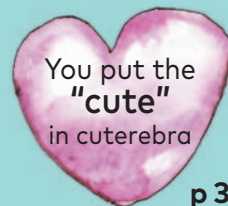


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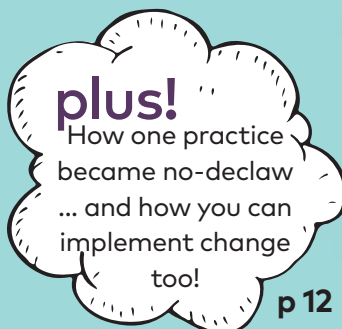
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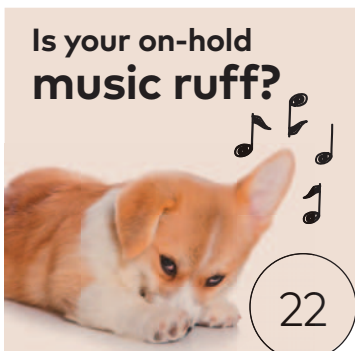
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**IMPORTANT SAFETY INFORMATION:** People with known hypersensitivity to penicillin or cephalosporins should avoid exposure to CLAVAMOX. Do not use in animals with a history of allergic reactions to penicillins or cephalosporins. Please see Brief Summary of Prescribing Information on following page.

\*Not actual size.

Reference: 1. Zoetis Data on File, 2005–2015. 50 million CLAVAMOX Tablets estimated from units sold and dispensed at label dose.

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## Brief Summary of Prescribing Information

# CLAVAMOX® CHEWABLE

(amoxicillin and clavulanate potassium tablets)

## Chewable Tablets

### Antimicrobial For Oral Use In Dogs And Cats

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

**INDICATIONS:** CLAVAMOX CHEWABLE Tablets are indicated in the treatment of:

**Dogs:** Skin and soft tissue infections such as wounds, abscesses, cellulitis, superficial/juvenile and deep pyoderma due to susceptible strains of the following organisms:  $\beta$ -lactamase-producing *Staphylococcus aureus*, non- $\beta$ -lactamase-producing *Staphylococcus aureus*, *Staphylococcus spp.*, *Streptococcus spp.*, and *E. coli*.

Periodontal infections due to susceptible strains of both aerobic and anaerobic bacteria. CLAVAMOX CHEWABLE has been shown to be clinically effective for treating cases of canine periodontal disease.

**Cats:** Skin and soft tissue infections such as wounds, abscesses, and cellulitis/dermatitis due to susceptible strains of the following organisms:  $\beta$ -lactamase-producing *Staphylococcus aureus*, non- $\beta$ -lactamase-producing *Staphylococcus aureus*, *Staphylococcus spp.*, *Streptococcus spp.*, *E. coli*, and *Pasteurella spp.*

Urinary tract infections (cystitis) due to susceptible strains of *E. coli*.

Therapy may be initiated with CLAVAMOX CHEWABLE prior to obtaining results from bacteriological and susceptibility studies. A culture should be obtained prior to treatment to determine susceptibility of the organisms to CLAVAMOX. Following determination of susceptibility results and clinical response to medication, therapy may be reevaluated.

### **DOSAGE AND ADMINISTRATION:**

The dose should be prescribed using a combination of whole tablet strengths (62.5 mg, 125 mg, 250 mg, 375 mg). Do not remove from foil strip until ready to use. Even if the tablet is broken, the entire tablet should be consumed.

**Dogs:** The recommended dosage of CLAVAMOX CHEWABLE Tablet is 6.25 mg/lb of body weight twice a day.

Skin and soft tissue infections such as abscesses, cellulitis, wounds, superficial/juvenile pyoderma, and periodontal infections should be treated for 5–7 days or for 48 hours after all symptoms have subsided. If no response is seen after 5 days of treatment, therapy should be discontinued and the case reevaluated. Deep pyoderma may require treatment for 21 days; the maximum duration of treatment should not exceed 30 days.

**Cats:** The recommended dosage of CLAVAMOX CHEWABLE Tablet is 62.5 mg twice a day.

Skin and soft tissue infections such as abscesses and cellulitis/dermatitis should be treated for 5–7 days or for 48 hours after all symptoms have subsided, not to exceed 30 days. If no response is seen after 3 days of treatment, therapy should be discontinued and the case reevaluated.

Urinary tract infections may require treatment for 10–14 days or longer. The maximum duration of treatment should not exceed 30 days.

**CONTRAINDICATIONS:** The use of this drug is contraindicated in animals with a history of allergic reaction to any of the penicillins or cephalosporins.

**WARNINGS:** Store CLAVAMOX CHEWABLE out of reach of dogs, cats, and other pets in a secured location in order to prevent accidental ingestion or overdose.

**HUMAN WARNINGS:** Not for human use. Keep this and all drugs out of reach of children. Antimicrobial drugs, including penicillins and cephalosporins, can cause allergic reactions in sensitized individuals. To minimize the possibility of allergic reactions, those handling such antimicrobials, including amoxicillin and clavulanate potassium, are advised to avoid direct contact of the product with the skin and mucous membranes.

**ADVERSE REACTIONS:** CLAVAMOX CHEWABLE contains a semisynthetic penicillin (amoxicillin) and has the potential for producing allergic reactions. If an allergic reaction occurs, administer epinephrine and/or steroids.

