Find it all here.
dvm360™

Bringing light to the darkness
Marty Becker offers a raw, honest discussion of his own struggle with depression.

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March 2016 | Volume 47 | Number 3 | dvm360.com

The 2016 Hospital of the Year:

The doctor will see you *now*

The wait is over for clients at this 24/7 specialty referral, emergency and general practice in Mesa, Arizona. More exam rooms and a smaller waiting area make for a better client experience all around. *By Ashley Griffin*

Refreshments on arrival, pet-friendly suites, in-room checkout and guest services 24/7. Sounds like the makings of a five-star hotel, but it's actually just another day at 1st Pet Veterinary Centers in Mesa, Arizona.

Randy Spencer, DVM, owner of this specialty referral, emergency and general practice, challenged clinic flow status quo and revamped the rulebook on veterinary client service. A smart strategy considering his practice was recently dubbed the 2016 *Veterinary Economics* Hospital of the Year.

"We held client service meetings every week to brainstorm ideas to advance the experience of the client," Spencer says. "And we brought many of those ideas into the new hospital."

See what design solutions his team dreamed up to tackle common practice problems—and don't be afraid to steal these tips to enhance the client experience at your veterinary hospital.

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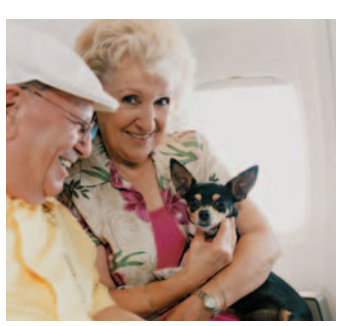

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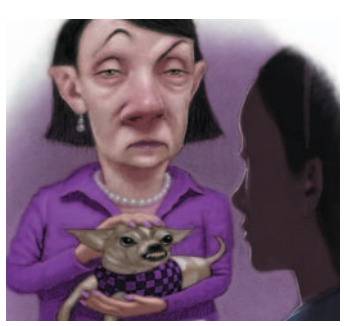

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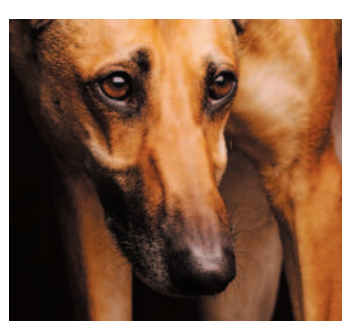

When it comes to nasal tumors, the nose knows
page M1

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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.

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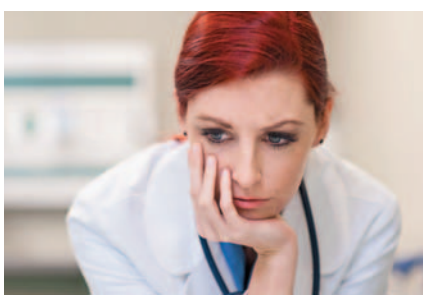

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Through its extensive network of news sources, **dvm360** provides unbiased multimedia reporting on all issues affecting the veterinary profession.

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UBM

Welcoming hospital design into dvm360 magazine

The best architectural and building practices are showcased in the *Veterinary Economics* Hospital Design Competition winner's circle.

As a former editor of *Veterinary Economics* magazine, I have a soft spot for all things veterinary hospital design. So I was thrilled when we decided to move the profiles of award-winning veterinary hospitals into the pages of dvm360 once *Veterinary Economics* and *Veterinary Medicine* merged to form *Vetted* magazine.

For those of you who aren't familiar with *Veterinary Economics*' Hospital Design empire, I'll break it down. First is the Hospital Design Competition. The is an annual contest in which private practices that have completed some kind of building project in the past three years submit their project to *Veterinary Economics* (which continues to live on online, by the way). Entering the competition involves filling out a highly detailed form describing every last detail of the project, plus submitting photos of almost every room in the practice, plus exterior shots and the floor plan.

A panel of veterinary architects, practice owners and management consultants evaluate these entries in excruciating detail (the process takes two days) and choose those that reflect the best practices and innovations in veterinary design. One is crowned the Hospital of the Year, and the rest are what we call Merit Award winners. These hospitals are profiled in our magazines—for years in *Veterinary Economics*, and now in dvm360.

Next up is the Hospital Design conference. Held in conjunction with CVC Kansas City, this event is designed to take veterinary practice owners and managers through every step of planning, designing and building a veterinary hospital, whether a 20,000-square-foot specialty center or a small leasehold tucked into the corner of a suburban shopping plaza. Nothing is left unexamined: obtaining financing, working with public planning and zoning committees, managing odor, choosing paint colors, and making choices that maximize patient health and well-being. Veterinarians who attend the Hospital Design conference once often return the next time they're ready to build or expand—often twice or even three times.

And then there's everything else. On dvm360.com you'll find a whole subsite dedicated to veterinary hospital design—photo galleries of exam rooms, reception areas, treatment suites and so on, videos with experts on the latest trends in flooring materials, quick tips for what you can do with an extra $500, write-ups from the conference and much more.

So whether you're planning a big construction project, are an HGTV or DIY Network junkie, or just like to gaze at beautiful pictures of beautiful veterinary hospitals, we're sure you'll find something you'll like—in print, online, or live and in person. **dvm360**

Focus on wellness care could be 'dangerous,' expert says

Digging into new data from the Nationwide Purdue Veterinary Price Index, a Purdue associate dean says 'it's dangerous to build a practice on wellness services,' not medical services. *By Brendan Howard*

Veterinary prices have gone up from 2009 to 2015—especially in the first six months of last year—but not as much as the federal government says. That was the takeaway from a presentation and lively discussion of the newest data from the Nationwide Purdue Veterinary Price Index at the NAVC Conference in January in Orlando, Florida.

A new refresh of prices drawn from more than 6 million pet health insurance claims showed modest increases for January to June 2015:

> A 3.8 percent price increase for well-care treatments (vaccines, physical exams, fecal and heartworm tests, and so on)

> A 5.6 percent price increase for medical treatments (otitis externa, dermatitis, pyoderma, gastritis, osteoarthritis and so on).

That was good news to the ears of practice owners, practice management consultants, industry insiders and reporters in attendance, as many veterinary practice owners nationwide have been patiently waiting to see veterinary pricing rise again after the recession and subsequent slow recovery.

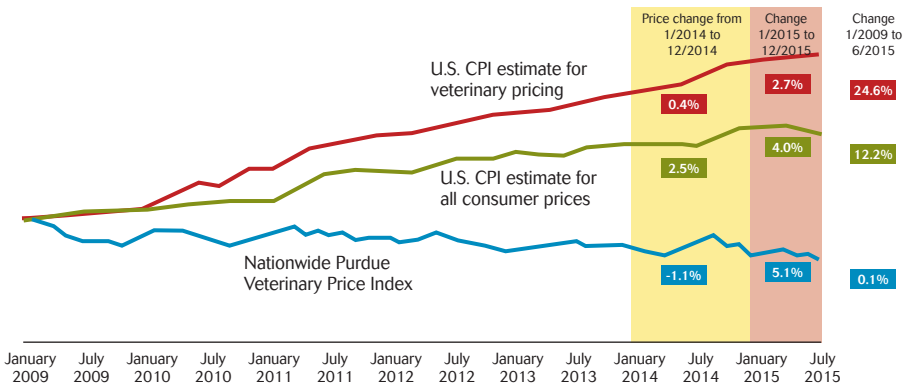
But the highlight of the presentation was an exchange between the presenter—Logan Jordan, associate dean at Purdue University's Krannert School of Management—and a circumspect audience member, who called on Jordan to explain what the data meant for veterinary practitioners right now.

While acknowledging that his theory was just a theory, Jordan pointed at the difference between veterinary wellness care pricing and veterinary medical care pricing—not in the most recent six-month period, but from 2009 through June 2015. Analysis shows:

> A 12 percent increase in veterinary well-care prices

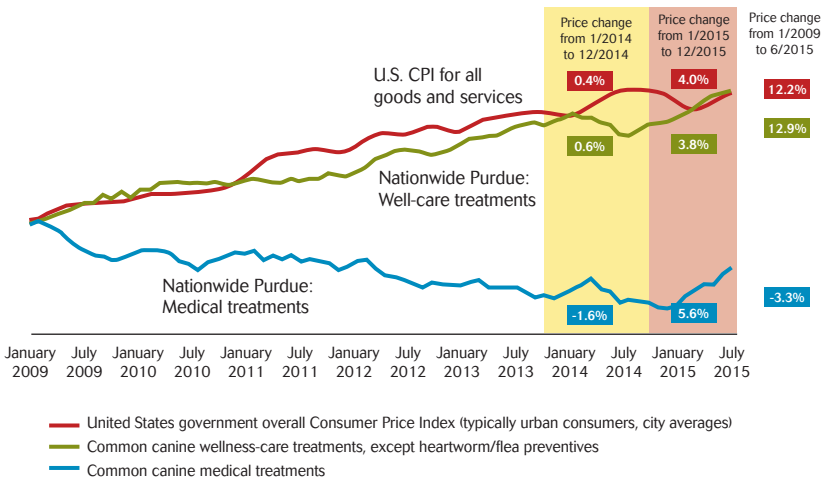
> A 3.3 percent drop in veterinary medical care prices.

Consumer Price Index vs. Nationwide: Data don't match
(2009 to 2015, annualized)



Source: Nationwide, Purdue

Wellness prices up, treatment prices down
(January 2009 to June 2015)



Source: Nationwide, Purdue

"Clients are paying less for the services that veterinarians go to school to provide," Jordan said, referring to such common pet health insurance claims as otitis externa, dermatitis, pyoderma, gastritis and osteoarthritis.

However, he continued, veterinarians are charging more for products and services such as vaccines and simple tests that can easily move from full-service veterinary hospitals into online pharmacies, mobile vaccination clinics and perhaps, one day, tiny clinics in human pharmacies.

"Because [many wellness services] are commodities, it's dangerous to build a practice on them," Jordan said. "This is the aspect of the business most at risk, and this is where prices are up [from 2009 to 2015]."

The study's next refresh will be presented in August at the AVMA Convention in San Antonio. **dvm360**

Brendan Howard is Business Channel Director for dvm360.com.

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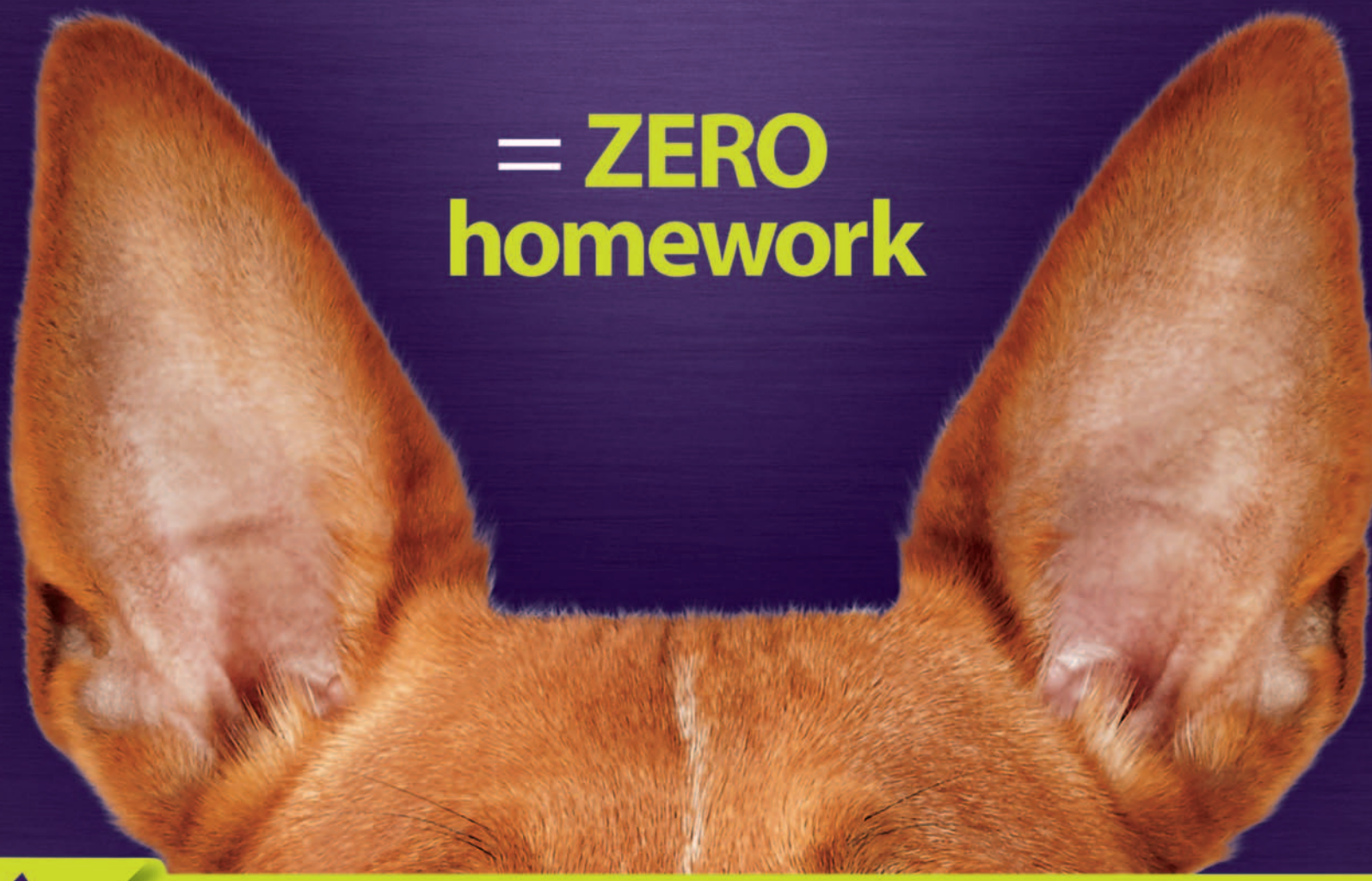

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See brief summary on page 06

AVMA CEO Ron DeHaven says he'll retire this summer

Executive's involvement with the association began nearly a decade ago.

Ron DeHaven, DVM, MBA, current CEO of the American Veterinary Medical Association (AVMA), will retire this summer, according to an association release. DeHaven joined the AVMA in 2007 after more than 20 years with the U.S. Department of Agriculture's Animal and Plant Health Inspection Service.

While a specific retirement date hasn't been set, DeHaven will likely remain in his position through the AVMA's annual convention, which will be held in August. This date may change if a new chief executive is found and begins employment sooner, the release states.

Under DeHaven's leadership the association grew in industry influence as well as numbers, according to the AVMA, with membership now standing at more than 88,000. One of the more high-profile initiatives DeHaven worked on was advocating for the Prevent All Soring Tactics (PAST) Act to protect horses from inhumane practices in the walking horse industry.

"I wanted to make a difference for the profession, because I'm passionate about veterinary medicine," he says. "In my previous career, I felt I was able to make a difference in American agriculture, and this was an opportunity to make a difference in the veterinary profession. Together, we have faced a lot of challenges during what appears to be an ongoing period of transformational change for the profession. The need for a strong national umbrella organization is more important than ever, and I believe I will be leaving the AVMA well-positioned to serve in that role as the leading advocate for veterinary medicine."


Dr. Ron DeHaven

The AVMA is currently implementing a new strategic operating plan under the guidance of its board of directors, the release states.

"We have identified what is most important to our members and what the AVMA can and must do to meet their needs and expectations," DeHaven says. "They have told us that advocacy, valuable products and services, high standards of veterinary medical education and developing leaders are critically important to them and what they expect from their association. I believe we are well-positioned to deliver going forward."

DeHaven and his wife, Nancy, have two children and four grandchildren. They plan on spending as much time as they can visiting their family. **dvm360**

1 million dogs and cats rehomed each year

Lower-income households say access to free or low-cost pet services could prevent relinquishment, according to ASPCA report.

The American Society for the Prevention of Cruelty to Animals (ASPCA) estimates that more than 1 million households in the United States rehome their cats or dogs annually in its recently released report "Goodbye to a Good Friend: An Exploration of the Re-Homing of Cats and Dogs in the U.S."

The ASPCA conducted a telephone survey of nearly 10,000 current or past cat or dog owners and found that 590 had rehomed a cat or dog within the preceding five years. Most pet owners gave the pet to a friend or family member (37 percent) or took the pet to a shelter or rescue organization (36 percent).

Those rehoming options were followed by giving the pet to a veterinarian or other pet care professional (14 percent), giving the pet to someone they didn't previously know (11 percent), or setting the pet free to be found by someone else (1 percent).

The study found that the most common reasons for rehoming were a problem with the pet (46 percent), a family problem (27 percent) or a housing problem (18 percent). "Those who rehomed to a friend, family or neighbor were more likely to be rehoming due to family issues and housing issues—in other words, a reason that did not have to do with the pet's behavior or health," says Emily Weiss, PhD, lead author of the study and ASPCA vice president of research and development, in an ASPCA blog post. "Those relinquishing to a shelter, however, were more likely to be rehoming due to issues related to the pet himself (medical and behavior issues, with aggression being the primary driver of significance), as opposed to an external driver."

Surveyed pet owners with a household income under $50,000 said access to free or low-cost services to better care for their pet would have changed their decision to rehome. Free or low-cost services that respondents said would have made a difference included veterinary care, training or behavior help, guidance on finding pet-friendly housing, spay-neuter services, pet food, temporary pet care or boarding, or assistance in paying pet deposits for housing.

"This study gives us a window into the complexity of the rehoming issue," Weiss says. "There are many cases where rehoming is the right thing for the pet and his person, and many for which providing a supportive hand could shift a rehome to a 'stay home.'" **dvm360**

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*Blue Buffalo Co., Ltd., July and December 2015 Consumer Studies

Emotional support animals' rise in public awareness leads to misuse

Murky regulations allow people to bend the rules in this moral gray zone. *By dvm360 staff*

Do pigs fly? Those designated as an emotional support animal can—as long as they have the proper paperwork.

