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toolkit

Better recommendations



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## "I don't want to vaccinate Princess!"

By Oriana D. Scislowicz, BS, LVT, VDT

A client brings in her 12-week-old female puppy for a checkup. During the exam, the technician talks about the need for certain vaccinations at this age. In the middle of the discussion, the client passionately interjects, explaining her fear of making Princess autistic from the vaccinations: "I mean, have you read that Jenny McCarthy book?"

How would you respond?

Send your answer to [firstline@advanstar.com](mailto:firstline@advanstar.com).

Then visit [dvm360.com/vaccinationtoolkit](http://dvm360.com/vaccinationtoolkit) for a complete list of resources, including:

- > Sample scripts when a client rejects your recommendations
- > Five ways to get clients on board with your vaccination recommendations
- > A patient risk assessment tool
- > Ready-to-use client handouts
- > And much more!



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# Help! We're short-staffed and **{I'm buried}**

**I**'m the go-to team member at my practice, and I love what I do. The problem: We're constantly running short staffed. I've picked up the slack for more than a year now—and through a few staffing mis-hires—and now I'm beginning to feel burned out. I don't want to leave my practice but I'm beginning to see no other choice. What should I do?—**Burned out**

**Y**ou sound like a talented, motivated and loyal employee, and as an owner and manager of a practice I'd be heartbroken to lose you. I'm guessing that your practice feels the same way about you! But they may not know how you're feeling after all of your hard work this past year.

First, ask to speak with your manager or practice owner and let them know how much the practice means to you and how burned out you're feeling. This

is a great opportunity for some open communication to benefit both you and your practice. You're doing the right thing by recognizing your needs and addressing them proactively.

The response you receive can help guide your decision about whether it's time to leave. If your managers don't validate your concerns or if they resist your overtures, your decision is easy—and I bet there are many other practices that would hire you in a flash.

My guess is that your managers will appreciate that you've given them the opportunity to address your concerns. As a go-to team member who loves what you do you're the type of employee they want to keep on board.




—**Marianne Mallonee, CVPM**, is a Firstline Editorial Advisory Board member and hospital administrator and part owner of Wheat Ridge Animal Hospital in Wheat Ridge, Colorado.

Got a question? Email us at [firstline@advanstar.com](mailto:firstline@advanstar.com).

## Need help now ?

Get answers—fast—with Firstline Hotline. You can email us at [firstline@advanstar.com](mailto:firstline@advanstar.com) or direct-message us on Facebook at [facebook.com/FirstlineMag](https://www.facebook.com/FirstlineMag) or Twitter at [@firstlinemag](https://twitter.com/firstlinemag).





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Our practice is located in New York City, and the waiting room is small. So when we run in-clinic diagnostics, we give owners a wooden nickel that we designed with our logo and a local coffee shop's logo. The token is good for a free cup of coffee or tea at a cafe around the corner.

It keeps the waiting room clear and prevents anxious owners from getting restless or asking if results are in every three minutes. It works

out great for our clinic and the coffee shop. We have an arrangement with them for the coffee, and it's free advertising for them as well. Clients often buy a pastry while they're visiting. And clients come back relaxed after taking a short walk.

The nickels were relatively inexpensive and once

a month we pick up the coins used at the cafe and recirculate them.

—Ginger Hughes  
Practice Manager  
Northside Veterinary Clinic  
Brooklyn, New York



## Flea and tick preventive update



Scan the QR code, above, to watch now.



Spring approaches, and the bugs are beginning to emerge. It's time to catch up on the latest in veterinary parasite preventives to make sure your patients are protected. A whole new drug class is out to eradicate fleas and ticks in dogs, but any form of flea and tick preventive is absolutely paramount in all pets, says veterinary parasitologist Dr. Andrew Moorhead at [dvm360.com/parasiteupdate](http://dvm360.com/parasiteupdate).





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FEAR-FREE TIP

# KNOW WHO'S TRAINING YOUR PATIENTS

How a pet owner and their behavior trainer address behavior issues can have a long-lasting effect on the pet's wellbeing. *By Mikkel Becker, CPDT*

One of the greatest dangers facing dogs is the negative effect of behavior issues. When a dog isn't given the proper setup for socialization and training, or major issues like separation anxiety and aggression go unresolved, the dog's bond with their people suffers and the dog is at risk for surrender or euthanasia.

Far too often veterinary hospitals and training services operate separately. A better

approach: integrating training and behavior help within the veterinary practice to treat pets.

The gold standard of behavior help is a veterinary behaviorist. You may also identify a certified applied animal behaviorist. Clients will seek your guidance when they're interested in a puppy or dog training class or looking for help to improve their dog's manners.

Sometimes a hospital's only connection to training is a collection of trainers' business

cards or contacts you pass to clients. But it's critical to know the type of training the trainers use. Ideally, your practice will work in collaboration with a reputable trainer, with your veterinarian providing oversight to better serve the pet. Or your practice may also opt to offer behavior services in-house. The key to success: forging a close connection to integrate the veterinary and behavior services together rather than operating as separate entities.

Unfortunately, some training professionals operate under the guise of "balanced training" or claim to use rewards while in reality they mix rewards with aversive and confrontational tactics. And aversive methods can lead to various problems, like increased anxiety and aggression.

Before you develop a relationship with a trainer, answer these questions:

**> Is the trainer certified?  
And if so, by which  
organization?**

Find qualified professionals to use in hospital training or for referrals, such as a veterinary behavior technician or a certi-







**A study published in *Veterinary Record* in 2013 found that in 17 veterinary consultations with 6 different veterinarians clients brought up at least 1 behavior concern in each consult, adding up to 58 concerns total. Of those 58 concerns, only 10 were addressed. More concerning: None of the concerns were overseen past the consultation to implement a plan to manage the problem.**

fied trainer who has gained certification through a governing organization like the Association of Pet Dog Trainers, the International Association of Applied Animal Behaviorists or the Karen Pryor Academy. For more advanced cases it's wise to create a preferred list of referral sources that includes veterinary behaviorists and applied animal behaviorists.

**> Is the trainer committed to using the humane hierarchy in their practice?**

When recommending a trainer, look into their certifications, ask for recommendations from other veterinary professionals or even take their training classes. One marketing strategy training professionals often use is offering their classes to veterinary team members for free. So get in on classes to learn more about the trainer's techniques so you can make a proper referral even easier.

**> Will they work directly with a veterinarian and refer to a veterinarian when necessary?**

Training classes at the hospital not only provide a rewarding experience, but can teach predictable behaviors within the hospital you can use during visits to get willing cooperation from pets and keep them calmer.

Why is veterinary oversight so important? To begin with, medical issues may contribute to behavior problems or elevate existing behavior problems. It's possible to miss the underlying cause without collaborative efforts and oversight by the veterinary team. And in some cases animals benefit greatly from medications to help address a behavior issue. Socialization and ongoing training make it easier to catch behavior issues early, before they turn into bigger problems.

Working with a trainer also moves you closer to providing Fear-Free veterinary visits. You can work with a trainer to decrease the anxiety a pet feels on a veterinary visit to reduce or eliminate the pet's fear of examination, handling and procedures.

Remember, it's important to have the resources for training and behavior help, as they safeguard pets and people. Dogs that have attended puppy class at least two times before the age of 12 weeks had 1.4 times reduced risk of aggression towards unfamiliar people entering the house and 1.6 times reduced risk of aggression to unfamiliar people outside of the home.

Find more Fear-Free tips at [dvm360.com/FearFree](http://dvm360.com/FearFree).

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## Stop the blame culture at your practice



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Dr. Dave Nicol of Dave Nicol Veterinary Services in Sydney, Australia, serves up these three simple steps to improve your workplace now:

1. Focus on your objectives
2. Own your mistakes
3. Take the emotional temperature of yourself and your colleagues.

Hint: Watch the video to hear him say it better—and in a completely elegant accent. We won't tell if you watch it twice at [dvm360.com/blamebuster](http://dvm360.com/blamebuster).

