

VettedTM

Because practice ain't perfect.



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manager? Tell the
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On any given day, you're dealing with ...

**Money problems
Job performance woes
Relationship struggles
Medical emergencies
Frustrated coworkers
Fractious furballs ...**

And you know what? We can't stand it any longer.

Because we think these issues are so critical, you'll find the nurturing you need at every Fetch dvm360 conference.

What does that look like?

-  Sessions where your peers talk openly about the solutions to keep from totally losing it on everyone in their lives
-  Opportunities to invest in your emotional health, because sanity is something worth fighting for
-  Healthy physical activities that change the way you learn and open your mind to new ideas.

All that, and the CE you need to nurture your mind and get back to enjoying your life and work. **Register today.**

Join us in
Baltimore
May 2-5, 2019!

fetch
dvm360
CONFERENCE

Kansas City, August 17-20, 2018
San Diego, December 13-16, 2018
Baltimore, May 2-5, 2019

Go to fetchdvm360.com to learn more.

LOVE YOUR MANAGER?

Nominate them for 2018 Practice Manager of the Year

When fecal matter hits the fan (metaphorically, we hope), and there's a calm, cool and collected practice manager to mitigate the damage, everyone's life becomes that much easier. Maybe you're that practice manager. Maybe you're working with that practice manager. Either way, a practice manager like that deserves recognition.

Look no further! We give you the 2018 dvm360/VMHA Practice Manager of the Year contest. Simply enter yourself or nominate that favorite practice manager of yours. The manager then fills out an entry form and sends it our way to look over.



fetch
dvm360
CONFERENCE

Ten finalists will be announced at the Fetch dvm360 conference in Kansas City, and the Practice Manager of the Year will be announced at Fetch dvm360 in San Diego. Visit dvm360.com/pmoy to learn more.

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May 2018

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Cat got your tongue when it comes to CANNABIS?

By Andy Rollo, DVM

The exam room can be an awkward conversation minefield.

"Actually, Mr. Martin, your cat's just plain fat, not fluffy."

"Good news, Mrs. Pratt! We were able to successfully remove the panties your dog swallowed."

And while cannabis consumption has long been an uncomfortable subject, the legalization of marijuana in a few states and the passage of medical marijuana laws in several states have altered the stigma and thus the veterinarian-client dynamic. Whereas before, it was the clients who were embarrassed to bring up or admit to marijuana use, veterinary professionals are now faced with the possibility of mentioning—perhaps even recommending—cannibidiol (CBD).

 **INTERCEPTOR[®]**
PLUS
(milbemycin oxime/praziquantel)



Chewable
not shown
at actual size.

BROAD-SPECTRUM PARASITE PROTECTION

Interceptor Plus is a soft, flavored chewable tablet that contains milbemycin oxime to protect dogs against several common intestinal parasites and heartworm disease. The addition of praziquantel boosts coverage even more to include four species of tapeworms for broad-spectrum parasite control.

Prevents heartworm disease and treats and controls adult hookworm (*A. caninum*), roundworm, whipworm and tapeworm (*T. pisiformis*, *E. multilocularis*, *E. granulosus* and *D. caninum*) infections in dogs.

Safe for use in dogs and puppies 6 weeks of age and older and 2 lbs of weight or greater.

IMPORTANT SAFETY INFORMATION

Treatment with fewer than 6 monthly doses after the last exposure to mosquitoes may not provide complete heartworm prevention. Prior to administration of Interceptor Plus, dogs should be tested for existing heartworm infections. The safety of Interceptor Plus has not been evaluated in dogs used for breeding or in lactating females. The following adverse reactions have been reported in dogs after administration of milbemycin oxime or praziquantel: vomiting, diarrhea, depression/lethargy, ataxia, weight loss, convulsions, weakness, and salivation. For product label, including complete safety information, see page 07.



NEW

From Elanco Animal Health, your trusted maker of parasiticide products



TICKS AND FLEAS CAN
TURN MY WORLD

UPSIDE
DOWN

My world just isn't the same when I have ticks and fleas. Prescribe me Credelio® (lotilaner)—a small, tasty¹ chewable that acts fast^{2,3} to protect puppies and dogs* like me all month long.

*Puppies and dogs 8 weeks of age and older and 4.4 pounds and greater.

INDICATIONS

Credelio kills adult fleas and is indicated for the treatment of flea infestations (*Ctenocephalides felis*) and the treatment and control of tick infestations [*Amblyomma americanum* (lone star tick), *Dermacentor variabilis* (American dog tick), *Ixodes scapularis* (black-legged tick) and *Rhipicephalus sanguineus* (brown dog tick)] for one month in dogs and puppies 8 weeks of age and older, and weighing 4.4 pounds or greater.

IMPORTANT SAFETY INFORMATION

The safe use of Credelio in breeding, pregnant or lactating dogs has not been evaluated. Use with caution in dogs with a history of seizures. The most frequently reported adverse reactions are weight loss, elevated blood urea nitrogen, excessive urination, and diarrhea. For product information, including complete safety information, see page 06.

1. Karadzovska, D. et al. 2017. "A randomized, controlled field study to assess the efficacy and safety of lotilaner flavored chewable tablets (Credelio®) in eliminating fleas in client-owned dogs in the USA." *Parasites & Vectors*. 10:528. 2. Murphy, M. et al. 2017. "Laboratory evaluation of the speed of kill of lotilaner (Credelio®) against *Ixodes ricinus* ticks on dogs." *Parasites & Vectors*. 10:541. 3. Cavalleri, D. et al. 2017. "Assessment of the speed of flea kill of lotilaner (Credelio®) throughout the month following oral administration to dogs." *Parasites & Vectors*. 10:529.

Credelio®
(lotilaner)
**EASY ON ME
TOUGH ON TICKS AND FLEAS**



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Elanco

Credelio™ (lotilaner)

Chewable Tablets

For oral use in dogs

Caution:

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

Before using Credelio, please consult the product insert, a summary of which follows:

Indications:

CREDELIO kills adult fleas and is indicated for the treatment of flea infestations (*Ctenocephalides felis*) and the treatment and control of tick infestations (*Amblyomma americanum* (lone star tick), *Dermacentor variabilis* (American dog tick), *Ixodes scapularis* (black-legged tick) and *Rhipicephalus sanguineus* (brown dog tick)) for one month in dogs and puppies 8 weeks of age and older, and weighing 4.4 pounds or greater.

Dosage and Administration:

CREDELIO is given orally once a month, at the minimum dosage of 9 mg/lb (20 mg/kg). See product insert for complete dosing and administration information.

Contraindications:

There are no known contraindications for the use of CREDELIO.

Warnings:

Not for human use. Keep this and all drugs out of the reach of children.

Precautions:

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

Adverse Reactions:

In a well-controlled U.S. field study, which included 284 dogs (198 dogs treated with CREDELIO and 86 dogs treated with an oral active control), there were no serious adverse reactions.

Over the 90-day study period, all observations of potential adverse reactions were recorded. Reactions that occurred at an incidence of 1% or greater are presented in the following table.

Dogs with Adverse Reactions in the Field Study

Adverse Reaction (AR)	CREDELIO Group: Number (and Percent) of Dogs with the AR (n=198)	Active Control Group: Number (and Percent) of Dogs with the AR (n=86)
Weight Loss	3 (1.5%)	2 (2.3%)
Elevated Blood Urea Nitrogen (BUN)	2 (1.0%)*	0 (0.0%)
Polyuria	2 (1.0%)*	0 (0.0%)
Diarrhea	2 (1.0%)	2 (2.3%)

*Two geriatric dogs developed mildly elevated BUN (34 to 54 mg/dL; reference range: 6 to 31 mg/dL) during the study. One of these dogs also developed polyuria and a mildly elevated potassium (6.5 mEq/L; reference range: 3.8 to 5.5 mEq/L) and phosphorus (6.4 mg/dL; reference range: 2.5 to 6.0 mg/dL). The other dog also developed a mildly elevated creatinine (1.7 to 2.0 mg/dL; reference range: 0.5 to 1.6 mg/dL) and weight loss.

