



firstline[®]

The best read veterinary team journal. Bam.

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**NEW
TRICKS** p6

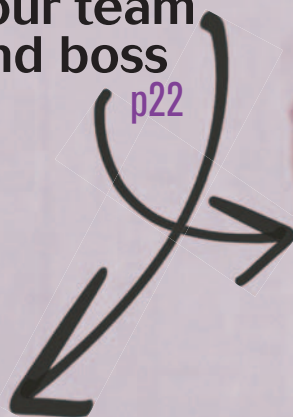
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YEAH!



Stop sorting,
start talking
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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.

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firstline®

Healthy team members = healthy pets

16

Whaddya mean we could have fleas?



Victory Visits:

Get the march on Fear Free veterinary visits



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**LO money
VE, & messes**

Get to know your



team



boss



Stop sorting, start talking.

Forget the personality types. Bash Halow, LVT, CVPM, offers this advice instead.

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2 Pearls

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PEARLS

(Lustrously good advice and tips)



Dr. Receptionist?

This veterinary receptionist had to keep her cool when a client was a little too revealing in the exam room.

By Rachael Simmons

One morning, one of our better veterinary clients came in for a checkup for her Yorkie. The dog needed to have a procedure performed in the treatment area, so when I went to get the paperwork from the exam room, her owner quickly shut the door and asked if I'd do her a favor. Since I'm afflicted with the can't-say-no gene, I said OK. Without blinking an eye, she pulled up her skirt clear to her thigh and asked me if a spot on her leg was ringworm. Awkward! So I did a quick glance and told her she should really see her doctor.

Scan to
see more
blunders!



Do you have a blunder to share?

Or a solution to the one you've just read? Email your stories and advice to firstline@advanstar.com.

We'll pay \$50 for every Back Office Blunder we publish.

GETTY IMAGES

DIAG-

Just say "no" when clients ask

RECEPTIONISTS: You keep looking at the blinking red light knowing once you press it, you'll be connected to one of your veterinary clients holding to discuss Bella's belly spots. She doesn't want to bother the doctor, but surely you can tell her what those splotches on Bella's belly are? When a client is asking for a diagnosis over the phone, follow these three steps:

1 Ask the client to make an appointment to bring in the pet. You might say, "Mrs. Long, from what you're telling me over the phone, I think the doctor should see Bella. May I make an appointment for you?" Most clients will schedule an appointment. But sometimes clients won't want to bring in their pets because they may not think the condition is serious—or they may not have the money or time. If a client won't make an appointment, move on to step 2.

2 Get the doctor's recommendations after explaining the situation, and then call the client back with the information.

Whenever you do this, pull the client's record and record the date, the client's description of the pet's ailment, what the doctor recommended and the fact that you conveyed the information to your client.

“NO”-SIS

for a phone diagnosis.

3 Ask the doctor to return the client's call. Use your best judgment here. If the problem sounds complicated or the client acts upset, it's often best to let the doctor handle it. Pull the patient's file, attach the client's messages with the signs the client described and give it to the doctor to return the call.

Any time a client calls about a sick pet, resolve the situation as quickly as possible. Emergencies should be handled immediately, of course.

DON'T BE A DOC!

Even if clinical signs have been described to you many times, don't diagnose over the phone, and don't recommend medicine and remedies. There could be unfortunate consequences if you are wrong. You can safely recommend basic first aid—such as direct pressure to stop bleeding—but when in doubt, let the doctor handle it!

Check out the recently updated *Veterinary Receptionist's Handbook* for more tips and tools on handling common questions about medical problems, surgical procedures, diagnostic tests, vaccinations, parasite control issues and much more.



NEW look, SAME book

We feel so pretty! We've made it even easier to find the clinical articles you crave, the communication tips you dig and the advice you need. And



don't even get us started on our Instagram-styled covers. Love it? Let us know!

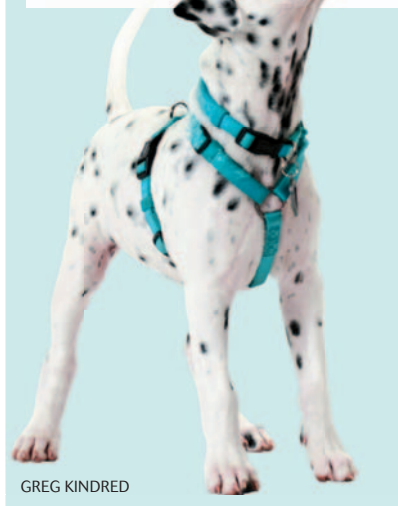
Portia

Portia Stewart, Editor
portia.stewart@ubm.com

Brush up!

Use this handy printable client handout to go forth and educate about brushing, you brave veterinary dental heroes!

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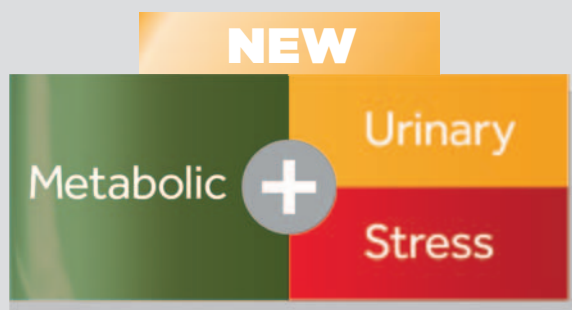
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SEE THE PROOF:

¹Kruger JM, Lulich JP, MacLeay J, et al. **Comparison of foods with differing nutritional profiles for long-term management of acute nonobstructive idiopathic cystitis in cats.** *J Am Vet Med Assoc.* 2015;247(5):508-517.

²Lulich JP, Kruger JM, MacLeay JM, et al. **Efficacy of two commercially available, low-magnesium, urine-acidifying dry foods for the dissolution of struvite uroliths in cats.** *J Am Vet Med Assoc.* 2013;243(8):1147-1153. Average 27 days *in vivo* study in urolith forming cats.

³Floerchinger AM, Jackson MI, Jewell DE, et al. **Effects of feeding a weight loss food beyond a caloric restriction period on body composition and resistance to weight gain in cats.** *J Am Vet Med Assoc.* 2015;247(4):365-374.



ASK THE EXPERTS

I am the new practice manager of a two-veterinarian, eight-staff-member, small-town clinic. I was hired to train to be manager, but I ended up working as lead receptionist since the manager of 40 years' tenure was comfortable and opted not to retire as scheduled. This was status quo until six months ago when the practice owner decided to upgrade our software to a more paperless practice—all within my skill set but not in my predecessor's ledger system of doing things. The staff has gotten comfortable with the hands-off management style of my predecessor. How do I get our team on board to meet my doctor's goals without looking like a hard-ass?

—**Mary Stuck-in-the-mud**

Dear Mary Stuck-in-the-mud,

When I hear stories like yours, I want to scream! Too often we have great managers with owners who need to get on board or great practices that have horrible managers. Rarely do we get the great practice and the great manager, a.k.a. "the impossible dream."

Looking at the big picture, articulating the practice's goals and mission and making them public would be a good way to get the whole practice moving in the same direction, but your problem is deeper and requires some difficult interpersonal conversations. I'd suggest the following: Sit the current team members down and tell them how you are experiencing their resistance, how it's affecting you and how you wish to help.

If they are not receptive, tell them your next step will be to go to the owner and have the same discussion. If the owner and team can't come to understand why this is frustrating to you and bad for the organization and are not willing to change, then you have no choice but to live in the hypocrisy or move on to find a practice that truly wants your skills for moving the practice forward.

—**Shawn McVey, MA, MSW**

Got a question? Email your questions for our experts to firstline@advanstar.com or visit dvm360.com/McVey to see Shawn's advice on other hot button topics.





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revolution4catsdvm.com

IMPORTANT SAFETY INFORMATION:

Do not use REVOLUTION on sick, weak, or underweight cats. Use only on cats 8 weeks and older. Side effects may include digestive upset and temporary hair loss at application site with possible inflammation. In people, REVOLUTION may be irritating to skin and eyes. Wash hands after use. See Brief Summary of full Prescribing Information on page 08.

*VetInSite[™] Analytics January 2016. Zoetis data on file.

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zoetis[™]

revolution® (selamectin)

Topical Parasiticide For Dogs and Cats

BRIEF SUMMARY:

See package insert for full Prescribing Information.