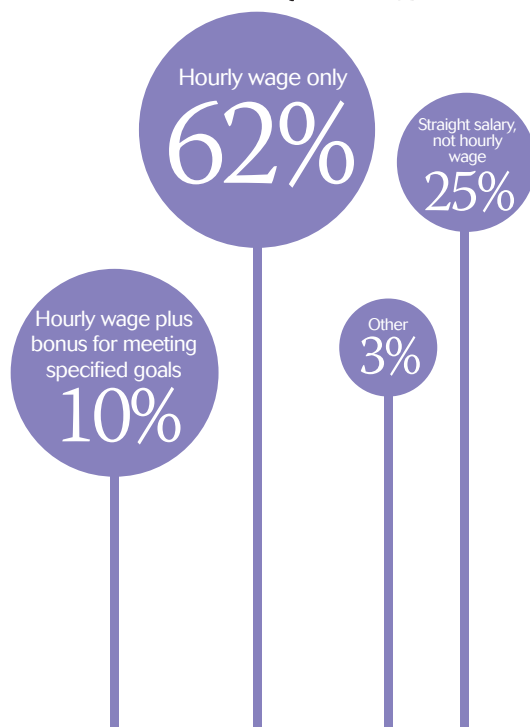
## Off the mark



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Want more laughs? Visit [dvm360.com/cartoons](http://dvm360.com/cartoons) for more funnies.

## IN 2014, how were you paid?



SOURCE: 2015 FIRSTLINE CAREER PATH STUDY





## THE COLLAR THAT **HITS THE MARK**

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### Seresto® In-Clinic Experience Trial<sup>1</sup> Results:

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\*The objective of the study was to evaluate the satisfaction of prescribing veterinarians and pet owners with the clients' use of Seresto® on their pets over an 8-month period. Clinics in various geographical locations in the US were selected based on their interest in participating in this study. Clients who presented with a flea and/or tick infestation were given the option to try Seresto® for dogs or cats. Over the course of the 8-month period, veterinarians and clients were asked to report their perceptions addressing their level of satisfaction with the product. Veterinarians received reimbursement for the three office visits and clients received compensation and free Seresto® collars for participation in the study.<sup>1</sup>

<sup>†</sup>In month 8, veterinarians participating in the study were asked, "Overall, how satisfied are YOU with Seresto® for DOGS [CATS]?"<sup>††</sup>

<sup>‡</sup>In month 8, clients participating in the study were asked, "How satisfied are you now with Seresto® for DOGS [CATS] after 8 months?"<sup>‡‡</sup>

<sup>‡‡</sup>In month 8, veterinarians participating in the study were asked, "How likely are you to recommend Seresto® to clients with DOGS [CATS] in the future?"<sup>‡‡‡</sup>

<sup>1</sup>Data on file. Bayer HealthCare Animal Health.

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## TIPS TO ROCK YOUR JOB



Scan the QR code, above, to watch now.



Ready to be a practice superstar? *Firstline* Board Member Nancy Potter says what you owe your boss is simple: You need to immerse yourself in the practice's culture and be engaged in your work. What does your boss owe you? Job descriptions to help you know the goals you're striving to meet. Watch the video for more quick tips to rock your job at [dvm360.com/RockYourJob](http://dvm360.com/RockYourJob).

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## *Get happy @* **work** Downward facing person



**H**appy veterinary professionals = healthy pets. As to how to do that, join the gym and try to get a little yoga in before or after work. Alternatively, try meditating. It only takes 15 minutes of quiet time—you must drive away from the office—and can help you rebalance in the middle of the day. I am still learning

and practicing, but it's really helping me to focus on the now and remain positive in the often challenging work environment.

—Cierra Tabony, DVM  
Hospital Administrator  
Indian Trail Animal Hospital  
Indian Trail, North Carolina



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<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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.

## QUICK SCRIPT:

# BUST THIS parasite myth

Check out this common client question, then use the answer below to customize your own response that gently educates pet owners. *By Ciera Miller, CVT*

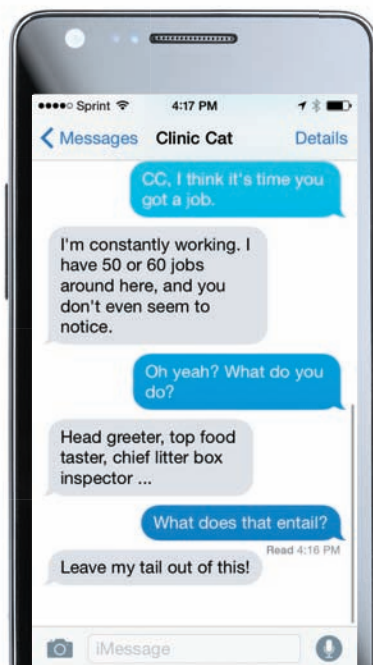
*If we don't touch our pet's stool, we're safe from catching parasites, right?*

Although "catching" parasites from your pet is uncommon, it can happen, and you should take steps to prevent it, such as washing your hands and disposing of your pet's stool appropriately. Children, pregnant women and anyone with a decreased immune system should be especially

cautious when handling a pet's bowel movement. Children tend to be the most at-risk because of their teething and mouthing habits. If the doctor diagnoses your pet with a parasite, you can still give her plenty of love. Just remember to wash her bedding frequently and clean her stool promptly from the environment during her treatment. For a step-by-step handwashing guide, visit [dvm360.com/washhands](http://dvm360.com/washhands).

## Your clinic cat texts at work

CC, your veterinary clinic cat, gets helpful around your practice this week. Read clinic cat texts at [dvm360.com/CatAtWork](http://dvm360.com/CatAtWork). Then tell us what your cat would text you by emailing us at [firstline@advanstar.com](mailto:firstline@advanstar.com). We'll pay \$30 for every idea we use.





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THE VHMA FILES:

# Fight fee-setting FRUSTRATION



The VHMA survey examines competition and fees by practice location.

By Christine Shupe, CAE, Executive Director, VHMA

**D**o fees and competition vary by practice location? The Veterinary Hospital Managers Association (VHMA) polled practice management professionals to find out.

Overall, the number of competing practices in all locations has remained constant over the past few years. Among all respondents the two most often cited reasons for increased



Despite the variations in competition, the service fees appear uncompromised. Close to half of all respondents report their fees are higher than those of their competitors, and 35 percent stated that their fees are right in the middle. Among rural respondents, 53 percent say their fees are higher than their competitors'. Fifty percent of suburban practices report fees that are higher than the competition and 49 percent of urban respondents say their fees are higher, while 43 percent report fees in the middle.

In all locations, the availability of qualified team members has fueled the growth in practices. But competition doesn't necessarily drive down fees. In all locations despite the amount of competition, the preponderance of respondents were able to maintain a fee structure that exceeded the area average.

**Most commonly, 52 percent of rural practices compete with one or two practices, while 47 percent of suburban practices compete with three, four or five practices. Twelve percent of suburban respondents reported more than 10 practices are located within a five-mile radius. Twenty-four percent of urban respondents identified more than 10 practices as competitors.**

Visit [dvm360.com/VHMA](http://dvm360.com/VHMA) for eight fee-setting tips.



competition is a growing supply of qualified professionals and, to a lesser extent, population growth. Suburban and urban practices are more likely to report a decrease in the number of practices. Urban practices attributed the decrease to too much competition. Suburban practices cited the poor economy.



*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.*



# smart is...

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Dogs should be tested for heartworm prior to use. Mild hypersensitivity reactions have been noted in some dogs carrying a high number of circulating microfilariae. Treatment with fewer than 6 monthly doses after the last exposure to mosquitoes may not provide complete heartworm protection. Please see full product label for more information or visit [www.virbacvet.com](http://www.virbacvet.com).

See brief summary on page 16

\*A. caninum.

\*\*Prevents flea eggs from hatching; is not an adulticide.



