

# firstline<sup>®</sup>

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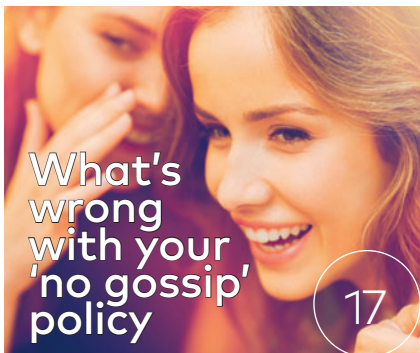
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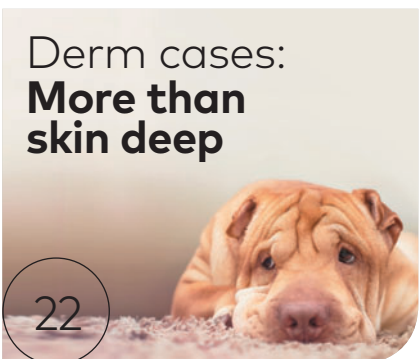
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# Caring for patients starts with caring for myself

By Oriana D. Scislowicz, BS, LVT, APHR

**Y**ou don't need to share my love of travel, my reading habit—or my love of cats (dog people, lookin' at you). One thing I do think that we all should share is a dedication to self-care. After all, we make sure our patients are happy and healthy—shouldn't we check up on ourselves as well?

## Self-care can be efficient

When I've been on the road for work all day, I always try to allow myself to have the next day in the office for catchup, versus cramming in travel days back to back. I'll also sometimes work from home so I can get in some high-quality uninterrupted focus time.

My bottom line advice to colleagues? No matter how you do it or what works best for you, always push yourself to new heights—without pushing yourself too far. That veterinary patient's care starts with the knowledge that you're already taken care of.

Join Scislowicz at Fetch dvm360 conference in Virginia Beach May 17-20 to engage in some seriously fun CE and self-care, including meditation, yoga and more. Visit [fetchdvm360.com/VB](http://fetchdvm360.com/VB) to learn more or to register now.



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*Firstline* (Print ISSN: 1095-0613, Digital ISSN: 2150-6574) is published 6 times/year as combined issues in Jan/Feb, March/April, May/June, July/Aug, Sept/Oct & Nov/Dec by UBM LLC, 131 W. First St., Duluth, MN 55802-2065. Subscription rates: one year \$21.00, two years \$36.50 in the United States & Possessions; \$31.50 for one year, \$57.00 for two years in Canada and Mexico; all other countries \$42.00 for one year, \$78.00 for two years. Single copies (prepaid only) \$10.00 in the United States; \$14.00 in Canada, Mexico, and \$16.00 in all other countries. Periodicals Postage Paid at Duluth, MN and additional mailing offices. POSTMASTER: Please send address changes to *Firstline*, P.O. Box 6086, Duluth, MN 55806-6086. Canadian GST number: R-1242131387001. PUBLICATIONS MAIL AGREEMENT NO. 40612608. Return Undeliverable Canadian Addresses to: IMEX Global Solutions, P.O. Box 25542, London, ON N6C 6B2, CANADA. Printed in the U.S.A. © 2018 UBM. All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical including by photocopy, recording, or information storage and retrieval without permission in writing from the publisher. Authorization to photocopy items for internal/educational or personal use, or the internal/educational or personal use of specific clients is granted by UBM for libraries and other users registered with the Copyright Clearance Center, 222 Rosewood Dr. Danvers, MA 01923, 978-750-8400 fax 978-646-8700 or visit <http://www.copyright.com> online. For uses beyond those listed above, please direct your written request to Permission Dept. Fax 440-756-5255 or email: [mcanon@advanstar.com](mailto:mcanon@advanstar.com). UBM Life Sciences provides certain customer contact data (such as customers' name, addresses, phone numbers, and e-mail addresses) to third parties who wish to promote relevant products, services, and other opportunities that may be of interest to you. If you do not want UBM Life Sciences to make your contact information available to third parties for marketing purposes, simply call toll-free 866-529-2922 between the hours of 7:30 a.m. and 5 p.m. CST and a customer service representative will assist you in removing your name from UBM Life Sciences's lists. Outside the U.S., please phone 218-740-6477. *Firstline* does not verify any claims or other information appearing in any of the advertisements contained in the publication and cannot take responsibility for any losses or other damages incurred by readers in reliance on such content. *Firstline* cannot be held responsible for the safekeeping or return of unsolicited articles, manuscripts, photographs, illustrations, or other materials. Address correspondence to *Firstline*, 8033 Flint, Lenexa, KS 66214; (913) 871-3800; email [firstline@ubm.com](mailto:firstline@ubm.com). To subscribe, call toll-free 888-527-7008. Outside the U.S. call 218-740-6477.







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# PEARLS

(Lustrously good advice and tips)

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### Client handout: **Puppy vaccines**

Make sure every puppy receives the protection you recommend with this handout that explains what vaccines are, why we vaccinate puppies, vaccine safety and why you offer boosters at [dvm360.com/puppyvaccines](https://dvm360.com/puppyvaccines).





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## Dial down the drama of a diabetes diagnosis

When you hear "diabetes" you know exactly what to do and what to look for. You understand the ins and outs of the disease and its causes. You even know that it can be transient in nonspayed females (fun fact, if you didn't!). But many pet owners don't know these things. And when pet owners hear that their beloved pet has the Big D, images of insulin needles, hospitalization and even a foot amputation come to mind.

But your team can assuage their fears with some simple steps. Get started with the free Team Meeting in a Box at [dvm360.com/teammeeting](http://dvm360.com/teammeeting).

## Treat your sick schedule

Many hospitals rely on areas in the appointment schedule reserved for same-day sick appointments. At a hospital I used to manage, many times these reserved appointments weren't booked. When I investigated, I learned our client service team wasn't booking appointments on these blocked out "sick pet" times.

I decided we needed a protocol change to schedule more efficiently. To make the change, I used these steps to keep the whole team on board:

- I asked doctors and team members about what these time slots meant to them and what their perceptions were.

- I researched potential revenue we'd lost by not booking these appointment slots. The numbers were significant enough to warrant a

change in our procedures.

- I shared this data with my team. We started with a discussion about why this was important for the hospital, and I suggested doing a "dry run" to schedule more appointment requests on these same-day sick appointment slots to see how it would affect our day-to-day operations.

Once the team realized it was a good change, we implemented the protocol permanently. We were subsequently able to see and treat several more pets per day, schedule more clients when they want to be seen and increase daily revenue.

*Erika Ervin, MBA, CVPM, CVT  
Practice manager  
Toms River Animal Hospital  
Toms River, New Jersey*



## CC the Clinic Cat

Find more Clinic Cat comics and fun stuff at [dvm360.com/cliniccat](http://dvm360.com/cliniccat)





# DON'T LET THE LONE STAR TICK HIDE IN PLAIN SIGHT

Part three of a three-part series

Dr. Thomas Mather, professor of entomology and director of the TickEncounter Resource Center at the University of Rhode Island, likes to tell the story about a beagle who loved to roam freely around the bushes and mulched areas of her family's backyard. When her owners noticed what looked like handfuls of poppy seeds strewn about the house – on the couch, bedsheets and carpet – they called him for his advice.

Mather knew right away the family was dealing with a larval tick infestation. The larvae were hitching a ride on the nailbeds of the beagle's feet, where they went largely unnoticed by her owners. Sharing stories like this with your own clients can help you underscore the importance of what Mather calls "tick smarts."

## KEEPING TICKS OUT

Larval ticks, commonly called seed ticks, can lead to serious problems for pets and humans alike. A female Lone Star tick can lay up to 3,000 eggs at a time, and a single blade of grass can hold many<sup>1</sup>.

With one brush of the leg, hundreds of larval Lone Star ticks can climb through the fabric of woven socks or hitch a ride in a pet's fur. Dr. Scott Commins, allergist at the University of North Carolina-Chapel Hill, treats patients suffering from a rare red meat allergy linked to bites from the Lone Star tick in humans. He sometimes notices larval tick bites on the feet and ankles of these patients, indicating frequent exposure to the parasites in daily life. The Lone Star tick, as both larva and adult, can be on a host and out of sight more quickly than your clients might notice.

Dr. Brian Herrin, a veterinary parasitologist at Kansas State University, tells his clients that many factors can result in successful tick control, including tick control products. Methods of prevention include frequent body checks and grooming sessions after outdoor activity with pets, and keeping a tidy yard free of organic debris where ticks can hide.

You can learn more about the Lone Star tick and tick-borne diseases at the TickEncounter Resource Center website ([tickencounter.org](http://tickencounter.org)).

## TICK STAGES AND SIZE COMPARISON



<sup>1</sup>"Amblyomma americanum (Lone Star ticks)". University of Rhode Island TickEncounter Center. [http://tickencounter.org/tick\\_identification/lone\\_star\\_tick#top](http://tickencounter.org/tick_identification/lone_star_tick#top). Accessed October 11, 2017. Merial is now part of Boehringer Ingelheim. ©2018 Merial Inc., Duluth, GA. All rights reserved. NEXLSTADVERTORIAL2-3-R (3/18).

# Conversation tree:

## How to respond to, 'I can't afford that'

It's a painful reality: Pet care costs money. You know that, but clients sometimes experience an emotional response to the financial side of pet ownership. Here are a few ways to successfully respond to negative comments.

**Mrs. Pennypinch:** *If you really cared about Felix, you'd do it for free.*

**You:** *I care very much about Felix, and I care about you too. I want to help, and I have some suggestions to help pay for Felix's care.*

**Mr. Freebie:** *Do you have any discounts or special offers?*

**You:** *What I can do is recommend a few ways to help pay for your pet's care today and going forward.*

**Ms. Emptypockets:** *Can you treat Gertie now and I'll pay you later?*

**You:** *I can suggest some payment options that may help you pay for Gertie's care.*

Then, depending on the solutions your practice recommends, you may suggest one or all of these options.

### Wellness plans

Our practice recommends a wellness plan to package all of the care your pet needs for the year into monthly installments, so you can pay a planned amount each month instead of all at once. Our wellness plan includes (list the services included in the plan). What questions can I answer about wellness plans?

Research wellness plan providers at [dvm360.com/wellnessproviders](https://dvm360.com/wellnessproviders)

### Pet insurance

Our practice recommends pet insurance to help you offer the care your pet needs. We recommend (name your preferred insurance provider) because ... (Say why. If you have a personal experience with the product, share your own story.) What questions can I answer about pet insurance?

Research pet insurance providers at [dvm360.com/petinsuranceproviders](https://dvm360.com/petinsuranceproviders)

### Third-party payment plans

Our practice recommends (name your preferred third-party payment plan) to help you afford the care your pet needs today. Like the credit cards some stores provide, you can qualify for a line of credit. And if you pay it off within a certain time period, it may even be interest-free. What questions can I answer about third-party payment plans?

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# How do you pay your doctors?

Compensation can take many forms. To gain a clearer understanding of compensation in the veterinary industry, Veterinary Hospital Managers Association (VHMA) asked its members to detail practice procedures for compensating veterinarians. A total of 264 practice managers, hospital managers and veterinarians completed the survey.

