



p4

Caught on film:

Your clinic cat texts—
and makes mischief

Stuck in between

a practice owner and
his bookkeeper wife

2

Dental dilemma:

One coworker resists
our protocol changes

9

Ready to be recruited?

Be prepared if recruiters
come knocking

14

Ring, ring ... what?

Practice answering
these true client calls

16



How to *redesign* YOUR CAREER

p11



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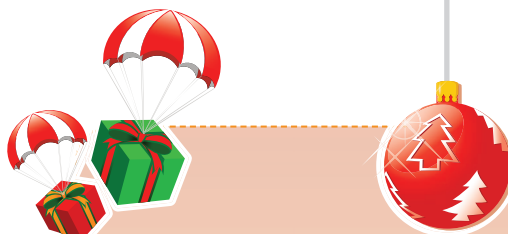
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KEEP THE HOLIDAYS MERRY AND BRIGHT

Use these tips and tools to educate your team members and your clients about holiday safety:

- > Take the holiday hazards quiz at **dvm360.com/holidayhazards**.
- > Serve up these holiday posts and tweets to your clients at **dvm360.com/socialholiday**.
- > Keep your team feeling great by treating them to healthy holiday goodies with the tips at **dvm360.com/holidaytreats**.



Mission

To inspire receptionists, credentialed technicians, practice managers and veterinary assistants to build strong relationships with coworkers, improve their communication skills and educate clients with confidence in order to enhance their contributions to a veterinary practice and maximize every patient's well-being.

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Ask Shawn *Caught between the* owner and his wife



Scan the QR
code below for
Shawn's answer
directly on your
mobile device.



Q *I'm fighting to manage the work I have to do with the time I have to complete it. Our practice owner puts things off until he needs it now, and it's often when I am in the middle of working on inventory. Balance that with a practice manager who's the owner's wife. She takes care of accounts payable, and more times than not we are behind in paying bills. Then the phone calls start from vendors, and sometimes it becomes a challenge to receive product, which in turn falls back to me for not having items in stock. How do I get everyone on the same page so I can get my job done?—**Stuck in the middle***

Wow, you have a huge problem, says Shawn McVey, MA, MSW, a *Firstline* Editorial Advisory Board member. “Not only are you having some operational issues, you’re having to deal with practice politics.”

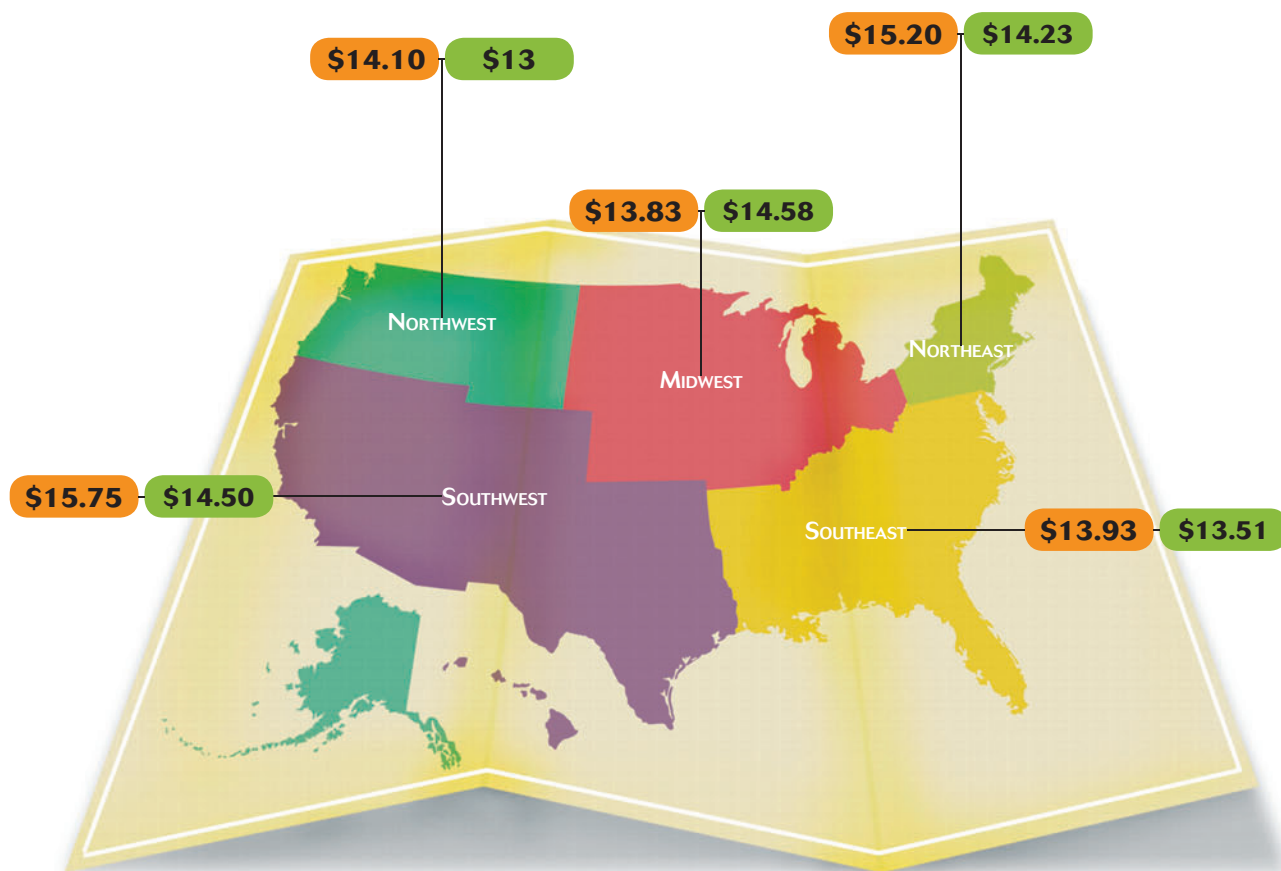
First, recognize that your boss is never going to take your side over his wife’s side. You’ll also need to plan a discussion to address the operational issues with your owner. To watch the rest of Shawn McVey’s answer, including tips on what to say—and what not to say—scan the QR code, left, or watch the video now over at dvm360.com/AskShawn.

