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The best read veterinary team journal. Bam.



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Healthy team members = healthy pets



Fetching new CE

When you go to a veterinary conference to get smarter, make sure you share your journey on social media.

When we close our clinic to attend continuing education conferences like Fetch dvm360, we tell our followers on social media. It shows our customers we're keeping up on new methods and finding new ways to improve our offerings, and it aligns with product marketing for our clinic, as we boast about new products we're ordering on the exhibit hall floor that will be available soon. Bonus: Our clients don't drive all the way out to see us when we're closed.

*Brent Dickinson, practice manager
Dickinson-McNeill Veterinary Clinic
Chesterfield, New Jersey*

Join us at the Fetch dvm360 conference in Kansas City, Aug. 17-20. Visit fetchdvm360.com/kc to learn more or to register.

CREATIVE

Editor/Team Channel Director | **Portia Stewart**
portia.stewart@ubm.com

News Channel Director | **Kristi Reimer Fender**

Business Channel Director | **Brendan Howard**

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Marketing Copywriters | **Ericka Cherry, Gabrielle Roman**

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Sales

Sales Director | **David Doherty**

913-871-3870 | david.doherty@ubm.com

Account Manager | **Angie Homann**

913-871-3917 | angie.homann@ubm.com

Account Manager | **Kelly Main**

(913) 871-3872 | kelly.main@ubm.com

Account Manager | **Emma Pierce**

(913) 871-3873 | emma.pierce@ubm.com

Account Manager | **Terry Reilly**

913-871-3871 | terry.reilly@ubm.com

Account Manager | **Heather Townsend**

913-871-3874 | heather.townsend@ubm.com

Sales Coordinator | **Anne Belcher**

913-871-3876 | anne.belcher@ubm.com

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Vets Against Insanity



The *slightly* scandalous card game for veterinary professionals.

Practicing veterinary medicine is rewarding, important and often all-consuming. It can also be awkward, annoying and (on most days) downright disgusting. Sometimes, all you can do is laugh about it. Enter Vets Against Insanity: a fun, slightly scandalous take on the work and life of a veterinary professional.

Who should play:

- Veterinary professionals (can be various states of frustrated/happy/slightly drunk/completely sober/tired/overworked)
- Anyone who recently had to squeeze a dog's anal glands
- Everyone who has recently thought, "I'll have to laugh about this so I don't cry"

At its best, Vets Against Insanity is a hilarious tool designed to inspire veterinary professionals to take risks, laugh more, pursue personal development and enjoy more professional satisfaction and success.



Warning: You can play with the regular folks in your life, but do you really want to deal with the blank stares you'll get after playing "radiolucent bladder stones"? To get your game now, go to dvm360.com/vai.



PEARLS

(Lustrously good advice and tips)



Check that chip

Microchips are great for locating lost pets, but if your veterinary practice placed one a few years ago, are you sure it's still working?

By Ciera Sallesse, CVT, VTS

Microchips can be invaluable to help find a pet that's gone missing, but sometimes clients don't recognize how important they can be. Use this script to help explain why clients should have their pets chipped—and to remind pet owners to check that the chip still works regularly.

Bonus tip: Scan the chip in the exam room for the pet owner if it's just been implanted, or to confirm that it's still working and hasn't migrated after several years. You can even take a video like one at dvm360.com/checkchip to use on social media or your clinic website.

Not sure what to say? Try this script:

Client: My pet has an ID tag, so why do I need a microchip?

You: Losing a pet is devastating. That's why we use collars and leashes and sometimes spend a fortune on fencing to keep our pets safe at home. Unfortunately, none of these methods are foolproof. That's why we recommend microchipping your pet. Microchipping is a permanent form of identification that could help reunite you with your lost pet. Microchips are about the size of a grain of rice and are implanted in the shoulder blade area. Sedation isn't required to implant a microchip. After placement, we recommend you have the microchip scanned annually to ensure it's placed properly and still works.

Ciera Sallesse, CVT, VTS (clinical practice), is a Firstline Editorial Advisory board member and a technician at Metzger Animal Hospital in State College, Pennsylvania.

How to get great video in 4 easy steps

With the confluence of widespread high-speed internet and smartphones capable of producing video of dazzling quality, the digital moving picture has become an indispensable aspect of today's social communication. People don't want generic pet content—they want their favorite veterinarian. As Fetch dvm360 conference speaker and social media whiz Caitlin DeWilde, DVM, puts it, "Video is a key component of a successful social media strategy."

But what if you don't have an arsenal of equipment and a background in filmmaking? Don't worry. Dr. DeWilde has four tips to help you realize your online video goals.

