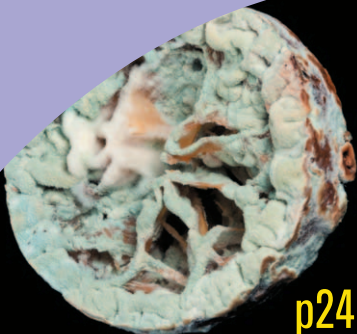


firstline[®]

Strong veterinary teams, compassionate client and patient care



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and we have peanuts for resources

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diverses
leadership
CHALLENGE
PET OWNER 2.0





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¹The 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.¹

²In month 8, veterinarians participating in the study were asked, "Overall, how satisfied are YOU with Seresto® for DOGS [CATS]?"^{2**}

³In month 8, clients participating in the study were asked, "How satisfied are you now with Seresto® for DOGS [CATS] after 8 months?"^{3**}

⁴In month 8, veterinarians participating in the study were asked, "How likely are you to recommend Seresto® to clients with DOGS [CATS] in the future?"^{4**}

⁵Data on file. Bayer HealthCare Animal Health.

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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.

[illegible]

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ASK SHAWN:

My workplace is a zoo (no, really!)



Shawn McVey,
MA, MSW

Q I'm a veterinary support officer at a zoo. What's the recommended ratio of veterinary support officers to veterinarians, nurses and keepers? I'm struggling under the weight of my department. It's hard to know if I'm really struggling because the workload is too high, or if I'm just not right for this job.

—**Overloaded**

Dear Overloaded,

Thank you for bringing attention to a common problem in all businesses—our propensity to want to do everything without accounting for our resources and what's possible. We all have great ideas but we are failures at implementation. To specifically answer your question of whether it's simply too much for one person I would need details about financial resources and expenditures. What I can do is give some guidance about how you should be allocating the resources you do have.

We need to create a treatment plan—I call it pathway planning—for your situation. Remember that most of us spend 80 percent of our day with actual operations duties we can't neglect if we want the business to survive. So our time for improvements to the business is limited and must be tied to strategic objectives and a vision.

> **Initial diagnosis:** overloaded and can't perform

> **Prescription:** Create a vision and mission and core values and allocate resources accord-

ingly. Your biggest problems and opportunities should receive the most resources.

> **Budget:** 40 percent of revenue to labor costs, 20 percent of revenue to fixed costs, 20 percent of revenue to drugs and supplies and 20 percent for profit and practice improvements. Another way to look at this is that for every dollar paid to a veterinarian there needs to be four to five times that revenue to support her and the team.

This formula is for general veterinary practices, but the concept is the same for the zoo. In short, I can't help you with where you need to go and how to get there until you know for sure where you are and what your resources are. There is no one formula for what is the right allocation.

My gut instinct is that you are perfectly competent. Good luck!

—**Shawn**

Got a question? Ask Shawn.

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

FEAR FREE:

The snuggles edition

Pets only calm down and relax when you make the veterinary hospital feel like home sweet home.

By Mikkel Becker, CPDT

You know that dogs and cats feel more relaxed and calm during the wait, exam and procedures when they're in an area that feels comfortable and secure. Here are three client-bonding, patient-friendly, low-cost, Fear Free ways to make that happen.

Look, it's your blankie!

Encourage and congratulate pet owners when they bring comfort items from home, like the cat's well-scratched blanket and the dog's well-gnawed stuffed animal. It's even better when the item creates a safe space on its own, like the good-smelling bed or the typically treat-filled crate from home. Favorite items and portable spots like that integrate a dog or cat's comfort zone into the hospital setting.



>>> Favorite blankets and something to warm them (like the K+H Microwavable Pet Bed Warmer above) can calm cats and dogs in exam rooms, treatment areas and housing. (Photos courtesy of Mikkel Becker.)



