had her litter of kittens on my bed; and Willie, whom I adopted in veterinary school because his upper respiratory infection was too severe for him to go back to the research colony.

Willie was the best teacher a veterinarian could have. He focused my attention on feline behavior normal and abnormal, chronic upper respiratory disease and inflammatory bowel disease.

Over the years, as I continued to learn about feline behavior from my patients and some very wise technicians and veterinarians, I put to use the principles behind feline-friendly handling and nursing care. The Cat-Friendly Practice designation was a wonderful way to formalize and review the changes we were already making in our practice.

Listening to our patients, their body language and their needs has made practice more interesting, safer for cats and humans, and more fun for all. **VE**

Evelyn Richer, DVM, is an associate at Cascade Animal Medical Center in Rochester, Minnesota.



Dr. Evelyn Richer



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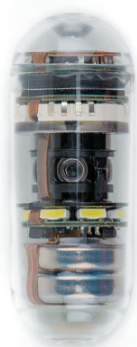
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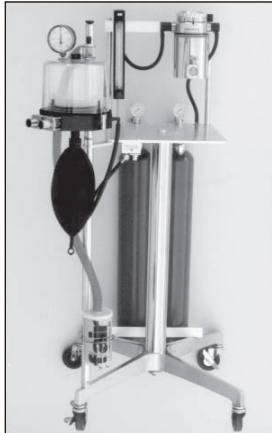
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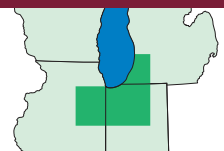
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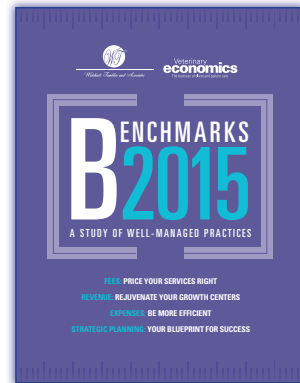
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VHMA Workbook for preventive healthcare 'champions'

The Veterinary Hospital Managers Association (VHMA) and Partners for Healthy Pets (PHP) have collaborated to produce a guide that assists practices in developing preventive healthcare practice champions. "Preventive Pet Healthcare: Your Guide to Becoming a Practice Champion" offers veterinary hospital managers tips, tools and instructions for shining the spotlight on preventive healthcare in their practices. The workbook contains comprehensive information for increasing the acceptance of preventive healthcare, which is presented in a format that can be adapted to the needs of any practice. It is not necessary to follow the guidelines sequentially and all protocols can be customized.

For fastest response visit VHMA.org



ViralVet Veterinary collaboration app

The creators of the VetPrep online veterinary board exam review have released a new mobile app for veterinary professionals. ViralVet enables veterinary professionals to share challenging cases instantly with a global community, making it easy to collaborate, learn and share intriguing, rare or exciting cases. The free app features a live, customizable feed that can be browsed by species and specialties and is searchable by tags or keywords. In addition to viewing, users can post their own photos to share discoveries or solicit professional opinions on cases that are interesting, novel, challenging or didactic. Users can comment on posts and stay updated on conversations. A screening process limits the conversations to veterinary professionals.

For fastest response visit viralvet.com



Neutricks Cognition nutraceuticals

Neutricks, an evidence-based supplement to help senior dogs with better brain function, is launching a soft chew for dogs. Soft chews improve the palatability and texture of supplements for senior pets, an important feature for dogs that may have difficulty chewing a tablet. Symptoms of cognitive dysfunction in dogs include disorientation, confusion, getting stuck in corners, failure to recognize an owner, house soiling, aimless barking, new phobias, changes in sleep patterns and changes in interaction with family members.

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Modern Veterinary Therapeutics Injectable ketoprofen

The Veterinary Drugs Directorate (VDD) has approved Ketoprofen V (ketoprofen injection, 100mg/ml) in Canada, according to manufacturer Modern Veterinary Therapeutics. Ketoprofen V, presented in 100-ml and 250-ml vials, is a nonsteroidal anti-inflammatory agent possessing anti-inflammatory, analgesic and antipyretic properties. Ketoprofen V is approved for use in horses, swine and cattle with no milk withdrawal period.

For fastest response visit modernveterinarytherapeutics.com



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I judge clients— and that's OK

I just don't let clients' socioeconomic status influence my first and best recommendations. *By Dean Scott, DVM*

In my paranoid mind, I see it everywhere. Magazines. The Internet. They all echo the same plea from the profession: "Don't judge clients!" I'm starting to think it's directed at me.

It's true—I judge clients.

Judge not...

When the client says he's not going to do anything about an operable mass because "he's just a dog," I'm judging that client.

When a client brings up euthanasia because her cat pees in the house and has a curable urinary tract infection, I'm judging that client.

However, I have a client you might think is a homeless alcoholic. His dog has many health problems. Yet he does everything I recommend. I also judge him, but in a favorable way.

I'm not a saint—I judge. I think that people who warn against judging clients are really warning us not to let our opinion of a client's socioeconomic status—or perceived status— influence our recommendations or care of their pet. Just make your best recommendation and go from there.



Dr. Dean Scott co-owns Animal Clinic of Brandon in Brandon, Florida, and he writes and draws at funnyvet.com.

Although one option is sometimes merited, I think we can sometimes be obstinate and insist on one recommendation.

I've seen too many pets doomed to euthanasia because the client believes there aren't alternatives to the best option. I often offer alternatives for various reasons, and that's fine. However, clients always get my best recommendation initially.

...Lest you be judged

Clients judge us all the time—and I'm often misjudged. This is evident between the two places where I work. One is a clinic I partly own. The other is a mili-

tary veterinary clinic where I'm just an hourly employee. In the second place, clients think I'm more honest because they don't view me as "in it for the money." I want to tell them, "If they didn't pay me, I wouldn't be here."

At my clinic, however, clients regard my recommendations with suspicion and ask if they're necessary or if I just want to "build that new wing." Regardless of where I am, I make the same recommendations.

I've found that people who don't want to pay to care for their pet span the spectrum of wealth. I've had people (some wealthier than I ever expect to be) reject the simplest of diagnostics due to expense. Yes, I judged them.

I also judged those people who genuinely cared for their pet and tried to do right within their limited means. Those people I try to help out.

I know sometimes a client can't afford my recommendation. I still offer it. Sometimes, I'm pleasantly surprised.

I'll stop judging clients when they stop judging me. **VE**

CVC

Get better

Dr. Scott gives you permission to judge clients who won't listen, but you can get better at client compliance too. Join the upbeat Dr. Ruth MacPete Dec. 3 at CVC San Diego for "Say this, not that: The art of a great recommendation." Visit dvm360.com/SDregister to register now.



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