#### Caution

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#### Indications

SENTINEL<sup>®</sup> SPECTRUM<sup>®</sup> (milbemycin oxime/lufenuron/praziquantel) is indicated for the prevention of heartworm disease caused by *Dirofilaria immitis*; for the prevention and control of flea populations (*Ctenocephalides felis*); and for the treatment and control of adult roundworm (*Toxocara canis*, *Toxascaris leonina*), adult hookworm (*Ancylostoma caninum*), adult whipworm (*Trichuris vulpis*), and adult tapeworm (*Taenia pisiformis*, *Echinococcus multilocularis* and *Echinococcus granulosus*) infections in dogs and puppies two pounds of body weight or greater and six weeks of age and older.

#### Dosage and Administration

SENTINEL SPECTRUM should be administered orally, once every month, at the minimum dosage of 0.23 mg/lb (0.5 mg/kg) milbemycin oxime, 4.55 mg/lb (10 mg/kg) lufenuron, and 2.28 mg/lb (5 mg/kg) praziquantel. For heartworm prevention, give once monthly for at least 6 months after exposure to mosquitoes.

Dosage Schedule

Body Weight	Milbemycin Oxime per chewable	Lufenuron per chewable	Praziquantel per chewable	Number of chewables
2 to 8 lbs.	2.3 mg	46 mg	22.8 mg	One
8.1 to 25 lbs.	5.75 mg	115 mg	57 mg	One
25.1 to 50 lbs.	11.5 mg	230 mg	114 mg	One
50.1 to 100 lbs.	23.0 mg	460 mg	228 mg	One
Over 100 lbs.	Administer the appropriate combination of chewables			

To ensure adequate absorption, always administer SENTINEL SPECTRUM to dogs immediately after or in conjunction with a normal meal.

SENTINEL SPECTRUM may be offered to the dog by hand or added to a small amount of dog food. The chewables 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 a few minutes after administration to ensure that no part of the dose is lost or rejected. If it is suspected that any of the dose has been lost, redosing is recommended.

#### Contraindications

There are no known contraindications to the use of SENTINEL SPECTRUM.

#### Warnings

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

#### Precautions

Treatment with fewer than 6 monthly doses after the last exposure to mosquitoes may not provide complete heartworm prevention. Prior to administration of SENTINEL SPECTRUM, dogs should be tested for existing heartworm infections. At the discretion of the veterinarian, infected dogs should be treated to remove adult heartworms. SENTINEL SPECTRUM is not effective against adult *D. immitis*.

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

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

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

The safety of SENTINEL SPECTRUM has not been evaluated in dogs used for breeding or in lactating females. Studies have been performed with milbemycin oxime and lufenuron alone.

#### Adverse Reactions

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

To report suspected adverse drug events, contact Novartis Animal Health at 800-637-0281 or the FDA at 1-888-FDA-VETS.

Manufactured for: Novartis Animal Health US, Inc.  
Greensboro, NC 27408, USA

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NAH/SSC/BS/1  
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## PEARLS of practice

### FRONT DESK DISASTERS:

# Dude looks like a lady



Scan the QR code or visit [dvm360.com/LadOrLady](http://dvm360.com/LadOrLady) to watch.

Rhonda the receptionist confuses the gender of this gentleman's dog, a precious pooch named Lady. How do you avoid gender confusion in your practice? Email your strategies to Help me, Rhonda at [firstline@advanstar.com](mailto:firstline@advanstar.com).



### Get paid for your GREAT IDEA

Have a pearl to share? Send it to [firstline@advanstar.com](mailto:firstline@advanstar.com).

We'll pay **\$30** for every tip we publish.



# BETTER recommendations



## 3 recommendations your clients ignore p4

**PLUS Video:** 10 ways to  
blow a recommendation p5

A special monthly package designed to help boost client compliance and make it easy for your team to educate pet owners about regular pet wellness care.

### TOOLS

#### Client handouts

>> Reality check: How old is your pet in human years?

>> Why diagnostic tests are important to your pet

p03

#### Sample script

How to follow up on your recommendations for the most effective outcome

p06

### Videos

>> Say this, not that: Getting to a better dental recommendation

>> How to recommend an expensive treatment

>> Stop inflicting "option paralysis" on pet owners

p07

#### Take-action tips

>> 6 steps to a better behavior recommendation

>> 3 ways to make your recommendations hold water

p08

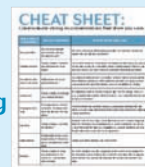
PLUS



Cultivate client  
compliance:  
Be simple  
and direct p2

### Bonus team training tool

Does your team need practice turning weak words into strong recommendations? Use this cheat sheet, available at [dvm360.com/betterrecs](http://dvm360.com/betterrecs).



# Cultivate client compliance: *Be simple and direct* and make your best recommendation

Are your clients failing to follow through on your advice? Check out this example of a preventive diagnostics recommendation and apply these strategies for stronger recommendations across the board.

**Y**ou know that performing routine, preventive diagnostic testing is necessary not only for the early detection of disease but also for establishing baseline health values in pets. But getting your clients to agree? That's no easy task—especially when their pets appear healthy on the outside.

So we went to Fred Metzger, DVM, MRCVS, DABVP, owner of Metzger Animal Hospital in State College, Penn., for tips and advice on how he and his team tackle this common compliance obstacle.

## 1. Tell the truth.

Dr. Metzger is open and honest when it



comes to the veterinary care he recommends for his patients. If a pet doesn't really need that annual vaccination, he lets the client know. But when it comes to annual diagnostic testing, it's a "must" recommendation for everyone, he says.

Let clients know that many conditions in pets develop before clinical signs or physical examination findings are evident—and the cost of not catching disease early can be great.

## 2. Practice what you preach about pets.

Do you perform annual health screenings on your own pets? Tell the client so, says Dr. Metzger. Did you recently detect an abnormality on a seemingly healthy pet, thanks to routine diagnostic testing? Let



## Get handouts here!

Download these handouts and many more tools by visiting [dvm360.com/betterrecs](http://dvm360.com/betterrecs).



## BETTER RECOMMENDATIONS

them know that, too.

Real-life anecdotes often pack a greater punch than rattling off a bunch of statistics, and clients will appreciate the personal information you share.

### 3. Make it relatable.

We all know how important

diagnostic testing is in human medicine—physicians are always making recommendations for annual health screenings, particularly as we get older. So why should it be different for our pets? To put it in perspective, Dr. Metzger shows clients an age analogy chart

that estimates how old their pets are in human years (see the handout, available below). Just knowing that a 9-year-old dog is actually closer to 60 in human years often provides the nudge they need to understand the importance of your recommendations.

## REALITY CHECK

### How old is your pet in human years?

ADULT SIZE IN POUNDS				
AGE	0-20	20-50	50-90	>90
6	40	42	45	49
7	44	47	50	56
8	48	51	55	64
9	52	56	61	71
10	56	60	66	78
11	60	65	72	86
12	64	69	77	93
13	68	74	82	101
14	72	78	88	108
15	76	83	93	115
16	80	87	99	123
17	84	92	104	
18	88	96	109	
19	92	101	115	
20	96	105	120	

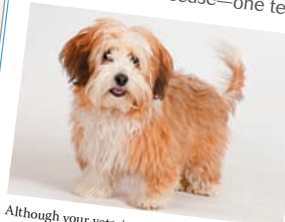
Relative age of your pet in human years

■ Senior ■ Geriatric



## Preventing disease: Why diagnostic tests are IMPORTANT to your pet

Help your pet live a long, healthy life by staying on top of internal disease—one test at a time.



### > Heartworm test

Each year, we collect a small sample of your pet's blood to test for heartworms, which can be fatal in both dogs and cats. Infected mosquitoes spread heartworm disease. Even pets that stay indoors are susceptible, as mosquitoes can slip into homes and bite an unprotected pet. And even if your dog or cat is on heartworm prevention year-round, it's critical to do this blood test annually, as even one missed or late dose of preventive can put them at risk.

