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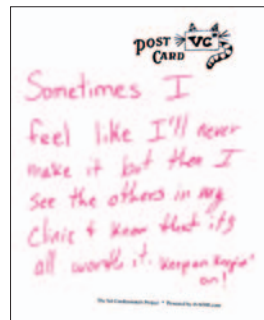


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# Vet confessions: Find someone to lean on

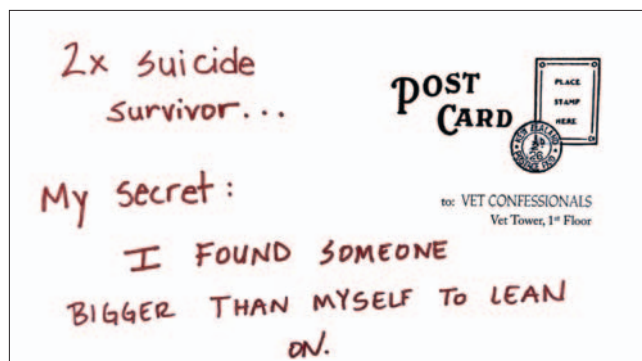
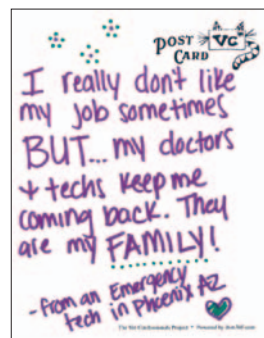
Veterinary professionals lean toward introversion most of the time, but there's value in fostering the connections in your life. Here are a few of the many confessions your colleagues shared with us at Fetch dvm360 conference.



## Hey, you're not alone

It may be that you've hit the end of your rope. You can't do it anymore. Don't worry, a lot of other people feel (or have felt) the same way.

Read more words of encouragement at  
[dvm360.com/confess-support](http://dvm360.com/confess-support).



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If you're considering an internship to flutter your career to new heights and attract many more butterflies like this, here's what to think about first.



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# THE PICKS

(what we care about now)

## All those sharps! What's a client to do?

Help your clients keep out of a sticky situation when they have a pet that needs injections by advising them of proper disposal techniques.

By Elizabeth Colleran, DVM, DABVP (feline practice)

It sounds like a simple question from a client: "What do I do with the needles I use for my diabetic kitty after I use them?" There should be a simple answer.

Not so fast. The answer, as in so many things in life, is "it depends." In large part, it depends on which state you live in, but in some cases the county within the state makes the rules. You, as a veterinarian, know that the rules for disposal for you are quite different from those for clients and their pets.

In general, the best recommendation is to use an FDA-approved sharps disposal container. They come in various sizes, including a small travel size. If an FDA-cleared container is not available, you can tell clients to place used sharps in a strong, opaque plastic container, like a laundry detergent or bleach bottle. The container should be leak-resistant, remain upright during use and have a tight-

fitting, puncture-resistant lid. When the container is about three-fourths full, clients should seal it with that ever-useful tool, duct tape, and mark it with big, waterproof letters: "DO NOT RECYCLE."

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**In general, the best recommendation is to use an FDA-approved sharps disposal container.**

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The difficult part is where the container goes from there. This is where community guidelines come into play. Oklahoma, Colorado, Illinois, Minnesota, North Carolina and more offer similar guidance: *Put the plastic container in the household trash—don't recycle! If a trash collector is reluctant to collect a red sharps container, refer them to your state waste agency. Sharps should never be thrown loosely into*

*the trash or toilet.*

It gets trickier in states like Oregon and California. For guidance specific to your state, you can check out [safeneedledisposal.org](http://safeneedledisposal.org). Simply select your state, and it'll highlight the regulations in your state and note if there are any county-by-county regulations. Other helpful information, such as a list of FDA-approved sharps containers and a searchable-by-ZIP-code collection of acceptable disposal locations, can be found on the site as well.

*Dr. Elizabeth Colleran is the owner and hospital director of two exclusively feline practices and is an American Board of Veterinary Practitioners diplomate in feline practice. Her passions are her crazy husband, two equally crazy Burmese cats, bicycling and Indian cuisine.*





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# Behavior issues never get old

Behavior problems are often expected in young pets: Aggression and separation anxiety go with the territory of having a puppy or kitten. But Julia Albright, DVM, DACVB, says many of the same issues can appear in older animals.

"Probably one of the biggest ones that I see is nighttime waking," she says. Clients often end up making the problem worse when they try, out of desperation, to handle the situation. Dr. Albright says practitioners are in the perfect position to authoritatively advise

against aversive measures, and, instead, discuss how to deal with the often troubling behavioral tics that can develop as pets age.

How to deal? "Clinicians can really help by providing medications or supplements," says Dr. Albright. In addition, she notes the importance of suggesting environmental alterations that can be beneficial, such as masking outside sound or making changes to sleeping arrangements. Get a whole package of advice on cognitive dysfunction at [dvm360.com/CDS](http://dvm360.com/CDS).



## Veterinary parasites to be concerned about? Take your pick. (*Yeah, there are that many*).

"It's kind of mind-boggling how many are emerging right now," says Richard Gerhold, DVM, MS, PhD, when asked what parasites practitioners should be most worried about.

He says that these organisms can be split into multiple categories, perhaps most maddening of which is, "Thought they were eradicated in the U.S.? Nope." This includes:

- > **Screwworms.** They can cause a zoonotic infection and are re-emerging in the Florida Keys.
- > **Texas cattle fever.** It had been eradicated but is stampeding back in the Lone Star State.

Dr. Gerhold also outlines parasites that have increased due

to factors like evolving landscapes, climate change and human travel:

- > Heartworms
- > *Angiostrongylus vasorum* (French heartworm)
- > *Angiostrongylus cantonensis* (rat lungworm). That's a zoonotic disease that can infect human brains!
- > *Baylisascaris* species

Multiple tick-borne maladies such as Lyme disease are also gaining.

"These things are affecting everything from domestic animals to humans to wildlife—all three combined," Dr. Gerhold says.

Another thing that's really bugging Dr. Gerhold? The way parasitology is taught in vet school

these days. "People used to think parasitology was just teach them what drugs to give and kill it, and that's all you need to know," he says. He's concerned because, as a result, vet schools are now really decreasing parasitology teaching. Yet new threats are always coming, whether they be due to drug resistance or changing life cycles or new parasites emerging.