When the safe space is even safer

Whether clients are bringing them from home or you're supplying them at the clinic, go for mats and beds with a non-slip bottom for more secure seats on slick floors and tables. If the animal already has a positive association with spaces with non-slip material (mat training for dogs and crate training for cats), it's actually a reward for patients to go to this area and offers them a clear direction for where to go when they're uncertain.

Maximum snuggles

Using towel or blanket warmers in exam rooms and treatment areas is also inviting and relaxing for many animals. Oftentimes, the warm, snuggly items can even be clamped and secured onto tables or placed on or into something made of a more anti-slip material.





Scan the QR code to watch now.

Client handout:

3 tiny tips for new ferret owners

Help new ferret owners take the best care of their new little mischievous bundles of joy with these quick tips to protect ferrets' health. First, check out an explanation of what every new ferret owner needs to know from Tracey Ritzman, DVM, DABVP, at dvm360.com/ferrettips. Then use the handout at dvm360.com/ferretform to keep these topics top of mind with pet owners. Click, print and share!



(Micro) Team Meeting in a Box

Tasty nutrition nuggets



Bite into the topic of nutrition with the (Micro) Team Meeting in a Box for education to tackle nutrition discussions with pet owners. Visit dvm360.com/teammeeting to unlock free team training tips and tools to hold a complete educational team meeting in your practice.

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Your fluids will flow with this quick tip to draw large volumes of fluids in your practice. When drawing large volumes of injectable drugs or fluids, place a sterile 25-ga needle in the stopper to act as a venting needle to make it easier to pull out the volume required.

Lynda Paul, LVT, VTS (clinical practice)

COFFEE ON THE COUCH

A conversation with David Liss

Do you want more responsibility in your veterinary practice? Have you ever dreamed of joining the veterinary speaking circuit? David Liss, BA, RVT, VTS (ECC, SAIM), CVPM, says all of the opportunities can seem overwhelming, and that's why it's important to start small. Before he took on national

speaking gigs Liss started with local technician groups of about eight people. He also learned to revise. His first ECG talk went through seven revisions before it was ready for the national circuit. Check out more of Liss's advice to plot your next career steps at dvm360.com/coffeetalk.



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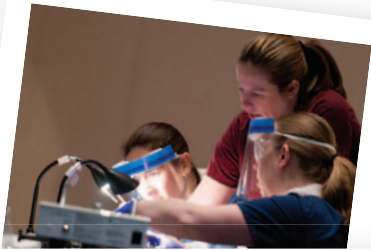
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BACK OFFICE BLUNDERS

The tooth truth hurts

Like a sore tooth, some conversations with clients are downright painful. In this episode, a veterinary team discovers their client has been trusting her groomer to take care of her pet's oral health needs. Check out a right and wrong way to respond, then role-play this scenario at your next team meeting.



Scan the QR code or visit dvm360.com/backofficeblunders.

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*Gail Jackson
Dixie Veterinary Clinic
Dayton, Ohio*



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MAKING it meaningful

Wellness plans: **A rescue story**

Second-graders rescued Shingle the cat when he was stuck on top of their school's roof. And a wellness plan rescued these underprivileged students when they decided to adopt the cat and provide for his veterinary care. *By Elizabeth Colleran, DVM, DABVP (feline practice)*

The American Association of Feline Practitioners created the Cat Friendly Practice program to provide clinics with the tools to integrate a feline perspective in both the physical environment of the practice and the way medical care is delivered. It equips practices with the tools, resources and information to elevate the treatment, handling and overall healthcare of cats, as well as emphasizes ways to reduce the stress associated with the visit. To learn more, visit www.catvets.com/cfp.

Shingle got his name because students at the single-story elementary school found him on the roof. He was loaded with fleas, starving and cold but deft enough to have made it from the adjacent tree to the roof of the school. The maintenance man rescued him after the kids on the playground heard him mewing. It seemed to the principal a minor miracle that he was heard over the din of 100 7-year-olds. Since the second-graders were so proud of their successful rescue, their teacher Miss Elliott decided to adopt him.