CAUTION:

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

INDICATIONS:

Revolution is recommended for use in dogs six weeks of age or older and cats eight weeks of age and older for the following parasites and indications:

Dogs:

Revolution kills adult fleas and prevents flea eggs from hatching for one month and is indicated for the prevention and control of flea infestations (*Ctenocephalides felis*), prevention of heartworm disease caused by *Dirofilaria immitis*, and the treatment and control of ear mite (*Otodectes cynotis*) infestations. Revolution also is indicated for the treatment and control of sarcoptic mange (*Sarcoptes scabiei*) and for the control of tick infestations due to *Dermacentor variabilis*.

Cats:

Revolution kills adult fleas and prevents flea eggs from hatching for one month and is indicated for the prevention and control of flea infestations (*Ctenocephalides felis*), prevention of heartworm disease caused by *Dirofilaria immitis*, and the treatment and control of ear mite (*Otodectes cynotis*) infestations. Revolution is also indicated for the treatment and control of roundworm (*Toxocara cati*) and intestinal hookworm (*Ancylostoma tubaeforme*) infections in cats.

WARNINGS:

Not for human use. Keep out of the reach of children.

In humans, Revolution may be irritating to skin and eyes. Reactions such as hives, itching and skin redness have been reported in humans in rare instances. Individuals with known hypersensitivity to Revolution should use the product with caution or consult a health care professional. Revolution contains isopropyl alcohol and the preservative butylated hydroxytoluene (BHT). Wash hands after use and wash off any product in contact with the skin immediately with soap and water. If contact with eyes occurs, then flush eyes copiously with water. In case of ingestion by a human, contact a physician immediately. The material safety data sheet (MSDS) provides more detailed occupational safety information. For a copy of the MSDS or to report adverse reactions attributable to exposure to this product, call 1-888-963-8471.

Flammable - Keep away from heat, sparks, open flames or other sources of ignition.

Do not use in sick, debilitated or underweight animals (see SAFETY).

PRECAUTIONS:

Prior to administration of Revolution, dogs should be tested for existing heartworm infections. At the discretion of the veterinarian, infected dogs should be treated to remove adult heartworms. Revolution is not effective against adult *D. immitis* and, while the number of circulating microfilariae may decrease following treatment, Revolution is not effective for microfilariae clearance.

Hypersensitivity reactions have not been observed in dogs with patent heartworm infections administered three times the recommended dose of Revolution. Higher doses were not tested.

ADVERSE REACTIONS:

Pre-approval clinical trials:

Following treatment with Revolution, transient localized alopecia with or without inflammation at or near the site of application was observed in approximately 1% of 691 treated cats. Other signs observed rarely ($\leq 0.5\%$ of 1743 treated cats and dogs) included vomiting, loose stool or diarrhea with or without blood, anorexia, lethargy, salivation, tachypnea, and muscle tremors.

Post-approval experience:

In addition to the aforementioned clinical signs that were reported in pre-approval clinical trials, there have been reports of pruritus, urticaria, erythema, ataxia, fever, and rare reports of death. There have also been rare reports of seizures in dogs (see **WARNINGS**).

SAFETY:

Revolution has been tested safe in over 100 different pure and mixed breeds of healthy dogs and over 15 different pure and mixed breeds of healthy cats, including pregnant and lactating females, breeding males and females, puppies six weeks of age and older, kittens eight weeks of age and older, and avermectin-sensitive collies. A kitten, estimated to be 5-6 weeks old (0.3 kg), died 8 1/2 hours after receiving a single treatment of Revolution at the recommended dosage. The kitten displayed clinical signs which included muscle spasms, salivation and neurological signs. The kitten was a stray with an unknown history and was malnourished and underweight (see **WARNINGS**).

DOGS: In safety studies, Revolution was administered at 1, 3, 5, and 10 times the recommended dose to six-week-old puppies, and no adverse reactions were observed. The safety of Revolution administered orally also was tested in case of accidental oral ingestion. Oral administration of Revolution at the recommended topical dose in 5- to 8-month-old beagles did not cause any adverse reactions. In a pre-clinical study selamectin was dosed orally to ivermectin-sensitive collies. Oral administration of 2.5, 10, and 15 mg/kg in this dose escalating study did not cause any adverse reactions; however, eight hours after receiving 5 mg/kg orally, one avermectin-sensitive collie became ataxic for several hours, but did not show any other adverse reactions after receiving subsequent doses of 10 and 15 mg/kg orally. In a topical safety study conducted with avermectin-sensitive collies at 1, 3 and 5 times the recommended dose of Revolution, salivation was observed in all treatment groups, including the vehicle control. Revolution also was administered at 3 times the recommended dose to heartworm infected dogs, and no adverse effects were observed.

CATS: In safety studies, Revolution was applied at 1, 3, 5, and 10 times the recommended dose to six-week-old kittens. No adverse reactions were observed. The safety of Revolution administered orally also was tested in case of accidental oral ingestion. Oral administration of the recommended topical dose of Revolution to cats caused salivation and intermittent vomiting. Revolution also was applied at 4 times the recommended dose to patent heartworm infected cats, and no adverse reactions were observed.

In well-controlled clinical studies, Revolution was used safely in animals receiving other frequently used veterinary products such as vaccines, antihelmintics, antiparasitics, antibiotics, steroids, collars, shampoos and dips.

STORAGE CONDITIONS: Store below 30°C (86°F).

HOW SUPPLIED: Available in eight separate dose strengths for dogs and cats of different weights (see **DOSAGE**). Revolution for puppies and kittens is available in cartons containing 3 single dose tubes. Revolution for cats and dogs is available in cartons containing 3 or 6 single dose tubes.

NADA 141-152, Approved by FDA

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INSIDER'S INSIGHTS

By Christine Shupe, CAE

We promise to avoid advice on love, parenting and roommates, but we did think you should know these three quick tips for success and happiness.



1 TAKE CARE OF YOUR PATIENTS. HERE'S HOW:

We really, really recommend trying these steps to establish and manage your standards for patient care (cause, ya know, everyone loves animals but we've all gotta be on the same page to make a difference in their lives and health): Start by creating and maintaining clear and high standards of care that all employees are aware of and agree to. Then communicate standards to all team members. Remember, your goal is to always put the patient first.



Other pro tips:

- > Become AAHA-accredited.
- > Treat every patient as a member of the family.
- > Develop a good relationship with the practice's veterinarian so that you can more effectively provide constructive feedback if needed.

2 TAKE CARE OF YOUR CLIENTS.

Now we'll let you in on the secret to effective client care:

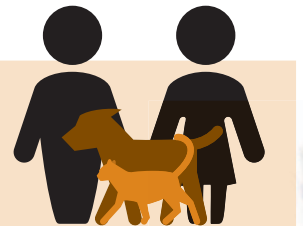
- > Make great client care your goal at all times.
- > Listen carefully to clients' concerns and comments to help them make good decisions.



3 AND FINALLY, TAKE CARE OF YOUR TEAM.

This means you delegate and guide, be open and communicate and be respectful.

And while you're at it, it's always wise to value employees' opinions both personally professionally, be very careful when hiring employees and assess their qualifications carefully, value the strengths that each employee brings to the table and lead by example.



We know it's a lot to take in, but start with the small steps and build on your successes. And there you have it, from those who know: Free advice to put novice managers on the fast track to success!

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.

Methodology: This Insider's Insight survey consisted of 123 VHMA members who responded to three open-ended questions.

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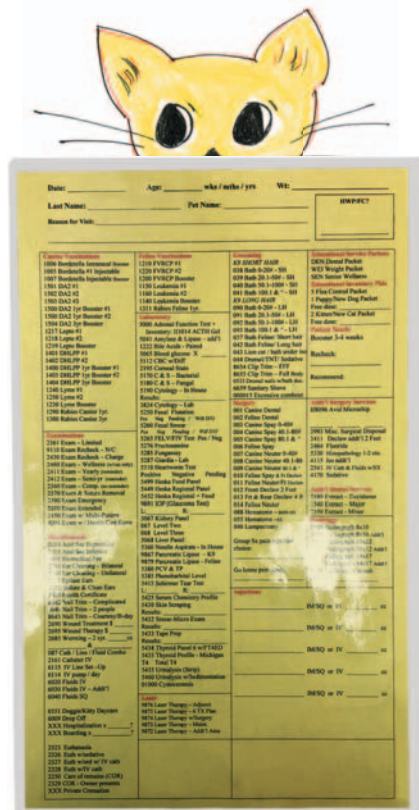


PHOTO COURTESY OF KIM FISH

It's doubly green (ummm yellow!): Earth-friendly reuse and money saved!