"It's really critical that veterinarians and veterinary students keep up with parasites and keep them on their radar," he says. "So coming to CE meetings and being vigilant and doing thorough diagnostics is really important."



# Getting pumped for veterinary rehab with weekly team meetings

When our employees got burned out on daily protocols, regular doses of education and affirmation built up their commitment muscles. *By Andrea Mocabee*

**T**he employees at my veterinary rehabilitation facility were becoming burned out on the monotony of day-to-day rehab protocols. So I decided to set up weekly staff meetings where, in addition to business matters, we focused on a specific "muscle of the week." We discussed not only what the muscle did, but also exercises we could do with patients to engage that muscle.

We also assigned one person every month to research a topic pertinent to rehab. We've had presentations on low-level laser, degenerative joint disease, degenerative myelopathy and the special-needs products we carry—what they're used for and how they can benefit our patients. We've compiled this information into a binder that we use as a reference for current employees and to train new team members.

At the end of the meetings, we also take the time to discuss positive things that happened that

week or offer kudos to an employee who's gone above and beyond.

Once we got through a few meetings, the employees took over and were excited to talk about different topics. I still oversee the process, but I let my team own it and make it theirs.

*Andrea Mocabee is practice manager for Scout's House, a pet rehabilitation facility in Menlo Park, California, and an entrant in the VHMA/dvm360 Practice Manager of the Year contest. Learn more about the contest at [dvm360.com/pmoy](http://dvm360.com/pmoy).*



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# Spreading your WINGS

**Examining the  
value of veterinary  
internships in an era  
of six-figure debt**

*By Michael Nappier, DVM, DABVP*



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## If a new graduate wants to spread her wings in a structured learning environment, the cost of delayed earning may be too high—unless she plans to transform herself into a veterinary specialist.

**T**o intern or not to intern. For many senior veterinary students this time of year, that is the question. Just as Hamlet felt quite alone in pondering his serious questions of life or death, many of my students feel that the internship choice is one of professional life or death.

And maybe it is, given the enormous debt burden of a veterinary education. Adding an extra year of indebtedness and interest accrual for some new grads may be just enough to make the difference in their professional success. So what advice do I have for them? This:

- > An internship is not a black or white decision.
- > There are options other than yes or no.
- > Choose carefully, as it is not a cheap choice.

Although many in the veterinary profession look at the decision to sign up for an internship simply as a question of gaining confidence or experience, just like a veterinary education, an internship is actually a commodity. What an intern is purchasing is a year of additional guided training at a cost of \$40,000 to \$50,000 or more—the difference between associate and intern pay, plus the long-term opportunity cost of delayed full earning.

The real question, then, comes

down to this: Do you need that additional training at that cost or not? In my experience, most students can answer this question simply by deciding whether they want to specialize.

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**What an intern is purchasing is a year of additional guided training at a cost of \$40,000 to \$50,000 or more—the difference between associate and intern pay, plus the long-term opportunity cost of delayed full earning.**

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### The specialty question

For students who wish to be boarded specialists, the choice is relatively easy. The straightest, most direct path to a specialty board certification is through an internship. As long as the student has picked a specialty with a demand for diplomates—and most diplomates are in demand—the decreased income for the years of internship and residency will be greatly offset by increased income generated from specialty practice.

However, this path is not without risk. A percentage of students entering an internship intending

to specialize will, in fact, discover during the process that they no longer wish to do so. This will leave them having financed an expensive year of self-discovery with little to no financial gain.

Students should also be aware that an internship, although the most common route, is not the only way to board certification. The American Board of Veterinary Practitioners offers board certification options designed to be completed in a veterinary practice setting. And a number of residency programs will consider practitioners with a year or more of high-quality practice experience. Some of my favorite specialty residents have taken this route.

### Finding the right fit

Although many students find the decision to specialize quite easy, what's not so easy is picking a good internship. The first year of practice is a key growth area for

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new graduates, and many pick an internship specifically because of the structured growth environment. So it's ironic that this is the only segment of veterinary education where no oversight or uniform standards exist. The AVMA has published internship guidelines, but there is no governing body in charge of internships, nor is it mandatory for any internship to abide by the AVMA guidelines.

This leads to a Wild West-like atmosphere where the intern is at

the mercy of the individual program. Some idea of the program can be gained by talking with previous interns, but even that can be problematic, since without uniform guidelines the program can change at the whim of the internship director. A number of internships do have long-standing track records, but many don't.

All of this leads to some interns stuck unwittingly with the bad apples in the bunch, the predatory internships. These are, in my opinion,

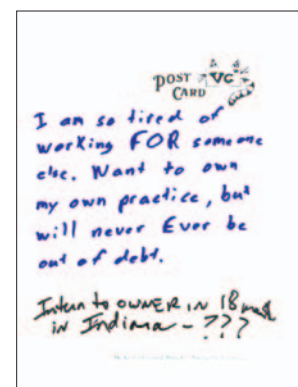
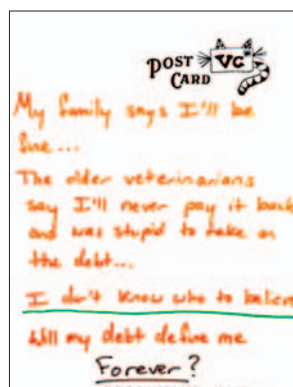
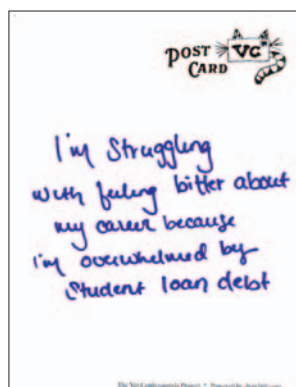
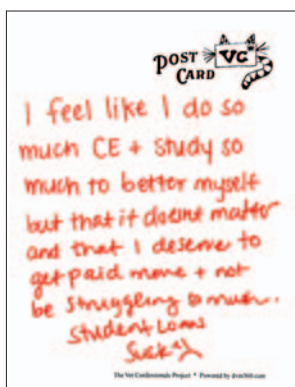
despicable operations, luring interns with the promise of mentorship and training and instead financing their own practice profits on the backs of the profession's future.