The local feline hospital loved the story and donated his first exam.

The costs mounted when the series of vaccines, parasite control, neutering and other care were tallied. The parents couldn't afford to help with the veterinary bill, as many were underprivileged or just making ends meet themselves. The good news: The practice had just implemented a new wellness program that made all the difference to the kids. Only \$30 a month would cover Shingle's needs for an entire year, along with several free visits that would provide many pictures of his transition from kitten to young boy kitty. The plan was affordable for the teacher and her students, even if times were tight.

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EASY to give because it's soft
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¹ Data on file at Merial.

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IMPORTANT SAFETY INFORMATION: NexGard is for use in dogs only. The most frequently reported adverse reactions included vomiting, dry/flaky skin, diarrhea, lethargy, and lack of appetite. 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. For more information, see full prescribing information or visit www.NexGardForDogs.com.

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- [3-chloro-5-(trifluoromethyl)-phenyl]-4,5-dihydro-5-(trifluoromethyl)-3-isoxazolyl]-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 dose has been lost or if vomiting occurs within two hours of administration, redose with another full dose. If a dose is missed, administer NexGard and resume a monthly dosing schedule.

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 90-day study period, all observations of potential adverse reactions were recorded. The most frequent reactions reported at an incidence of > 1% within any of the three months of observations are presented in the following table. The most frequently reported adverse reaction was vomiting. The occurrence of vomiting was generally self-limiting and of short duration and tended to decrease with subsequent doses in both groups. Five treated dogs experienced anorexia during the study, and two of those 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 a third seizure one week after receiving the third dose. The dog remained enrolled and completed the study. Another dog with a history of seizures had a seizure 19 days after the third dose of 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, anthelmintics, 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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Why wellness plans matter

Most new cat adoptions occur without any exchange of money. People think of cats as “free.” They appear in the backyard, are found wandering a shopping center parking lot or acquired for a very modest cost from a shelter. If the latter is the case, these days they almost always have had a vaccine or two and most likely have been neutered. No matter their origin, we know from the Bayer Veterinary Care Usage Study data that 83 percent of them are seen within the first year of adoption.

Sadly, a negative first veterinary experience means more than half never return, and cost plays a significant role. A modest monthly fee combined with complimentary visits and discounted services can be a way to overcome the sense that this “free” cat is going to bring costs associated with veterinary care.

Offering affordable long-term care can take many different forms, from basic plans to platinum plans that include dental care or even senior diagnostics. Whatever their composition, they commit the cat and the owner to your practice. The temptation to “shop” for discount services is offset by the sense of having been given incentives like affordable payment, free visits and discounted services. It feels like a good deal to the owner. This valuable time to create a trusting and committed relationship with these human guardians is a powerful antidote to the “special deal” or low-cost practice.

With wellness plans, you give the practice time to demonstrate how important these clients are to you, how deeply you value them and how your compassionate veterinary team can shine. Conscientious service and personal relationships are highly valued human experiences. Low-cost services and strangers can't hold a candle to these moments. **FL**

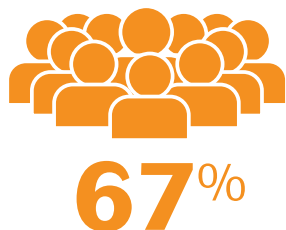
Elizabeth Colleran, DVM, MS, DABVP (feline), owns Chico Hospital for Cats and Cat Hospital of Portland, both Gold Status Cat Friendly Practices, and she serves as co-chair of the CFP Committee.

PET OWNER 2.0: Dr. Google or Dr. Vet?

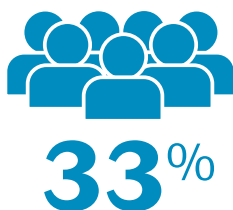
DYK? Many clients who use Dr. Google aren't sorry. *By Christine Shupe, CAE*

Is everybody really doing it? Using the Internet to find answers to health-related questions rather than consulting your practice? In theory it sounds so simple: Type in the symptoms, receive information and decide on a diagnosis. Simple, perhaps, but not easy because—as you know—pet owners misdiagnose. A lot.