That's right, it's our laminated billing sheet. In addition to this being a great tool for billing, the veterinarian can also communicate with receptionists about in-house lab results, future appointments, microchip numbers, medication directions, etc. Win-win!

Kim Fish is practice manager at Seville Animal Hospital in Seville, Ohio, in the Cleveland/Akron area.

You're crucial for cancer care

From mixing up chemo and loving on the patients to guiding the clients who don't know what to do when their dog is vomiting because they forgot about the anti-nausea medicine you sent home, Sue Ettinger, DVM, DACVIM (oncology), says veterinary team members help make great cancer care possible.



Scan to see the video. Then see Dr. Ettinger live at

CVC Aug. 26 to 29. Visit theCVC.com for more.



Dr. Ettinger with India Tuthill, LVT, and Tejas, who had a soft tissue sarcoma that was successfully treated.

Emergency hot water bottle!

... and a cute puppy! Sorry, we got a little excited. Here's the lowest-cost-possible hot water bottle for small recovering veterinary patients. No puppies were harmed in the making of this picture. Promise. Short and sweet, folks. Refill latex gloves with water and tie the bottom off for use as a disposable hot water bottle for recovering patients.

— Amy Davis, veterinary assistant
Applebrook Animal Hospital,
Ooltewah, Tennessee



PHOTO COURTESY OF KATHRYN PRIMM, DVM



“My chubby pet is cute!”

**OR the client says:
“Does my cat really
need to lose weight?”**

**Fat animals are
so much cuter!**

**Tiger is such a sweet
big girl!” How would
you respond? Check
out the right (and
wrong) way to handle
this client’s concerns.**

By Kyle Wendy Skultety, LVT, CVT

DON'T SAY

“Of course she is! I think all kitties look great with about 10 extra pounds!”

DO SAY

“Yes, you may think Tiger is cuddly when she has those extra pounds on her, but her weight puts her at risk for diabetes, heart issues and joint pain. It’s a struggle to haul all those extra pounds around. Is she moving around as much as she used to? If not, she may be in pain. Also, if she becomes diabetic you will need to monitor her food intake and give her injections of insulin twice a day. She’ll have a shorter life span if she’s overweight, and I know you want to keep her around as long as you can because you love her so much! Let’s create a weight loss feeding plan together for Tiger.”

**Want more help on
how to tackle tough
topics with clients?**

Scan
the code
or go to



**dvm360.com/
toughtalks.**



Got skin in the derm game?

Here she is. Another frustrated client with an itchy pet. Help by answering her top questions.

By Chris Feaster, VMD, and Haley Switzer

1

Why is my pet itchy?

Allergies are one of the most common culprits. Although licking or overgrooming may make it seem like your pet is itchy, it could be a sign of stress or boredom. Bring your pet to the veterinarian for an exam to properly diagnose and treat the issue.

2

Do I have to feed my pet this therapeutic food?

It's highly recommended. A trial on a therapeutic food is often the only way to diagnose food allergy without a blood test. Pet store foods may be advertised as "hypoallergenic" or "limited-ingredient," but many brands share manufacturing—which means cross-contamination is likely. A therapeutic diet ensures allergens aren't introduced during manufacturing.

3

Will my pet grow out of allergies?

Not likely. Once developed, most allergies will be lifelong. Sometimes with age a pet's reaction to a particular allergen will decrease.

To get beneath the surface of medication questions, visit dvm360.com/skindeep.



4

Why did my pet develop allergies now?

Allergies can develop at any time in a pet's life. They develop when the body comes in contact with substances it mistakenly identifies as harmful. We often see this at 1 to 3 years of age, when the pet is exposed to more allergens in foods and the environment.

5

How can I stop my pet from licking or chewing herself raw?

The first solution is an Elizabethan collar. But pets don't always react to them well. Some other options include using a t-shirt, boxer underwear or socks. These not only work for itchy patients, but they also work to protect incisions after surgery.

Grooming perfection

Help your favorite veterinary team member tame those wild manes with these three new grooming products.

1



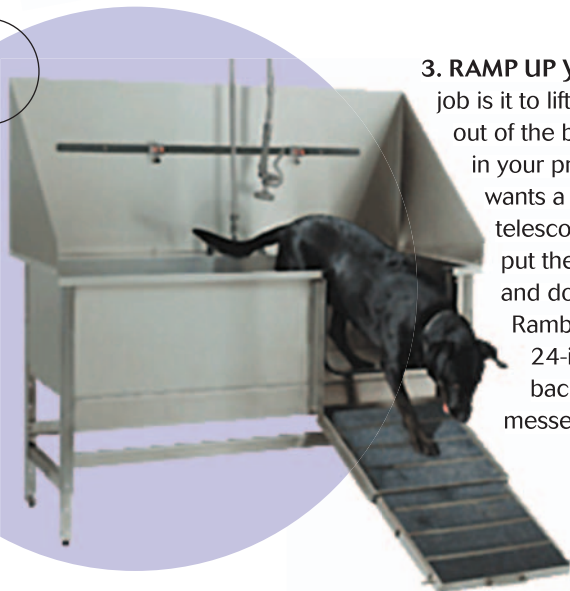
1. TOENAIL TRAFFIC LIGHTS. We're not kidding. These nail trimmers—in snazzy blue, purple or green—are perfect for veterinary assistants or new groomers who need some guidance. They flash a “green” light when it's safe to clip, “yellow” when you should be cautiously clipping and “red” when you're going to pass the quick. We don't know how it works—it's the future, alright?

2



2. EXPLODING TICKS! We're kidding, they won't explode. But these thin-tipped tweezers are ideal for removing small ticks at one end, and big ticks with the other end's slotted scoop. Then you can put the offending insect in your big “Look at these horrible things, you need flea-tick preventive” jar in your exam room.

3



3. RAMP UP YOUR BATHS. Whose job is it to lift big dogs in and out of the bath? That person in your practice probably wants a tub like this, with a telescoping ramp. You can put the nonskid ramp up and down one-handed too. Rambunctious bathers? That 24-inch stainless steel backslash could keep messes off your walls.



For these and more grooming products, visit dvm360.com/grooming.



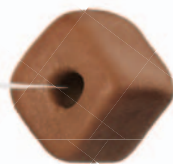


ADVANCED

CARE



Deliciously Disguised



FLAVOR

Two delicious flavors highly palatable in 99% of dogs tested

WELL-BEING

Only 19 Calories per pouch and no by-products, meals, or artificial flavors

EASE

Soft, malleable form disguises capsules and tablets without crumbling or flaking



GENTAMICIN SULFATE, USP; MOMETASONE FUROATE ANHYDROUS; AND CLOTRIMAZOLE, USP, OTC SUSPENSION VETERINARY**For Otic Use in Dogs Only**

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

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

DESCRIPTION Each gram of Gentamicin Sulfate, USP; Mometasone Furoate Anhydrous; and Clotrimazole, USP, Otic Suspension contains gentamicin sulfate, USP equivalent to 3 mg gentamicin base; mometasone furoate anhydrous equivalent to 1 mg mometasone; and 10 mg clotrimazole, USP in a mineral oil-based system containing a plasticized hydrocarbon gel.

PHARMACOLOGY

Gentamicin: Gentamicin sulfate is an aminoglycoside antibiotic active against a wide variety of gram-negative and gram-positive bacteria. *In vitro* tests have determined that gentamicin is bactericidal and acts by inhibiting normal protein synthesis in susceptible microorganisms. In clinical trials, gentamicin was shown to have a range of activity against the following organisms commonly isolated from infected canine ears: *Pseudomonas* spp. (including *P. aeruginosa*, coagulase-positive staphylococci, *Enterococcus faecalis*, *Proteus mirabilis* and beta-hemolytic streptococci).

Mometasone: Mometasone furoate anhydrous is a synthetic adrenocorticoid characterized by a novel (21) furoate 17-ester having chlorine at the 9 and 21 positions which have shown to possess high topical potency.

Systemic absorption of mometasone furoate ointment was found to be minimal (2%) over 1 week when applied topically to dogs with intact skin. In a 6-month dermal toxicity study using 0.1% mometasone ointment on healthy intact skin in dogs, systemic effects typical of corticosteroid therapy were noted.