By Christine Shupe, Executive Director, VHMA

## How are veterinarians paid?\*



\*Numbers do not total 100 due to rounding

## Other interesting facts from the study:

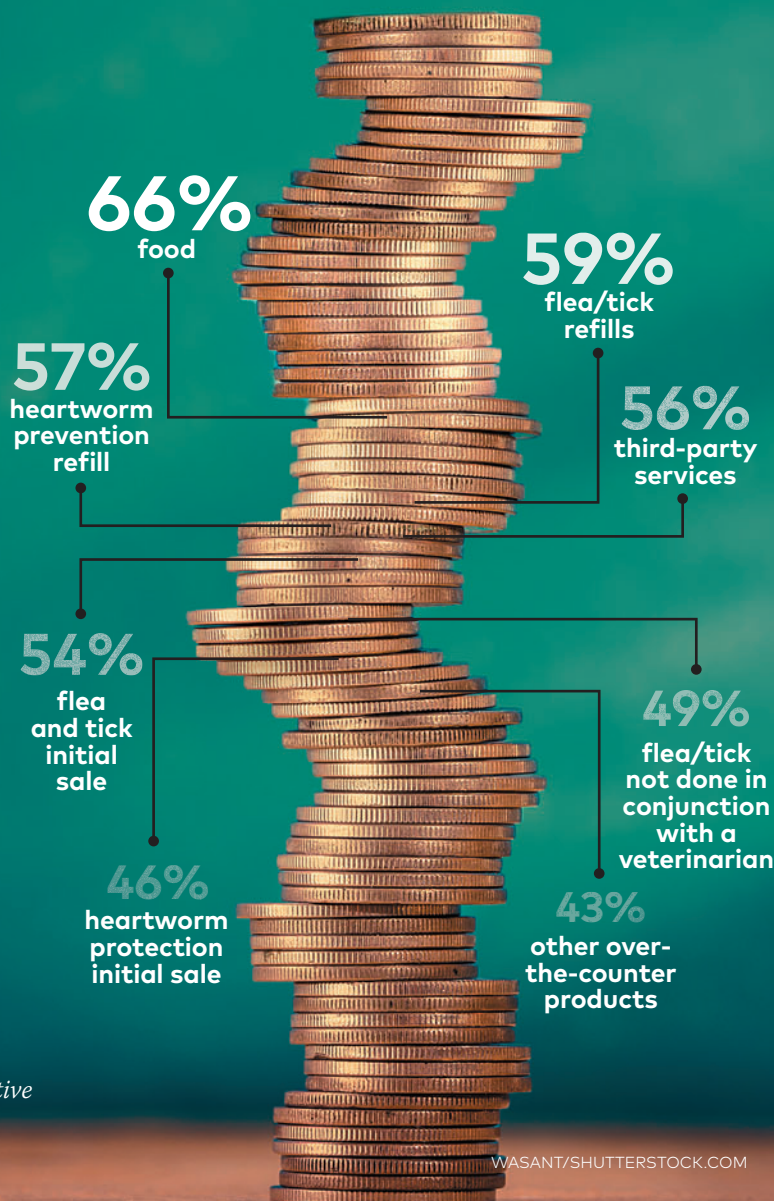
**49%** percent report that production and service percentages are calculated at different rates. This percentage often falls between 10 and 15 percent.



**51%** say veterinarians receive the same percentage for professional services and products. This percentage often falls between 20 and 22 percent.

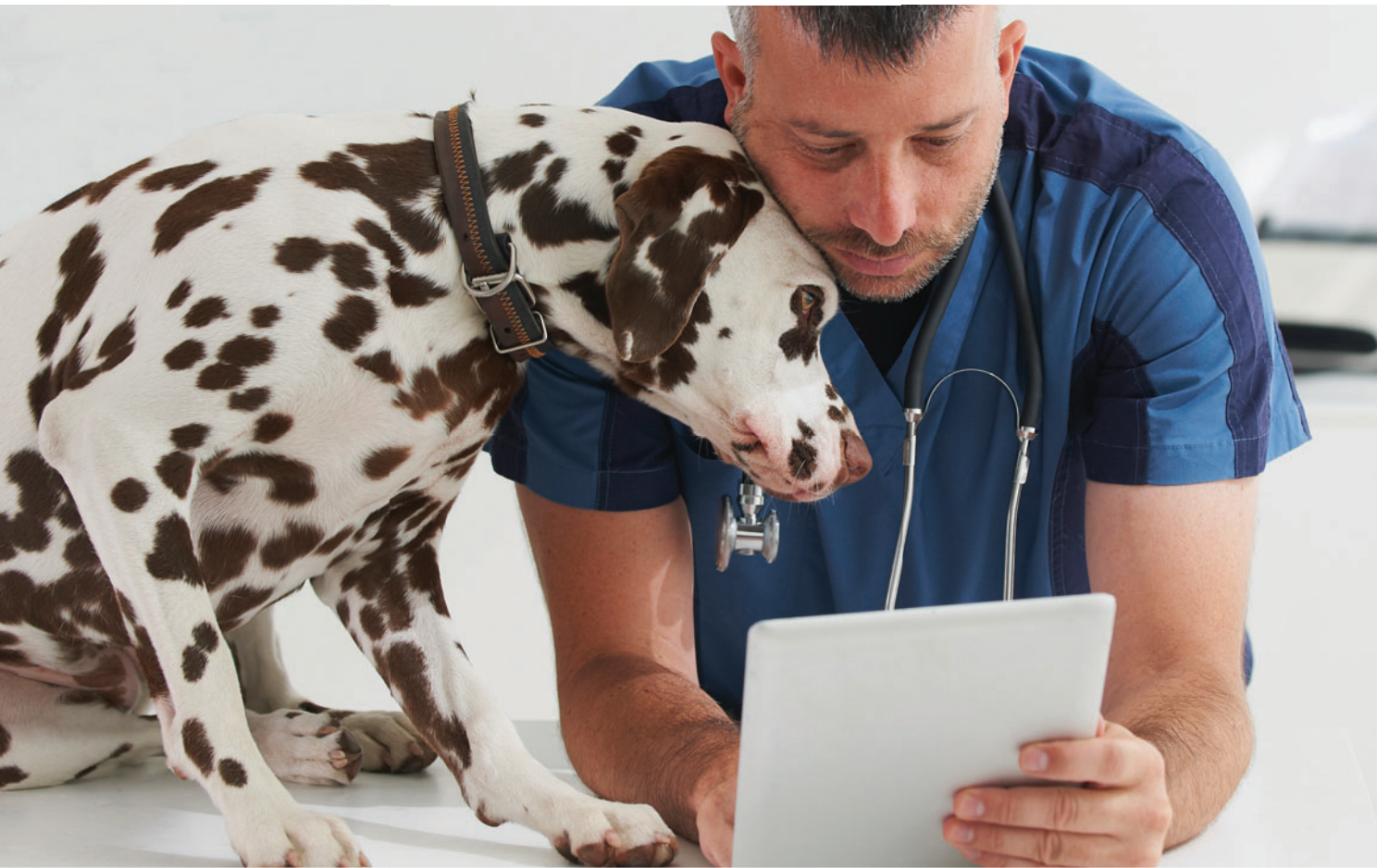
For 32 percent of veterinarians who are paid a combined salary plus production percentage, salary accounts for 61 to 80 percent of their pay. Seventeen percent receive between 81 and 90 percent of their compensation in salary. Seventeen percent, however, receive 50 percent or less of their compensation in salary.

## These products and services receive the lowest product pay percentage in practice:





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1. Path To Purchase Research, Veterinary Category, conducted on behalf of CareCredit by Rothstein Tauber, Inc., 2016.  
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# Tick(borne disease) talks

We can do better than, "Look, it doesn't mean your dog has a tick-borne disease, but it doesn't not mean that."

Is a dog adequately covered by the tick preventive? You don't know. So your veterinary practice runs a test, and you get back the "blue dot."

"What does that mean?" asks the pet owner.

Fetch dvm360 educator Richard Gerhold, DVM, MS, PhD, shares his advice on the matter:

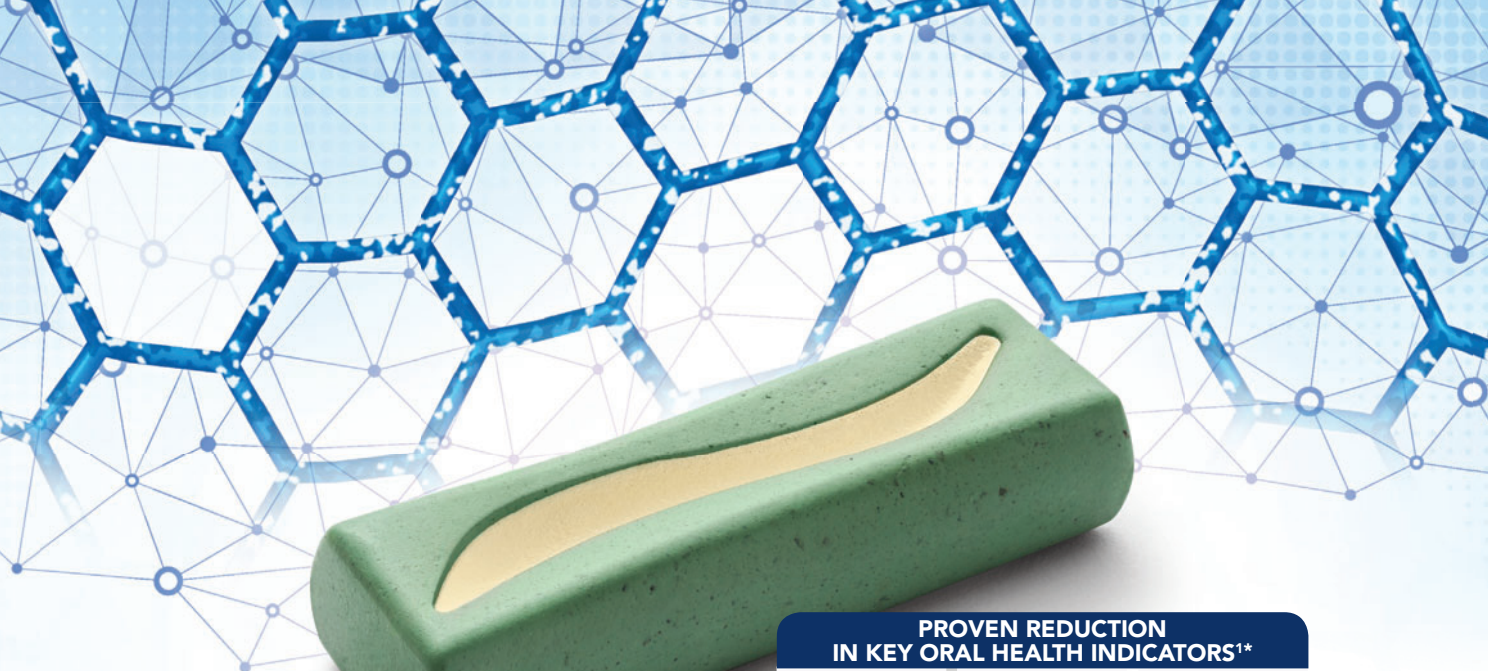
"If you're seeing blue dots on your test, the current language we're encouraging general practitioners to use [with pet owners] is, 'The blue dot indicates tick exposure in the animal.' It's a way of showing your clients they're not doing a good enough job as they should be in their tick control efforts.

"And then you'll say, 'I need now to go do further testing to determine if there are any current pathogens in your dog causing disease.' That may be done through complete blood count, serum chemistry, urinalysis, a really good physical exam, a neurological exam and potentially a polymerase chain reaction."

Get 'em on that tick preventive! And get to testing!







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**References:** 1. Data on file. 2. Steinberg D, Beeman D, Bowen W. The effect of delmopinol on glucosyltransferase adsorbed on to saliva-coated hydroxyapatite. *Archs Oral Biol.* 1992;37:33-38. 3. Vassilakos N, Arnebrant T, Rundegren J. In vitro interactions of delmopinol hydrochloride with salivary films adsorbed at solid/liquid interfaces. *Caries Res.* 1993;27:176-182.



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# When vet techs attack

**Dealing with a pack mentality is not what I signed up for when I entered the veterinary technology profession.**

*By Naomi Strollo, RVT*

**W**hen I added a new puppy into the home of two already established dogs, I hoped she would fit right in. She was laid-back and merely followed the older dogs around. She never challenged them and often attempted to play with both, even though they never gave her the time of day. One left the room when she entered. And the lead dog growled at her as she passed. The lonely puppy just wanted to play and make friends.

For me, starting at a new clinic as a veterinary technician was much like being a new puppy in an established pack. In my case, just like the new puppy, I didn't want to fight or take down any lead dogs. I just wanted to do my job and get along with my coworkers. I valued their knowledge, and I didn't want to challenge their position in the pack. And yet acceptance into the pack was nearly impossible.

Sometimes I wish the people in the veterinary field didn't act so much like the species we treat.







## Trial by fire

My short training period consisted of an older tech telling me how she couldn't wait to get out of this field—and out of our clinic. She put down my past places of employment and told me that with my years of experience, I'd be miserable here.

I was clearly on my own, in every way. In a clinic of more than 100 employees, my team frequently found hiding places when I needed help. I'd start my shift and people would scatter as if I had a contagious disease. Not knowing what was expected of me, I'd clean or stock to stay busy.

When doctors needed help, I jumped in. And when we noticed the lack of help around, they couldn't understand where the rest of the team had gone. Whenever I had to take radiographs, the doctors helped or they found kennel staff members to assist, which almost always became a crash course in reminding the kennel team how our machines work.

Fortunately, I've had many years of experience in an emergency clinic. When an aggressive dog needed a muzzle and blood draw, I knew how to use my body as a shield, holding the vein with one hand, drawing blood with the other. I found myself constantly trying to stay positive and praised myself for being so clever. But clever could only get me so far in my day-to-day routine.

At some point management learned I was on the receiving end of the cold shoulder, and they still did nothing. I would frequently walk in to find the whole team sitting and eating. They would immediately start barking orders at me.