Got a question? Ask Shawn.

Maybe you’re tired of babysitting your team members. Perhaps you’re looking for strategies to beat a bully. Shawn can help. **Shawn McVey, MA, MSW**, is a member of the *Firstline* and *Veterinary Economics* Editorial Advisory boards and CEO of McVey Management Solutions in Austin, Texas. Email your questions for him to firstline@advanstar.com, then visit dvm360.com/mcvey to read McVey’s advice on other hot topics.

Focus on pay by region

Average hourly wage for receptionists and veterinary assistants by region:



Where's my pay?

If you missed it, you can find technician pay at dvm360.com/techpay and manager pay at dvm360.com/VHMAdata.



Receptionist



Veterinary assistant

Midwest: Ohio, Indiana, Illinois, Iowa, Missouri, Michigan, Minnesota, Wisconsin, Kansas, North Dakota, South Dakota, Nebraska

Northeast: Massachusetts, Connecticut, New York, New Jersey, Pennsylvania, Vermont, New Hampshire, Rhode Island, Maine

Northwest: Oregon, Washington, Idaho, Montana, Wyoming, Alaska

Southeast: Louisiana, Mississippi, Alabama, Georgia, Florida, Tennessee, Kentucky, North Carolina, South Carolina, Arkansas, Delaware, Virginia, West Virginia, Maryland, Washington D.C.

Southwest: California, Hawaii, Arizona, New Mexico, Nevada, Colorado, Utah, Oklahoma, Texas

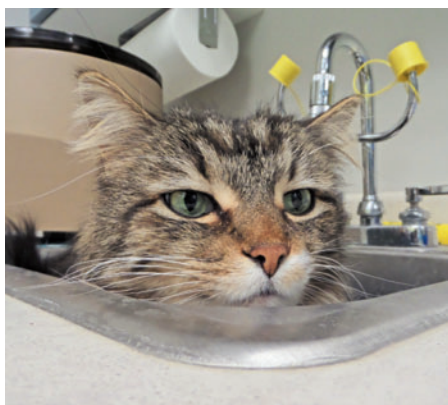
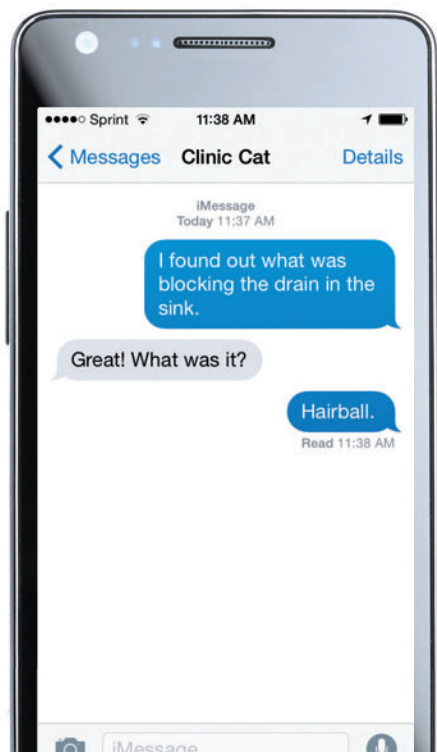
Front Desk Disasters