### > Complete blood count (CBC) and serum chemistry panel

Symptoms of some conditions or diseases won't show up until your pet is very sick. That's why we test your pet's blood annually to detect and try to prevent disease as early as possible. These blood tests tell us whether your pet is anemic (not enough red blood cells) or fighting infection. We can also tell whether internal organs, such as the liver and kidneys, are functioning properly. In some cases, treatable diseases such as diabetes can be detected with these tests.

### > Urinalysis

Like a blood test, a urine test gives us an understanding of how healthy your pet is on the *inside*. A urinalysis once a year offers clues that point to underlying causes of disease, such as a bladder infection or kidney disease. Once we have the results of this test and the blood tests, we'll have a picture of your pet's internal health and will be well on our way to detecting disease as early as possible.

Although your veterinarian can learn a lot by performing a physical examination of your pet, there are some signs of disease that can only be detected with further testing. And this doesn't just apply to sick pets—it's important to understand what's going on inside with pets that appear healthy, too.

Here's a breakdown of critical diagnostic tests we may recommend to ensure your pet is as healthy inside as he or she appears to be on the outside.

### > Fecal exam

We check your pet's stool twice a year for signs of intestinal disease and parasites. We will examine the stool for outward signs of disease—or color. We'll also perform a fecal flotation procedure and take a look with a microscope, which is the best way to uncover the presence of the most common internal parasites, such as roundworms, hookworms or whipworms.

### Try these tools!

Do your clients know how old their pets really are? Do they know why age matters? Scan the code, above, to download this age comparison chart to either give out to clients or display in your exam rooms to help your clients better understand their pets' health and well-being.

What about diagnostics? Scan the code, right, to download this client handout that explains why diagnostic tests are so important for pets' overall health.



# 3 recommendations your clients ignore & *what to do about it*

When pet owners bury their heads in the sand or tune you and your team out, they can miss important recommendations. Here's how to get their attention.



It's easy to feel frustrated, concerned for the pet and even hurt when pet owners won't heed your advice. But with patience and persistence, you can woo some of your more reluctant clients to offer the care you recommend to their pets. Consider these scenarios.

## No. 1: Make pain accommodations

The second Mr. Johnson steps out the door, he and his pooch disappear from your mind. The result: You never hear whether Kingston's getting the pain medication you sent home after his surgery or whether Smokey's getting the diet you recommended to ease the sting of her osteoarthritis.

## What to do:

Follow up, says Sharon DeNayer, a *Firstline* Editorial Advisory Board member and practice manager at Windsor Veterinary Clinic in Windsor, Colo. When you offer Kings-



ton a new medicine or diet, make sure you call Mr. Johnson in the next 24 to 48 hours. At Windsor Veterinary Clinic, the technician who assisted with the pet's care performs the follow-up call. This simple step can help you uncover issues and offer solutions to make sure the pet gets the pain relief it so desperately needs. If the client reports that the pet is throwing up the medication, the follow-up caller can take that information back to the doctor and figure out whether the medication can be given differently.

DeNayer says the follow up also demonstrates the importance of your recommendation to clients. After all, you wouldn't spend the time to check in with them if you didn't believe their pets needed this care.

### No. 2: Use parasite prevention

Sometimes your clients just don't get it. Perhaps they were distracted when you were trying to explain the importance of monthly parasite preventives. Maybe they just don't believe their dog or cat could ever be a victim of heartworm infection.

#### What to do:

Get real. This doesn't mean scaring them, but it does mean you'll have to work on offering recommendations in several different ways—and it *is* more work. Each member of the team needs to talk about para-

sites and zoonotic diseases, says Julie Legred, CVT, executive director of the National Association of Veterinary Technicians in America (NAVTA).

"Clients aren't always going to be picking up the message we think we're presenting," Legred says. "And a lot of times, clients will go home, do an Internet search, and find something completely off-the-wall. So it's important for us to be diligent and follow up with clients. And they need to have access to the right information at home. We have a lot of things working against us, and we need to come together as a team and get the same message across."

### No. 3: Stop the table scraps

Your littlest clients are professional mess-makers. Kiddos have the capacity to wreck even the healthiest pet's diet.

#### What to do:

Ernie Ward, DVM, says it's important to help parents teach their children. Kids may view their pets as siblings, so it may be difficult for them to understand why Trixie can't enjoy a scoop of soft serve when ice cream's on the menu.

### Repeat, repeat, repeat

So you've made all of these recommendations to Mr. Johnson a thousand times before, and you just don't see the sense

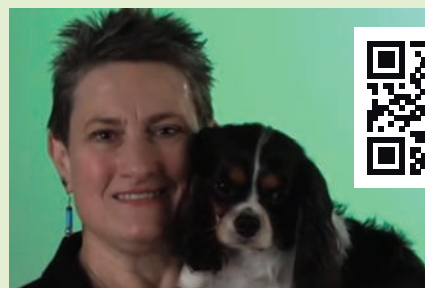
in wasting your breath at one more wellness exam. Chin up.

"This is when you have to go back to your mission as a veterinary healthcare provider," Dr. Ward says. "Your goal is to help pets live longer, healthier, fuller lives. You want to prevent disease, not just treat it."

It takes a strong person to strike out time after time and still get up to the batter's box, Dr. Ward says. "But when it comes to preventive care, that's really what we're talking about," he says. "People who hear the message repeatedly will often, over time, respond to it. You have to be patient even though you've had this conversation six years running. This time may be the time they actually act on your recommendation."

## 10 ways to blow a recommendation

This toolkit is all about a better recommendations—but what about things you're NOT supposed to do? Dr. Robin Downing delivers ten ways to blow a recommendation. Watch now at [dvm360.com/betterrecs](http://dvm360.com/betterrecs) or scan the QR code, inset.





## Sample script: Follow up on your recs

It should come as no surprise—the way in which you follow up is the key to effective recommendations and clients' compliance.

**T**he way you handle scheduling and follow ups plays a large part in client compliance. Nancy Potter, a *Firstline* Editorial Advisory Board member and the practice manager at Olathe Animal Hospital in Olathe, Kan., offers this example of how to improve compliance by encouraging a client to schedule an appointment after the doctor offers a treatment plan.

### You:

Dr. Smith would like to schedule a dental cleaning for Fluffy. Since the tartar and gingivitis in her mouth is significant, we'd like to schedule her as soon as possible. We have appointments available on Tuesday or Thursday next week. Which day would work best for you?

### Client:

I'll check my schedule and talk to my husband then let you know.

### You:

Sounds good. We know how busy people can get. Remember, we want Fluffy to stay healthy. Gum disease can cause some pretty major health problems, like heart disease and diabetes, so it's important for Fluffy to get her teeth cleaned as soon as possible.

### Client:

Thanks, I know you're looking out for Fluffy's health. I'll take a look at my calendar and call you right away.

### You:

That's great. If we don't hear back from you within the next few days, we'll call to see how your schedule looks. (Make a note to follow up in seven to 10 days. Then call the client.)

### On the phone:

Hi, Mrs. Jones. Dr. Smith asked me to call to be sure we schedule an appointment for Fluffy to have her teeth cleaned. Did you have any more questions about the procedure? Will next Thursday work for you?





# Say this, not that!

## *What to say to make your recommendations stick*



It's painfully clear that good communication in the exam room makes for a strong relationship with clients. Watch and learn from these dvm360 experts.

### Tooth and nail

It can be painfully clear when poorly executed communication in the exam room results in a disastrous relationship with clients. Watch how Karen Felsted, CPA, MS, DVM, CVPM, demonstrates different approaches and language during a dental exam and the ways in which you can alienate or win over clients.

