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Strong veterinary teams, compassionate client and patient care

INCLUDES THE
dvm360[™]
toolkit

Fleas



p2

Help! High volume is hurting our practice
and pets are suffering

Does your doctor resist change?

Get buy-in from your boss in 3 simple steps 5

Flea and tick conversations:

Coach clients past application errors 10

Get the muzzle!

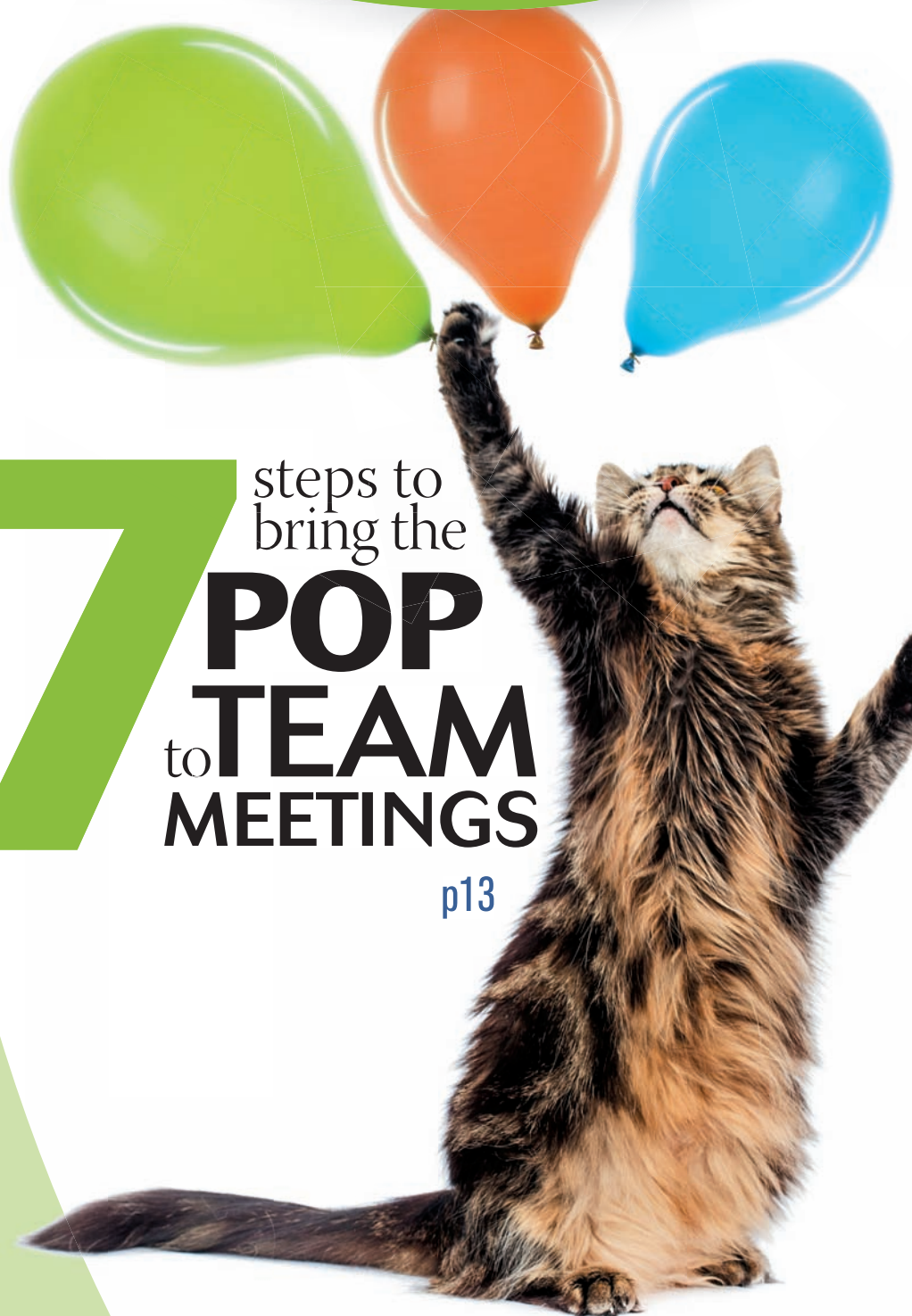
Stop barking these bad phrases at coworkers 18

6 easy tips

to reduce pets' stress 24

7 steps to bring the **POP** to **TEAM** **MEETINGS**

p13



UBM

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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.



Dentistry is a team sport. And Bash Halow, CVPM, LVT, joins a team of experts to explain how and why at the dvm360 Full Circle sessions at CVC in Kansas City, Aug. 28-31, 2015. Visit dvm360.com/HalowCVCCK to learn more about these innovative sessions or scan the QR code.



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ASK SHAWN:

High volume is hurting our practice

I'm in an impossible situation. During a routine appointment our schedule doesn't allow time to explain why compliance with our recommendations is important to pets' overall wellbeing. We work under pressure to get clients in and out as quickly as possible. How do I convince the practice owner that our system is broken and we're hurting pets and losing money?

How astute of you to make the equation that volume of people does not equate to high-quality medicine, typically speaking. So I would say to your owner that while you applaud his or her efforts to be all things to all people and creatures, it may be time to look for a newer model of practice that focuses on defining your market and setting up your services to target those clients. So if you're going to be a high-end, high-touch facility that sees fewer clients and offers longer appointments, then obviously you have to charge accordingly. Or you can be a low-cost, high-volume practice that charges a little less but you see more people. So go with one or the other of these systems. You also might be able to choose a hybrid model of practice where one doctor sees the patients who want more time and another doctor sees the 15-minute appointments with the goal of keeping up the volume. —Shawn

To see more of Shawn's advice about this approach and how to talk with your doctor about practice models, visit dvm360.com/highvolume.



**Got a question?
Ask Shawn in person
at CVC Kansas City
on August 28.**

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. He'll be on the spot to answer your pressing questions and cover these hot topics:

- > The case for emotional intelligence
- > Commando conversations: Becoming conflict competent
- > How to build a conflict competent team
- > Leaders or managers: What's the difference?
- > How to rally your associates to be practice leaders

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COFFEE ON THE COUCH:

The path from introvert to speaker



Scan the QR code to watch.

While he identifies himself as an introvert, Kenichiro Yagi, BS, RVT, VTS (ECC, SAIM), admits he loses some of his shyness when he gets to talk about his passion for veterinary technology. Yagi sits down with Coffee on the Couch host Tasha McNerney, BS, CVT, to also talk about finding the right practice where you can be utilized fully as a technician, the mentoring he received and how technicians are taking a leading role at his practice in transfusion medicine, respiratory therapy and more. Watch the episode now at dvm360.com/kenonthecouch.



PAIN MANAGEMENT 101

Pets need your help to get the care they need to live happy, healthy and comfortable lives. And an important step to meet that goal is to manage their pain. The International Veterinary Academy of Pain Management (IVAPM) will celebrate Animal Pain Awareness Month in September 2015 with veterinary professionals around the world. The campaign is intended to raise pet owners' awareness and recognition of both acute and chronic pain in animals. Use the form at dvm360.com/awarepain to educate pet owners about their pets' pain.



Team meeting
in a
Virtual
BOX

Find more free team training on pet insurance, ear infections, Cushing's disease and more at dvm360.com/teammeeting.

FROM YOUR VETERINARIAN

Will my pet BE IN PAIN?

Anything that is painful for you will likely also be painful for your pet.

While we are different species, we all process and feel pain similarly. As advances in modern medicine have increased our lifespan, our animal family members are also reaping the benefits of advances in modern veterinary medicine. More of our beloved pets are undergoing elective surgical procedures to treat a variety of disease processes, from a torn cruciate ligament to extractions of infected teeth.

Pain management has become an important specialty area in veterinary medicine just as it has in human medicine. You want the best for your family members and that includes top-of-the-line treatments for pain management.