Episode 1: Show Me the Money

Scan the code to watch the front desk disaster now.



Rhonda the receptionist means well, but her customer service skills usually hit a sour note with clients. Check out Rhonda's front desk disasters at dvm360.com/HelpMeRhonda. Then tell us where Rhonda went wrong and what you'd do instead. Or scan the QR code on the left. Do you have a front desk disaster you'd like us to film? Email it to Help me, Rhonda at firstline@advanstar.com.



Clinic Cat caught on film

CC, your veterinary clinic cat, is caught in the act of making mischief in some compromising photos. Check them out at dvm360.com/CCphotos.

TEXTS AND PHOTOS COURTESY OF LORI SCARLETT, DVM, AND CHARLIE, THE CLINIC CAT AT FOUR LAKES VETERINARY CLINIC IN MADISON, WISCONSIN

Say this, not that



The words you use can douse a fire or fan the flames. Go to dvm360.com/transform for a free team tool, then take time out of your next team meeting to brainstorm the kinder way to get your message across to clients.

Let's be friends

Don't miss a thing! Friend us on Facebook for breaking news, the latest clinic cat texts, free client education forms, educational videos and much more. See you there!



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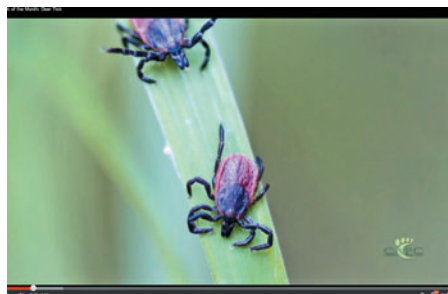
Off the mark



Permission granted to Firstline to print in publication.

Head over to dvm360.com/cartoons for more funnies.

Tick of the month: Deer Tick



Pliny the Elder (23-79 AD) called ticks the "foulest and nastiest creatures that be" and no doubt he'd feel the same way today. The black-legged tick transmits several diseases, some just recently recognized. Dr. Susan Little, Oklahoma State University, describes their interesting life cycle and their vector potential. Watch now at dvm360.com/deertick. Or scan the QR code on the right.





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All dogs should be tested for heartworm infection before starting a preventive program with IVERHART MAX Chewable Tablets. Use with caution in sick, debilitated, or underweight animals and dogs weighing less than 10 lbs. For oral use in dogs only. The safe use of this drug has not been evaluated in pregnant or lactating bitches. Self-limiting adverse reactions including lethargy, limpness, salivation, shaking, diarrhea, decreased appetite, licking lips, and belching were reported between 20 minutes and 72 hours following treatment. See brief summary of safety and effectiveness on page 15 of this publication. For full product insert, call 800-338-3659 or go to virbacvet.com.



Team meeting in a

Virtual Box

Happy holidays from your friends at *Firstline*! We've boxed up a special new Team Meeting in a Box just for your team at dvm360.com/teammeeting. This next virtual team training guide on how to prevent pet bites in practice unwraps critical tools, including a sample safety protocol, team training activities and much more.



Fear Free tip:

EMBRACE MUZZLE TRAINING



It's better to have a dog pretrained to a muzzle, rather than pushing one on them once they're already in panic mode in the hospital setting, says Mikkel Becker, CPDT. For any dog showing signs of aggression, it's best to train them to willingly wear a muzzle and come into visits with one already on. A dog can be trained to put their nose in willingly with rewards, like smeared peanut butter or cheese inside of the muzzle. Basket muzzles allow the animal to be treated still while wearing a muzzle. It's always better to have the safety of a muzzle to protect people during an exam than putting more people on a dog for restraint, as that has elevated risk of emotional trauma to the animal and high risk for the people involved.