### Jumping into practice

So after all that doom and gloom, what's a new grad who would like a structured program of development—but doesn't want to specialize—supposed to do? First, simply going into practice isn't necessarily as chaotic and

## VET CONFESSIONS ON STUDENT DEBT

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unstructured an experience as some might think. Most practices hiring a new graduate have at least some structure for helping introduce them to the practice. The most thorough will even take several weeks to have the new grad work with various groups around the hospital before they've even scheduled their first appointment. Employers of new graduates also usually adjust the length of appointments and assign their most experienced staff to help the new grad break into practice.

That said, it's still possible for grads to unwittingly walk into their nightmare scenario—having the practice owner toss them the keys and saying they'll see them in three weeks when they're back from Hawaii. However, even this may not be as horrible as it initially sounds.

My personal experience was something similar, and it wound up being the best possible thing that could have happened. Being on my own caused me to rapidly become more self-sufficient and greatly accelerated my learning curve. It also gave me more time alone with the clinic staff and

made some of the standard of care changes I had planned easier to implement. While I wouldn't have chosen it purposefully, sometimes even the worst-case scenario turns out to be the best.

### **A solution to explore**

After all of this discussion, I imagine there are still a number of new-grads-to-be who are thinking, "But I want both structured guidance and a decent salary with decent hours." Well, there is an option that provides both the flexibility and salary of an associate's position with some of the structured experience of an internship. What I recommend

---

**There is no one-size-fits-all solution for the best career track for a new grad. An internship may be right for some but shouldn't be seen as a solution for everyone, as it comes at a significant cost.**

---

to many of my new grads is to negotiate a mentorship contract.

AAHA provides resources for both new grads and employers to structure a mentorship contract with specific standards and recommendations. This helps new grads and employers set specific, actionable, and time-sensitive goals that are tailored to the

defined learning objectives of the new grad. These are negotiated like any other employment benefit and are included in an enforceable written contract with complete transparency to both sides. AAHA even accredits practices that meet their mentorship guidelines, which provides indirect oversight and direction that can be missing in the internship process.

### **Wrapping up**

So what should a new grad take away from all this? There is no one-size-fits-all solution for the best career track for a new grad. An internship may be right for some but shouldn't be seen as a solution for everyone, as it comes at a significant cost. Going directly into practice may seem scary, but it could be the best scary thing you ever did. And finally, negotiating a mentorship contract can give both a structured learning environment and the benefits of a practice position if it's included in a well-defined and binding contract.

*Dr. Michael Nappier is a frequent contributor to [dvm360.com](http://dvm360.com) and an assistant professor of community practice in the Department of Small Animal Clinical Sciences at the Virginia-Maryland College of Veterinary Medicine in Blacksburg, Virginia.*





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# 5 problems with inventory and how to solve them

By Nicole Clausen, CSGGB

Let's get back to basics—with some advanced technology tips—to manage your veterinary practice inventory to cut costs, increase revenue and better serve more patients and clients.

**I**nventory is the second-highest expense in a veterinary practice. If you don't properly manage inventory, it can quickly become the No. 1 expense and eat away at any profitability or potential for growth. Are you confident in your inventory management? Just to check, let's take a moment to consider the most common inventory issues veterinary practices face.

## 1. Is your problem "too much" or "not enough"?

One of the biggest sources of excessive inventory costs is overordering and carrying an excessive number of products. Combat this by evaluating your hospital's usage and sales data to determine when and how much to order. As a general rule, when you have two weeks of stock on hand, order 30 days' worth.

To make these calculations, first

determine your annual usage, divide by 12 months for your monthly usage, and divide that by two for your reorder point. In most practice management systems, you can enter the reorder points and quantities so the software will flag when it's time to reorder a specific product. Automating this can save you time and help your hospital to be less reliant on the "want book."

## 2. Is your problem "too many"?

An excessive number of duplicate products—think 10 kinds of ear cleaner or flea-and-tick preventive—can increase costs. Think about it: You keep significantly more different products on your shelves, which can quickly increase time and money in ordering, buying and managing those items.

It's best practice to have a primary and secondary product and then use

your hospital's online pharmacy to prescribe special order products.

## 3. Is your problem "too pricey"?

Several years ago, the school of thought was that price matching was a mistake, because the amount of time spent researching lower prices canceled out any possible savings. To know for sure what distributors were charging to compare prices, you needed to log into each distributor and check each individual item.

That may have changed with the debut of Vetcove, an online purchasing platform that compares your prices across all your vendors. The service can help you determine the best price, check for availability and find alternative products. Vetcove is free for independently owned veterinary practices; corporate-owned practice groups