Once I was told to do a cesarean section on a 180-pound Saint Bernard. I read the chart, got the needed anesthetic injections and prepped the surgical suite. All the while, no one moved. After getting the dog out of the run, I looked around to see if someone would help me place a catheter, but they'd all vanished.

I later found out that this dog was very aggressive and lunged at people, but everyone failed to let me know, and nothing was noted on the chart. As a kennel assistant walked by, I asked her to find one of the techs to help me move

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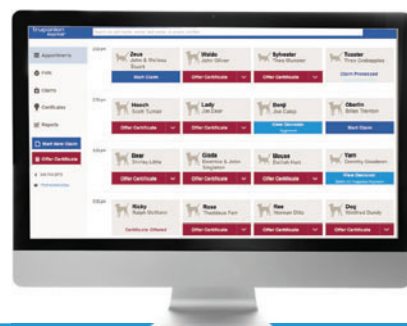


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this large dog into surgery. A few minutes later they sent me a tech with mobility issues.

After intubation, we had to move the dog onto the gurney and into the surgery suite. As we lifted, she fell. I tried in vain to throw myself under her body to soften the blow. The staff must have been watching the whole thing, because at that exact moment, one of the techs came running to get the rest of the dog on the gurney. She helped me wheel her into surgery and prep, wrapped in an awkward silence.

As the doctor was finishing the surgery, he asked for various injections. He explained that once the puppies were out, we give an injection of oxytocin, carprofen, penicillin G and buprenorphine. We were supposed to always have them drawn up ahead of time, ready to administer at a moment's notice. This was the first time I'd ever heard of this protocol. Thankfully, he was understanding, and he told me where I could find the dosages.

Looking back, I'd never done surgery in this practice before. I'd never worked with their machines or been educated on their protocols. Think about how dangerous it is to send someone not properly trained into surgery alone. They put the patient—and the practice—at risk.

### The hazing continues

As the weeks went on, this behavior from the technician pack continued. Assistants finally became courageous enough to talk to me and offer help. Technicians, on the other hand, told me to go walk dogs. I did, only to later find out we had kennel staff to walk dogs. When

surgeries were done, it was my job to clean up after the techs.

If I practiced a method I'd learned at another practice, I was sternly told, "You need to do it our way." But no one would show me their way. When I asked questions they'd either walk away or pretend they didn't hear me and start talking to someone else.

I left my job in tears every day. All I wanted was to be a part of a profession that I love, in a job that I love. I wanted to quit, but I felt that was what they wanted. They don't even talk to me, I'd think, so why would they want me gone?

They constantly complained that we needed more technicians, but if that was how new hires were treated, why would anyone want



to work here? When the manager asked how I liked the practice, I was honest. "I don't think I'm wanted here," I told her. She didn't seem shocked. I told her how I was treated. She said, "It's just a little new person hazing." How was endangering the staff and patients acceptable because I was new?

When I asked to go on rounds, I was told to just read the charts. They took down caution stickers when I arrived to see if I could "properly identify an aggressive dog." If I didn't get bitten and used a muzzle, I "passed" and the sticker would go back up.

### No longer a lone wolf

It's been nine months since I started. A handful of new people have joined the practice after me. Knowing what it's like to be new here, I've stayed by their side to teach and protect them. Even so, they've had a taste of some of the same antics I've experienced.

The small group of us go out of our way to help everyone. I don't recommend this place to others, because the negative, mean-spirited attitude is still active.

I love my career, and I know staying positive will kill off the rotten attitudes. Maybe I'm just a new puppy who won't fit in with the big dogs, but I've found a pack of my own, and we're fighting back.



*Naomi Strollo, RVT, is Fear Free certified and has been working in the veterinary field for over 24 years. She currently practices emergency medicine, freelance writing, and has a special interest in training, which enables her Akita, pit bull and shiba inu to all reside happily together.*



# FLEA CONTROL

March 2018  
[dvm360.com/fleatoolkit](http://dvm360.com/fleatoolkit)

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# Fleas everywhere

Illuminating the myriad myths behind why some clients don't see the need for flea prevention.

p2





**D**uring a Fetch dvm360 conference presentation in Kansas City in 2017, Allison Kirby, DVM, DACVD, shared some of the top quotes she's collected from clients who thought their pets weren't at risk of being exposed to fleas:

**"We live in a gated community."** Dr. Kirby has heard this one numerous times, and while she tries to give these clients the benefit of the doubt (e.g. perhaps the homeowners' association sprays for fleas), further investigation has revealed that these clients don't think fleas can get through the gates (prompting some client education on the size of fleas, of course).




# where

**"Princess has white hair. She can't get any fleas."**

Again, while Dr. Kirby assumed there was a logical explanation (e.g. maybe the fleas are more difficult to see on a dog with white fur), she was able to track down the source of the information: two websites affirming the client's convictions.





**"My dog is absolutely 100 percent indoors. She has no access to the outdoors and only goes to the bathroom on pee pee pads. So obviously, she cannot get fleas."** This opened up an opportunity for Dr. Kirby to discuss all the ways the client's indoor pup was exposed to the possibility of fleas (e.g. veterinarian and groomer visits).

**"We live in a cul-de-sac. We don't have fleas."** Dr. Kirby's response: "You have ants, correct? If you have ants, you're gonna get fleas, despite living on a cul-de-sac."

But even Dr. Kirby gets stumped sometimes, and that's OK. A recent client wanted to know all of the mechanisms of action of all the drugs and their effect on the honeybee population.

"I do not know a lot of these drugs and their effect on the honeybee population, but I do know that honeybees are in a drastic decline ... So I'm going to be looking that up for this client to make sure I'm recommending the best flea control for her situation, since she refuses to use any flea control that could ever put stress on the honeybee population."



Scan this code to listen to a clip with more details on these real-life client interactions and how Dr. Kirby responded.



Scan the code to listen to a clip with more from Dr. Kirby on getting clients to open up about their pet's lifestyle and environment.

All of these excuses pushed Dr. Kirby to ponder how she could help clients realize the many places their pets are exposed to fleas.

When creating a tick control plan, you have to talk to clients about their lifestyle and their pet's lifestyle, she says. It's not information they readily offer, so you may have to ask multiple times and multiple ways to get the answers you need.

For example, Dr. Kirby often asks clients if they have access to dog parks. To her, a dog park is any open field with lots of dogs. But to some of her clients, a dog park must have "dog park" in the title.

According to Dr. Kirby, other important lifestyle factors to consider when creating a flea control plan include whether or not the pet goes to daycare or spends any time with a dog walker (and the dog walker's 15 other dog clients), as well as the pet's access to water.

How much access that dog has to water—whether from a pool, the lake or from bathing—is definitely going to play a role, says Dr. Kirby. Many of the dogs where she's based (balmy California) go to the pool three to five times a day for 20-minute stints, which is an important consideration when deciding which products to recommend.





#### FOR ORAL USE IN DOGS ONLY

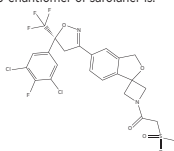
**CAUTION:** Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian.

#### Description:

SIMPARICA is a flavored, chewable tablet for administration to dogs over 6 months of age according to their weight. Each tablet is formulated to provide a minimum sarolaner dosage of 0.91 mg/lb (2 mg/kg) body weight.

Sarolaner is a member of the isoxazoline class of parasitocides and the chemical name is 1-(5-(5S)-5-(3,5-Dichloro-4-fluorophenyl)-5-(trifluoromethyl)-4,5-dihydroisoxazol-3-yl)-3'-H-spiro[azetidine-3,1'-(2-benzofuran)-1-yl]-2-(methylsulfonyl)ethanone. SIMPARICA contains the S-enantiomer of sarolaner.

The chemical structure of the S-enantiomer of sarolaner is:



#### Indications:

SIMPARICA kills adult fleas, and is indicated for the treatment and prevention of flea infestations (*Ctenocephalides felis*), and the treatment and control of tick infestations (*Amblyomma americanum* (lone star tick), *Amblyomma maculatum* (Gulf Coast tick), *Dermacentor variabilis* (American dog tick), *Ixodes scapularis* (black-legged tick), and *Rhipicephalus sanguineus* (brown dog tick)) for one month in dogs 6 months of age or older and weighing 2.8 pounds or greater.

#### Dosage and Administration:

SIMPARICA is given orally once a month at the recommended minimum dosage of 0.91 mg/lb (2 mg/kg).

#### Dosage Schedule:

Body Weight	SAROLANER per Tablet (mg)	Number of Tablets Administered
2.8 to 5.5 lbs	5	One
5.6 to 11.0 lbs	10	One
11.1 to 22.0 lbs	20	One
22.1 to 44.0 lbs	40	One
44.1 to 88.0 lbs	80	One
88.1 to 132.0 lbs	120	One
>132 lbs	Administer the appropriate combination of tablets	

SIMPARICA can be offered by hand, in the food, or administered like other tablet medications. 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 a dose is missed, administer SIMPARICA and resume a monthly dosing schedule.

SIMPARICA should be administered at monthly intervals.

#### Flea Treatment and Prevention:

Treatment with SIMPARICA may begin at any time of the year. In areas where fleas are common year-round, monthly treatment with SIMPARICA can continue the entire year without interruption.

To minimize the likelihood of flea re-infestation, it is important to treat all dogs and cats within a household with an approved flea control product.

#### Tick Treatment and Control:

Treatment with SIMPARICA can begin at any time of the year (see **Effectiveness**).

#### Contraindications:

There are no known contraindications for the use of SIMPARICA.

#### Warnings:

Not for use in humans. Keep this and all drugs out of reach of children and pets. For use in dogs only. Do not use SIMPARICA in cats.

SIMPARICA should not be used in dogs less than 6 months of age (see **Animal Safety**).

#### Precautions:

SIMPARICA may cause abnormal neurological signs such as tremors, decreased conscious proprioception, ataxia, decreased or absent menace, and/or seizures (see **Animal Safety**). The safe use of SIMPARICA has not been evaluated in breeding, pregnant, or lactating dogs.

#### Adverse Reactions:

SIMPARICA was administered in a well-controlled US field study, which included a total of 479 dogs (315 dogs treated with SIMPARICA and 164 dogs treated with active control once monthly for three treatments).

Over the 90-day study period, all observations of potential adverse reactions were recorded.

**Table 1. Dogs with adverse reactions**

Adverse reaction	sarolaner N	sarolaner (n = 315) %	active control N	active control (n = 164) %
Vomiting	3	0.95%	9	5.50%
Diarrhea	2	0.63%	2	1.20%
Lethargy	1	0.32%	2	1.20%
Inappetence	0	0%	3	1.80%

Additionally, one female dog aged 8.6 years exhibited lethargy, ataxia while posturing to eliminate, elevated third eyelids, and inappetence one day after receiving SIMPARICA concurrently with a heartworm preventative (ivermectin/pyrantel pamoate). The signs resolved one day later. After the day 14 visit, the owner elected to withdraw the dog from the study.

For a copy of the Safety Data Sheet (SDS) or to report adverse reactions call Zoetis Inc. at 1-888-963-8471. Additional information can be found at [www.SIMPARICA.com](http://www.SIMPARICA.com). For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or <http://www.fda.gov/AnimalVeterinary/SafetyHealth>.

#### Clinical Pharmacology:

Sarolaner is rapidly and well absorbed following oral administration of SIMPARICA. In a study of 12 Beagle dogs the mean maximum plasma concentration ( $C_{max}$ ) was 1100 ng/mL and the mean time to maximum concentration ( $T_{max}$ ) occurred at 3 hours following a single oral dose of 2 mg/kg to fasted animals. The mean oral bioavailability was 86% and 107% in fasted and fed dogs, respectively. The mean oral  $T_{1/2}$  values for fasted and fed animals was 10 and 12 days respectively.

Sarolaner is distributed widely; the mean volume of distribution ( $V_{dss}$ ) was 2.81 L/kg bodyweight following a 2 mg/kg intravenous dose of sarolaner. Sarolaner is highly bound ( $\geq 99.9\%$ ) to plasma proteins. The metabolism of sarolaner appears to be minimal in the dog. The primary route of sarolaner elimination from dogs is biliary excretion with elimination via the feces.

Following repeat administration of SIMPARICA once every 28 days for 10 doses to Beagle dogs at 1X, 3X, and 5X the maximum intended clinical dose of 4 mg/kg, steady-state plasma concentrations were reached after the 6th dose. Following treatment at 1X, 3X, and 5X the maximum intended clinical dose of 4 mg/kg, sarolaner systemic exposure was dose proportional over the range 1X to 5X.