Tip No. 1: Don't blow big bucks on fancy gear

Your marketing videos aren't destined for the silver screen, so there's no need to drop loads of money on cameras and lenses.

"Any late-model smartphone has the capability to get you great video footage," Dr. DeWilde says.

Well, OK, there is one pretty cheap accessory you can buy: a phone tripod. Dr. DeWilde says using one will stabilize your image as well as free up your hands to tend to the patient or whatever you're trying to share. (See "But ... which tripod?" for advice on picking your equipment.)

So, switch that device to camera mode and get rolling.

Tip No. 2: Shoot in horizontal orientation

Before you set up a single shot, for goodness' sake, please turn that phone on its side. Nearly all video on social media platforms displays best horizontally—or in landscape orientation. A horizontal shot not only fills up the frame, but, as Dr. DeWilde points out, it provides more screen space to show off your team



members, your beautiful clinic or an assortment of adorable pets. And those square videos with the sides blurred out? Strictly amateur.

Tip No. 3: Keep it short and get to the point

Nothing says “unpolished” like a rambling, unfocused piece of content. Though various social media outlets allow for different lengths of video (for example, one minute for Instagram and currently unlimited for Facebook), the more important consideration are clients' attention

spans. Dr. DeWilde notes that viewership starts to fade between 60 and 120 seconds. Plus, there's really no need to say it all at once.

“Try to deliver bite-sized pieces of information,” she says. “It’s better to have small, frequent chunks in terms of your strategy rather than one giant video.”

Tip No. 4: Relax and be yourself

One of the greatest strengths of the video format is that it shows off your personality—assuming your personality isn't stiff, apprehensive and uptight. As long as that's not the case, Dr. DeWilde says just relax and let your true self shine through.

“Your clients want to get to know you,” she says. “They want to go behind the scenes at your hospital and ... know more about your team.”



Get great advice from Dr. DeWilde live at the Fetch dvm360 conference in Kansas City, Aug.

17-20. Visit fetchdvm360.com/kc to register or learn more.



Your vet: the new Google

Dr. Google's done it again and your client is now terrified of giving their fur baby vaccinations. The conflicting views on conflicting webpages have scrambled their brains, and they're not sure who to trust. Give them a reason to trust you with the client handout at dvm360.com/DrVet that answers their vaccine questions.

But ... which tripod?

Amazon.com offers more than 20 pages of smartphone tripods for sale. Uhhh ... don't panic! Dr. DeWilde has an accessory suggestion for you. She swears by the **JOBY GorillaPod**, a flexible, easily storable tripod that's compatible with just about any smartphone. It even features a remote control that lets you start and stop your recordings.



ASK KATIE

Q: I am a new owner, and I purchased an existing practice. One of the staff members who came with the practice is overpaid and underperforming. But she's been with the practice for 15 years and clients love her. What should I do?



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

Got a question for Katie? Email us at firstline@ubm.com.

How do I handle an underperforming employee?

A: First of all, congratulations on your new practice! This is such an exciting time for you. I imagine that your head is filled with a myriad of ideas for how to make the practice your own and take it to new heights.


As a new owner, it's important to avoid alienating existing team members, who are likely already feeling a little uneasy about the transition. That said, it's just as important for the team to be on board with your vision and values. If they aren't, now is the time to part ways.

Schedule a meeting with your underperformer and review her job description with her. If there isn't already one in place, your first order of business is to create one for every member of your team. Be sure to acknowledge her rapport

with clients and her dedication to the practice.

Describe the areas where you need to see improvement, stating specific expectations. Create a performance improvement plan where you outline expectations and check-in dates, at 30, 60 and 90 days for example. Generally speaking, if team members don't make the changes you need within 90 days, it's not going to happen, and it's time to part ways.

It's an additional challenge that you're facing an underperforming team member with a sweet personality. In this particular case, perhaps this employee would make a great client liaison. You may be able to keep her on part time at the same rate or full time at a lower rate and put her in a position doing what she does best!



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3 products for dentistry

The tooth is, these products are tip top for the tooth ticklers and dental divas who work hard to preserve pets' oral health.

By Mary L. Berg, BS, RVT, RLATG, VTS (dentistry)

Hey you! Is your team gearing up to increase your recommendations and dental procedures performed? Here are three products I love for dental procedures.



1

ORAVET DENTAL HYGIENE CHEWS.

I love this chew because of the unique dual-action mechanism that prevents bacterial attachment, reducing halitosis (bad breath) at the source. The action of chewing works to remove plaque away from teeth. The added delmopinol works by disrupting the plaque matrix and forms a barrier, preventing new bacteria from adhering to the teeth. The palatability of the chews makes the product one of my favorites. Dogs love them, but use supervision when giving them to pets.