Emotional support animals, or ESAs, are intended to provide support to owners who have a psychological or emotional disability such as depression or anxiety and are prescribed by a therapist as part of the patient's treatment plan. ESAs are typically dogs but can be a variety of species, including pigs and rabbits, according to the National Service Animal Registry.

But without strict regulation—and with the help online services that make it easy to obtain a diagnosis of "psychological stress"—some pet owners are working the system to fly with their pet in the cabin for free or live in a rental unit that's been designated pet-free by the landlord. In fact, if you scroll through Facebook often enough, you'll likely see a comment along the lines of, "Oh, just go get one of those ESA letters and the apartment complex will have to let you have your dog. It's not a big deal."

And this seems to be true enough. Though an ESA is different from a service animal such as a seeing eye dog and is not given the same rights under the Americans with Disabilities Act (ADA), Section 504 of the Fair Housing Act does give ESAs the same rights as service animals and strongly penalizes discrimination against tenants who have these animals.

The Air Carrier Access Act also allows service animals and ESAs to fly in the cabin with regular fees waived. Within reason, of course, the animal must be well-behaved and under the pet owner's control. A search of national headlines brings up tales of potbellied pigs booted before takeoff because of unruly behavior and dogs removed under similar circumstances.

>>> Sweet old folks or scheisters? More people are passing their pets off as emotional support animals to skirt airline fees, no-pet policies for rental properties, and other restrictions and regulations.

Technically, both service animals and emotional support animals must have proper documentation. However, the fines for violating ADA regulations and denying a legitimate service animal are steep—$55,000 to $75,000 for a first offense and $150,000 for a subsequent offense—so businesses and landlords are naturally reluctant to ask a lot of questions.

So for a fee of around $160 pet owners can go to one of the plethora of websites that offer the service—such as thedogtoronline.com—fill out a questionnaire that assesses need of emotional support, and receive a letter from a therapist that they can give the landlord—and get around pet bans, weight limits and breed restrictions. It also helps these pet owners breeze through TSA with their pet in tow. A quick search on Amazon turns up vests and patches available for pets designating them as support animal or service animals, with no paperwork necessary for purchase.

Sarah Wooten, DVM, is a practicing veterinarian who also owns rental property in Greeley, Colorado. While Wooten obviously is a fan of pets and the role they play in people's lives, she has encountered abuse of the ESA designation as a landlord. First of all, she says, a veterinarian cannot document a client's need for an emotional support animal—only a mental health professional can legitimately do that.

A veterinarian may also receive a letter from a landlord asking for verification of spay-neuter status or proof of vaccinations. "Your only requirement is to state whether a physical exam, routine vaccinations, deworming and spay-neuter have been done," Wooten says. "You cannot fill out whether a client needs the emotional support animal for a disability because you are not a healthcare provider."

Wooten also notes that because ESAs are not ADA-designated service animals, they aren't really supposed to go wherever the owner goes—but that doesn't stop pet owners from trying to flex the rules. "A service animal such as a seeing eye dog is allowed to go wherever the person the animal is assisting goes, such as grocery stores or movie theaters," she says. "An emotional support animal is typically limited to a person's private quarters. If they are renting a unit all by themselves, this is their whole apartment. If they are renting it with other roommates, this is typically their bedroom. The idea of an emotional support animal is to allow the person the ability to enjoy the rental unit at the same level as somebody without the disability."

While there's no doubt that animal companionship is beneficial to humans, without strict enforcement, the window remains open for opportunistic pet owners to misuse. **dvm360**

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Veterinary product highlights from NAVC 2016

Whether launched, spotlighted or just generating some buzz, these veterinary products are on our radar post-Orlando.

Nonslip mats from Wellness Pet Mats

You: "Perfect height. Let's palpate."
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Metal tables and exam counters that work for your medical needs can freak out pets. One solution is to retrofit them with a nonslip surface, like a Wellness PetMat. Thicker than their made-for-human counterparts, these one-inch-thick, rounded or rectangular mats promise to be antimicrobial, odor-free and nail-puncture-resistant. They're also safe up to 400 F if you have heated exam tables or your clients have radiant floors at home. (Feet and legs bothering you? Yes, you can buy their made-for-human versions. The company even has a program for you to sell them for a profit to clients in your own practice.) To learn more, visit wellnesspetmats.com.

Practice integration software from Henry Schein

Henry Schein's Axis-Q is a piece of software that connects practice management systems to diagnostic instruments, enabling patients' test results to be automatically entered into the electronic medical record. This reduces workflow steps, eliminates the need to repeat data entry, minimizes the potential for human error and automatically triggers billings for diagnostic tests. It also features a "Diagnostic Laboratory Whiteboard" that displays the status of all tests underway. Axis-Q works with Henry Schein's software products—AVImark, ImproMed Infinity and ImproMed Triple Crown—and the instruments from Henry Schein diagnostics partners—Abaxis, Heska and scil. To learn more, visit henryscheinvet.com/axisq.

Pathogen-busting cleaner from Virox

With some veterinary cleaning supplies, you can feel your nose hairs being burned right out of your head. Well, Rescue, available in a variety of concentrate and ready-to-use liquid sizes as well as wipes, promises to be different. (First off—because we know you're wondering—yes, it gets parvo.) The product's active ingredient, accelerated hydrogen peroxide (AHP), is easier on patients, staff, equipment and building materials but still promises to tackle a host of clinic bugaboos like parvovirus, canine distemper, *Enterococcus*, *Microsporum canis*, *Streptococcus* and ringworm. To learn more, visit viroxanimalhealth.com.

Veterinary diets from Blue Buffalo

Blue Buffalo: Love 'em or hate 'em, they have found a way to connect with the pet owner psyche. Now the company has launched Blue Natural Veterinary Diets, which it's calling "a natural alternative" for pets with specific medical conditions. The line will be available exclusively through veterinarians, with six varieties available: Blue HF Hydrolyzed Formulas for dogs and cats with food intolerance, Blue GI Gastrointestional Support Formula for cats with digestive issues, Blue WU Weight Management + Urinary Care for dogs and cats who need weight management and urinary health support, and Blue GI Gastrointestinal Support Formula for dogs with digestive issues. To learn more, visit BlueVetDiets.com.

Urine sediment analyzer from IDEXX

Idiot-proof urinalysis in three minutes with just five drops of urine—*really*? Yes, says IDEXX. The price point for its new urinalysis analyzer isn't cheap—it's comparable to the company's other in-clinic analyzers—but it promises to end inscrutably blurry images under the microscope, self-doubt about your conclusions and tying up your team for hours when they could be doing other tasks. The SediVue Dx Urine Sediment Analyzer examines samples at a magnifcation of 45 high-power fields and then identifies and classifies elements within the sediment. The resulting high-resolution images can be shared in real time. To learn more, visit idexx.com/sedivuedx. To test your knowledge of urinalysis findings using SediVue images, visit **dvm360.com/urinequiz**.

Wearable health monitor from Voyce

We've not quite yet arrived at the talking dog collar featured in *Up*, but technology is approaching our cinematic dreams. Take Voyce's new wearable collar monitor, Voyce Pro. It's a lightweight device that uses noninvasive sensors to collect such data as resting heart and respiratory rates, as well as activity metrics like intensity, calories burned and distance traveled. This data is transmitted wirelessly to veterinary practices, allowing doctors to track chronic conditions such as obesity, osteoarthritis and heart disease or to monitor compliance with cage rest instructions. The collar comes in three sizes and is waterproof and dustproof. The rechargeable battery life is up to seven days. Dug would be proud. To learn more, visit voyce.com.

Google-friendly pet recovery system from Save This Life

Save This Life is a lost-pet recovery system that uses a combination of microchip, collar tag and Google to reunite pets and owners. Each Save This Life microchip number is searchable in Google. When someone finds a pet and Googles the microchip number, that person receives information to send a text or email to the pet owner. The owner then receives a GPS map of where the person who found the pet is located. The microchip is also readable by all universal scanners. For more information, visit savethislife.com,

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Veterinary suture from Kruuse

Picture Scandinavian design (think Ikea or BoConcept): clean, simple, practical. Kruuse, based in Denmark, brings the great of the Dane to all its veterinary products, including its line of sutures and needles. For example, the suture comes in an easy-access pull-down drawer—which means you don't have to fumble with packaging. With this kind of care and attention on the suture display case, imagine the design of the suture and needles themselves. The line, specifically tailored to the needs of the veterinary market, was designed to provide high and consistent quality, be affordable and easy to work with, and meet the needs of every surgery situation—from hamster to Percheron. Packaging clearly shows the name, size, length and color of sutures as well as the needle type and size. To learn more, visit kruuse.com. **dvm360**

Overheard at the NAVC Ignite talks

Missed the North American Veterinary Community Ignite talks? Here are five quick takeaways. *By Portia Stewart, Team Channel Director*

We've condensed five 10-minute talks to five 10-second takeaways. Read and enjoy.

On connecting with the next generation

"With iGens, social media is going to be the only way they communicate." —Heather Pendergast, RVT, CVPM

On the potential role of nurse practitioners in veterinary medicine

"The nurse practitioner role in veterinary medicine could help serve rural areas that aren't easily reached. They can focus on areas like wellness and ringworm and 3 a.m. broken toenails and let the doctors focus on chronic kidney disease, heart failure and abdominal surgery," says Kenichiro Yagi, BS, RVT, VTS (ECC, SAIM). "This could increase patient care and increase revenue. … My challenge to you is if you have technicians who aren't fully utilized, give them a try and let them do more and identify their capacity and see if you have technicians who can grow into larger roles."

On cognitive computing

"We're in the midst of a data epidemic. About 2.5 billion gigabytes of data are created a day, and 80 percent is unstructured. And 90 percent of data that exists was created in the last two years. … Medical imaging accounts for two-thirds of all data created," Jamie Carroll, President and Chief Executive Officer of LifeLearn Inc. says. "The result is that time is our antagonist. … What we need is man and computer symbiosis."

On how to unplug from technology for your health—and for better sleep

"Use these steps to unplug. One, schedule time away. Two, alert and report your contacts. Three, establish your emergency contacts. Four, unplug and smile," says Eric Garcia of Simply Done Tech Solutions in Lutz, Florida. "The side effects may include jitters, phantom phone noise, curiosity, FOMO—fear of missing out—and the fear that the world might be ending."

On identifying workplace bullying

"Think of bullying as domestic violence in the workplace with a paycheck," says Charlotte Lacroix, DVM, JD. "It's bullying if it's done in a repeated fashion to threaten, humiliate and embarrass. … It can be overt, such as yelling, or covert—for example, sabotaging a technician by hiding needed equipment. Employee surveys are a good way to detect it. What should you do prevent it? One, define it in your employee manual. Two, train and sensitize your team. And three, enforce a policy that reprimands bullies so they don't engage again." **dvm360**

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IMPORTANT SAFETY INFORMATION: The most common adverse reactions recorded in clinical trials were vomiting, decreased appetite, diarrhea, lethargy, polydipsia, and flatulence. Bravecto has not been shown to be effective for 12-weeks' duration in puppies less than 6 months of age. Bravecto is not effective against lone star ticks beyond 8 weeks after dosing.

References: 1. Bravecto [prescribing information]. Summit, NJ: Merck Animal Health; 2014. **2.** Beck S, Schein E, Baldermann C, von Samson-Himmelstjerna G, Kohn B. Tick infestation and tick prophylaxis in dogs in the area of Berlin/Brandenburg—results of a questionnaire study. *BerlMünch Tierärztl Wochenschr*. 2013;126(1-2):69-76. **3.** Kidd L, Breitschwerdt EB. Transmission times and prevention of tick-borne diseases in dogs. *Compend Contin Educ Pract Vet*. 2003;25(10):742-751. **4.** Gassel M, Wolf C, Noack S, Williams H, Ilg T. The novel isoxazoline ectoparasiticide fluralaner: Selective inhibition of arthropod Y-aminobutyric acid- and L-glutamate-gated chloride channels and insecticidal/acaricidal activity. *Insect Biochem Molec Biol*. 2014;45:111-124.

Please see Brief Summary on following page.

MERCK Animal Health

NADA 141-426, Approved by FDA

BRAVECTO®
(FLURALANER)

BRIEF SUMMARY (For full Prescribing Information, see package insert)

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

Indications:
Bravecto kills adult fleas and is indicated for the treatment and prevention of flea infestations (*Ctenocephalides felis*) and the treatment and control of tick infestations [*Ixodes scapularis* (black-legged tick), *Dermacentor variabilis* (American dog tick), and *Rhipicephalus sanguineus* (brown dog tick)] for 12 weeks in dogs and puppies 6 months of age and older, and weighing 4.4 pounds or greater.

Bravecto is also indicated for the treatment and control of *Amblyomma americanum* (lone star tick) infestations for 8 weeks in dogs and puppies 6 months of age and older, and weighing 4.4 pounds or greater.

Contraindications:
There are no known contraindications for the use of the product.

Warnings:
Not for human use. Keep this and all drugs out of the reach of children. Keep the product in the original packaging until use, in order to prevent children from getting direct access to the product. Do not eat, drink or smoke while handling the product. Wash hands thoroughly with soap and water immediately after use of the product.

Precautions:
Bravecto has not been shown to be effective for 12-weeks duration in puppies less than 6 months of age. Bravecto is not effective against *Amblyomma americanum* ticks beyond 8 weeks after dosing.

Adverse Reactions:
In a well-controlled U.S. field study, which included 294 dogs (224 dogs were administered Bravecto every 12 weeks and 70 dogs were administered an oral active control every 4 weeks and were provided with a tick collar); there were no serious adverse reactions. All potential adverse reactions were recorded in dogs treated with Bravecto over a 182-day period and in dogs treated with the active control over an 84-day period. The most frequently reported adverse reaction in dogs in the Bravecto and active control groups was vomiting.

Percentage of Dogs with Adverse Reactions in the Field Study

Adverse Reaction (AR)	Bravecto Group: Percentage of Dogs with the AR During the 182-Day Study (n=224 dogs)	Active Control Group: Percentage of Dogs with the AR During the 84-Day Study (n=70 dogs)
Vomiting	7.1	14.3
Decreased Appetite	6.7	0.0
Diarrhea	4.9	2.9
Lethargy	5.4	7.1
Polydipsia	1.8	4.3
Flatulence	1.3	0.0

In a well-controlled laboratory dose confirmation study, one dog developed edema and hyperemia of the upper lips within one hour of receiving Bravecto. The edema improved progressively through the day and had resolved without medical intervention by the next morning.

For technical assistance or to report a suspected adverse drug reaction, contact Merck Animal Health at 1-800-224-5318. Additional information can be found at www.bravecto.com. For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or online at http://www.fda.gov/AnimalVeterinary/ SafetyHealth.

How Supplied:
Bravecto is available in five strengths (112.5, 250, 500, 1000, and 1400 mg fluralaner per chew). Each chew is packaged individually into aluminum foil blister packs sealed with a peelable paper backed foil lid stock. Product may be packaged in 1, 2, or 4 chews per package.

Distributed by:
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Summit, NJ 07901

Made in Austria

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MERCK
Animal Health

Reference: Bravecto [prescribing information] Summit, NJ: Merck Animal Health; 2014
Available by veterinary prescription only.

The 2016 Hospital of the Year

> Continued from the cover

>>> Reception as a formality: At 1st Pet, clients are greeted and then immediately escorted into an exam room to complete the check-in process in a more comfortable atmosphere. Design-wise, this meant a smaller reception area was needed to make room for 12 exam rooms. Still, practice owner Randy Spencer, DVM, didn't skimp on style or quality in this front area. **Get the look:** Back-to-back automatic sliding doors **(1)** make it easy for emergency clients to enter the clinic and hard for pets to escape; the electric eye is set high enough that dogs can't trigger them to open. Upon entry, clients are offered refreshments from the mini-fridge stationed behind the reception desk **(2)**. The clinic shows off its new branding with an ultra-modern logo **(3)** and undulating glass ceiling art **(4)**.

Practice problem #1

Waiting room woes: Multiple pets + close quarters = recipe for disaster.

Steal this solution

Smaller front reception area, more exam rooms.

"I started to get the thought and vision of our clients and their pets being taken into exam rooms immediately," Spencer says. "We wanted to get them to a place where both the pet and client could be much more comfortable."

This meant he needed exam rooms, exam rooms and more exam rooms (12, to be exact) in an 8,740-square-foot-facility, which meant stealing square footage from the reception area.

Here's how it works: Clients and pets are greeted by a customer service representative upon entering, but before they can sit down, they're whisked away to an exam room for safekeeping. Boom! Waiting room dog- or cat-astrophe avoided.

>>> Lower-stress waiting: If waiting in the reception area (vs. the exam room) is necessary or desired by the client, there are two separate dog and cat alcoves to facilitate a lower-stress experience. Pictured is the dog waiting area. The cat waiting area strategically sits outside two feline-only exam rooms (not pictured).

PHOTOS COURTESY OF MARK BOISCLAIR, MARK BOISCLAIR PHOTOGRAPHY

>>> Examine this experience: The 12 exam rooms—er, pet care suites—are themed (Canyon, Desert, Autumn, etc.) and designed to make clients and pets feel at ease and allow team members to get to work. "Some clients are a little squeamish and then we still take pets into the back, but we try to do as much treatment and diagnostic work as we can in the exam room," Spencer says. **Get the look:** Comfortable client seating **(1)**, artwork to set the theme **(2)** and porcelain tile with a wood grain finish **(3)** all work together to create a space that's more homey than hospital. Canine rooms contain Shor-Line Blue-Line rotational lift tables for a flexible examination **(4)**. Exam room computers play breezy tunes and slideshows of pet pictures **(5)**. Mobile credit card machines are installed for easy in-room checkout.

Practice problem #2

Pets (and clients) feeling trapped in exam rooms.

Steal this solution

Upgrade "exam rooms" to "pet care suites."

"So often we use exam rooms as dungeons," Spencer says. To avoid the case of the forgotten patient, 1st Pet staff members visit the themed (Autumn, Ocean, Sunrise, etc.) exam rooms, which they refer to as "pet care suites," every five minutes—with treats.