Because their pain is our pain

It was once thought that animals did not experience pain in the same way people do. But research supports that

if a procedure is thought to be painful to us, it will also be painful to our fuzzy friends as well, even though they may go to great lengths to hide it from us. So proper pain management must be offered to all patients. In addition to pain medications (analgesics), many clinics are now offering complementary treatments like physical rehabilitation, acupuncture and laser therapy to treat pet pain.

What you can do

1. Ask the veterinary team about the customized steps they will take to manage your pet's pain.
2. Talk to your veterinary team about common signs of osteoarthritis pain in senior pets, such as reluctance to go up or down stairs, being slow to rise after sleeping and loss of interest in playing, running or jumping.
3. Request a pain consultation for your pet. Our practice offers tailored pain management protocols for patients at risk for chronic pain such as osteoarthritis.
4. Ask about rehabilitation options and other steps to manage any chronic pain your pet experiences. Pain management is an important aspect of any surgical or medical procedure. Together with your veterinary team, you can make your pet as comfortable as possible in the postoperative period or into their senior years.



SOURCE: TASHA MCNERNEY, BS, CVT

Are your doctors resisting change? **HERE'S HELP**

Choose the path that leads to “yes” when you propose a protocol change at your veterinary practice.

Ring! Client on line 1. She has a question about her pet’s vaccinations. Easy question to answer, right? Only if your doctors follow consistent protocols. To unify her three doctors for a consistent three-year vaccine protocol, Veronica Hanley, the hospital administrator at Ventana Animal Hospital in Tucson, Ariz., used these steps:

1 Gather data about the change you want to make.



As the manager, Hanley received feedback from pet owners and some of the practice’s technicians asking for more consistency in the protocols. Pet owners were also noticing other area veterinarians had switched to three-year protocols.



2 Anticipate the hurdles.

Hanley knew her practice owners would be concerned about a potential loss in revenue with the change from annual to three-year vaccines, so she created a report that showed the revenue they would lose by switching to a practicewide three-year vaccine protocol—and how they could address the revenue shortfall by adding a protocol of annual heartworm and *Ehrlichia* testing recommended by the AVMA and their state VMA and by slightly increasing their specialized surgery fees.

3 Get team buy-in.



To open her team to change, she tries to offer tools and resources that are interesting to them. For example, for the vaccination protocol Hanley encouraged team members to read the AVMA standards and speak to team members at other local veterinary practices. Then she offers opportunities to be a part of the change, and she stays open to everyone’s opinion about what’s best for the practice, their clients and the team.

Since implementing the protocol, Hanley says the heartworm and *Ehrlichia* testing protocol has been a success, and it’s been well-received by clients. Their surgeries have increased by 7.2 percent, and her team is much happier performing and assisting with more complicated but interesting surgeries in the practice.

Veronica Hanley, the hospital administrator at Ventana Animal Hospital in Tucson, Ariz., is one of 10 finalists for the Veterinary Economics Practice Manager of the Year award, sponsored by VPI-Nationwide. For more on each of the finalists, visit dvm360.com/PMOY.

NexGard® (afoxolaner) Chewables

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

Description:

NexGard® (afoxolaner) is available in four sizes of beef-flavored, soft chewables for oral administration to dogs and puppies according to their weight. Each chewable is formulated to provide a minimum afoxolaner dosage of 1.14 mg/lb (2.5 mg/kg). Afoxolaner has the chemical composition 1-Naphthalenecarboxamide, 4-[5-[13-chloro-5-(trifluoromethyl)phenyl]-4,5-dihydro-5-(trifluoromethyl)-3-isoxazolo]yl-N-[2-oxo-2-[(2,2,2-trifluoroethyl)amino]ethyl].

Indications:

NexGard kills adult fleas and is indicated for the treatment and prevention of flea infestations (*Ctenocephalides felis*), and the treatment and control of Black-legged tick (*Ixodes scapularis*), American Dog tick (*Dermacentor variabilis*), Lone Star tick (*Amblyomma americanum*), and Brown dog tick (*Rhipicephalus sanguineus*) infestations in dogs and puppies 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 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 doses 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.

Flea Treatment and Prevention:

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.

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

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.

Precautions:

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**).

Adverse Reactions:

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

Over the 30-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 dogs experienced anorexia with the first dose but not subsequent doses.

Table 1: Dogs With Adverse Reactions.

	Treatment Group			
	Afoxolaner		Oral active control	
	N ¹	% (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.

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 NexGard. This dog experienced one 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 NexGard. The dog remained enrolled and completed the study. A third dog with a history of seizures received NexGard 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 www.merial.com/NexGard. For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or online at <http://www.fda.gov/AnimalVeterinary/SafetyHealth>.

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 chloride channels, in particular those gated by the neurotransmitter gamma-aminobutyric acid (GABA), thereby blocking pre- and post-synaptic transfer of chloride ions across cell membranes. Prolonged afoxolaner-induced hyperexcitation results in uncontrolled activity of the central nervous system and death of insects and acarines. The selective toxicity of afoxolaner between insects and acarines and mammals may be inferred by the differential sensitivity of the insects and acarines' 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 >99% effectiveness at eight hours. In a separate well-controlled laboratory study, NexGard demonstrated 100% effectiveness against adult fleas 24 hours post-infestation for 35 days, and was > 93% effective at 12 hours post-infestation through 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 flea eggs at 12- and 24-hours post-treatment (0-11 eggs and 1-17 eggs in the NexGard treated dogs, and 4-90 eggs and 0-118 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 field study conducted in households with existing flea infestations of varying severity, the effectiveness of NexGard against fleas on the Day 30, 60 and 90 visits compared 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 >97% effectiveness against *Dermacentor variabilis*, >94% effectiveness against *Ixodes scapularis*, and >93% effectiveness against *Rhipicephalus sanguineus*, 48 hours post-infestation for 30 days. At 72 hours post-infestation, NexGard demonstrated >97% effectiveness against *Amblyomma americanum* for 30 days.

Animal Safety:

In a margin of 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 pathology (hematology, clinical chemistries, or coagulation tests), gross pathology, histopathology or organ weights. Vomiting occurred throughout the study, with a similar incidence in the treated and control groups, including one dog in the 5x group that vomited four hours after treatment.

In a well-controlled field study, NexGard was used concomitantly with other medications, such as vaccines, antihelmintics, 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).

How 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

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FRONTLINE VET LABS

PEARLS of practice

The pet food guessing game

Once you get past the marketing and product claims, what are veterinary clients really feeding pets? By Julie Scheidegger

Do you know the intricacies between meat and meat meal? Are you familiar with the “dinner” rule when it comes to pet food labeling? It’s obvious pet owners aren’t always familiar with the marketing and labeling associated with pet foods, but they are concerned about what they’re feeding their

dogs and cats. Ernie Ward, DVM, says the nutrition conversation is often happening in the aisles of big box stores—not the exam room. Read more about how to bring the pet food conversation back to the exam room at dvm360.com/nutritiontalks. Then use this easy handout to help pet owners separate food facts from food fiction at dvm360.com/foodgame.



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See brief summary on page 06

¹Data on File at Merial.



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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.

THE VHMA FILES:



Visit dvm360.com/VHMA for a quick quiz to test your financial IQ.

Sharing: a vital life skill—really!



What team members don't know about finances can hurt your practice. *By Christine Shupe, CAE, Executive Director, VHMA*

Let's hear it for the team. And let's hear it for team leaders who understand the importance of delegating and sharing information that allows members to put their training, skills and credentials to the highest and best use. Veterinary practice managers need access to financial information so they can successfully address financial issues within the practice. The Veterinary Hospital Managers Association (VHMA) surveyed practice management professionals to determine if owners are forthcoming with fiscal information.

but are not yet comfortable making the information available, encourage them to review the recommendations of practice managers who identified the financial information that's critical to their job (see the figure below).