The extent of percutaneous absorption of topical corticosteroids is determined by many factors including the integrity of the epidermal barrier. Topical corticosteroids can be absorbed from normal, intact skin. Inflammation can increase percutaneous absorption. Once absorbed through the skin, topical corticosteroids are handled through pharmacokinetic pathways similar to systemically administered corticosteroids.

Clotrimazole: Clotrimazole is a broad-spectrum antifungal agent that is used for the treatment of dermal infections caused by various species of dermatophytes and yeast. The primary action of clotrimazole is against dividing and growing organisms.

In vitro, clotrimazole exhibits fungistatic and fungicidal activity against isolates of *Trichophyton rubrum*, *Trichophyton mentagrophytes*, *Epidermophyton floccosum*, *Microsporum canis*, *Candida* spp., and *Malassezia pachydermatis*. Resistance to clotrimazole is very rare among the fungi that cause superficial mycoses. In an induced otitis externa study using dogs infected with *Malassezia pachydermatis*, 1% clotrimazole in the vehicle formulation was effective both microbiologically and clinically in terms of reduction of exudate, odor and swelling.

In studies of the mechanism of action, the minimum fungicidal concentration of clotrimazole caused leakage of intracellular phosphorus compounds into the ambient medium with concomitant breakdown of cellular nucleic acids and accelerated potassium efflux. These events began rapidly and extensively after addition of the drug. Clotrimazole is very poorly absorbed following dermal application.

Gentamicin-Mometasone-Clotrimazole: By virtue of its three active ingredients, gentamicin, mometasone, and clotrimazole, otc suspension has antibacterial, anti-inflammatory, and antifungal activity. In clinical field trials, gentamicin, mometasone, and clotrimazole otc suspension was effective in the treatment of otitis externa associated with bacteria and *Malassezia pachydermatis*. Gentamicin, mometasone, and clotrimazole otc suspension reduced discomfort, redness, swelling, exudate, and odor.

INDICATIONS: Gentamicin Sulfate, USP; Mometasone Furoate Anhydrous; and Clotrimazole, USP, Otic Suspension is indicated for the treatment of otitis externa in dogs caused by susceptible strains of yeast (*Malassezia pachydermatis*) and bacteria (*Pseudomonas* spp. (including *P. aeruginosa*), coagulase-positive staphylococci, *Enterococcus faecalis*, *Proteus mirabilis*, and beta-hemolytic streptococci).

CONTRAINDICATIONS: If hypersensitivity to any of the components occurs, treatment should be discontinued and appropriate therapy instituted. Concomitant use of drugs known to induce ototoxicity should be avoided. Do not use in dogs with known perforation of eardrums.

WARNINGS: The use of these components has been associated with deafness or partial hearing loss in a small number of sensitive dogs (e.g. geriatric). The hearing deficit is usually temporary. If hearing or vestibular dysfunction is noted during the course of treatment, discontinue use of Gentamicin Sulfate, USP; Mometasone Furoate Anhydrous; and Clotrimazole, USP, Otic Suspension immediately and flush the ear canal thoroughly with a non-toxic solution.

Corticosteroids administered to dogs, rabbits, and rodents during pregnancy have resulted in cleft palate in offspring. Other congenital anomalies including deformed forelegs, phocomelia, and anasarca have been reported in offspring of dogs that received corticosteroids during pregnancy. Field and experimental data have demonstrated that corticosteroids administered orally or parenterally to animals may induce the first stage of parturition if used during the last trimester of pregnancy and may precipitate premature parturition followed by dystocia, fetal death, retained placenta, and metritis.

PRECAUTIONS: Before instilling any medication into the ear, examine the external ear canal thoroughly to be certain the tympanic membrane is not ruptured in order to avoid the possibility of transmitting infection to the middle ear as well as damaging the cochlea or vestibular apparatus from prolonged contact.

Administration of recommended doses of Gentamicin Sulfate, USP; Mometasone Furoate Anhydrous; and Clotrimazole, USP, Otic Suspension beyond 7 days may result in delayed wound healing.

If overgrowth of non-susceptible bacteria or fungi occurs, treatment should be discontinued and appropriate therapy instituted.

Avoid ingestion. Adverse systemic reactions have been observed following the oral ingestion of some topical corticosteroid preparations. Patients should be closely observed for the usual signs of adrenocorticoid overdosage which include sodium retention, potassium loss, fluid retention, weight gain, polydipsia, and/or polyuria. Prolonged use or overdosage may produce adverse immunosuppressive effects.

Use of corticosteroids, depending on dose, duration, and specific steroid, may result in endogenous steroid production inhibition following drug withdrawal. In patients presently receiving or recently withdrawn from corticosteroid treatments, therapy with a rapidly acting corticosteroid should be considered in especially stressful situations.

TOXICOLOGY Field and safety studies with gentamicin, mometasone, and clotrimazole otc suspension have shown a wide safety margin at the recommended dose level in dogs (see PRECAUTIONS/ADVERSE REACTIONS).

ADVERSE REACTIONS

Gentamicin: While aminoglycosides are absorbed poorly from skin, intoxication may occur when aminoglycosides are applied topically for prolonged periods of time to large wounds, burns, or any denuded skin, particularly if there is renal insufficiency. All aminoglycosides have the potential to produce reversible and irreversible vestibular, cochlear, and renal toxicity.

Mometasone: ALP (SAP) and ALT (SGPT) enzyme elevations, weight loss, anorexia, polydipsia, polyuria, neutrophilia, and lymphopenia have occurred following the use of parenteral, high-dose, and/or prolonged or systemic synthetic corticosteroids in dogs. Cushing's syndrome in dogs has been reported in association with prolonged or repeated steroid therapy.

Clotrimazole: The following have been reported occasionally in humans in connection with the use of clotrimazole: erythema, stinging, blistering, peeling, edema, pruritus, urticaria, and general irritation of the skin not present before therapy.

Gentamicin Sulfate, USP; Mometasone Furoate Anhydrous; and Clotrimazole, USP, Otic Suspension: In field studies following once-daily treatment with gentamicin, mometasone, and clotrimazole otc suspension, ataxia, proprioceptive deficits, and increased water consumption were observed in less than 1% of 164 dogs. In a field study following twice-daily treatment with gentamicin, mometasone, and clotrimazole otc suspension, inflammation of the pinna and diarrhea were observed in less than 1% of 141 dogs.

DOSE AND ADMINISTRATION

The external ear canal should be thoroughly cleaned and dried before treatment. Verify that the eardrum is intact. For dogs weighing less than 30 lbs, instill 4 drops from the 7.5 g tubes and bottles, 15 g tubes and bottles, and 30 g bottles (2 drops from the 215 g bottle) of Gentamicin Sulfate, USP; Mometasone Furoate Anhydrous; and Clotrimazole, USP, Otic Suspension once daily into the ear canal. For dogs weighing 30 lbs or more, instill 8 drops from the 7.5 g tubes and bottles, 15 g tubes and bottles, and 30 g bottles (4 drops from the 215 g bottle) once daily into the ear canal. Therapy should continue for 7 consecutive days.

HOW SUPPLIED: Gentamicin Sulfate, USP; Mometasone Furoate Anhydrous; and Clotrimazole, USP, Otic Suspension is available in 7.5 g tubes and plastic bottles, 15 g tubes and plastic bottles, 30 g plastic bottles, and 215 g plastic bottles.

Do not store above 25°C (77°F). Shake the bottles well before use.

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Rev: May/2016

“I see a puppy visit in your future ...”

Anticipate clients’ whens, whys & hows

We don't claim to be psychic, but we know what your clients are going to ask you (well, sorta). Check out these three tips to be better prepared for future questions—no palm reading required, we promise.

1. SOCIAL SMARTS

Some pet owners would rather communicate via Facebook, Twitter or email. Make sure you know your practice's policies for responding.

“When” questions: “When should I neuter my puppy?”

Clinic policy will answer most “when” questions. If you've done a thorough job getting organized, you should at least know where to find these answers.

2. UM, WHAT DO I DO IF I DON'T KNOW THE ANSWER?!

Honesty is the best policy, so don't be afraid to admit you are unsure but are also committed to finding an answer. If on the phone, say something like, “I want to make sure I answer your question properly. Would it be OK if I called you back soon with an answer?”

“How” questions: “How do I keep my cat from clawing the furniture?”

Your experience gained on the job and with your own pets will help you answer “how” questions. Did you have any luck getting your own cat to stop clawing your furniture? If so, pass the information along. People are eager to hear methods that have worked in real life and not just in theory.