In a survey of 225 VHMA members,



reported that clients use the Internet to treat, diagnose or find out more about a pet's health.



said clients are most likely to comparison-shop veterinary visits, vaccines and products on the Internet.



You can follow our ongoing coverage at dvm360.com/petowner2point0

Here's what you'll find in your other favorite veterinary publications:

The millennial mother



This up-and-coming consumer force has just enough knowledge from the Internet to be dangerous, uses social media as a megaphone to broadcast her experiences with you and wants complete transparency from you about pricing and options. Depending on how you engage with her, she'll either love you crazy or hate you crazy. Here's a hint: You want her to love you crazy.

Four pet owners, four pain recommendations



Use these strategies to better target conversations to the pet owner in front of you.

One key insight into why pet owners say no

We all make decisions based on emotion, and often a choice that's inexplicable to you stems from fear of loss. Here's how to overcome.

3 Dr. Google horror stories

Dr. Google is available 24/7 and has piles and piles of information—which is sometimes wildly misinterpreted.



LEADERSHIP challenge

So we've all been there, right? Clients march into the exam room armed with the wisdom of the web to present their diagnosis of their pet's condition to you. Maybe they confer with you about treatment or request a specific treatment that was touted online. And a very small percentage of clients go rogue and change a pet's treatment or diet based on online advice.

Despite research that suggests that using Google to diagnose illnesses could be a very bad way of getting appropriate medical treatment, 61 percent of clients aren't sorry—they don't regret relying on online advice.

Clients who've expressed remorse are those who've misdiagnosed a pet's condition, provided inappropriate treatment or delayed treatment, negatively impacting the pet's health, according to respondents.

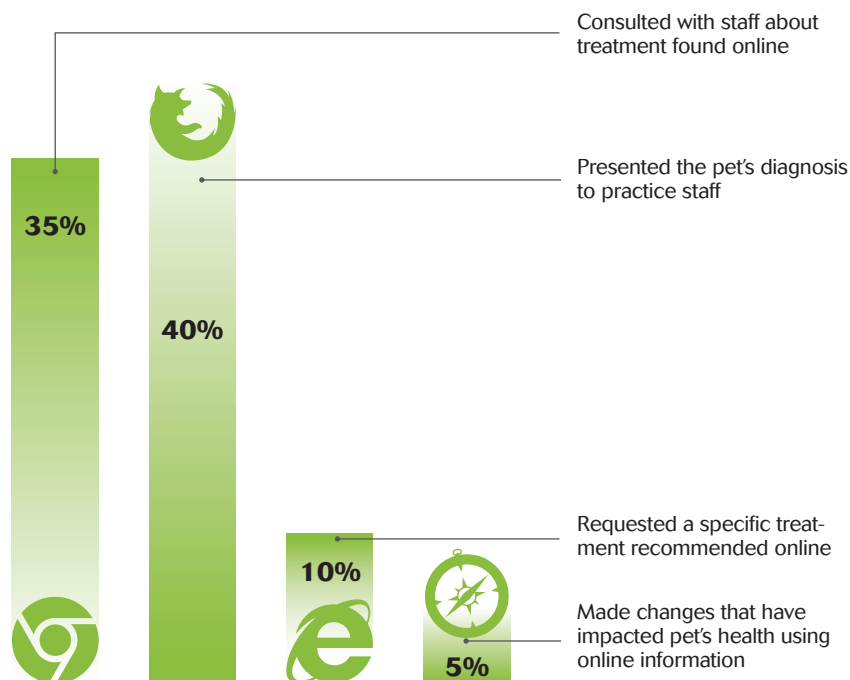
For today's clients, the temptation to consult the Internet is great. But given the hit-or-miss nature of web information, the potential for harm to the pet is great too. While there's little hope of ending this pervasive practice, you can help ensure Internet searches are less haphazard by identifying credible links on your practice website. Then remind clients to discuss what they've learned with you before they seek any treatment or take action. Check out an interactive tool to help pet owners break their Dr. Google habit at dvm360.com/Googlehabit.