In addition, one dog experienced intermittent head tremors within 1.5 hours of administration of vaccines, an ear cleaning performed by the owner, and its first dose of CREDELIO. The head tremors resolved within 24 hours without treatment. The owner elected to withdraw the dog from the study.

In an Australian field study, one dog with a history of seizures experienced seizure activity (tremors and glazed eyes) six days after receiving CREDELIO. The dog recovered without treatment and completed the study. In the U.S. field study, two dogs with a history of seizures received CREDELIO and experienced no seizures throughout the study.

In three well-controlled European field studies and one U.S. laboratory study, seven dogs experienced episodes of vomiting and four dogs experienced episodes of diarrhea between 6 hours and 3 days after receiving CREDELIO.

To report suspected adverse events, for technical assistance or to obtain a copy of the Safety Data Sheet (SDS), contact Elanco US, Inc. at 1-888-545-5973. For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or <http://www.fda.gov/AnimalVeterinary/SafetyHealth>.

Effectiveness:

In well-controlled European laboratory studies, CREDELIO began to kill fleas four hours after administration or infestation, with greater than 99% of fleas killed within eight hours after administration or infestation for 35 days. In a well-controlled U.S. laboratory study, CREDELIO demonstrated 100% effectiveness against adult fleas 12 hours after administration or infestation for 35 days.

In a 90-day well-controlled U.S. field study conducted in households with existing flea infestations of varying severity, the effectiveness of CREDELIO against fleas on Days 30, 60 and 90 compared to baseline was 99.5%, 100% and 100%, respectively. Dogs with signs of flea allergy dermatitis showed improvement in erythema, papules, scaling, alopecia, dermatitis/pyoderma and pruritus as a direct result of eliminating fleas.

In well-controlled laboratory studies, CREDELIO demonstrated > 97% effectiveness against *Amblyomma americanum*, *Dermacentor variabilis*, *Ixodes scapularis* and *Rhipicephalus sanguineus* ticks 48 hours after administration or infestation for 30 days. In a well-controlled European laboratory study, CREDELIO started killing *Ixodes ricinus* ticks within four hours after administration.

Storage Information:

Store at 15°-25°C (59°-77°F), excursions permitted between 5° to 40°C (41° to 104°F).

How Supplied:

CREDELIO is available in five chewable tablet sizes for use in dogs: 56.25, 112.5, 225, 450, and 900 mg lotilaner. Each chewable tablet size is available in color-coded packages of 1 or 6 chewable tablets.

NADA #141-494, Approved by the FDA

Manufactured for:

Elanco US Inc
Greenfield, IN 46140 USA

Credelio.com

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Elanco



When the dog has eye oogies

How do pet owners know if that ocular discharge in a pet could be an emergency, a serious issue to tackle soon, or something to deal with as a chronic condition over time? Educate them about some causes of ocular discharge and what might constitute an emergency with advice from practice owner and frequent dvm360 contributor Kathryn Primm, DVM. Get a client handout at dvm360.com/oogies.

A need for weed?

Though actual research may still be slim, more and more anecdotal evidence suggests that CBD can have positive medical effects in pets in the areas of pain relief and seizure control (and there's certainly a need to take a long look at potential oncological benefits as well).

My own anecdotal evidence started rolling in a few years ago when I diagnosed lymphoma in a technician's dog. She elected to treat her dog with prednisone, adding CBD oils on her own, and the dog had a good quality of life for another eight months—more than double the life expectancy on prednisone alone.

Over the past year, I've had clients seek CBD treatments through various sources to help control their pets' seizures when the traditional anti-epileptic medications I was prescribing simply weren't getting the job done. I eventually had to ask myself if I was underserving my clients.

Cannabis client communication

Finding credible CBD websites to refer clients to and determining indications and ballpark dosing was the easy part. The real challenge, at least for me, is knowing how and when to bring up CBD treatments.

My first attempts at bringing up cannabis with clients were over the phone. Out of the blue, I called the owner of a pet with chronic arthritis and the owner of a pet with uncontrolled seizures to let them know we may have something worth a shot at improving their pets' quality of life. One politely declined. The other was downright confused.

Since that initial experiment, I've learned it's better to broach the subject face-to-face in the exam room. When discussing treatment options for an appropriate candidate, I may say, "There's some evidence that cannabinoids without the hallucinogenic effects can help with Louie's arthritis," or, "The attitudes toward cannabinoids are changing, and we may be able to gain better control of Spot's seizures."

After that, it's all about eye contact. If the client's nonverbal communication screams disinterest or discomfort, I keep moving and focus on traditional treatments or the weather, if necessary. But if I see the client's eyes widen and ears perk up, I have the encouragement I need to continue with a CBD conversation.

In case finding a credible website isn't so easy ... here are Dr. Rollo's picks

I usually refer my clients to peakvets.com because it provides the CBD concentration (making it easier to dose), and I tell them that CBD oils made via carbon dioxide extraction are best. The dosage I use for both dogs and cats is 0.02 to 0.1 mg/kg orally, twice a day. Other good websites that just give a dosage based on whether the pet is small or large are canna-pet.com, cannacompanionusa.com, treatibles.com, rxvitamins.com and vetcbd.com.



(Note: I admittedly got a lot of this information from listening to fellow Fetch dvm360 conference speaker Michael Petty, DVM, CVPP, CVMA, CCRT, CAAPM.)

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Interceptor™ Plus (milbemycin oxime/praziquantel)

Caution

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

Before using INTERCEPTOR PLUS, please consult the product insert, a summary of which follows:

Indications

INTERCEPTOR PLUS is indicated for the prevention of heartworm disease caused by *Dirofilaria immitis*, and for the treatment and control of adult roundworm (*Toxocara canis*, *Toxascaris leonina*), adult hookworm (*Ancylostoma caninum*), adult whipworm (*Trichuris vulpis*), and adult tapeworm (*Taenia pisiformis*, *Echinococcus multilocularis*, *Echinococcus granulosus*, and *Dipylidium caninum*) infections in dogs and puppies two pounds of body weight or greater and six weeks of age and older.

Dosage and Administration

INTERCEPTOR PLUS should be administered orally, once every month, at the minimum dosage of 0.23 mg/lb (0.5 mg/kg) milbemycin oxime, and 2.28 mg/lb (5 mg/kg) praziquantel. For heartworm prevention, give once monthly for at least 6 months after exposure to mosquitoes (see **EFFECTIVENESS**).

See product insert for complete dosing and administration information.

Contraindications

There are no known contraindications to the use of INTERCEPTOR PLUS.

Warnings

Not for use in humans. Keep this and all drugs out of the reach of children.

Precautions

Treatment with fewer than 6 monthly doses after the last exposure to mosquitoes will not provide complete heartworm prevention (see **EFFECTIVENESS**).

Prior to administration of INTERCEPTOR PLUS, dogs should be tested for existing heartworm infections. At the discretion of the veterinarian, infected dogs should be treated to remove adult heartworms. INTERCEPTOR PLUS is not effective against adult *D. immitis*.

Mild, transient hypersensitivity reactions, such as labored breathing, vomiting, hypersalivation, and lethargy, have been noted in some dogs treated with milbemycin oxime carrying a high number of circulating microfilariae. These reactions are presumably caused by release of protein from dead or dying microfilariae.

Do not use in puppies less than six weeks of age.

Do not use in dogs or puppies less than two pounds of body weight.