To report suspected adverse events, for technical assistance or to obtain a copy of the SDS, contact Zoetis Inc. at 1-888-963-8471 or [www.zoetis.com](http://www.zoetis.com).

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>.

**HOW SUPPLIED:** CLAVAMOX CHEWABLE Tablets in the following strengths are supplied in strip packs. Each carton holds 10 strips with 10 tablets per strip (100 tablets per carton).

Each 62.5-mg tablet contains amoxicillin trihydrate equivalent to 50 mg of amoxicillin activity and 12.5 mg of clavulanic acid as the potassium salt. For use in dogs and cats.

Each 125-mg tablet contains amoxicillin trihydrate equivalent to 100 mg of amoxicillin activity and 25 mg of clavulanic acid as the potassium salt. For use in dogs only.

Each 250-mg tablet contains amoxicillin trihydrate equivalent to 200 mg of amoxicillin activity and 50 mg of clavulanic acid as the potassium salt. For use in dogs only.

Each 375-mg tablet contains amoxicillin trihydrate equivalent to 300 mg of amoxicillin activity and 75 mg of clavulanic acid as the potassium salt. For use in dogs only.

Dispense according to recommendations outlined in Dosage and Administration section.

NADA #55-099, Approved by FDA

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# THE PICKS

(what we care about now)

## P is for prevention

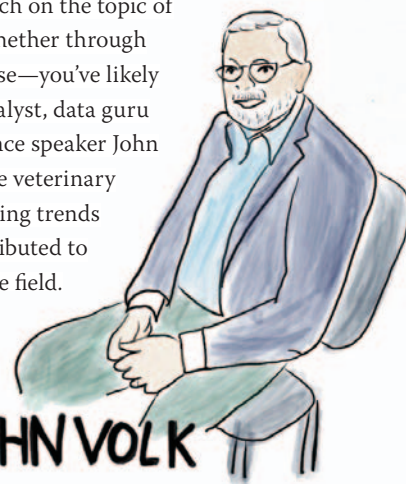
If you've done any research on the topic of veterinary business—whether through dvm360 or anywhere else—you've likely come across the work of analyst, data guru and Fetch dvm360 conference speaker John Volk. He has scrutinized the veterinary industry for decades, watching trends come and go, and has contributed to the business literature of the field.

One notable achievement: the groundbreaking Bayer Veterinary Care Usage Study. So it

was a no-brainer to invite him to be our guest on our podcast, Your Veterinary Voice. Our conversation with Volk starts with the Bayer study, specifically what has surprised him in the years since its unveiling. It's all about preventive care plans: Clients want them, but practices—especially independent practices—don't necessarily offer them.

"Now that we see corporate practices adopting preventive care plans, at some point competitive pressures are going to force independent practitioners to adopt them, or they're going to start losing clients," he says.

Visit [dvm360.com/Volk](http://dvm360.com/Volk) to listen to the complete podcast.







# Food sabotage!

**Make sure clients don't derail the benefits of veterinary therapeutic diets.**

*By Mindy Valcarcel, Medicine Channel Director*

**A**s you know, therapeutic diets for your veterinary patients have been designed and, in many cases, clinically tested to aid in the health of a pet facing a clinical issue, whether related to weight, allergies, urinary health or any of the other conditions nutritional factors have been found to improve. But your clients may not be aware of potential imbalances

they are throwing into the plan when they add to this diet.

"Some therapeutic diets are designed to be effective if nothing else passes the pet's lips," said Deborah Linder, DVM, DACVN, in her Fetch dvm360 conference session "Do I need a therapeutic food? A nutritionist's approach to selecting diets in disease." Dr. Linder, head of the Tufts Obesity Clinic for Animals Clinical Nutrition Service, said if you add in treats and enticements, the efficacy could wane, pending the treats given and the disease being managed. (She advised to especially watch the diets for urinary stones!)

This leads back to the importance of obtaining a complete diet history. Clients might say, "I feed Food X," when asked and leave it at that. Probe further. "'And' is the most important word we can use in a diet history," Dr. Linder said. She advised to keep asking "And?" until clients have exhausted the things they feed their pets. You may also need to ask targeted questions

as Dr. Linder commonly sees clients overlook items such as dental treats, especially rawhides, and food given with medication.



A side helping of advice: While collecting that diet history, does your face give away a hint of your impression of the diet clients are feeding? Dr. Linder communicated a healthy attitude you might adopt: "I don't say that there are good or bad foods, just foods I have more information on." Similarly, Dr. Linder said, "There aren't good or bad food companies. Some just do testing on their diets more so we can feel more comfortable knowing the expected outcomes and recommending them."





## Posts and tweets on: **Toxicology**

Clients don't know what they don't know. Help them out with these prewritten posts and tweets about common toxicology woes and prevent their pets from getting into things they shouldn't. Simply copy and paste to your social media accounts. Grab them at [dvm360.com/toxictweets](http://dvm360.com/toxictweets).



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## Don't call it a dental!

One of our favorite veterinary dentists wants to make a national pitch for a new acronym for dental care in pets to cover it all and put preventive care first: COPAT, or comprehensive oral prevention, assessment and treatment.

After all, argues Jan Bellows, DVM, DAVDC, DABVP, FAVD, owner of All Pets Dental in Weston, Florida, prevention is already No. 1 for human dentists. He knows that's still not true for many veterinarians, even though he thinks the change is coming.