“How” questions that cannot be handled by experience or handouts can often be answered by clinic policy. Refer to your clinic's guidelines for answers to many of these types of questions.

3. ROLE PLAY

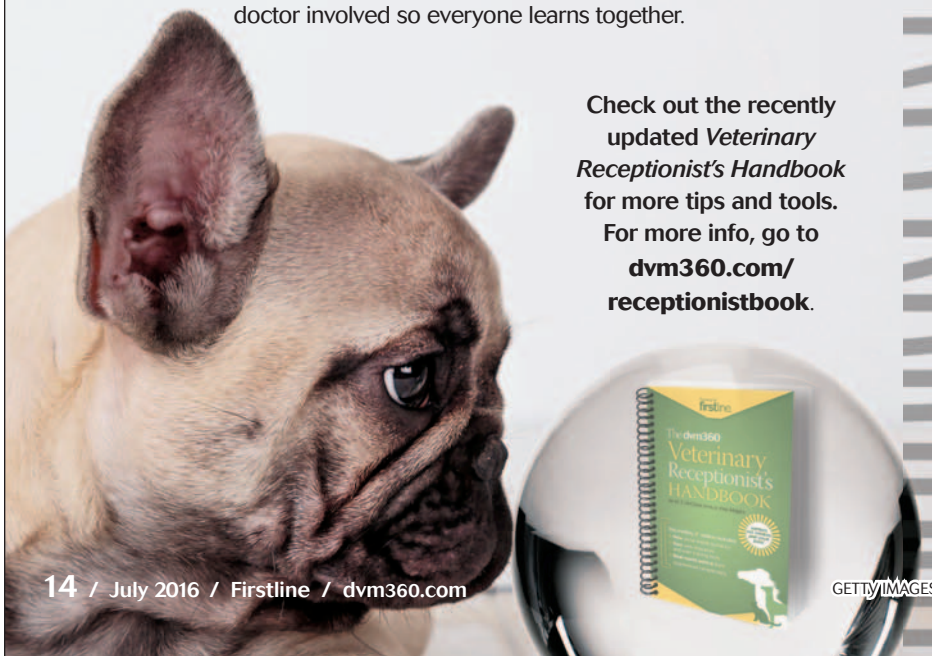
People want to understand what is best for their pets and why they must spend their hard-earned money. In answering “why” questions, you must communicate the value of a service in a way the client can understand.

“Why” questions: “Why does my dog need to get a distemper shot?”

You could say, “Unfortunately, distemper is still a real problem in our area. We see several cases of distemper each year, and we don't want to risk a possible fatal outcome if your pet catches it. For this reason, the doctor wants to maintain a high level of immunity in your pet. He achieves this by keeping your dog's vaccinations current.” “Why” questions offer an excellent opportunity for role-playing. Practice your answers with other staff members, and try to get the doctor involved so everyone learns together.

Check out the recently updated **Veterinary Receptionist's Handbook** for more tips and tools.

For more info, go to **dvm360.com/receptionistbook**.



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See brief summary on page 14.

“Whaddya mean
we could have fleas!?”



Mortimer and Terence were not thrilled at
the prospect of being infested with fleas.

A small, fluffy dog, possibly a Yorkshire Terrier, is shown sitting on a dark red background. The dog's head is replaced by a human face with light skin, dark eyes, and a smiling mouth showing its tongue. The dog's body is covered in long, wavy, light brown and tan fur.



FROM YOUR VETERINARIAN

Parasite prevention and **YOUR INDOOR CAT**

Before you decide your indoor-only cat doesn't need parasite prevention, consider these important facts:

- 1. **Cat fleas can bite humans as well as cats and dogs.**
Cats can bring fleas into your home, where they can bite humans and other pets.
Source: American Veterinary Medical Association
- 2. **10 percent of household pet cats and cats owned by veterinarians have fleas.**
Source: Journal of the American Veterinary Medical Association
- 3. **Flea bites from cats can cause allergic reactions in about one-third of the pet's owners.**
Source: Journal of the American Veterinary Medical Association
- 4. **Indoor cats can be brought into the yard to hunt and dig for insects, which can be dangerous for them.**
Source: American Veterinary Medical Association
- 5. **A study conducted in 2007 by the American College of Veterinary Medicine found that indoor cats have higher rates of flea infestation than cats kept outside.**
Source: American College of Veterinary Medicine
- 6. **Indoor cats may still be exposed to fleas and protozoal parasites from their owners' shoes, clothing and the parasite's eggs in carpets, blankets and other fabrics.**
Source: American College of Veterinary Medicine
- 7. **Children and immunocompromised people, such as cancer patients, people with HIV or AIDS and organ transplant recipients, are more susceptible to parasites.**
Source: American Veterinary Medical Association
- 8. **Exposure to a common protozoal parasite in the United States, known as Toxoplasma gondii, can cause serious health problems in people with weakened immune systems.**
Source: Centers for Disease Control and Prevention
- 9. **Roundworms, or Toxascaris spp., are widely recognized and are estimated to produce an average of 1,000 eggs per day.**
Source: American Veterinary Medical Association
- 10. **A cat's intestinal flatworms can often pass to the dog's cat fecal droppings, so the dog can get the parasite.**
Source: American Veterinary Medical Association
- 11. **Indoor cats can be exposed to other parasites, including ear mites, which can cause ear infections, scratching, itchy skin, and other problems.**
Source: American Veterinary Medical Association

Source: American Veterinary Medical Association



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5 strange facts about parasites

Dispel veterinary clients' misconceptions about parasites with these crazy-but-true facts.

By Robert R. Hase, Jr., DVM

Veterinary clients should be used to the spiel about fleas, ticks and heartworms by now, and listen to your recommendations for preventives—right? But what about things like roundworms, pinworms and cockroaches? Here are five strange-but-true facts about these parasites so you can arm your clients with knowledge.

1

Indoor cats *can* get worms

Did you know? Fifteen percent of plant potting soil contains hookworm or roundworm eggs, or both, according to a study in the *Veterinary Record* (Feb. 18, 2006). Cats can also get tapeworms from eating infected fleas. Adult fleas can be infected with the tapeworm cyst and when ingested and then digested, the cyst matures into the adult tapeworm and attaches to the gut. Once mature, the segments break loose and pass in the stool, which is usually what clients see in the stool. A piece of “dried rice” found in the hairs around the anal area is usually a dried tapeworm segment and another sign of infection.

3

Just because clients don't see them, doesn't mean parasites aren't there

Veterinarians frequently hear, “I don't see any worms in my pet's stool so (a) my pet does not have worms and (b) my pet doesn't need to be checked for worms.” Those of us in the veterinary profession know nothing could be farther from the truth. For help convincing owners that regular stool exams are necessary, check out the script at dvm360.com/fecalscript, or try brochures and downloads from the Companion Animal Parasite Council.

4

Pets don't carry bedbugs or lice

Pet parents have claimed that their cat, dog or even their bird has bedbugs, head lice or crab lice. Clients have a better chance of winning the lottery before that would happen! Bedbugs are an environmental problem and are extremely unlikely to infect a cat or dog. For head lice or crab lice, transmission is strictly human to human.

2

Sorry, but the dog *didn't* give you pinworms

Clients sometimes report that their wife, aunt, neighbor or even their physician told them that their kids got pinworms from the dog! There's no way this happened because dogs don't get pinworms. Humans get highly contagious pinworms from other humans. Pet rabbits or horses can be infected with pinworms, but even those pinworms are species-specific.

5

Roaches, aside from being creepy, are carriers of worms

Cockroaches are a source of parasites for cats and indoor dogs. *Physaloptera spp.* (the stomach worm) comes from ingesting the roach—gross! Roundworm eggs can be found on the surface of the roach where they are ingested while pets play with the roach or eat it. Some research also indicates that feline asthma may be associated with cockroach debris.