All of the suites sport comfortable client seating, lift tables, and computers and printers for easy in-room checkout. Some rooms even have built-in freshwater aquariums and floor-to-ceiling glass windows. Hear that? Breezy, relaxing music plays from all of the computers to set the mood for the appointment.

BY THE NUMBERS

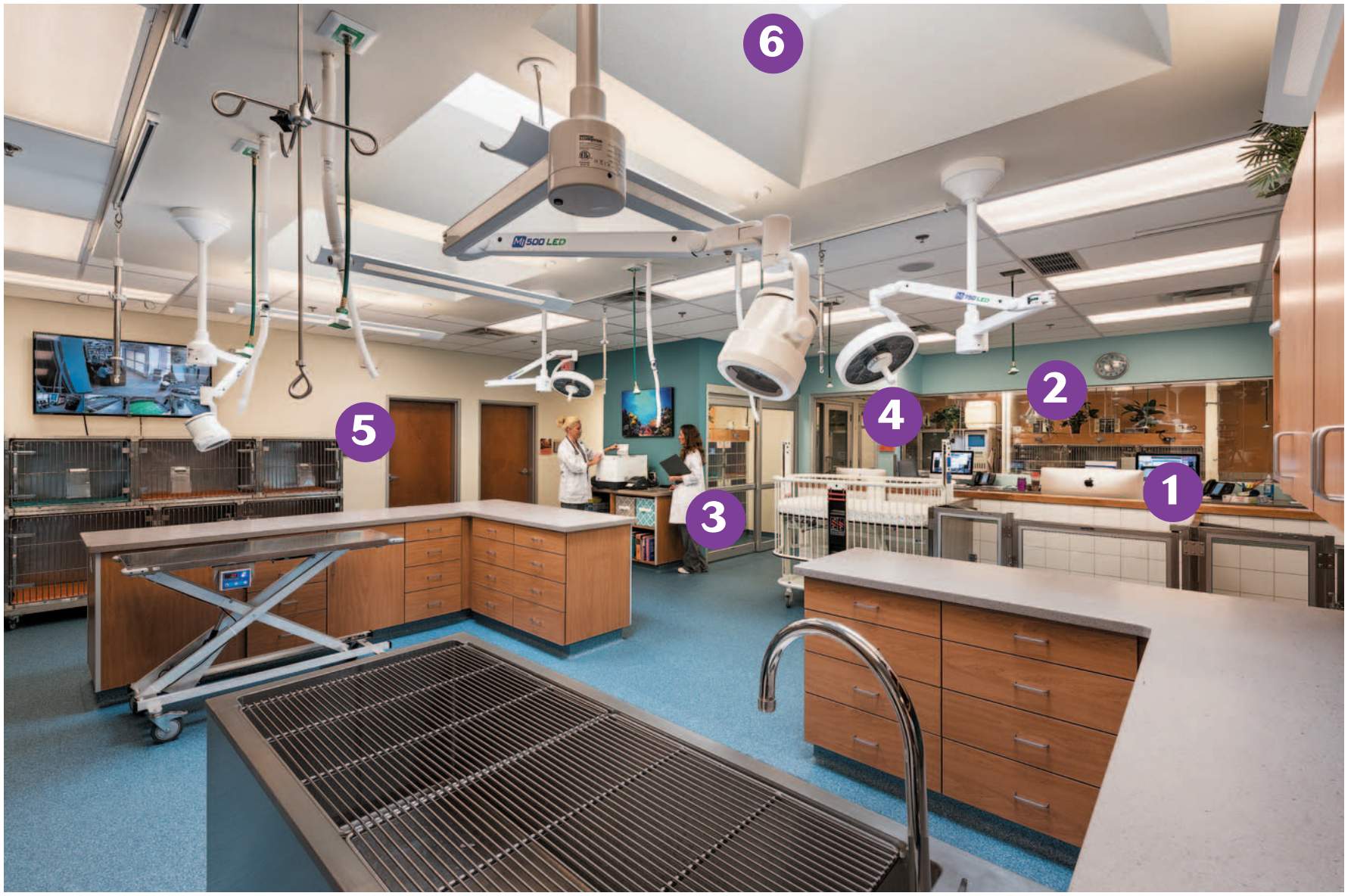
1st Pet Veterinary Centers

Location: Mesa, Arizona
Owner: Randy Spencer, DVM
Number of doctors: 8
Exam rooms: 12
Total cost: $3,564,189
Building cost: $1,717,518 (building only; excludes land purchase, landscaping, parking lot, and so on)
Square footage: 8,740
Structure type: New freestanding

What *is* the *Veterinary Economics* Hospital of the Year?

The bad news: While dvm360's sister magazine *Veterinary Economics* lives on at dvm360.com, her last print issue was December. The good news: The pictures, expert advice and inspirational stories from the the Hospital of the Year and Merit Award winners from the *Veterinary Economics* Hospital Design Competition will be printed here in dvm360 along with the Hospital Design Supplement in June. Of course, all our great design content can be found online at **dvm360.com/hd**.

>>> Fishy art: Hospital Design Competition judges gushed over the see-through aquariums installed inside many of the exam rooms. "It's calming but you can also have an outside view into the hallway," one judge said.



>>> Treatment with a touch of glass: The hotel-feel in the front of the hospital is left behind as you enter the treatment room—now it's all about efficiency, accessibility and patient monitoring. The open room allows doctors and technicians to easily work together or independently at the computer workstations on the east side of treatment **(1)**. And nothing will get past this team with their bird's-eye view of the all-glass ICU unit **(2)**, feline ward **(3)** and two special "quiet rooms" **(4)**. Two-door exam rooms allow doctors a direct passageway into this treatment area **(5)**. "We didn't have enough light in the treatment area at first," Spencer says. "That's when we added the three skylights over the treatment tables" **(6)**. The last-minute addition is a great solution to bring natural light into a sometimes stuffy area.

Practice problem #3

Burned-out team, high-stress environment.

Steal this solution

Let the sunshine in.

Spencer wanted to create a feel-good environment for his clients, patients and especially his staff.

"I tell my staff, 'My job is to keep you happy and your job is to keep clients and pets happy,'" Spencer says.

The (design) key to happiness? Bringing natural light into every interior space through a combination of perimeter windows, clerestory windows and a large skylight over the treatment room.

Spencer is thrilled with the design of his new hotel-like hospital but he wants to make one thing clear: "The building is beautiful," he says. "But it's nothing compared to the people inside the building."

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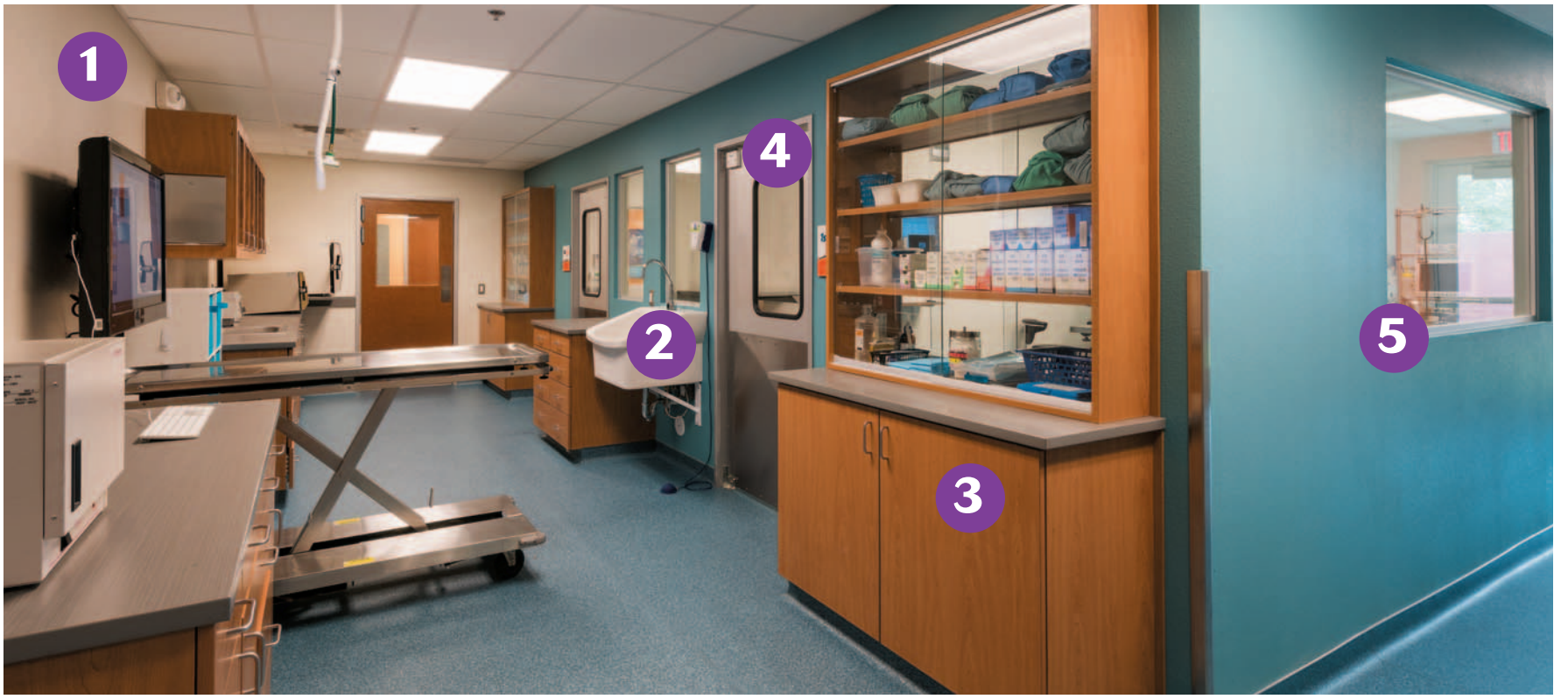

>>> Game-time prep: The surgical suite contains a prep/anesthesia room **(1)**, scrub area **(2)**, pack and prep **(3)** and swinging doors to two surgery rooms **(4)**. The glass windows **(5)** in both surgery rooms make it easy for the team members to know what's going on anywhere at all times.

veterinary economics

HospitalDesign

Design your dream hospital

Attend the Hospital Design Conference at CVC Kansas City Aug. 24-26 to hear from all the top veterinary architects on how to create the perfect hospital for you. (Visit **thecvc.com/hd** to register.)

Enter the competition

Already finished with your pride and joy? Enter the Hospital Design Competition by visiting **dvm360.com/hdentryform**. You could be our next cover hospital!

Ashley Griffin is a freelance writer based in Kansas City and a former content specialist for dvm360.

And the Merit Award goes to…

If Hospital of the Year is the Best Picture Oscar, then the Hospital Design Competition Merit Award winners are like Best Actor and Actress. Now clap with glee (or jealousy) as they accept …

Austin Veterinary Emergency & Specialty Center, Austin, Texas

Owner(s): Don Hulse, DVM; Lindsay Vaughn, DVM; Brian Beale, DVM; Wayne Whitney, DVM; Heidi Hottinger, DVM; Randy Longshore, DVM; Ryan Buck
Number of doctors: 14
Exam rooms: 9
Total cost: $2,681,722
Building cost: $1,311,404*
Square footage: 11,081
Structure type: Leasehold conversion

Andover Animal Hospital, Andover Township, New Jersey

Owner(s): Harvey E. Hummel, DVM
Number of doctors: 3
Exam rooms: 5
Total cost: $2,110,500
Building cost: $1,265,000*
Square footage: 8,034
Structure type: Freestanding conversion

Bigger Road Veterinary Center for Pet Health and Enrichment, Springboro, Ohio

Owner(s): John Talmadge, DVM; Elizabeth Blakelock, DVM; Conan Crocker, DVM, DABVP; Alison Crocker, DVM
Number of doctors: 8
Exam rooms: 8
Total cost: $1,274,713
Building cost: $831,922*
Square footage: 9,105
Structure type: Leasehold conversion/interior fit out

Veterinary Associates of Cape Cod, South Yarmouth, Massachusetts

Owner(s): Thomas Burns, DVM
Number of doctors: 7
Exam rooms: 8
Total cost: $3,178,839
Building cost: $1,600,000*
Square footage: 8,234
Structure type: Freestanding addition/alteration

Finan Animal Hospital, Darien, Illinois

Owner(s): April Finan, DVM
Number of doctors: 1
Exam rooms: 4
Total cost: $376,153
Building cost: $312,735*
Square footage: 2,950
Structure type: Leasehold conversion

Tryon Equine Facility, Columbus, North Carolina

Owner(s): Anne Baskett, DVM, Bill Hay, DVM; Rich Metcalf, DVM
Number of doctors: 8
Exam rooms: 5
Total cost: $3,146,383
Building cost: $2,336,751*
Square footage: 16,413
Structure type: New freestanding dvm360

**Building only; excludes land purchase, landscaping, parking lot, etc.*

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[1]Hill's® Prescription Diet® k/d® with chicken dry vs. Royal Canin® Renal Support A, F and S.

University of Florida veterinary professor leaves legacy of giving

Paul Nicoletti, long-time teacher and public health expert, considered 'tireless advocate' for animal health.

Paul Nicoletti, DVM, MS, professor emeritus of infectious diseases at the University of Florida College of Veterinary Medicine and renowned public health expert, died Jan. 31. He was 83.

"The college has lost a great friend and a tireless advocate," says James W. Lloyd, DVM, PhD, dean of the UF veterinary college, in a university release. "His professional expertise was surpassed only by his kindness, generosity and mentorship to students and colleagues alike. We will miss him greatly."

Nicoletti graduated from the University of Missouri College of Veterinary Medicine in 1956 and received a master of science from the University of Wisconsin in 1962, beginning his career with the U.S. Department of Agriculture (USDA). He served as an epizootiologist in Tehran, Iran, from 1968-1972 with the U.S. Food and Agriculture Organization.


Dr. Paul Nicoletti

His most enduring contributions were to Florida agriculture and the University of Florida, according to the UF release. While with the USDA, Nicoletti improved procedures used to control brucellosis. A renowned authority on the disease, his efforts led to the eradication of brucellosis in Florida.

After decades as a professor at UF and retiring from his post in 2003, Nicoletti began his own endowments to benefit the veterinary students at the university. "I was not the best-paid person in my department when I was on the faculty at UF but have managed well and feel like giving back is important," Nicoletti once said.

Inspired by his own humble beginnings and a $150 scholarship from Sears-Roebuck and Co. in his youth, Nicoletti created a scholarship in 2003 to be awarded to a junior or senior UF veterinary student with financial need who aspired to a career in public health. He also endowed a scholarship for students interested in food animal medicine and reproduction, which has now awarded more than a dozen scholarships.

Further inspired by a former UF president's commitment to enroll first-generation college students, Nicoletti pledged $1 million to establish the Nicoletti Florida Opportunity Scholarship to benefit veterinary students who were the first in their family to attend college.

Just last year, Nicoletti created a challenge grant of $100,000 to support the UF Veterinary Access Scholarship, which aims to offset veterinary student debt load by eventually awarding $5 million in scholarships annually. Within months, his challenge had been met. dvm360

Veterinary insurer AVMA GHLIT rebrands itself as AVMA Life

The American Veterinary Medical Association's (AVMA's) Group Health Life Insurance Trust (GHLIT) has rolled out a name change, now operating as AVMA Life, according to a company release. The name change, as well as a new look, is the company's push to reassert itself as the "only personal insurance network that's truly inspired by, and designed for, veterinarians," the release states.

Beginning with the "Veterinarian Inspired Coverage" initiative, the association says the new chapter will allow AVMA Life to better align with how veterinarians work and live. "Although AVMA GHLIT has been offering solutions that are tailored to veterinarians for nearly 60 years, it became apparent during focus groups with current AVMA members that they want to see this unique distinction across all brand communications," says Carolynn MacAllister, DVM, trust chair, in the release.

The AVMA says the change stems from the results of a yearlong research study of AVMA members that showed a preference among veterinarians for a program that was designed for, and by, veterinarians. Other findings included a desire for a new trust name that was simpler and easier to understand. dvm360

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Putting my darkness **into the light**

For some veterinary professionals, the darkness inside is so debilitating they choose suicide as the least painful way. Please don't. Please seek help.

By Marty Becker, DVM

Editor's note: This article includes graphic discussion of suicide, depression and mental health issues. If you're experiencing feelings of depression or suicidal ideation, please call the National Suicide Prevention Lifeline (800-273-TALK; 800-273-8255; suicidepreventionlifeline.org). It's 24 hours a day, 7 days a week. No matter what problems you are dealing with, people on the other end of the line will help you find a reason to keep living.

Some of you have known me as a practice management guru and veterinary medical correspondent for over three decades. Only a half-dozen of you know that my father killed himself with a shotgun and that I, too, suffer from depression.

I'm almost universally known for being upbeat, positive, high-energy and good humored. An extrovert, optimist and leader for change. But that's only most of the pages in my book of life. There are pages filled with darkness, lethargy, sadness and wanting nothing more than to sleep and not feel depressed.

My father, Bob, had a family inflicted and conflicted with manic depression that resulted in many suicides ...

I grew up on a farm/ranch in rural southern Idaho. My father, Bob, had a family inflicted and conflicted with manic depression that resulted in many suicides, including intentional drownings, driving off a cliff and self-inflicted, fatal gunshots. Notice the plural "shots." My dad's first shot in the basement of our house shot off his lower jaw but didn't kill him. He was so strong and determined, he pumped another 12-gauge shell into the chamber and this one found the mark.

I kept thinking I'd just worn myself out ... but as the days started to get longer, the sun kept dimming for me.

Why would you want to kill yourself? I have researched this, worried that I might feel it personally and have come to the conclusion that the pain becomes so severe that any relief seems welcome even if it's a final solution.