The safety of INTERCEPTOR PLUS has not been evaluated in dogs used for breeding or in lactating females. Studies have been performed with milbemycin oxime alone (see **ANIMAL SAFETY**).

Adverse Reactions

The following adverse reactions have been reported in dogs after administration of milbemycin oxime or praziquantel: vomiting, diarrhea, depression/lethargy, ataxia, anorexia, convulsions, weakness, and salivation.

To report suspected adverse drug events, contact Elanco US Inc. at 1-888-545-5973 or the FDA at 1-888-FDA-VETS.

For technical assistance call Elanco US Inc. at 1-888-545-5973.

Information for Owner or Person Treating Animal:

Echinococcus multilocularis and *Echinococcus granulosus* are tapeworms found in wild canids and domestic dogs. *E. multilocularis* and *E. granulosus* can infect humans and cause serious disease (alveolar hydatid disease and hydatid disease, respectively). Owners of dogs living in areas where *E. multilocularis* or *E. granulosus* are endemic should be instructed on how to minimize their risk of exposure to these parasites, as well as their dog's risk of exposure. Although INTERCEPTOR PLUS was 100% effective in laboratory studies in dogs against *E. multilocularis* and *E. granulosus*, no studies have been conducted to show that the use of this product will decrease the incidence of alveolar hydatid disease or hydatid disease in humans. Because the prepatent period for *E. multilocularis* may be as short as 26 days, dogs treated at the labeled monthly intervals may become reinfected and shed eggs between treatments.

Effectiveness

Heartworm Prevention:

In a well-controlled laboratory study, INTERCEPTOR PLUS was 100% effective against induced heartworm infections when administered once monthly for 6 consecutive months. In well-controlled laboratory studies, neither one dose nor two consecutive doses of INTERCEPTOR PLUS provided 100% effectiveness against induced heartworm infections.

Intestinal Nematodes and Cestodes Treatment and Control:

Elimination of the adult stage of hookworm (*Ancylostoma caninum*), roundworm (*Toxocara canis*, *Toxascaris leonina*), whipworm (*Trichuris vulpis*) and tapeworm (*Echinococcus multilocularis*, *Echinococcus granulosus*, *Taenia pisiformis* and *Dipylidium caninum*) infections in dogs was demonstrated in well-controlled laboratory studies.

Palatability

In a field study of 115 dogs offered INTERCEPTOR PLUS, 108 dogs (94.0%) accepted the product when offered from the hand as if a treat, 1 dog (0.9%) accepted it from the bowl with food, 2 dogs (1.7%) accepted it when it was placed in the dog's mouth, and 4 dogs (3.5%) refused it.

Storage Information

Store at room temperature, between 59° and 77°F (15-25°C).

How Supplied

INTERCEPTOR PLUS is available in four strengths, formulated according to the weight of the dog. Each strength is available in color-coded packages of six chewable tablets each. The tablets containing 2.3 mg milbemycin oxime/22.8 mg praziquantel or 5.75 mg milbemycin oxime/57 mg praziquantel are also available in color coded packages of one chewable tablet each.

Manufactured for:

Elanco US Inc.
Greenfield, IN 46140, USA
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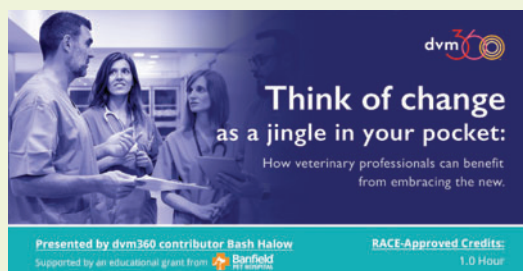


Think of change as a jingle in your pocket: How veterinary professionals can benefit from embracing the new

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.

As part of our comprehensive look at the topic in the dvm360 Leadership Challenge: Vet Life Transitions, Fetch dvm360 educator Bash Halow, LVT, CVPM, shared personal stories and an inspiring path to action to cope with change.

Get 1 hour of CE and change your thinking on change starting right now. Go to dvm360.com/changewebinar for more.



Help out your colleague—take good notes

Vets—rate your exam room note-taking, and be honest. Are your comments a) painstakingly thorough, b) so-so, or c) nonexistent?

While less-than-complete recordkeeping might work for your own steel trap of a brain, what about when a fellow doctor has to treat a patient in your absence? Fetch dvm360 conference speaker Dave Nicol, BVMS, MRCVS, says it's far better to err on the side of too much information.

"Write good notes so that your poor colleague is picking up the case from a position of knowledge," he says.

Not only can comprehensive comments eliminate medical guesswork, they can also summarize previous communication with the client, Dr. Nicol says.

"If you go in saying something very different from what the previous vet has been saying, you're going to create a big conflict disaster zone," he says.

And who wants that?



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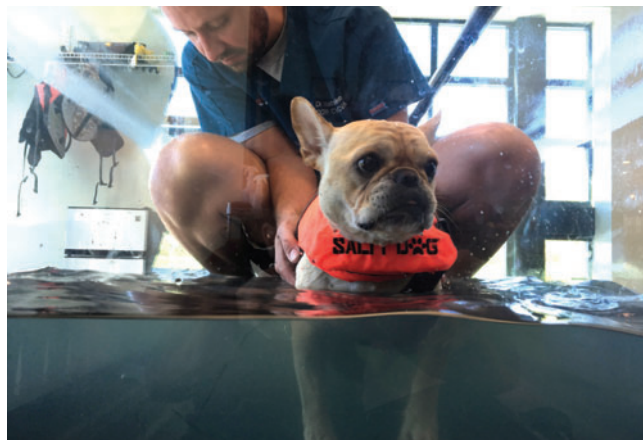
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HOW I GET OUT (of my own head)

By Matthew Brunke, DVM, CCRP, CVPP, CVA

Learning to extrovert

Sometimes I must leave my inner introvert behind. I knew I'd need to do this early on, but I didn't know how important it would be in my career. Just as important as what we know, it's who we know. Our networking skills and ability to communicate are what make good veterinarians great ones. We can't know every aspect of medicine, and having that friend or colleague you trust to bounce a question off, or help with a mutual patient, or help with your own pet when you're not being objective ... it all comes down to having a great team.



It's all about the patients

In my field of sports medicine and rehab I get inspired every day. It may be the paraparetic dog regaining use of its legs, the law enforcement or working canine we get back to full duty after an injury, or the arthritic geriatric dog who is finally comfortable enough to get up the stairs and lie in bed with its owners. My patients are my inspiration, along with the great team of people I get to work with who all make it happen.

Exercise keeps you sane

I've taken up running, as well as triathlons. I love getting out of the office and allowing my brain to focus on the quiet of the pool, or the scenes of the run. It helps me sleep better, learn better and be a better person. It can be 15 minutes, one mile, or a full Ironman or marathon (or more). Just get out and go.

I have also been SCUBA diving for years (a benefit of going to Ross for vet school), and I love exploring the ocean depths. I'd also like to try the adrenaline rush of skydiving. I would love to see the earth from as high above as possible, and the adrenaline rush would be a blast!



A dino-mite time

Dr. Matthew Brunke says he felt stress about his board exams wash away whenever he donned the inflatable dinosaur suit at **Fetch dvm360 conference**. Watch the hilarity ensue at dvm360.com/dino.



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NexGard® (afoxolaner) makes it easy to protect your canine patients against fleas and four of the most common species of ticks in North America.

¹Data on file at Merial.

²Data on file at Merial. Based on veterinary dispensed dose data.

**NexGard is a Merial product.
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IMPORTANT SAFETY INFORMATION: NexGard® (afoxolaner) is for use in dogs only. The most frequently reported adverse reactions included pruritus, vomiting, dry/flaky skin, diarrhea, lethargy, and lack of appetite. The safe use of NexGard in pregnant, breeding, or lactating dogs has not been evaluated. Use with caution in dogs with a history of seizures. For more information, see full prescribing information or visit www.NexGardForDogs.com.