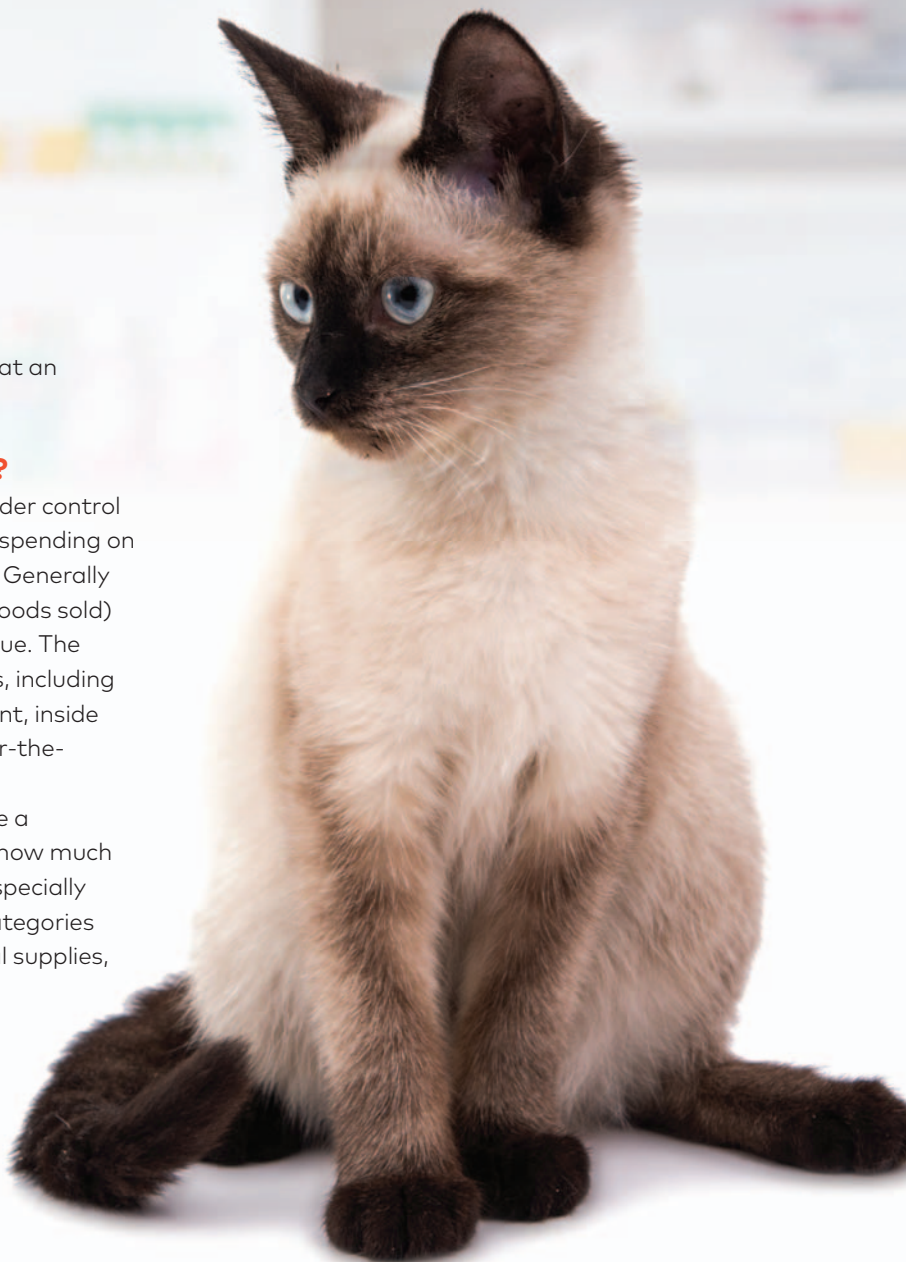
pay monthly for services that go beyond what an independently owned practice needs.

#### 4. Is your problem "not enough info"?

An important piece of keeping your costs under control is understanding how much you're currently spending on inventory and what you should be spending. Generally speaking, an industry-wide COGS (cost of goods sold) benchmark is 20 percent of your gross revenue. The COGS label covers a wide range of expenses, including pharmaceuticals, medical supplies, equipment, inside and reference laboratory fees, pet food, over-the-counter products and cremation services.

A budget can be an excellent tool to create a roadmap and guideline for knowing exactly how much to spend every week and month. It can be especially helpful to break the budget down into subcategories such as prescription diets, drugs and medical supplies, laboratory expenses, equipment, or any other labels helpful to your hospital.

Creating and using a budget might seem overwhelming, but there are ways to make the process easier. Quickbooks, for instance, has a great feature that will help create a budget by applying an expected



## REORDER POINT BASICS

Use your practice software to calculate reorder points and quantities. Most systems have a way to view annual usage. For example, in AVImark, under the individual product screen in the "Sales" tab, you can view your monthly and yearly sales data.

## DO I NEED AN INVENTORY CABINET?

Several clients of mine have said a Cubex unit helped recapture missed charges, improve dispensing protocols and reduce time spent maintaining inventory. The need for a cabinet depends on a hospital's revenue, inventory goals and current challenges, but I think it's a key piece of the puzzle to consider.

## BEST PRICE? ARE YOU SURE?

Do a little research (on Vetcove or elsewhere), then discuss with your main distributor whether you're getting the best prices. In addition, don't neglect the opportunity to join veterinary purchasing groups that use their large buying power to negotiate lower prices for their members.

growth percentage to each month for the previous year to give you budget guidelines going forward. If your accounting software doesn't do this, you could project next year's revenue by applying the average change in revenue over the last three years to the revenue of each month of the previous year.

For example, if your average change in revenue was 5.3 percent for the past three years, in January 2018 your revenue was \$197,853.21 and your projected revenue January

2019 would be \$208,339.43. To maintain at or below the benchmark of COGS at 20 percent, your monthly budget is \$41,667.89. If all of your COGS expenses are under one umbrella category, visit AAHA.org for a free chart of accounts to help define your subcategories.

Setting and using a budget can take time and effort to set up, but once it's established it will help clarify exactly what should be spent every month and keep your COGS at an optimal level.

## 5. Is your problem "not enough money"?

On the flipside of cutting inventory costs is ensuring revenue is properly captured. If there are consistently charges missed or discounted items, your costs will seem relatively high.

One advanced tool for recapturing revenue is a record-keeping inventory cabinet like Cubex, which integrates with your practice management system to allow the dispensing of only ordered products and can act as a double-check system to ensure there are no

missed inventory charges.

Outside of using a dispensing system, setting up clear protocols and procedures is crucial—for example, a sample chart or standard for exactly what should be included when a patient is hospitalized for a single day or multiple hospital stays.

Another key piece many hospitals miss? Keep the pharmacy area as stress- and distraction-free as possible. Limiting small talk, music or other distractions can help team members focus on the five rights of the patient: the right patient, the right drug, the right dose, the right route and the right time.

Your hospital's inventory is like a business within a business. Uncontrolled inventory directly eats into hospital profits, and properly controlled inventory can help a hospital invest in new services, expand and grow, and reinvest in the hospital and, yes, the whole veterinary team.

*Nicole Clausen, CSGGB, is founder and operator of practice consulting company Veterinary Care Logistics.*





# GUARD

## Your Practice



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# Glands sakes!

## The nitty-gritty on sebaceous adenitis in dogs

From pathogenesis to prognosis, here's what you need to know to help your veterinary patients (and their humans) cope with this scaly condition.

*By Judy Seltzer, BVetMed, MRCVS, DACVD*

**S**ebaceous adenitis is a skin disease that causes the destruction of sebaceous glands. These glands produce a fatty secretion called sebum that lubricates the skin and has antimicrobial properties. Damaged sebaceous glands can cause a decrease or cessation of sebum flow and can ultimately lead to scaling, follicular plugging and progressive hair loss. In severe and chronic cases, the sebaceous glands can be completely destroyed.