2

C.E.T. ORASTRIP DENTAL DIAGNOSTIC TEST.

The C.E.T. OraStrip is a diagnostic tool that should be incorporated into every wellness visit. The test strip detects thiols that are produced by the pathogenic (anaerobic, gram-negative, black-pigmenting) bacteria present in periodontal pockets. The test strip can detect active periodontal disease hidden beneath the gum line that is not visible in the exam room. Performing this test with the pet owners present helps them understand that there is a periodontal infection present. It demonstrates the need for treatment before the problem gets worse and leads to painful bone and tooth loss and heart, liver and kidney disease.

Mary Berg, BS, RVT, RLATG, VTS (Dentistry), is owner of Beyond the Crown Veterinary Education.



3

PERIODONTAL PROBES.

There are several really good periodontal probe/explorers on the market. My personal favorite is a Williams probe that has markings at each millimeter with a double darker marking at 5, 10 and 15-mm. The Miltex Grip Lite S6 is an 18-mm probe with an explorer on one end (pictured) has a wider handle with grip to help prevent repetitive motion injuries. Don't skip on the cost of dental equipment, as high-quality products stand the test of time. See more dental instruments at [dvm360.com/dental instruments](http://dvm360.com/dental-instruments).





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The specter of cyberbullying

Veterinary professionals are falling victim to vicious online attacks from pet owners and advocacy groups. Find out how to protect yourself from an attack—and what to do if one occurs. *By Julie Carlson, CVT*

Haunted. Vulnerable. Alone. The act of bullying is to silo a person, separate her from community and take away her security and safety and sense of self-worth.

The U.S. government defines

bullying as unwanted, aggressive behavior that involves a real or perceived power imbalance. As someone who was mercilessly bullied in school throughout my childhood, I'd describe bullying as the flagrant violation of someone's

sense of safety, pervading every aspect of their life and forever altering their personality.

Veterinarians and their teams are frequent victims of this type of harassment. As many as one in five veterinarians has been

targeted by online bullies, or knows someone who was.

Haunted by a cyberbully

Dr. Susan (not her real name) is a veterinary surgeon at an emergency clinic in the United Kingdom. One evening a client brought in a very aggressive, unmanageable dog we'll call Rex. Rex was having mild gastrointestinal symptoms, but he was eating and drinking and generally seemed OK.

Because Dr. Susan couldn't handle the dog and the pet owner wasn't able to put a muzzle on the dog, Dr. Susan treated the patient with pain relievers and gastroprotectants. She advised the client—we'll call her Kate—to return to her regular veterinarian if she saw no improvement.

The dog was later diagnosed with tumors in its chest. Kate brought Rex in to the emergency clinic at least once a night, usually between 3 a.m. and 4 a.m., with the complaint that Rex was in pain and struggling to breathe. On each of these occasions, Rex's aggression made it impossible for Dr. Susan to safely examine him, but he always appeared bright, alert and responsive.

Kate made complaints against Dr. Susan, calling her as many as four times a night and talking for hours about her standards of care. Meanwhile Kate was also complaining about Dr. Susan to the emergency hospital's management. Dr. Susan did her best to help Rex and explain the situation to Kate, but she couldn't perform the extensive testing Rex needed at her practice. Though Dr. Susan explained this to Kate, Kate continued calling and bringing Rex to the hospital at night. At times Kate would claim

that the dog was doing well; other times she would state that Rex was suffering constantly. Rex's primary care veterinarian advised euthanasia, but Kate refused.

On one visit, Rex bit Dr. Susan's hand so badly it broke the bone, and Dr. Susan cried out in pain. At the time, Kate apologized, but later she

"I cried myself to sleep for weeks. I could not sleep. I was scared. She threatened to kill me, published [my] private data online ... I don't wish her upon my worst enemy."

wrote the hospital to complain that "the doctor's screams traumatized [her] baby," and that Rex was kicked out without receiving any treatment, which is false.

The abuse only escalated from there. Kate launched a defamatory online campaign against Dr. Susan, putting up a number of petitions to have her license revoked. The harassment continued for months. Dr. Susan's hospital management team was unsupportive.

Dr. Susan gained her freedom from her bully in an unusual way. Kate was fired from her primary care veterinary clinic, and the new clinic she chose was not covered by Dr. Susan's emergency hospital. So, Dr. Susan was finally free of Kate and Rex.

Several months later, local police contacted Dr. Susan to testify against Kate in another case where Rex had bitten someone. Kate was attacking the dog bite victim because he'd called the police after the attack. Dr. Susan learned that

Kate had actually been banned from owning animals years ago. Kate received a slap on the wrist and is now being investigated again for new crimes.