#### Mode of Action:

The active substance of SIMPARICA, sarolaner, is an acaricide and insecticide belonging to the isoxazoline group. Sarolaner inhibits the function of the neurotransmitter gamma aminobutyric acid (GABA) receptor and glutamate receptor, and works at the neuromuscular junction in insects. This results in uncontrolled neuromuscular activity leading to death in insects or acarines.

#### Effectiveness:

In a well-controlled laboratory study, SIMPARICA began to kill fleas 3 hours after initial administration and reduced the number of live fleas by  $\geq 96.2\%$  within 8 hours after flea infestation through Day 35.

In a separate well-controlled laboratory study, SIMPARICA demonstrated 100% effectiveness against adult fleas within 24 hours following treatment and maintained 100% effectiveness against weekly re-infestations for 35 days.

In a study to explore flea egg production and viability, SIMPARICA killed fleas before they could lay eggs for 35 days. In a study to simulate a flea-infested home environment, with flea infestations established prior to the start of treatment and re-infestations on Days 7, 37 and 67, SIMPARICA administered monthly for three months demonstrated  $>95.6\%$  reduction in adult fleas within 14 days after treatment and reached 100% on Day 60.

In well-controlled laboratory studies, SIMPARICA demonstrated  $\geq 99\%$  effectiveness against an initial infestation of *Amblyomma americanum*, *Amblyomma maculatum*, *Dermacentor variabilis*, *Ixodes scapularis*, and *Rhipicephalus sanguineus* 48 hours post-administration and maintained  $>96\%$  effectiveness 48 hours post re-infestation for 30 days.

In a well-controlled 90-day US field study conducted in households with existing flea infestations of varying severity, the effectiveness of SIMPARICA against fleas on Day 30, 60 and 90 visits compared to baseline was 99.4%, 99.8%, and 100%, respectively. Dogs with signs of flea allergy dermatitis showed improvement in erythema, papules, scaling, alopecia, dermatitis/pyodermitis and pruritus as a direct result of eliminating fleas.

#### Animal Safety:

In a margin of safety study, SIMPARICA was administered orally to 8-week-old Beagle puppies at doses of 0, 1X, 3X, and 5X the maximum recommended dose (4 mg/kg) at 28-day intervals for 10 doses (8 dogs per group). The control group received placebo tablets. No neurological signs were observed in the 1X group. In the 3X group, one male dog exhibited tremors and ataxia post-dose on Day 0; one female dog exhibited tremors on Days 1, 2, 3, and 5; and one female dog exhibited tremors on Day 1. In the 5X group, one female dog had a seizure on Day 61 (5 days after third dose); one female dog had tremors post-dose on Day 0 and abnormal head coordination after dosing on Day 140; and one female dog exhibited seizures associated with the second and fourth doses and tremors associated with the second and third doses. All dogs recovered without treatment. Except for the observation of abnormal head coordination in one dog in the 5X group two hours after dosing on Day 140 (dose 6). There were no treatment-related neurological signs observed once the dogs reached the age of 6 months.

In a separate exploratory pharmacokinetic study, one female dog dosed at 12 mg/kg (3X the maximum recommended dose) exhibited lethargy, anorexia, and multiple neurological signs including ataxia, tremors, disorientation, hypersalivation, diminished proprioception, and absent menace, approximately 2 days after a third monthly dose. The dog was not treated, and was ultimately euthanized. The first two doses resulted in plasma concentrations that were consistent with those of the other dogs in the treatment group. Starting at 7 hours after the third dose, there was a rapid 2.5-fold increase in plasma concentrations within 41 hours, resulting in a  $C_{max}$  more than 7-fold higher than the mean  $C_{max}$  at the maximum recommended use dose. No cause for the sudden increase in sarolaner plasma concentrations was identified.

#### Storage Information:

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

#### How Supplied:

SIMPARICA (sarolaner) Chewables are available in six flavored tablet sizes: 5, 10, 20, 40, 80, and 120 mg. Each tablet size is available in color-coded packages of one, three, or six tablets. NADA #141-452, Approved by FDA

**zoetis**

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Kalamazoo, MI 49007

Made in Switzerland Revised: July 2016

50070900A&P

*"I have a bad habit of putting the topical on and deciding it's a really good time to scratch the dog. Bad track record."*

*"In San Diego, my experience is that topicals do not work. The fleas are outrageous. The only thing that's worked has been the chewable. I tried the topical for a while, and ... no luck."*



## Pet owners

# weigh in on preventives

The real reasons clients choose one route of administration over the other.

**B**rian Conrad, CVPM, practice manager for Meadow Hills Veterinary Center in Kennewick, Washington, hosted a live panel of local pet owners at Fetch dvm360 in San Diego, so veterinary professionals in the next room could hear their unfiltered responses to the kind of questions that make you scratch your head on a daily basis.

At one point, the Fetch dvm360 pet owner panelists were asked whether they preferred to administer ectoparasite prevention via collar, topical, pill or chewable.

### **Chewables? What chewables?**

The two members of team topical revealed in the discussion that they didn't know a chewable flea

preventive for cats even existed. In fact, one cat owner later said she might change her mind about preferring topical administration in light of the chewable revelation (though she also admitted she's not currently giving her cat flea preventive "because he lives inside").

With this in mind, make sure your clients know about the different routes of administration available and the benefits they carry. Perhaps the pet owner of an indoor cat that *clearly* doesn't need flea preventive (wink, wink) will be more likely to take the plunge once she learns about all her options. Perhaps the pet owner who can't keep his hands off his fluffy dog needs to hear there's a better way. Whatever the reason, don't miss an opportunity for client education—and better protection for pets.



# Essential oils? Not so fast

*By Sarah Wooten, DVM*

**M**ost of the time we veterinarians think essential oils are harmless or, at worst, mildly noxious—but is that true? At a recent Fetch dvm360 conference, Tina Wismer, DVM, DABT, DABVT, medical director for the ASPCA Animal Poison Control Center in Urbana, Illinois, helped coach attendees on how to respond to clients who say they're using essential oils for flea control. Here's what she knows.



## **D-limonene**

D-limonene is derived from orange pulp and has minimal to moderate efficacy to control fleas, Dr. Wismer says. If diluted properly, it has a high margin of safety; if not, it can cause dermatitis, oral irritation, lethargy, vomiting, salivation, ataxia and muscle tremors. This essential oil can penetrate the skin and cause peripheral vasodilation, leading to hypotension and hypothermia.

## **Melaleuca oil**

Melaleuca oil is an essential oil from the Australian tea tree, *Melaleuca alternifolia*. It does have antibacterial and antifungal properties at higher concentrations, but the products labeled for use in animals are 5% or less, and the efficacy of this agent to repel or kill fleas has not been established, Dr. Wismer says. Inappropriate application of Melaleuca products or products not intended for external use may result in ataxia, weakness, tremors and depression.

## **Pennyroyal oil**

If your clients have been on Dr. Google, they may have read that pennyroyal oil is effective against fleas and ticks. This has not been proven, Dr. Wismer says—but toxicity definitely has. Pennyroyal oil, derived from the leaves and flowers of the pennyroyal plant (also called squaw mint or mosquito plant), contains a volatile compound called pulegone, which is responsible for the plant's toxic effects. If pennyroyal is applied directly to an animal it can cause depression, vomiting, hepatic necrosis, diarrhea, epistaxis, seizures and death. Pennyroyal oil should never be used on animals.

## **What to do if your patient is exposed**

With essential oils, treatment consists of getting the oil off the animal and providing fluids and supportive care, Dr. Wismer says. Keep in mind that if the oils have been applied to irritated or broken skin, the risk of toxicosis is higher due to increased systemic absorption. Bathe the pet in liquid dishwashing detergent, and be aware that most essential oils have long half-lives (days) due to enterohepatic recirculation. Administer appropriate pain control as needed, and monitor liver values in cases of pennyroyal exposure.





European pennyroyal, or *Mentha pulegium*, shown here in a vintage illustration. Despite what clients may read online, Dr. Tina Wismer says its oil should never be used on animals.

## Time for the soapbox

It's up to us as veterinary professionals to ask our clients about any essential oil usage on their pets and then counsel them accordingly. If you're reticent (like me) to have these conversations because you think it may damage your relationship with the client, remember this: Fleas and ticks are more than a nuisance. They carry and transmit debilitating and sometimes fatal diseases, some of which are zoonotic. You can tell them that leading experts in our field, like Richard Gerhold, DVM, MS, PhD, confirm that there is no support for the use of essential oils as parasite control.

Yes, you may run up against some deeply seated beliefs, but use kindness and compassion, and make sure you cover your bases with thorough medical records that document the conversation.

---

## Sample script

By Jenna Stregowski, RVT

**Ms. Jones:** What natural products can I use on my pet to repel ticks and fleas?

**You:** I understand your desire to use natural products for your pet. It is true that some natural products and supplements may be beneficial to pets when given under the supervision of a veterinarian. However, when it comes to fleas and ticks, natural products and home remedies simply aren't effective. In fact, some natural ingredients can do more harm than good. Steer clear of feeding your pet garlic and herbs, as these can be toxic. Also, avoid applying topical essential oils, which can irritate skin and overwhelm your pet's hypersensitive sense of smell.

Please be sure to contact us before using a natural product or home remedy on your pet so we can make sure it is safe first. For fleas and ticks, it's best to choose a product that has been proven through lots of research to be safe and effective. I'd be happy to go over the flea and tick prevention products recommended by our veterinarian.

# Flea allergy dermatitis: Can you catch the signs?

**A** little itch? A little missing hair? (Well, really, a lot of itch? A lot of missing hair?) Fetch dvm360 presenter Anthea Schick, DVM, DACVD, says that dogs and cats often have telltale dermatologic signs if they have a flea problem.

She says that fleas cause itching and hair loss because of irritation due to bites, secondary bacterial infections or flea allergy dermatitis. Clinical signs of flea allergy dermatitis are often worse in warm weather when fleas are most numerous.

"In dogs with flea allergy dermatitis, you often find some evidence of fleas," says Dr. Schick. "You'll notice some flea dirt. You can do the flea comb technique where you schmear the comb on a wet paper towel and there's a nice little red line." (That's the poop, of course.)

In your always-more-subtle feline patients, of course, it's not so simple because cats are fastidious groomers. "You'll notice signs of mowing all over the fur," says Dr. Schick. "And they'll do it so precisely that their skin will be super calm, yet they're completely bald."

In cats, look for a caudal distribution (the pants area) of this mown-over, balding hair in cases of flea allergy dermatitis, says Dr. Schick. And she says that cats may also develop small crusts on their skin that are similar in appearance to tiny millet seeds, a condition known as miliary dermatitis.

A big take-home for flea allergies: Even one flea bite can cause a reaction. So as in all things, prevention is the best policy.





# Leap lover flea control barriers



Are your veterinary clients not buying flea preventives to protect their pets? You don't have to buy their excuses.

*By Ciera Sallese, CVT, VTS*

**M**ost veterinary team members probably have a top 100 list of reasons owners have given them for not needing flea prevention for their pets. But what can we do? We can't force them to use it, and we know Fluffy won't be stopping in the office to buy it on his own. This is the roadblock most of us face when recommending products to an uninterested pet owner. Let's start with a few things we can let clients know that might just change their minds.

## 1 Not a commentary on your cleanliness

When we mention fleas, some pet owners think we mean that their house is less-than-clean and that can make them defensive. But even the cleanest home can be the target of a flea infestation. In fact, infestations usually start because the fleas were picked up outside of the home and brought inside unknowingly. If a pet has access to a yard, dog parks, nature areas or kennels, he is at risk of picking up these pesky hitchhikers who make the owner's home their next bed and breakfast.

## 2 The false protection of the home bubble

Many owners say their pets stay indoors and, therefore, are not at any risk of having a parasitic infection. We can laugh at the "indoor dog" claim, but many pet owners honestly believe it. Unless a dog strictly uses pee pads and never goes on a single trip outside a client's home, he really isn't an "inside" dog. And even if this is the case, an indoor pet (whether dog or cat), is still at risk for a flea infestation. The chance

is obviously lower, but there's no such thing as zero risk.

## 3 "See no" does not mean "no worries"

Pet owners not seeing a flea on their pets is often a major contributor to their thinking flea products are not necessary. This is where it becomes very important for veterinary staff to refer to these products as flea prevention, not flea treatment. This distinction stresses the fact that these products should be used before a flea infestation is seen so that it stays that way. Unfortunately, a flea problem can manifest before a single flea is even seen on a pet.