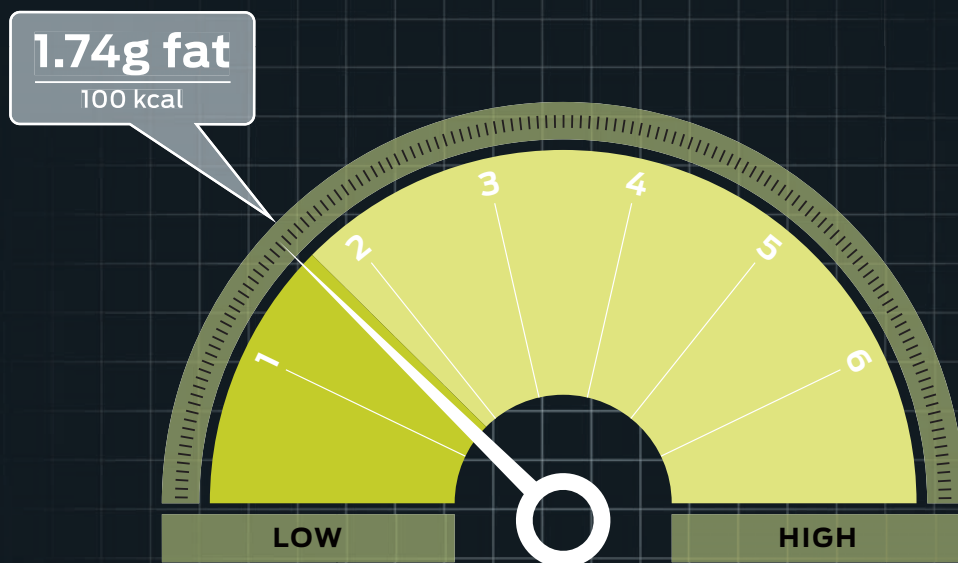
FEELING ITCHY YET?

Shake it off with the latest parasite products here: dvm360.com/parasiticides.

Robert R. Hase, Jr., DVM, is the medical director of Bayonet Point Animal Clinic in Port Richey, Florida.

GETTY IMAGES

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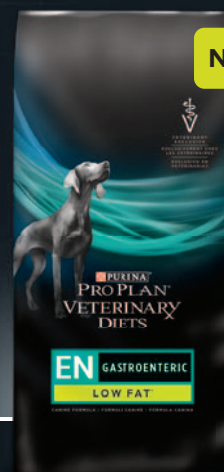
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†Comparison based on values published in PPVD Product Guide 2015 (average nutrient content), Hill's Key 2016 (average nutrient contents), Royal Canin Product Guide 2016 (typical analysis)

* Millward Brown Veterinary Tracker, Fall 2015



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Stop leaving your drugs around!

Drug theft and abuse or resale of controlled substances from your veterinary practice are serious crimes. Are your managers and team doing everything they can to protect you from the crime, the guilt and the mistrust that can come with drug theft?

By Kathryn Primm, DVM

I thought narcotic theft at my veterinary practice was unlikely, but I learned the hard way that no one is immune. Because of my recent issue, I had to learn a lot and “on the spot.” Here are some starting points for the next time a manager or practice owner calls on you to help sort through a possible controlled drug theft.

COUNT AND COUNT AGAIN

First, double-check your inventory numbers to be sure a mistake wasn't made with the shipment or product check-in. (If you don't already have inventory controls in place, now's a good time to implement them.)

Your veterinary software includes an inventory management module through which orders are placed. (You use that, right?) Then when items are delivered, they're checked into inventory. One team member double-checks the shipment for accuracy; another checks the items into the computer system, creating at least one layer of checks and balances. At my practice, a third person is responsible for putting controlled substances inside the locked safe.

FOLLOW THE RULES

Be sure you're compliant with state and federal regulations for counting, securing and reporting of narcotic drugs. If you follow those rules, it's readily apparent when medication is being stolen.

Many controlled medications have a street value as well as addictive properties, so they're all in danger of being taken. We noticed very rapidly that there was a discrepancy and were able to narrow it down to a time period of just a few hours during which the medication went missing.

Once you verify the drug was delivered and is truly unaccounted for, a good next step is to empty shelves of all other pharmacy items to make sure it wasn't misplaced. We checked the trash and refrigerator too, just in case.

REPORT THE THEFT

When you verify that the medications have been stolen, contact your local police department. The U.S. Drug Enforcement Agency should also be involved (you'll need to fill out DEA Form 106). Because many controlled substance thefts are internal, your team should be aware that you may require drug testing in the event of drug stealing.

The best way to manage drug theft, of course, is to prevent it in the first place. Help your management team review protocols now to ensure that the right people will be alerted if drugs go missing. Consider:

- ✓ a double-locked narcotic safe
- ✓ an inventory check-in process with more than one person signing off on each step
- ✓ a regular accounting of stock
- ✓ a procedure for exactly which team members fill (and double-check) controlled prescriptions.

Missing medication creates a huge stress for your team. Everyone feels mistrust and suspicion. Make sure your team—and your bosses—do all they can to protect your clinic family and anyone who could be harmed by the misuse of your drugs.

Kathryn Primm, DVM, owns and practices at Applebrook Animal Hospital in Ooltewah, Tennessee. She is the author of Tennessee Tails: Pets and Their People. For another veterinarian's take on drugs in the veterinary workplace, see dvm360.com/darkshadows.

“Harold”** thinks no one will notice if he just swipes a few bottles of ... What's at risk in **your** clinic?

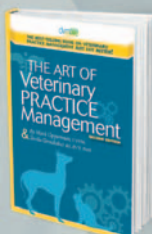
*All names have been changed, etc. etc.

INVENTORY YOUR BOOKSHELF

Got these guides? They both contain great chapters on veterinary inventory management.



The Veterinary Receptionist's Handbook by Dr. M.T. McClister. See dvm360.com/receptionistbook.



The Art of Veterinary Practice Management by Mark Opperman and Sheila Grosdidier. See dvm360.com/oppermanbook.



LO money VE, & messes

By Julie Carlson, CVT

Confessions from the boss ...



1

We can't pay you what you're really worth.

We know how hard you work; we see it every day. And we want to pay you for all that work—we really do. But the costs of owning and running a clinic are astronomical and we just can't afford it. We just hope you see how much we really do appreciate you.

2

We're not rich.

We know how it looks. We own the practice, so we must be living the high life, right? In truth, most of us are barely making it. Like you, much of our time is unpaid because we just can't go home until all the loose ends are tied up. We put our heart and soul into what we do; we certainly don't do it for the money.

3

It's extremely difficult to be a practice owner.

We know how to be a veterinarian; that's what we learned in school. But no one taught us how to run a business. We're trying to manage overhead, keep supplies in stock without overdoing it, pay the utilities, hire and train staff (including those who hire and train others), pay property taxes and rent, all while doing our regular veterinary work.

4

We don't always know the right answer, and that kills us.

Sometimes we just ... don't know. Patients don't always follow the textbooks. We talk to our colleagues and to specialists, we look things up and ask for advice. But sometimes we just don't know what's wrong with a pet. That is not only extremely frustrating, but it's also humbling. We went through a lot of school and to have a case that has no clear answer isn't something that's easy to handle.

5

We care more than you know.

We see you sitting in that cage with the dogs trying to coax them to eat. We see you cuddling that scared cat. We see you carefully performing treatments in a loving way. We know how much you care about the patients. But did you know that we care just as much? We spend a lot of nights in bed staring at the ceiling because we're afraid we missed something or prescribed the wrong medication or treatment.



Confessions from the team ...

OK, vets. Now it's your turn to listen.



IT'S NEVER TOO LATE TO LEARN TO COMMUNICATE!

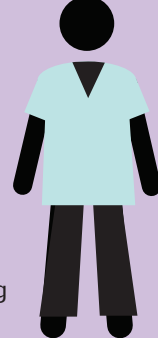
Find free team training to learn to communicate more effectively with doctors, team members and clients at dvm360.com/teammeeting or scan the code.



1

We can't live on what you pay us.

We absolutely love our jobs. We didn't get into this field for the big bucks (LOL!), but we still need to pay our bills. We get that you're operating on a budget—we really do. Help us help you by providing us with scrubs, free or discounted CE, vacation time, insurance and discounted veterinary care and medications. When we make enough to be able to support our family we feel valued and appreciated.



2

It drives us crazy when you leave messes.

When you're drawing up and giving vaccines to a pet, don't even lay those empty vials down—throw them away! It drives us crazy to walk into an exam room and see trash all over the counters.

3

When you do our job it makes us feel inept.

We went through a lot of training to learn how to do our job properly, effectively and safely. When you set IV catheters, take radiographs, draw blood and place bandages, it takes away the parts we enjoy most about our job. Utilize our skills and knowledge and let us give you all that we have to offer.

4

We have a lot more education than you might expect.

Veterinary technician school involves two years of intense work and study. We take classes that include laboratory procedures, parasitology, anesthesia and surgical nursing, diagnostic imaging, pharmacology, anatomy and physiology, laboratory animal science and dentistry techniques. After graduating with an associate's degree, we are able to take the national and state board exams. Once we pass the exams and become credentialed, we are required to maintain our CE hours for relicensing.

