



Heartworm



All booked up!

problem employee

Forward book to fill appointment slots

Lost in translation

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IMPRESSIVE

STOPPING POWER*

The TOPICAL ALTERNATIVE for flea and tick control that lasts 8 MONTHS

THE PERFORMANCE YOU EXPECT FROM A TOPICAL, IN AN EASY-TO-USE COLLAR. *Achieves 100% efficacy against fleas within 2 days of treatment and maintains efficacy above 90% for over 7 months. After day 2, 97.7 – 100% efficacy against 1. scapularis (dog) and A. americanum (cat) was achieved for 8 months.1 » Bayer's sustained release technology combines two effective active ingredients, IMIDACLOPRID + FLUMETHRIN seresto large dog » Kills ticks on DOGS OR CATS within 48 hours and repels and kills reinfesting ticks on dogs in as quickly as 6 hours » Quickly kills fleas on DOGS OR CATS within 24 hours serest*c** and reinfesting fleas within 2 hours ¹Data on file.



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Tips for tiptop teeth

Help pet owners start the New Year on the right foot with the home oral health care recommendations for their pets at dvm360.com/homedental.



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:

I can't fire my problem employee

I'm having difficulty owning my title as office manager. The owner says that I have the ability to do what's needed, but after I have said, recommended or done something he always second guesses me. For example, I have a problem employee who has worked for us for 11-plus years. Many team members have said that she is a work sociopath. She only wants to do what benefits her, she's manipulative and she's a complainer. I have more than enough evidence that she is no good. But the owner says when it comes to reprimanding her, he will do it. Then what am I here for? Then he doesn't deal with it. He just tells her to watch herself. I'm not sure how to handle this when I'm being told to not get involved but my team is still having issues. I've even suggested we dock her pay by \$1 an hour, and still the owner has done nothing. -Manager in name only

Dear Manager,

Oh my. You are in a tough—but all too typical—situation. It's unfortunate and frustrating and you're probably not going to like my answer, but here it goes. I always tell my employees I can protect them from everyone but the owner. If the owner won't change or is stuck on a certain way of doing things, he or she isn't going to change. And you should leave if the owner isn't open to your feedback.

Have you told the owner how frustrating this is for you and how it's affecting you and the practice? Try to give him data about how this mixed message is making work—and your job—difficult. If your practice has core values, I encourage you to talk about the problem employee in terms of her adherence to your values. Most important, don't waste your time in a practice that wont walk the talk.—**Shawn**



Got a question? Ask Shawn.

Maybe you're tired of babysitting your team members. Perhaps you're looking for strategies to beat a bully. Or maybe your manager is driving you right up to the edge. 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.



Killing fleas and ticks can be just this easy.

With NexGard® (afoxolaner), flea and tick control is convenient for pet owners since dogs love taking the soft, beef-flavored chew.¹

POWERFUL flea and tick killing all month long

CONVENIENT monthly dosing owners are used to

EASY for owners to give¹ and for veterinarians to dispense



Prescription only with anti-diversion technology



¹Data on File at Merial

®NexGard is a registered trademark, and FRONTLINE VET LABS is a trademark, of Merial. ©2015 Merial Limited, Duluth, GA. All rights reserved. NEX15TRADEADA (01/15). IMPORTANT SAFETY INFORMATION: For use in dogs only. The most common adverse reaction is vomiting. Other adverse reactions reported are dry/flaky skin, diarrhea, lethargy, and anorexia. The safe use of NexGard in pregnant, breeding, or lactating dogs has not been evaluated. Use with caution in dogs with a history of seizures. See brief summary on page 06

AAFP UPDATE:

Cat Friendly Practice initiative

dvm360.com's medicine and team channel directors, Mindy Valcarcel and Portia Stewart, get the scoop from feline expert Dr. Elizabeth Colleran on how the cat friendly initiative has gone thus far and what's ahead at dvm360.com/AAFPupdate.





To watch now, scan the QR code.

Promote safe scratching

Clients complaining that their cats are scratching their new couch or their favorite rug? Use this client handout to teach pet owners to pick the right scratching posts for their cats—and place it appropriately to promote positive scratching behaviors at dvm360.com/posthandout.

> Scan the QR code, right, to view the form now.





TICK OF THE MONTH:

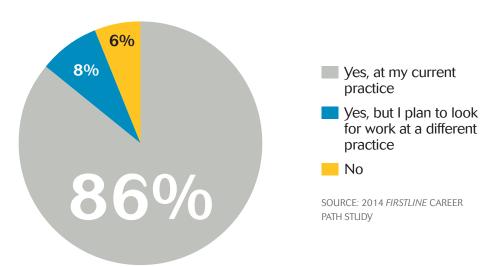
Rocky Mountain Wood Tick



Going to the mountains next summer? Dermacentor andersoni, the Rocky Mountain Wood tick, may be there too. Dr. Mike Dryden explains when and where you can expect to see this high rising tick at dvm360.com/rockytick.

WE ASKED TEAM MEMBERS:

Do you plan to stay in the profession long-term?