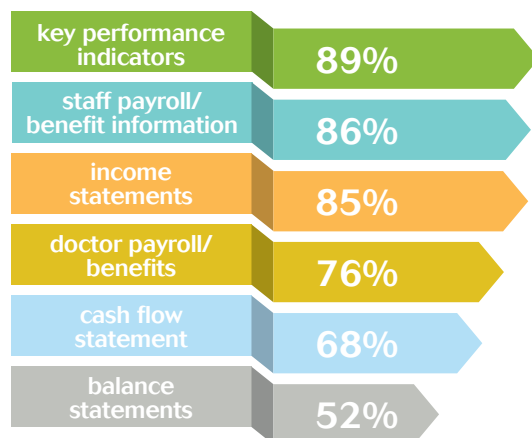
Managers can assume a number of vital roles in the practice, and financial manager falls within the practice manager's job domain. But a manager's success in this role depends on the practice owner's willingness to share essential—and sometimes sensitive—financial details.

According to **66%** of respondents, owners share income statements, balance sheets, cash flow statements, doctor payroll and benefits, staff payroll and benefits and key performance indicators. About **2%** say their owner shares no financial data.

The results reveal that owners have internalized the lessons of childhood and have learned to share very well. Respondents with limited access to financial data identified income statements and key performance indicators as the information that is most likely to land on their desk. Balance sheets and cash flow statements seem to be privileged information, which owners maintain for their eyes only.

If your practice owners are considering taking a leap and sharing financial information

Which financial details are most critical to your job?



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.



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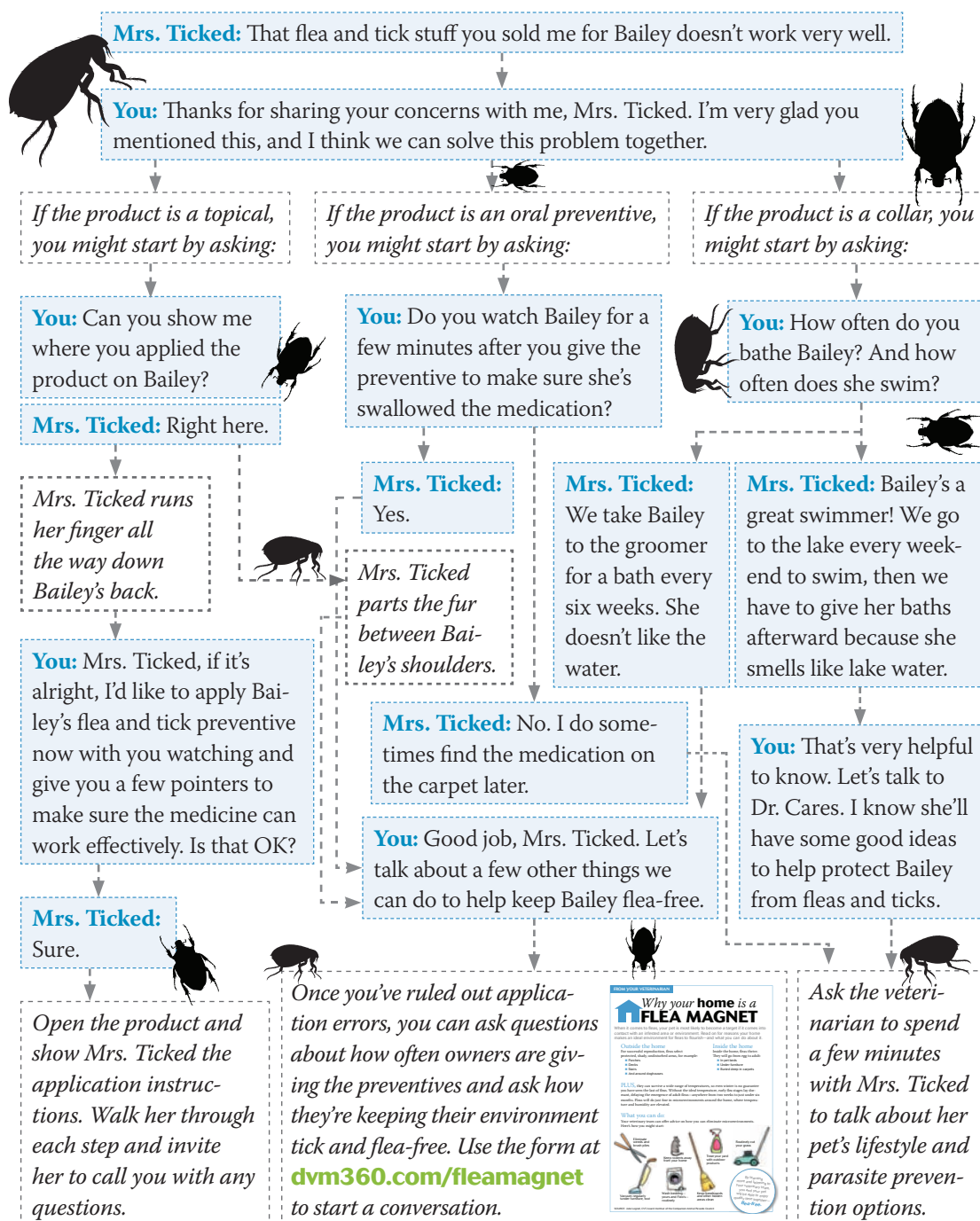
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HillsVet.com

Sample conversation tree: Flea and tick talks, deconstructed

When clients complain that their flea and tick preventives just don't work like they used to, use your investigative powers to ask the right questions to uncover any application errors and discuss next steps.



Use pleas to stop fleas

Find the free Facebook posts and tweets you need to fill clients' social media feeds at dvm360.com/fleapleas.

Awwww

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Brendan Howard,
Veterinary Economics Editor,
Business Channel Director

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In this Case: Real Discussions, Real Results two experts combine to offer solutions to your confounding clinical cases

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flea control



The *ups and downs* of controlling **flea infestations**

PLUS: Flea counts after product administration p2



I rocked my
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inventory p4



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approach** to
parasite problems
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: **Video**

- >> Flea hideouts in the house
- >> Flea and tick preventives: Clinical updates

p06

Audio

- >> The harsh reality: Where did this flea come from?
- >> Wild ones to watch for

p07

Social media

- Use these pleas to stop fleas

p08

Parasite data

- Identifying flea communication gaps: Data from CAPC

p09

Team meeting tool

- Does your team know the top 10 barriers to successfully prevent fleas?

p10

Client handouts

- >> What pet owners need to know about fleas
- >> If you've been infested

p12

Take-action tips

- >> How to defuse disgruntled pet owners
- >> Talking fleas

p14

PLUS

The *ups and downs* of controlling flea infestations

Flea infestations can be a rollercoaster of emotions for pet owners. Here's how to help manage the ups and downs.

By Michael Dryden, DVM, MS, PhD



If one of your veterinary patients has a severe flea infestation, you'll likely help the owners take control of the situation with flea-control products. Take a look at this data (see chart, next page) from a case handled by

veterinary parasitologist Dr. Michael Dryden of a dog in Tampa, Florida.¹ In this case, direct control on the dog was attempted with a fipronil-(s)-methoprene topical spot-on given on days 0, 28 and 56. To quantify flea counts in the envi-

ronment, two intermittent-light flea traps were placed in two rooms in the home for 16 to 24 hours at each counting period.

"Something isn't working here..."

Around day 21 you or your

Flea counts in a home and on a dog after flea product administration

	Days after initial treatment							
	0	7	14	21	28	42	56	90
Flea counts in traps	261	312	378	678	230	34	4	1
Reduction from day 0		-19.54%	-44.83%	-159.77%	11.88%	86.97%	98.47%	99.62%
Area flea counts on dog	125	55	65	186	130	6	4	0
Reduction from day 0		56%	48%	-48.8%	-4%	95.2%	96.8%	100%

client might think, “Something isn’t working here. Flea counts are up.” Flea resistance to the topical product may even be suspected.

But not so fast, says Dryden. “Keep in mind that the fleas collected in intermittent-light flea traps on days 7, 14, 21 and 28 were likely produced from flea eggs laid before treatment was initiated,” he says. “One of the biggest unknowns in a household is how many flea eggs were laid before treatment was initiated and what percentage of those eggs will develop into adult fleas. In such a household, it is possible that a flea problem may appear to get worse after treatment.”