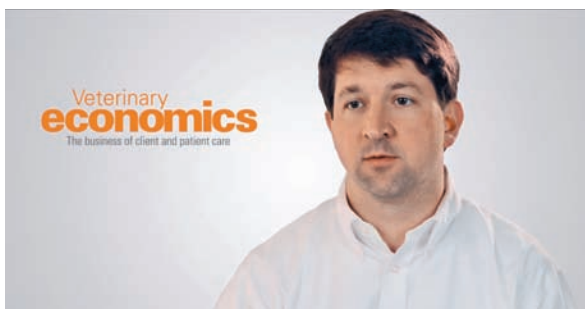


Scan the QR codes below to watch these videos on your mobile device.



### Paralyzed with options

Dr. Andy Roark says veterinarians can bolster their effectiveness in the exam room by presenting pet owners with simple, clearly distinct treatment options and strong, emphatic recommendations. Dr. Roark gives step-by-step instructions to make expert recommendations stick with pet owners long after they've left your clinic.



### Hey, big spender

It's a reality in every veterinary practice, and one that can make or break your clients' trust ...cost. Dr. Jim Kramer tackles an especially sensitive, emotionally charged issue: how to recommend a really expensive treatment or procedure. But Dr. Kramer and his team don't shy away from tough conversations—watch now to get his secrets.





## 6 steps to a good behavior recommendation

**M**aking a recommendation for behavior training is a critical step to help put pets on the right path for a successful relationship with their owners. Dr. Ellen Lindell, DACVB, dispels behavior myths and offers this advice to help team members make good recommendations for trainers:

**Step 1** Beware of a trainer who makes references to dominance or alpha behavior.

**Step 2** Avoid a behavior trainer who relies on punishment.

**Step 3** Avoid trainers who use prong collars and/or electronic collars.

**Step 4** Observe a class before you make recommendations.

**Step 5** Look for a trainer who uses reward-based methods.

**Step 6** Choose trainers who promote a calm environment.

### One more tip

## 3 ways to make your recommendations hold water

### 1. Clarify your recommendation.

What is your recommendation? If you aren't sure, don't make the client decide! Hold doctor and team meetings to discuss your standard of care.

### 2. Be aware of conflicts of interest.

Every veterinarian and team faces three conflicts of interest. One is the desire to hold down costs versus the duty to act as strong healthcare advocates using medical evidence for decisions. Another is the need to earn money for the business to survive versus the health-advocate role based on medical evidence. And finally, there is the divided loyalty between the interests of the pet and the interests of the client.



To reduce conflicts of interest, focus on your role. You have medical expertise to give a good recommendation.

### 3. Focus on value to the pet.

Clients all want to know they are receiving value. Value to the pet can be summarized this way: "Here's how much time and technology we are using for you." Value to the client can be summarized this way: "What is good for my pet? What is the reason for using that time and technology?" When communicating with clients, describe value to the pet. "What will be prevented?" (Away from negative.) "What will be better?" (Toward positive.)





# NEVER \$ell AGAIN

Explain—don't complain—to convince clients into better compliance for their pets' health. *By Brent Dickinson*

One great opportunity for a slow day at your hospital is to practice phone language and what I call the Explain-and-Convince Method, or E-C, like easy—get it? You might have been referring to this as selling.

Boo! Hiss! What a negative word. No one on your team should ever be selling, ever. It's just wrong. When we use the E-C Method to explain the goods and services we offer to our customers, and we do it in a highly educated way,

we gain their trust. When we gain their trust, it's easy to convince them to purchase products and to request services for their pet's health and well-being. We've done our job, and we never had to sell. Not once.



### STEP 1:

## Build trust by speaking the same language

Trust is the most important value in business. It's the reason we review superb businesses with 5 stars and avoid those who receive less. It's the reason we seek second opinions at the doctor's office before undergoing major surgery. It's also the best way to "sell" a good or service to your customers.

One common question you hear in practice: "What would you do if it were your pet?" Well that's easy to answer, because the answer should be what you would recommend to the pet owner in the first place. It's how you answer that makes the difference. It's all about the language.

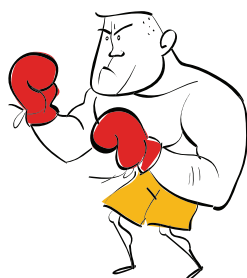
### STEP 2:

## Practice your approach

On a slow day, ask your team members to hang by the phone, and make a call from a different line or a cell phone in another room. Start by announcing yourself as a client. It makes sense to establish fake clients in your system, complete with names, fake pets and so on. Create a bit of history, too, and assign names that make it easy to remember the characters.

For example, "Paul Burden" could be a difficult person with a difficult cat. "Jane

Symple" could be a bit hard to explain things to. "Brian Cheapson" might be a penny-pincher who never wants to buy anything. Have fun with it, but try to create characters that resemble the truth in real clients. Just be very careful about how you discuss these pet owners amongst your team members. When you call, and your team members answer, use a scenario they would experience any day of the week.



### CASE 1:

## Brian Cheapson

**Mr. Cheapson:** "I was just at the dollar store, which is so overpriced, and I bought some General Junk's flea and tick treatment. Why isn't it working?"

*Explain that effective products that will provide the customer with a good outcome cost a bit more, but that Mr. Cheapson will be happier with the results.*

**Mr. Cheapson:** "But \$14 a dose? That's absurd!"

*Perhaps if one is available you can offer a manufacturer rebate. And don't forget to mention that a purchase from your practice comes with a guarantee from the manufacturer. You also may decide to offer single doses so the client doesn't need to pay for it all today.*

**Team member:** "Don't forget, Mr. Cheapson, calling an exterminator when your problem gets bigger will be much more expensive."





TEAM TRAINING TOOL

# 4 E-C practice cases

Use the E-C—explain-and-convince—method with each of these challenging cases to lock in client compliance.

## Case 1: Paul Burden

**Team member:** "Mr. Burden, our experience with your precious pooch Professor Bitesalot leads us to believe some sedation might allow us to perform an exam on his tongue lesion a little more efficiently."

**Mr. Burden:** "Absolutely not! Sedation is dangerous. I won't allow it!"

We all know that Professor Bitesalot's tongue issue could be the start of a serious problem, but he rarely lets you look in his mouth. Explain while there's always a risk, your highly trained team has performed thousands of successful procedures under anesthesia. Discuss how you want what's best for Professor Bitesalot too—that's why you spend so much time training your veterinary team. Enhancing Mr. Burden's understanding of his fear—or the procedure he resists—can help him be more comfortable and willing. You could even offer Mr. Burden a place to wait in a quiet room during the procedure and introduce him to the anesthesiologist who will handle his pet.



## Case 2: Jane Symple

**Team Member:** "Ms. Symple, your dog may have ingested a foreign object. Any idea what it could be?"

**Ms. Symple:** "I haven't travelled outside of the United States recently ..."

With easily confused clients, it's best to use easy-to-understand words—think elementary school tour. It's not rude to use straight, simple language. Remember, you want your clients to understand everything when they leave. You might feel like you sound silly explaining to Ms. Symple that her dog needs to be "knocked out" to "take a picture of his insides," but it also might help her understand and say yes to your treatment plan.



## Case 3: Brian Cheapson

**Mr. Cheapson:** "I was just at the dollar store, which is so overpriced, and I bought some General Junk's flea and tick treatment. Why isn't it working?"

Explain that effective products that will provide the customer with a good outcome cost a bit more, but that Mr. Cheapson will be happier with the results.



**Mr. Cheapson:** "But \$14 a dose? That's absurd!"

Perhaps you can offer a manufacturer rebate. And don't forget to mention the guarantee from the manufacturer. You also may decide to offer single doses so the client doesn't need to pay for it all today.

**Team member:** "Don't forget, Mr. Cheapson, calling an exterminator when your problem gets bigger will be much more expensive."

## Case 4: Bill Badger

**Mr. Badger:** "I can't believe I have to give my cat another deworming pill. Your idiot veterinarian needs to go back to school if she thinks this is what Mr. Frisky needs!"