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

Description:

NEXISABD® (afrox) new teams using use use you for the use of a facilistic verification in the content of a facility of the content of the provided and provided a minimum afroxolaner does not pupple according to their weight. Each chewable is formulated to provide a minimum afroxolaner dosage of 1.14 mg/lb (2.5 mg/kg), Afoxolaner has the chemical composition 11-Aprilhalenearchoxomide, 415-13-chloro-5-(trifluoromethyl)-3-phenyl)-4, 5-dhlydro-5-(filluromethyl)-3-soxazolyl)-NI-2-oxo-2-l(IZ,2-trifluoroethyl)-ain-oxide your content of the content of the provided and the content of the conten

NEXCARD kills adult fleas and is indicated for the treatment and prevention of flea infestations (Crenocephalides felis), and the treatment and control of Black-legged tick (Ixodes scapularis), American Dog tick (Dernacentor variabilis), and Lone Star tick (Anallyuman americanum) infestations in dogs and pupples 8 weeks of age and older, weighing 4 pounds of body weight or greater, for one month.

Dosage and Administration: NEXGARD is given orally once a

ven orally once a month, at the minimum dosage of 1.14 mg/lb (2.5 mg/kg).

Dosing Schedule:

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

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

a duse is missed, administer incorporate and recently a modern process. The area where fleas are common year-round, monthly treatment with NEXGARD may begin at any time of the year. In areas where fleas are common year-round, monthly treatment with NEXGARD should continue the entire year without interruption.

**The Common Process of the Common Process of the Proc

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

Tick Treatment and Control:
Treatment with NEXGARD may begin at any time of the year (see **Effectiveness**).

Contraindications:
There are no known contraindications for the use of NEXGARD

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

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

history of seizures (see Adverse Reactions).

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

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

Table 1: Dogs With Adverse Reactions.

	Treatment Group			
	Afoxolaner		Oral active control	
	N¹	% (n=415)	N ²	% (n=200)
Vomiting (with and without blood)	17	4.1	25	12.5
Dry/Flaky Skin	13	3.1	2	1.0
Diarrhea (with and without blood)	13	3.1	7	3.5
Lethargy	7	1.7	4	2.0
Anorexia	5	1.2	9	4.5

¹Number of dogs in the afoxolaner treatment group with the identified abnormality. ²Number of dogs in the control group with the identified abnormality.

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

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

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

Mode of Action:

Afoxolaner is a member of the isoxazoline family, shown to bind at a binding site to inhibit insect and acarine ligand-gated Altoxiolaner is a member of the isoxazoline family, shown did at pinding set to inhibit insect and acarne ligand-gated chloride channels, in particular those gated by the neurotransmit and pama—aminohytic acid (GABA, thereby blocking pre and post-synaptic transfer of chloride ones across cell membranes. Prolonged afloxiolaner-dinduced hyperexcitation results in uncontrolled activity of the central envois system and death of insects and acarnies. The selective toxicity of altoxiolaner between insects and caranies and mannals may be inferred by the differential sensitivity of the insects and acarnies GABA receptors versus mammalian GABA receptors.

GABA receptors versus mammalian GABA receptors.

Effectiveness:
In a well-controlled laboratory study, NEXGARD began to kill fleas four hours after initial administration and demonstrated >9% effectiveness. In a synaps well-controlled laboratory study, NEXGARD demonstrated 100% effectiveness against abult fleas 24 hours post-infestation for 35 days, and was > 93% effective at 12 hours post-infestation from 35 days, and was > 93% effective at 12 hours post-infestation hrough Day 21, and on Day 35. On Day 28. NEXGARD was 81.1% effective 12 hours post-infestation. Dogs in both the treated and control groups that were infested with fleas on Day -1 generated flee aggs at 12 - and 24-hours post-treatment (0-11 eggs and 1-7 eggs in the NEXGARD treated dogs, and 4-30 eggs in the control dogs, at 12 - and 24-hours respectively). At subsequent evaluations post-infestation, fleas from dogs in the treated group were essentially unable to produce any eggs (0-1 eggs) while fleas from dogs in the control group continued to produce eggs (1-141 eggs). In a 90-day US feld study conducted in households with existing flea infestations of varying seventy, the effectiveness of NEXGARD against fleas on the Day 30, 00 and 90 visits companed with baseline was 98.0%, 99.7%, and 99.9%, respectively. Collectively, the data from the three studies (two laboratory and one field) demonstrate that NEXGARD kills fleas before they can lay eggs, thus preventing subsequent flea infestations after the start of treatment of existing flea infestations. In well-controlled laboratory studies, NEXGARD demonstrated >94% effectiveness against *Dermacentor variabilis* and *Ixodes scapularis*, 48 hours post-infestation, and against *Amblyomma americanum* 72 hours post-infestation, for 30 days

kodes scapularis, 48 hours post-infestation, and against Amblyomma americanum 72 hours post-infestation, for 30 days. Animal Safety. Study, NEXGARD was administered orally to 8- to 9-week-old Beagle puppies at 1, 3, and 5 times the maximum exposure dose (6.3 mg/kg) for three treatments every 28 days, followed by three treatments every 14 days, for a total of six treatments. Dogs in the control group were sham-dosed. There were no clinically-relevant effects related to treatment on physical examination, body weight, food consumption, clinical patholisty of, bending or congality of the control group in the study, with a similar incidence in the treated and control groups, including one dog in the Sy group that voimited four hours after treatment. In a well-controlled field study, NEXGARD was used concomitantly with other medications, such as vaccines, anthelminitics, antibiotics (including topicals), steroids, NSAIDS, anesthetics, and antihistamines. No adverse reactions were observed from the concomitant use of NEXGARD with other medications.