"Years ago, we came up with oral ATP—oral assessment, treatment and prevention—which is exactly what we're often doing. We assess the patient and mouth under anesthesia, then we treat, and talk about prevention," Dr. Bellows says. "What many of us are doing today is different than what human dentists are doing. When our patients come to us, they have halitosis, indicating disease under the gum line already."

What he thinks the future could hold, however, is more like the human dentistry model, where patients show up once or twice a year for preventive examinations and cleanings, instead of waiting for problems to develop.

"We see dogs as young as 3 years old with periodontal disease," Dr. Bellows says. "How many people between 25 and 30 start losing their teeth? It doesn't happen, because we brush and floss and go to the dentist to have our teeth cleaned."

Ready to put client education out front on prevention with COPAT? Start brainstorming your favorite client messaging now. "Our dentistry service is now perfectly COPATcetic," anyone?

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# Bark back at that big life change

By Sarah Wooten, DVM

**T**here are a couple ways to think about dealing with starting over.

There is, of course, the daily restart you get when you wake up in the morning and commit to having an open mind for a new day. This kind of change is subtle and simple and consists of intentions to live healthier and be in better balance, maybe be a better parent or spouse, and definitely be a better veterinary professional.

Then there are the big, dramatic life changes.

You get divorced: change.

You get sick or have a life-altering accident: change.

You lose your job: change. This one is what happened to me.

Last spring, my boss told me that the hospital had grown enough that they needed more doctor hours from me. If I couldn't provide those hours, they'd need to eliminate my part-time position in lieu of a full-time veterinarian. I had worked part time for three years, all while building a side career of writing and speaking, and the time had come to fish or cut bait. I had to choose between

continuing to pursue my scary, pie-in-the-sky dream or choose to slither up into the snail shell of financial security and go back to full-time private practice, something I was loath to do.

Full of fear, I said no to the full-time position and left the clinic. It was a big leap for me. Like many of you, I'm the primary wage earner in my family and there are a lot of people depending on me. Fortunately, I did eventually find another position that fit my needs. But I spent the first few months feeling completely freaked out, wondering what the actual f\*\$% I had done.

Fast-forward six months, and I have more opportunities than I'd ever dreamed I would have. And, of course, none of it would have been possible if I hadn't taken that initial, terrifying first step. Now, when I look back I think, what was I so afraid of?

If you're experiencing a big life change—either deliberately chosen by you or seemingly foisted upon you—then this article is for you. Here are my tips on how to successfully navigate life change. Brace yourself, because ... (continued on pg. 10)



**Change is good. Change is hard. Whether you perceive change as good or bad, you've got to get good at it to be successful at work and in life. In this Leadership Challenge, we explore the most common and difficult transitions veterinary professionals face and offer advice to help teams learn to adapt at crucial pain points in their professional lives. Find more resources at [dvm360.com/seachange](http://dvm360.com/seachange).**







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## It will be scary

A big life change always involves fear, doubt, worry and heaps of uncertainty. You will be afraid. Remember that so when fear happens, you can point at it and say, "Aha! I knew you'd come! I've been expecting you!"

Rename that fear—whatever it is—and call it "exciting" instead of "scary." After all, it is "exciting" to encounter situations that stimulate growth. (Hey. Stop making that face. I know you want to call it scary, but don't. Choose "exciting," instead. I promise it will make a difference.)

## You won't know what the hell you're doing

When you're starting out on a new path, it's normal to see only a few steps ahead of where you are. The path is not set in stone—at times it may feel like a moving target. Fortunately, you don't have to know the full journey right now. Just start heading in the direction you want to go.

Accepting that I didn't know what the hell I was doing was really hard for me. Historically, I've been a "destination" person, not a "journey" person. When change hit, I had to let all that go.

Just because you don't see the light at the end of the tunnel doesn't mean it's not there—remember, it may look nothing like what you expected.

## The struggle is real—embrace it

My girl Kelly Clarkson said it best: What doesn't kill you makes you stronger.

Change hurts the most when you first face it. Even if you don't have confidence in what you're doing or going through, you can still choose to embrace the journey with joy and gratitude. Believe in yourself, don't worry about the future, and don't spend energy regretting the past.

There will be hardship and there will be awkward and difficult moments. But if you remember these tips and take care of—and believe in—yourself, you'll have a much easier time than if you're exhausted, filled with doubt and worry, and hating every step of the way. (As a resistant, recovering worrier, I know this to be true.)

You never know what inner strength is lying dormant inside you. It helps to remember that life's most challenging moments or big changes can be a catalyst for greatness, if we allow them to be. Keep joy and appreciation as your constant companions, and use change to become your best self yet. I'll be standing on the sidelines, cheering you on.



*Dr. Sarah Wooten divides her professional time between small animal practice in Greeley, Colorado; public speaking on associate issues, leadership, and client communication' and writing. She enjoys camping with her family, skiing, SCUBA, and participating in triathlons.*





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# No declaw for me, please



Here we explore how one veterinary clinic made a major change in a clinical protocol—no more declaws. But the way they approached the process can apply to any protocol change you might be making in your clinic, including vaccines, pain management, anesthesia and so on.

*By Jennifer Maniscola, MS*

**"D**id we stop offering front declaws?" The question, posed by one of my customer service representatives, caught me off guard. I had no idea what she was talking about.

"Can you tell me what happened?" I asked.