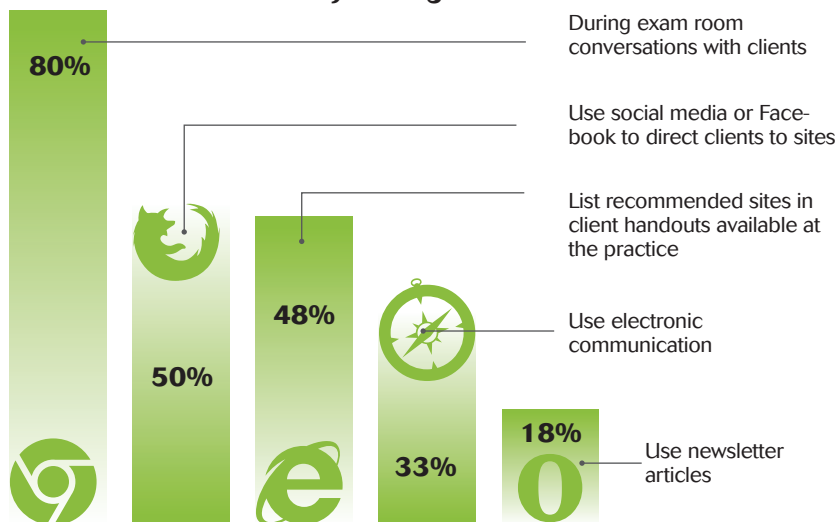
Christine Shupe, CAE, is the executive director of the Veterinary Hospital Managers Association. The association is dedicated to serving professionals in veterinary management through

education, certification and networking.

How do clients *use* information obtained from the Internet? Veterinary managers answered ...



How do you make website recommendations? Veterinary managers answered ...



SOURCE: VHMA INSIDER'S INSIGHT SURVEY



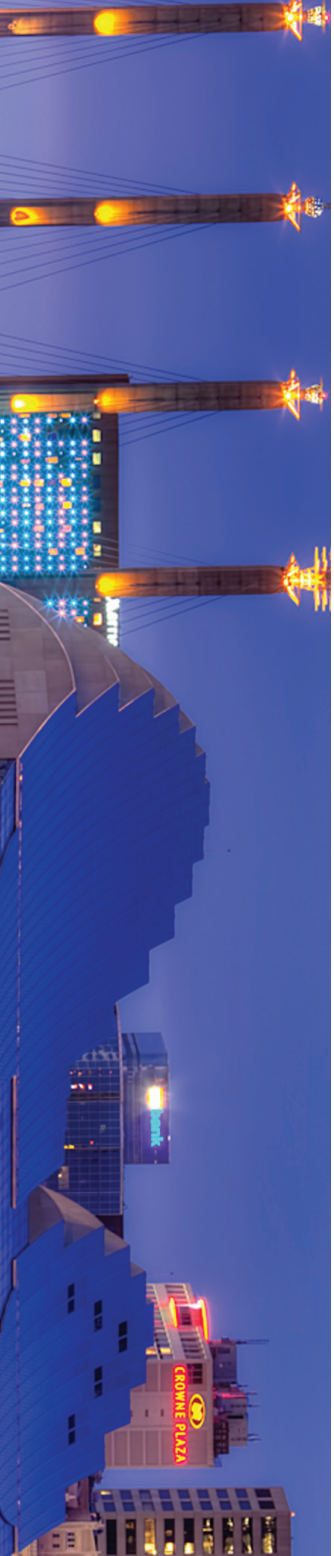
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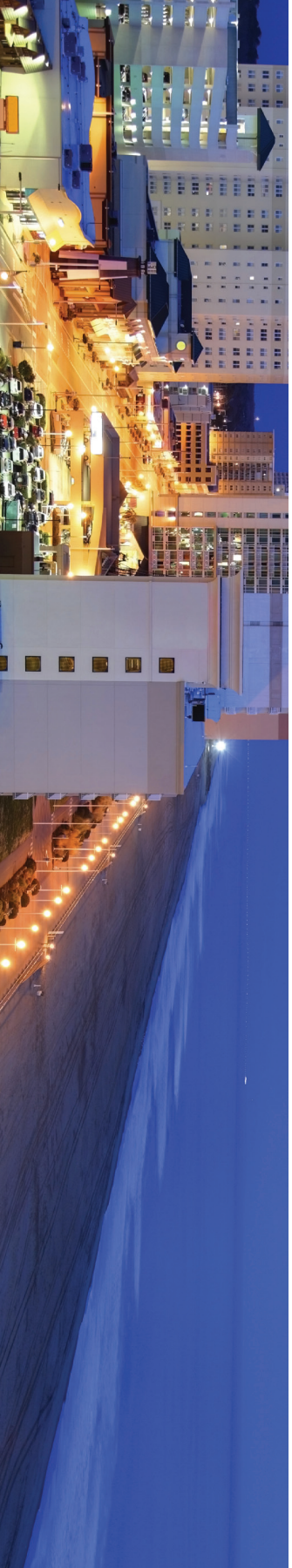
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Stop judging your NEW CONSUMER