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

Nex Supplied:

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

NADA 141-406, Approved by FDA

Marketed by: Frontline Vet Labs™, a Division of Merial Limited. Duluth, GA 30096-4640 USA

Made in Brazil

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FRONTLINE VET LABS

PEARLS of practice



THE VHMA FILES:

FORWARD THINKING

How to use forward booking for your practice.

By Christine Shupe, CAE, Executive Director, VHMA

t's a recurring issue in many practices: How do you make sure the appointment book is full? If this topic makes you gnash your teeth in frustration, take a page from the dental industry. They have relied on forward booking to fill appointment slots for years.

Forward booking involves scheduling the client's next visit before clients leave the practice—during the current visit. How common is this practice in the veterinary industry? VHMA surveyed its members to find out.

Of the 377 managers who were surveyed and asked if they forward booked rechecks or medical progress exams, 75 percent of respondents reported doing it "always" or "most of the time." An additional 16 percent indicated they forward booked occasionally. A small percentage did not forward book, considered doing it or didn't know how to do it.

But when we took a closer look, we found veterinary practices that forward book are most likely to book progress exams and aren't as inclined to advance schedule annual wellness exams and preventive care appointments. (See Figure 1.)

If we look at the 80 percent success rate in dental practices, can we expect forward booking to be as effective in veterinary practices? In conversations with VHMA members, we learned that forward booking requires a change in mindset. To ensure the team embraces the procedure, they must believe that it benefits the practice and patients. Consider these points to share with team members about the importance of forward booking:

Forward booking allows clients to better manage the health and well-being of their pets. When clients place an appointment on the calendar well in advance, pet owners are more likely to commit to proper health care. Forward booking supports the practice's standards of care.

Forward booking ensures proper follow-up. Patients are seen by a trained professional to evaluate the outcome of an illness or procedure. While a client might report that the patient is doing well, only veterinary professionals can accurately deliver this assessment.

The practice of forward booking promotes prevention, and it may also circumvent health complications.

Figure 1:

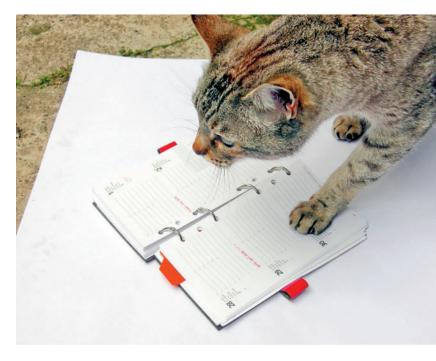


23 percent of survey respondents occasionally book annual wellness and preventive exams in advance.



40 percent don't book annual wellness and preventive exams in advance—and don't know how to forward book.

Visit **dvm360.com/VHMA** for a script to help your team members practice forward booking.



For practices, forward booking can increase revenues while promoting a high standard of care.

So what are you waiting for? Isn't it time to look to the future? **FL**



13 percent said they were planning to begin forward booking soon.



And 31 percent of practices that don't forward book were skeptical about their clients going along with the practice of advance booking.



Christine Shupe, CAE, is the executive director of the Veterinary Hospital Managers Association. The association is dedicated to serving professionals in veterinary management through education, certification and networking.

PHOTO GALLERY

How pets spend their winter break

Spot the cat in the Christmas tree, go for a snow hike and more with these adventurous animals soaking up the fun during the holidays at dvm360.com/winterbreak.



Got a great pet picture?

Send it to us! Email it to firstline@ advanstar.com or submit your photos online at dvm360.com/ petphotos.

Top 10 ways to turn off veterinary clients



Find out the quickest ways to irk, irritate and generally frustrate your clients. Dr. Karen Felsted counts down 10 things you should avoid saying to pet owners at dvm360.com/clientturnoffs.

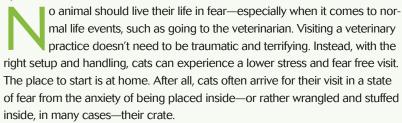


To watch now, scan the QR code.

FEAR FREE TIP:

Teach fraidy cats to love their carriers

By Mikkel Becker, CPDT



Helping cats feel comfortable in their crates improves the entire visit, because the cat has a portable safe space to be inside—from the car ride to the exam. Many times veterinarians can even examine cats within their crate space if it has a removable top. Whether the cat is new to a crate or already has established fears, it can learn a new and positive association with the carrier. Here are some pointers to help pet owners condition their cats to the crate:

- > The optimal crate to train with is a top removal model with two exit points: one in the front, one on top.
- > Place comfortable bedding inside that the cat has already used, so it feels safe and promotes relaxation.
- > Keep the crate out all the time for the cat to use. It can be their safe zone. Take the door off or secure it with a tie when it's not clipped to keep it from closing or making a loud noise if bumped.
- > **Get the cat inside** by feeding meals inside the crate. For fearful cats, place food outside, but near the crate and bring closer to encourage them to peacefully eat near—and eventually inside—the crate.
- > If comfortable, shut the door for short periods of time and reward the cat with treats, or give a long lasting stuffed food puzzle inside the carrier for them to focus on.
- > **Use a calming pheromone** that soothes anxious cats. Spritz on the inside before the cat goes in. The effects last about five hours after spraying.
- > Place the crate in a higher space, like on furniture, if your cat likes being up high rather than on the ground.
- > When going to a visit, cover the carrier with a towel on the outside to keep cats from spotting scary things happening around them.
- > When you move the carrier, hold it with both hands and lift the weight evenly and carefully without jostling or bumping in the way you could carry a fragile present.