5

Not requiring your technicians to be credentialed undermines those of us who are.

I know this can be touchy, but let's talk about it. Credentialed technicians not only have the hands-on skills they learned both in school and on their externship—not to mention from any previous clinic experience they may have—but they bring a whole world of knowledge and education from spending two years studying all the intricacies of veterinary medicine. When you pay us the same as noncredentialed staff (or less!), it tells us that you don't value us or the education and sacrifices we made to be the best technician we can be.

Money Techs Appreciation Animals Communication Working with people Employees Pet owners Team Difficult clients Staff pay Work ethic Management Long hours Income Doctors and managers Emergencies Internet and Dr. Google

ON THE NOSE: YOUR TOP 10 FRUSTRATIONS IN PRACTICE

- Low pay and lack of benefits
- Lack of communication in practice
- Clients who can't afford care/clients who complain about the cost of care and don't understand the value of the service we offer
- Noncompliant clients
- Doctors and managers
- Coworkers who cause conflicts and have bad attitudes
- Technicians failing to be recognized for their credentials
- High turnover and lack of qualified candidates/team members with poor work ethic
- Difficult clients
- Not enough time to complete duties

Source: 2016 Firstline Career Path Study



Hero
Julie Carlson, CVT, is a freelance author and the winner of the 2015 Hero Veterinary Technician Award from the American Humane Association. She

is also the founder of Vets for Vets' Pets, a nonprofit organization providing supplies and medical care to the pets of homeless and at-risk veterans. Julie shares her Phoenix, Arizona, home with five cats, two Chihuahuas and one fish.

If you can work past these problems with your doctors, managers, coworkers and clients, you may be able to kiss and make up.



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Victory

How to switch your patients' experiences from the merely fun to the truly victorious.

By Mikkel Becker,
CPDT

True to their name, “fun visits” establish a joyful expectancy at the veterinarian for some dogs who step through office doors licking their chops in happy expectation of a tasty morsel. And every positive experience helps tip the scales in favor of the canine learning to like—or at least be more relaxed at—the veterinary hospital.

But fun visits don't work for all dogs. Take Bunny, for example. Fun visits did little to settle her anxious anticipation at the vet. Even though she practiced several fun visits where she experienced fun activities in the lobby, she continued to quake in fear, shivering and panting heavily during every trip to the veterinary practice.

As she stepped into the practice, she would try to flee and hide or cower in a nervous ball. There were few, if any, positive aspects of the fun visits, and she remained terrified from associations she'd made on previous visits, despite her owners' efforts to create new, positive associations.

Another common flaw with fun visits: While some pooches may show less hesitation or even develop positive associations with the practice waiting

area, where they expect a treat, play or other positive experiences, they're less prepared for the actual examination and care and may become anxious beyond the reception desk.

The solution: more targeted preparation for dogs. The goal is to get the pup more accustomed to the environments and types of handling and care they're going to receive. Many dogs are much better prepared for the hands-on care they'll experience at your veterinary practice if you take the time to associate these situations with pleasurable sensations.

What about the pooches who are too stressed to relax with associated rewards and training? This is where I recommend using a different approach to slowly build up the canine's confidence at a relaxing pace.



visits



Here are the specific considerations of a Victory Visit:

1. PACE

Victory Visits are done at a pace that's comfortable for the dog. Some dogs are relaxed enough to move into the exam room or to begin initial handling work of a mock exam. Other pooches require a slower approach: starting initial handling in the comfort of their own home and conditioning to initial anxiety triggers, like the car ride or parking lot. In some cases, special intervention is necessary and preparation alone is limited. In these cases the veterinarian may use medications or refer the pet to a veterinary behaviorist.

2. LOCATION, TIME AND RESOURCES

So now you may be thinking, sure, that sounds great in theory. But how would any practice actually have the time and resources to pull it off? Every hospital is different, and you can tailor Victory Visits to fit your space, schedule, team and demand.

Scheduling open times or days for clients to come in is one way to get such visits done when there's low traffic or an open room is available. Or training may be catered to preparing owners and their dogs in either private or group sessions with a technician, certified trainer working with the hospital or other knowledgeable staff member.

3. PRICING

We've found many clients are more than willing to invest in visits and training to keep stress levels low for their canine during care. But, in some cases when compliance is low or cost is a concern, consider incentivizing such classes, such as offering credit from the class to go to part of future veterinary care. Or, build up regular Victory Visit compliance with incentives that might matter to the owner, such as a specific number of visits or a goal met resulting in a reward, whether it's special recognition, a small gift or a coupon. Ultimately positive experiences with the clinic ease difficulty of later care and build client loyalty.



HOW TO PRACTICE VICTORY VISITS

Here are some of the essential skills to practice while preparing for Fear Free Victory Visits.

1 Familiarity with the parking lot, lobby, exam room

- ☐ Focusing on the waiting room
- ☐ Showing tricks for team members
- ☐ Getting on the scale

2 Targeting equipment or learning to remain relaxed while being handled with such equipment use as

- ☐ Stethoscope
- ☐ Otoscope
- ☐ Nail trimmers
- ☐ Cotton swab for mock temperature

3 Practicing these experiences to prepare for the exam

- ☐ Touched/handled by different person
- ☐ Spending time in the exam room, potentially on an exam table

4 Prepare for likely care

- ☐ Receiving ear/eye medication
- ☐ Taking pills



MAKE CAR RIDES FUN FOR FIDO:

Teach pet owners how to transport their furry friends to your veterinary practice with these calming tips for more mellow car rides.

Scan to watch now.



VICTORY VISITS: WHAT'S YOUR ROLE?

Veterinarian: Start acclimating the dog to the handling, tools and environment of the hospital, whether your goal is to prevent fear or manage existing issues, such as getting the dog better accustomed to having his ears handled.



Veterinary team: Offer specific guidance for activities for the clients to practice with their pooch at home. It's a good idea to demonstrate these activities while they're at the practice and offer handouts and videos of the activities. For example, pet owners can teach tricks like "touch" or "shake" at home. Once the pet knows these tricks, your veterinary team can create positive interactions with the pet by asking the pet to perform the trick.



Technicians and behavior champions:

Schedule visits with clients to guide the dog through Victory Visits.



Receptionist: Offer cues to pet owners. For example, you can place a treat jar above the scale with a sign that reads, "Use treats to practice stepping onto the scale." Or at the front desk, you can post a sign that reads, "Will trade treats for tricks" to encourage pet owners to have their pets interact with you and other team members.

WHERE "FUN VISITS" FAIL

I switched to the terminology of Victory Visits after helping numerous veterinary hospitals prep their pets for the veterinarian. Many say they're doing prep work for dogs with "fun visits." But, as I've delved into the practice I've found a fun visit in general is a loose term with little structure to prepare dogs for what they'll actually experience.

Such visits lacked guidance to create a more specific trip that was targeted to alleviating some of the trepidation many dogs feel with aspects of veterinary care.

Victory Visits work to create a Fear Free experience for the dog during care by familiarizing the canine through repeated visits and training to remain relaxed with future care. These visits employ the positive activities the dog enjoys doing, such as receiving extra special treats and playing favorite games. They're designed to condition, train and prepare dogs for care they're likely to have during their lifetime in the environments where the care is going to happen.

WORK(SHOP) IT OUT

You can incorporate elements of handling and care into regular classes or devote a specific class toward helping dogs remain relaxed with different aspects of veterinary care. Classes may vary from a structured multi-week class to workshops. Also consider collaborating with a reward-based trainer for field trips for classes or individual clients to increase their comfort in the veterinary setting. (Of course, you'll want to limit this to pets with prior veterinary records to ensure they're up-to-date on vaccinations.) Training in the hospital accustoms the dog to different parts of the facility to better prep for future care. These could include training in the exam room or practicing a stay on the scale or an anti-slip-bottomed mat on the exam table.

1. ISSUE-BASED CARE

If a dog has a particular aspect of care she's especially hesitant around, such as handling of the ears or paws, assign targeted training to the owner to help the dog relax. If for instance a dog's fearful of having her teeth examined, offer clients a way to work with the dog at home, such as specific prep work at home or referral to someone to help directly condition the dog to this aspect of care. Depending on the issue, a veterinary behaviorist, behavior technician, technician or certified trainer who uses reward-based methods are potential resources.