Confess: Are you frustrated by the high-demand, Google-happy discount divas and snapchat skeptics who ask everyone before they consult the veterinarian? Here's help.

By Julie Carlson, CVT

We've all done it. We walk into an exam room, take one look at clients and figure we've got their type pegged. Or maybe it takes a bit longer—you start taking a history and then something comes out of their mouths that's got you mentally rolling your eyes. Here are some of the types of clients that we deal with on a daily basis—and ideas for how to talk to them.





"But Google says ... "

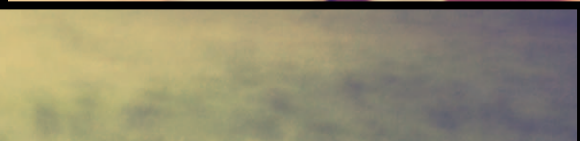
This client comes armed with pages he's printed off from different Google searches. He's spent a ton of time looking up clinical signs and already has a diagnosis in mind.

Mr. Google: "Mittens has been urinating outside of his litter box for several days now. I looked it up online, and he has a urinary tract infection. I'm going to need a prescription of Orbax from you."

What you want to say: "By all means, don't let my (or my doctor's) medical degree get in the way of your Google search."

What you should say: "That's great that you did all this checking on your own. It shows me that you really care about Mittens and want the best care possible for him. Let's discuss the tests he needs so we can get the right diagnosis and get him feeling better."

Remember: You and Mr. Google are on the same team. Don't let yourself get caught up in sarcastic thoughts the client may pick up on.



"I can't afford that ... "

This client comes in carrying a Michael Kors bag, wearing Jimmy Choos and sporting a fresh manicure, but she claims to be unable to afford even the most basic veterinary care.

Ms. Gucci: "The price of those tests is way too high. I just don't have that kind of money."

What you want to say: "You can afford \$1,200 shoes, but not \$150 for radiographs?"

What you should say: "I understand. Let's prioritize Fluffy's needs so we can tackle them one at a time and stay within your budget."

Maybe this client was given those shoes and that bag as gifts, and maybe she did her own manicure. Resist the instinct to judge clients based on their appearance.

GETTY IMAGES



Concerns about the cost of veterinary care come from all avenues. You might find yourself in an exam room with a client dressed in thrift store finds holding a cat with a broken leg. Don't assume he can't afford gold standard care because of how he looks. After all, maybe he's dressed that way because he spent all his money on his pets.

"Do you offer low-cost neuters?"