NexGard[®] (afoxolaner) Chewables

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

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

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

Dosage and Administration:
NexGard is given orally once a month, at the minimum dosage of 1.14 mg/lb (2.5 mg/kg).

Dosing Schedule:

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

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

Flea Treatment and Prevention:

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

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

Tick Treatment and Control:

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

Contraindications:

There are no known contraindications for the use of NexGard.

Warnings:

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

Precautions:

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

Adverse Reactions:

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

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

Table 1: Dogs With Adverse Reactions.

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

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

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

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

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

Mode of Action:

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

Effectiveness:

In a well-controlled laboratory study, NexGard began to kill fleas four hours after initial administration and demonstrated >99% effectiveness at eight hours. In a separate well-controlled laboratory study, NexGard demonstrated 100% effectiveness against adult fleas 24 hours post-infestation for 35 days, and was ≥ 83% effective at 12 hours post-infestation through Day 21, and on Day 35. On Day 28, NexGard was 81% effective 12 hours post-infestation. Dogs in both the treated and control groups that were infested with fleas on Day -1 generated flea eggs at 12- and 24-hours post-treatment (0-11 eggs and 1-17 eggs in the NexGard treated dogs, and 4-90 eggs and 0-118 eggs in the control dogs, at 12- and 24-hours, respectively). At subsequent evaluations post-infestation, fleas from dogs in the treated group were essentially unable to produce any eggs (0-1 eggs) while fleas from dogs in the control group continued to produce eggs (1-141 eggs).

In a 90-day US field study conducted in households with existing flea infestations of varying severity, the effectiveness of NexGard against fleas on the Day 30, 60 and 90 visits compared with baseline was 98.0%, 99.7%, and 99.9%, respectively.

Collectively, the data from the three studies (two laboratory and one field) demonstrate that NexGard kills fleas before they can lay eggs, thus preventing subsequent flea infestations after the start of treatment of existing flea infestations.

In well-controlled laboratory studies, NexGard demonstrated >97% effectiveness against *Dermacentor variabilis*, >94% effectiveness against *Ixodes scapularis*, and >93% effectiveness against *Rhipicephalus sanguineus*, 48 hours post-infestation for 30 days. At 72 hours post-infestation, NexGard demonstrated >97% effectiveness against *Amblyomma americanum* for 30 days.

Animal Safety:

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

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

Storage Information:

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

How Supplied:

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

NADA 141-406, Approved by FDA

Marketed by: Frontline Vet Labs™, a Division of Merial, Inc.
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CATTERBOX: A new breakthrough

The Catterbox cat collar
promised to translate
feline sounds into human
speech. It did not,
however, promise that
every tomcat, Dick and
Harry would get to use it.

By Sarah Mouton Dowdy



Sometimes, you come across news that leads you to suspect someone has secretly read your diary and made your deepest, most heartfelt desires a reality. This describes my reaction to an article in *The New York Times* about the Catterbox.

The Catterbox, a cat collar that translates meows into English, is the brainchild of The Temptations Lab, a group whose stated aim is to "inject some serious fun into cats' lives" (though one could imagine it serves the slightly more straightforward goal of promoting Mars Petcare's Temptations cat treats as well).

The Temptations Lab worked with London-based ad agency adam&eveDDB on a series of Catterbox commercials you can view at catterbox.com, which left ailurophiles across the world wondering—nay, demanding—how on earth they could get their paws on their very own Catterbox. But, alas, they could not.

You see, according to *The New York Times* piece, while adam&eveDDB did commission Acne, a research and design firm, to create a real Catterbox collar, only about 50 prototypes were made, and distribution was limited to New Zealand. It's a cruel, cruel world.

The Catterbox collar doesn't take itself too seriously, but that doesn't mean it lacks serious science. Acne spent six months researching the noises cats make and their context. The firm then used voice recognition software to translate these noises into various eloquent phrases you can easily imagine your cat saying, such as, "No, no and no." The hardware was made small enough to fit inside a 3D-printed collar that came in four fashionable colors.

If I can offer any salve to soothe this dream deferred, it's this: The world (myself included) is still waiting for a collar that can translate pet sounds into people sounds. Perhaps you will be the person to give the crazy dog and cat people what they so desperately want.



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¹Clinical trial on ULTAMINO® Canine, 2011. Royal Canin data on file.
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Be prepared

You know the old Boy Scout motto, "Always be prepared." And as a vet student, it probably felt as though that's all you did—study, study, study. But just how valuable were the things you learned—and can you readily identify gaps in your education that you wish you could've addressed back in the days of organic chem? We recently surveyed readers* to ask about the level of preparation you felt coming out of school and how you think veterinary education could be improved as part of our Vet School Leadership Challenge. Here's what we found.

Oh, and there's much more at dvm360.com/vetschool.



74%

of veterinary professionals surveyed felt inadequately prepared for **compassion fatigue** in their first year

72%

of veterinary professionals surveyed felt inadequately prepared for **personal wellness** in their first year



See more of our coverage in our sister publications ...



What can bridge the gap between vet school and proficiency? Mentorship! In this issue of *dvm360* you'll find a pep talk and guide rolled into one, with exclusive supporting data. Plus, what several vet schools are doing to make sure grads are prepared.

firstline

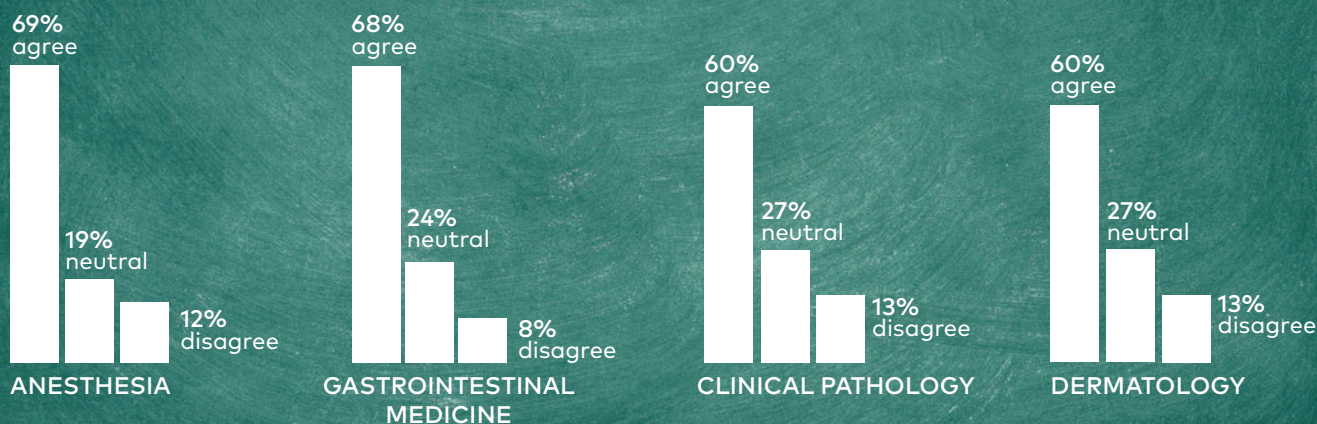
In *Firstline*, practice managers and technicians define the clinical and soft skills school didn't teach them—and the training and lessons they learned after school that helped them grow into next-level veterinary professionals and leaders in their practices.

Supported by an
educational grant from:



I WAS READY OUT OF THE GATE!

"My education adequately prepared me for my first year in practice in the following clinical areas ..."



Self-care isn't a privilege

A new Merck study shows vet professionals have normal mental health but are lousy at self-care. Find out what counts as self-care, what happens when you ignore it and how you can make time for it in a busy, busy life in this Q&A with study researcher Elizabeth Strand, PhD, LCSW, director of veterinary social work at the University of Tennessee.