**Much to this Havanese pup's dismay, sebaceous adenitis treatment often includes bathing.**

## The start of it all

The true pathogenesis of sebaceous adenitis is unknown at this time, though a number of theories exist. Hypotheses include a primary or secondary keratinization defect, an inflammatory disease of the sebaceous glands, a lipid metabolism abnormality, idiopathic disease or a destructive autoimmune response against sebaceous glands. A genetic or hereditary basis for the disease is likely in predisposed breeds, including the standard poodle, vizsla, Akita, Samoyed, Havanese, English springer spaniel and dachshund.

Idiopathic sebaceous adenitis has been diagnosed in more than 50 purebred dog breeds and mixes, and dogs typically present between 1 and 5 years of age. The pathogenesis likely differs within breeds and individual animals since there's variability in age of onset, clinical presentation and response to therapy.

In addition to dogs, sebaceous adenitis has been described in cats, rabbits, horses and humans. However, the condition is rare in cats, so it is not well described. Typical clinical signs in cats include changes in hair coat quality, crusting, scaling and alopecia.

## Sebaceous signs

The clinical signs in dogs are variable and are often divided into two presentations:

**Long-coated form.** Clinical signs start with skin lesions and hair loss

on the head, ear flaps and muzzle and often progress along the dorsal part of the body. Lesion distribution is usually bilaterally symmetrical. Common early abnormalities include mild scaling, dull or brittle hair, hair thinning and changes in hair pigment. As lesions progress, scaling becomes more severe (thick silver or white) and hair becomes more matted with follicular casting. The patient's skin can also become erythematous, with some papules and pustules as secondary infections develop. Rarely, fever and weight loss are reported. Breed examples include the standard poodle, Akita, German shepherd, Havanese and Samoyed.

**Short-coated form.** Clinical signs often present as multifocal to coalescing patches of hair loss with scaling (also referred to as a "moth-eaten" appearance). Some dogs will present with nodular lesions and plaques without the classical scaling and crusting. Breed examples include the vizsla and dachshund.

## Diagnostic tips

A variety of differential diagnoses should be ruled out, including superficial pyoderma, demodicosis, dermatophytosis, primary seborrhea, ichthyosis, follicular dysplasia and endocrinopathies like hypothyroidism and hyperadrenocorticism.

Here are the components you'll need to dig down to a diagnosis:

- Detailed history and examination
- Skin cytology—any secondary infections identified should

always be treated

- Bacterial culture—if skin condition has not responded to first-line antibiotics and there is still evidence of secondary infection
- Skin scraping—to rule out demodicosis
- Trichogram—can also be used to rule out demodicosis; hairs with marked follicular casting often contribute to a greater suspicion of sebaceous adenitis
- Fungal culture—to rule out dermatophytosis
- Biopsy—collect multiple samples for dermatohistopathology to obtain adequate numbers of adnexal units. Early lesions—discrete granulomas in areas of sebaceous glands; perifollicular inflammation targeting sebaceous glands; no involvement of other adnexa. Chronic lesions—fibrosis replaces absent sebaceous glands; hyperkeratosis and follicular plugging may be seen.

## Time for intervention

Sebaceous adenitis is primarily a cosmetic disease and isn't particularly bothersome to the pet unless there is an associated secondary infection. All modes of therapy (topical and oral) are intended to slow the disease progression and manage the skin condition. Additionally, treatment with appropriate antibiotics and antifungals is necessary if a secondary bacterial or yeast infection is present.



## Checking in on rechecks

Managing sebaceous adenitis can be time-consuming and labor-intensive, which can be frustrating for some owners. It can also take several weeks to months to see significant improvement. So it's important to give words of encouragement to owners so they don't give up on treatments prematurely. In the early stages of treatment, monthly recheck appointments serve two purposes. First, you can use them to evaluate the patient's response to therapy. Second, they give you an opportunity to talk to your clients and discuss their concerns face to face.

### Mild cases

- > Oral omega-3 fatty acid supplementation daily—typically, 180 mg of combined eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) per 5 kg of body weight
- > Topical therapy: keratolytic shampoos and emollient rinses; humectants every two to four days (Douxo Seborrhea shampoo and spray and Dechra DermAllay shampoo and spray have been used with success).

### Severe cases

- > Oral omega-3 fatty acid supplementation daily—typically, 180 mg of combined EPA and DHA per 5 kg of body weight
  - > Propylene glycol (50%-70%) spray or water-based moisturizing spray daily (we typically recommend a 50-50 mixture of water and propylene glycol)
  - > Baby or mineral oil soaks (two to three hours) followed by bathing to remove excess oil; repeat soaking weekly until condition has improved and then every two to four weeks for maintenance.
- ### Additional oral therapies
- > Vitamin A: 1,000 IU/kg orally every 24 hours with a maximum daily dose of 20,000 IU/kg to minimize adverse effects
    - Schirmer tear testing should be performed on a regular basis since retinoids can alter the lipid content of the tear film, causing increased tear evaporation and qualitative tear film abnormalities.
  - > Tetracycline and niacinamide
    - Dogs < 10 kg: 250 mg of each orally every eight hours
    - Dogs > 10 kg: 500 mg of each orally every eight hours
    - Doxycycline (5-10 mg/kg every 12 hours) can be used instead of tetracycline
  - > Prednisone: 2 mg/kg orally every 24 hours until lesions are controlled, then tapered slowly to reach the lowest dose that controls clinical signs (typically every other day)
  - > Isotretinoin (first-generation synthetic retinoid): 1-1.5 mg/kg orally every 12 to 24 hours until lesions are improved, then tapered to every 24 to 48 hours or 0.5 mg/kg every 24 hours
    - Has potent sebostatic

effects—effectively decreases scaling and alopecia in around 50% of cases

- Can be expensive and teratogenic, so there are tight regulations in the United States
  - Monitor liver enzyme activities every two weeks during induction
- > Cyclosporine: 5 mg/kg orally every 24 hours
    - The only treatment that may lead to sebaceous gland regeneration
    - Improvement in clinical signs is typically used to determine response to therapy
    - Frequency of administration is decreased to the lowest effective dose once remission is reached.

Sebaceous adenitis is a disease that needs to be monitored on a regular basis, especially in the early treatment phases. Read more about best monitoring practices and prognosis at [dvm360.com/glandsakes](http://dvm360.com/glandsakes).