Here's how Dr. Susan describes the emotional toll of her bully: "I cried myself to sleep for weeks. I could not sleep. I was scared. She threatened to kill me, published [my] private data online ... I don't wish her upon my worst enemy."

How I dealt with my specter

I've also witnessed cyberbullying firsthand. I was managing a hospital when one of our sister hospitals came under attack. A veterinarian discharged a dog after a spay procedure while she was still quite groggy. According to the client, the dog's gums were white and her heart was racing. The client said the veterinarian told her that the dog had fallen, but that she'd done bloodwork and an ultrasound to make sure everything was OK.

Later that night, when the dog was still not waking, the client took her to an emergency clinic, where CPR was performed three times before the dog finally died. The emergency hospital determined that the cause of death was internal bleeding. The client was understandably upset. In response, she launched an online campaign against the clinic and the veterinarian.

She picketed the practice, and things got ugly enough that the clinic had its lawyer send a cease-and-desist letter. I reached out to my territory manager for advice, because the story was all over the news and I didn't know how to handle inquiries. I was afraid of the intensity of the people initiating the attacks.

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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My territory manager told me to direct any inquiries to the main office. She said she didn't expect any fallout to affect our hospital because we were several miles away. I asked her if I should address it on our hospital Facebook page, and she said no. They expected everything to quiet down once our lawyer got involved, and it did.

After this, the social media thunderstorm quieted down, but the scathing Facebook reviews of the hospital remain.

Keep the shadows at bay

People who work with animals often have such passion that it can quickly spiral out of control. A veterinarian in New York became the victim of such intense harassment that she committed suicide to escape her tormenters.

In 2015, the American Veterinary Medical Foundation was forced to cancel its America's Favorite Veterinarian contest because of a vicious cyberbullying attack from anti-declawing activists. The AVMA published an article about the cancellation, writing, "One contestant, for example, was called 'a whore, a butcher, a mutilator, a hack, an animal hater, a disgrace to the profession.' Other contestants were subjected to the circulation of fraudulent negative advertisements, negative reviews, and threatening phone calls."

Cyberbullies looking for a forum have created websites and social media pages, including The Veterinary Abuse Network, Ripoff Report and Regret a Vet, which provide one-sided commentary on perceived neglect and misconduct by veterinarians. These sites often detail the savage and violent things the pet owner wishes to do to the veterinarian.

JAVMA News reported that most cyberbullying attacks arose from disputes over patient care, charges for care or services, or diagnosis or treatment. They state that most attacks were initiated within 72 hours of the inciting situation.

Because cyberbullying has become so common in our field, the AVMA has established the Cyberbullying Response Assistance Hotline Pilot Program to assist AVMA members who are victims of online attacks. The hotline is available 24/7 and includes 30 minutes of free consultation time, with further consulting available at a reduced rate to members. The AVMA has also opened their Online Reputation Management page to assist clinics that have fallen under fire from cyberbullies.

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Please see Brief Summary on page 12.

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To boost your awareness of your online reputation, it's wise to scan the internet for feedback and commentary on your practice. One easy way to do this is to set up a Google alert that emails you anytime the keywords you enter (the clinic name, staff names and so on) appear online.

If any derogatory comments occur, Kimberly May, DVM, director of professional and public affairs in the AVMA Communications Division, advises veterinary professionals to address the facts and avoid getting pulled into personal arguments. Your message should show compassion and focus on what's best for the animal, she says. She also advises any veterinary professional who receives a substantial threat to contact the police.

AVMA@Work published a statement that sums up the point well: "We know that people can become passionate about almost any subject that is near and dear to them, but we ask everyone reading this message to always remember that there is a person on the other end of that message; that they are as entitled to their opinions as you are, and their beliefs may be as strong as yours; and that they should be treated with respect despite disagreement. It is only through civil, constructive dialog—and respectful disagreement—that we make progress on important issues."

To contact the Cyberbullying Hotline, call (626) 531-1140. Check out the AVMA's Online Reputation Management Page at dvm360.com/AVMArepmange.

Julie Carlson, CVT, is a freelance author and veterinary technician. She is the winner of the 2015 Hero Veterinary Technician Award from the American Humane Association and the Founder of Vets for Vets' Pets, a nonprofit organization providing medical care to the pets of homeless and at-risk veterans. Julie has five cats and two Chihuahuas and lives in Phoenix, Arizona.

Check it out: Here's what *Firstline's* sister publications are up to:

To find all of this coverage, plus online-exclusive content, head over to dvm360.com/cyberbully.