In the case of cats, which are notorious for their fastidious grooming, fleas might never be seen at all. However, this doesn't change the statistics. A single adult flea can lay up to 50 eggs a day, so it's easy to see how fast an infestation can start. Once an infestation is present, each pet must be treated along with the home and yard. A huge eye-opener for many pet owners is just knowing how much easier preventing fleas is

than dealing with their consequences.

## 4 We can find a perfect match

Even though there are several choices available, pet owners can have one bad experience that turns them off all flea products in general. It's up to us to let them know the advantages and disadvantages of each product and find the one that is best for a pet.

For your clients who don't want to use a "greasy" topical, you can recommend an oral product instead. Many of these products are good for several months, so that's an upside for people who have a hard time remembering to apply the preventive monthly. Pets with sensitive stomachs would probably do better with the topical option. There are even products with active ingredients that affect only the parasites themselves and are never absorbed by the pet. In most situations, at least one product can fit the individual needs of the pet and their owner.

*Ciera Miller is a CVT at Metzger Animal Hospital in State College, Pennsylvania.*





# Catch more clients with honey, not vinegar

*By Patrick Fabricatore*

**W**hen internet pharmacies came to veterinary medicine, most hospital management teams took it personally. For me, it often felt like the client trusted someone else with a job that used to only be ours. Management experts crammed us with advice on the best way to capture lost revenue. Everything was on the table—from flat-out denying client requests for prescriptions to fill elsewhere to letting the pharmacy go and focusing on other services.

## Don't be judgy

Me? I stopped taking it personally when veterinary clients took their business to online pharmacies. Our hospital stopped refusing prescriptions that we'd otherwise have filled in our hospital. We focused on explaining the strengths and benefits of purchasing the products with us. We showed off our promotional deals (buy enough, get a free dose), our fully stocked-and-ready-to-dispense pharmacy and our doctors available to answer product-related questions.

The key was staying positive and not getting frustrated with clients for asking to fill prescriptions somewhere else.

## Did positivity work?

Most of the time, clients realize through a soft, no-pressure approach that not only are we convenient, but that we're also often the most affordable option.

By no longer denying

medications but rather embracing the client through continuing support for the best approach to medicine, we've had the greatest impact with staff that understand and truly support your decision.

Of course, we all hope clients buy the products through us. But simply supporting clients and focusing on our real benefits—better price points, instant availability and professional product knowledge—has won us the best outcome.

Clients trust us to take this approach—the approach that always has the best interest of pets in mind.

*Patrick Fabricatore is practice manager at Perkiomen Animal Hospital in Palm, Pennsylvania.*





# Social media: What's in (and out)

No one's reading your hospital's e-newsletter anymore? Try these marketing formats instead.

*By Sarah Wooten, DVM*

## Facebook Messenger: In

Are you sick of your high-bounce, unopened email newsletters? Let's face it: For some of our customer segments, email marketing is dead. The hottest new trend to replace it is Facebook Messenger.

Really. Don't laugh.

In today's rapidly changing market, those

who are the first to try a new feature are usually the ones who reach more customers for a lower cost.

Facebook Messenger has a great open rate, with people still spending tons of time on Facebook. The series of updates called Messenger Platform 2.2 in

September was designed to make the app more convenient and user-friendly. The updated Messenger moves beyond one-on-one conversations and can send messages to a group of clients. It also has the capability to set up instant replies and specific "away" messages.

## Put the fear of fleas in your clients



Here's a bonus video idea from Caitlin DeWilde, DVM, who owns

the social media consulting company The Social DVM and practices as an associate at a

St. Louis-area hospital:

Show an actual patient with fleas. If you're able to get a client's permission, you could point out the fleas, the flea dirt (I personally think a lot of owners have no idea

what this looks like) and the secondary skin lesions. You could then describe the pet's signs and do a quick blurb on the other problems fleas can cause (e.g. tapeworm transmission, other diseases)



Then there are these cool things called Chatbots, which allow you to build subscriber lists through website widgets, comments on posts, and messages through Facebook and Messenger Ads. Want to learn more? Veterinary consultant Brandon Brashears talks them up in an episode of his podcast.

### Video: Sooooo in

If you want to get your practice and brand in front of consumers, then you need to create video content. Don't believe video is king? Check out these stats from consulting firm Insivia:

- > By the end of 2017, online video will account for **74 percent** of all online traffic.

- > **55 percent** of people watch videos online every day, and **65 percent** of those views lasted for more than three-fourths of a video.
- > Including video in a landing page can increase conversion by **80 percent**.
- > **Four out of five consumers** believe demo videos are helpful, and four times as

as well as how easy it is to prevent and treat with certain products.

Visual is key. Clients can see the parasites. They can see the pet in some degree of distress or discomfort. You have their attention long enough to give a

little bit of background info on the medical implications as well as prevention and treatment. This approach establishes the veterinarian as both the source of information and the source of the solution, which is huge.

Get your paws on even more videos, tips & tools at **dvm360.com/fleatoolkit**.



many customers would rather watch a video about a product than read about it.

- > **500 million people** watch videos on Facebook every day, and Snapchatters watch **10 billion** videos a day.
- > Marketers who use video grow revenue **49 percent** faster than those who don't.
- > On average, people spend **more than twice** as much time on pages with video than pages without.

In this day and age, your clients have a lot of competition for their attention, and video is a surefire way to stop people from scrolling past your

content. It doesn't have to be anything elaborate—just hold up your phone and start recording.

Veterinarians who are just starting to grow their clientele make the best movie star candidates because they have the time and the hunger. Encourage your doctors to build their business by becoming a YouTube or Facebook Live expert. If they're reticent or nervous, get them a free teleprompter app.

Who knows? Maybe we'll be able to educate and enlighten the general public on what good veterinary medicine looks like, instead of what Animal Planet or Discovery Channel says is "normal" veterinary medicine. (Not naming names, but you know who what I mean.) It's high time we took back our own voice and shared our stories.

### Boring blog: Waaaay out

If your clinic's website relies on content from your website or social media provider, then you can be assured that the blog content being pushed out to your website as part of the service is bland and unoriginal (i.e. they're sending the same content to every other practice using their service). Snoozefest.

The standard, recycled

content currently sitting on too many veterinary websites is borrrrrrrring. Your blog is a valuable touchpoint where you can engage with your clients, build trust and rapport, and drive clinic traffic or product sales. It shows off your individual personality, which is the only thing that sets you apart from the crowd. Don't let anyone take that from you!

Blogs work best when they use personal stories to educate. If you want to do a marketing push on leptospirosis vaccines, for example, tell a story about a real patient (with the client's permission, of course) that recovered from lepto. Explain how scary it was for the client and provide a quick overview on risk factors, zoonotic potential and disease prevention.

Think about the material you post from your client's point of view. Is it understandable? Why should they care? Can you be funny or relatable? Even better than writing, post a 90-second vlog (video blog) to your blog instead of text.

Own your voice in the marketplace, and share with the world the thing it needs most: Your own unique perspective. That will always be in.



# Handouts for clients

Use these tools to help your team become the trusted partner for pet parents in the fight against fleas.


## How to make flea infestations a fleeting memory

If you spot a stray flea or two—or even a hint of their existence—on one of your veterinary clinic's patients during a visit, this handout from Fetch dvm360 conference speaker Richard Gerhold, DVM, MS, PhD, can do much to calm owners and beef up the importance of keeping dogs and cats on preventives.

FROM YOUR VETERINARIAN

dvm360

### How to make flea infestations a fleeting memory



**F**leas have been a plague for ages—doesn't the worry over them ever go away? Nope. They continue to be problematic, mainly because they can quickly invade anywhere pets hang out. If you've seen adult fleas on your dog or cat, your house or yard is likely infested with much higher numbers of fleas in juvenile stages (i.e. eggs, larvae or pupae) that live attached to your pet. These juvenile-stage fleas may survive for long periods—up to months—and without treatment, infestations can continue as long as pets or other animals are available as a food source for these biting bugs.

If an infested pet enters your house or yard, the flea riders can easily colonize your property with flea eggs, leading to eventual infestation of the pets within the house. So if one of your pets has fleas or if any flea life-stage is found close to your house, all of your pets need to be treated and environmental control measures should be taken.

**Getting back to flea-free**  
Environmental control consists of:

- A thorough cleaning that involves repeated vacuuming of flooring, rugs and carpeting (and disposing of the vacuum bags as soon as possible once finished)
- Washing and drying pet beds, rugs and toys
- Using indoor and outdoor flea sprays, being sure to follow the manufacturer's directions (or you can hire a licensed exterminator).

As for your pets, you'll need to work with your veterinarian to kill the fleas they have now and prevent future fleas (keep in mind that your pet and your property will likely need more than one treatment). This will usually involve flea preventives and insecticides including foggers, aerosols and liquids.

**Flea infestation fallout**  
Several species of fleas can infest pets, but the most common one found on cats and dogs is the cat flea, *Ctenocephalides felis*. In addition to skin irritation, fleas can also cause anemia and, in certain situations, death—especially when young animals experience large infestations. Adding insult to irritation, fleas can spread multiple pathogens such as tapeworms, flea scratch fever bacteria and other bacterial diseases that can infect both pets and people.

**Flea riders**  
Fleas may be brought into your house by cats allowed both indoors and outdoors or by visiting pets. Infestations that take root outside your house may be caused by stray or feral pets, including flea cat colonies and wildlife populations.

Source: Richard Gerhold, DVM, MS, PhD

## Don't use your dog's flea and tick medication on your cat!

You know permethrins are bad news for cats, but there's a good chance your veterinary clients don't—and what they don't know can kill the cat. Help keep Sassy safe with this free client handout that educates on the dangers of permethrins and provides tips for toxicity prevention.

FROM YOUR VETERINARIAN

dvm360

### Don't use your dog's flea and tick medicine on your cat!

Sharing isn't always caring—especially when it can cause harm to your cat. Learn why dog flea and tick preventives should never be used on cats and what you can do to keep your feline friend safe.



**What you know: Flea and tick preventives promote long-term health and wellness**  
When you give your cat flea and tick preventive medication, you protect its outdoors and its insides because fleas and ticks carry bacteria and parasites that can cause serious and even fatal disease in domestic cats.

**Partner with your veterinary team to keep your cat safe (from fleas, ticks and toxic compounds)**  
Flea and tick products that contain permethrin should always be labeled for use in dogs only. Some of these products also contain warnings to never use on a cat, but these warnings are sometimes small and hard to read. If you buy flea and tick products from your veterinarian's office or from your veterinarian's online pharmacy (instead of from a big box store), the products should come with a prescription label that clearly states whether the product is safe for cats. You also have the benefit of being able to get direct guidance from your veterinary team on the best products for your cat for total peace of mind.

**What you may not know: Dog and cat flea and tick preventives often aren't created equal**  
Many prescription and over-the-counter flea and tick medications that are labeled for dogs (usually ones you apply topically rather than have your dog swallow) contain a synthetic compound called permethrin, which is safe for dogs but toxic to cats. If a product containing permethrin is mistakenly applied to a cat or eaten by one, it can cause seizures, coma and even death.

**Safety tips**

- 1 Share your dog's flea and tick products separately from the products for your cat. Since they have similar packaging and small print, it's easy to grab the wrong product by mistake. Speaking of keeping things separate, keep your dog away from your cat right after applying flea and tick medicine, as even close contact with permethrin can harm your cat.
- 2 Never split single doses of flea and tick medication between your dog and cat. In addition to toxicity concerns, dosing will be incorrect. Your pets won't get the protection they need, which could cause a flea infestation or tick problem.
- 3 If you ever have a question about your pet's flea and tick products, speak up! Your veterinary team is always ready to help—even if you decide to buy your pet's preventives somewhere else.

Source: Sarah J. Wooten, DVM



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# *Streamline*

your flea product offerings and win back sales



## Give your hospital a clear focus and strengthen your recommendations to veterinary clients.

By Roger Zinn, CVPM

**W**hy do we find ourselves losing sales on flea preventives? Are we carrying too many options? Do our clients have a skewed perception of risk because we don't offer education and recommendations?

In the last few years, the veterinary market has become saturated with a variety of prevention products, and practices aren't shying away from selling them. Instead, many are adding these new products to their inventory to provide a convenient route for clients to purchase them. What practices don't realize is that they're increasing their inventory costs and losing revenue and clients are still going to other sources, like online pharmacies, to purchase these products.

Veterinary professionals have an amazing power to help clients choose the right products for their pets, but our recommendations have become counterproductive. The products we recommend and sell should fit your clients' lifestyle needs.

Look at your inventory. How many products do you carry that do the exact same thing? We're giving clients far too many options, which devalues our recommendations

and leaves customers unsatisfied. As a result, we lose the opportunity to sell in-house recommended flea preventives. It's important to help clients decide what's best for their pet by guiding them to targeted product recommendations. It's also vital to educate them about the method of action and proper product use.