By Sarah Wooten, DVM

What are the real benefits of self-care? I mean, it might feel good, but how is that more valuable than getting stuff done?

Dr. Strand: I consider self-care to be part of the necessary behaviors for keeping your brain fit so that you can make good decisions. If you haven't slept enough or well or you haven't exercised, then your brain does not work as well in terms of decision-making and creativity. Your priority on "getting stuff done" over self-care causes stress in your brain, and the more stressed the brain is, the less flexible it is, and this lack of flexibility can also create conflict in interpersonal relationships. Having interpersonal conflict and a foggy brain in a medical environment impacts patient care.

What will happen to me if I don't take care of myself?

Dr. Strand: Over time, it will result in engaging in unhealthy methods of stress management that create additional problems. Unhealthy coping mechanisms to numb stress include, for example, shopping, alcohol and drug use, people pleasing, overeating, bingeing on Netflix or TV, and excessive social media use. Unhealthy coping mechanisms delay stress—they don't solve the problem—and eventually these ineffectual, temporary habits move you further away from who you want to be in the world till you're unrecognizable and completely unconnected with your purpose.

*The dvm360 Vet School Survey was sent in March 2018 to subscribers of dvm360, Vetted and Firstline. The survey garnered 346 responses with a margin of error of 5%.

signs your self-care SUCKS

- > Trouble sleeping
- > A frequent or constant feeling of aggravation or irritation
- > A sense of resentment
- > A short fuse
- > Not being able to be present for the people you love
- > Increased tearfulness or sadness
- > Feeling unworthy

Self-care and CE

At our conferences around the country, we're giving you the opportunity to take care of your physical and mental health with wellness-inspired resources.

You're there to work hard on learning the latest medicine, but it's still a break from your everyday pressures and habits. Take advantage of that break to reflect. Join us at the next Fetch dvm360 conference in Kansas City or San Diego. Go to fetchdvm360.com to learn more.



I DIDN'T KNOW WHAT I DIDN'T KNOW.

Out of those we surveyed, here's what readers cited as areas where they felt the most underprepared out of vet school ...

52%

said dentistry

49%

said behavior

41%

said orthopedic surgery

33%

said nutrition

What you missed in class

In our online Veterinary Medicine Essentials, our goal is to provide the latest and complete information on clinical challenges you face every day. We took this chance to make sure the Essentials associated with these areas are all up-to-date and ready for you to continue your learning. No need to crack open a book—it's all right at your fingertips. Just go to dvm360.com/whatyoumissed for more.

What if I feel guilty about taking that time for myself?

Dr. Strand: I stopped feeling guilty for "me" time by considering the quality of myself when I've slept and exercised and had time away compared to the quality of myself and my interactions when I haven't. I can look at the people I work with, and I can see on their faces happiness and a sense of satisfaction and joy when I'm in good spirits compared to when I'm tired and bedraggled. When I'm not taking care of myself, people are more tense around me and my bad mood spills over. I ask myself, "What is the wake I leave behind me?" And, by golly, I'm going to leave a good wake. In order to do that, I need to exercise, eat right, enjoy hobbies and sleep so I can fill up my tank.

I'm grateful I got into vet school, but there was not even a hint of career counseling. I wasted the equivalent of a year of training and got five days of clinical pathology, 19 minutes of dental training, no client experience on presenting and formulating treatment plans, etc.

—1980s graduate

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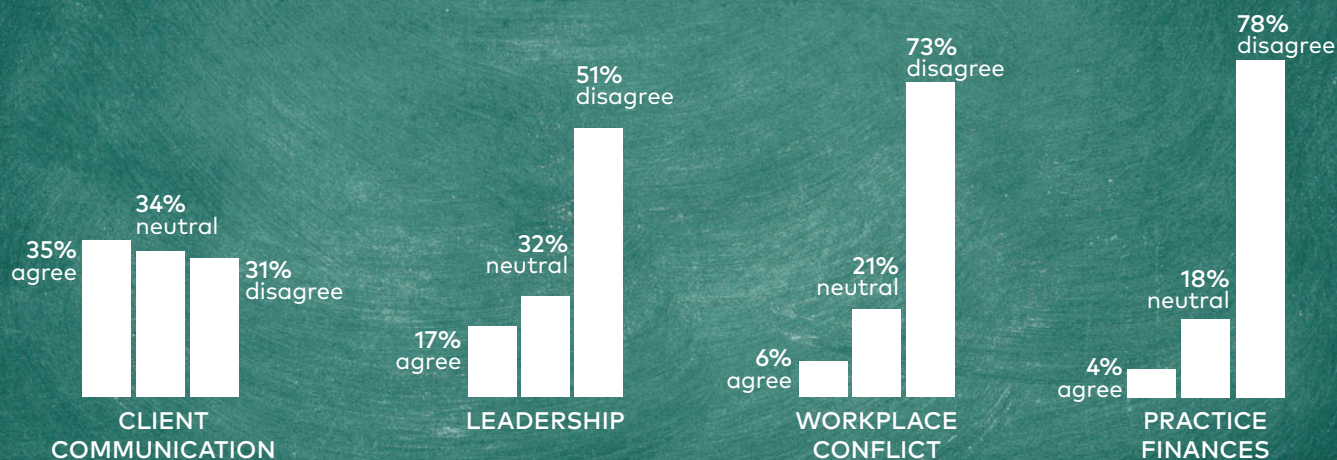
¹ Straubinger RK, Chang YF, Jacobson RH, Appel MJ. Sera from OspA-vaccinated dogs, but not those from tick-infected dogs, inhibit *in vitro* growth of *Borrelia burgdorferi*. *J Clin Microbiol*. 1995;33(10):2745-2751.

² Rice Conlon JA, Mather TN, Tanner P, Gallo G, Jacobson RH. Efficacy of a nonadjuvanted, outer surface protein A, recombinant vaccine in dogs after challenge by ticks naturally infected with *Borrelia burgdorferi*. *Vet Ther*. 2000;1(2):96-107.

³ Probert WS, Crawford M, Cadiz RB, LeFebvre RB. Immunization with outer surface protein (Osp) A, but not OspC, provides cross-protection of mice challenged with North American isolates of *Borrelia burgdorferi*. *J Infect Dis*. 1997;175(2):400-405.

I WAS SHY ON SOFT SKILLS.

"My education adequately prepared me for my first year in practice in the following nonclinical areas ..."



How do I stop feeling tense and distracted during self-care time?

Dr. Strand: The idea that self-care is bubble baths and leisurely comfort is a ruse. Yes, getting a massage is part of self-care, but it's probably one-eighth of it. Self-care also includes getting a mammogram, going to therapy to work through childhood trauma, meditating after a long, tense day, or getting on a Stairmaster when you'd rather eat Girl Scout cookies. It's hard work! You don't do it because it feels good. You do it because it makes you better. You stop feeling guilty because you realize that self-care helps you understand and move closer to your purpose in this world.

If you're having a hard time with this, start by celebrating others when they engage in self-care, and cheer them on. That's paying it forward, and it will come back to you. The culture of veterinary medicine must shift and evolve, so that instead of leaving early and coming in late because you chose to exercise and meditate before work, we tell people, "You got out on time today? That rocks! Good job! I'm so proud of you!"



Dr. Sarah Wooten is a regular Vetted contributing writer and Fetch dvm360 conference speaker.

I think there's so much that could be done to improve veterinary curriculum. Providing real-life scenarios for students to learn, making them aware of the mental health challenges facing them, doing a better job of preparing them for the staggering debt and poor salary, to name just a few. More hands-on experience with surgery would also be a plus for those interested. Also helpful would be better guidance when it comes to job choices, a dedicated person to help with choosing a career path, and making sure residents aren't bullying students in the program.