I first became depressed (like many others) in my late 40s. It was 9/11 that shook me to my core (like many others) and I'd just finished a grueling year of travel and (ironically) work on the book *The Healing Power of Pets*. I was sad, exhausted, withdrawn and wanting to sleep. I kept thinking I'd just worn myself out, but as Christmas passed and the days started to get longer, the sun kept dimming for me.

Knowing our family history and seeing that I couldn't will or pray myself better, I finally went to our local doctor, who prescribed an antidepressant. The results were dramatic and quick. Soon, I was on the sunshine side of the mountain again. I was able to go off antidepressants after about six months, but about five years later I once again became depressed. This time I needed to get onto a combination of drugs to achieve the happiness I needed and deserved. Eventually, I found someone else in pain too.

I was introduced to Dr. Sophia Yin by our mutual friend, Dr. Jim Wilson, about 25 years ago. Sophia and I became friends, but it was only in 2014 that the two of us became close and I learned of her severe depression. Sophia thought that her business was failing (it wasn't), that she'd been a failure (she wasn't!) and that she might lose her house (impossible). While my wife, Teresa, prayed with her at least weekly for many months, I talked to her about business, faith, family, life and depression.

We talked about why you need antidepressants for depression. I used logic that should appeal to a doctor, comparing depression to:

> **Infection.** If you have a bacterial infection, you need to take an antibiotic.

> **Diabetes.** If an individual can't control blood sugar by other means, you need to take insulin.

> **Hypothyroidism.** If you have low thyroid, you take a supplement.

> **Seizures.** Convulsions are typically controlled with a medication.

> **Depression.** Many of us need chemical crutches to help restore normal function.

Sophia was a brilliant veterinarian. She knew diabetes, low thyroid and seizures often require a lifetime of treatment. She knew that many behavior issues in pets require lifetime medications for anxiety, fear, OCD and so on. But for some reason, she thought she was differ-

ent and could simply pray away or outlast the depression. She couldn't.

She thought she was different and could simply pray away or outlast the depression. She couldn't.

Like many others who knew or admired Sophia, my wife and I were shocked and saddened by her suicide. We felt that we'd missed signs or in some way let her down. We both thought she was starting to emerge out of the darkness and on her way back up. She wasn't.

It was several months after Sophia's death on a visit to the 9/11 Memorial and Museum in lower Manhattan that I found the reason (in my mind) for Sophia's decision to jump. In this incredibly somber and moving museum is a side room that shows the story of the people who jumped from the Twin Towers. One particular image shows the 60th to 90th floors of a smoldering Tower Two. There are several people in mid-air falling one after another like raindrops, and at the top is a woman stepping off (holding the sides of her skirt so her dress wouldn't blow up exposing her). I thought to myself, this isn't a cartoon where you hit the ground, flatten and then pop back up. You know you're going to die when you jump, but you do it anyway. Why?

The fire behind you is so hot, you choose suicide as the least painful way. For Sophia and others, the darkness inside is so debilitating that you choose suicide as the least painful way.

I'm not writing this as an "I'm getting older and need to get this off my chest" exercise. Even my own family doesn't think I should be so open with my own depression and our family history of suicides (my wife's family has depression; between our families there have been over a half-dozen suicides). But I feel called to put this darkness out into the light.

If "America's Veterinarian"—who lives in a big log house on a horse ranch in northern Idaho, has been married for 37 years to the love of his life, is financially successful and is blessed with influence to help pets, people and his beloved profession—can admit that he has mental health issues and needs daily medication to live a happy, healthy, full life … maybe some of you will move past the shame and pain of trying to fight emotional issues by yourself and seek help from professionals.

God loves you and so do many others. dvm360

As a veterinarian, media personality, author, lecturer, educator, contributor, and recipient of many prestigious awards, Dr. Marty Becker has become known as the best-loved family doctor for pets. Dr. Becker also practices at North Idaho Animal Hospital in Sandpoint, Idaho.

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Commentary response: Distributive teaching model has done—and will do—nothing good for veterinary profession

Dr. Peter Eyre is a passionate advocate of change in veterinary medical education. Indeed, he has been remarkably successful in affecting change by promoting and participating in the establishment of veterinary schools with a distributive model of clinical education. In his recent commentary, "Veterinary education and intellectual freedom" (see the January issue), he argues that such schools, existing without a contemporary research enterprise or teaching hospital, represent a bold innovation and are comparable in quality to schools with teaching hospitals and core-elective curriculums that use clinical, research and public health electives to enrich and broaden a student's educational experience.

To support his view Dr. Eyre cites a 2005 Dartmouth Medical School (DMS) observational, non-randomized study[1] in which the clinical skills of second-year medical students did not differ overall by preceptor's settings (teaching hospital, clinics and community practices). Dr. Eyre calls for similar studies in veterinary medicine but fails to recognize that a similar study would be impossible to implement in evaluating a distributed community-based veterinary clinical education program.

In the Dartmouth study students were divided into small groups and given a standardized cardiopulmonary and standardized endocrine case available in all three settings. Each case was described in an introductory session followed by group exercises prior to preceptor assignments. All encounters were videotaped and standardized patient care instruments were designed and tested jointly by a course director and clinical skills evaluator.

It should be noted that DMS is an elite medical school with a superb basic science faculty and a full-service teaching hospital where all students spend time in an environment that integrates teaching, research and patient care. Also, Dr. Eyre does not mention that the kind of exercises described in the DMS study are designed specifically to prepare medical students for their intense clinical clerkship years, mainly in teaching hospitals. Nor does he take into account that, unlike veterinary school graduates, medical graduates wishing to practice are required to enter internship and residency programs in hospital settings.

I wonder who will create new knowledge, technologies and procedures? Who will discover and cure new diseases? Who will offer referral diagnostic services and quality continuing education?
—Dr. Robert Marshak
University of Pennsylvania

I believe, as Dr. Eyre does, that veterinary education must change with the times and society's needs and expectations, but hardly in the direction he advocates. I daresay that when the Council on Education (COE), the accrediting agency for schools of veterinary medicine, begins to enforce its own published standards, no school, save one (Calgary), that uses a distributed model will be in a position to retain its accreditation. At present, for example, none except Calgary are in compliance with research standard 10—a "must comply" standard. Nor, in my opinion, do they meet COE standards for physical facilities, faculty size and quality, representation of essential disciplines, curriculum, clinical resources and physical facilities and equipment.

In Dr. Eyre's model I wonder who will create new knowledge, technologies and procedures? Who will discover and cure new diseases? Who will offer referral diagnostic services and quality continuing education? Who will expose students to the opportunities and thrill of research and discovery? Who will develop and introduce new clinical specialties? Who will be qualified to contribute to the One Health initiative? Who will train students to address the urgent global issues of poverty, hunger, food safety and security, and environmental degradation, problems associated with the intensive livestock and poultry agricultural practices needed to feed an exploding, mostly urban, human population?

I would suggest that the traditional teaching hospital model, in its many guises, has been and continues to be far more flexible, successful and productive than Dr. Eyre concedes. Indeed, the revolutionary changes, largely modeled on medical education that began in the aftermath of World War II, rapidly transformed a near-moribund educational establishment into a galaxy of science-based, research-oriented schools that continue to lead worldwide in the education and practice of veterinary medicine.[2]

I would ask Dr. Eyre to imagine where the profession would find itself today if his distributive model had been dominant during those past 60-plus years. **dvm360**

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Robert Marshak, DVM, DACVIM,
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See brief summary on page 32

References: 1. Trifexis® [product label]. Indianapolis, IN: Elanco; 2014.
2. Heartgard® Plus [product label]. Duluth, GA: Merial Inc; 2011.

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One reader's thoughts on student debt and subsidized veterinary care

Veterinarian urges colleagues to consider inflation in student debt discussions, adjust terminology for services provided by humane nonprofit facilities.

I am writing to bring up two disparate points that I have been thinking about for some time.

The first is regarding the high cost of veterinary education. I graduated in 1986 with $64,000 of debt. Many of my classmates had a much higher debt load; quite a few had $100,000 or more.

Now, before you think, "See how the cost has risen!" you should adjust for inflation. My $64,000 is the equivalent of $153,000 in 2014 dollars. My first salary of $24,000 is the equivalent of $57,600 in 2014 dollars (somewhat less than salaries being offered today). For this I often worked 60 hours a week and was on call every other night, weekend and holiday.

When my boss went on vacation for 10 days, I worked and was on call by myself the entire time he was gone. When I graduated, I lived with my parents for two years because I could not afford to pay my loan payments and rent an apartment. I did not buy a car or a house or go on a vacation for many years.

This does not make the problems and concerns of today's graduates any easier, but veterinary medicine is not a lucrative profession. I for one am tired of hearing about the high debt load of today's graduates.

In conclusion: 1) The cost of veterinary medicine has always been high—don't forget to adjust for inflation. 2) No one is being forced to go to veterinary school. Do your homework. If you want to make a lot of money, don't become a veterinarian. 3) If people realize this they will not go to veterinary school and the concerns of oversupply will end.

My second point is in regard to the term "low-cost" veterinary medicine. I work at a humane society one day a week. Believe me, the humane society pays the same for Telazol, buprenorphine, blood pressure cuffs and anesthesia machines as any private hospital. I myself am well paid. The reason we can charge clients less is the generous donations of the public as well as fundraising and grants. This is *subsidized* veterinary medicine and welfare for pets. I point this out to any humane society client who complains about the high cost of care their private veterinary clinic provides.

My humane society does not require proof of need—a large bone of contention between the shelter supervisor and me. Although we occasionally have a client who drives up in an expensive car with her expensive handbag and perfectly coiffed hair and brings her purebred dog for "low-cost" care, the majority of pets I see have never had any veterinary care and would not receive any care were it not for our shelter.

I know of some low-priced private clinics with spay and neuter prices equivalent to our shelter. I honestly don't know how they do this, but I think that the number of clinics that can perform high-volume surgeries *and* provide excellent service is very small. I believe that we need to use the term "subsidized veterinary medical care" for any nonprofit organization that raises money through donations, fundraisers or grants. I believe that this will help clients understand that private clinics are not gouging them.

Using subsidized veterinary care should be like using food bank services—it's great to have it available if you are truly in need, but you shouldn't take advantage of it if you are not. **dvm360**

Beth Ferry, VMD
Ligonier, Pennsylvania

'Old School, New School' series looks to be a hit

Readers resonate with portrayal of older, younger veterinarians working together in practice.

I'm excited about Dr. Jeremy Campfield's series comparing the Old School with the New School. Being a chartered, lifetime member of the former gives me and my ilk a perspective that the newer initiates cannot comprehend. I like the inference that one of them is "good" and the other is "new." Surely it refers to the difference between street smarts and book smarts, both being necessary.

Occasionally, when I'm stumped with a case that needs extra time and mental energy, I'll think to myself that I should have seen this case when I first got out of school—back when I knew everything. Time served in practice teaches you to be observant of everything, both the objective (physical examinations, lab tests, radiographs, ultrasound) and the subjective (history; animal's body language, demeanor, reactions; owner's thoughts and impressions).

Even after 40-plus years of private practice, I still frequently reflect on a case I saw early in my career. A Labrador named Gado was presented with a hind leg lameness, and the way he was carrying the limb, it sure looked like a stifle injury. After all, he was a high-energy field trial competitor. On palpation of the stifle, no dysfunction was found, so I moved up to the hip. Sure enough, he yelped, and radiographs confirmed my suspicions of early hip dysplasia. He went home with carprofen while I gloated. "Damn, I'm good!" Score another win for me.

A couple of hours later, the client calls me and states, "Doc, I just noticed that Gado has a broken toenail on the same leg he's limping on. Do you think that may have been the reason?"

For the last 40 years, Gado has been memorialized in my physical exams. What's the old saying? Good judgment comes from experience and experience comes from bad judgment. Us old codgers have a wealth of experience that we are willing to share, but often, since we are who we are, it falls on deaf ears. Unsolicited advice is ill-received.

Forty years from now, Dr. Greenskin will be Dr. Grayhair and the cycle keeps repeating. Bring on the articles!

Jim Hagee, DVM
Chugiak, Alaska

The series by Dr. Jeremy Campfield, Old School, New School, is spot on. I have been in practice for 50 years. It has been a wonderful ride and I still love what I do. The age process differential is interesting. I have found it easy to adapt to new ideas in a changing world of veterinary patients and business. I suspect that it will be a lot tougher for Dr. Valley Girl to find success.

Practice life has afforded me so many wonderful things: opportunity, financial security, family, a job I love while "providing the best possible patient care while that patient is under my direction."

It is a subject that needs much future discussion if Dr. Valley Girl is to find success in the profession I love. The secret starts with a desire to serve and embracing capitalism. It is a subject for much more discussion. **dvm360**

Richard Lanier, DVM, Greensboro, Georgia, and Rochester Hills, Michigan

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Behaviorist Dr. Melissa Bain honored with 2016 Bustad award

Career has been a boon to the human-animal bond, colleagues say.

Melissa Bain, DVM, DACVB, DACAW, MS, was awarded the 2016 Bustad Companion Animal Veterinarian of the Year award during the American Veterinary Medical Association's (AVMA) Veterinary Leadership Conference held recently in Chicago.

In a release from the AVMA, Bain, a frequent dvm360 contributor and speaker at the CVC conferences, says she is humbled and honored to receive the award, given to recognize the outstanding work of veterinarians in preserving and protecting human-animal relationships. The award is co-sponsored by the AVMA, the American Veterinary Medical Foundation (AVMF) and Pet Partners, an organization dedicated to improving people's health through positive interactions with therapy animals.

"I love nurturing the relationships between people and their pets," she says. "Understanding an owner's struggles when faced with their pet's behavior issues and helping them find a way to live a happier, healthier life together is extremely gratifying. It is heartbreaking to see a well-loved pet euthanized or relinquished to a shelter due to behavior issues."

Her colleague and mentor—human-animal bond pioneer and previous Bustad Companion Animal Award winner Benjamin L. Hart, DVM, PhD, DACVB—is the one who nominated Bain for the award.

"Dr. Bain is an unquestionable leader in integrating the essence of the field of human-animal interactions—in all its ramifications—with veterinary clinical behavior, animal welfare and the mental health of veterinarians," says Hart.

Bain is board-certified in veterinary behavior and animal welfare and is the chief of service of the Clinical Behavior Service at the University of California–Davis School of Veterinary Medicine. She is also past president of the American College of Veterinary Behaviorists and the American Veterinary Society of Animal Behavior.

The Bustad award is named in honor of the late Leo K. Bustad, DVM, PhD, an internationally recognized pioneer in the field of human-animal interactions who inspired so many in promoting the mutual benefit of each species to the other—the human-animal bond. **dvm360**

AVMA's updated feral and free-roaming cats policy comes with emphasis on collaboration

The American Veterinary Medical Association (AVMA) has updated its policy on free-roaming abandoned and feral cats, noting there is not one "single solution" to reduce the free-roaming and feral cat population.

The revamped policy aims to encourage collaboration among veterinarians, humane groups and wildlife conservation agencies in efforts to reduce these cat populations in a humane and ethical manner, according to an association release.

Joseph Kinnarney, DVM, AVMA president, states that the policy was the result of effort to represent the diverse viewpoints related to these cat populations. "The revised policy represents iterative progress toward resolving the free-roaming abandoned and feral cat problem, while recognizing that there is currently not consensus around what an ultimate solution will look like," Kinnarney says in the release. "It also points to the veterinary profession as a key player in developing approaches that are both science-based and socially responsible."

Broad policy language urges that consideration be given to "the welfare of the cats and wildlife themselves, the ecosystem in which the intervention will be conducted, the expertise and abilities of those implementing the intervention, societal and cultural attitudes and public health."

A key component of the new policy encourages research into the following areas:

> Developing an environmentally safe and effective oral or parental contraceptive vaccine.

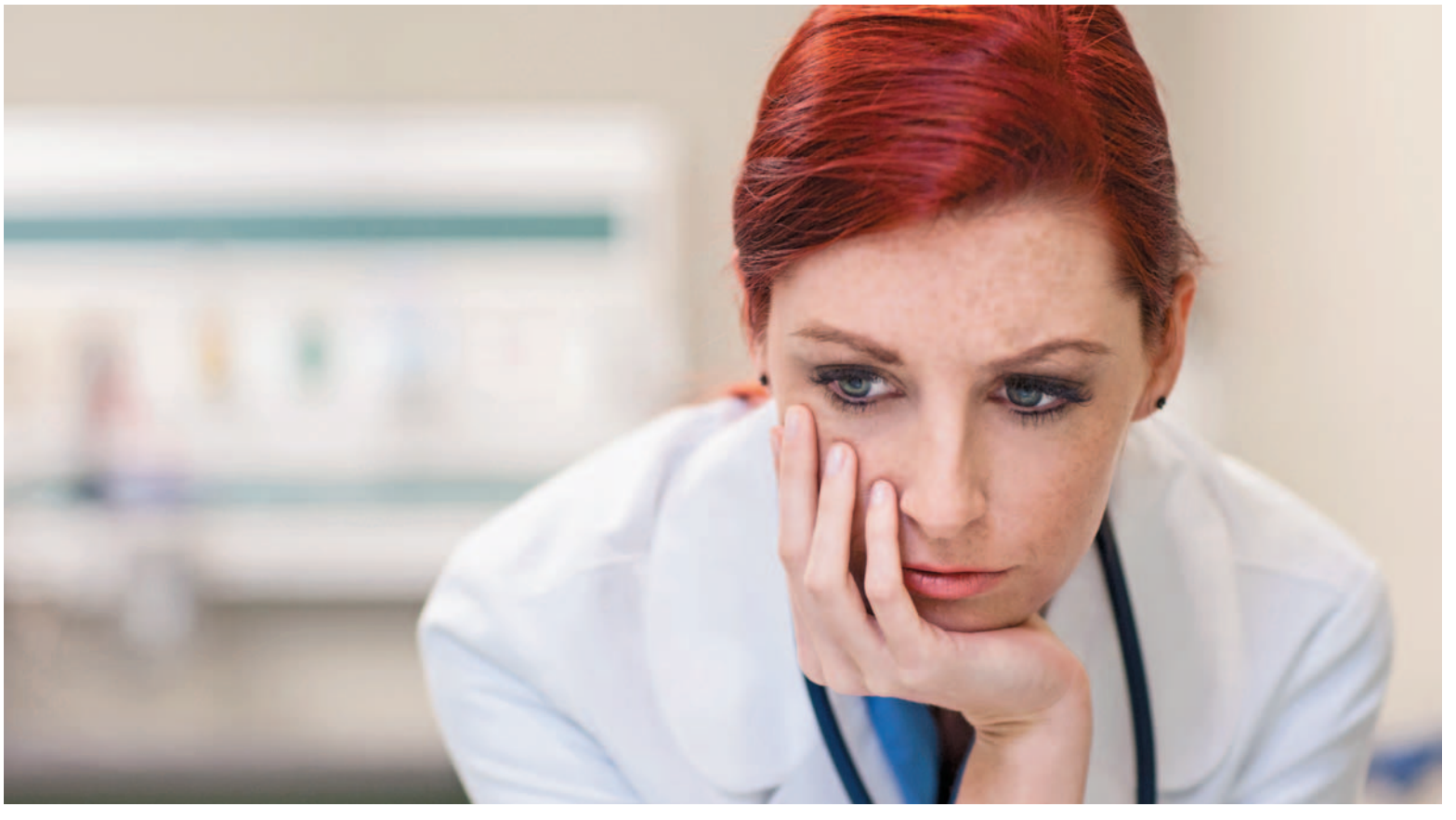
> Determining efficacy of current models and developing new methods for managing free-roaming abandoned and feral cats.