"Well, I just asked a technician to make a front declaw estimate for a client. Dr. A was there and interjected to say we don't do these anymore," she said. "Why wasn't I made aware of this policy change?"

*Great question*, I thought. I wasn't aware of it either! I thanked my customer service representative for bringing the issue to my attention and asked her to give me a little time to figure out what was going on. I promised to follow up with her later.

After a little investigating, in which I gained the perspectives of my doctors and technicians, I learned that there had been a discussion about considering ending this service. Due to some miscommunication, a final decision was never made, leaving everyone on different pages.

## STEP 1

### Doctor meeting

I scheduled a meeting with the practice's doctors for the following day.

During the meeting, I learned that Dr. A felt strongly that continuing this procedure would go against her oath of doing no harm. Conversely, Drs. B and C were still willing to perform the procedure, though they weren't against stopping it either. Dr. C noted postop complications as a reason for stopping, citing a recent patient with bleeding issues.

All three doctors discussed their views and weighed the financial pros and cons of becoming a no-declaw practice. On the one hand, it could give our practice the opportunity to advertise the change and receive positive PR. We'd already experienced positive feedback from clients after explaining why we don't perform ear-cropping or tail-docking procedures. On the other

hand, it could result in a loss of clients and a loss of income (though requests for declaw procedures were admittedly declining every year).

In the end, all three doctors were able to agree on becoming a no-declaw practice.

## STEP 2

### Team meeting

At our next team meeting, Dr. A explained why our hospital would stop performing declaws.

Next, the entire team brainstormed on what we would need to do to make the change successful.

Ideas like:

- > Teach clients how to clip nails at new kitten visits.
- > Offer a client handout on how to decrease scratching on items that aren't meant for cat claws (like, ahem, curtains, couches and human flesh, to name a few).
- > Update handouts for clients with new kittens to reflect our policy change.
- > Develop talking points

for the team on how to discuss the change with clients that avoid sounding judgmental if clients decide to declaw elsewhere.

Tasks were delegated and the meeting adjourned. The very next day, a longtime client came in and asked us to declaw her kitten because her mom, who lived with her, had a medical condition that required the kitten to be declawed. We'd declawed all of her previous kittens.

This conversation

caught Dr. A off guard. She wasn't prepared to have a confident discussion with this client about our new policy. Doctor A agreed to perform the procedure with a technician who wasn't opposed to declawing—a decision that did not sit well with her and made her realize that we need to be better prepared to explain to clients why we are a non-declaw hospital. Dr. A used this experience to develop a list of talking points (see sidebar, next page).



*Jennifer Maniscala is the practice manager at Indian Veterinary Center in Newtown, Pennsylvania. She likes to spend time at home with her husband, two kids, three birds, two cats and one dog.*



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## STEP 3

### Team training

At the next team meeting, those who'd been assigned tasks were able to present and discuss their work with the rest of the team. Dr. A passed out copies of the talking points she'd created, and Dr. C gave everyone a copy of the AAFP's scratching handout, explaining that it would be added to the literature given to clients with new kittens. We discussed how we would incorporate nail trims in new kitten visits and how we would help clients who still desired to declaw their cats. For example, instead of "recommending" a hospital, we elected to say, "We've had several clients tell us they've had a positive experience with 'X' hospital. If you would like its contact information, let me know."

The transition to a no-declaw hospital has been great. With proper education, most clients understand why we no longer offer this service. We maybe had two or three clients this year who elected to have their cats declawed. We've also used this change to drive positive PR for our hospital and in Facebook advertising.

### Watch that body language

During Dr. A's talk, I could tell that one person wasn't totally onboard. I met with this individual privately and asked for her thoughts on the new policy. She explained that she would support the decision but would continue to declaw her own cats. She felt we should have an option for clients who decide to declaw. I thanked her for her honesty and for her suggestion and said that we were already looking into a nearby veterinary hospital offering declaws to our standards to give as a suggestion.

## Ditching declaws: Common client concerns

### Client says:

**"My other cats are declawed so this one has to be too."**

**You say:** "Most cats living together in a household don't fight with each other. Cats tend to use subtle signs to warn other cats to stay away if they don't feel like interacting. If your cats fight to the point where they're injuring each other, intervention is necessary whether they have their claws or not."

### Client says:

**"I just got new furniture and I don't want it ruined."**

**You say:** "We definitely understand your concern, and we're happy to help you train your kitten to use appropriate items to scratch and to stay away from the ones that aren't. We can also show you how to keep your cat's nails trimmed and provide you with more ideas if this becomes a problem in the future ..."

### Client says:

**"The kitten is scratching my toddler and I worry she'll get hurt."**

**You say:** "The safety of your child and everyone in your family is very important. Kittens use all of their claws and their teeth to play and defend themselves—not just the front claws—so here are some ways to train your kitten to be gentle, as well as things to teach your daughter, in order to keep your daughter from getting hurt ..."



Don't miss additional coverage on veterinary life transitions in our sister publications and live event.



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# Threats in the backyard

To your veterinary clients, it may seem like deer and other wildlife are cute additions to the local landscape, but these transient visitors can pass disease to pets. *By Richard Gerhold, DVM, MS, PhD*

**I**n understanding the diseases that wildlife carry, it's important to know that wildlife aren't pets and shouldn't be treated like domesticated animals. This includes making property unattractive to wild animals, including raccoons, opossums, coyotes and similar wild animals by limiting available food. Steps clients can take to achieve this include:

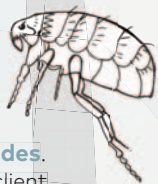
- Not leaving pet food outside
- Keeping livestock food covered and in a shelter
- Minimizing access to attics or other parts of the house where animals may nest
- Keeping compost piles away from dwellings.