*Dr. Judy Seltzer is a dermatologist at BluePearl Veterinary Partners in New York City. She and her husband have a brand-new baby girl and four cats and enjoy traveling, fall festivals, winter activities and dining out.*

# Ease the "dis-ease" of old age in pets:

## A plea to incorporate more geriatrics into your veterinary practice

By Jennifer Gaumnitz, Senior Content Specialist

**Veterinarians can do better for geriatric dogs and cats and their families. An end-of-life veterinary care expert tells you what breaks her heart and shares practical tips for your practice to help ease the problems clients may face in their pets' last years.**

**W**hat shocks and saddens Mary Gardner, DVM, co-founder of Lap of Love Veterinary Hospice and In-Home Euthanasia? You might guess it would be something related to euthanasia, since Lap of Love is a network of veterinarians dedicated to end-of-life veterinary care.

But it's not that. Dr. Gardner says that she had noticed that many pets she was scheduled to euthanize had not been to see their veterinarian in quite some time. Her suspicions were borne out when she enlisted the help of data company VetSuccess to conduct a study of 300 clinics of all sizes from around the United States. Their study yielded the statistics you see above. (Their interest piqued by the preliminary data, VetSuccess is now conducting a study of 1,000 clinics.)

"We have to make sure that we don't ever get to the point where

**77%** of cats 12 years or older

**69%** of dogs 10 years or older

**are not being seen in the 18 months prior to being euthanized**



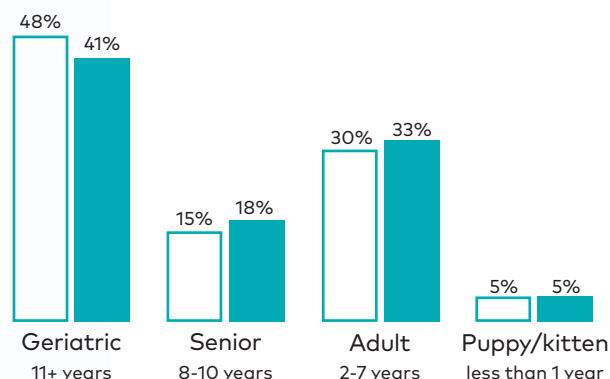
we haven't talked to the pet owner in over a year and a half," says Dr. Gardner. "These pets are really important to us; they're a massive

part of our client base."

Dr. Gardner has been educating the profession about the difference between senior pets and geriatric

SOURCE: LAP OF LOVE VETERINARY HOSPICE AND VETSUCCESS

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**Percentage of pets within the different life stages**

□ cats ■ dogs

pets for several years now. "We're seeing a lot more older pets today because we have better medicine and better nutrition and the human-animal bond is different today. We're going to see more geriatric pets," she says. (Just see the data at the top of this page.)

### 'Senior' and 'geriatric' are not synonymous

Dr. Gardner says first of all, veterinary teams need to recognize there is a difference between a senior pet and a geriatric pet. "Geriatricians classify a person as geriatric when they are fragile. I like that word," she says. "That's what I think of when I have an 11-year-old Lab come in. He can't jump out of the car, but has to be lifted in."

How often have you said to clients, "Age is not a disease," when trying to persuade them that their pet may have an underlying treatable disease that they want to identify? But Dr. Gardner says we do need to acknowledge, "Age is a dis-ease—it does bring with it some clinical signs that the patient struggles with.

"And sometimes we're not going to find out what's wrong with them," she continues. "We're not going to spend money to find out what's wrong with a 15-year-old Lab, but they're still struggling with some urgent issues and not enjoying a good quality of life."

That's where veterinarians have the opportunity to step in and help the clients who own geriatric pets. She thinks that, in general, veterinarians can do a better job of distinguishing between senior and geriatric pets and of helping families deal with the differences. See Dr. Gardner's (somewhat depressing, but realistic) list of physical changes at [dvm360.com/seniorsigns](http://dvm360.com/seniorsigns).

All of these changes are important to be aware of, Dr. Gardner says, especially when a pet is considered geriatric and is undergoing anesthesia or being given a new drug.

### An emphasis on mobility and cognition

Two main areas in which geriatric pets develop problems are mobility and cognition. Dr. Gardner says,

"Mobility is probably the largest complaint of clients with geriatric pets, and it's the No. 1 issue we have to manage," says Dr. Gardner. Often the pet can't get up or down, but once they are up they can walk. Older pets may have difficulty walking on tile and wood floors or their legs may splay as they stand in front of their food bowl.

"With these pets we may have osteoarthritis, stenosis and joint problems, but we can't forget about muscle problems. Sarcopenia is the progressive loss of muscle mass. Old dogs and cats just shrivel up," Dr. Gardner says. "Over time, muscle fibers degrade and are not replaced as well as they used to be.

"I'll have animals that are on the best NSAIDs and pain management, but there's nothing wrong with their joints," she continues. "They're just weak because their muscles are weak. The fast-twitch fibers in muscles fatigue faster and also degrade faster. Those are the muscle fibers pets use to get up from the floor. Adductor muscles contain more fast-twitch fibers, and so they degrade faster,



which is why a pet's legs may splay while sitting in front of a food bowl."

So, what can be done to help these pets? To prevent sarcopenia, consider perhaps increasing protein in the diet. "Taking away protein for kidney failure problems might be hurting our pets because they need that muscle mass," Dr. Gardner says. Instead, feeding a higher protein, highly digestible, energy-dense diet to older pets may prevent or slow their decline in body weight and lean body tissue associated with aging.

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**"Sometimes we're not going to find out what's wrong with them. We're not going to spend money to find out what's wrong with a 15-year-old Lab, but they're still struggling with some urgent issues and not enjoying a good quality of life."**

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Also, exercise is important to counteract sarcopenia in geriatric patients. "If we can control the pain better, we can get them moving," says Dr. Gardner. "It's important to keep these pets as pain-free as possible and steadily moving."

Don't forget about nonmedical solutions, as well. "We always just throw medicine at a problem, but it's about managing their lifestyle also," says Dr. Gardner. To help a pet with mobility issues, she recommends products such as yoga or bath mats, booties and toe grips

for traction, harnesses to help the pet rise from the floor, and ramps.