Eliminating duplicate products will help reduce your inventory costs and allow opportunities to offer only the products your doctors recommend. Then educate your veterinary team on the products you carry. It's important to have these discussions to unify your team and create continuity in recommendations and conversations. Once the team is on board, you can educate your clients more effectively.

Using this approach in our hospital, we increased our total parasiticide revenue by almost 10 percent—an extra \$14,000 in profit—compared to the year before. We realized it's not about how much you offer. It's about offering what you have and believing in it that makes the difference.

*Roger L. Zinn, CVPM, is an ER administrator and partner at Animal ER of Northwest Houston.*





# Seize more fleas with these client communication tips

5 ways to freshen up flea education at your veterinary practice.

**A**s we embark on a new year with countless unknowns, at least one constant remains: Your clients will still need to be reminded of the importance of flea preventives.

If you're feeling uninspired,

perhaps these ideas can help.

## 1. Call to action

A simple addition to your appointment reminder calls can pave the way for better preventive conversations in the

exam room, says Bash Halow, LVT, CVPM. Try this: "Please bring in all current medications you're giving your pet, including any flea and tick and heartworm medications." Your team will learn how many doses are left and be able to talk about the



importance of keeping up with the preventives.

## 2. Flea fallin'

PetWorks Veterinary Hospital in Overland Park, Kansas, hangs 40 copies of illustrated fleas in its reception area to make the threat of fleas more tangible. Why 40? A single female flea can lay that many (and more) in a single day. In addition to giving your clients the heebie-jeebies, this “décor” is sure to spark some educational opportunities.

## 3. Give out a flea-bie

The Animal Wellness Clinic in Michigan City, Indiana, punches up flea prevention with punch cards. Clients get a punch for every flea-and-tick preventive dose purchased, and after 12 doses, they get

one free. This freebie helps illustrate the importance your practice places on flea preventives and gives you a perk to promote in-person and online. (Note: To comply with EPA regulations, the Animal Wellness Clinic got extra product inserts from the company representatives to hand out with any single doses of preventive sold.)

## 4. Apples to apples, fleas to peanuts

You know you don't need to see fleas to be sure they're present, but your clients may not. Here's a tip from Allison Kirby, DVM, DACVD: Explain that it's like a peanut allergy. A person who's allergic to peanuts can see the telltale signs of exposure without seeing a single peanut. Thus, you'll need to teach your clients the telltale signs of flea infestation:

- > flea feces, or pepper-like specks, in the pet's coat or on its bedding
- > flea eggs, or light-colored specks, in the pet's coat or on its bedding
- > scratching, biting at fur or legs
- > patchy hair loss, especially near the tail or neck
- > lethargy.

## 5. Statistically speaking

Clients tend to think that fleas simply reside on animals. If only. Tell clients that even in clean homes, 95 percent of fleas aren't on the pet—they're in both the indoor and outdoor home environment (for example, carpets, bedding, upholstered furniture, bushes, sidewalks and porches). This is a great opening to discuss how to eliminate fleas in the home environment.

*We know talking about fleas day in and day out can be a slog, but keep up the good flea fight and let us know if you have any brilliant client communication ideas we haven't covered. Email us at [firstline@ubm.com](mailto:firstline@ubm.com). We'll pay \$50 for each tip we publish.*

Get your paws on more videos, tips & tools to put to use in practice at [dvm360.com/fleatoolkit](http://dvm360.com/fleatoolkit)

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\*Studies show Simparica starts killing ticks in 8 hours and is ≥96.9% effective for 35 days against weekly reinfestations of *Ixodes scapularis*, *Amblyomma americanum*, *Amblyomma maculatum*, *Dermacentor variabilis*, and *Rhipicephalus sanguineus*.<sup>1,2</sup>

Learn more about Simparica.  
Contact Zoetis Customer Service at  
**1-888-ZOETIS-1 or 1-888-963-8471.**

**References:** 1. Six RH, Geurden T, Carter L, et al. Evaluation of the speed of kill of sarolaner (Simparica<sup>™</sup>) against induced infestations of three species of ticks (*Amblyomma maculatum*, *Ixodes scapularis*, *Ixodes ricinus*) on dogs. *Vet Parasitol.* 2016;222:37-42. 2. Six RH, Everett WR, Young DR, et al. Efficacy of a novel oral formulation of sarolaner (Simparica<sup>™</sup>) against five common tick species infesting dogs in the United States. *Vet Parasitol.* 2016;222:28-32.

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# Psst...

## Here's the buzz on your 'no gossiping' policy

**Could your veterinary practice's gossip policy get you in hot water with the National Labor Relations Board? Maybe.** *By Katie Adams, CVPM*

**A**s technology and drama intrude on your peaceful workplace, you might feel driven to create and implement a "no gossip" policy for your practice. While I empathize with the effort to squash unnecessary chatter, hurtful and disparaging remarks, and unfounded—or inaccurate—Facebook posts, this policy isn't legal, and you need to remove it from your employee handbook.

The National Labor Relations Board is an independent federal agency that protects the rights of private sector employees to improve their wages and working conditions—rights that were written into the original National Labor Relations Act of 1935. Section 7 of the National Labor Relations Act states, "Employees shall have the right to self-organization, to form, join, or assist labor organizations, to bargain collectively through representatives of their own choosing, and to engage in other concerted activities for the purpose of collective bargaining or other mutual aid or protection, and shall

also have the right to refrain from any or all such activities."

What does this mean? It means that your employees, when acting in a group or on behalf of a group, have a protected right to speak in the workplace or outside of it—including on social media—about working conditions, employee treatment and wages. Any language that deters such activity, by way of a veiled threat or direct consequence, violates an employee's Section 7 rights. Additionally, if your policy is so vague that an employee could interpret it as violating a Section 7 right, you could be fined.

This doesn't mean that employees have a protected right to spread rumors or reports of an intimate or nonwork-related nature. It simply means that you need to word policies and discipline carefully.

Dallas-based attorney Laura Calhoun, JD, partner with the Albin Roach law firm, is board-certified in labor and employment law. She suggests eliminating the word "gossip" from your policy and instead creating an anti-bullying

policy. Define bullying and describe the consequences. As a safety net (although this doesn't mean you can't be fined), include a comment that nothing about the anti-bullying policy is intended to restrict an employee's Section 7 rights.

### Key takeaways:

- 1 Employees must act in a group or on behalf of a group to be protected.
- 2 Employees are protected only when discussing working conditions, treatment of employees and wages.

If the speech doesn't meet either of these requirements, it's probably OK to follow your progressive discipline policy. If you have a specific scenario where you need legal advice, contact an attorney who practices in the areas of labor and employment law. For more information on Section 7 of the National Labor Relations Act, visit the National Labor Relations Board website.

*Katie Adams, CVPM, is director of curriculum development at IGNITE Veterinary Solutions.*



# Stop burning new hires

**If you're burning through veterinary team members, try a new approach to employee orientation—and snuff the fires for good.**

*By Katie Adams, CVPM*

**L**ife is good. Your new hire has jumped through all the hoops of the hiring process, and she seems like the perfect fit. Fast forward six weeks, and she suddenly stops showing up for work. Bummer. Now you're looking for your next great veterinary team member and asking yourself, "What went wrong?"

In a profession where baptism by fire is the norm, it's no wonder we have a 21 percent average annual turnover rate, according to Compensation and Benefits, Eighth Edition (American Animal Hospital Association, 2016). And when you consider the cost of replacing a team member—an estimated one-and-a-half times salary—it's critical to hire, develop and keep A-list employees.

New employee orientation is so much more than showing someone where to park and filling out paperwork. It's more than checklists and passwords, new rules and new friends—and finding out who to avoid before they've had their morning coffee. New employee orientation is a process that lasts several weeks and involves your whole team.

There are three stages of orientation: the pre-arrival stage, the encounter stage and the metamorphosis stage. Let's examine each one:

The pre-arrival stage establishes the way new employees arrive when they join your hospital. Your new hire will have her own value system and preconceived ideas about your practice and what it's like

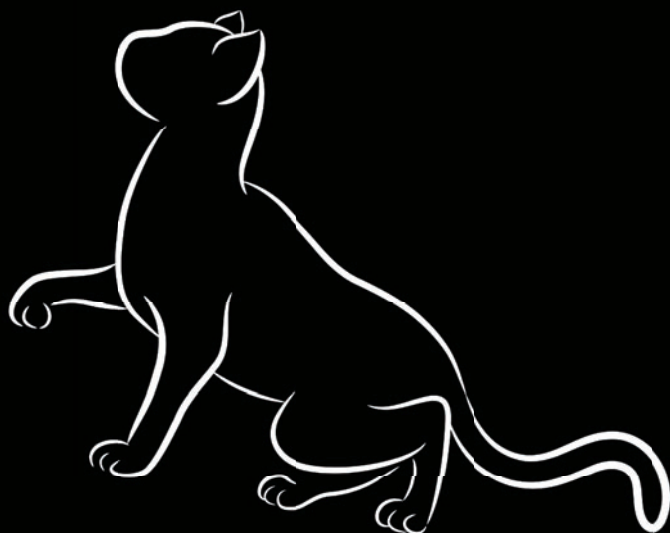
to work there. Your team's role is to be upfront and honest about your organization and your expectations for the open position.

For instance, if you say value hard work, but on day one your new hire sees other veterinary team members loafing while management looks the other way, she'll likely be disappointed. After all, she thought hard work was a value your practice shared. So set clear expectations that define your hospital's values and the qualities you require for successful candidates.

During the encounter stage expectations and reality collide. This is when new employees will discover whether their preconceptions are correct. And we lose people in this collision.

If we don't provide realistic expectations during our interview process, we create a situation the new team member doesn't want to exist in. You can help new employees navigate this stage by assigning mentors. Look for someone in the new hire's department who embodies your practice's culture and can guide new employees through this process. The mentor, as well as managers and owners, will be a resource for new employees and should check in with new hires several times a week.

The final part of orientation is the metamorphosis stage. During this stage, the employee decides that the discrepancies between expectations and reality aren't deal-breakers. You'll work through the discrepancies,



the employee will adjust, and finally she will find her place in your veterinary hospital's culture.

The key to keeping people through this stage and beyond is to establish good organizational culture—and to employ good people in your organization. Employees will put up with a lot—including long hours in a profession where compensation is often lower than we wish—but they will not tolerate toxicity.

Of course, you'll still lose some employees much quicker than you expected. Perhaps the collision occurs because the new hire isn't ready to function in an organization as awesome as yours. That's OK! Your goal is to do your best to put employees on the path to success.

Consider these steps to improve your orientation process:

- > Evaluate your organization, its culture and employees, and make certain the image you want to portray is the reality.
- > Review your interview process and ensure that each step educates potential new hires about expectations and offers candidates opportunities to talk to other team members.
- > Select mentors from each department and educate them about their role and your expectations. (If you're an organization of fewer than 10 people, perhaps one mentor for the entire practice is appropriate.)
- > Create a communication process for you and your mentors so there are no surprises about how employees are adjusting.
- > Be open to suggestions from your team to improve the orientation process. After all, everyone feels the heat when your practice is short-staffed.

If you're sick of getting burned by departing team members, take the time to evaluate how you're welcoming new hires. Chances are, a little support will go a long way to creating lasting relationships.



*Katie Adams,  
CVPM, is director  
of Curriculum  
Development at  
IGNITE Veterinary  
Solutions.*



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# NexGard® (afoxolaner) Chewables

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

## Description:

NexGard® (afoxolaner) is available in four sizes of beef-flavored, soft chewables for oral administration to dogs and puppies according to their weight. Each chewable is formulated to provide a minimum afoxolaner dosage of 1.14 mg/lb (2.5 mg/kg). Afoxolaner has the chemical composition 1-Naphthalenecarboxamide, 4-[5-[13-chloro-5-(trifluoromethyl)-phenyl]-4,5-dihydro-5-(trifluoromethyl)-3-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  $\geq 1\%$  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 <sup>1</sup>	% (n=415)	N <sup>2</sup>	% (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

<sup>1</sup>Number of dogs in the afoxolaner treatment group with the identified abnormality.

<sup>2</sup>Number of dogs in the control group with the identified abnormality.

In the US field study, one dog with a history of seizures experienced a seizure on the same day after receiving the first dose and on the same day after receiving the second dose of 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](http://www.merial.com/NexGard). For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VEIS 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  $\geq 93\%$  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, antioxiotics (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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1050-4493-03  
Rev. 1/2015



# 'Sup with pet Supplements?

Consider these veterinary  
supplements—  
and be  
prepared to  
respond when  
clients ask you  
about them.