## Which diseases to worry about

Numerous important zoonotic or domestic animal diseases associated with wildlife may exist in the backyard or farm, including rabies, cutaneous or visceral larva migrans due to several nematode species, leptospirosis, canine distemper, parvovirus and salmonellosis. Depending on the geographic location, rabies virus may be found in raccoons, foxes, coyotes, skunks or bats. However, free-roaming cats are the species most associated with rabies exposure in humans because people, especially children, are more likely to have direct contact with cats.<sup>1</sup> Mammals

## STOP FLEAING FROM PRODUCT RESEARCH

Find the parasiticide products you need at [dvm360.com/parasiticides](http://dvm360.com/parasiticides). Also find more advice, including a client handout for wildlife-proofing the backyard, at [dvm360.com/wildlifehandout](http://dvm360.com/wildlifehandout).



including raccoons, bears, coyotes, opossums and bobcats or feral cats can shed *Baylisascaris* species, *Echinococcus* species, hookworms, *Toxoplasma gondii*, *Sarcocystis neurona*, *Neospora caninum*, or *Toxocara* species parasites. With the exception of *S. neurona* and *N. caninum*, all of these parasites are zoonotic. *Sarcocystis neurona* can lead to equine protozoal myeloencephalitis, and *N. caninum* can cause abortion in cattle, goats and sheep.

## Human-instigated dangers

Bird feeders or waterers that aren't cleaned frequently or contain damp or moldy food can be a source of disease to wild birds and potentially other species. The large number of birds gathering at feeders or waterers leads to efficient transmission of various pathogens including *Salmonella* species, *Trichomonas gallinae*, avian poxvirus, and *Aspergillus* species. These feeder diseases are considered some of the most important diseases impacting songbird populations. Feeders and waterers should be cleaned once every two weeks with a 10% bleach solution, and any moldy or wet feed should be discarded as soon as possible. If an outbreak occurs associated with feeders or waterers, clients should stop feeding and watering birds for at least two weeks to break the transmission cycle.

## Even more worries

Other relevant wildlife species to backyards include cottontail rabbits, various squirrel species, woodchucks, wild turkeys, white-tailed deer and other deer species.



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While numerous diseases have been reported from these species, most appear to be specific to wildlife and have little impact on domestic animals or humans. Notable exceptions include reports of rabies in woodchucks, tularemia in cottontails, and *Parelaphostrongylus tenuis* (meningeal worm) and *Fascioloides magna* (liver fluke) infections in deer. Meningeal worm infection in livestock including goats, sheep, llamas, alpacas and, to a lesser extent, horses and cattle can lead to neurologic deficits and potentially death due to migration of the larvae in the central nervous system. Liver flukes are especially pathogenic to sheep and may affect other ruminants to a lesser extent.

Wild animals can harbor ectoparasites such as mites, fleas and ticks that may be a source of infection for pets, livestock or even humans. Minimizing access of

wildlife, as well as keeping grass cut short, removing leaf litter, and ensuring that pets are kept on year-round tick and flea as well as heartworm preventives, are excellent measures to protect animals from these ectoparasites and their associated pathogens.

#### Reference

1. Gerhold RW, Jessup DA. Zoonotic diseases associated with free-roaming cats. *Zoonoses and Public Health* 2013;60(3):189-95.



*Dr. Richard Gerhold works in the Department of Biomedical and Diagnostic Sciences in the College of Veterinary Medicine at the University of Tennessee. His fave guilty pleasure TV show? M.A.S.H.*

*Dr. Gerhold will be speaking on parasitology and wildlife at Fetch dvm360 conferences in 2018. Visit [fetchdvm360.com](http://fetchdvm360.com) to learn more.*

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## 5 heartworm prevention recommendations you should stop half-assing immediately

You work with clients all day long who won't take your recommendations to heart. It's tempting to smile and nod while they give you excuses about parasite prevention. Here are five ways to stop doing that.

By Sarah J. Wooten, DVM



### Stop telling people who say their pet doesn't go outside that they can skip heartworm preventives

Just the other day I was in a room in my house that was the farthest from any exterior doors, and guess what was buzzing around my ear? A mosquito. You know it, I know it, we all know it: Indoor-only pets are still at risk for heartworm disease.



### Stop arguing your client's limits

Ever said any of the following to yourself?

- > "The client only has so much money, and the chronic medicine is more important."
- > "This is a rabies-vaccine-only client. They've declined it before. I'm not going to bother."
- > "OMG, this dog has so many problems to discuss. There's no way they're going to hear me out on parasite control too!"
- > "This client has already balked at vaccines. Why bother?"
- > "Yikes, this dog is so old, and the client's never used heartworm prevention. They aren't going to start now."

These internal monologues are familiar to me—I've had all of them run through my head. As human health sentinels, we need to suspend the internal commentary and say what needs to be said, no matter what we "believe" the client may or may not go for. You don't know—you aren't them!

Time management during a well-pet appointment is critical when you're dealing with a pet that has a laundry list of problems. Make a plan with your client to address only one or two of the most important health problems, prioritize those issues along with the parasite control talk, and schedule a follow-up appointment to discuss less-pressing issues.