GET PAID FOR YOUR
great idea

Have a pearl to share?
Send it to firstline@advanstar.com. We'll pay **\$30** for every tip we publish.



Social media—*your foe or forte?*

Social media is an important component of marketing today, and Dr. Laurie Hess says no one is better poised to collect shareable moments than veterinary team members. Listen as she explains at dvm360.com/mediamaster, or scan the QR code, left, to see the video now.



Nutrition nugget:

▶ Feeding tips for a multicat household

Fluffy needs a special diet but Whiskers always leaps to the food dish first and scarfs a diet not even meant for her portly self. Ciera Miller, CVT, a *Firstline* board member, serves up these solutions to teach pet owners to feed their cats separately.

- ▶ If possible, suggest pet owners isolate the cat with the special dietary need, whether it's for weight management, urinary, gastrointestinal and so on—for each feeding.
- ▶ Teach pet owners to strive for portion feeding instead of free feeding. If the cats are used to being free fed, this can take some getting used to. Remind pet owners to start with smaller frequent meals and start to wean the amount of feedings to two to three times a day.

Anesthesia reboot: Erase these myths and misconceptions



Veterinary anesthesiologist Dr. Ann Weil provides five important pointers on anesthetizing cats and dogs at dvm360.com/AnesthesiaReboot or scan the QR code below.



Unstick your stuck-in-the-mud team member

You're set to make big changes to improve your dental program. One teensy problem—you've got to face your stick-in-the-mud team member who resists change.

By Bash Halow, CVPM, LVT

Sometimes a team member becomes a road block to the care you want to offer. Many practices have hit this wall at one time or another. Consider this quandary from a manager who's trying hard to make big changes to her practice's dental program—and these steps to a solution:

Q “How should I handle a team member at the practice who simply won't change? Everyone else is on board, but her—forget it! And when I go to the owner about the issue, he says I should just let her be. Even he's afraid of her. Plus she's been there so long, he's afraid of upsetting her and having her quit. What should I do?”

The doctor's perspective

Practice ownership is exceedingly stressful. Those who undertake it experience a roller coaster of triumphs and catastrophes and everything in between. Imagine how loyal you would be to someone, however imperfect, who's seen you through that entire nail-biting ride. Imagine how forgiving you would be of a person who has seen you at your best—and many times at your worst—and still stuck by you. Recognize that it's difficult for owners to have a discussion with a loyal, tenured employee that they feel is going to go over poorly, or worse, end in a fight.



Consider Miss Stuck-in-the-mud's perspective

This isn't this long-time team member's first rodeo. She's seen eager managers like you come and go. And change? She knows all about it. She was there for the first round of your practice's dental program. She taught pet owners to brush their pets' teeth long before it was popular, and she talked dental chews and sealants from the first moment your practice recommended them. Remember the practice consultant the boss hired? Miss Stick-in-the-mud was the only one who followed through with the recommendations—not the owner. And then afterwards, when everything fell apart, she had to clean up the mess. Another change? Thank you, no. She'll sit this one out.

Your perspective

Your mission statement doesn't say "We treat your pets like they are our own when we feel like it," does it? Of course not! Whatever your practice's history or your obstructionist team member's story, it's all water under the bridge. Regardless of the past, you, your owner and the rest of the team rise each morning, set your personal needs aside and undertake the business of realizing your practice's goals of excellent care and service. You can't pick and choose when you'll play on the practice team. As long as it's not raining, we're all playing ball.

Action plan

Listen to your obstructionist team member's concerns and validate them, but make the point that you're all responsible for representing the practice's mission statement every day respectfully and unwaveringly clear. I would reassure Dr. Bud Ineedher that the chronic pain he experiences sidestepping around the obstructionist team member's needs is far worse than standing firm for the practice's mission—and all the rest of the employees who are on board with this move. Be patient with both of them as they go about the sometimes difficult process of change, but set a limit. At some point, that senior stick-in-the-mud you've got working in the back is going to have to get herself unstuck, or she's going to have to go stick herself in a veterinary practice elsewhere. **FL**



Got a stick in the mud?

Bash Halow offers advice on when to cut the cord on these obstructive team members at dvm360.com/stickinmud.



Scan to
watch
the video
now!



Bash Halow, LVT, CVPM, is a Firstline Editorial Advisory Board member and co-owner of Halow Tassava Consulting.