This client is looking for any and all cost-cutting measures available—and then some. He may have no problem asking if you'll give him special discounts or even throw in some services or products for free.

Mr. Notalottabucks: "I need to get my cat neutered. The clinic down the street will do it for \$50. You'll match that, right?"

What you want to say: "Yeah, no. If they're so cheap at that clinic, go there."

What you should say: "Our neuter surgery includes a comprehensive physical exam, preanesthetic labs that will ensure that Tiger is a good surgical candidate, hands-on anesthetic monitoring by a credentialed veterinary technician, an IV catheter and fluids and pain medications for his recovery. The price for everything is X dollars. If you'd like, I can help you complete a third-party payment plan application if you'd prefer to make payments."

"But first, let me take a selfie ..."

This client is so absorbed in her smartphone that she can't tear herself away long enough to talk to you.

Mrs. Phoneface: "... Huh? Oh, yeah, that's fine ... whatever. Is he what? Eating? Oh ... hang on a sec ... um yeah, he's fine."

What you want to say: "Seriously? Your Twitter feed is more important than your dog's health?"

What you should say: "It looks like you're very busy. Would you like to reschedule your appointment for a time when we're able to speak more about Max?"

It may seem like this type of client is just being rude, but maybe she's so distracted because her mom is having emergency surgery and she's texting a family member for an update. Don't let your anger flare—you never know what might be behind this client's behavior.





“I don’t believe in that ...”

This client has been listening to everyone’s opinions ... except those of a veterinary professional.

Ms. Antieverything: “I don’t believe in vaccinating or feeding anything with grain, gluten, soy or byproducts.”

What you want to say: “Oh for pete’s sake. If those things were bad, I wouldn’t be recommending them.”

What you should say: “It sounds like you have some concerns about Chloe’s care. Let’s address those concerns one at a time.”

This client wants to do the right thing for her pet. She may just be confused by all the information coming her way. Take the time to deal with each of her concerns. This client wants to feel heard and be taken seriously. Since she’s seeking more information than the average client, give her a list of reputable websites to search. Pointing her in the right direction can often assuage her fears and get her on board with your treatment plan.



It’s easy to get frustrated by clients. You’re trying to do right by your patients and give them the care and attention they need, and you feel like clients are cutting you off at every turn. Always remember: You and your clients have the same goal. Work with them, not against them. When you find yourself getting upset, put yourself in clients’ shoes. Think about all the things that could be influencing their behavior. Then take a deep breath and show them their pet is in good hands. **FL**



Julie Carlson is a freelance author and a certified veterinary technician. She is the winner of the 2015 Hero Veterinary

Technician Award from the American Humane Association and the founder of Vets for Vets’ Pets, a nonprofit organization providing supplies and medical care to the pets of homeless and at-risk veterans. Carlson has five cats, two Chihuahuas and one fish, and lives in Phoenix, Arizona.

GETTY IMAGES

Talk to the claw (to end declaws)

Are your cat scratch conversations up to scratch? When clients complain about their tatty furniture turn the talks toward solutions to soothe kitty's natural inclinations.

Sick of cl-awful conversations about kitty's reign of terror against the curtains, the carpet and the couch? Ready to save kitty from the pain of a declaw procedure? Ilona Rodan, DVM, DABVP (feline practice), a behavior consultant, associate at Cat Care Clinic (a Gold status Cat Friendly Practice) and co-chair of the CFP Committee, offers these sample responses to common scratching questions:

Q: Why does my cat use her claws in acts of terrorism against my stuff?

One response: I understand that it can be frustrating and even expensive if your cat scratches furniture or carpets. But scratching is a normal cat behavior. Instead of trying to get a cat to stop scratching, redirect her to a scratching post or cat tree that's acceptable to you—and your cat!

Cats scratch for a variety of reasons. For example, scratching is a means of communication between cats, leaving both scent and visible markers that this is their territory. Scratching also keeps the nails well groomed, removes the old nail sheaths and also allows the cat to stretch her muscles.