Pet owners are more invested in their pets' health than ever before, and some are looking to supplements to solve some of their pets' needs. Learn more so you can make recommendations the next time pet owners ask you about these products.

## For the active animal

*QUINICARN L-carnitine Supplement for Cats and Dogs from Nutramax Laboratories Veterinary Sciences*

L-carnitine—it's a trend that's flowed from bodybuilders to Baxter and Bella. Pet owners may look for L-carnitine supplementation to stimulate fatty acid metabolism, support recovery time after strenuous activity, help their pet maintain a lean muscle mass or to support heart and liver health.

## To promote mobility

*Alenza Soft Chews*

*from Bayer HealthCare Animal Health*

Their claim: This supplement is designed help promote and maintain mobility and comfort in dogs that need more than a joint supplement. It's a soft chew that contains ingredients such as bioflavonoids and extracts from the Boswellia tree.

## For fluffballs

*Feline Furball Pro from VetriScience Laboratories*

Nothing gets a pet owner out of bed faster than the sound of the cat herking up a hairball on the new Persian rug at 3 a.m. This supplement contains fatty acids, antioxidants, natural sources of enzymes and psyllium fiber to support optimal gastrointestinal tract function and to alleviate internal conditions that cause the collection and formation of hairballs.

Learn more at [dvm360.com/supplementproducts](http://dvm360.com/supplementproducts).





Make killing  
fleas & ticks

DELICIOUSLY  
SIMPLE.



**Preferred by dogs<sup>1</sup> and dog owners<sup>2</sup> –**

NexGard® (afoxolaner) makes it easy to protect your canine patients against fleas and four of the most common species of ticks in North America.

See brief summary on page 20

<sup>1</sup>Data on file at Merial.

<sup>2</sup>Data on file at Merial. Based on veterinary dispensed dose data.

**NexGard is a Merial product.  
Merial is now part of Boehringer Ingelheim.**



NexGard® is a registered trademark, and FRONTLINE VET LABS™ is a trademark, of Merial. ©2017 Merial, Inc., Duluth, GA. All rights reserved. NEX18TRADEAD1 (01/18).

**IMPORTANT SAFETY INFORMATION:** NexGard® (afoxolaner) is for use in dogs only. The most frequently reported adverse reactions included pruritus, 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](http://www.NexGardForDogs.com).

# Your dermatology cases are more than skin deep

**Dermatology cases make medical and financial sense as a focus for many veterinary hospitals. Here's how to get started.** *By Roger Zinn, CVPM*

**M**ost of us can't wait to banish the cold weather for warmer climes. The rays of sunshine beam down on us, feeding the warmth of the earth. The vegetation all around us sprouts and blooms into new life. These environmental transitions draw us outdoors, but quickly we're reminded of the burdens that follow those changes when we see and hear the coughing, sneezing and itching of our beloved furry pets.

Environmental and food allergies seem to be extremely common

in today's dogs and cats. In our day-to-day practice, we see these seasonal skin-related issues that can turn into a year-round problem if we don't take the steps to prevent exposure, manage symptoms and help pets develop resilient immune systems.

Dermatology is multifaceted: You can tap into pharmaceuticals, diets, diagnostics, alternative therapies and more to boost revenue and patient care. You

could bring in potential earnings of \$2,700 or more per allergic case per year, depending on your approach with clients and the pet owner's willingness to embrace treatment process.

Here's how it works: Your exam and consultation are the driving force to educate clients about what they can expect during the next several months. Laying out your plan offers clients the opportunity to understand the process and prepare for what's to come. Progress exams are essential to treat allergic cases.

So often pet owners stop using food trials and medicines, and you won't know this critical detail without rechecks.





Routine testing for mites, fungal and bacterial infections is easy and inexpensive to our bottom line and profitable for the practice. These tests allow us to confirm or rule out certain types of infections that could cause skin irritation.

Hypoallergenic food trials are another great way to rule out environmental causes versus food allergies, and it's a great way to move food inventory. Once you identify food allergies as a concern, you'll have a consistent stream of revenue from the pet's therapeutic diet.

Nowadays, there are several safe and available pharmaceuticals that offer anti-itch relief, but of course there are those occasions when antibiotics or corticosteroids are indicated. Monthly omegas and other medications to help with relief are recommended based on how well the pet avoids flare-ups.

Allergy testing is another great diagnostic tool. Outsourced laboratories can perform serum sample testing to help isolate allergen-specific antibodies that are present. Once completed, desensitizing immunotherapy injections can be engineered according to the pet's specific needs.

Allergies can spell misery for pets, which makes it a tough diagnosis for clients. Focus on offering clear client communication and a multi-pronged approach to diagnosis and treatment to boost the health of your patients—and your bottom line.

*Roger Zinn, CVPM, is ER Administrator and partner at Animal ER of Northwest Houston.*

## MORE THAN SKIN DEEP

Let's break down what you could see in potential revenue based on averages from recommendations in your practice within a year for treating an allergic patient:

- > **Initial and progress exams:**  
\$200 (initial and average of six progress exams)
- > **Skin scraping, dermatophyte test medium and cytology:** \$140 (biannual review)
- > **Therapeutic foods:** \$480 (average \$40/month)
- > **Pharmaceutical management:**  
\$1,200 (average \$100/month)
- > **Allergy testing:** \$300 (initial testing)
- > **Immunotherapy support:**  
\$400 (average of three immunotherapy kits)

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# New to the veterinary ICU? What you need to know on day 1

**The ICU: A truly lifesaving arena. Get ready to enter with these pointers from an expert critical care veterinary technician.** *By Sarah Wooten, DVM*

It's your first day as a nurse in the intensive care unit (ICU) and you're nervous and excited—call it nervicit! Fetch dvm360 conference speaker Paula Plummer, LVT, VTS (ECC, SAIM), is here with her ICU boot camp tips on what you must know about infectious disease, patient assessment and cardiopulmonary resuscitation (CPR) so that you and your patients can thrive from day one.

## Infectious disease

> In cats, Plummer says the most common infectious diseases you'll see are feline leukemia virus, feline infectious peritonitis and herpesvirus. In dogs, depending on your location, you'll see leptospirosis and fungal, viral and bacterial diseases.

> Handwashing is still the most important factor in eliminating disease transmission. Protect yourself and your patients by following these two rules: **1.** Only gloved hands touch patients. **2.** Wash your hands in between every patient.

> If an infectious patient needs a procedure, Plummer recommends scheduling it at the end of the day to minimize exposure to other patients. If the procedure can't wait, set aside extra

time after the procedure to perform deep cleaning.

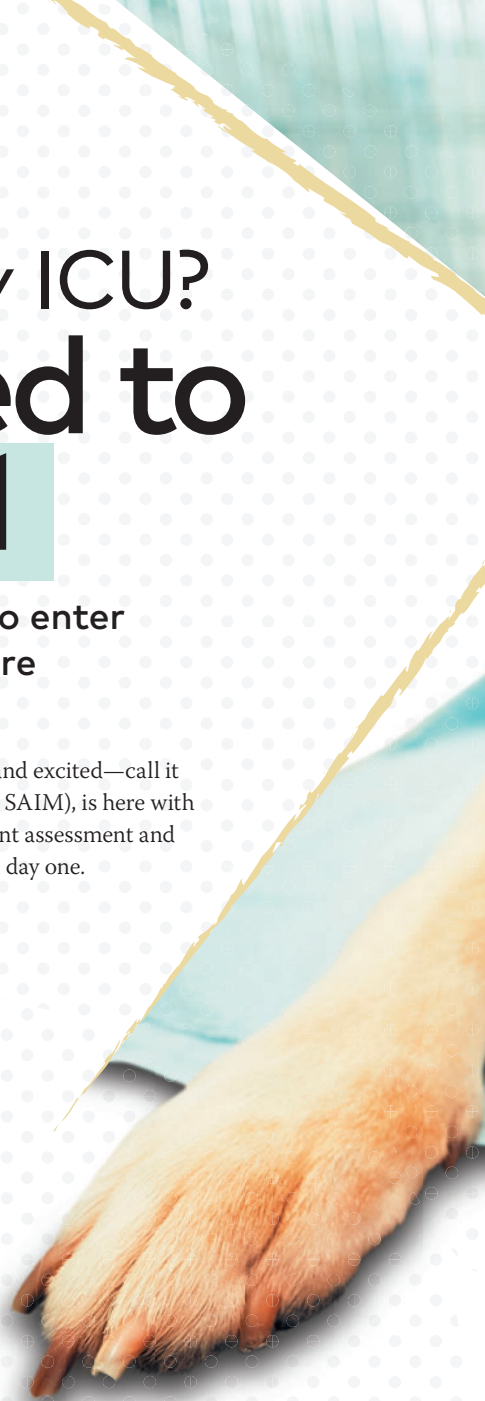
> Know how your patient's disease is transmitted, because that will determine the personal protective equipment (PPE) you need—you know, clothing or equipment designed to protect the wearer's body from injury or infection. If you are unsure of how much to wear, Plummer says to err on the side of wearing more protection than less.

> Isolate hospitalized patients with infectious disease from other patients. Try to put critical infectious patients in the least trafficked area of the ICU. Plummer suggests giving them a colored neckband that tells staff to look at the chart before touching the patient. If you are unsure of which patients go in

the ICU ward and who can be hospitalized there, ask.

> Label laundry from infectious patients as infectious, and wash them separately with detergent and bleach.

> Visiting pet owners should wear the same PPE as the veterinary team to prevent disease spread. Also limit visitation time to minimize disruption to treatment and convalescence.







## Patient assessment

> Remember the ABCs of triage—assess airway, breathing and circulation, in that order.

> Assessment stops when you find the most life-threatening condition.

> The textbook respiratory rate is 20 to 30 beats/min, but you'll find the respiratory rate of most patients in the ICU closer to 40 to 60 beats/min, says Plummer. If it's closer to 60 beats/min, then assess the patient's respiratory effort and pattern.

> Know the signs of respiratory distress in a cat—an extended neck, open-mouth

breathing, holding its elbows away from its chest, and holding itself off the sternum.

> Check femoral pulses at the same time as **auscultating the heart**.

> Use the dehydration score guide:

**< 5% dehydration**—no changes on the physical exam but the pet owner says that the patient isn't urinating or drinking as much.

**10 to 12% dehydration**—tachycardia, dry mucous membranes, dramatic skin turgor, and weak or bounding pulses.

## CPR

> Check your protocols.

Less than 6% of dogs and cats that experience cardiopulmonary arrest (CPA) survive to hospital discharge, while the survival rate in people is more than 20%. Plummer says we can improve our CPR recovery rates in veterinary medicine by improving our protocols. Use the free extensive resources from the RECOVER CPR Initiative from the Veterinary Emergency and Critical Care Society (VECCS) to learn everything you ever need to know save more patients.

> Remember, the goals of CPR are to apply adequate chest compressions and provide oxygen to the vital organs.

> Make sure every hospitalized patient has resuscitation orders on its chart that



# Heartgard® Plus

(ivermectin/pyrantel)

## CHEWABLES

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

**INDICATIONS:** For use in dogs to prevent canine heartworm disease by eliminating the tissue stage of heartworm larvae (*Dirofilaria immitis*) for a month (30 days) after infection and for the treatment and control of ascarids (*Toxocara canis*, *Toxascaris leonina*) and hookworms (*Ancylostoma caninum*, *Uncinaria stenocephala*, *Ancylostoma braziliense*).

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

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

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

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

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

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

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

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

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

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

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

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

While some microfilariae may be killed by the ivermectin in HEARTGARD Plus at the recommended dose level, HEARTGARD Plus is not effective for microfilariae clearance. A mild hypersensitivity-type reaction, presumably due to dead or dying microfilariae and particularly involving a transient diarrhea, has been observed in clinical trials with ivermectin alone after treatment of some dogs that have circulating microfilariae.

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

In case of ingestion by humans, clients should be advised to contact a physician immediately. Physicians may contact a Poison Control Center for advice concerning cases of ingestion by humans.

Store between 68°F - 77°F (20°C - 25°C). Excursions between 59°F - 86°F (15°C - 30°C) are permitted. Protect product from light.

**ADVERSE REACTIONS:** In clinical field trials with HEARTGARD Plus, vomiting or diarrhea within 24 hours of dosing was rarely observed (1.1% of administered doses). The following adverse reactions have been reported following the use of HEARTGARD: Depression/lethargy, vomiting, anorexia, diarrhea, mydriasis, ataxia, staggering, convulsions and hypersalivation.