Tips to redesign your career

How I started work as an assistant manager at a record store and transformed my life into the career I love in veterinary medicine. *By Erika Ervin, MBA, CVT*

I can't be an assistant manager of a record store forever! CDs are going to be obsolete soon!

It's 2001, and I really need a new job.

I had a thought when I accompanied my mother to our dog's veterinary appointment. It all dawned on me while waiting in the lobby.

This veterinary practice has to be a fun and interesting place to work, and I would get to play with puppies and kittens all day long! What could be better than that?

I filled out an application that day. After several long days of not hearing anything, I called the hiring manager, who helped me set up an interview. Not long afterwards I accepted a position as a part-time client service representative and it was the best decision I have made so far. My career had begun.

PROFESSIONAL growth

My foot's in the door, and I still have time to finish my bachelor's degree in biology. I love working with clients, but I really want to get my hands on pets.

My manager knew I wanted to be a technician, and when a position as a veterinary assistant opened up, it was offered to me. I began my back office career working in the kennels. It was the greatest job, and I wish I could go back there sometimes. I could scoop poop and hose runs for hours.

I made some close relationships with clients and their pets who would stay with us for holidays or weekends. It felt good knowing that I was part of the reason they felt comfortable leaving their pets at our hospital, especially if a client requested to see me or made sure I was working while their pet was boarding. Over time, I memorized different pets' idiosyncrasies. What they say is true: You know you're a veterinary technician when you recognize pets before their owners—not to mention feeding regimens, poop schedules and medications.

What do I do at my job? I care for pets all day long!

If only I could learn more so that I could help our clients and pets during their appointments.

I knew my next step was to become a certified veterinary technician. I took the Veterinary Technician National Exam at the same time as a coworker. We were relieved when it was over and we began the waiting game for our scores. It was a known fact that if you got the big envelope, you passed. If you got the small envelope ... well, after all that stress and preparation, let's just say you didn't want the small one. In the summer of 2005, I got the big envelope.

I learned the ins and outs of my hospital like the back of my hand, and when I was offered different responsibilities, I accepted them with confidence, including when my boss wanted to create a technician supervisor position for weekend and evening shifts. I mainly worked these shifts because I was finishing college. They saw me as a good fit, and I gladly accepted the new position. This meant I was able to have input when creating new policies, procedures and training for new technicians.



What am I
supposed to do
now?



I graduated with a bachelor's degree in biology from Monmouth University in 2008. I made the difficult decision to leave the hospital and work for a pharmaceutical company. That lasted all of about eight months before I was approached to be part of the technician management team at the hospital I had just left. This hospital had done a great deal of growing over the years, adding many new clients and beautifully renovating the facility. I gladly accepted the position and was excited to come back to all of the clients and patients I had left behind. I didn't realize how much I had loved all of them until I didn't have them in my life any longer.

In my technician management role I worked with a manager and a great team, each member dedicated to a specific department in the hospital—surgery, boarding, exotics, client service and exam rooms. I helped develop new and streamlined procedures and helped the practice go paperless. I never thought I would be involved in this much of the business, but I liked it. Making good business decisions made us more profitable, and in turn, allowed us to reinvest in the hospital and practice the best medicine for our patients. So I decided I needed to gain more business knowledge; I needed to go back to school.

In 2010, just after I had started graduate school for an MBA, the practice manager left her position. All of the managers took over a portion of her daily duties, including scheduling, hiring, disciplining, meeting with representatives, marketing and reminder calls. I took every opportunity and created opportunities. When I saw a problem, I came up with the solution. I made sure I'd be the natural choice for the next practice manager. In 2011, a few months before graduating with an MBA, I was offered the position, and I accepted. I made changes that made sense and sought acceptance from the team. At times work was difficult, but I was proud of my achievements.

A few months later, I accepted a new position at another hospital that offered more potential for career growth. It was one of the most difficult, yet one of the most rewarding, decisions I've had to make. I've turned my part-time job into a career I love. I manage a business and help make sure the doctors at my hospital offer the best care and medicine to every patient at every visit. My next goal is to become a Certified Veterinary Practice Manager.

Growing in the veterinary profession requires us to work to set ourselves apart in the profession, whether our goal is to be the best client service representative in the world or to be the technician with the best bedside manner and clinical skills or to help run the business side of veterinary medicine. So take the time to set goals for your future and cultivate more opportunities. **FL**



How to succeed in veterinary medicine

Use the quick dos and don'ts at dvm360.com/careerbooster to keep your career on the right track and grow at work.