2. WORKSHOPS

For example, I partner with two other local trainers to offer Victory Visit workshops to prep puppies and adult dogs for future veterinary care. The workshops are on a rolling monthly schedule, with open hours of 15-minute time slots people can sign up for. The training is free and allows for one-on-one training for the owners and their dogs to work with a trainer. The workshops help pets practice calm behaviors and keeping focus while waiting in the lobby or exam room, loading the scale willingly, and learning to relax with elements of the exam, including handling, restraint and preparation for procedures. If a dog has a specific need, such as being nervous with getting their temperature taken, we can offer care to desensitize and countercondition the pet, as directed by the veterinarian.

3. PUPPY AND ADULT DOG CLASSES

Consider pairing with a reward-based trainer, or multiple trainers, to incorporate aspects of handling into their classes. Teaching puppies early on to be accepting of different handling, like nail trims, can significantly improve the ease of future care. Field trips may be a potential way to accustom dogs to the hospital in a way that's paired with an experience outside of regular veterinary care. I've both taken individual clients and group classes into the veterinary environment for such preparation as well as partnered with hospitals to do board-and-trains in the veterinary environment when a dog was staying in the hospital for care.

4. FEAR FREE CLASSES OR INDIVIDUAL TRAINING

Specific classes or private lessons allow clients to focus on areas they need more work with to preventively prepare a dog to remain relaxed or cooperative with care. Or, in other cases, to decrease anxiety a dog already has with a certain aspect of care. The veterinarian may recommend classes or individual training.



PUT THE TREAT IN TREATMENT

Find more tips to teach pet owners to get pets from the living room to the exam room in a calm state with live training from **Mikkel Becker** at **CVC Kansas City, Aug. 26 to 29.**



Stop sorting. Start

Personality types be damned! Bash Halow, LVT, CVPM, shares the simple but demanding steps he takes in every crucial conversation

1

"More than one communication instructor over the years has tried to convince me they know the secret to help me motivate and talk to folks as a veterinary practice manager. And it's labeling my colleagues."



Millennial
Pisces
RED
Extrovert
DISC
INFP



2

"Find out what generation they are.
Ask their tastes.
Check their birth year.
Check their shyness or their energy.
Find out how they like to talk ... or be praised ... or face change ... or fight conflict."



4

"The Myers-Briggs deposits you in one of 16 boxes. Imagine all those years we wasted trying to talk to people when instead we could have labeled them and filed them away!"




5

"We've tossed the word communication around enough times to be a salad, but it's not as simple as speaking grammatically and intelligently or switching out another person's identity with a label."



6

"It's ...
Listening.
Empathizing.
A lot of trial and error.
A great deal of patience."



8

BASH'S BIG IDEA:
POUR ALL THE LITTLE BUCKETS INTO ONE BIG ONE
I Want to Feel Special and I Want Others to Recognize it!



9

Millennial
Extrovert
DISC
INFP
Taurus
RED
GenX
Pisces
YELLOW
BLUE
Boomer
GREEN
Introvert



10

"Can I make a recommendation to all you managers?"

↓

"DON'T administer the next personality exercise that comes down the pike."





talking.

he manages in veterinary practice and in life.

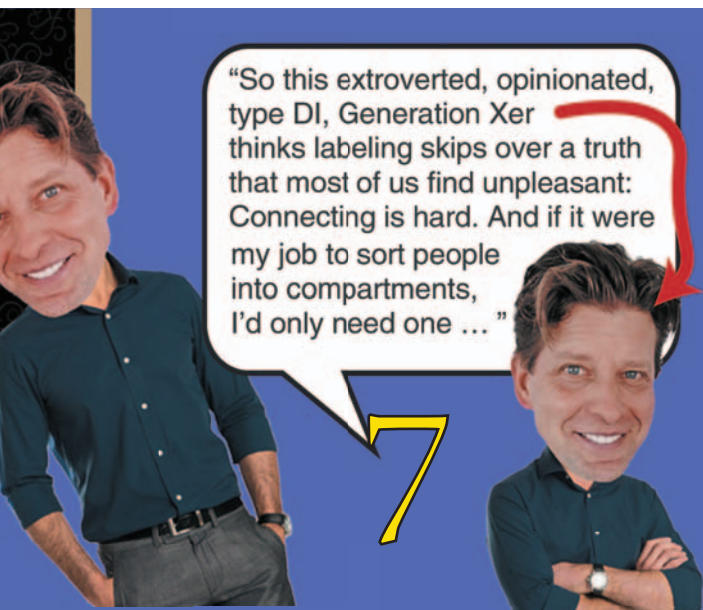
"Put them in the right box and, by gum, you'll solve your communication problem!—'Ah, yes, a Taurus! Those bullheaded folks! You want to get a point across to a Taurus, you need to knock it into the side of their skulls!'"

3



"So this extroverted, opinionated, type DI, Generation Xer thinks labeling skips over a truth that most of us find unpleasant: Connecting is hard. And if it were my job to sort people into compartments, I'd only need one ..."

7



"Sit down with someone you need to talk to. Say what you think and feel. Remember, everybody wants to win ... a chance to shine ... and earn a bit of applause."

"Then get down to the difficult business of making that happen for you and your employee."

The end

11



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 isoxazolones 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 91.1% 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

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

Made in Brazil.

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Rev. 1/2015

FRONTLINE VET LABS
A Division of Merial



I've heard about canine influenza. Should I vaccinate my dog?"

By Brian Stewart, DVM

STEP 1: THE FACTS

There are two known strains of canine influenza—H3N8 and H3N2. The H3N2 strain is the most recently discovered strain, and it was the main culprit of the recent influenza outbreak in the Chicago area that sickened thousands of dogs. Recent news reports indicate H3N8 cases have been reported in 41 states, and H3N2 cases have been reported in 25 states. We are still finding H3N2 influenza infections as it continues to spread in the Midwest, Southwest and East Coast.

STEP 2: THE SIGNS

Clinical signs include:

- > coughing
- > sneezing
- > nasal secretions
- > lethargy
- > high fever

- > pneumonia that can lead to death.

Canine influenza is spread via nasal and oral secretions, such as sneezing, barking and licking. Dogs most susceptible are ones that go to daycare, boarding facilities or dog parks.

STEP 3: WHAT YOU SHOULD SAY

We tell clients that it's advisable to have us vaccinate your dog if he comes into contact with other dogs, especially in a daycare or boarding facility. If it's the first time the dog is getting the vaccine, it needs to be boosted in three weeks, then annually thereafter.

Catch live CE in Kansas City.

Spread the news—we're talking disease prevention!

Learn more at thevc.com.



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Before

After



Before

After



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Is your software asleep on the job?

Here's how to wake it up.

1

On average, most clinics use just **20%** of their veterinary practice management software.

Do more—you can save up to **\$10,000/year** in time savings and efficiencies gained.

STOP & ASK!

Are there daily, weekly or monthly irritations with medical records, financial reports, inventory management, client communication or something else that your practice software could help with if you took a little time to learn? (We know most of you care more about those annoying inefficiencies than you do about the money!)

USED



NOT USED!

2

On average, about **25 to 30%** of patients don't receive an annual reminder.

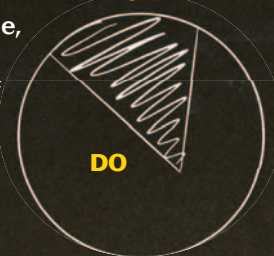
For a small practice with 6,000 patients, fixing that could mean **\$250,000** in potential sales each year.*

*Based on average transaction amount of \$160 per patient

STOP & CHECK!

If your reminders are infrequent or inconsistently sent, could you automate any of those processes and make it easier to send them to clients? What keeps your practice from sending out more frequent and more relevant snail mail, email or phone text reminders?

DON'T



DO

3

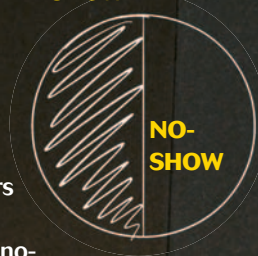
Online scheduling with automatic email and text reminders can reduce appointment no-shows by **50%**.

STOP & ASK!

If you're ready for online scheduling (I mean, wouldn't YOU want it as a pet owner?), does your practice software support it? If not, is it time to think about switching software providers or finding a third-party website company to help?

Source: AVImark

SHOW



NO-SHOW



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love
it!¹



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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.

See brief summary on page 31.