Dryden says that the fleas emerging on day 42 came

from eggs that had been laid three to eight weeks previously. “The precipitous drop in emergent flea trap counts after day 28 is directly related to the reproductive suppression of the fipronil–(s)-methoprene formulation during the month immediately after the first application,” says Dryden.

Another factor is that as the month ticks by, the topical product loses some of its potency because of the active ingredients’ half-lives, resulting in slower speed of kill. When the product is reapplied 28 days later, full potency is once again achieved. “It is important to understand that this is not product failure—it is just an indication of a slowing speed of kill,” says Dryden.

So if a client trying to eliminate a flea infestation comes to you concerned that the number fleas isn’t drastically down within the first month, tell them, just wait a bit. It is working. “Switching products should be a last resort,” says Dryden. “As evidenced by the data from this case, if a product switch had occurred, the second product would have received the credit for the dramatic reduction in the flea infestation, when, in fact, the first product was responsible.” Head over to dvm360.com/residualactivity for more details on this case.

Reference

1. Dryden MW, Burkentine S, Lewis T, et al. Efficacy of selamectin in controlling natural flea infestations on pets and in private residences in comparison with imidacloprid and fipronil, in Proceedings. Am Assoc Vet Parasitol Annu Mtg, 2001; P34.

FLEA CONTROL

I **rocked** my hospital's (preventive) inventory

This practice manager found a way to handle her practice's inventory of preventives better.

By Dawn Rosch



>>> Dawn Rosch, a 2015 Veterinary Economics Practice Manager of the Year nominee.

My father always told me, "Manage the pennies and the dollars will come." When I took over as veterinary practice manager, I went line by line through the expenses and looked for areas to save money. One such area was our inventory management system.

Take a look

When you walk into a department store, you see the jewelry locked in a glass case. In my practice, I treat our flea, tick and heartworm preventives like a jewelry department.

In the past, products for dispensing were located in four areas of the hospital, unlocked on various countertops. Single doses were kept inside plastic bags alongside the dispensing stock. The bulk stock was kept in an unlocked storeroom. All employees were allowed to restock product. Inventory was counted monthly and was consistently off by 75 to 100 doses.

To tighten up security, I consolidated the dispensable product in one location at the reception counter and bought a nut-and-bolt organizer from the hardware store to manage all the single doses. Each drawer contains an index card listing the number of doses. Once dispensed, the receptionist writes the client's name next to the dose number, and when the card is completed it's returned to me. This way, we verify that every dose dispensed has been accounted for.

When we replenish general inventory, a moderate amount of surplus product is kept under lock

and key in the pharmacy. Only one employee has a key and is in charge of filling the display. She keeps a log to record the inventory coming into and out of the cabinet. Our main locked storeroom contains the bulk of our supply and is managed by a different employee. She replenishes the stock in the pharmacy cabinet, maintains her own storeroom log and double-checks the pharmacy log for accuracy.

That's not all. Flea, tick and heartworm products are counted every two weeks during peak season. If there is a discrepancy, I want to know immediately. With this new program, inventory of these common items is only off by a few doses.

Considering we sell approximately \$150,000 worth of these products annually, the savings with appropriate inventory management is significant.

57% of clients say they often ask about diseases caused by fleas. Is your practice's message on point?

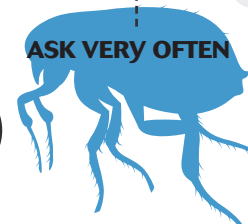
ASK OFTEN



19%

39%

ASK VERY OFTEN



Source: Companion Animal Parasite Council



Choose a team approach to parasite problems

From check-in to check-out, Dr. Karen Felsted sees opportunities for client education at every stage of veterinary appointments.

In 2013, just 34 percent of dogs and 22 percent of cats were given flea and tick preventives that were purchased from a veterinary practice, according to the Merial Pet Owner Experience Study. Products are available inexpensively from other sources, and pet owners don't un-

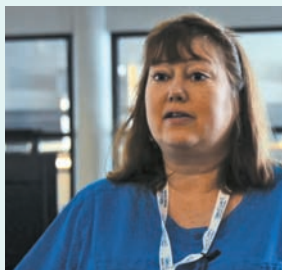
derstand the value of flea and tick control, which threatens the veterinary pharmacy business. How do practices take steps to improve compliance and keep client's purchases at your clinic? Communication is a big part of it, and the whole team needs to be involved.

What can you do right now?

>>> Talk to clients. Don't just assume that the conversations are happening. Review the number of recommendations per visit for active patients, and use exam room audits or medical record audits. Set up a system to make sure that every client gets information so your message doesn't slip through the cracks. For example, Dr. Felsted recommends the receptionist start the appointment with a flea questionnaire. Then the technician can initiate the flea and tick preventive conversation. And finally the veterinarian will review the data and make a product recommendation.

>>> Use communication effectively.

Pet owners are **seven times** more likely to accept a recommendation if it's presented clearly and they can understand it. Use words that make sense to clients and emphasize the importance of preventives. Tell a story or client anecdote. Personal experience is an effective hook. For example, Dr. Felsted found fleas on her indoor-only cat that she had tracked in



herself. And use visual aids. Make flea presence local with a map from CAPC or pull out a jar of fleas and flea dirt.

>>> Deal with skeptical clients. Fleas can jump and are everywhere outdoors. Ask about where the dog or cat goes beyond walks. Do they visit dog parks or do other animals come to visit the client's home? Fleas can be tracked in by other people or animals. Use resources available at dvm360.com/fleacontrol or dvm360.com/CAPC and what you've learned at CE sessions to reinforce your point.

Remember, unless your practice reinforces how important preventives are clients won't take the recommendation seriously. Leverage each team member and offer stellar client service, Dr. Felsted says.



Not only is a flea-infested pet a flea egg distributor, wildlife such as opossums, raccoons, foxes, coyotes, and mongooses (in tropical locations), also commonly carry cat fleas, and, of course, so do stray dogs and cats. As these animals move through the neighborhood and yards, flea eggs drop off.

— Michael Dryden, DVM, MS, PhD



Prime pets for fle

Use these videos and audio tools to help educate your clients about the dangers (and headaches) that go along with fleas—both inside the house and in their backyard.

Flea hideouts in the house

Communication about fleas can be tricky when clients aren't convinced that their homes can be hotbeds for these pesky parasites. You probably see plenty of pet owners who believe their indoor-only cat could never get fleas, or that just because they don't have carpet, their homes aren't susceptible to an infestation. Expert veterinary parasitologist Dr. Michael Dryden doesn't hold back when it comes to fleas—get his expert tips about their sneaky hideouts and make sure your clients are aware of where these pesky parasites might be lurking.



Scan the QR code above for advice from Dr. Dryden on ridding the home of pesky parasites.



Scan for this handout to help clients understand why their home is an ideal environment for fleas—and what they can do.



Get your flea updates now—just scan the code above.



Updates on preventives

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.



a protection

The harsh reality: Where did that flea come from?

It's hard for your clients to understand that the flea they just spotted on their pet stems from a problem that may have started a few months ago. Here Dr. Michael Dryden discusses the tricky conversation you have to have with pet owners to help them understand the flea life cycle—and get a handle on the situation at home.



Wild ones to watch for

In North America, we see a number of species of wildlife that carry fleas—from opossums and squirrels to raccoons and rabbits. But which ones carry the type of flea that can be problematic for dogs and cats? Here Dr. Michael Dryden shares which wild creatures are a threat to the pets in your clients' backyards.



Listen in! Scan the QR codes, above, to hear expert parasitologist Dr. Michael Dryden.



>>> Sneaky raccoons and other wildlife could be the source of your clients' flea frustrations. Make sure clients understand how to protect their pets from the great outdoors.



Use these **pleas** to **stop fleas**

Use your social media network to educate clients and raise awareness about flea facts and figures with these tweets and posts.

you know your clients are itching to learn more about fleas. Now their social media streams can be hopping with flea information they need to know to protect their pets.