Find it all here
dvm360
com

Erika Ervin, MBA, CVT, is the hospital manager at VCA Twin Rivers Animal Hospital in East Windsor, N.J.

Ready to be recruited?

Fishing for the perfect position? Recruiters pose an interesting possibility for job-seeking team members looking for the right practice.

By Kelley Ferguson

Recently, a colleague recounted her experience with a career recruiter while seeking a position as a veterinary technician. Her experience wasn't positive, which prompted me to research a few guidelines for navigating the want ads with—or without—a recruiter.

In the case of my colleague, the recruiter screened her from out of state and made a

connection between her and a corporate-owned practice. The connections were smooth and encouraging as were all the technical and personal interviews, but the recruiter handled the compensation package details. In this case, the recruiter may have benefited based on the end salary and consequently priced a very competent technician in the league of a senior veterinarian. Flattering, but not realistic! My colleague had no delusions of grandeur but she assumed that the recruiter knew better than she did. That assumption likely cost her the position. Once the unrealistic parameter was set, no counter offer was returned.

Most commonly you will find yourself in the hands of a recruiter when you respond to an advertisement. Usually, recruiters attempt to do the leg work on behalf of corporate or larger scale interests by placing ads, conducting phone or personal interviews and offering up high-quality applicants for further review. Often, these ads will appear nonspecific without identifying the clinic, company or corporation directly. Ultimately, working through a recruiter might be an amazing benefit if you are sharp enough to ask these smart questions.





1 Who does the recruiter work for? How do they get paid, and is their final fee based on your compensation package, a bonus or a flat fee? This could be important if they are negotiating for their ultimate profit vs. yours. Be clear about your minimums and maximums for salary, benefits and relocation expenses, just to name a few.

2 Are they experienced and knowledgeable about the working conditions and expectations of your field? Does the recruiter really know what you do? Vast experience in one field of recruitment does not necessarily translate to even simple competence when relating to a separate field of expertise. An MD vs. a DVM does not offer the same working conditions or compensation and aren't particularly comparable!

3 Does the recruiter know what salary is commensurate with your experience? Is he or she capable of negotiating on your behalf? Also consider location. In California starting wages may be vastly different than in Kentucky.

4 Do you trust the recruiter to fairly represent your needs?

5 Ask for your recruiter's resumé and qualifications. Although, you are not paying them directly—and it isn't legal for them to ask a fee unless you have solicited them to represent you—they do stand to benefit from you indirectly. A good recruiter knows that you are the product he or she is trying to sell and will handle you with fairness and value.

If you do have reservations about the recruiter, express this to your interviewers as you progress. Avoid accusatory statements like, "I don't think the recruiter knows what he's doing!" However, it would be completely appropriate to say, "I've not worked through a recruiter in the past and I am not sure I fully understand the process." This may alert your potential employer to reservations you may have about the hiring process, especially if you have concerns.

Often, a recruiter can be a huge benefit in pushing you to the top of a large pile of applicants if they have already earned the trust of a potential employer. In most cases, a recruiter stands to gain little if you do not advance. But it's important to consider that in their eagerness to profit, your needs may fall secondary if you have not been clear. If you're confident in their skills they may also be able to negotiate terms you may not be comfortable negotiating yourself. A recruiter also may be capable of being frank with you about the office culture and work environment you're potentially entering, assuming they have done their own leg work and interviews on the other side of the fence. Be proactive and ask questions. Be demanding if necessary. Make sure the recruiter has a very clear understanding of your needs and is capable of working in your best interests. Good luck! **FL**

Kelley Ferguson has worked as a practice manager at Newman Veterinary Center in Edgewater, Florida.

IVERHART MAX[®]

Chewable Tablets
(ivermectin/pyrantel pamoate/praziquantel)

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

BRIEF SUMMARY: Please consult package insert for complete product information.

Indications: For use in dogs to prevent canine heartworm disease by eliminating the tissue stage of heartworm larvae (*Dirofilaria immitis*) for a month (30 days) after infection and for the treatment and control of roundworms (*Toxocara canis*, *Toxascaris leonina*), hookworms (*Ancylostoma caninum*, *Uncinaria stenocephala*, *Ancylostoma braziliense*), and tapeworms (*Dipylidium caninum*, *Taenia pisiformis*).