—2000s graduate

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THOU SHALT NOT TURF

How to successfully
manage atopic
dermatitis in house

By Sarah Wooten, DVM

Not sure you have time to provide immunotherapy for your difficult atopy cases?

Nonsense! With the right strategy, GPs can keep these patients in house—and help them become comfortable and content. Veterinary dermatologists Melissa Hall, DVM, DACVD, and Darin Dell, DVM, DACVD, say successful management of atopic dermatitis is better when you break it into chunks. Here are their answers to our top questions on successfully treating and keeping atopy patients in house.

Question: Is immunotherapy for treatment of atopy something a general practitioner can manage, or do you recommend referring to a board-certified dermatologist?

Dr. Dell: I don't think there's a black-and-white answer to this question. It's analogous to the question, "Can a GP perform abdominal ultrasounds?" The answer is, obviously, yes, anyone can buy an ultrasound machine. But if you don't like ultrasound or only perform two a year, you won't develop the skill needed to do a great job.

Effective immunotherapy involves more than drawing a blood sample and following the computer-generated recommendations. If a client is interested in immunotherapy, then I think the practitioner should offer a referral. If the client declines, then proceed with serum allergy testing but contact the company providing the allergy shots and try to learn more about what you're doing.

Q: In the short term, while we're waiting for immunotherapy to take effect, what can we do to control clinical signs?

Dr. Dell: All of the "core" allergy medications available are safe to use along with immunotherapy.



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This includes antihistamines, corticosteroids, oclacitinib, cyclosporine and canine atopic dermatitis immunotherapeutic (Cytopoint). The only therapy to avoid is high (immunosuppressive) doses of corticosteroids. Topical therapy with moisturizing and antimicrobial products is usually helpful as well.

Dr. Hall: Cytopoint is not for use in feline patients, and oclacitinib is labeled for dogs only. (I've tried using it in refractory feline allergy cases but find that it's not very rewarding.) For cats, I often still use corticosteroids or cyclosporine.

Q: How should we wean patients off these short-term drugs, and when? If patients are being weaned off the drugs and signs return, what should we do?

Dr. Dell: Fortunately, for drugs like oclacitinib, cyclosporine and Cytopoint, no weaning period is necessary. The most common antihistamines don't need a weaning period either. On the other hand, corticosteroids need to be weaned, as most veterinarians know.

The earliest I would try stopping adjunct therapy is after two months of immunotherapy. This correlates to my second recheck exam after starting immunotherapy. Depending on the patient and client, I may have them try withdrawing adjunct medications on the first of each following month, then resuming if signs return. Note: It's rare to be able to stop adjunct treatments after two months of immunotherapy. Most patients need adjunct treatments for 10 to 12 months.

Q: How long do patients need short-term therapy, on average?

Dr. Dell: Response to immunotherapy can take six to 12 months. Consequently, clients should be prepared to use adjunct therapy for at least six months. Every patient is different, of course, so everyone needs to be monitoring the pet closely.

Dr. Hall: I often counsel owners that it takes about a year to even see how well their pet responds to allergen-specific immunotherapy. It's also important to keep in mind that the seasons are always changing, so even with the best-controlled pet, flares can and do happen.

Give it a shot!

Flip to **page 34** for a breakdown of our picks for allergen-specific immunotherapy options.

Dr. Wooten's tips for managing atopy



Sarah Wooten, DVM

Spread out the problems.

Instead of trying to address all the problems at once, I tell the client what I'll be addressing in the time allotted, then ask them to schedule a follow-up visit to address less-pressing complaints. Most doctors run into problems when they try to do it all themselves or cram too much into one office appointment. Give yourself some space and some grace, and you'll practice better medicine.

Postpone vaccinations. With allergic skin disease, I often ask the client's permission to reschedule vaccines for a technician appointment a couple of weeks after the skin issue has cleared up, even if that's the reason they're in my office. When I explain that giving vaccines can make the itching or skin infection worse, clients understand and are much more compliant.

Don't sugarcoat. It's absolutely crucial with atopy cases to manage client expectations in regard to financial investment, importance of follow-up appointments and long-term prognosis. I've also found it helpful to prepare clients for the possibility of allergy flare-ups after vaccination. I usually say something like, "Because the immune system is engaged and making antibodies against [fill-in-the-blank] disease, it may trigger a flare-up in the skin. If that happens, give [fill-in-the-blank] medication and call the clinic as soon as possible for further recommendations." If they know it might happen, they don't get as frustrated with me when it does—which is nice.

Overcommunicate. I often see atopic patients from other clinics after the client has become disgruntled because the allergy medicine "stopped working." This underscores the need to overcommunicate the reasons behind treatment failure even before it happens, or you risk bad Yelp reviews or losing your client.

Make it make business sense. Proper management of atopy takes time, but if you charge appropriately for your time and train your support team to manage some of the follow-up tasks (history taking, collecting and reading skin and ear samples, and so on), then you can afford to keep and treat atopy cases.



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Loves a boy
Who needs a friend
Who needs to learn to trust
Who will learn to love
Because of
This dog you saved

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HEARTWORM DISEASE:

What lies beneath

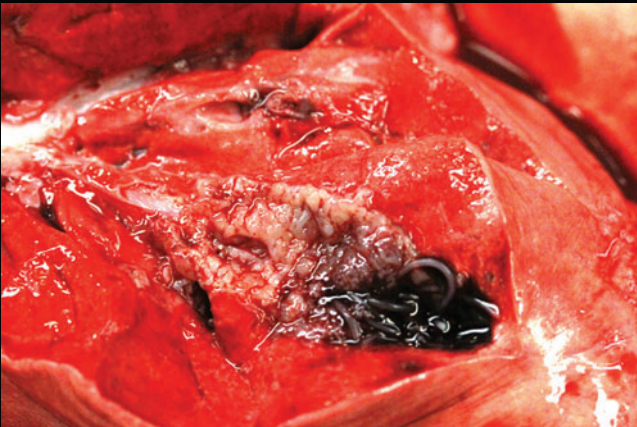
Join us on a pictorial journey of the gross effects of heartworm infections in veterinary patients.

By Stephen Jones, DVM

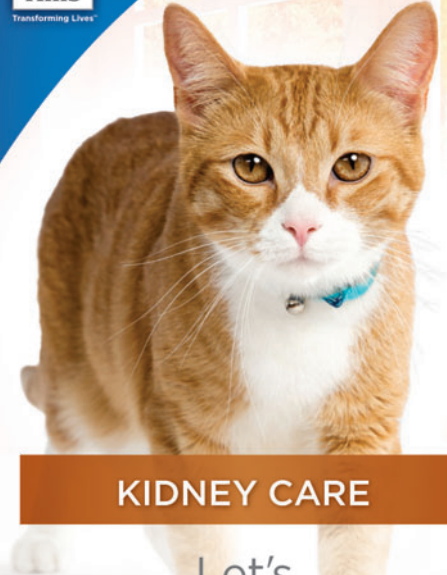
Why all of the photos of heartworms? Seeing has long been an element of believing when it comes to heartworm education—it's why countless veterinary practices display heartworms in a jar for client viewing. Seeing how heartworms damage the lungs and arteries of patients also helps veterinarians understand heartworm disease in ways that just reading about it can't do. That's why I go to great lengths to document the disease damage I see. My goal? To help veterinarians better understand the complex disease they both prevent and treat.



If you could look inside the lungs of a normal, healthy dog prior to heartworm infection, here's what you'd see. This image shows the distal pulmonary artery. The vascular walls are thin and the endothelial surface is smooth.