When the dog has #fleas, don't forget to treat the guinea pig. It only takes one infected #pet to infest the others. #pethealth



Sure you've seen a few fleas on Fluffy, but it's not like one or two are a big deal, right? Wrong. A few fleas can turn into a massive infestation in a hurry. Quick! Come see us so we can free Fluffy from fleas ASAP.



#Flea allergy dermatitis accounts for about 50% of all canine and feline dermatological cases. Signs: Scratching neck/licking. #pethealth



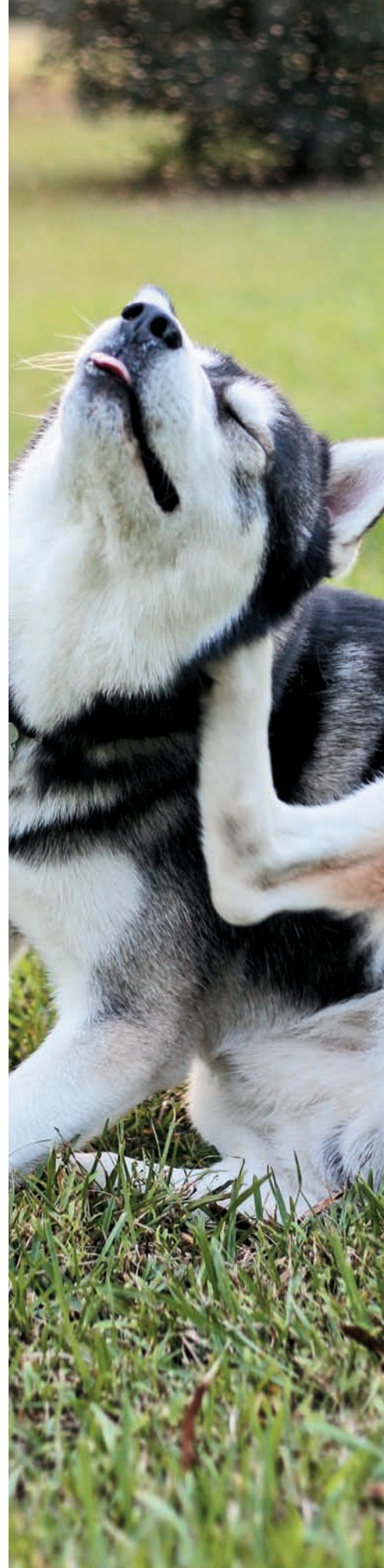
If your pretty kitty is scratching, licking constantly, or you spot crusty bumps around her neck, she could have flea allergy dermatitis. This condition accounts for about 50 percent of all canine and feline dermatological cases. Get in touch so we can keep your pet from becoming a statistic.



A few #fleas aren't a big deal, right? Wrong. They can turn into a massive infestation in a hurry. Come see us ASAP! #pethealth

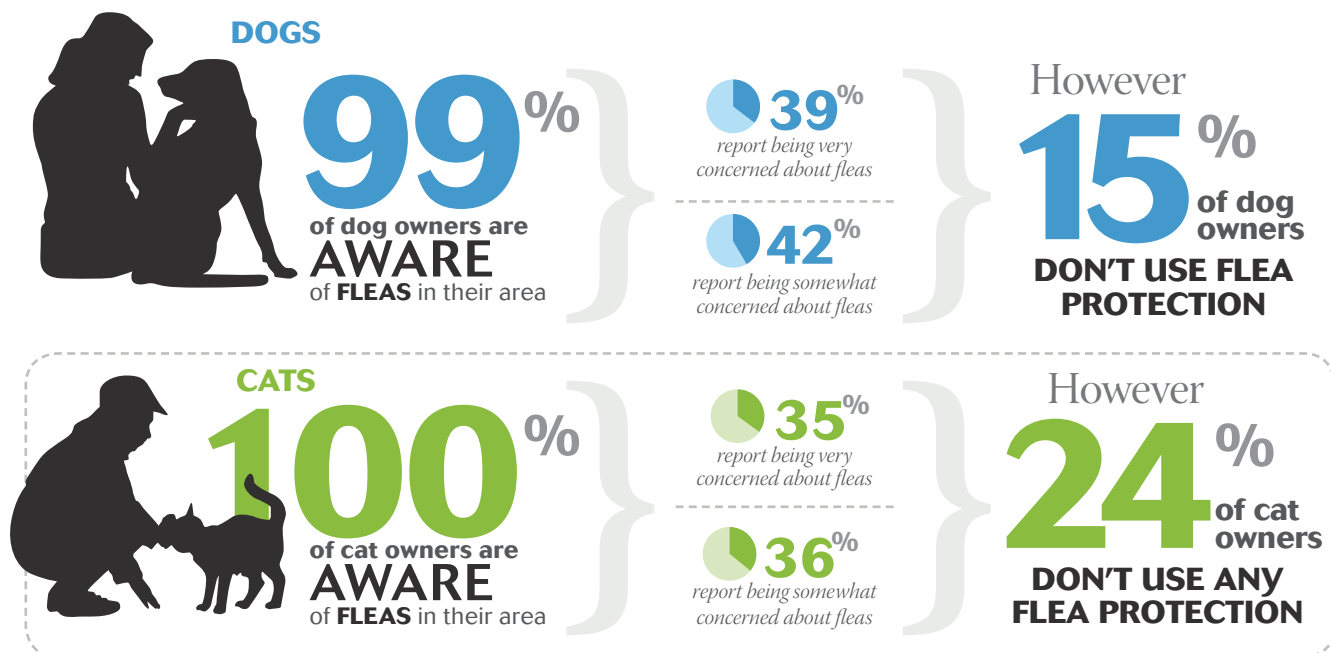


Scan this code to send your first flea plea to clients!



Fleas in 2015

Is there a communication gap between veterinary professionals and pet owners when it comes to fleas? We have the data.



Are technicians the key?

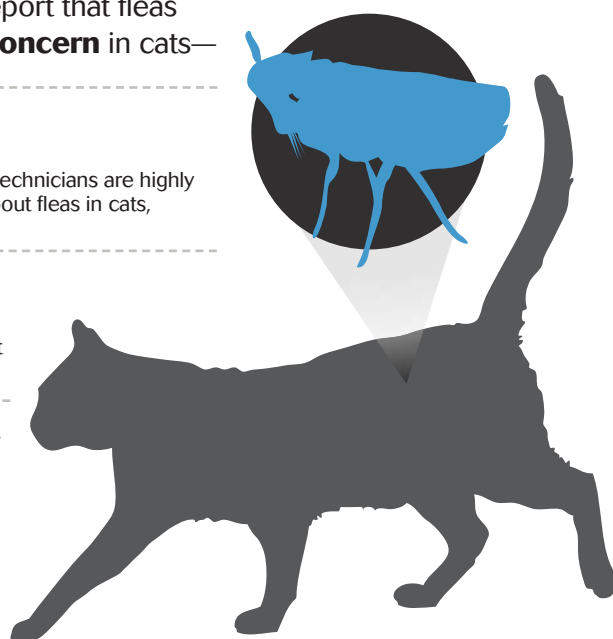
Veterinary technicians report that fleas are their **top parasite concern** in cats—

79% of veterinary technicians are highly concerned about fleas in cats,

16% are somewhat concerned

But despite high levels of concern,

42% of technicians report that their training on fleas happens only once every six months.



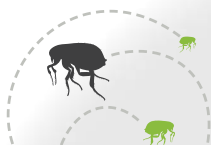
FLEA CONTROL

1 ? ? ?

Not knowing where fleas come from. Pet owners often don't understand what an infestation is. They don't know that every flea on their pet came from a site of infestation (home, yard, park).

2

Thinking that fleas jump from one pet to another. Once fleas jump onto a dog or cat, they live their entire lives on that animal.



3

Not realizing that neighborhood pets, and feral and wild animals visit their yards and deposit flea eggs.



4

Thinking indoor cats don't get fleas. But people can bring "hitchhiker" fleas into the home, and there you go—Fluffy's got fleas.