When dealing with tough clients who don't mind putting your fellow team members down, you need to take your coworker's side, back them up for their efforts and explain the situation. Let's face it: when you're right, you're right. Don't let bullies push you into a corner, but be careful not to add fuel to their fire by speaking defensively or throwing nasty comments back. Explain how medications aren't always effective, especially if the cat is outdoors and continues to come in contact with the cause of his worm issue. It doesn't hurt to add how your smart and experienced veterinarian used the recommended drug for her own pet's problem.



GETTYIMAGES

At some point while playing the role of Mr. Cheapson, you should fold and agree to purchase a single dose. But don't do it too early. Ask questions about the products. Make a stink about the price again and again. In sports they always say, train hard, fight easy. If you

build up your team to face any challenge, work will become second nature. "Selling" will become—wait for it—a breeze. You just might find yourself ordering more stock. Sounds terrible, doesn't it? (Download four practice cases at [dvm360.com/ECmethod](http://dvm360.com/ECmethod).)

Of course, you could just let your team members tell Mr. Cheapson, "Well, I dunno, I guess you could call the dollar store?" **FL**



Brent Dickinson is the practice manager at Dickinson-McNeill Veterinary Clinic in Chesterfield, New Jersey.



# Put out an APB: ALL POO BULLETIN

It's a crime to let parasite education be boring or ineffective. Use these tips to spotlight arresting information to help pet owners offer their pets the best care.

*By Jennifer Graham*

**P**ick a topic. What do you want to make clients aware of? Heartworm, Lyme disease, arthritis, preventive care? Because our wellness fecal compliance numbers were lacking, I decided to highlight intestinal parasites. Many

pet owners don't want to acknowledge that their pet may be susceptible to or (God forbid) positive for such horrible creatures. If you can't see them, they're not there, right? Wrong. Here's a step-by-step guide of how we boosted client compliance.

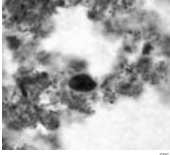
## 1. Make a plan

**How are you going to track your results?** You can go old school and use a dry erase board or bulletin board in your treatment/lab area where technicians and doctors make note of each test run and positive diagnosis. Because we are a paperless practice, I'm able to use our practice software to run reports of how many tests were run and how many positive diagnoses charted within a given date range.

# WANTED

BY YOUR  
VETERINARIAN

Intent to Make Your Pet Sick



**GIARDIA**  
(Microscopic surveillance photo)

GIARDIA is further described as follows:

NAME: GIARDIA INTESTINALIS	KNOWN ASSOCIATES:
ORGANISM: MICROORGANISM	PERSISTENT DIARRHEA
PLACE OF ORIGIN: CONTAMINATED	BLOOD-TINGED STOOL
STOOL, FOOD, WATER	WEIGHT LOSS
PREVALENCE: COMMON	DEHYDRATION
ZOO NOTIC: YES	

**CAUTION:**  
Giardiasis is an intestinal disease of people, dogs, cats, and other animals. It is caused by a microorganism called Giardia, which is swallowed when the animal eats contaminated stool, food, or water. Giardia principally infects the upper small intestine. Infected individuals pass the infective cysts in their stool, and the cycle begins again. Diagnosis may be difficult, so repeated microscopic examinations of multiple stool samples are often needed to find the cysts.

If you have any information concerning this parasite OR have not had your pet's stool tested within the last six months, please contact your veterinarian at \_\_\_\_\_

SUBJECT IS TO BE CONSIDERED ARMED AND CONTAGIOUS

## 2. Make it personal (but fun)

**Because clients often ignore reminder postcards** and half-hearted verbal recommendations from team members, you've got to step out of your fecal comfort zone and shake things up a little. We know regular fecal testing is important to a pet's overall health. To help get that point across to our clients, I used a Most Wanted theme, pointing out that intestinal parasites are real criminals and are showing up in their neighborhoods. Each of our top most wanted parasites has its own poster that includes photos and symptoms. (Get your own free copies at [dvm360.com/Wanted](http://dvm360.com/Wanted).) While it takes some extra time to track results to a zip code, clients have responded to the maps and lists of positive sightings. Many have asked which particular parasites we've found in their specific area.

# WANTED

BY YOUR  
VETERINARIAN

Intent to Make Your Dog Sick



**HOOKWORM**  
(Microscopic surveillance photo)

HOOKWORM is further described as follows:

NAME: ANCYLOSTOMA	KNOWN ASSOCIATES:
ORGANISM: PARASITE	DIARRHEA
PLACE OF ORIGIN: CONTAMINATED	TARRY STOOLS
SOIL, SKIN PENETRATION	WEIGHT LOSS
PREVALENCE: COMMON	SEVERE ANEMIA
ZOO NOTIC: YES	

**CAUTION:**  
Animals become infected with hookworms by eating infective eggs or larvae, penetration of the skin or footpads by larvae, or transmission of larvae from the mother while the fetus is still in the uterus. Hookworms are one of the most serious intestinal parasites, as they feed on the blood of their host animal and can cause severe anemia. In young, weak, or malnourished animals, hookworms can cause sudden collapse and death. Older, more resistant dogs may suffer a slow, progressive wasting disease.

If you have any information concerning this parasite OR have not had your pet's stool tested within the last six months, please contact your veterinarian at \_\_\_\_\_

SUBJECT IS TO BE CONSIDERED ARMED AND CONTAGIOUS



### 3. Make it consistent

**To make your campaign a successful one**, all team members must provide a consistent message. Our reception team has been more proactive by reminding clients to bring stool samples to appointments, particularly those pets who have never been tested or whose reminders are years overdue. We also tell clients who board or are considering boarding their pet at our facility that we require a negative fecal test before boarding. Technicians are entering the proper test codes into the practice software. Doctors are entering positive diagnoses into patient records and following up with clients about deworming and the need for regular testing. The whole poo campaign is tied together with the maps and posters and caution tape on the bulletin boards in the waiting room.

### 4. A win for everyone

**In January 2015, our practice performed 202 fecal tests.** That's compared to just 140 in 2014. Was it the consistent message from the veterinary team, the boarding requirement or the caution tape in the waiting room that increased client compliance? We may never know. But the best medicine covers all the basics, including those unglamorous, unsightly, smelly things like stool samples. **FL**

*Jennifer Graham is a Firstline Editorial Advisory Board member and the client services team leader at Bradford Hills Veterinary Hospital in Wexford, Pennsylvania.*



## WANTED by your VETERINARIAN

Intent to Make Your Dog Sick



**WHIPWORM**  
(Microscopic surveillance photo)

WHIPWORM is further described as follows:

<b>NAME:</b> TRICHRIS VULPIS	<b>KNOWN ASSOCIATES:</b>
<b>ORGANISM:</b> PARASITE	DIARRHEA
<b>PLACE OF ORIGIN:</b> ENVIRONMENT	BLOODY OR MUCOUSY STOOL
<b>PREVALENCE:</b> COMMON	RECTAL BLEEDING
<b>ZOO NOTIC:</b> NO	ANEMIA

#### CAUTION:

The whipworm is a small, thin worm that lives in the large intestine and cecum. The cecum is a blind pouch located between the small and large intestine; it resembles the human appendix. Diagnosis is by microscopic examination of the feces. Sometimes several samples must be examined before the worm eggs are found. It takes about three to four months after infection until eggs are passed in an infected pet's stool.

If you have any information concerning this parasite OR have not had your pet's stool tested within the last six months, please contact your veterinarian at \_\_\_\_\_

**SUBJECT IS TO BE CONSIDERED ARMED AND CONTAGIOUS**



## Education is good for your practice, too!

Sure, you know pets and their owners benefit when you educate about parasites. And sharing the right information may boost the number of times pet owners visit your practice. See the data at [dvm360.com/parasites101](http://dvm360.com/parasites101).



# From Eureka to Action

## Why and How to Create a Fear-Free Practice

Dr. Marty Becker is on a mission to make Fear-Free veterinary visits a reality for pets. He's outspoken about the need, and his message is eye-opening. In this symposium, you'll learn how to use Fear-Free concepts to:

- put animals and owners at ease
- deliver a higher level of compassionate care
- earn repeat visits.