Contrast the appearance of a normal pulmonary artery with this image taken from a dog just 153 days (< six months) after experimental infection with heartworms. Vascular endarteritis and proliferation within the distal pulmonary arteries are already apparent, in spite of the fact that these infections most likely would not be detectable with an antigen test.



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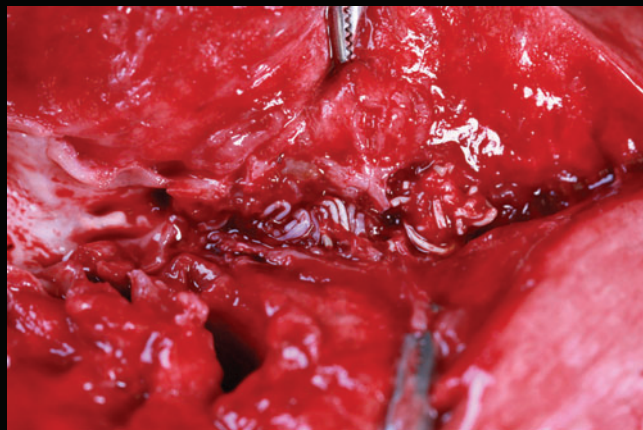
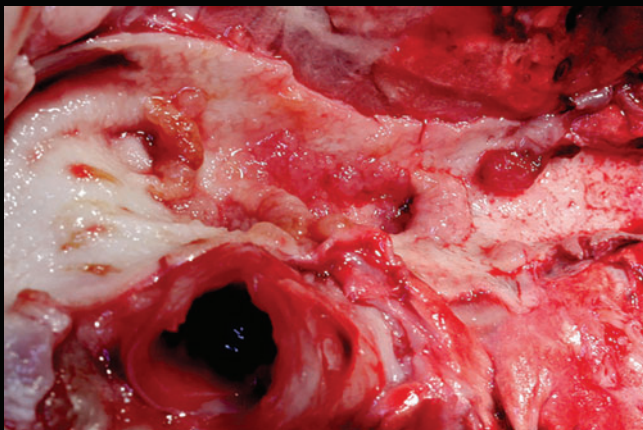
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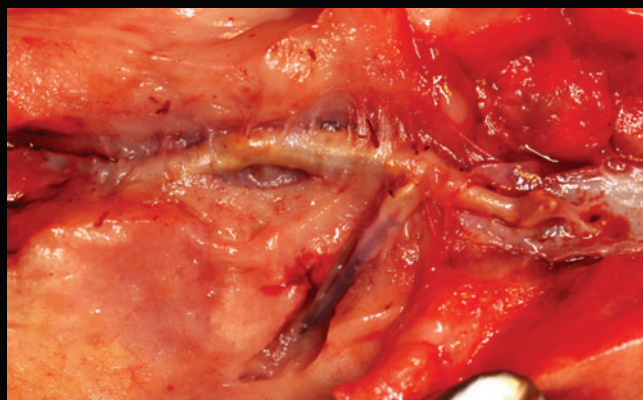
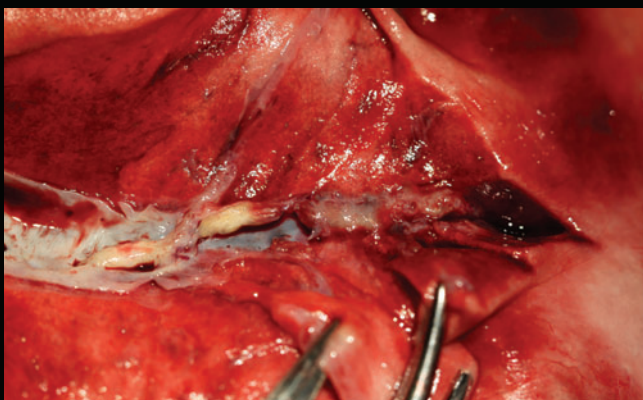
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As heartworm infection persists, the proliferation of the endothelial surface continues to worsen, and the vascular walls can become thickened and fibrotic. These large-vessel changes, along with coinciding perivascular inflammation and smaller arterial and capillary obstruction, can dramatically affect blood flow. This leads to increases in pulmonary artery pressures and, ultimately, right-sided heart failure.

While adult heartworms can live up to five to seven years, their lifespan varies considerably. Some worms may never reach the adult stage, while others, as in this example, can die as young adult worms. As part of the normal progression of heartworm disease, these dead worms collapse and are forced by the blood flow into the smaller distal branches of the pulmonary arteries.

In these graphic depictions, you can note that by the time a dog is diagnosed as heartworm-positive, heartworm disease has already begun (see more photos at dvm360.com/heartwormphotos). Early diagnosis and early elimination of heartworms with adulticidal therapy give a dog the best chance of a healthy life, but heartworm infection has consequences, and damage can be lifelong.



Dead heartworms aren't necessarily good heartworms. Rather than simply decomposing and being cleaned up by the dog's immune system, dead worms can leave behind chronic obstructive disease. This image shows a dilated distal pulmonary artery with mummified adult worm remnants and intraluminal fibrosis causing permanent obstruction of blood flow.

Above we see mummified adult worm remnants in two small branches of a distal pulmonary artery. Obviously, changes such as this are permanent, leaving pets with irreversible disease.

Dr. Stephen Jones is a board member of the American Heartworm Society and immediate past president. He is a practice partner at Lakeside Animal Hospital in Moncks Corner, South Carolina.



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HOSPITAL DESIGN

Two tricks to create less waste.



By Heather Lewis, AIA

Trying to produce less waste at your veterinary practice can seem daunting. The trick is to take small steps and make small changes until you're better and greener than ever. The environment will thank you, and you'll have the pleasure of knowing you're making the earth a better place. When it comes to producing less waste in your veterinary practice, there are a few suggestions I'd make.

First things first: You need to recycle. Even in more eco-friendly

places like Boulder, Colorado, (where our office is located), it's a struggle. We have a recycling wall of shame at our firm to try and motivate ourselves to constantly improve. It might feel like that will make you seem like a nag, but keep in mind that most people want to help the environment. They just need to be reminded how easy it is to recycle.

Second, start to attack veterinary waste. There are tons of easy switches you can make in your practice, like choosing

to go mercury-free. To help find inspiration, take a look at human medicine and the changes hospitals have made to become greener.

It's as simple as taking a second thought about what you're using—what's reusable and what isn't. For example, you could ditch the paper bowls you use to sterilize tools and stick to steel bowls, so long as they're completely sanitized after every use.

Producing less waste and becoming more environmentally



LESS WASTE FOR YOUR PATIENT'S ... WASTE

Cleaning up waste from your pets and patients produces more waste when you use a plastic bag. And BioBags are expensive. Believe me, I'm aware. There are other, more affordable options when it comes to compostable bags, however. Take UNNI, for instance. They have a range of products for anything from bagging compost to bagging feces. Just a quick heads-up: They're not like Hefty bags, so you probably still need to use plastic for cat feces and heavier compost. For the most part, though, they make for a great plastic bag replacement.

friendly in the process is just like any new habit: Once you get started, you'll gain momentum and motivation. It becomes infectious (in a good way!), and soon you'll be thinking smarter to provide better care for the earth, your patients and yourself.

Heather Lewis, AIA, NCARB, is a partner at Animal Arts, an architecture firm in Boulder, Colorado. She's a lighting geek and a (seriously) devoted advocate of minimizing pets' stress and anxiety during their veterinary visits.



Don't miss Heather Lewis at this year's HospitalDesign360 conference in Kansas City, Aug. 15-17. Registration is now open!

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HELPFUL STUFF



What Facebook changes mean for your practice

Recent revelations about the information-gathering methods of Facebook partners have forced Mark Zuckerberg and company to revise the way they do

business. And this may change the way your practice does business, according to Fetch dvm360 conference speaker Bill Schroeder. As he explains it, when users grant profile access to third-party games and apps, personal information gets collected and put to use in various ways.