5



Worrying that fleas in their house equal a dirty home (which can be a huge communication hurdle). No, we don't think you're dirty.

TOP 10 BARRIERS

to successfully preventing fleas

Take 20 minutes in your next team meeting to discuss each of these barriers to flea prevention with your team—and make a plan for better client communication about these pesky parasites.

6

Not knowing how flea prevention products work. Pet owners expect to never see fleas on their pets if they are treated. They think flea-control products repel fleas and they think all fleas are killed in minutes.



7

Not understanding the life cycle—that it takes three to eight weeks, or longer, for all stages of flea development to be exhausted. Pet owners expect a flea infestation to resolve within days of beginning treatment. But they may see more fleas on their pets, even after treatment.

8

Thinking that putting pets outside will help the problem.

Except without the pets to feed on, the fleas may attack the owners.



9

Believing that treating the yard with insecticides should solve the problem. But adult fleas don't live free in the environment. It is the eggs, larvae, and pupae that form the environmental infestation. Treating the yard may be helpful, but it is a small part of the solution.

10

Thinking that once a flea problem is solved they can stop treating their pets. Pet owners don't understand that flea infestations are present in the yard, neighborhood, parks, etc., and their pets will pick up fleas and re-establish infestations in the home.





Getting the history— *and setting expectations*


Flea control starts with a thorough history. Use this tool to help your team gauge where clients are where it comes to prevention.

Flea control starts with a thorough history and a physical examination to look for fleas, flea feces, tapeworm segments, and evidence of pruritus or dermatitis. Your findings will assist you in determining the severity of the infestation, allow assessment of clinical disease associated with the flea infestation, and assist you in designing an overall control program.

Set realistic expectations

Few pet owners thoroughly understand how flea products work. They may have false perceptions about the speed of kill, residual activity, and repellency as well as how flea infestations are controlled. As a result, clients may come to us, sometimes quite unhappy, saying that a certain product we sold or recommended is not working. Given a lack of knowledge of flea biology and of how flea products work, our clients may have product performance expectations that cannot be met.

So the first step in battling fleas may simply be setting proper client expectations. Select the best flea product to meet a client's and pet's needs; advise pet owners about additional control measures, if needed; explain and demonstrate correct product administration; and, most critical, tell clients what to expect once a pet leaves your practice and goes back to its flea-infested home.

Flea Control History 

1. What flea control products are you using now? *(List all products for all pets.)* _____
2. For all pets, when was the last dose administered? _____
3. For all pets, how many applications have you used and when were they applied? _____
4. When were fleas noticed? _____
5. Are fleas a problem on all your pets? _____
6. Is this a recurring problem? _____
7. How many and what other types of pets are in the household? _____
8. How many hours a day does your pet spend outdoors? _____
Where does it go—the backyard, shared courtyard, sidewalk or dog parks? _____
9. Do other pets visit your household, or does your pet visit another home? _____
10. Where does your pet sleep or rest? _____
11. Do you have an elevated porch, a crawlspace or another structure under which your pet, stray animals or wildlife might get access? _____
12. Are any people bitten by fleas in your home? _____
If so, where do you see fleas? _____

The information for this handout was provided by Michael W. Dryden, DVM, MS, PhD, Department of Diagnostic Medicine and Pathobiology, College of Veterinary Medicine, Kansas State University, Manhattan, KS 66506.



Download this handout and have it ready for your team to use when discussing fleas with pet owners. Scan the code to download now.



Filling in the **knowled**

Don't let clients jump to conclusions when it comes to fleas. Give them these handouts to clear up any confusion.



When clients ask why they should treat pets that don't go outside, use this tip from **Dr. Marty Becker**: "Let's say you have multiple pets. You could easily have a dog that goes to the dog park and comes against a pet that has fleas and then brings them home, so you now have fleas in your house."

FROM YOUR VETERINARIAN

What *you* need to know about **fleas**

Know thy enemy—and make sure your pet, your family and your home are kept flea-free.

Utter the "F" word (fleas, that is) and you'll likely inspire looks of horror. Fleas are every pet owner's worst nightmare. Why? Because these bloodsucking bugs can wreak havoc on your beloved pet and home.

It's all about the life cycle
One adult female flea lays up to 50 eggs a day, which hatch and reproduce exponentially in a short time. Within the next two weeks, the eggs hatch into larvae, very small caterpillar-like creatures. The immature flea can remain in this stage for several days to a few weeks.

The larvae then spin a cocoon and enter the pupae stage. Adults usually emerge from their cozy covering within 14 days but can survive in the cocoon for several months until vibration, pressure, heat, noise, or carbon dioxide jolts them from their deep sleep.

Once they emerge from the cocoon, adult fleas must find a warm-blooded host within a few days—or they'll die. Once a flea finds your pet, it will live out its life happily feeding off your four-legged friend. In no time, these hungry parasites can become a persistent, itchy, and dangerous problem.

Signs of flea infestation include:

- flea feces, or pepper-like specks, in your pet's coat or on his bedding
- flea eggs, or light-colored specks, in your pet's coat or on his bedding
- itchy skin (scratching)
- licking at his fur or legs
- patchy hair loss, especially near the tail or neck
- lethargy (especially in severe cases)
- tiny, dark brown insects scurrying around on your pet.

Risk factors and detection
All pets are at risk for a flea infestation. Pets who spend time outdoors are particularly susceptible. Why? Many adult fleas live outside and on wildlife hosts until they find a happy home on your pet. Indoor dogs also are at risk because they can pick up fleas when they go outside to exercise or relieve themselves.

If you suspect your pet has fleas, it's important to act right away. Call your veterinarian if your pet exhibits any of the signs detailed in the chart, left.

©2011 WAGS/WAGS.COM

Your clients might believe that they have all the information they need when it comes to fleas—and yet, Bella might still be coming in to your practice, itching and scratching. Have your team clear up any confusion with this handout explaining exactly what fleas mean for pets—and hopefully Bella and her family will have a flea-free future. Scan the code below to download now.



"Clients should know that the flea species that infests cats, *Ctenocephalides felis*, is the same species that infests dogs. If pet owners do not understand this basic aspect of flea biology, it can directly lead to flea control failures because they may not see the need to treat every potential flea host in the home."

—Michael Dryden, DVM, MS, PhD

ge gaps

FROM YOUR VETERINARIAN



If you've been infested

First: Don't panic. Follow these tips and talk to your veterinarian about how to handle a dreaded flea infestation.

If you started using flea medications after you discovered a flea infestation, you'll need to treat your house too. Why? Fleas can live for several months in your house and yard, and flea eggs can survive in your carpet, cushions, and drapes for years.

And your pet isn't the only one at risk: People can get irritating flea bites too. Ridding your home of these pests takes time and a concerted approach.

Here's what to do:

To get rid of housebound fleas, use professional flea foggers in each room and sprays for hard-to-reach spots. Clean the flea eggs out of your house by vacuuming several times a week, taping the vacuum bags shut, and throwing them away each time. Also clean your dog's favorite hangout spots and wash her bedding regularly.

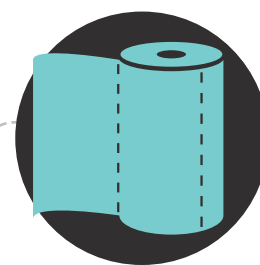
If your dog spends time outdoors in a kennel, be sure to wash the bedding or discard old hay if you use it. Spray doghouses and kennels with an indoor flea spray, and let all treated areas dry before you let your pet outside.

If your flea problem is recurring, you may need to treat your yard as well. Use professional, concentrated yard sprays for the outdoor fight. You can buy many that attach easily to the end of a garden hose for application. It's especially important to spray moist and shaded areas of your yard. But be sure not to use any environmental treatments directly on your pet.

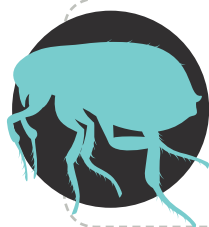
Ridding your pet and her environment of these hardy pests is a tough job, but you'll rest easier knowing that your dog doesn't have to endure the maddening itching and scratching or the insidious diseases these parasites can inflict.