3

### Stop saying clients can give preventive only during mosquito season

Have you ever found a hardy mosquito in your basement in January? I have! I have clients push

me on this all the time and, I agree—it gets old. I'm super-tempted to throw in the towel and say, "Fine! Just give it during the summer!"

However ... if I do that, then I'm not doing my job or doing the client any favors. We all know that while the risk decreases during the winter, pets are at risk for internal parasites year-round. Clients who feel "safe" from parasites during the winter are getting a false sense of security from us when we tell them it's OK to stop protection during the winter.

4

### Stop saying clients don't have to give prevention because you don't have heartworm in your area

Remember the micro-outbreaks of heartworm disease after dogs were rescued from areas affected by Hurricane Katrina? Hundreds of dogs were also lost or displaced after the hurricanes this season—where are those dogs and their undiagnosed heartworm disease going to end up? Have you already seen these dogs in your practice? One need only introduce Patient, err, Dog Zero into an area with previously low reports of heartworm disease, and suddenly all dogs are at risk. Your clients deserve to know that their dog is at risk anywhere, at any time.

5

### Stop saying "I recommend"

One of the most profound and effective changes I've made in the way I talk to clients is to stop saying, "I recommend ...," and instead substituted, "Your pet needs ..." or "We need to ..." or "You need to ..." While clients value our opinion, they're less interested in what we recommend and more interested in what their pet needs. Switch your language and take the emphasis off you and put it back it onto the pet, where it belongs.

### CLIENT CHAT PRO TIP

I don't call the medication "heartworm prevention." I call it "internal parasite control," and I tell my clients how the product protects them and their human family members from the worms. I also remind the client that humans can get hookworms and roundworms, especially children. (I'll point at kids in the exam room while I'm talking to drive home the point.) Sometimes I call the product a "worm bomb," then clients laugh and walk out with the protection they didn't know they needed. Then I know my job here is done.



*Dr. Sarah Wooten graduated from UC Davis School of Veterinary Medicine in 2002. A member of the American Society of Veterinary Journalists, Dr. Wooten divides her professional time between small animal practice in Greeley, Colorado, public speaking on associate issues, leadership, and client communication and writing. She enjoys camping with her family, skiing, SCUBA, and participating in triathlons.*



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# 'Is my pet going bald?'

You know shedding is normal, but your clients (who are likely covered in dog or cat hair) may not. Here's how to handle concerns about "excessive" shedding.

*By Darin Dell, DVM, DACVD*

**O**ur clients often complain about "excessive" shedding, but how do you politely tell them that shedding is simply a natural part of owning an animal? Here are some key points and suggestions to keep your clients satisfied and your sanity intact.

## Shedding is normal

Dogs have approximately 15,000 hairs per square inch. Cats have between 60,000 and 120,000 hairs per square inch. All of these hairs cycle through the same four stages of development (anagen, catagen, telogen and exogen—just in case you need a refresher), but they aren't all in the same stage at the same time. Growth happens in a mosaic pattern, so shedding does too, which explains why dogs and cats can shed large numbers of hairs without developing any bald patches.

Shedding is one way an animal can adapt to its environment. Changes in photoperiod and external temperature

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are the two main factors that determine when major shedding will occur. In North America, this means that outdoor pets are going to shed the most in the spring and fall. However, because most pets now live indoors with a relatively consistent temperature and photoperiod, the result is near-constant shedding.

## When should you be concerned?

Obviously, anytime our clients are concerned, we should be concerned. Our clients know their animals better than we do, and if they perceive a change, we need to listen. As objective medical professionals, after we discuss our clients' concerns, it's our job to perform a complete physical exam to check for any abnormalities.

The first step when faced with an exam for "excessive shedding" is to determine if there is obvious alopecia or true thinning of the coat. Other abnormalities to look for include excoriations, erythema, debris on the skin and poor body condition.

The list of medical problems that can result in alopecia or a thinning hair coat is very long. It's easiest to group the problems into four categories: infectious; hormonal; autoimmune or immune-mediated; and other.

Infectious causes include demodicosis, sarcoptic mange, dermatophytosis, *Malassezia* dermatitis and bacterial folliculitis.

The most common hormonal abnormalities that can cause excessive shedding include hypothyroidism, hyperadrenocorticism and alopecia X.

Common autoimmune or immune-mediated diseases that cause alopecia include alopecia areata, vasculitis and sebaceous adenitis.

Download this free client handout at [dvm360.com/shedding](http://dvm360.com/shedding).

The "other" category includes medical problems such as cutaneous neoplasia, follicular dysplasia, some forms of ichthyosis, color dilute alopecia and cyclical canine alopecia, which is also called seasonal or cyclical flank alopecia. (Note: This is not an extensive or all-inclusive list).

If you are unable to find any signs of excessive shedding, you can reassure clients by giving them the handout shown at left. It can serve as a home reference regarding what's normal and what's not when it comes to shedding—and can perhaps spare your client from another unnecessary shedding exam in the future.



*Dr. Darin Dell is a veterinary dermatologist at Animal Dermatology Clinic in Indianapolis, Indiana.*

FROM YOUR VETERINARIAN

### Can I stop this shedding?

Every pet sheds. It's a natural process that helps animals adjust to their environment. But how can you tell if your pet sheds a normal amount or way too much? And is there anything you can do about it? Let's shed some light on it.