What's cyberbullying and what's simply a hateful online review? What goes on in the psyche of a cyberbully—either an individual or a horde that takes their pitchforks and torches to social media? How can veterinary professionals maintain their sense of well-being in a cyberbullying crisis? In *dvm360* magazine we look at all of these questions and more.



Cyberbullying. It hurts. Hear one veterinary author's experience and the lessons she learned by talking with her colleagues who had undergone similar gut punches from the public. Plus, we've got the ultimate algorithm on the best ways to manage negative online reviews.

Read more true tales of cyberbullying at dvm360.com/clientsattack.

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Before you talk \$\$\$ show you **care**

If your hospital is like most, it's not full of mercenary pirates looking to swindle pet owners. You care about pets, and it costs money to run your hospital. My pitch? Take the veterinarians out of these money chats and empower the nonmedical team to step up. *By Naomi Strollo, RVT*

Veterinary practices are often compared to human hospitals, but there's no comparison when it comes to finances. You need to address this topic with clients in some way, but how it's done can make you sound heartless and money-hungry vs. just taking care of business. Even when you communicate well, some clients will always be dissatisfied that you don't treat animals for free.

The services we provide are kinder and more thoughtful than our physician counterparts from the moment our clients enter the waiting room. We tend to clients' fearful pets and try to remove anxiety-causing situations. We rush around to limit wait times and supply multiple team members for every client and patient need. We even save them a trip to the pharmacy by supplying medication with full explanations before they leave our practice. Many times, we assist pets into vehicles. We truly cater to our clients, but when it comes to the payment part of a visit, we

sometimes can feel like criminals because of the way we're treated.

How can we give great customer service and amazing care and still discuss payment without coming across as heartless?

It's all in timing and approach.

Don't lead with money

Remember, clients don't know about the stack of unpaid invoices

sitting on the desk waiting to go to collections. They only know about their pet in the moment. If you hit them up for money when they walk in the door, then that's all they think you care about. You never took the time to know about their animal and their concerns before asking for money.

Why should they pay you anything or give you any payment



information? You haven't done anything for them.

Asking for deposits or emergency fees or taking any financial information just screams to pet owners that you only want their money. They need to pay for setting foot in your building, no matter what happens.

Our clients should be able to feel the compassion we display every day toward their pet.

You know you're doing this right when customer service representatives, assistants and veterinary technicians roll out the red carpet for clients and take the time to listen to their concerns. Then the veterinarian addresses the issues and gives the pet owners time to decide which treatment plan to pursue. At this time, the veterinarian goes over these same options with a customer service representative who prepares treatment plans—with prices—for the different options. That way the client isn't presented with a single plan with a single price.

It's always best to invite pet owners to a private exam room when reviewing treatment plans. This takes away the possibility of an audience if they want to make a scene. It also gives them the privacy to be honest and admit without public shame that their funds are limited.

Empower your client service representatives

In my practice, the customer service representative (CSR) goes

over the treatment plan, and that team member needs enough medical knowledge to explain products, services and procedures and why they're important. The CSR also knows which ones are less important than others if there's a need to downsize the treatment plan.

Top tips for cost conversations

Explain what you want to do. Pet owners should always receive a copy of possible treatment plans to look at during explanations. There's no need to read aloud the prices—the pet owners can see for themselves. Just explain the procedures.

If you say, "How much can you afford?" you're showing that your care is all about the money and that it's time to negotiate.

Don't assume price is the problem. If pet owners aren't happy after a treatment plan explanation, don't automatically assume it's the money—they may just be distraught over their pet. Always offer to answer any questions. Don't be surprised if their first questions are about future care their pet needs. If the CSR can't comfortably answer their medical questions, don't sweat it. Bring in a veterinary technician.

Focus on consent, not cost. If clients accuse you of killing time

talking over the treatment plan instead of caring for their pet, explain in a low, calm voice: "The veterinarian has already examined your pet, and she feels comfortable that your pet is stable. We don't want to start any procedures without your consent. This is just giving us permission to continue treatment." With this statement, you may take away the complaint, "You only care about money!" and show that legal consent for treatment is the next step.

Be careful if they can't afford it. If pet owners see the price and admit to not being able to afford the treatment plan, or say the bill is too much, or mention any other financial problems they're having, choose your words carefully.

If you say, "How much can you afford?" you're showing that your care is all about the money and that it's time to negotiate. Instead, try saying, "This is the recommended treatment by the veterinarian. I understand you weren't expecting this today. How would you like us to proceed?"

Let the pet owners make the decision, not you. You're not saying any one thing on the list is not important. You're not focusing on money. You're letting the pet owners weigh the cost of care and the benefits of the treatment plan themselves.