GATTY IMAGES/CHARLES WATERS

To anyone who has dealt with a flea infestation: We feel you. It can be a rollercoaster of emotions and frustration. Share your empathy with pet owners—and make sure they have all the information they need to protect their homes from fleas with this handout explaining the action steps to take after a flea infestation. Scan the code below to get this handout now.



Have clients use this simple test for fleas: If you find any pepper-like specks on the dog's fur, collect them onto a lightly moistened white paper towel and rub the towel together. A reddish color means you've found flea dirt—blood that fleas have ingested and excreted. If it turns tan or gray, your pet probably just needs a bath.



There are approximately

2500
species and subspecies
of fleas worldwide

94%

of which
parasitize
mammals

and the
other

6%

parasitic
on birds.



Defuse *disgruntled* pet owners (And help those itchy pets!)

We have all been in the exam room with about-to-explode clients. The pet sits in front of you, gnawing helplessly at his raw red skin, like the flashing light on a ticking time bomb. Your client's short fuse is about to ignite.

So what can you do to defuse the situation?

The first step is listening—really listen to how itchy their pet is and how much sleep they're not getting and let them know that you hear them. Use a

soft, understanding statement like the one pictured here. By listening and

mirroring back what the client has expressed you can begin to create a bond of trust with clients. They need to know you're going to present their frustrations to the doctor.

If a flea allergy is the culprit, explaining flea prevention offers the fastest kill is important, since one flea can set a flea-allergic pet into an itch-fest that will drive everyone crazy.

Sending pet owners home with a written report is key to compliance. It's easy to misunderstand spoken instructions. If this is the first time the pet is receiving this care, pet owners need written instructions to refer to at home.

"Sending home written discharge instructions is important. This gives clients something to refer back to and helps decrease confusion," says Dr. Eliza Roland, a veterinarian with VCA Seaside Animal Hospital in Calabash, N.C. "We talk about a lot of things during an allergy discussion, and this can be very confusing for owners. Having something written down empowers and educates clients."

"I'm so sorry you've been dealing with this for so long. It can be frustrating to watch your baby struggle. I know you just want him to be comfortable."



One more tip

Talking fleas

If your practice *isn't* absolutely killing it at flea preventive sales and client compliance, make sure you and you team are:

- > Making clear, specific client recommendations.
- > Carrying only one to three preventive prod-

ucts. Pet owners can be easily overwhelmed by too many choices, and inventory costs on too many choices can spiral out of control.

- > Are always following up with client reminders on proper dosing and refills for flea preventives.

"At least
75%
of atopic dogs are flea-allergic, so they need good flea control."

—Ian B. Spiegel, VMD, MHS, DACVD

BRAVECTO[®] (FLURALANER)

FLEA AND TICK MANAGEMENT
JUST TOOK A GREAT LEAP FORWARD—
12-WEEK PROTECTION,* ONE ORAL CHEW¹



That was then.

4 **00** **00**
WEEKS DAYS HOURS

This is now.

12 **00** **00**
WEEKS DAYS HOURS

Order BRAVECTO today—contact your Merck Animal Health sales representative or distributor partner.

*Bravecto kills fleas, prevents flea infestations, and kills ticks (black-legged tick, American dog tick, and brown dog tick) for 12 weeks. Bravecto also kills lone star ticks for 8 weeks.

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

Please see Brief Summary on following page.

Reference: 1. Bravecto [prescribing information]. Summit, NJ: Merck Animal Health; 2014.

Available by veterinary prescription only.

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Intervet Inc. d/b/a Merck Animal Health, Summit, NJ 07901.
US/BRV/0514/0026



www.BravectoVets.com

See brief summary on page 16





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

Caution:

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

Indications:

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

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

Contraindications:

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

Warnings:

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

Precautions:

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

Adverse Reactions:

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

Percentage of Dogs with Adverse Reactions in the Field Study

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

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

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

How Supplied:

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

Distributed by:

Intervet Inc (d/b/a Merck Animal Health)
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141487 R2

7 steps to bring the *pop* back to team meetings

Try these boredom busters to bring the fun back to your team training meetings.

By Oriana D. Scislowicz, BS, LVT

Let's face it: Team meetings can get pretty dull sometimes. Although regularly scheduled team meetings are vital to keep your practice productive, it may help to switch up your approach. Making

meetings something team members won't dread will boost responsiveness and collaboration. Here are a few team building exercises to try out with your team. Feel free to tweak as needed, and get creative!



Materials: Balloons, sharpie

Prep time: 10 minutes

Activity time: 15 minutes

Write essential abilities of a hospital team member (such as “compassion,” “communication” or “respectful of client’s time”) on balloons.

Steps for larger teams:

1. Hand out the balloons to the team: one balloon per team member. Be sure to have a duplicate of each asset.
2. Have team members find their “asset twin” and meet up to discuss ways to provide this positive quality to their clients. Their goal is to come up with tips, discuss weaknesses and strengths and the importance of exhibiting this quality, then discuss with the group.

Steps for smaller teams:

Eliminate the duplicate balloons, and bunch the asset balloons together. Divide into teams of two. One team member randomly grabs a string and brings it back to their teammate for them to discuss. This adds a fun element of surprise for team members and eliminates the awkwardness of handing out duplicates in smaller groups.

This activity helps stimulate team members to enact the old adage “treat others as you wish to be treated.” Each member of the team takes a few minutes to list possible ways they would finish the sentence, “I like it when people are ...”

Materials: Attribution Appreciation form

Download the free team training form at **dvm360.com/attributes**.

Prep time: None

Steps:

1. Pass out the Attribution Appreciation form
2. Allow team members three minutes to complete the form. Try to encourage team members to brainstorm their role models and think of reasons they admire them to complete this activity. Then ask team members to brainstorm three ways they can match each attribute they listed.
3. Share the answers with the group.



Materials: Beach ball, sharpie

Prep time: 5 minutes. Write a question on each section of the beach ball.

Spice it up! You can make them fun personality questions or have the questions relate more to issues in the workday.

Steps:

1. Toss the beach ball around the room, taking turns to catch the ball.
2. When team members catch the ball, they must answer the question that's closest to their right pinky when they catch the ball.
3. Play until everyone has caught the ball at least one time.



4 TRANSLATE negatives into positives

This exercise can help train team members to maintain positivity and reduce stress when they're in challenging situations. It also serves as a good brainstorming session that can help build the bond between team members.

Materials: None

Prep time: None

Steps:

1. Create teams of two.
2. Each team member takes a turn telling a really frustrating or upsetting work story from the past.
3. The listening partner must help their coworker come up with positives that likely resulted from the troublesome situation.

GETTYIMAGES/DANIEL MITCHELL

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	Chewables 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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A SANOFI COMPANY



As Stuart Smalley would say, “I’m good enough, I’m smart enough, and doggone it, people like me!” Since most of us don’t get out of bed each morning repeating this phrase, let your teammates remind you.

Materials: Pens and paper

Download the free form “10 things I love about you” at dvm360.com/10things.

Prep time: 5 minutes

Steps:

1. Pair off the team, and pass out pens and the “10 things I love about you” form to everyone.
2. Ask each team member write down 10 positive traits or things their partner does well in one minute.
3. Then ask team members to share the positive traits they wrote with their team member. Encourage team members to keep this list somewhere they will see it during the workday to help remind them of why they are such an essential component to the team. This also can help reinforce these strong characteristics when teammates are tempted to take the easy way out of a situation.

When you worry the team is halfway to dreamland during the meeting and not retaining information, challenge team members with this exercise.

Materials: None

Prep time: None

Steps:

1. At the end of an educational meeting, break into teams or partners.
 2. Ask each team to come up with as many discussion points from the meeting as they can remember.
 3. Invite the teams present their lists to the group and for each accurate point, the team gets candy.
- This exercise serves two purposes: It encourages team members to stay alert and attentive during meetings, and it allows the team leader to assess their presentation skills and revamp if necessary.