**1. Hair growth cycle basics**  
The hair growth cycle has four stages (growth, transition, resting, shedding), and individual hairs go through these stages at different times, resulting in a mosaic pattern of growth and shedding. Because dogs have around 15,000 hairs per square inch and cats have between 60,000 and 120,000 hairs per square inch, normal dogs and cats can shed a large amount of hair (and deposit it all over your clothes and furniture) without developing bald patches.

Several factors affect the hair growth cycle. For example, growth is largely affected by the number of hours of daylight as well as temperature. In North America, dogs and cats can begin molting well before the spring and fall because of these factors. But when dogs and cats are kept indoors most of the time (meaning their hours of daylight and temperature are relatively controlled and consistent), molting often has to do with constant shedding. Therefore, health, nutrition and genetic factors can also affect a dog or cat's hair growth cycle.

**What about products promising to stop shedding?**  
1. Restless and restless. While brushes and combs specifically designed to strip the coat can control they only stop shedding by making you comb the hair out before it falls out.

**2. Hair removal techniques.** Mechanical depilatories usually contain blends of energy fatty acids, vitamins and minerals. Quality pet depilatories will be labeled as adding more keratin to the skin to help produce an active hair.

**3. Topicals.** Topical products, including shampoos, sprays and conditioners, are effective at moisturizing the skin, making the hair denser and reducing shedding rates. However, they don't actually change shedding. Most of these products are designed to be used along with a de-shedding brush.

**More stress = more shedding**  
The most common reason for more than normal shedding is stress. For some pets, stress involves riding in the car to visit the veterinarian. For other pets, it might be a strange animal in the yard or a new visitor in the house. Otherwise, there are many important medical conditions, such as hypothyroidism and allergies, that can also cause pets to shed more than normal. It's important to ask your veterinarian when shedding comes pictures of resting hair, when the skin appears red or when the shedding is associated with a change in your pet's behavior or activity.

The bottom line when it comes to normal shedding: Keep calm and brush on (and maybe moisten a good reward).

Source: Debra Del Dora, DVM, DACVP

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# HELPFUL STUFF

## Is your on-hold music ruff?

Over supper last night, my wife complained about the screeching on-hold "music" she'd been subjected to while waiting to pay a bill over the phone (the company still doesn't offer online payments). She said, "Every CEO should be required to listen to that noise at least once monthly."

We took her suggestion to heart at my veterinary clinic. We placed a reminder in our computer system that prompts us to call our clinic monthly and be put on hold to ensure our music is pleasing to our ears—and more importantly, our clients' ears.

—Dr. James Randolph, Animal General Hospital, Long Beach, Mississippi

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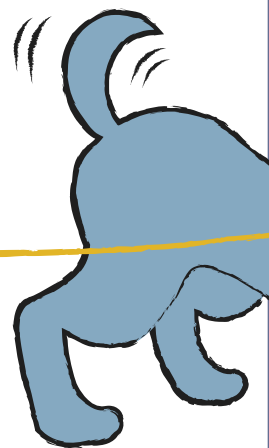
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## The Fear Free exam room: Beyond easy cheese and yoga mats

Are you all, "Been there; done that" when it comes to Fear Free veterinary practice? You've read the "get started" guides for lowering patient stress in the clinic and are ready for something you haven't heard before? Fear Free experts Debbie Martin, CPDT-KA, KPA CTP, LVT, VTS (behavior), and Mikkel Becker, CBCC-KA, CDBC, KPA CTP, CPDT-KA, CTC, are here to help. Here are some next-level tips for easing patients' anxiety.

**1 Place a litterbox in the exam room.** If you're a cat and you're already freaked out by the strange smells and sounds of the veterinary hospital, a full bladder or colon doesn't help, Martin notes. A litterbox in the corner keeps fastidious felines from having to choose between eliminating on the floor and holding it.



**2 Stash a box of ice cream cones.** The cone is one of Becker's favorite ways to dispense spreadable or soft foods to dogs and cats during their care.

"We often will fill these with a treat and have the animal lick it out as we do needed handling or other care," she says.



**3 Find creative ways to slow down food consumption.** Becker also places spreadable treats in washable food puzzles or freezes broth in soft-sided, washable ice cube trays.

While the pet is licking the yumminess out of every nook and cranny, the team has more time to do the exam, administer vaccines and so on.

"I've gotten some varieties at places like Ikea that come in fun shapes like hearts," Becker says. "This puts the 'treat into treatment' for the humans too."



**4 Don a pair of HandsOn Gloves.** Becker finds that many animals—dogs, cats and horses—love these de-shedding and grooming gloves and will happily remain in place as long as they're getting their "massage." This settles and soothes the pet while adding a pleasurable form of gentle control, Becker says, keeping the animal calmly in place as the team examines it or performs care.



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<sup>1</sup> Loeffler A, Lloyd DH, Bond R, et al. Dietary trials with a commercial chicken hydrolysate diet in 63 pruritic dogs. *Vet Res*. 2004;45:439-42.  
<sup>2</sup> Fritsch DA, Roudsbusch P, Allen TA, et al. Effect of two therapeutic foods in dogs with chronic nonseasonal pruritic dermatitis. *Intern J Appl Res Vet Med*. 2010;8(3):146-154.