We all would love to treat every animal the way we want without considering money, but we can't. Give the decision back to the clients and let them decide what

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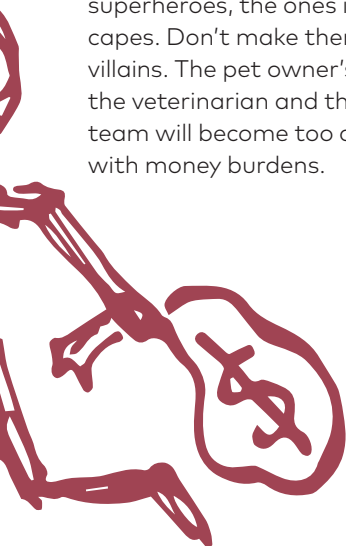
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Don't make your **doctors** the **villains**

Veterinarians should not be arguing prices with clients—let the veterinarians be the superheroes, the ones in the red capes. Don't make them the villains. The pet owner's trust for the veterinarian and the medical team will become too clouded with money burdens.



care they can afford.

Offer options. What do you do when you present the treatment plan, the pet owners consider it, then say they can't afford it? If you already have a plan B estimate in hand, pull that out now and go over it. If you know a procedure, product or service you can mark off the list, do it. There's no need to get judgmental and try to make a pet owner feel guilty. You need to keep your personal opinions and emotions under control. Here's what that sounds like: "If we remove this injection, can we proceed with the rest of the treatment plan?"

If that doesn't help, remove another line and continue that way.

Once pet owners agree to a treatment plan, we get the signature. Then we notify the technician so they can start treatment.

But what happens if it's an emergency? ...

In case of emergency

Start first, talk later. If a patient is critical, then starting care is more important than guaranteeing payment. You can get vitals, place an IV catheter, take blood samples and administer fluids while the veterinarian performs a physical exam. If a pet owner says they have no money while we're starting critical care, we lose professional time, an IV catheter, some fluids, some tubes and a few other items that won't break the bank. That's definitely not worth the word-of-mouth reputation hit or the

angry client's complaints to local reporters, or the slanderer money-hungry tweets that crop up. Of course, whenever a patient is not critical, then it's best to wait with the pet owner while they decide what they can afford.

Have time to talk now? Do some listening. If the patient is critical enough to warrant hospitalization, then your treatment plan may need a little cushion. Pet owners with pets who suddenly can't come home can be very emotional, so we need to assure them that we've already started caring for their animal. Sometimes we need to listen to their traumatic story or the history of illness to provide emotional support to the pet owner before we can proceed talking about finances.

Again, when you discuss treatment plans, treat them like a consent to proceed. We need consent on further treatment and hospitalization. Take words like "deposit" and "estimate" and "payment" out of your vocabulary. This will be all the owner hears.

Know when consent is emotional. When explaining the consent form for treatment that explains cost, it's always best to start by explaining what's already been done for their pet. Pet owners need to see that you came to the rescue and started treatment before you knew anything about the pet owner.

Then explain the planned treatment and what outcome you hope to see. For example, "When the initial dose of morphine that

we gave for pain wears off, we want to be able to give another dose right away so he won't feel any pain." Explaining what the treatments are and why the pet needs them makes the owner feel more comfortable that you only

The best way to stop pet owners from thinking veterinarians are only after money is by taking veterinarians away from the money. Let the doctors practice medicine.

care about their pets' needs.

When you reach the end of the consent form with prices, and pet owners see a price range, they can get angry. To explain the range, try saying, "This consent allows us to perform the treatments I just discussed. The range is in case something happens and we're not able to reach you and your pet needs further unexpected treatments. We just need your permission to continue the best care even while you're not here." This lets pet owners know you're only going to use the cushion if they're unreachable.

Manage emotions first, up-front fee second. After clients sign the consent form, you need to assure pet owners that you're caring for their pet. If the patient is stable and the veterinarian

approves, offer to let pet owners see the pet before they leave. You can also offer to have them wait somewhere comfortable in the practice to receive an update on their pet's care. An update from the veterinarian can also calm upset clients. No matter what, be sure to care for the pet owner's emotional needs, not just the patient's medical needs.

When pet owners are calm, you've assured them the patient's being cared for and you have the consent signature, only then should you proceed to financial consent.

If clients look puzzled when you ask them to handle the informed financial consent, explain that you need 10 to 20 percent of the cost of the treatment plan (whatever your hospital policy is) up-front. If they argue, speaking in a low, calm voice can help defuse things: "We understand this wasn't expected. Because the treatments are extensive to care for your pet, we need financial consent to allow us to proceed." Again, leave the decision to the owner, not you.

When "no" is the answer to financial consent—dig deeper. If the owner of an emergency patient can't or won't offer the financial consent (basically, a deposit), then be sure you're continuing this conversation in a private room, not the reception area.