"The product of that is a treasure trove of behavioral information that advertisers ... utilize to create really great ads for businesses like veterinary practices," Schroeder says. "This allows for extremely great targeting."

The problem is, this has been going on without Facebook members' explicit knowledge. Because of the recent backlash over this disclosure, Facebook is taking action, revealing that they'll shut down third-party data collection in late 2018.

What does this mean for veterinary practices? Schroeder says those relying on this type of data for targeted advertising will need to use other methods.

"You're going to need to rely upon the internal demographics that are created by Facebook native behavior," he says.

The best option, he says, is still the tried-and-

true email list. While information gathered by outside parties may be fleeting (as shown by the current situation), a collection of customer contacts belongs to you.

"The email list is the lifeblood of your marketing program," he says. "Make certain that you're making real connections with people and that you're gathering as much information on your own as often as you can about those who are following you."

Watch the video at dvm360.com/FBchanges for more of Schroeder's suggestions on how to keep these connections and collect legitimate, actionable client information.



Bot bonus

If you're familiar with Facebook messenger bots—programs that automate some simple Facebook Messenger interactions with

potential clients—and your veterinary practice is using them to gather demographic information, Bill Schroeder has some advice for you.

"If you're already using bots as part of your advertising plan, you've been grandfathered in on the program, and it looks like Facebook is going to leave you alone for now," he says.

He cautions you not to make administrative changes to your account, however, so as not to jeopardize your account's standing. If you're not already involved in such a program, it appears you'll have to wait until privacy issues are sorted out, he says.

Client handout: Puppy enrichment

Pets need food, clothing (dog sweaters, anyone?) and shelter, sure. But to be truly happy and healthy, they also need fun and play—or "enrichment," for the fancy word. Try a free PDF handout to give to clients who have a new puppy that covers the basics of enrichment and encourages them to consult the expert: you. Visit dvm360.com/puppyenrich to download the handout.



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Some are big sellers, some the veterinarians just love, and some just fit so perfectly into services they can't say "no."

1. Feliway
2. Fortiflora
3. OraVet chews

"All low-stress or Fear Free products like Feliway or Stress Away tablets are super popular. Also, Fortiflora—my dog needs it every day. And one of our doctors went to a dermatology seminar last year in Hawaii where the specialists swore by it to help with skin issues, even though it's a probiotic for the gut.

"We also sell a lot of the OraVet chews. Clients love to give their pups treats, and that one's good to help with oral health too.

"But honestly, every hospital is different, and every doctor has their go-to products. The true key is making sure the front staff is trained on each product."

—Dee Allen, RVT, CVPM
Practice manager
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Read two more practice managers' perspectives at dvm360.com/retailmusts.



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PET INSURANCE: A PUZZLE?

Here are 3 ways to put the pieces together.

By Kristi Reimer Fender

While pet insurance continues to have naysayers who fear it will transform veterinary care into a managed care mess of apocalyptic proportions, an increasing number of practitioners are discovering they actually like it when their patients are insured—and they wish it happened more often.

If that sounds like you, listen up: John Volk, an analyst with Brakke Consulting, has studied veterinary hospitals with high pet insurance adoption rates to figure out what they're doing to make that happen. Here are three of his discoveries, as reported to Fetch dvm360 conference attendees in 2017.

1. Appoint a staff insurance specialist

Designate a full-time receptionist, hospital administrator, practice manager or communication-savvy technician to be your hospital's insurance expert. If you don't already have your favorite company picked out, ask your insurance expert to research the various providers and pick one or two for the practice to recommend, Volk suggests. This pet insurance liaison should be familiar with the recommended companies and able to answer basic questions.

Bonus tip: Develop a relationship with your local reps—"They will give you all the help you can ask for," Volk says. That might be a pizza lunch-and-learn, free marketing materials or speed-dial access for quick answers to questions.

2. Figure out which clients already have pet insurance

Each time a client schedules an appointment or visits the practice, ask if the pet has pet health insurance, Volk says—you can also include the question on your new-client intake

form. Then note in the patient record that this pet is insured. Over time this will provide a census of how many patients are insured and help you measure if your efforts to increase use of pet insurance are gaining traction.

Bonus tip: Record the insurance company and claim number in the patient record. "Believe it or not, clients often forget that they have insurance!"

Volk says. Being aware of coverage from the get-go can facilitate decision-making when doctors and team members are discussing options with the client. It's also convenient to keep copies of claims forms with the pet's policy number in the patient file. "Your clients will appreciate the personal touch," Volk says.

3. Submit claims for your clients

This is a controversial stance among veterinarians, Volk says, because many docs feel like they're already swamped with more paperwork than they can handle. But, ultimately, doing this saves the practice time because the hospital gets fewer callbacks from the insurance provider asking you to clarify what the client wrote on the claim form. Plus, it helps ensure that claims are submitted in a timely way.

"This is an added level of service deeply appreciated by clients," Volk says. "When claims are submitted at time of service, it's highly likely that the client will be paid promptly, in many cases before a credit card bill comes due." And again, if you're working closely with just one or two insurance companies, the process becomes routine and submitting a claim takes just a minute or two.

Bonus tip: Keep a signed blank claim form PDF in your electronic records. Print it and fill it out when you're completing your medical recordkeeping for that patient.

Love Your practice manager?

Nominate them for 2018 dvm360/
VHMA Practice Manager of the year.

When fecal matter hits the fan (metaphorically, we hope), and there's a calm, cool and collected practice manager to mitigate the damage, everyone's life becomes that much easier. Maybe you're that practice manager. Maybe you're working with that practice manager. Either way, a practice manager like that deserves recognition.

Look no further! We give you the 2018 dvm360/
VHMA Practice Manager of the Year contest. Simply enter yourself or nominate that favorite practice manager of yours. The manager then fills out an entry form and sends it our way to look over.

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- > 1 year membership to VHMA
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- > Free 4-day registration to a Fetch dvm360 conference in either San Diego, Baltimore or Kansas City (you pick!).

**Contest ends June 15—so what are you waiting for?
Enter (or nominate) now!**



GOT ATOPY?

Three options you may want to give a shot.

There's a variety of options out there when it comes to treating itchy pets—shampoos, ointments and pills—oh my! But what about your veterinary clients who opt for the desensitization option of allergen-specific immunotherapy? Check out these three options you can try with your veterinary patients.

1

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Allergy Treatment Shots from Heska are indicated as an aid in alleviating clinical signs associated with allergic disease in dogs, cats and horses. Subcutaneous immunotherapy is successful in 60 to 80% of patients, and it doesn't have the potential of the side effects and complications commonly associated with continuous, long-term corticosteroid treatment. The precise testing virtually eliminates exposure to (and expense of) unnecessary allergens.

2

ALLERCEPT THERAPY DROPS

Heska's Allercept Therapy Drops are one component in its allergy assessment and treatment program. The drops are a palatable solution delivered in tiny amounts under the dog's tongue. The drops were formulated with proprietary technology and developed through years of trials. They have been found effective in treating pets that failed to respond to allergy shots and can be used on dogs that had prior anaphylactic reactions to allergy shots.

3

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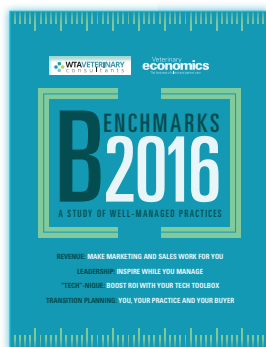
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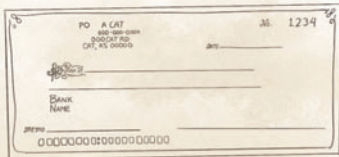
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