Even if you try to regularly thank your team for a job well done, people still enjoy a few minutes of solely hearing praise. In this exercise, you can learn more about how team members view themselves in contrast to how their fellow teammates view them. It's all positivity—no calling out weaknesses—making it fun for all involved.

Materials: Note cards, pens, whiteboard or blank poster paper, markers

Download note cards at dvm360.com/affirmationcards.

Prep time: 15 minutes

Write positive qualities on note cards, such as “loves to learn,” “promoter,” “analytical thinker,” “reliable,” “creative,” “active listener,” “great communicator,” “sense of humor” and so on. Copy all of these cards so every team member has a stack of the same attributes. For example, if you have five employees, you’ll have five identical stacks. Then make one additional stack for you, the dealer, to distribute.

Steps:

1. The dealer hands out note cards in random order to each team member—five in this example, to match the number of players.
2. Write out each team member’s name across a whiteboard.
3. Ask each team member to take their stack and divvy it up among the team, assigning one trait from their stack to each person, including themselves. Make sure the note cards are face-down.
4. Then give each team member their own complete stack of traits.
5. Ask team members to pick out the traits they feel best describe themselves. They should pick out the same number of traits for themselves as others assigned to them. For example, if the player was given five trait cards by coworkers, she will pick five trait cards for herself.
6. Reveal all of the note cards. Post the attribute cards picked by their coworkers under each team member’s name. Then create a second column that shows the attributes team members picked for themselves. It’s fun and rewarding to compare what teammates chose for each other versus what they chose for themselves.

Not only is this a feel-good activity, it helps gain perspective on how others view you compared to how you view yourself.

Effective team building can strengthen your team by creating goals, resolving conflicts and developing a better understanding of yourself and each other. Your team will enjoy a chance to diverge from the typical

hum-drum meeting, and you’ll all have a little fun in the workplace. As a manager, you will enjoy the opportunity to learn more about how you can improve how your hospital functions and bring your team closer. **FL**



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



GET THE MUZZLE!

Stop barking at coworkers and avoid the phrases that increase the chances your team will snap. Then practice communication that tames team members' tempers and enjoy a happier workday together. *By Brent Dickinson*

We've all been there. Words spoken by a coworker cut us down and make us feel like a pile of dog ... well, you know. Or maybe we've been in the other shoes, saying things we shouldn't have, creating a

rift, or at least, a temporary feeling of shame between us and the people with whom we should work best.

Ill feelings between team members don't just cause sickness in your ranks—they extend to your clients, too, and

can even end up in your online reviews. We all know our teams have to work like well-oiled machines for our practices to be successful, and some situations are unavoidable. But maybe there are some things that, well, just shouldn't be said.

Don't say:
"You're doing that wrong."

Sure, you don't want that technician to make a mistake, but does the client need to see your constructive criticism? If it can't wait, try to use a gentler approach. Remember that a public display of confrontation reflects poorly upon your practice, not just you and your coworker. Don't ever forget who pays your salary.



This way your client doesn't see you bicker, they only see a team member who cares. What if your coworker continues to mess up? Talk to your practice manager or the person who handles training. They can easily work it into next month's session.

Do say:
"I've found it works more efficiently like this."

Don't say:
"Whatever."

The general feeling behind this awful word is just off-putting. It's disrespectful, but not only to the person you're saying it to—it also shows a lack of interest and dedication seated in self-disrespect. If you find yourself saying "whatever" at your place of work, you might need a vacation—or a well-polished resumé.



Maybe it's the 15th stool sample you've run today, or maybe it's the annoying supervisor who makes you not care about work anymore. Either way, it's time to focus on the reality of things. Saying "whatever" to get people off your back is the first step to burnout and failure. Be an adult and talk to someone about how you're feeling.

Do say:
"I'm more interested in"

Don't say:

"I hate this client."

Seriously, stop saying this, even when you think you're alone—or far enough away for people to hear. You know why? Only about 7 percent of communication is through our words. About 55 percent is in our body language, and 38 percent is vocal pitch and tone of voice. So when you remark how much someone annoys you, and then walk out to greet them—and take care of their pets for the next 20 minutes—you're still sending the message to them, whether you speak it out loud or not.



As a volunteer firefighter, I've seen things I never wished to see in my life. I've also assisted many people in their time of need. And I have to say, the good heavily outweighs the bad. Sure, annoying clients can get you down, just like a car accident or a house fire. It's getting a child back into the arms of his mother—or a pet back into the arms of its owner—that gives bad moments balance. And you learn to live without concentrating your emotions on the tough parts.

Do say:

"I love my job."

Don't say:

"That's not part of my job description."

This one drives me nuts, and I can guarantee your managers hate it too. When you were trying to get hired, I'll bet you sat up straight, put your brightest smile on your face and spoke highly of your skills and hopes and dreams. So you get hired, and all that energy just shrivels up? Remember who pays your salary—and never forget who can fire you.



Whether you know it or not, your bosses are always watching, unless they're not good at their job. If that's the case, find yourself a new one. Otherwise, don't slouch. Sure, the janitor is supposed to clean the bathroom at your practice, but they don't show until Saturday, and it seems a client's 5-year-old sidekick isn't so good at his aim. Get in there, roll up your sleeves and make the place shine. Think of it as practice for polishing the trophy you'll receive when your employee review comes around. **FL**

Do say:

"I'd be happy to do that for the good of the practice."



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

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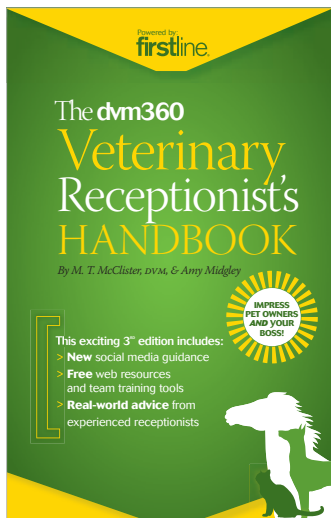
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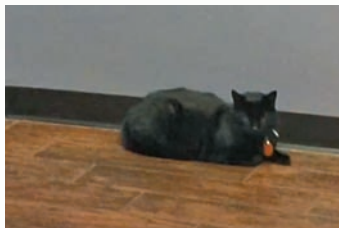
It's full of handouts and videos you can use now at dvm360.com/FearFree. Then see Dr. Marty Becker and other experts at the Fear-Free Practice Symposium at CVC in Kansas City, Missouri. Visit dvm360.com/FearFreeKC.



Cat climbers and toys



Give cats a chance to explore in the exam room with climbers and toys that distract and entertain them while they wait. Visit dvm360.com/spooky to check out Spooky the cat's low-stress veterinary visit.



Food puzzles



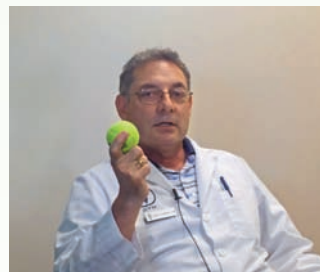
Food puzzles in the exam room give you a chance to play with pooches and introduce fun experiences around the visit.

Treats, treats, treats



Place treat jars strategically throughout your practice so you can treat early and often, from the front door and on the scale and into the exam room and to the checkout area when the visit's over.

Playful distractions



Dr. John Talmadge, pictured here, bounces a tennis ball to capture the attention of canine patients. He gets the balls from a local racket ball club free, and pooches can take home their toy after a visit.

Compression shirts




Place a compression shirt, like the ThunderShirt, on anxious pets when they first enter your practice to help reduce their stress when they enter your hospital.

Pheromone towels



Keep a pheromone towel station at your front desk so you can greet cats with a pheromone-scented towel. Place it over their carrier as you take them back to the exam room.



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SAY YES to



HEARTWORMS



HOOKWORMS/
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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.



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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.

² 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.

³ 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.

⁴ 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.

⁵ 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.

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

⁷ Data on file at Merial.