For cognition issues in geriatric pets, Dr. Gardner says, "Keep the brain going. One-third of the dog's brain is dedicated to scenting. So, use scenting games for mental stimulation." Also, this gives owners a way to help their pet. "Owners feel helpless, and they want to do something to help these guys," she says. And she advises to ensure that clients know a pet with cognitive dysfunction is never to be punished if it has an accident in the house.

Pet owners need veterinarians to help with recognizing that a pet is having cognitive problems and help with managing life with these cats and dogs.

### **Let's try to never be late again**

"By the time I see them it's too late," says Dr. Gardner. "So, I want them seeing you guys before they see us."

By recognizing the differences between senior and geriatric pets, working to educate owners about the special issues that aging pets develop, offering concrete ideas about ways to manage life with a geriatric pet, providing support for these pet owners who may have a heavy burden, perhaps veterinary teams can help reduce that startling statistic about the number of pets that haven't seen a veterinarian in the 18 months before euthanasia. It makes business sense, and it is definitely good medicine to improve the quality of life and ease the dis-ease of old age for geriatric pets and their families.

## **Does your practice website help owners of geriatric pets?**

Lack of education among clients may be one thing that's keeping older pets away from veterinary clinics. Owners simply don't recognize a problem in their geriatric pet and don't know that there may be ways to manage a problem. What clients need is education, and what your website needs is separate senior and geriatric pages on your website, says Dr. Gardner.

They need help with, say, "Why does my old cat yowl?" or "Why isn't my old dog sleeping through the night?" When owners Google a problem, "Bam! You want your website coming up, so that they come to you in the morning. Guess what website's coming up? Mine. They can't sleep through the night, and so the next phase is euthanasia," Dr. Gardner says.

Dave Nicol, BVMS, Cert. Mgmt MRCVS, a colleague of Dr. Gardner's and a frequent lecturer at veterinary conferences took her advice to heart. He revamped his practice's website to include client information on senior pets and end-of-life care. Check out his website ([roundwoodvets.co.uk/senior-pets-end-of-life-care](http://roundwoodvets.co.uk/senior-pets-end-of-life-care)) for a head start.

**See more on hospice care of pets at [dvm360.com/petpainanddeath](http://dvm360.com/petpainanddeath).**

# Hospital design

## Don't break your break room

You need to save money, but are you sure your veterinary hospital break room needs to be a dark, cramped closet? Remember: The same people who made your practice so successful in the first place are going to be using that room.

By Vicki Pollard, CVT, AIA

**W**hen time and budget get crunched, the break room is one space that sometimes gets features cut first in new or remodeled veterinary hospitals. But your culture and your vision for your practice may involve care for staff and the need for a place to unwind and take a breather between rough emotional cases. Take a look at how to fix your dark, dreary space.

### Don't skimp on size

When designing a veterinary hospital, practice owners and architects alike can sometimes put on blinders and not allow enough space in our floor plans for staff break areas.

### Vary the seating

You need adequate space and variation, so team members can choose where they want to be on their break.

### Let the sunshine in

Medical spaces in veterinary hospitals tend to be in the center of the buildings with little to no natural light. Open your break room up to the sun to draw in your staff!



### Open to the outdoors

Even in typically cold or hot climates, it's worth providing an outdoor space to get away—even for a few minutes. The area should be directly off the interior break room and can even have a grill to encourage staff to cook outside.

*Vicki Pollard is a certified veterinary technician and veterinary architect at Animal Arts in Boulder, Colorado.*

The Village Veterinary Clinic of Hamburg in Hamburg, New York, sports a break room with a view—a perfect example of being open to the outdoors. See more examples of practices who have fab break room features at [dvm360.com/breakroomfix](https://dvm360.com/breakroomfix).

PHOTO COURTESY OF TIM MURPHY, MURPHY FOTO IMAGERY

### MORE PRETTY PICS

The Hospital Design Competition—we've been doing this for years! You can peruse all kinds of award-winning designs at [dvm360.com/HDgalleries](https://dvm360.com/HDgalleries).

# HELPFUL STUFF



## Use rewards card for cash back on veterinary purchases

By Jackie Ballay

This financial manager, who loves her Capital One card, asks her colleagues, "What's in YOUR wallet?"

I use a Capital One Spark Business Rewards credit card to pay our larger distributors for inventory purchases. The card has an upper limit, but you can charge and pay for purchases immediately, and the cash reward is an unlimited 2 percent cash back.

Before signing up with Capital One, I researched the best rewards cards for small businesses. I wanted one with an unlimited percentage cash back, and I also wanted to be able to purchase all categories to get the rewards (some cards allow rewards only on certain types of purchases, or the rewarded

purchase category rotates each month or quarter).

I opt to get my reward in a statement credit each month, and this has resulted in an average of \$800 per month in income for our practice—just for paying our bills! It also results in an extended payment period from the original distributor payment terms.

If you're interested in signing up for a card, be sure to look online for a new customer promotion. Our hospital received a \$500 cash back bonus for making a certain dollar amount in transactions on the card within the first 60 days of opening.

I have been using this card for over a year and it works great!

*Jackie Ballay is finance and inventory manager at Erie Animal Hospital in Erie, Pennsylvania.*

### WANT TO EARN \$50?

Submit a practice tip. Jackie Ballay did! Submit your tip at [dvm360.com/ideaexchange](https://dvm360.com/ideaexchange)



# Want to see more insured pets?

## Try this expert tip

By Kristi Reimer Fender

**Making insurance a team member benefit turns your veterinary employees into passionate advocates—and boosts your practice's bottom line.**

**A**re you among the 56 percent of veterinarians who wish all their clients had pet insurance? You know the ones—the pet owners who don't want to hear your spiel about costs but instead want to jump right to the treatment plan. If so, here's one of the top ways you can increase the use of pet insurance in your practice, says John Volk, an industry analyst who's done some serious data crunching on the subject. Ready?

### **Provide pet insurance as an employee benefit.**

Why is this such a game changer? Here are the reasons Volk presented during a recent Fetch dvm360 conference:

**Drives familiarity.** Team members become familiar with the insurance company's policies and claims submission forms. They can answer questions knowledgeably, both with clients and internally in team discussions.

**Enhances credibility.** It provides a perfect answer when the client asks, "Which company do you use?" Let's be real: Clients aren't going to take a recommendation

if the person making the recommendation doesn't use it.

**Boosts practice finances.** You can charge team members your regular rates instead of discounting, and you can refer to a specialist without worrying about imposing a financial hardship on your employee.