Ask whether the pet owners are unable to leave a financial consent today or unable to consent to all the treatments. In some emergencies, people

do run out without paying. If the problem is just signing financial consent today, then explain what you can do based on your hospital's policy on payment options. Inform them that without financial consent the practice can't continue treatment. This shows that you care and you gave the owners time, but you can't continue without financial consent.

If treatment is to continue, explain that the pet owners should remain in the building to continue care. They can find or phone family members or friends or explore other payment options. But remember, their financial consent is allowing you to continue treatment.

The best way to stop pet owners from thinking veterinarians are only after money is by taking veterinarians away from the money. Let the doctors practice medicine. Team members should be trained to handle difficult cost conversations and financial consents, and they must learn how to talk to pet owners. Showing care and compassion even on the way out can change how we're perceived that day and into the future.

Naomi Strollo, RVT, is Fear Free Certified and has been working in the veterinary field for more than 24 years. She practices emergency medicine and is a freelance writer. She also has a special interest in dog training, which enables her Akita, her pit bull and her Shiba Inu to all reside happily together.

Fear Free tips to handle the **BIG** boys (and girls)

Keep giants gentle during veterinary care by eliminating these sources of fear, anxiety, stress and pain.

By Mikkell Becker, CBCC-KA, CPDT-KA, CDBC, CTC, KPA



The dog may be big, but safely handling and providing care to a colossal-sized canine doesn't need to be an overwhelming ordeal. Incorporating even small Fear Free changes can boast big results. To better avoid injury while handling, lifting, restraining and caring for large and giant-sized canines, consider the following strategies:

Avoid the wrestling match.

Trying to contain the fighting fury of an 8-pound dog for an exam and vaccines is difficult enough. But when the dog looks like a heavyweight wrestling contender, this heightens safety concerns.

Handling a large dog that's flailing and threatening collateral damage to the veterinary team is stressful for everyone. While adding manpower, restraint and protective measures like muzzles may be the default response, it's not the best way to deal with a fighting fido. Neither is holding the dog in a compromising position, like lateral recumbency, while routine care is performed.

Evaluate your default. It's vitally important to consider both your team members' and your own go-to responses for dealing with a dog when things go wrong, regardless of the dog's size. In short, if your practice's current handling strategy looks like a dog

pile of people holding the dog down, it's time to rethink how you approach handling.

Dig for the root. It's essential to address canine resistance at its root cause, with most stemming from underlying fear, anxiety and stress (FAS), as well as exacerbated discomfort or pain from the handling or procedure itself. Fear Free strategies help ensure the canine has a calm, comfortable experience.

Do your future self a favor.

Forced restraint poses a major safety risk to both the pet and people nearby, as the dog is more likely to struggle or bite with fight-for-its-life strength. By adding more restraint, a scary situation becomes even more distressing. This negative experience can be traumatic and increase the dog's likelihood to react unfavorably in the future. In fact, these dogs are likely to escalate faster into a struggle or biting and to react even earlier at the initial signs that all is not well, such as at the sight of the stethoscope or a muzzle.

Replace restraint. Traditional restraint often puts dogs in positions that are unnatural, unstable and uncomfortable. But if you provide care in a comfortable resting position, such as letting the dog stand with a food distraction during nail trims, the patient remains calm and comfortable. The Fear Free approach replaces restraint, handling and holds with gentle control that positions pets for care. When you use gentle control, you use your hands to

support and stabilize the animal, providing gentle guidance and reassurance to decrease the animal's need to struggle or pull away.

Pharmaceuticals could be your friend. Addressing even subtle signs of stress early and often with a multimodal approach is key to safe and effective care. And if care requires the dog to remain in a compromising position, such as the lateral position for radiology, consider other supportive, calming methods. For example, the veterinarian may suggest pharmaceutical intervention and sedation to help keep the procedure as physically and emotionally painless as possible for the pet. It can also help ease handling woes.

Treat yo' patient. Tasty treats can help keep dogs entertained, occupied, calm and in place while they're stabilized into a needed position.

Mitigate muzzle woes. By no means are muzzles off limits when it comes to handling, but use these handy tools to optimize their benefits for both the veterinary team and the canine. I prefer basket muzzles, as they keep the veterinary team safe while allowing the dog to still pant and take treats.

Take the time to positively condition the pet to muzzles and invite them to willingly wear one. You can also refer the client to a reward-based trainer who can help the dog develop positive connections with muzzles.