> Learning more about the health of free-roaming abandoned and feral cats.

> Determining the origin of free-roaming abandoned and feral cats, such as animal abandonment by the public.

> Better defining the impact of free-roaming cats on native wildlife populations.

The AVMA House of Delegates approved the update during its regular winter session on Jan. 9. The approval was the result of more than two years of discussion between a range of stakeholders, including the AVMA's Animal Welfare Committee, Committee on Environmental Issues, and Council on Public Health and Regulatory Veterinary Medicine, as well as others who have feline, avian and wildlife expertise, the release states. **dvm360**



What to do when the clinic's being **sold**

Hard questions smart associates ask themselves when ownership is changing hands.

Consider this: An associate veterinarian wouldn't park her car in an unfamiliar city without taking a good look around to be comfortable with the neighborhood and know how to find her way back to her vehicle. So why would that same associate work for months or years at a clinic without critically scanning the landscape and objectively analyzing the agendas of the practice owners in the clinic "neighborhood"? And just as she'd check out her parking spot, a smart doc should know what signs in a practice might mean she needs to scram unexpectedly. The biggest reason? The owner's selling—and not to her.

Be honest with yourself if you've seen any of these warning signs of a practice sale at your hospital. Has your owner:

… changed purchasing habits for drugs, supplies or other inventory?

… stopped investing in new or more modern diagnostic modalities?

... increased or decreased overtime, staffing levels, the use of part-time or relief veterinarians or even his or her own hours?

… invited in real estate appraisers, insurance professionals or practice consultants lately?

… asked associates who previously worked without contracts to sign one?

… skipped "re-signing" discussions with associates approaching the end of contracts?

Even a new coat of paint or driveway sealer could be telegraphing a hospital owner's intentions.

'Am I valuable enough?'

If change is in the wind, associates need to do a little thinking. There's no use in approving or disapproving of a potential change in ownership. (That's not really an associate's business.)

No, it's time for a little brainstorming on more personal questions about your work at the practice. Ask yourself these questions:

> If a private practitioner buys the practice, am I valuable enough—and team-oriented enough—that the new owner would want me to keep working here? Could I expect to be paid the same?

> If a corporate chain buys the practice, would I be comfortable being more closely monitored in the way I practice and charge for services (or don't)?

> If a new owner wanted to change the way associates were paid—say, switching to production-based compensation—could I produce enough to earn the same money?

> Would my favorite staff members (beloved mentors, favorite technicians, trusted classmates) likely

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leave? And would I still like working here if they did?

Don't say, 'I've never thought about it'

Of course, we haven't touched on the most sobering question of all: If you want to leave, will it be logistically or legally hard to do so? Some associates can pull up stakes and move on, thanks to their own mobility, contracts and forgiving noncompete clauses. Others can't. Consequently, it's a huge mistake for any of us not to periodically take a reading of our professional situation, our options, our career vulnerabilities and our goals as they relate to work and employment.

So if you see the signs your practice could be sold, transferred, relocated or downsized, it's time to get to thinking. Here are some places to start:

"I've never really thought that hard about whether I would like to own my own clinic."

(Time to do that. Now.)

"Maybe it's time to talk to the practice owner about selling some or all of this joint to me."

(Yes, communicating with your boss is a good thing.)

"Huh. I wonder if our location is performing well for the corporate owner?"

(If it's not, your job could be at risk.)

"If this corporate buyout turns out disappointing for the new owners, I wonder if they'd entertain an offer from me."

(Find out!)

"Oh man, if this place is sold and I have to leave, will my noncompete agreement make it impossible to move on without taking my kids out of school?"

(Check those clauses now.)

"I wonder if a new practice owner could even enforce my noncompete agreement."

(Talk to a lawyer.)

"Shoot, I can't remember if my agreement is with the business or the practice owner."

(Again, dig out that contract.)

"I know I'm a valuable, productive associate who gets along with people."

(You sound confident and that's good. Make sure your colleagues agree with you.)

"If a corporate chain buys the practice, they could be looking for a medical director. I could do that."

(Find out and position yourself as an attractive option.)

Here's what it comes down to: The world of veterinary practice is changing. Forms of ownership, styles of management and what DVMs want out of their jobs and careers are always in flux. The best advice today—really the only rational advice—is to always look around carefully at the spot where you've parked your car. And where you parked your stethoscope. **dvm360**

Dr. Christopher Allen is president of Associates in Veterinary Law PC, which provides legal and consulting services to veterinarians. Call (607) 754-1510 or email info@veterinarylaw.com.

The client bites back

The new associate ignores a team member's warning and the practice owner blows up in this story of a snappy pooch and a snippy client with an unhappy ending.

The past month has been busy at the practice (woot woot!), but the income isn't what Dr. Codger would like (boo!), especially now that he has to cover new associate Dr. Greenskin's salary. He's been putting a lot of effort into getting Dr. Greenskin up to speed with the practice standards he's carefully crafted over the past 50-plus years. With the amount of handholding and coddling he needs to do, Dr. Codger is often left wondering what the heck these vet schools are teaching nowadays.

Meanwhile, Dr. Greenskin is starting to feel that her extensive (read: expensive) training is a bit lost on some of the clinic's client base. She's disheartened to know that more than half of her recommendations are declined or flat-out ignored.

"Good afternoon, Precious"

Last week Dr. Codger had to rush out of the clinic after lunch to deal with a burst water pipe at home, leaving the afternoon appointments for Dr. Greenskin to handle.

"You'll be fine," he reassured her as he dashed out the door with his toolbox. "Don't worry. Just reschedule 'em if there's a problem!"

At 4 p.m., Mrs. Penny Pincer arrived for Precious' annual checkup and vaccinations. Precious is a 6-year-old, 3-pound Chihuahua that would prefer to eat Dr. Greenskin for dinner rather than have anything to do with a checkup or shots of any kind. While Precious growls and snaps, Dr. Greenskin notices a fair amount of tartar built up on Precious' teeth, as well as some inflammation near the gum line.

Dr. Greenskin takes a deep breath and begins to explain the perils of dental disease and recommends preanesthetic bloodwork so they can schedule a complete dental exam

ILLUSTRATION: RYAN OSTRANDER, ANNE MCDONALD CAMPFIELD, DVM

With pants rolled up and putty still stuck in his hair, Dr. Codger rushes past Dr. Greenskin and into the exam room bellowing, "What in heaven's name have you done this time?!"

and cleaning for Precious. She gets to the part where she explains that Precious may require teeth extractions when Mrs. Pincer stops her.

"Are you sure? This is more than Dr. Codger charges for a simple dental"

Flabbergasted and red in the cheeks, Mrs. Pincer is quick to correct the young Dr. Greenskin, explaining that Dr. Codger saw Precious only two months ago for limping on the hind legs and said Precious' teeth were fine.

Dr. Greenskin lets both Penny and Precious cool off in the exam room while she prepares an estimate. The receptionist is visibly shaking as she itemizes the entire list of Dr. Greenskin's recommendations and asks hesitantly, "Are you sure? This is more than Dr. Codger charges for a simple dental." Dr. Greenskin's silent stare coaxes the receptionist into the room to review the estimate.

"What in heaven's name have you done this time?!"

Just as Mrs. Pincer's shrieks of discontent ring out, Dr. Codger returns from his plumbing battle at home. With pants rolled up and putty still stuck in his hair, Dr. Codger rushes past Dr. Greenskin and into the exam room bellowing, "What in heaven's name have you done this time?!"

After several minutes of apologies and cajoling with Mrs. Pincer, Dr. Codger finishes the appointment. Precious quickly receives seven vaccines, and Mrs. Pincer's huffing subsides a tiny bit as she settles her discounted bill and loads Precious into the bling-studded carrier and the front seat of her luxury SUV. Precious is now scheduled for his dental next week with Dr. Codger. At the "loyal client" rate with a "courtesy discount" that brings the total to $90.

So, what do you think? Could this have been handled better? Could Dr. Greenskin have recognized Mrs. Pincer's many years with the practice and talked over her recommendations in a subtler way to maximize compliance? Did Dr. Greenskin appreciate the hesitant warning from the receptionist? Should Dr. Codger have stopped to talk to his young associate and gotten her side of the story instead of barreling into the exam room and assuming she'd screwed up royally and pissed off yet another client?

Man, that was a doozy. I sure hope Dr. Greenskin hasn't quit by the time we see these two doctors again. **dvm360**

Dr. Jeremy Campfield works in emergency and critical care private practice in Southern California. This series originally appeared in Pulse, *the publication of the Southern California Veterinary Medical Association.*

dvm360 Find it all here

Ouch! Feeling the burn from stinging client interactions? We've got you covered

First up? How to deal with hot-headed clients. Check it out at **dvm360.com/hothead**. Next, we know you went to vet school to figure out animals, not people. Here are 7 different client personality types that'll give you a run for your money—and how to avoid any nasty situation. Visit **dvm360.com/runforthemoney**. Finally, how 'bout some advice to never sell to clients again? You betcha. Head over to **dvm360.com/dontsellme**.

Love the one *you're with*

A financially struggling associate veterinarian crashes up against his practice owner's unyielding ethical philosophy.

Walnut Animal Hospital is a busy five-doctor practice tucked in a crowded Pennsylvania suburb. Dr. Frank Haas, the owner, is proud of his team; they're skilled, good with clients and work well with each other. He also takes pride in his approach to scheduling—no associate veterinarian works more than 30 hours per week. Dr. Haas feels this way they remain alert, suffer little burnout and, when someone misses work, the staff isn't impacted severely. In turn, the arrangement allows staff to have greater flexibility for personal time and childcare. They are well compensated and loyal to Walnut Animal.

Dr. Lewis, an associate of six years, has a new baby at home. He needs more income and asks Dr. Haas for additional hours. Dr. Haas refuses, reminding Dr. Lewis of his practice philosophy of a 30-hour workweek.

Though he understands Dr. Haas' position, Dr. Lewis knows he has to change something. He certainly doesn't want to leave Walnut Animal, so he decides to get creative. He contacts several local pet shops that require a licensed veterinarian to examine and care for the animals on the premises. He finds a facility that impresses him with its integrity and commitment to the animals. Decision made! He makes plans to speak with Dr. Haas the next day.

Unfortunately, things don't go as smoothly as Dr. Lewis hoped. Dr. Haas doesn't approve of pet shops in general. He believes the pipeline for their inventory is unscrupulous puppy mills—and that it's inevitable that his clinic will be associated with the pet shop in question. He refuses to listen to Dr. Lewis' claims about the shop's trustworthiness.

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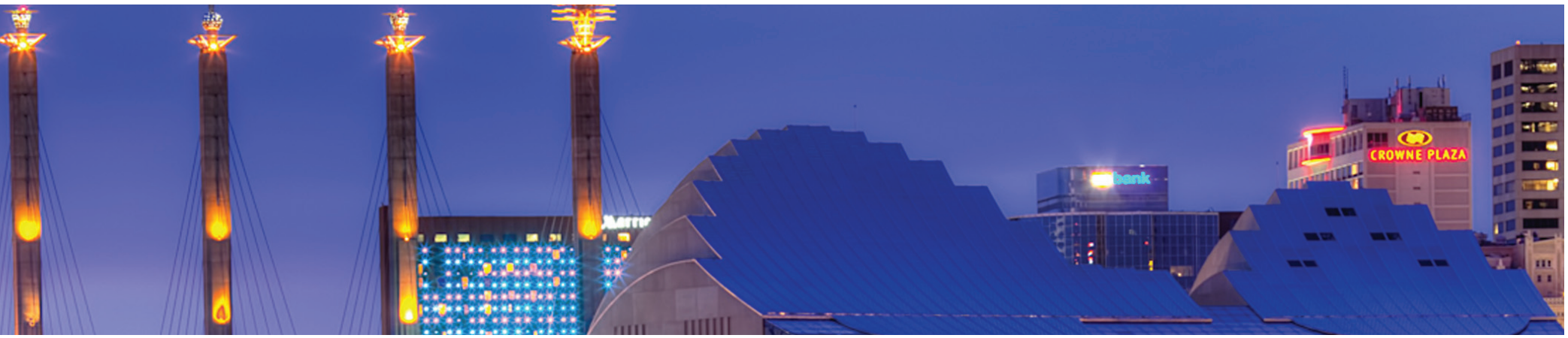

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Many veterinary employers are opinionated and even unfair when it comes to their demands on staff members. Still, short of being directed to do something unprofessional, associates must adhere to their employers' directives.

Chasing down the dollar

Dr. Lewis' contract allows him to work in other veterinary capacities—he's an at-will employee. And Dr. Haas' philosophy of mutual respect as the foundation of a viable working relationship is in place for a reason—if either the employer or the employee becomes unhappy with their situation, there's an opportunity to sever ties without contractual red tape that could lead to litigation.

Dr. Haas isn't without sympathy for Dr. Lewis' dilemma. He even offers to assist Dr. Lewis in procuring consulting options for additional income, because that wouldn't conflict with his philosophy. But that doesn't appeal to Dr. Lewis. He decides to remain at Walnut Animal and make other adjustments to his lifestyle in order to make ends meet. And he's now quietly entertaining the idea that his future may be at another hospital after all.

So, what do you think? Would you fight for your right to make money however you see fit? Does Dr. Lewis have a right to work at a facility of his choice during his unscheduled hours, or is Dr. Hass being unreasonable with his demands?

Rosenberg's response

Many veterinary employers are opinionated and even unfair when it comes to their demands on staff members. When I was a young veterinarian, I worked in a clinic where my boss did not allow the use of syringes larger than 12 cc's. I questioned this edict and was told, "That's the way we do it here."

Still, short of being directed to do something unprofessional, associates must adhere to their employer's directives. It's *not* unfair for an owner to direct the professional staff to follow his practice philosophy. If a staff member has a problem with that directive, such as in the case with Dr. Lewis, he or she must weigh the pros and cons of the situation and come to a decision about remaining with the employer. I must conclude that Dr. Haas has the right to enforce his requirements. **dvm360**

Dr. Marc Rosenberg is director of the Voorhees Veterinary Center in Voorhees, New Jersey. Although many of his scenarios in "The Dilemma" are based on real-life events, the veterinary practices, doctors and employees described are fictional.

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See brief summary on page 42

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7 steps to better two-legged species care

Pets don't walk themselves into your veterinary hospital (much as you wish they would). Check to make sure you're doing these seven things to make your practice a success with clients.

A recent blog by marketing guru Sujan Patel titled "10 lessons every entrepreneur should learn about customer service" inspired me to consider these lessons for today's veterinary practice. The following lessons are adapted from his thoughts. Please take them as a fresh perspective on some familiar ideas.

1 Listen to your employees and clients. The best way to understand what they want is to ask them. Chances are you'll find simple solutions to what you thought were complex issues. Put together a small focus group of top clients over a restaurant dinner. Ask what they do and don't like about your practice. Then shut up and listen.

2 Do what you say you'll do. Keeping your word and delivering on your commitments every time are the best ways to develop and maintain client and team member loyalty and trust. Do you ever promise a phone call you never make or email you never send? Do you sometimes take a long time to report back to clients on test results or patient updates? Failure to deliver on promises is a sure way to lose customers.

3 Invest in people the way you invest in your patients. Having the latest and greatest in diagnostic and technical tools is increasingly difficult. There's always a new tool or toy that makes our job as veterinarians easier, but not all developments need to come in a shiny stainless steel case. Encourage your front desk and technical team members to stay current in both patient care and client care. Don't neglect training programs, courses and software that will help your team members grow in areas of client communication and service.

4 Don't win a battle but lose the war. From time to time, we all face disagreements with clients and team members. Yes, you need policies and guidelines in place, but be willing to flex and bend. Is it worth enforcing a policy at the risk of losing a customer?

Look for solutions that are win-win. Consider building in hospital policies that show clients you'll walk the talk too. I had a policy in my practice that if clients waited too long in the reception area or exam room, I would discount their office visit. "Your time is just as valuable as my time," I told them.

5 Hire for good attitudes. I know that hiring for clinical and technical skills on your team is hard enough, but don't neglect the soft skills. You want only empathetic, friendly and mutually respectful people in your practice. The correct balance between skill and attitude will let you provide truly standout care and client experience.

6 Don't soil your brand. You're a professional, and all of your comments should reflect that. If a client becomes critical, remember that other customers are watching, and becoming defensive or aggressive reflects badly on you. Try to develop renewed goodwill. Respond with a professional acknowledgment and even an apology, if warranted. Focus on rebuilding the relationship, not on being right. Humility is more redemptive than hubris.