You will also receive a copy of the new brochure *"Top 10 Tools for Creating a Fear-Free Practice."*

### Marty Becker, DVM

*Fear-Free tools to transform patient interactions, boost visits, and enhance your practice.*

### Richard LeCouteur, BVSC, PhD, DACVIM (Neurology), DECVN

*The science of fear in animals: It's real. It's damaging. It's our responsibility.*

### Lisa Radosta, DVM, DACVB

*Fear-Free techniques: Clinical behavioral evidence that they work.*



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# EMPLOYEE

the rain  
on your  
sunny day





# THEFT:

Don't let theft steal the sunshine from your practice. Find out how to address it when it happens—and steps you can take to deter theft before it occurs. *By Julie Mullins*

It's a sunny day. The team in your clinic is energized by the light shining through your front windows. Your clients and their pets seem happier too, as if the sunlight has somehow infused them with a dose of pleasantness. Phones are ringing and you can hear the front desk team members cheerfully interacting with clients.

**A team member leans into your office and says:**

"We need you to order more therapeutic food. We're almost out."

**And then she's back to work.**

"Wait!" you think. "I just got that in two days ago. How can we be out already?"

## Cue thunderclouds

You're ordering several items more often than you used to, without an increase in revenue. The realization grows like a thunderstorm brewing on the horizon; somebody is stealing from the clinic. It's as if the sunshine has turned to grey and the smiles are mocking grimaces. You look around at the team.

- > Who's responsible?
- > Why would they do it?

## Hail on the horizon

Each time we hear about theft, we ask why.

### *Why would someone steal?*

Sometimes people steal when they think they need something and can't get it any other way—there's a financial burden contributing to the behavior. People may steal when they're upset or dissatisfied and feel they "deserve" the items they're taking as payment for their work.

People also steal when they suffer from an underlying psychological issue that causes them to steal. Whatever the reason, you've discovered someone on your team is responsible.

### *What do you do now?*

Each employer can determine how far they will proceed with prosecution of their employee, based on state laws and employment requirements.

Once you resolve the situation with the employee, debrief the remaining team members. They don't need to know all the details, but it helps for them to know that a coworker was caught stealing from the workplace, and this person is no longer employed at your clinic. It serves as a cautionary tale to other employees who may consider pilfering.

## What is theft?

Dictionary.com defines theft as "the act of stealing; the wrongful taking and carrying away of the personal goods or property of another; larceny." We hear about theft in the workplace, but we never think it will happen at our practice.

## Theft happens

We seem to hire a type of person in our profession who isn't prone to taking. They are more prone to giving," says Sabrina Hoadley, practice manager at VCA Seaside Animal Hospital in Calabash, North Carolina.

But she admits that doesn't mean it doesn't happen. "In a previous practice, I once discovered entire cases of toilet paper were going missing. I discovered who was taking it, and she felt horrible about the situation. It was really very sad.

"Unfortunately, when a staff member steals, we must let them go," Hoadley says. "Whether they are remorseful in the end is what determines whether we prosecute them further or accept their apology. They lose their job despite the apology. The difference: We will involve the law if they don't appear sorry for what they have done."



# 5 prevention steps

**1** Review your clinic's written theft protocol regularly. This keeps your expectations front of mind with your team. When your team members know your protocols or expectations, they're better able to measure up.

A written protocol also gives you legal grounds to move swiftly once you have proof that theft has occurred. If your employee handbook doesn't contain a section directed on employee theft, write one.

**2** Review job requirements regularly. This may reduce feelings of entitlement. Remind team members they've agreed to perform their jobs for a specified amount of money. They have entered into an agreement with their employer, and their contractual obligation is to complete these tasks.

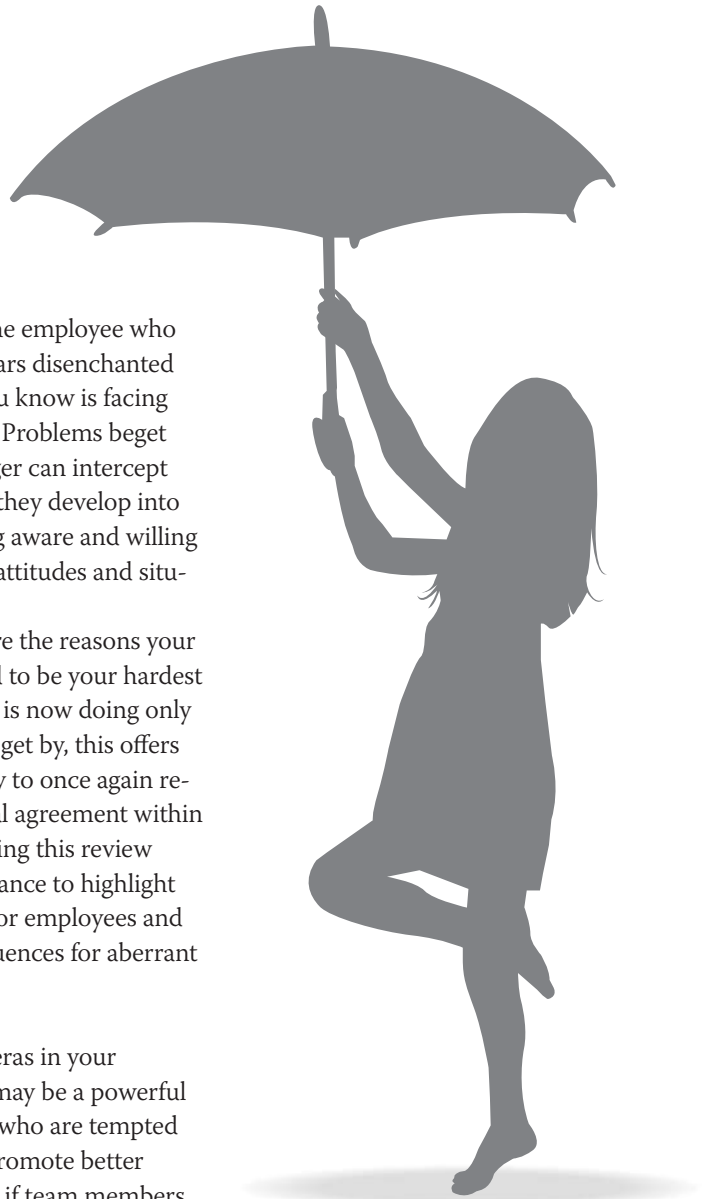
When team members understand the requirements of the job they've agreed to do—with excellence—for a specific hourly rate, this lessens the "I deserve more" feeling.

**3** Take time to reward exemplary work over and above routine job requirements. Team members who feel valued at work will work harder. Who doesn't want to feel valued?

**4** Don't ignore the employee who suddenly appears disenchanted or the employee you know is facing financial problems. Problems beget problems. A manager can intercept these issues before they develop into larger ones by being aware and willing to address difficult attitudes and situations.

When you explore the reasons your employee who used to be your hardest working technician is now doing only what's necessary to get by, this offers you the opportunity to once again review the contractual agreement within the workplace. During this review you can take the chance to highlight your expectations for employees and outline any consequences for aberrant behavior.

**5** Consider cameras in your practice. This may be a powerful deterrent for those who are tempted to steal—and can promote better behavior all around if team members know you review the footage regularly and can dial in remotely to check in when you're not at the practice. Check with state and local laws to make sure you're following the rules about how and when you film.



Find it all here  
**dvm360**

**Can you spot theft?**

Take the BizQuiz at [dvm360.com/theftquiz](http://dvm360.com/theftquiz).



# Heartgard® (ivermectin/pyrantel) Plus

## CHEWABLES

**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 larvae (*Dirofilaria immitis*) for a month (30 days) after infection and for the treatment and control of ascarids (*Toxocara canis*, *Toxascaris leonina*) and hookworms (*Ancylostoma caninum*, *Uncinaria stenocephala*, *Ancylostoma braziliense*).