WARNINGS: For use in dogs only. Keep this and all drugs out of reach of children. In safety studies, testicular hypoplasia was observed in some dogs receiving 3 and 5 times the maximum recommended dose monthly for 6 months (see **Animal Safety**). In case of ingestion by humans, clients should be advised to contact a physician immediately. Physicians may contact a Poison Control Center for advice concerning cases of ingestion by humans.

PRECAUTIONS: Use with caution in sick, debilitated, or underweight animals and dogs weighing less than 10 lbs (see **Animal Safety**). The safe use of this drug has not been evaluated in pregnant or lactating bitches.

All dogs should be tested for existing heartworm infection before starting treatment with IVERHART MAX Chewable Tablets, which are not effective against adult *D. immitis*. Infected dogs should be treated to remove adult heartworms and microfilariae before initiating a heartworm prevention program.

While some microfilariae may be killed by the ivermectin in IVERHART MAX Chewable Tablets at the recommended dose level, IVERHART MAX Chewable Tablets are not effective for microfilariae clearance. A mild hypersensitivity-type reaction, presumably due to dead or dying microfilariae and particularly involving a transient diarrhea, has been observed in clinical trials with ivermectin alone after treatment of some dogs that have circulating microfilariae.

ADVERSE REACTIONS: In clinical field trials with ivermectin/pyrantel pamoate, vomiting or diarrhea within 24 hours of dosing was rarely observed (1.1% of administered doses). The following adverse reactions have been reported following the use of ivermectin: depression/lethargy, vomiting, anorexia, diarrhea, mydriasis, ataxia, staggering, convulsions and hypersalivation.

ANIMAL SAFETY: Studies with ivermectin indicate that certain dogs of the Collie breed are more sensitive to the effects of ivermectin administered at elevated dose levels (more than 16 times the target use level of 6 mcg/kg) than dogs of other breeds. At elevated doses, sensitive dogs showed adverse reactions which included mydriasis, depression, ataxia, tremors, drooling, paresis, recumbency, excitability, stupor, coma and death. No signs of toxicity were seen at 10 times the recommended dose (27.2 mcg/lb) in sensitive Collies. Results of these studies and bioequivalence studies support the safety of ivermectin products in dogs, including Collies, when used as recommended by the label.

In a laboratory safety study, 12-week-old Beagle puppies receiving 3 and 5 times the recommended dose once weekly for 13 weeks demonstrated a dose-related decrease in testicular maturation compared to untreated controls.

HOW SUPPLIED: IVERHART MAX Chewable Tablets are available in four dosage strengths (see **Dosage** section) for dogs of different weights. Each strength comes in a box of 6 chewable tablets, packed 10 boxes per display box.

STORAGE INFORMATION: Store at 20°C - 25°C (68°F - 77°F), excursions permitted between 15°C - 30°C (59°F - 86°F). Protect product from light.

For technical assistance or to report adverse drug reactions, please call 1-800-338-3659.

Manufactured by: Virbac AH, Inc. Fort Worth, TX 76137

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PHONE FUN: Wacky client calls

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You tell us!

Have you taken some wild client calls? Send them to us at firstline@advanstar.com and we might feature them in the next issue of “phone fun.”

Consider these real client calls, then talk through how your team would respond. *By Oriana D. Scislowicz, BS, LVT*

Review these true—and wacky—calls, and then discuss them at your next team meeting. Pose these questions for each scenario:

- > What's the client's primary concern, regardless of how it's presented?
- > How can you help the client and the pet?
- > What's your primary goal for this conversation? For example, do you want to correct a client's misinformation or to schedule an appointment for the doctor to examine the pet?
- > What are the steps you need to take to educate these clients without offending them?

This is Mrs. Katz. I'm concerned about Whiskers. He won't take his medicine. I've tried everything, and he just won't swallow the pill. So here's my idea. I'm going to crush up his medicine and then spray whipped cream on top and then sprinkle a little tuna juice over it. That will work, right?

...So that's Buster's post-surgical update. But there's one more concern I have. Lately, and I don't know why, his little—I guess his little rocket is what you would call it—it just won't go away. What should I do?

Thanks for calling me back about Bella's seizures. You know, I have seizures and I think mine rubbed off on her.