7 Be available. Most veterinarians resist and even resent the expectation that they're available 24/7. With the advent of emergency hospitals, pet owners are more accustomed to having after-hours problems solved by someone else. But some cases are ongoing and require some familiarity with the patient. And today's pet owners are used to online windows and instant text messaging.

Consider setting up a mobile phone line exclusively for text messaging. Check out smartphone and online apps and services like iMessage and Whatsapp. These forms of communication aren't for everybody, but if you're like me and hate talking on the phone, text messaging can be a great solution. If you are a phone lover, consider giving your home or mobile number to select clients in select situations. It has been my experience that this gift of trust is rarely used and even more rarely abused. **dvm360**

Dr. Michael Paul is a nationally known speaker and columnist and owner of Magpie Veterinary Consulting. He lives in Anguilla in the British West Indies.

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Lifestyle sacrifices: the *true cost* of student debt?

The burden of paying down student debt early in their careers plays a significant role in new graduates' lifestyle satisfaction.

By Elizabeth Johnson, Ross Knippenberg, PhD, and Michael R. Dicks, PhD

Many veterinary students will tell you they've wanted to be a veterinarian since they were small children. Whatever persuaded them—a beloved pet, involvement in FFA or 4-H, or time spent shadowing a veterinarian—this profession has no lack of passion. Passion for the profession is what allows these students to look past the sacrifices and strenuous academic requirements necessary to pursue a veterinary degree.

Early-career veterinary families are estimated to have a higher tax burden and have student loan debt, lower transportation costs and lower expenditures on recreation and leisure.

The question we face now is whether those individuals know the true cost of these financial sacrifices. It's easy to look at a single summary dollar figure. But a dollar figure on paper doesn't capture what it means for you, your family or your day-to-day life. To that end, let's explore the similarities and differences between expenditure patterns of early-career veterinary households and the average U.S. family between the 70th and 80th percentiles of income using data collected from the American Veterinary Medical Association (AVMA) Personal Financial Planning (PFP) tool and from the Bureau of Labor Statistics (BLS).[1]

Comparing consumers' expenditure patterns to veterinarians' patterns

The mean household income reported by early-career veterinarians who used the PFP tool was similar to the mean income of the 70th to 80th percentile of Americans—roughly $85,000. The household expenditure data for Americans is from the BLS Consumer Expenditure Survey (CES), and the data covers the time period July 2014 to June 2015. Both the PFP tool and the CES collect data on expenditure categories, but there are some differences. For example, the CES doesn't collect information on individual debt payments, so it doesn't cover student loans and credit card debt payments. Second, the tax data collected through the PFP tool is an estimate, whereas the CES data represents actual taxes paid. See Figures 1 and 2 on page 47 for a comparison of the AVMA and CES data.

Veterinarians are financing debt with less leisure and transportation

While the early-career veterinarians are younger (30 rather than 48), better-educated, and less likely to be homeowners than the general population with the same level of household income, their expenditures on housing, food, clothing, education, retirement contributions and healthcare are similar. However, the early-career veterinary families are estimated to have a higher tax burden and have student loan debt, lower transportation costs and lower expenditures on recreation and leisure. While only 35 percent of the veterinarian households own homes compared with 78 percent of U.S. households in the 60th to 80th income quintile,[2] this is still higher than 27 percent for millennials age 23 to 34.[3]

Following the typical earnings path of veterinarians, at age 48 they will have higher incomes and no longer be in the same income decile, and their expenditure patterns will be closer to that of the 90th percentile of households.

The biggest difference in the expenditure patterns is in student loan payments, which doesn't burden most households in the general population and aren't explicitly recorded in the CES data. On average students are paying almost $11,000, or 18 percent of their discretionary household income (total income minus 1.5 times the poverty level for their household size), toward their student loans.

How do recent graduates reallocate their discretionary funds to pay the $11,000 per year in student debt payments? Half of that amount, $5,500, comes from car and transportation expenses, while the other half comes from recreation and leisure. This level of transportation expenditures of the early-career veterinarian is found in the expenditure patterns of Americans with household incomes in the 35th percentile, and the level of recreation and leisure expenditures in the 10th percentile of the general U.S. population. From this, we can surmise that general U.S. households with similar income have

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FIGURE 1

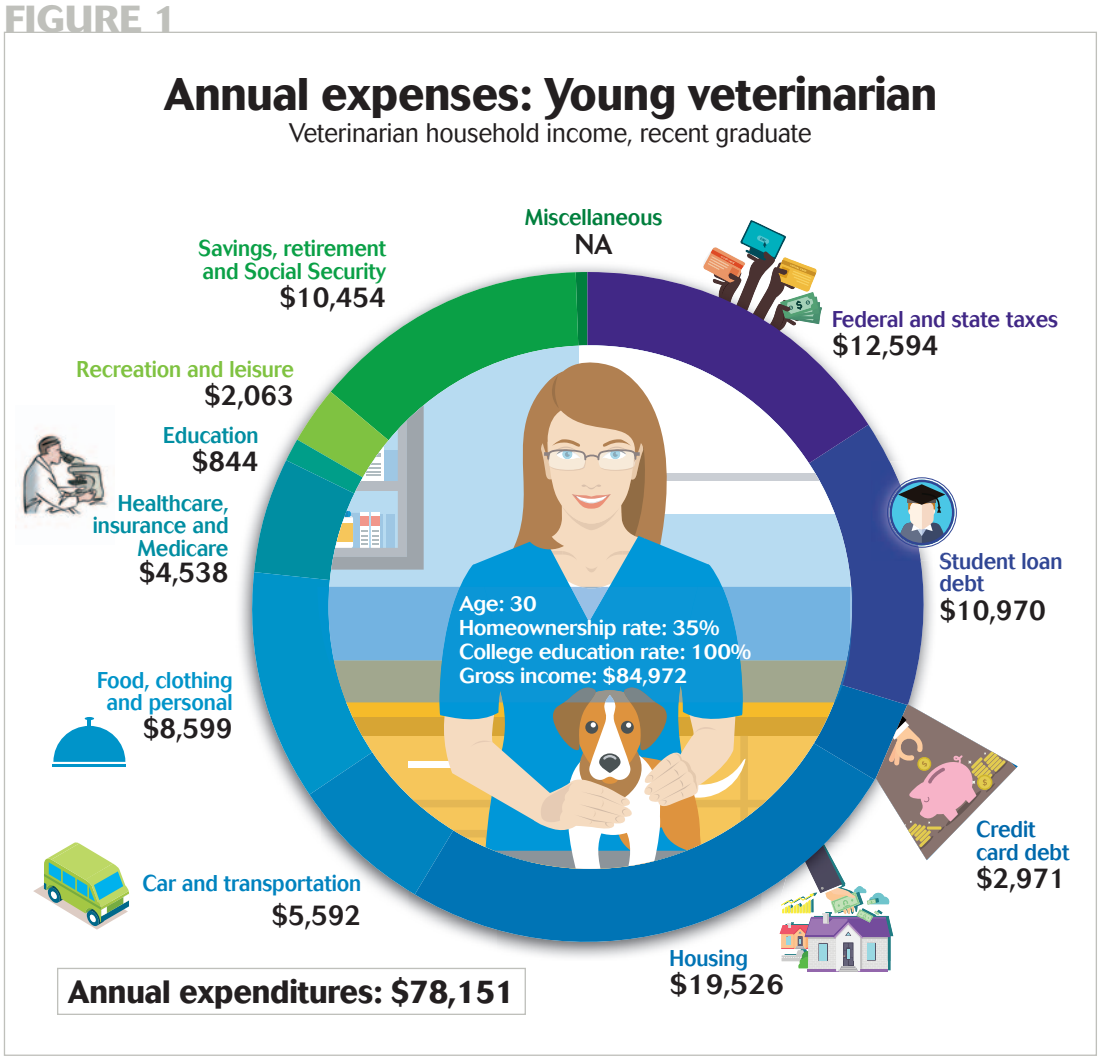
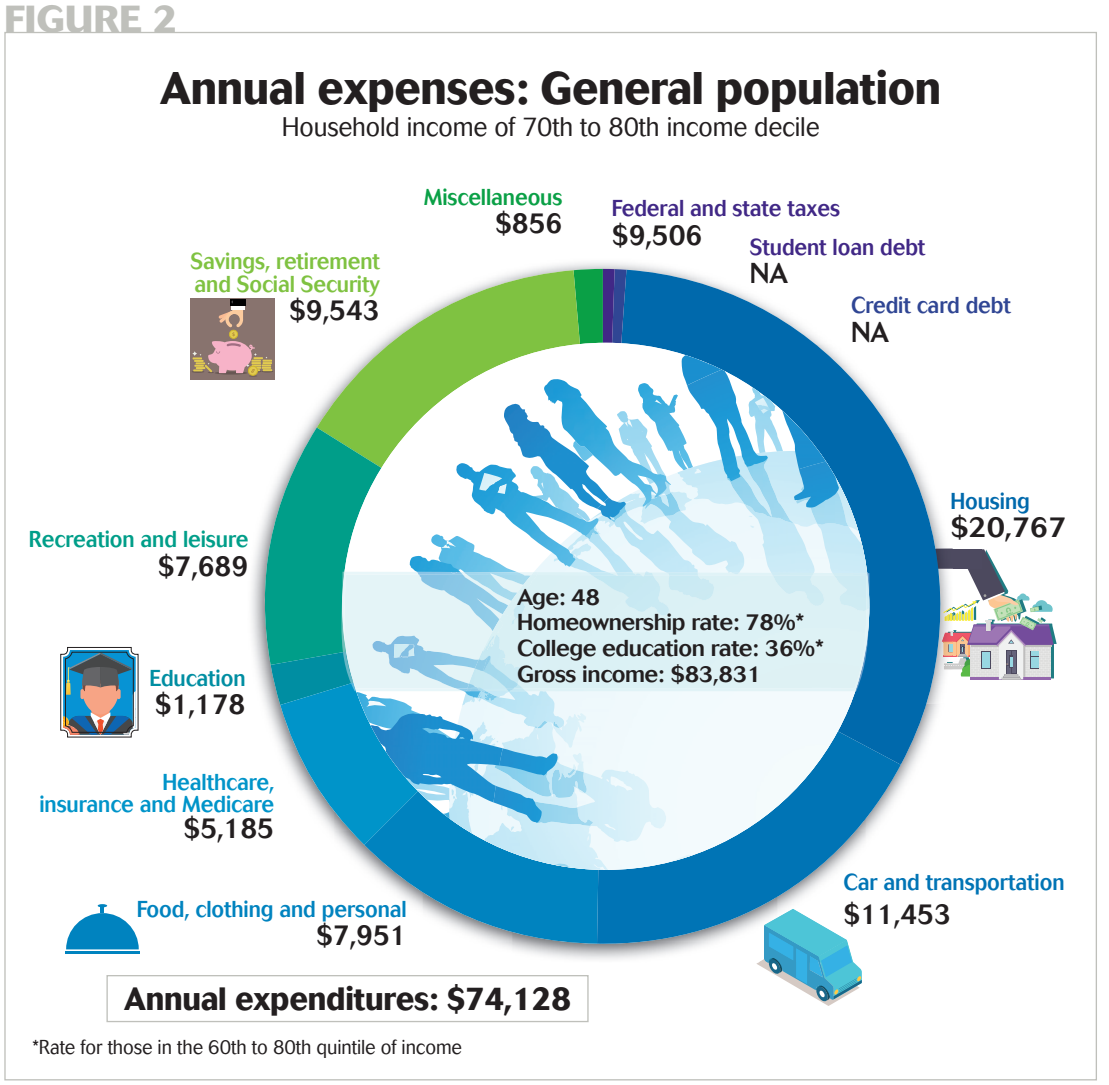


FIGURE 2



Source: AVMA Veterinary Economics Division, Bureau of Labor Statistics

newer cars, take more expensive or longer vacations, enjoy more entertainment, and experience less financial stress as a result of a larger remaining balance in disposable income.

What does it all mean? In a word, sacrifice

Lifestyle satisfaction depends on the ability to achieve an expected standard of living. If applicants to veterinary college have high expectations, this analysis indicates that in their early years they will be disappointed: Early-career veterinarians forego purchasing homes, cars, recreation and vacations to pay off their debt. Recent graduates who value travel, entertainment and that new-car smell may be surprised that their standard of living may not increase as expected after graduation. The failure to achieve standard of living expectations combined with slow early progress in reducing student loan principal serves as a source of financial stress.

Rather than presenting the average debt for new graduates, this comparison quantifies the impact of student debt on the day-to-day life of recent graduate veterinarians. This information indicates what early-career veterinarians sacrifice to pay student loans. Prospective veterinary students can also use this information to ask themselves how much they're willing to give up—and for how long. dvm360

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Elizabeth Johnson is a fourth-year student at the University of Tennessee College of Veterinary Medicine and an extern in the American Veterinary Medical Association's Veterinary Economics Division. Dr. Ross Knippenberg is an economic analyst for the AVMA's Veterinary Economics Division, and Dr. Michael Dicks is director of the division.

5 steps to protect your clinic's online reputation

Stop yapping about Yelp and bark up a better tree that protects your veterinary practice's online presence.

By Portia Stewart, Team Channel Director

Eric Garcia in person

Eric Garcia will be speaking at CVC Virginia Beach on Saturday, May 14. In addition to online reputation, he'll cover updates in social media, as well as fast and fun digital marketing strategies for veterinary practices. Visit **thecvc.com** to register.

Creating the right online presence to satisfy pet owners can be rough. And we know some of you want to ditch the whole "Interwebs" and go back to the days where you just hung your shingle and called it a day. Too bad.

Truth is, word-of-mouth is still one of your strongest ways to grow your client base, and where word-of-mouth is happening has moved—from around the water cooler and over the back fence to the web with reviews, social media posts and more.


Eric Garcia

So if you've been dragging your feet and need some highlighted tasks to get started, Eric Garcia of Simply Done Tech Solutions in Lutz, Florida, has got you covered with five free strategies from a session at CVC San Diego.

1 Claim your online listing with Google, Bing, Yelp and others

This is your online real estate, so stake your claim! Start by editing your listings in various search engines and review sites with up-to-date business information and contact details.

An important point: You need to scoop up all of the real estate linked to your practice. This includes listings for each doctor's name. Claim them all, then save only the primary listing—the generic one that lists the clinic's address or business owner—so you don't have competing listings under each doctor's name. The good news is, you only need to do this step once.

2 Brand and optimize your Google+ listing

Make sure your Google listing classifies you properly under the categories "animal hospital" and "veterinarian."

If you're incorrectly listed as a hairdresser or mechanic—hey, it's happened to real practices just like yours—pet owners won't find you when they're looking for veterinarians in the area. (And your groomer just might field some really oddball questions before she figures out Mrs. Olsen is asking about hair dye for herself and not for her prized poodle.)

3 Monitor your reviews

In your favorite web browser on a public computer at your practice, create a favorites folder. Name it "My online listings." Favorite all of your business listings in that folder.

Next—and this step is critical—delegate an employee to check your listings regularly. This team member can be a receptionist or a technician, and it should be on their morning checklist to check online reviews. Daily is best, but once or twice a week is a minimum.

Usually you'll have fewer than three new reviews a month. When your team member finds a new listing, this person should print out the listing. Create a small committee to review these reviews and discuss any necessary follow-up.

Sample script for requesting an online review

You: "We appreciate you as a client. Would you mind leaving us a review online? We want happy clients like you to be able to find us online easily."

If the client says yes, say: "Thank you. Can I have your email address so I can send you a friendly reminder and link so this is easy for you to do?"

4 Engage with reviews

This is an important extension of your customer service efforts. The average practice receives one review a month on the largest search engine, Google. Reviews on Google are important to your business. Google accounts for more than 65 percent of searches on the Internet.

Here are a few ideas you can use to engage with positive reviews:

> Thank the reviewer and acknowledge the review publicly online.

> Call and thank the client.

> Send a thank-you card (some practices even send a T-shirt or a $5 credit toward their next visit).

For clients who post negative reviews, apologize for their experience and tell them you'll reach out to them offline. A side benefit: You're showing anyone who reads the bad review that you care and you're following up on service issues.

Yelp user tip: Instead of engaging publicly with reviews, Yelp prefers you send a private message.

5 Solicit positive reviews

Did you know that Google only shows good reviews on the front page of a search? Now you do. To request these warm fuzzies from your clients, ask your receptionist to watch for your happiest clients and ask them for positive reviews. Use the sample script on the left to get started. And follow up with a template letter like the one at **dvm360.com/reviewrequest** to make it easy for pet owners to find your business and post a positive review.

Psst. Are your palms sweating? Are you shaking? No worries. There are plenty of paid services that will automate many of these functions for you. Just remember, whether you're a DIY-er or you decide it's worth a little cash to pay for a turnkey solution, someone at your practice needs to get yipped up about protecting your online reputation. dvm360

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Zoetis

Equine dewormer approval for broodmares

The FDA has approved Quest Plus Gel for use in breeding, pregnant and lactating mares, joining Quest Gel as dewormers approved for use in breeding mares. Quest Plus and Quest meet the individual needs of horses as outlined in the AAEP Parasite Control Guidelines and are FDA-approved to treat and control encysted small strongyles and bots in a single dose, according to Zoetis. Quest Plus also treats and controls tapeworms.

For fastest response visit zoetisUS.com

Zoetis

Vomiting drug label change

The FDA has approved an update to the labeling for Cerenia (maropitant citrate) Injectable allowing for intravenous administration during surgical protocols using emetogenic medication, or medication that induces vomiting. Previously approved only for subcutaneous injection, this label update gives veterinarians the flexibility of an additional delivery option to help prevent vomiting in canine and feline patients.

For fastest response visit zoetisUS.com

VetX

Client education app

VetX has launched a new smartphone app designed to help pet owners with questions about pet healthcare, including nutrition, behavior, preventive care and other concerns. When the clinic is closed and client questions arise, VetX veterinarians are ready 24/7 to give responses instantly. The app is designed to provide clients guidance, peace of mind and reliable information. Rather than a visit to "Dr. Google," VetX returns education back to the voice of veterinarians. If the pet requires an exam, VetX will recommend a visit to the veterinary hospital.