# Hospital design ... changes

## A bunch of things to do to survive a construction project

By Dan Chapel, AIA, NCARB

**Número uno: Keep a positive attitude throughout the project. (It is your dream, after all.)**

dvm360  
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- ✱ Before your project begins, plan a movie night for your staff (and maybe clients). Movies like *The Money Pit* with Tom Hanks or *Mr. Blandings Builds His Dream House* with Cary Grant are great choices. Later on, when you encounter problems with paint colors and contractors, you can laugh at how hysterical this was in the movies. Maybe you won't laugh, but it might help keep things in perspective.
- ✱ Discuss and coordinate utility disruptions with your contractor well in advance so you're not surprised to find the water shut off on what should have been a busy morning.
- ✱ Keep all contact information for all project team members at your fingertips.
- ✱ If you have storage space, buy nonperishable items in bulk (and at a cheaper rate) before construction to reduce cost and deliveries during construction.
- ✱ Know where your business stands financially and plan accordingly. Communicate as often as needed with your banker.
- ✱ Before the project starts, chat with neighboring property and business owners and give them a heads-up.
- ✱ Show your clients appreciation as often as possible and make their experiences great during this time of disruption.
- ✱ If your parking lot is going to be disrupted or severely reduced, consider valet parking.
- ✱ Hold employee appreciation events. Team members experience construction hardships during this process, too.
- ✱ Think about your bathroom situation. If the thought of sharing your restroom with a crew of 10 strange men disturbs you or your staff, rent a Porta Potty. Yes, it may be unsightly, but you won't have to spend the next three months armed with a can of Lysol every time you need to use the bathroom. (If you don't want to rent a Porta Potty, you'll probably need to clean the bathroom at the end of each workday.)
- ✱ Don't forget No. 1! Regardless of how large or small your construction project is, remember to be patient, hire someone with a license and, most importantly, keep a good sense of humor.



Dan Chapel is president of Chapel Associates in Little Rock, Ark., a nationally recognized firm specializing in animal facility design. His firm has participated in the design of more than 500 veterinary hospitals, boarding kennels, and animal shelters and he is a nationally recognized expert in the field of veterinary architecture.





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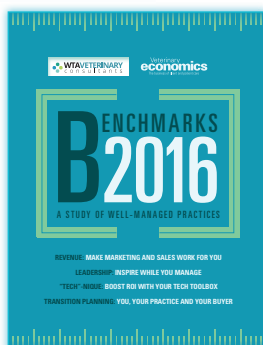


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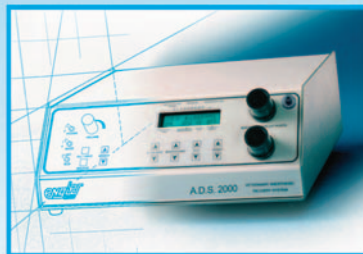
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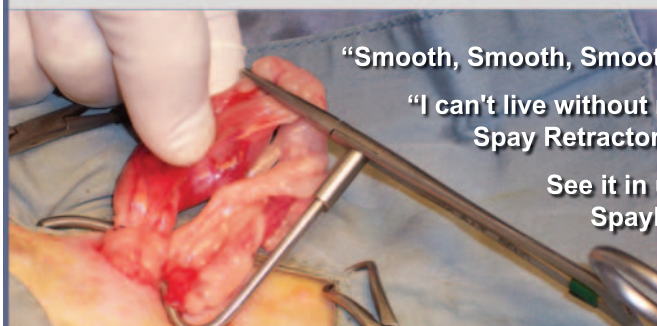
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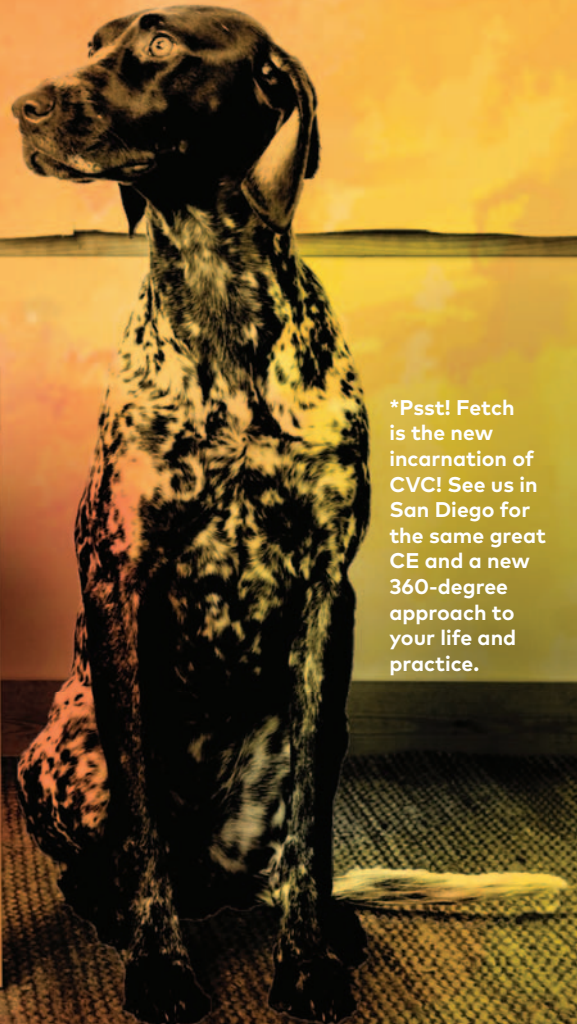


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