And don't forget to check out **dvm360.com/FearFree** for more great tips and tools to prepare your practice to become Fear Free.





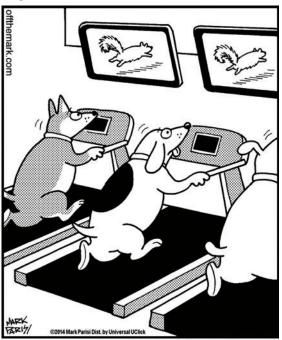
Cat carrier tips

For more crate training tips, give clients the handout handout at dvm360.com/carrierhandout. And for more team tips, watch a video from Dr. Margie Scherk—available at dvm360.com/catcarrier.





Off the mark



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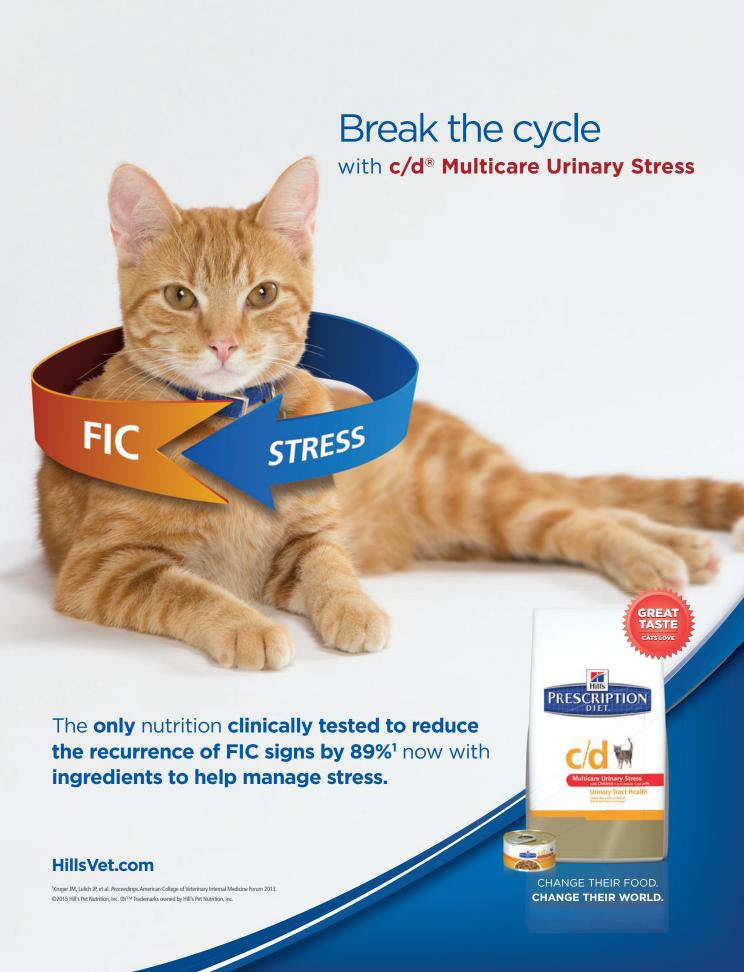
For more funnies, head over to dvm360.com/ cartoons.



Get paid for your GREAT IDEA

Have a pearl to share? Send it to firstline@advanstar.com. We'll pay \$50 for every tip we publish.







Fall in love with your job (again)

Getting stuck behind a bus on my morning commute reminded me to stop and enjoy the fall leaves as they changed color—and helped me find more happiness in simple pleasures at home and at work. By Kristine Suszczynski

he veterinary industry is steady, busy and productive. People who work in animal hospitals are compassionate, efficient and dedicated. We work long, hard hours, and we generally find our positions emotionally rewarding. We could easily leave our positions and find financial rewards in the corporate world, but we choose to stay at our animal hospitals, and the reasons we decide to stay are similar our colleagues' reasons.

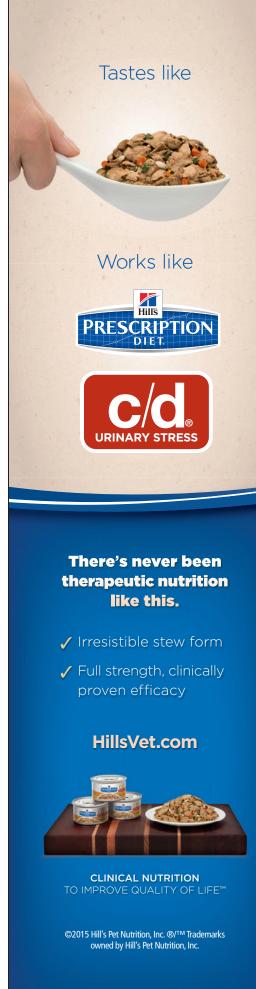
I'm chatting about this not to bestow the awesomeness of working in animal hospitals. I babble on because we all know this—we all know how dedicated, kindhearted and hardworking we are. My question to you is—when is the last time you stopped what you were doing, popped your head up and actually looked around you?