**Keeps the IRS happy.** (Who doesn't want that?) You and your staff also avoid tax complications—technically team members are supposed to count free and discounted veterinary care as income and pay taxes accordingly.

**Good rates are available.** Many pet insurance companies provide discounted policies for veterinary team members, making it more affordable to your practice.

**Options are flexible.** You don't have to cover every pet—you can provide one policy per team member or increase the number of pets covered based on seniority.

**Bottom line?** Team members with pet insurance become believers—and passionate advocates when discussing insurance with clients. Between this and the financial benefits to the practice, owners and managers who have made this change can't imagine why they didn't do it earlier, Volk says.





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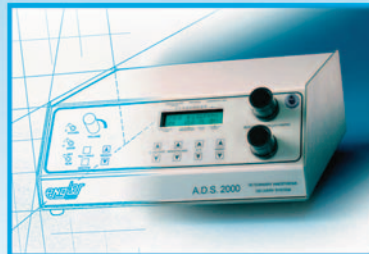
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NC High Point Area- Grossing \$800K, \$154 ATC, Owner Willing to Stay On.

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NC Clinton- Tram Road Animal Hospital for Sale! Seller Motivated. Turn-Key, Beautiful facility.

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GA PRICE REDUCTION! Dublin- Quiet, Country setting. Solo Doctor, Ready to retire.

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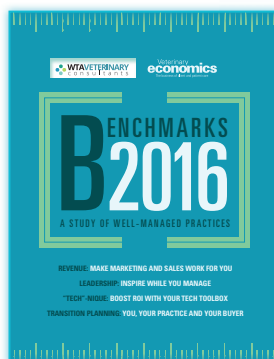


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# FOILED DEBT SOLUTIONS

a dvm360  
diagram

By Matt Asciutto, DVM

We recognize it can sometimes be hard to pull your head out of your astronomical student debt load to consider more ... unconventional ways to solve your problem. And while we don't want to discourage creativity, maybe take these ideas off the table.

DONATING  
PLASMA

Sigh. With all those  
cat scratches, your  
blood is basically  
Bartonella at this point.

TRYING A  
MLM  
(Think all those people  
selling leggings on  
Facebook)

... Except let's face it,  
you'd give away most  
of your product for free

HOST ON  
AIRBNB

AMENITIES:  
3 blind dogs  
2 diabetic foster cats  
A paralyzed hamster

BUY A  
PRACTICE!

Def. Too late.  
Mars snatched it. :|

# Vets Against Insanity



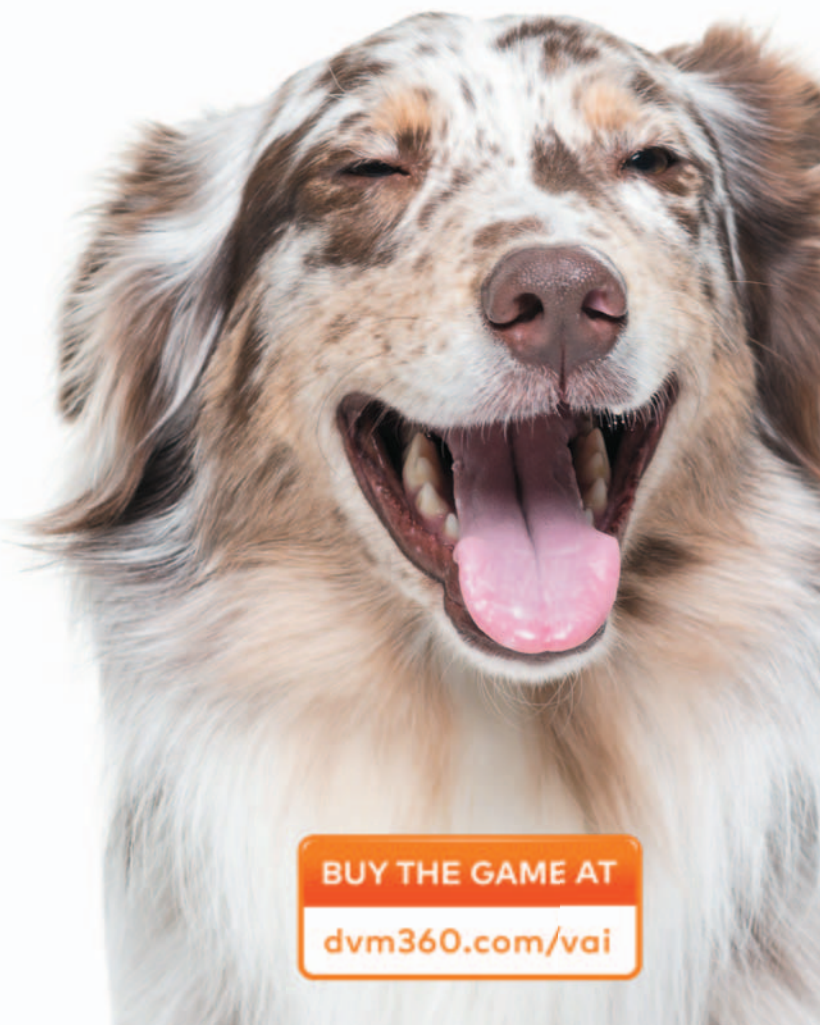
## The *slightly* scandalous card game for veterinary professionals.

Practicing veterinary medicine is rewarding, important and often all-consuming. It can also be awkward, annoying and (on most days) downright disgusting. Sometimes, all you can do is laugh about it. Enter Vets Against Insanity: a fun, slightly scandalous take on the work and life of a veterinary professional.

### Who should play:

- Veterinary professionals (can be various states of frustrated/happy/slightly drunk/completely sober/tired/overworked)
- Anyone who recently had to squeeze a dog's anal glands
- Everyone who has recently thought, "I'll have to laugh about this so I don't cry"

At its best, Vets Against Insanity is a hilarious tool designed to inspire veterinary professionals to take risks, laugh more, pursue personal development and enjoy more professional satisfaction and success.



BUY THE GAME AT  
[dvm360.com/vai](http://dvm360.com/vai)

*Warning: You can play with the regular folks in your life, but do you really want to deal with the blank stares you'll get after playing "radiolucent bladder stones"? To get your game now, go to [dvm360.com/vai](http://dvm360.com/vai).*







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