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Medi-Dose

Tamper-resistant packaging

Medi-Dose/EPS is now marketing the Steri-Tamp line of IV seals. Steri-Tamp seals are designed to protect IV bags, vials and syringes from tampering and contamination. When applied, the seal's medical-grade foil outer layer provides immediate visible evidence of a needle puncture. Removal of the outer layer leaves a printed "opened" warning on the container that alerts practitioners that the medication has been accessed. Once removed, the seal can't be reapplied.

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Sonosite

Redesigned ultrasound platform

Sonosite has redesigned the Edge II portable ultrasound platform to withstand the challenges of the veterinary work environment. Coupled with improved resolution in the near and far field, the Edge II has made optimized imaging easier. The unit greatly increases time spent with the patient versus with fine-tuning the ultrasound image. It also features a watertight keyboard, armored transducer cables, anti-reflective glass screen, auto export and more.

For fastest response visit sonosite.com/veterinary

Adartis Animal Health

Dental solution

Adartis Animal Health has released Kalvatin Dental Spray and Dental Gel. The products use a cold-adapted marine enzyme that works with an animal's own natural defenses to create an active barrier that helps reduce microbial adhesion, providing gums and teeth with a defense against bacteria that cause gingivitis, plaque and tartar.

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Products360 continues after the Medicine360 section>

MEDICINE | Oncology

When it comes to nasal tumors, **the nose knows**

Paying attention to clues will tell you where the tumor is, what type it is and, most important, how to treat it. *By Sarah Wooten, DVM, CVJ*

Nasal neoplasia can be difficult to treat because by the time it is diagnosed, the disease is often advanced. Nasal tumors inside the cavity can be insidious, staying hidden for months before becoming symptomatic, says Timothy Fan, DVM, PhD, DACVIM (oncology), principal investigator of the Comparative

>>> Long nose problems: Why are nasal cavity tumors found more in long-nosed dogs than short-nosed dogs? The theory is if you have more nose, you have more cells. If you have more cells, there is a higher opportunity for mutation.

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Timothy Fan, DVM, PhD, DACVIM (oncology)

Oncology Research Laboratory at the University of Illinois College of Veterinary Medicine. By separating nasal cancer into two main groups, neoplasia of the nasal planum and neoplasia of the nasal cavity, we can divide and conquer these diseases.

Nasal planum neoplasia

The nasal planum consists of stratified nonhaired epithelium of the nose. Cancer of this area is less common in dogs and more common in cats—ultraviolet (UV)-induced squamous cell carcinoma (SCC) being the most common, says Fan.

UV-induced SCC starts out as a nonhealing wound. The human equivalent to this stage is actinic keratosis or solar dermatitis and is deemed a dermatologic condition. It's not cancer yet! These precancerous lesions progress to carcinoma in situ, where cells have developed hyperplastic characteristics but haven't adopted an aggressive, invasive phenotype yet, says Fan. After this stage comes carcinoma, where the cells become invasive to surrounding tissues.

If disease is diagnosed in the multicentric carcinoma in situ and actinic keratoses state, there is some evidence that using a 5% imiquimod cream on the lesions can treat the condition.[1,2] While imiquimod cream has been tested on SCC in cats, it is not labeled for use in cats, and it can be difficult to keep the cat from licking off the cream. However, Fan says it is an option to consider in cats for which surgery or radiation therapy is not an option.

Typical therapies for SCC once it has proceeded to the malignant stage include surgical excision, radiation therapy, YAG laser treatment and cryotherapy.

The curse of the long nose

In dogs, nasal cavity neoplasms are most commonly diagnosed in geriatric medium- to large-breed mesocephalics and dolichocephalics, says Fan. While there is no study explaining why nasal cavity tumors are found more in long-nosed dogs than short-nosed dogs, the theory is if you have more nose, you have more cells. If you have more cells, there is a higher opportunity for mutation. In addition, the nose filters out carcinogens. If a dog has a long nose with greater surface area that is exposed to carcinogenic substances, that also increases the risk of mutation.

In dogs, two-thirds to three-fourths of nasal cavity neoplasms are carcinomas and one-fourth to one-third are diagnosed as sarcomas, chondrosarcoma being the most common, says Fan. Lymphoma, transmissible venereal tumor, polyps and papillomas are considered rare.

Nasal cavity neoplasia

The nose acts as a filter, preventing inhaled particles from reaching small alveoli in the lungs. It is also a remarkable sensory organ and is the most important sensory organ in dogs.

Nasal cavity tumors are typically locally invasive and destroy underlying bone. They are less likely to metastasize, but nasal cavity tumors can still spread to regional lymph nodes in late-stage disease. If a dog has metastatic disease, the survival time decreases from 400 days to 100 days.[3]

In dogs, two-thirds to three-fourths of nasal cavity neoplasms are carcinomas and one-fourth to one-third are diagnosed as sarcomas, chondrosarcoma being the most common, says Fan. Lymphoma, transmissible venereal tumor, polyps and papillomas are considered rare.

In cats, the most common nasal cavity tumors include SCC, carcinoma and lymphoma. Nasal lymphoma in cats is not associated with feline leukemia virus or feline immunodeficiency virus, and generally responds well to conventional treatment (ionizing radiation, systemic chemotherapy or both) and has a low metastatic rate, says Fan.

Diagnosis. Despite the location, nasal cavity neoplasia can be relatively easy to diagnose. It has a classic history—slow progression, some sneezing but not paroxysmal, nasal discharge and unilateral epistaxis, says Fan. The condition can improve with systemic antibiotics but usually returns. In the late stages, these dogs are painful: eyes closed, head hung low. Fan says there can be massive nasal deformation or fistulas, exophthalmos and regional lymphadenopathy.

The differential list includes nasal neoplasia fungal rhinitis (*Aspergillus*

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species in dogs, *Cryptococcus neoformans* in cats), foreign body, tooth root abscess, coagulopathies, systemic hypertension and nonfungal infection such as nasal mites or bacterial rhinitis.

On physical examination, Fan recommends checking for facial symmetry, retropulsing the ocular globes, and occluding each nasal opening and testing air flow through the nares with a glass slide or cotton ball. With a nasal tumor, there will often be partial to complete obstruction of air flow depending on the size and location of the growing tumor.

When the nasal cavity is biopsied, it bleeds—a lot! The bleeding is usually self-limiting, but it's smart to warn the owner.

Baseline diagnostics include blood work to rule out other conditions, fine-needle aspiration of regional lymph nodes with cytologic examination, skull radiographs (lateral and open mouth ventral dorsal) and biopsy with histologic examination.

When a dog's nasal cavity is biopsied, it bleeds—a lot! The bleeding is usually self-limiting, but it's smart to warn the owner. Ice can be applied to the nasal cavity externally during recovery, or epinephrine can be instilled into the nasal cavity to promote vasoconstriction.

If the owners can afford it, a CT scan provides superior imaging that allows for tumor staging. If an owner is considering radiation therapy, a CT scan is strongly recommended beforehand.

Treatment. Controlling cancer pain and shrinking the tumor with radiation are the mainstays of nasal cavity neoplasia treatment. Surgery and chemotherapy may play a role as well.

Pain control. Nasal neoplasia is a very painful disease. Analgesia with nonsteroidal anti-inflammatory drugs, tramadol or opioids is a cornerstone to all treatment, says Fan.

Radiation. Nasal neoplasms are managed locally; distant metastasis is rare, says Fan. Thus, radiation therapy is the gold standard treatment of nasal cavity neoplasms in both dogs and cats.

In dogs, Fan says, the median survival time for dogs and cats after treatment with curative intent radiation therapy is one year with a reasonable quality of life. Carcinoma survival time with treatment is six to 12 months, while sarcoma is 12 to 18 months. In cats, nasal lymphoma is highly responsive to radiation, with survival rates greater than two years, carcinoma and sarcoma 12 to 18 months, say Fan.

It's important to let clients know that patients receiving radiation treatment will not be completely free of clinical signs. Fan says they often have persistent, but less severe clinical signs of rhinitis and sneezing. These signs are typically not enough to negatively impact quality of life, and the important point to stress is that the animal is no longer in pain.

The downsides to radiation therapy are that the treatment is expensive, ranging anywhere from $5,000 to $8,000; there are limits to the total cumulative dose that can be given without permanently damaging normal tissues within the radiation field; and there are chances for self-limiting adverse side effects.

Side effects are divided into acute and late. Fan recommends educating clients that acute side effects affect quickly dividing cells, are expected to heal after four weeks and are transient in nature. These include mucositis and ulceration in the mouth, rhinitis, dry eye, corneal ulceration, solar dermatitis, moist desquamation and alopecia.

Late side effects affect slowly dividing cells and limit the amount of radiation that can be delivered, says Fan. These can include retinal damage, bone necrosis, nervous tissue injury and potentially secondary neoplasia. Late side effects are permanent and considered undesirable.

Chemotherapy. A small clinical study showed 50% to 100% reduction in nasal neoplasm in response to treatment with carboplatin, doxorubicin and piroxicam.[4] Toceranib (Palladia—Zoetis) is a drug that has been shown to have activity against anal sac and thyroid carcinomas.[5] Interestingly, in a pilot study, one out of seven dogs with nasal carcinoma had a complete response to Palladia.[5]

Surgery. In a 2005 retrospective study, when performed after radiation therapy, exteneration of the nasal cavity was supported by increased survival rates.[6] Fan says surgery is generally contraindicated in fields that have been previously radiated with high cumulative doses, as increased complications are noted postoperatively.[6]

"What if I did nothing?"

Pet owners will often ask this question, which is very difficult to answer, says Fan. A 2006 retrospective case series looked at 139 dogs with nasal carcinoma that were not treated.[1] They found that there was a three-month average survival rate with the longest being over three years, and survival rate was dependent on the owner's perception of quality of life. If the client elects not to treat the cancer, Fan advises that you inform him or her of the pain associated with this disease and advocate to start pain management.

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Dr. Sarah J. Wooten, certified veterinary journalist, is an associate veterinarian at Sheep Draw Animal Hospital in Greeley, Colorado, and a frequent contributor to dvm360.com.

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Those darn **dermatophytes!**

Find out what other infections can be a dead ringer for this fungal infection, and additional patient management tips.

By Mindy Valcarcel, dvm360 Medicine Channel Director

Your clients know dermatophytosis as ringworm and fear that telltale sign because of its zoonotic nature. Veterinary dermatologist Rudayna Ghubash, DVM, DACVD from the Animal Dermatology Clinic in Marina Del Ray, California, has a few pointers for helping your affected veterinary patients and protecting others in the household from a similar irritating fate.

Don't overdiagnose, but don't underdiagnose

If you go by clinical signs alone, Ghubash says you'll likely overdiagnose dermatophytosis. The classic clinical sign is folliculitis—specifically, circular areas of hair loss with scale. But two other dermatologic conditions can cause the same sign—demodicosis and *Staphylococcus* species infection.

Ghubash says dermatophytosis can also be underdiagnosed because some affected pets don't display the classic sign. If you don't see folliculitis, you probably won't perform fungal testing. Ghubash says dermatophytosis can instead cause signs that might lead you down the wrong diagnostic path—papular eruptions with scale and crusting, miliary dermatitis and varying degrees of pruritus, from the not itchy at all to the intensely itchy.

Speciate, please

Three species of fungi most commonly cause dermatophytosis: *Microsporum canis*, *Microsporum gypseum* and *Trichophyton mentagrophytes*. It's not enough to determine that a patient has a dermatophyte infection. You must determine the species infecting that patient. Why? In order to provide appropriate environmental

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treatment, you need to know the likely source of the problem in the first place, says Ghubash. The reservoir is cats for *M. canis*, soil for *M. gypseum* and most commonly rodents for *T. mentagrophytes*. To determine which form of fungi you are dealing with, perform a dermatophyte culture.

Fight the long-lived *M. canis*

Ah, *Microsporum canis*. This particular species can live off the reservoir—that's the cat—in the environment for 18 months. So just treating the cat won't solve your clients' problem. Advise them that a thorough environmental treatment, consisting of vacuuming, disinfection, steam cleaning and discarding of infected bedding, is a must, says Ghubash. dvm360

dvm360 Find it all here

Culture club

Dermatophyte cultures can be challenging to perform and interpret correctly. Knowing how to best collect samples for culture, select and incubate culture media, and identify media culture changes and fungal colony morphology will help you avoid a misdiagnosis. We've got all the tips you need at dvm360.com/culturehowto.

Are you old school with **radiographs?**

If you tend toward fewer views, then yes. See how you're likely missing the complete picture.

By Mindy Valcarcel

You did it! You purchased that digital radiography system. You're delivering top-notch veterinary care. But are you getting the complete picture? Anthony Pease, DVM, MS, DACVR, says one question he commonly gets from veterinarians is how many views to take.

Anthony Pease, DVM, MS, DACVR

"A lot of people end up trying to go down this path of saying, 'Oh, you know, I'm going to take one radiograph,'" says Pease. He likes to equate this to opening up a book and reading just the first few pages and then having to decipher what you think the ending will be. You know how many twists and turns books can take. How often is disease diagnosis completely straightforward?

Think of that coughing or vomiting patient. You want to noninvasively peek into the abdomen and thorax to get a clue as to the cause, the possibilities of which are numerous. Getting one view won't give you the whole picture, says Pease. In his practice in such cases, he always takes three views.

"The more data that you have to try and interpret, the easier it is to read radiographs of the abdomen and so the more likely you are going to be able to find the reason why the dog is vomiting or coughing," he says.

The bottom line: Just like the books you read for fun, you want all of your cases to have a happy ending. If you've invested in a digital radiography unit—even if you use standard films—you have the right tool to help you arrive at the right diagnosis. All you have to do is snap a few more pics, which only takes a few more seconds when you have a digital system. **dvm360**

What if animals were *The Walking Dead*?

If you feel like a zombie walking through the same parasite conversations with cat and dog owners in the veterinary exam room, this cat doctor has the cure: Have a little fun with it.

By Brendan Howard, dvm360 Business Channel Director

It's the zombie apocalypse. Cats and dogs are itching madly at themselves and snapping at others like crazed lunatics. You're armed with medical knowledge and a few boxes of parasite preventive. Can you cure it?

You know you can. And doesn't this sound a lot more dramatic and exciting than your normal parasite control talk with pet owners? You've got to rev yourself up, says Elizabeth Colleran, DVM, DABVP (feline practice), owner of two cat-only practices.

"My husband is nuts about *The Walking Dead* and so I've seen a lot of it. I think of parasite [infestations] like an episode of the show," Colleran says. "I think of it as an infection that causes these animals to change into something else because they can become incredibly uncomfortable."

Cats are even scarier, Colleran says. Of course, everyone notices parasite problems first on dogs. Cats, she says, are so much more subtle that helping to think of things in "a sort of dramatic way" puts the oomph into her client conversations.

And, look, if zombies aren't your thing, maybe you can think of heartworms like those ear worms from *Star Trek II: The Wrath of Khan* … and tenaciously biting fleas like vampires … and ticks like, well, ticks are disgusting. We don't need a metaphor for them, do we?

Check out Colleran talking about her undead take on medicine, at **dvm360.com/undead**. **dvm360**

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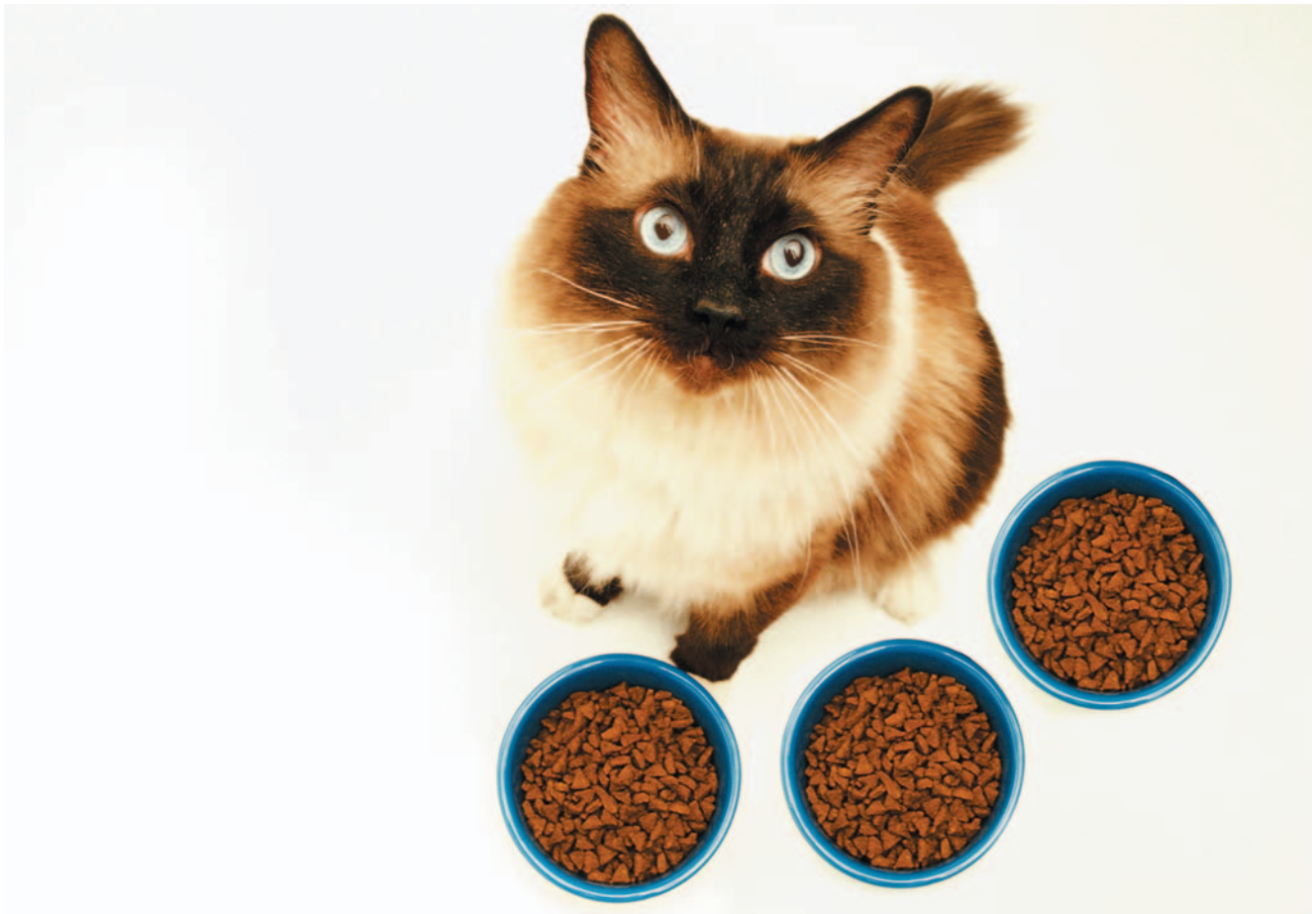

Quick tip! Stocking therapeutic veterinary diets

Check out this off-the-shelf advice from a veterinary nutritionist.