Outside of my comfort zone

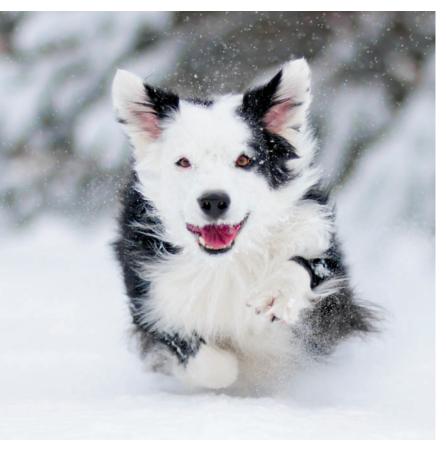
I wear many hats and I am quite busy—as many of us are. I'm constantly multitasking, completing tasks and moving on to new tasks. I have my agenda for the day and I do not leave before everything is finished. Normal for a type-A uberefficient personality, proud to do the work of three people effectively.

Two weeks ago I was driving to work. I left the house a little late and made my routine morning journey to the bank. I was just the right amount of late, however, to get stuck behind a school bus.

My first emotional response, as expected, was frustration and



PROFESSIONAL growth





Test yourself

Is your life balance out of whack? Take the quick quiz at dvm360.com/balancequiz to check yourself before you wreck yourself. Then read the tips for team members who are married or single, parents to human children—or not—and learn to factor yourself into your work/life balance equation at dvm360.com/balancefactor.

maybe a little bit of anger. The road I was on was long, with many bus stops. I started to readjust my schedule in my head, figuring I may be 15 minutes or more behind when I got to work. Then I looked up.

Wow, autumn had arrived. The trees were beautiful hues of bright yellow oak leaves, vibrant orange and red maple leaves mixed in with the green pine and fir bows. The sun was shining brightly through the leaves, making them glow with their colors. How had I missed this? Suddenly a smile crossed my face, and I was happy to be stuck behind the bus. I spent the entire drive to work with the smile on my face, enjoying the colors.

Tell us about it

Have you got a great tip or idea you use to stay happy at work and balance your personal life? Email your tips to firstline@advanstar.com. We'll pay \$50 for every tip we publish.

Don't miss the important stuff

I was so stuck in the "now" and the "get it done" that I was missing one of my favorite things, the changing colors of the leaves. I used to go hiking every autumn as often as possible—I would sit in the woods in awe and appreciation.

Unknowingly I had given this up. What else had I given up? Well, I used to love making soup. But I couldn't remember the last time I made soup.

I have been on a journey of self-discovery over the past two weeks, weighing the pros of working with the cons of forgetting about simple pleasures in life. There is no reason we can't have both, as long as we don't get bogged down in our own work ethics and forget to pop our heads up and look around.

I spent a recent weekend in Vermont. You can't get better autumn foliage than that. And I've made two big pots of soup. Rather than my work suffering for it, I think it's the better for it.

Have you heard the old adage, happy wife, happy life? It's possible that we can morph this concept to veterinary care as well. I can't think of a good rhyme for that right now, but as you're starting to look up and remember the pleasures in your life, please let me know if you think of one. FL



Kristine Suszczynski is the hospital manager at Portland Veterinary Specialists in Portland, Maine. Please send comments to firstline@advanstar.com.



Lost in translation

Break the code on hospital language and translate some of the fun (and funny) terms in veterinary medicine.

By Ori D. Scislowicz, BS, LVT

here are certain terms in any profession that are only understood by those in the field. However, in veterinary medicine these terms get to be a bit more entertaining, and sometimes they can be downright comical. It's only fair in a field that can unfortunately bring many difficult, emotional moments that we all try to lighten the mood now and then. Here are a few of those fun terms that only a veterinary professional would understand.

COMMUNICATION strategies

> Better living through chemistry. Embrace the invention of Western medicine's drugs with those fractious cats. When chemical restraint is needed, you may use this euphemism. Less stressful for the cat as well as the veterinary team means better living for all.

> Throw it in "the spinner." This sounds frightening, but tell pet owners they needn't fret. It's not some sort of medieval treatment. It's a centrifuge! When we call out this phrase, we're most likely asking for a lab sample to be put in the centrifuge and "spun" down.

> Let's put on a 'party hat.' This happy term keeps Princess the pooch's mother from losing her cool. It sounds much more pleasant to Princess's owners—and it's easier to say in a chipper voice—that we need a "party hat" vs. a muzzle.

> Cat burrito. Ohh ... burrito? Yum! This isn't a weird new recipe to tempt kitty's appetite. It's a super helpful technique for controlling unruly kitties in the clinic. You place the cat in the middle of a towel and wrap her up like a burrito, with the dangerous claws and flailing limbs tucked neatly away. You have officially entered the dvm360.com/catburrito. league of veterinary support professionals the day that you

have mastered the art of the "cat burrito".

> Cuffer puffer. As educated as we all may seem when we talk to clients, we still use very basic, sometimes even childlike, descriptions in the treatment area. The "cuffer" is the balloonlike cuff that seals the trachea against aspiration of bodily fluids and air leakage. The "puffer" is often a 5 or 10 ml syringe. Therefore, the "cuffer puffer" is the dry syringe that's used to insert air and inflate the endotracheal tube's cuff. Yes, I suppose we could yell out "Get me the air syringe please!" But how much fun is that?

> Dinner and dancing.

This one you may have not heard of unless you've worked at a clinic that was heavy into reproductive specialty services. We like to make the whole breeding and artificial insemination process a bit more sophisticated and refined than what it really is by using this term. When you take your pup for "dinner and dancing," puppies may soon be joining your household.

> Hematomato, OK, at least the actual word we're referencing is within this one. "Hematomato" is a nicer, more pleasant way of describing a hematoma on a patient. "Whoa, we've got a good-sized hematomato growing on Sammy after his blood draw. I need a bandage stat!"