Remember our clients wouldn't call at all if they didn't care about their furry loved ones. Clients who are passionate about caring for their pets keep us being able to go to work every day and do what we love—and get a few chuckles in at the same time. **FL**



Oriana Scislowicz, BS, LVT, VDT, is a Firstline Editorial Advisory Board member and a technician in Richmond, Virginia.

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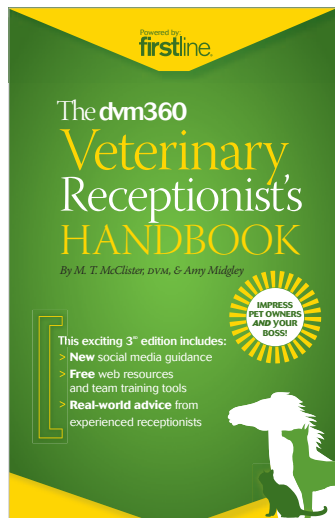
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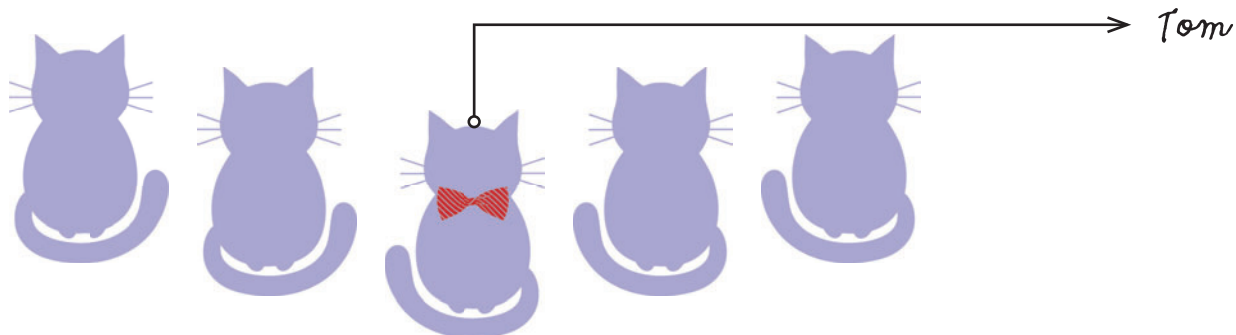
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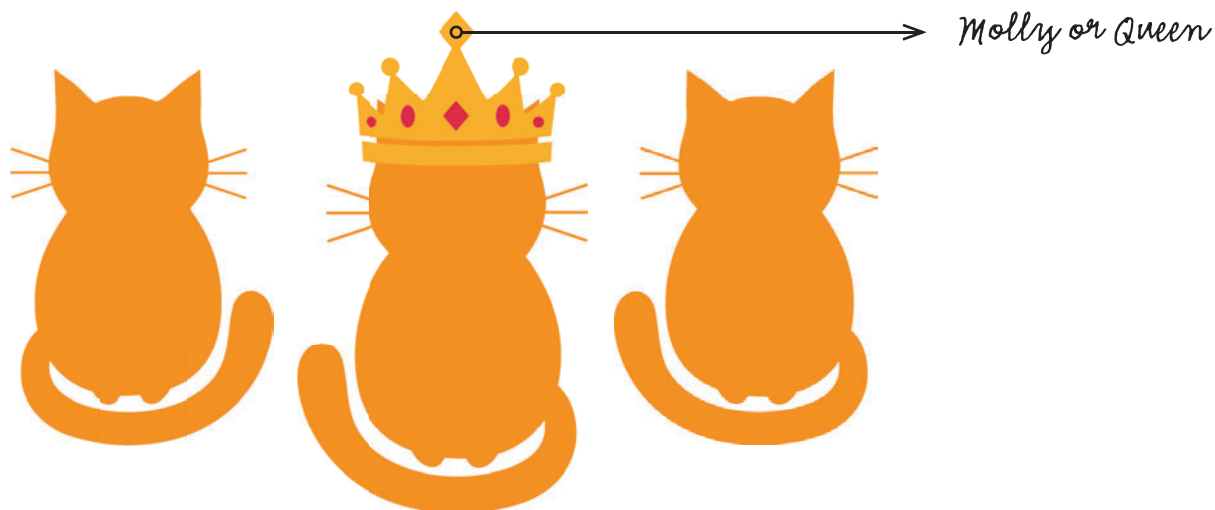
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A group of kittens *form a kindle*.



A group of cats *make a glaring or clowder*.



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