**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 salt) 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 hookworms is as follows:

Dog Weight	Cheewables Per Month	Ivermectin 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°F - 77°F (20°C - 25°C). Excursions between 59°F - 86°F (15°C - 30°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 regard to ivermectin (6 mcg/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 mydriasis, 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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## PROFESSIONAL growth

### Other types of theft

Here are a few types of theft you might forget about. But they're still just as damaging to your practice and your integrity.

- > Time clock stealing: clocking in before you are ready to start work, or calling in to have someone clock in for you. This is stealing time from work
- > Office supplies theft. An envelope here, a stamp there—it all adds up. If you take work supplies for personal use, it's theft.
- > Online surfing or working another job from work. Kind of speaks for itself. Who's paying you?



### "Employee theft happened to me"

Watch true stories of bosses who discovered theft at [dvm360.com/practicetheft](http://dvm360.com/practicetheft).



A proactive leader is able to thwart many instances of thievery and deception. Remember even after an unfortunate event, the clouds will eventually dissolve, once again revealing the sunshine in your clinic. **FL**

Julie Mullins is a Firstline Editorial Advisory Board member and lead trainer at Doggone Healthy in Calabash, N.C.

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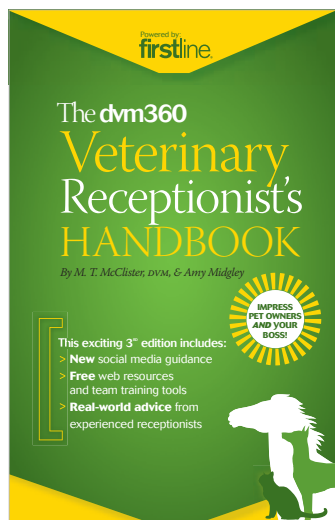
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# Who are you?



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of *Firstline* readers work exclusively with small animals



42%

work in general practices with 2 to 3 doctors



Almost half live in cities with fewer than **60,000** people.

61%  
married



53%  
have kids



**Hey, what about pay?**

Check out the complete picture on team pay at [dvm360.com/teampay](http://dvm360.com/teampay).

75%

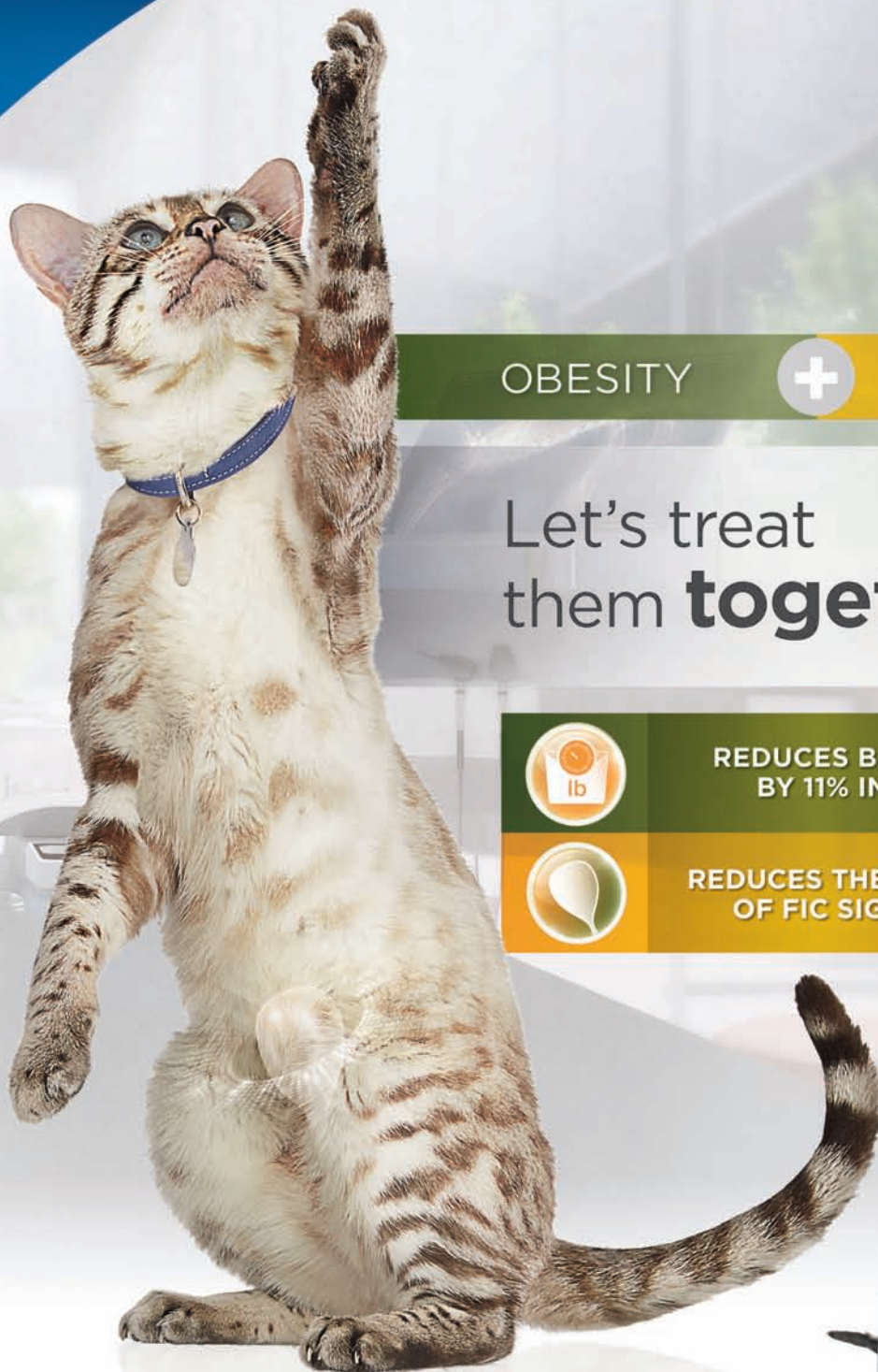
have pursued education beyond high school



66%

have been in practice for 11 years or more

Source: 2015 *Firstline* Career Path Survey



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<sup>2</sup>Kruger JM, Lulich JP, Merrills J, et al. *Proceedings American College of Veterinary Internal Medicine Forum* 2013.  
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# SAY NO TO HEARTWORMS.

# NO TO HOOKWORMS.

# NO TO ROUNDWORMS.

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**SAY YES to**



HEARTWORMS



HOOKWORMS/  
ROUNDWORMS



PUPPIES  
@ 6 WEEKS



PREFERRED<sup>1-6</sup>



SATISFACTION  
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**IMPORTANT RISK 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](http://www.HEARTGARD.com).



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<sup>1</sup> 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.

<sup>2</sup> Of dogs showing a preference in two studies conducted, all dogs preferred HEARTGARD Plus Chewables to SENTINEL® (milbemycin oxime-lufenuron) chewable tablets; Executive Summary VS-USA-37809 and VS-USA-37810.

<sup>3</sup> Of dogs showing a preference in two studies conducted, all dogs preferred HEARTGARD Plus Chewables to IVERHART PLUS® (ivermectin/pyrantel) beef-flavored tablets; Executive Summary VS-USA-37811 and VS-USA-37812.

<sup>4</sup> Of dogs showing a preference in two studies conducted, all dogs preferred HEARTGARD Plus Chewables to IVERHART MAX® (ivermectin/pyrantel/praziquantel) beef-flavored tablets; Executive Summary VS-USA-37813 and VS-USA-37814.

<sup>5</sup> Of dogs showing a preference in one study conducted, all dogs preferred HEARTGARD Plus Chewables to SENTINEL® SPECTRUM (milbemycin oxime/praziquantel/lufenuron) beef-flavored tablet; Executive Summary VS-USA-37801.

<sup>6</sup> Opinion Research Corporation, Heartworm Prevention Medication Study, 2012. Data on file at Merial.

<sup>7</sup> Data on file at Merial.