> **Yeasty beasties.** Oh, so cute sounding, but oh, how gross. "Yeasty beasties" is just a euphemism for those overgrowths of yeast buds we find on ear and skin cytologies.

> Little friends or buddies. This may sound awfully adorable, but this is actually



Find a parasite history form at at dvm360.com/ parasitehistory.

a reference to parasites, and sometimes even yeast or bacteria, found on patients. Often when a technician is evaluating a skin or ear cytology, she may find some "little buddies" that require the addition of an antifungal or antibiotic or antiparasitic medication. Side note: We've also been found guilty of referencing those lingering testicles as Spike's "little buddies."



Find your very own cat burrito how-to at

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SAN DIEGO DECEMBER 3-6, 2015

OLLOW F



CHEWARIES

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

INDICATIONS: For use in dogs to prevent canine heartworm disease by eliminating the tissue stage of heartworm lavae (Dirofilaria immitis) for a month Joid asys) after infection and for the treatment and control of ascarids (Toxocara canis, Toxascaris leonina) and hookworms (Ancylotsoma caninum, Uncinaria stencephila, Ancylotsoma braziliness).

DOSAGE: HEARTGARD® Plus (ivermectin/pyrantel) should be administered orally at monthly intervals at the recommended minimum dose level of 6 mcg of ivermectin per kilogram (2.72 mcg/lb) and 5 mg of pyrantel (as pamoate sat) per kg (2.27 mg/lb) of body weight. The recommended dosing schedule for prevention of canine heartworm disease and for the treatment and control of ascarids and bookworms is as follows:

Dog Weight	Chewables Per Month	lvermectin Content	Pyrantel Content	Color Coding On Foil Backing and Carton
Up to 25 lb	1	68 mcg	57 mg	Blue
26 to 50 lb	1	136 mcg	114 mg	Green
51 to 100 lb	1	272 mcg	227 mg	Brown

HEARTGARD Plus is recommended for dogs 6 weeks of age and older. For dogs over 100 lb use the appropriate combination of these chewables.

ADMINISTRATION: Remove only one chewable at a time from the foil-backed blister card. Return the card with the remaining chewables to its box to protect the product from light. Because most dogs find HEARTGARD Plus palatable, the product can be offered to the dog by hand. Alternatively, it may be added intact to a small amount of dog food. The chewable should be administered in a manner that encourages the dog to chew, rather than to swallow without chewing. Chewables may be broken into pieces and fed to dogs that normally swallow treats whole.

Care should be taken that the dog consumes the complete dose, and treated animals should be observed for a few minutes after administration to ensure that part of the dose is not lost or rejected. If it is suspected that any of the dose has been lost, redosing is recommended.

HEARTGARD Plus should be given at monthly intervals during the period of the year when mosquitoes (vectors), potentially carrying infective heartworm larvae, are active. The initial dose must be given within a month (30 days) after the dog's first exposure to mosquitoes. The final dose must be given within a month (30 days) after the dog's last exposure to mosquitoes.

When replacing another heartworm preventive product in a heartworm disease preventive program, the first dose of HEARTGARD Plus must be given within a month (30 days) of the last dose of the former medication.

If the interval between doses exceeds a month (30 days), the efficacy of ivermectin can be reduced. Therefore, for optimal performance, the chewable must be given once a month on or about the same day of the month. If treatment is delayed, whether by a few days or many, immediate treatment with HEARTGARD Plus and resumption of the recommended dosing regimen will minimize the opportunity for the development of adult heartworms.

Monthly treatment with HEARTGARD Plus also provides effective treatment and control of ascarids (*T. canis*, *T. leonina*) and hookworms (*A. caninum*, *U. stenocephala*, *A. braziliense*). Clients should be advised of measures to be taken to prevent reinfection with intestinal parasites.

EFFICACY: HEARTGARD Plus Chewables, given orally using the recommended dose and regimen, are effective against the tissue larval stage of *D. immitis* for a month (30 days) after infection and, as a result, prevent the development of the adult stage. HEARTGARD Plus Chewables are also effective against canine ascarids (*T. canis, T. leonina*) and hookworms (*A. caninum, U. stenocephala, A. braziliense*).

ACCEPTABILITY: In acceptability and field trials, HEARTGARD Plus was shown to be an acceptable oral dosage form that was consumed at first offering by the majority of dogs.

PRECAUTIONS: All dogs should be tested for existing heartworm infection before starting treatment with HEARTGARD Plus which is not effective against adult *D. immitis*. Infected dogs must be treated to remove adult heartworms and microfilariae before initiating a program with HEARTGARD Plus.

While some microfilariae may be killed by the ivermectin in HEARTGARD Plus at the recommended dose level, HEARTGARD Plus is 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.

Keep this and all drugs out of the reach of children.

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.

Store between $68^{\circ}F - 77^{\circ}F$ ($20^{\circ}C - 25^{\circ}C$). Excursions between $59^{\circ}F - 86^{\circ}F$ ($15^{\circ}C - 30^{\circ}C$) are permitted. Protect product from light.

ADVERSE REACTIONS: In clinical field trials with HEARTGARD Plus, 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 HEARTGARD: Depression/lethargy, vomiting, anorexia, diarrhea, mydriasis, ataxia, staggering, convulsions and hypersalivation.