Find out more about Cat Friendly Practices on page 10.

But I bought her a primo scratching post. Why does she ignore it and shred the sofa legs instead?

One response: Most cats like to scratch vertically and need a post that's taller than their body length so that they can fully stretch and give a good scratch. If your cat is scratching carpet, use horizontal scratchers. The texture of the scratching posts is also important. Many cats prefer sisal rope, others prefer corrugated cardboard or carpet on the scratching post.

If your cat is scratching on furniture or carpet, don't punish. Instead, pay attention to your cat's position when scratching and the texture of the material to identify better choices for scratching posts for your cat. Place the post next to the furniture being scratched and reward your cat for using it. You may need to try multiple scratchers with different types or textures before learning your cat's preference.

Location is important. Cats prefer a scratching surface that's in a prominent area of the room, such as near the sofa. Some cats also scratch near a door or window to leave their scent or to "freshen it up" when new scents enter the home—usually whenever we come in the door.

For more on how to get cats to use scratching posts, check out dvm360.com/scratchit. **FL**



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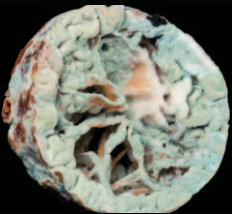
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8

nastiest things to clean at *your practice*

By Bash Halow, LVT, CVPM

1

The employee refrigerator. Melted carrots, blue sandwiches, an orange ... good God! What is that? It stinks, it's stomach turning and it's also remarkable ... how come Velveeta cheese NEVER goes bad?

2

Anal gland juice on the walls or ceiling. Funny ... I always thought that was part of the wall-paper pattern! And my heavens, look, there's some on the overhead lighting fixtures. If every American airliner flew as well as anal gland juice drops, we'd lead the world in aviation.

The employee bathroom. I'm not even sure I can finish typing this, but I'll do my best. Long strands of hair in the sink. Splatters of sh ... and it's on the seat! How is that possible? When they use the toilet, do they sit on it or hover over it like a UFO? And speaking of unidentified objects, is that old vomit? That ... that ... oh my ... that might be blood. That's it. I tried. I'm outta here!

3

The maggot wound. Looking for a source of nightmares for the next 10 years? Take a teaspoon of Pepto-Bismol, step up and take a look at this. There aren't a lot of things more horrific than a wound teeming with rolling, crawling, gurgling, chewing maggots. Ahhh! One got on my apron! Yikes! I think one touched my hair! I'd throw up, but the employee bathroom is such a mess ...

4

The break room dining table. Is it covered with a tablecloth or flypaper? What on God's earth is making this thing so sticky?! I don't have to season my food. I can just roll it on the table surface and let it gather up whatever salt, pepper and hot sauce is lying on top. Hey, pigpens! See that yellow thing on the sink? It's a sponge ... you put water on it and ... Holy cow, how old is this sponge? It reeks! It's a wonder all of us aren't dead of food poisoning!

5

The welcome mat. It's designed to provide a cheery welcome to anyone who sets foot on it, but good luck seeing the words through the hair, grit and mud. Vacuum it for as long as you like, it'll be just as furry when you're finished. Did the carpet-cleaner people design this thing to ensure a lifetime of work? And talk about an UN-welcome welcome. This thing puts the hell in hello.

6

Break room sink. Since we're taking a tour of the break room, might as well stop off at the mound of week-old dirty dishes in the sink. This mess could make Louis Pasteur barf. Why do people insist on soaking a glass that just had water in it? What are they trying to soak off? Rust stains? Wash the damn glass!

7

What lurks behind the computer tower. It's pretty dark back here. I feel blowing heat. I think if I pull this out I can find a ... Great Zeus, what is this? A stray cat or just enough fur to make one? What are these? Some of Marsha's goldfish crackers that I keep telling her not to eat up here? Oh that's disgusting! Well the good news is, we know where all my pens are.

8

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