By Mindy Valcarcel

Obesity. Food allergies. Gastrointestinal problems. Joint disease. Urinary tract disease. Kidney disease. Liver disease. Dental disease. Thyroid disease.

And ... we can go for a while.

List a clinical problem one of your veterinary patients is experiencing, and there's likely a therapeutic diet that can help. Not only that, but several veterinary nutrition companies offer similar products to choose from to fulfill a patient's clinical needs.

So what's not to like? An easy and a palatable form of treatment with a variety of options for your more persnickety patients. Ah, but your shelf space is not unlimited, you say. And there are both canine and feline formulations to consider. So how do you keep a variety of diets readily on hand for your clients to choose from?

No big deal. Sean Delaney, DVM, MS, DACVN, founder of DVM Consulting Inc., says you don't have to think so big. "It can be really helpful to carry a couple of small bags rather than just one large bag for a particular condition," he says. "That way you can offer a couple of varieties to a client, see which one is preferred and have them feel more involved in picking one that their pet prefers."

After your patient has met its therapeutic diet match made in heaven, Delaney says you can special order bigger bags of that diet for the client.

And even better ... a huge benefit of having several options on hand for clients to try out? Delaney says it increases client compliance because the client feels more involved. Imagine your patient actually receiving the treatment you've prescribed exactly as you prescribed it. Worth plotting out your shelf space for sure.

Consider this a friendly reminder: Just remember to think small. **dvm360**

Mindy Valcarcel is dvm360 Medicine Channel Director.

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VPL

New logo, brand elements, website

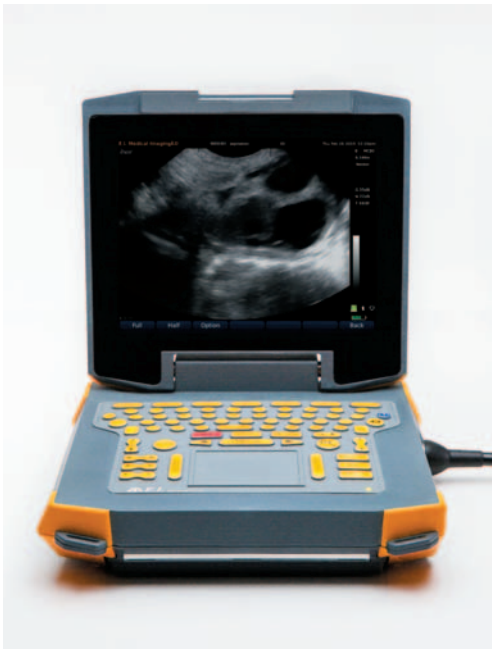
Veterinary Products Laboratories (VPL) is unveiling a new logo and brand elements. Part of that initiative is an updated website, vpl.com, which showcasees the company's variety of product offerings, including its long-standing Vet-Kem brand and Duralactin product lines. In addition, the company has a new mission statement—"To partner with veterinarians to provide essential pet wellness solutions delivered compassionately and with purpose"—which encapsulates VPL's nearly 30-year approach to pet wellness. *For fastest response visit vpl.com*

Hill's

Dermatologic therapeutic diet

Hill's Prescription Diet Derm Defense pet food for dogs with HistaGuard complex is formulated to reduce signs of environmental allergies by helping disrupt the internal allergy response and create a barrier against future episodes. HistaGuard complex, a blend of antioxidants, egg and phytonutrients containing quercitin, helps continuously normalize the immune response to allergens. In addition, omega-3 fatty acids and antioxidants such as vitamin E help reduce inflammation and support skin rejuvenation to aid healing, while omega-6 fatty acids help restore the skin barrier.

For fastest response visit hillspet.com



E.I. Medical

Portable ultrasound

E.I. Medical Imaging has launched the new Ibex EVO portable ultrasound system after more than four years in development. Developed exclusively for animal needs, the Ibex EVO features advanced imaging software with a full range of imaging modes, including B, B+M, PD and color. It includes the same ruggedized Durascan technology of preceding systems but has four times the processing power. It is lightweight and battery-operated and it boots up fast. It also features customized veterinary exam presets and the popular sealed LED backlit keyboard.

For fastest response visit eimedical.com

AniCell BioTech

Equine regenerative therapies

AniCell Biotech has launched EquusCell regenerative products used for treating tendon and ligament damage as well as hard-to-heal superficial and ocular wounds. EquusCell does not require invasive harvesting or culturing of bone marrow or adipose tissue stem cells to treat injuries in horses. It uses mesenchymal stem cell components from amniotic material collected noninvasively during the parturition of healthy foals to produce all-natural, minimally manipulated regenerative products.

For fastest response visit anicellbiotech.com

NovaVive

Immunotherapeutic for equine sarcoid tumors

NovaVive Inc., a Canadian immunobiology company, has obtained USDA approval for Immunocidin to treat equine sarcoid tumors. The company believes there is no other regulator-approved equine sarcoid therapy in North America. Current treatment options, including surgery, ligation, chemotherapy, radiation therapy and laser removal, can incur side effects. Immunotherapy is a new, safe and effective treatment option. Immunocidin is administered by intratumoral injection, but the response is generalized and untreated sites often undergo regression as well.

For fastest response visit NovaVive.ca

Zoetis

Canine Lyme vaccine

Zoetis has received USDA licensure for Vanguard crLyme vaccine to aid in the prevention of clinical disease and subclinical arthritis associated with *Borrelia burgdorferi*, the causative agent of Lyme disease in dogs. This vaccine has been developed to drive an immune response against two of the bacterium's most relevant proteins—outer surface protein A (OspA) and outer surface protein C (OspC). It is a multivalent vaccine, which contains an OspA protein and a single OspC protein that is composed of antigenic material from seven common types of OspC found in Lyme-infected dogs in the United States.

For fastest response visit VanguardcrLyme.com

Holistic veterinarians: Pet owners report hemp products helpful in relieving pain

62 percent of veterinarians consulted were positive about consumption.

According to a survey published recently in the *Journal of the American Holistic Veterinary Medical Association* (*JAHVMA*), 64 percent of dog owners and 66 percent of cat owners felt that the consumption of hemp products helped their pets either moderately or a great deal.

The survey was conducted by a team from the Department of Clinical Sciences at the Colorado State University College of Veterinary Medicine. A link was provided to the survey from a website of a company that sells hemp products for animals. Responses were anonymous.

Six hundred and thirty-two people responded to the survey, with 457 using or having used a hemp product for their dog and 104 people using or having used a hemp product for their cat.

In addition to the relief from pain, 51 percent of the dogs and 44 percent of the cats were perceived by their owners as having either moderately or greatly improved sleep habits from the use of hemp products.

When it came to anxiety, 49 percent of dog owners reported that the hemp products helped moderately or a great deal.

When it came to anxiety, 49 percent of dog owners reported that the hemp products helped moderately or a great deal. For reducing inflammation in cats, owners perceived the products were similarly helpful in 56 percent of the felines.

The most common side effects reported by both dog and cat owners were sedation and overactive appetite (dogs: 22 percent, 16 percent; cats: 19 percent and 16 percent, respectively).

Of the 274 respondents who reported that they had spoken to their veterinarian about the products, 62 percent reported that their veterinarian had responded positively, and only 8 percent reported a negative response. One hundred and ninety-two people did not tell their veterinarian, and another 47 had not visited their veterinarian since they began using a hemp product.

JAHVMA is a peer-reviewed scientific journal published quarterly by the American Holistic Veterinary Medical Association. The paper, "Consumers' perceptions of hemp products for animals," appears in the spring 2016 (volume 2) issue of the journal. **dvm360**

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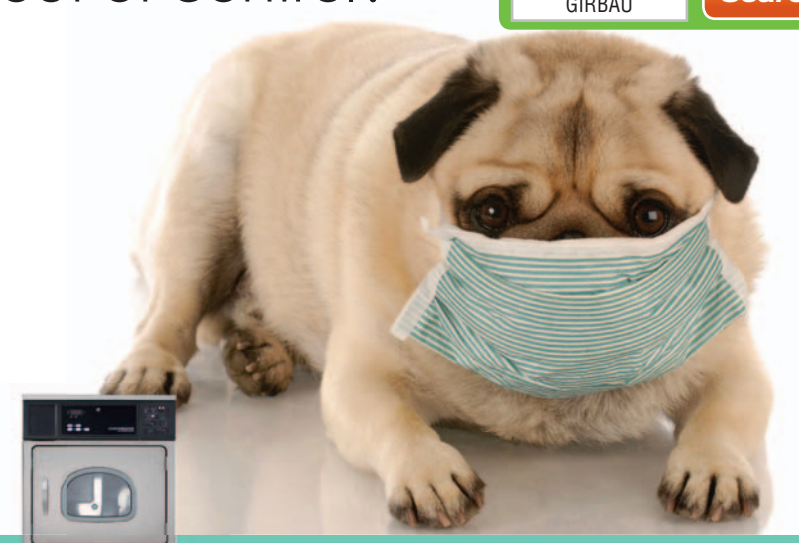

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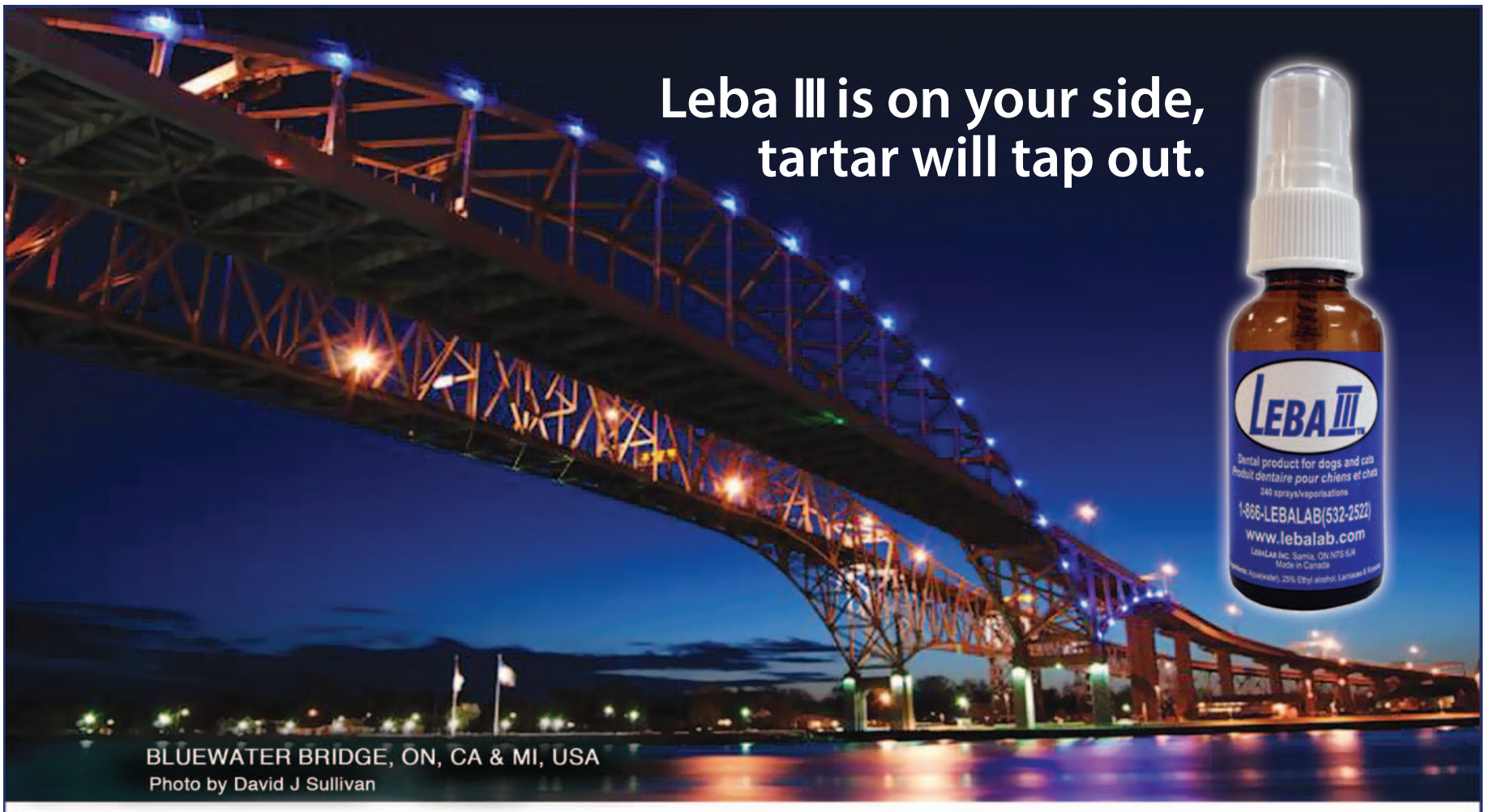

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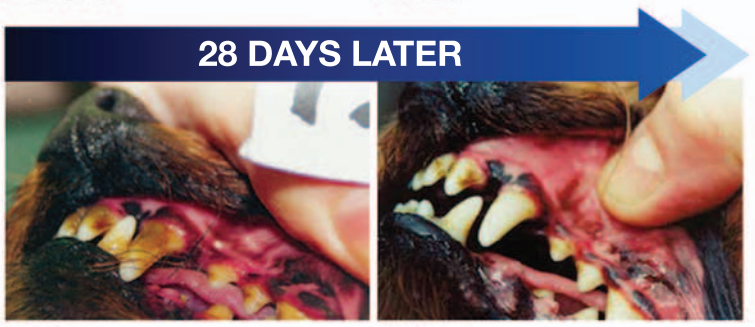

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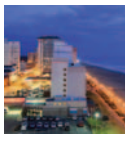

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March 12-13
Canine Dentistry
Orlando, FL
(931) 438-0070
veterinarydentistry.net/canine-dentistry-ce-course/

March 31-April 1
Mid-Atlantic States Bovine Conference
Hagerstown, MD
(301) 797-2500
mdvma.org/

March 31-April 3
AAHA Austin 2016
Austin, TX
(800) 883-6301
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April 6
North Carolina Academy of Small Animal Medicine Meeting
Sanford, NC
(910) 452-3899
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April 8-10
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2016 VECCS Spring Symposium
Los Cabos, Mexico
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April 15-17
West Virginia VMA 2016 Annual Spring Meeting
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April 30-May 1
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June 26-28
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Hello from the **other side**

It's amazing how unexpected kindness can stop you dead in your tracks—even when you're driving through the West Texas wind.

You know you really live in the middle of nowhere when you have to drive an hour one way to take a guitar lesson.

You know you're crazy when you take guitar lessons at age 52 and find yourself wanting to smash the guitar against the wall like a raging heavy-metal guitarist.

I don't mind the trip to and from lessons. It gives me time alone to reflect, but as I drove through the West Texas wind, my cell phone chattered. I looked down to see who was calling.

Who do I know in Idaho?

I decided to take the call and expected a telemarketer's voice to ask me what brand of dog food I preferred. Instead, the voice that greeted me was quite sweet and sad.

"Is this Dr. Brock?" she asked. I tried to absorb the undertone.

"Yes, how can I help you?" I said with all the skepticism I could muster.

"My name is Caroline. I'm calling you from Idaho as I sit in a waiting room in a hospital."

Are you kidding me? How does someone sitting in a waiting room in Idaho get my cell phone number in Texas? I was beginning to wish I had never answered the phone, but the interaction that followed shook me to the core and, well, left me crying in my pickup truck.

"Four weeks ago my 5-year-old son was diagnosed with cancer. I was devastated and still am. The doctors have been kind and tried to assure me that they would do their best, but no matter what they say, I find myself crying more than my tear-producing glands can keep up with."

I listen as she tells me more about the situation—how she got my number and why she'd gotten in touch.

"I called you because I have a two-hour wait while they do surgery on my son and a friend of mine gave me your book and told me to read it while I was waiting. She said it would make me laugh and smile no matter what the circumstances were. I was in no mood to read anything funny, or anything at all for that matter. But I took the book and started reading it. I never thought anything could make me smile or laugh today."

I felt the first tear well up in my eye. How could I have ever thought when I wrote that book that I would get a phone call like this?

"I just wanted to thank you for your book and tell you that it has made my day so much brighter. My husband and I live on a ranch here and I can see your stories come to life because many of them are so close to how we live here. Thank you, Dr. Brock."

We talked for maybe 20 minutes more. She told me all about her environment and her love for horses. We laughed and made conversation about all the things people who live so far apart still have in common. She brightened my spirit and lifted my optimism about humanity and left me an emotional mess through her kindness toward me on such a terrible day for her.

I finally said, "Thank you, Caroline. I hope it all goes well. You have made my day and I am so glad that the book made you smile."

When I hung up the phone, I didn't care anymore how she got my cell phone number. **dvm360**

Dr. Bo Brock owns Brock Veterinary Clinic in Lamesa, Texas.

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