**SAFETY:** HEARTGARD Plus has been shown to be bioequivalent to HEARTGARD, with respect to the bioavailability of ivermectin. The dose regimens of HEARTGARD Plus and HEARTGARD are the same with regard to ivermectin (6 mcg/kg). Studies with ivermectin indicate that certain dogs of the Collie breed are more sensitive to the effects of ivermectin administered at elevated dose levels (more than 16 times the target use level) than dogs of other breeds. At elevated doses, sensitive dogs showed adverse reactions which included mydriasis, depression, ataxia, tremors, drooling, paresis, recumbency, excitability, stupor, coma and death. HEARTGARD demonstrated no signs of toxicity at 10 times the recommended dose (60 mcg/kg) in sensitive Collies. Results of these trials and bioequivalency studies, support the safety of HEARTGARD products in dogs, including Collies, when used as recommended.

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

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

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

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



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designates protocols, such as whether to perform CPR and do not resuscitate (DNR). CPR pages can really surprise and freak clients out, so Plummer says to brace yourself and be sensitive to what the client may be going through.

> Familiarize yourself with the crash cart. Bonus points if you find out-of-date medications in there!

> Recognize that time is of the essence with CPR—you have only about 30 seconds to save that patient. If the heart isn't beating, initiate chest compressions and call for help. Most hospitals have a code system that they follow. Learn it and use it.

> Remember, chest compressions are difficult!

Plummer's pointers: Make it easier by placing yourself perpendicular to the patient to better leverage your own body weight and improve efficacy. Get a stool if you are vertically challenged. Your landmark is the point of the elbow, since right behind the elbow is the fourth or fifth rib space. Compress the chest one-fourth to one-half and shoot for 80 to 100 compressions/min. Release compressions completely to allow complete filling of the heart. Don't worry about breaking a rib—that can be fixed later if the animal survives. Rotate out every 2.5 minutes, and if you get tired, tap out earlier.

> Get inspired by inspiration. After chest compressions have been initiated, Plummer says to capture the airway with intubation and mimic

breathing with manual ventilation at 10 beats/min with an estimated tidal volume of 10 ml/kg. Inspiration is longer than expiration: 1 second inspiration/expiration.

> Monitor your compressions with end-tidal carbon dioxide (CO<sub>2</sub>). Plummer says this is the best way to monitor your compressions.

## Timing to a tune

In human medicine, the best song to use for chest compressions is, ironically, *Staying Alive*. If you're not into disco, any song that is 100 beats/min will do.



**Fetch dvm360 educator Dr. Sarah Wooten graduated from UC Davis School of Veterinary Medicine in 2002. A member of the American Society of Veterinary Journalists, Dr. Wooten divides her professional time between small animal practice in Greeley, Colorado, public speaking on associate issues, leadership and client communication, and writing. She enjoys camping with her family, skiing, scuba and participating in triathlons.**

# TRUST.

<sup>1</sup> Data on file at Merial.

<sup>2</sup> Freedom of Information: NADA140-971 (January 15, 1993).

**HEARTGARD Plus is a Merial product. Merial is now part of Boehringer Ingelheim.**



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- ✓ TREATS AND CONTROLS 3 SPECIES OF HOOKWORMS
- ✓ TREATS AND CONTROLS 2 SPECIES OF ROUNDWORMS
- ✓ OWNERS PREFER IT<sup>1</sup> AND DOGS LOVE IT<sup>2</sup>



See brief summary on page 26.

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

**Heartgard®**  
(ivermectin/pyrantel) **Plus**

# WEIRD STUFF

## clients say

Consider these strange-but-true tales from readers about life in practice.

### The air we breathe

One of our clients owned a small dog with cardiac issues. The lady was really into holistic and natural medicine, yet she was a heavy smoker. Before she entered our building she'd take a deep breath and say, "Good. I don't smell any chemicals. You know I have chemical allergies."

One night, she brought her dog in due to a respiratory/cardiac crisis. I quickly set up our oxygen cage for him. As I was gently placing the gasping, blue dog into the cage, I heard her yell, "What are you doing?!"

I told her I was putting the dog into the oxygen cage so he wouldn't have to work so hard to breathe.

"But he's allergic to oxygen!" she screamed.

I calmly told her he was certainly going to die without it.

### A different kind of nip slip

We had a man call and tell us his dog was in labor. She'd had two puppies, but he was sure she had more inside and her labor had stalled. When I asked him how he knew there were more puppies, he replied matter of factly, "She has eight nipples."

"Sir," I said slowly, "do women always have twins?"

He understood.

She was a Chihuahua.

### She has powers

My husband and I had been married for eight years and had no kids. You know, busy with the career and all. I hadn't really aspired to be a mother, and we were content being kidless. An elderly woman client with an eastern European accent came in with her black cat one day and was very nice. We vaccinated

her cat and then made some small talk. She then stunned me when she said, "You don't have any children do you?"

"No."

Then she said, "You will be pregnant within three months."

I laughed it off but she insisted, and she told me she knows these things. Also that people call her a witch because of this sense she has, and she has never been wrong. We had our first daughter exactly 10 ½ months later.

### Eye-mergency

It was one of those times an owner brings in a pet and tells you it was perfectly normal earlier that morning, and you look at the pet and say to yourself in disbelief, "Yeah, right."

Cactus, a 12-year-old male bichon frise, was presented to me at 4:30 p.m. having just been picked up from their groomer an hour before. When the clients had dropped off Cactus at the groomer in the morning, he was perfectly normal, according to the owner.

They'd rushed him to me because something was terribly wrong with his right eye. I found conjunctival hyperemia and a completely opaque cornea. I wasn't sure how this dog went from normal that morning to such severe changes in less than 12 hours, so I immediately sent them to the ophthalmologist.

The next day, I had the ophthalmologist's report. Here's a synopsis: The right eye was mildly phthisical. Diffuse conjunctival hyperemia. The cornea was completely opaque with deep, heavy vascularization. Intraocular structures weren't visible. The eye appeared to be completely nonsighted. Blah, blah, blah.



Diagnosis? Chronic panophthalmitis with secondary phthisis bulbi. The ophthalmologist's takeaway? The problem had obviously been going on for several weeks or months and was not related to anything that happened at the groomer. No chance of vision returning in the right eye. Hopefully, the inflammation in the right eye could be controlled and the patient made comfortable. Neo-Poly-Dex drops and 1% prednisolone acetate were sent home with the owner.

I didn't hear back from my clients until three months later, when Cactus came in for routine immunizations. I walked into the exam room, washed my hands, turned around to look at Cactus and did a double take. Both eyes looked perfectly normal for a 12-year-old dog. Cactus was cured!

I looked at the owner and asked, astonished, what they'd done to heal Cactus' eye.

He looked at me with a smirk and said, "Oh, the groomers gave us the wrong dog that day." Apparently, there was another older, similar-looking bichon at the groomer and they'd accidentally switched dogs.

"Yeah, we started noticing things after about four days that made us wonder if that dog was Cactus or someone else's dog," my client said. So they'd called the groomer who called the other owner, and the dogs were switched back.

So, when someone tells you, "The dog was perfectly normal this morning," and

you chuckle under your breath, maybe it'd be wise to ask if your client is sure it's the right dog before going into a lot more detail.

I don't think I'll ever understand why Cactus' owner admitted that it took them four days to realize that it wasn't Cactus. I would have left that detail out.

**Read more stories at [dvm360.com/weirdstuff](http://dvm360.com/weirdstuff).**



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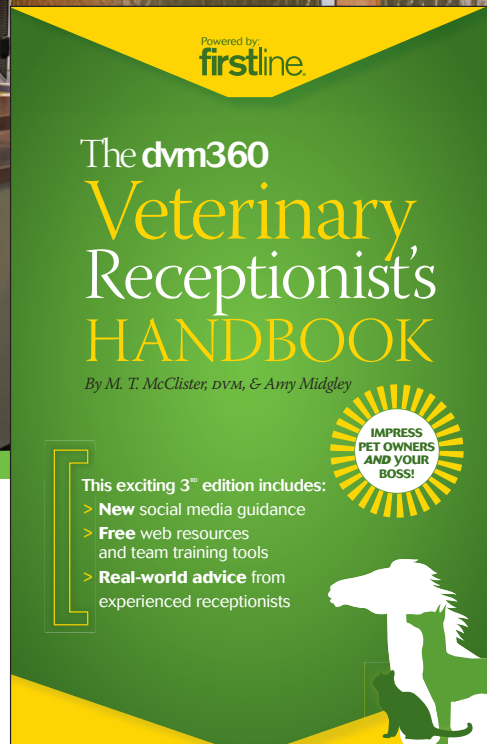


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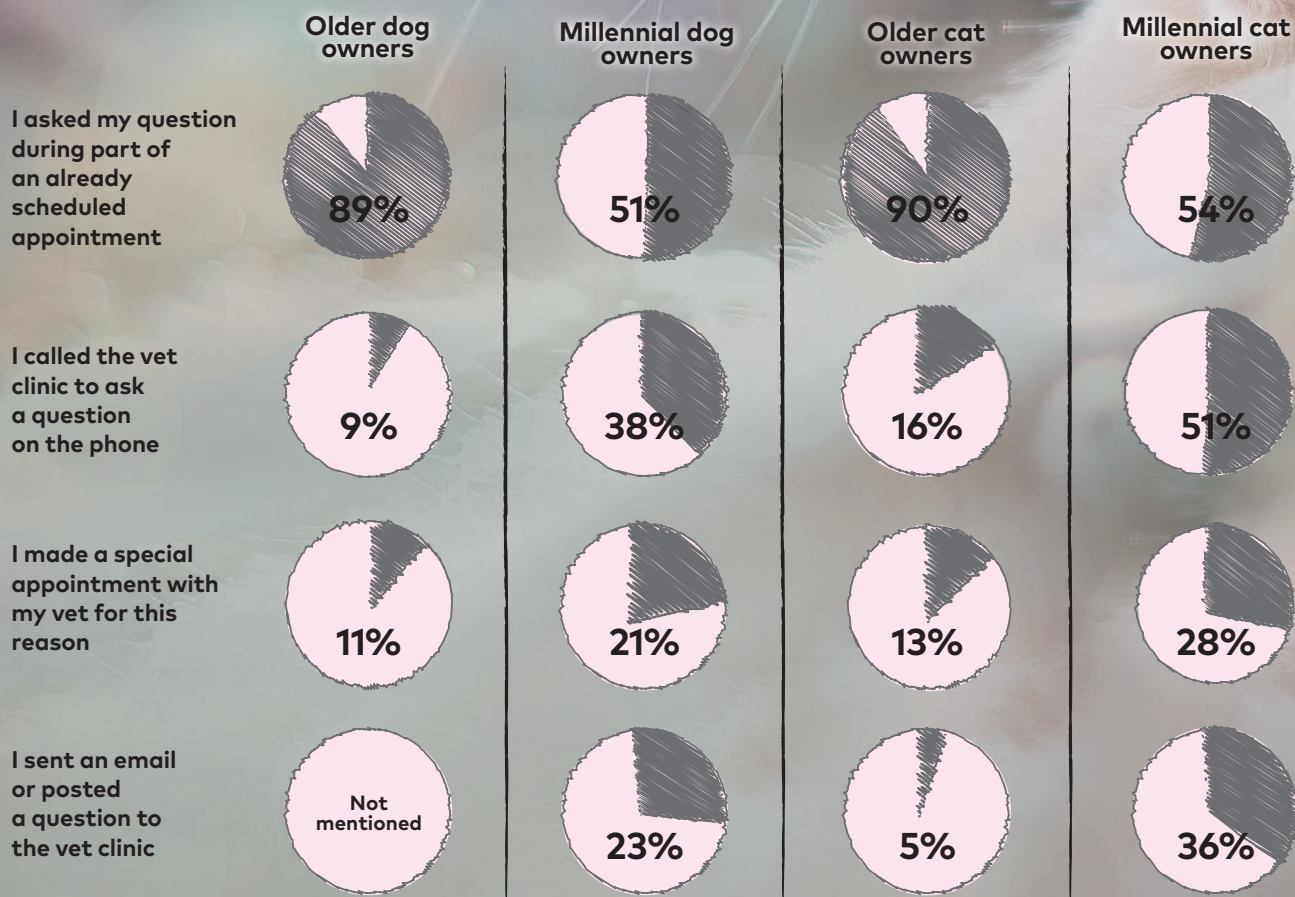




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Your millennial clients are hungry for data about their pets' dental needs, according to the Merck-Unfenced Pet Owner Paths research, which looks at the steps pet owners take when making decisions about their pets' health. Here's where they're getting their information—and how you can influence them.

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Source: Pet Owner Paths, sponsored by Merck, Unfenced and Kynetec



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