SAFETY: HEARTGARD Plus has been shown to be bioequivalent to HEARTGARD, with respect to the bioavailability of ivermectin. The dose regimens of HEARTGARD Plus and HEARTGARD are the same with regneat to ivermectin (6 mg/kg). 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) than dogs of other breeds. At elevated doses, sensitive dogs showed adverse reactions which included mydrainsi, depression, ataxia, tremors, drooling, paresis, recumbency, excitability, stupor, coma and death. HEARTGARD demonstrated no signs of toxicity at 10 times the recommended dose (60 mcg/kg) in sensitive Collies. Results of these trials and bioequivalency studies, support the safety of HEARTGARD products in dogs, including Collies, when used as recommended.

HEARTGARD Plus has shown a wide margin of safety at the recommended dose level in dogs, including pregnant or breeding bitches, stud dogs and puppies aged 6 or more weeks. In clinical trials, many commonly used flea collars, dips, shampoos, anthelmintics, antibiotics, vaccines and steroid preparations have been administered with HEARTGARD Plus in a heartworm disease prevention program.

In one trial, where some pups had parvovirus, there was a marginal reduction in efficacy against intestinal nematodes, possibly due to a change in intestinal transit time.

HOW SUPPLIED: HEARTGARD Plus is available in three dosage strengths (See DOSAGE section) for dogs of different weights. Each strength comes in convenient cartons of 6 and 12 chewables.

For customer service, please contact Merial at 1-888-637-4251



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COMMUNICATION strategies

- > The FIV (Rhymes with "live"). When that SNAP test reveals that dreaded dark dot, it may be said "Oh, no, kitty's got the FIV." This is not meant in any way to be harsh or insensitive. This just goes back to veterinary team members finding any way of shortening a term to save a few moments in their hectic day.
- > Kitty magic. Yes, I love all of those online videos of cats doing magic tricks too. Conversely, this is actually a beautiful drug combination that helps Mr. Socks drift off into the land of pink elephants and allows us to perform that surgical or painful procedure. And its results are truly magical.
- > See if he has a bladder. This term is not to be taken literally. We are confident that these patients do in fact have bladders. We are "seeing" via ultrasound, and hoping for enough urine to be present in the bladder that we can safely perform a cystocentesis for urinalysis.
- > Well loved. Yes, sometimes this actually just means what it sounds like—a well-cared-for patient. However, we often need to soften the blow for clients when they begin to realize Fluffy could stand to join kitty Weight Watchers. We will sometimes substitute "a little chunky" or "overweight" with "well-loved." "Fluffy should probably use a few pounds, she is just a bit ... how should I say this? ... 'well-loved.'"



Find a pet weight loss form at dvm360 .com/weightloss.

If you are already fluent in the above language, you probably have spent at least a few years in the veterinary field. However, if any of the above is new to you, maybe now is the time to introduce them to your fellow teammates. We're all pretty interesting people in veterinary medicine, but when we have our own secret language, it just adds to that awesomeness. FL



Oriana Scislowicz, BS, LVT, VDT, is a Firstline Editorial Advisory Board member and a technician in Richmond, Virginia. What fun terms does your team use in veterinary practice? Email them to us at firstline@advanstar.com.

A calamity of blood work errors

A series of unfortunate events showed me how pet owners play a critical role in accurate blood work.

By Adam Oliver

ecently my 10-year-old greyhound mix, Romeo, woke me at 3:30 a.m.

He was making that lovely noise everyone knows so well of a dog vomiting on a freshly cleaned carpet. He proceeded to decorate the carpet three times, so I got up, cleaned it up and hoped that it was nothing. I went back to sleep only to hear him doing it again two hours later. As a technician at

an internal medicine specialist office, I can only think of the dreadful list of causes.

The first thing you need to know is that Romeo doesn't vomit. He's a dog that keeps it together day in and day out. So I got ready for work and took him to my office and took some radiographs and ran some blood work. I almost didn't do any diagnostics and was simply going to give him

some subcutaneous fluids and medication to prevent vomiting and then head back home. The radiographs were unremarkable, but as the blood values came out of the machine his liver values were elevated. Right away my stomach dropped. I thought, "Oh no. Does my dog have something terrible?"

His alanine transaminase (ALT), alkaline phosphatase







(ALP) and gamma-glutamyltransferase (GGT) activities were elevated. Ultrasonography was relatively unremarkable, and he was placed on a combination of two different antibiotics and an antioxidant. The plan was to recheck his blood work in two weeks.

The waiting game

The two weeks went by without any more problems. Romeo took his medications with ease, and

"I had broken so many rules I couldn't tell if his blood work results were accurate or if the values were skewed by my own actions."

he was eating well and acting normal. It was time to recheck his blood work, and since Romeo isn't the biggest fan of being in a kennel at work with me all day, the plan was to drive him to our satellite office that's closer to my house, draw his blood, drive him back home and then take his blood to

my work to complete it.

When I ran his blood work again I found some weird abnormalities. His ALT activity was now normal, but his ALP activity was still elevated slightly and his GGT activity and bilirubin concentration were elevated, and other values indicated that he was dehydrated.

I couldn't wrap my mind around what was going on inside of him now. But as the day progressed I started thinking about it and realized I had committed a calamity of errors that we always warn owners about:

I fed Romeo about 45 minutes before drawing his blood. Feeding a pet can alter values in a pet's blood work.

 I drew the blood and then waited 30 to 45 minutes before it was spun down and ran. This caused some of the red blood cells to hemolyze, or rupture, which can cause falsely elevated values.

• Romeo didn't have anything to drink that morning, which caused him to appear dehydrated on his blood work.

I had broken so many rules I couldn't tell if his blood work results were accurate or if the values were skewed by my own actions. So I planned on rechecking them two days later. This time I wasn't going to feed him and was going to make sure he drank water, and I was going to perform the serum chemistry profile right away.

Take 2: The right way

This time I followed the instructions I'd known but forgotten—in my pet owner-induced anxiety. And wouldn't you know it, he no longer appeared dehydrated on blood work, his bilirubin was now normal, his ALT activity was normal, ALP activity was only a little elevated and his GGT activity was now normal. Romeo's blood work was exactly where it should have been based on his treatment plan and his overall demeanor.

This was a very valuable lesson about the importance of making sure small points are followed before pets have their blood work completed. Taking the time to reinforce the importance of these instructions with pet owners can save time and heartache, and it may lead to a more accurate—and faster—diagnosis for pets. FL



Adam Oliver is a technician at Veterinary Specialty Care in Mt. Pleasant, South Carolina. Please send questions or comments to firstline@ advanstar.com.



Walk in their shoes

When illness got personal, Julie Mullins explains how she learned to walk a mile in a client's shoes. Watch it now at dvm360.com/empathy.



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IMPORTANT SAFETY INFORMATION: HEARTGARD® Plus (ivermectin/pyrantel) is well tolerated. All dogs should be tested for heartworm infection before starting a preventive program. Following the use of HEARTGARD Plus, digestive and neurological side effects have rarely been reported. For more information, please visit **www.HEARTGARD.com**.



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- ¹ Of dogs showing a preference in two studies, all dogs preferred HEARTGARD Plus Chewables to TRIFEXIS™ (spinosad + milbemycin oxime) beef-flavored chewable tablets; Executive Summary VS-USA-37807 and VS-USA-37808.
- Opinion Research Corporation, Heartworm Prevention Medication Study, 2012. Data on file at Merial.
- ³ Ask your Merial Sales Representative for full guarantee details.

See brief summary on page 18





PHONE FUN: Educating clients

Each ring of the phone is a chance to educate a pet owner and elevate the level of care pets receive. By Oriana D. Scislowicz, BS, LVT

hen the phone rings, you never quite know what to expect. But how you respond to these calls can bond clients to your practice—and create more educated pet owners dedicated to their pets' health. Last month, we introduced a few strange but true phone calls. (Check it out at dvm360.com/phonefun.) Below you'll find more real calls from pet owners. Take a minute at your next team meeting to review these scenarios—and brainstorm your own—and answer these questions

for each situation:

- > 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?

CASE 1: LOVING WITH FOOD

It's always difficult to lecture a client who admits to feeding their pet human food or otherwise fatty foods. People can take it personally, and they often get offended if you imply Fluffy is overweight. One client had quite the opposite reaction:

Well, honey, you've seen my daughter—our family How would you respond? loves to eat!



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CLIENT communication

CASE 2: DOCTOR CRUSH

Any time we book an appointment, we usually review the time, where we are located and which doctor they will be seeing. This is pretty typical for most practices. The not-so-typical response from a client when we let them know which doctor they will be seeing:

Oh, good, that's the handsome one on the website with the blue eyes, right?

What's a respectful way to respond while remaining professional and courteous?

CASE 3: MEDICATION MISHAP

This story must be prefaced with the fact that no animals were harmed in the making of this client phone call. A feline patient goes home with her liquid oral antibiotic medication and a topical flea preventive. We get a call from the owner that evening:

She really hates the taste of this medication! What can I do to make her take it more easily?

Once we go through a ton of alternatives for the client to pursue, he says:

Yeah, and this white, chalky liquid is really sticking to her fur.

We then realized the clear topical flea preventive was being given orally, and the antibiotic was being placed on the back. No wonder Fluffy was objecting to the taste! Once you were sure of the cat's medical wellbeing, how would you respond to educate the client and prevent future misapplications?

CASE 4: THE DRUG-ADDICTED DOGGIE

We go over a client's concerns regarding his dog's excessive coughing. The doctor offers to call in medication to help with the cough. When the client realizes the medication is a hydrocodone-combination drug, he sheepishly asks:

Do you think my dog will get addicted?

How would you respond?



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."

One final thought: Remember that every client conversation is an opportunity to teach clients to offer the care their pets need to stay happy and healthy. So stay positive and professional on the phone. And it's OK to laugh later in private, too. FL



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

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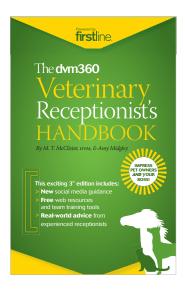
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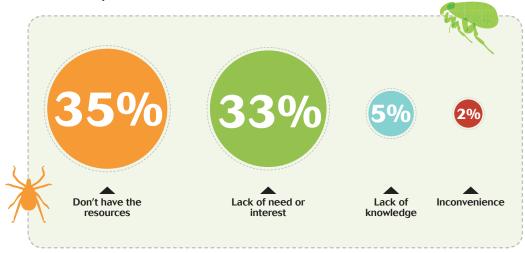
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By the numbers



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About 1 in 5 veterinary practices track the positive parasite cases for their county. Here are some of the reasons veterinary technicians reported their practices don't track parasitic disease cases:



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*When compared to clients without pet insurance. Source: VPI Consumer Awareness & Usage Study 2013.

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