Stop slip-n-scare scenarios. Slipping on slick surfaces elevates the scare factor for big dogs. Sure, the slippery surface of the exam or treatment table may temporarily disable a struggling dog—who may freeze from fear when set on the slick space—but the dog's body isn't the only thing that's at risk of sliding. A frozen dog's emotional state, comfort and compliance tends to slide downward too.

Providing stable, nonslip surfaces on floors and tables in your veterinary practice allows dogs to remain more balanced and makes care easier for you.

While the floor is a more ideal space for the exam, if you must elevate the dog onto a table or another lifted space for an element of care, consider ways to make the experience less stressful for the patient. When possible, invite the dog to move into the space of his own free will. This is especially important when the dog is large and when lifting in a steady and balanced motion proves difficult. This means you'll have to set up the

environment to make this possible. This might include using lift tables, portable stairs, ramps, or step-up items, such as a sturdy stool or chair.

If you're lifting the dog onto the space, consider strategies to keep the dog as stable and secure as possible. For dogs requiring more than one person to lift, work to lift the dog at a similar, steady pace to keep one person from lifting too high or fast.

Think outside the clinic box. Consider where the dog is most comfortable. Depending on the dog and the location of your practice, you may encounter dogs who are most comfortable being outside. If resources allow, you can help canines cope in these situations by conducting care in a more open space or even an outdoor location at your practice.

Mikkel Becker is the resident trainer for vetstreet.com and works in conjunction with veterinarians and veterinary behaviorists to address behavior issues in dogs and cats.

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How I went from receptionist to practice owner

I had the passion for animals, the smarts to manage, and the education and business savvy to own. So I bought a veterinary hospital. You can too.

By Veronica Hanley

Editor's note: Veronica Hanley caught our eye as a 2015 dvm360/VHMA Practice Manager of the Year finalist, and she kept our interest when this receptionist-turned-practice-manager became sole owner of a veterinary hospital. As businesspeople begin to dictate the direction of veterinary medicine in corporate chains, and fewer doctors look to own, could receptionists, technicians and practice managers fill a void for a small but meaningful percentage of the nation's hospitals? Hanley thinks so ...

Q. Tell us about yourself.

I went to Brown University and majored in anthropology and business. I really thought I was going to spend the rest of my life in the nonprofit sector or the Bureau of Land Management outdoors, with the animals, studying human culture. I did not expect this!

How did you wind up at a veterinary practice?

I was in marketing and advertising for a long time. That was the first real job I could find out of college after the recession. After moving to Tucson with my husband so he could pursue his PhD, I continued with that but knew I didn't want to do that for the rest of my life. I decided to go back to my passion for animal nonprofits and the outdoors, but because I'd been in the private sector for so long, nonprofits didn't want to hire me.

Volunteering wasn't an option because the bills needed to be paid, so I applied as a receptionist at a veterinary clinic. I immediately fell in love with the work of

tending to domesticated animals, and I realized I wanted to push the public to care more about wildlife through their own care with pets. After I was promoted to manager a few years later, I went to conferences, worked long hours reading magazines, got a master's degree in sustainability in animal organizations and worked hard to grow my career. I didn't know that practice ownership was in the future then either.

What triggered the thought, "I could own this"? Where was your biggest resistance? Who were your biggest supporters?

When I attended a Fetch dvm360 conference in San Diego (then CVC), I really had the intention of going there to learn more and grow my career. But when I sat in some of the practice management sessions, I noticed that I had answers to some of the other people's questions. When I raised my hand to share, three of them asked for my email address so that they could get pointers from me. I thought it was a fluke. Then at another session, I realized the speaker was suggesting things I'd already been doing. It frustrated me a bit that I only learned a little from the conference, and I was scared I wasn't going to be challenged anymore. Then it hit me that I could try to own my own practice.

My greatest resistance came from myself. A lot of people I spoke to were surprised I didn't own a hospital already and were surprised I was fighting the idea.

My greatest support came from my

husband, who's my personal life adviser.

Was there ever a point where you thought, "I've made a huge mistake"? How did you push past it?

I'm not going to lie and say that every day I get up like Wonder Woman, conquer my fears and charge forward. It's scary owning a hospital, and I doubt myself like every other human being who takes a risk. So far I've only made one big mistake—I didn't know what to say when I first walked in to meet my new team. I was terrified what they thought of me. So after that awkward first meeting, I darted out that day to get the office a "Thanks for sticking this out and dealing with a new boss" gift—a new Keurig coffee machine. I wanted them to know that I was on their side.

When you hear others say, "I could never own," how do you respond?

That's the problem! I rarely hear "own" come out of people's mouths. If you have the knowledge and the willpower, you should do it. When I hear, "I could never ..." from someone in any area of veterinary medicine, I ask them, "Why?" They'll tell me why and give an answer that always translates to "I'm scared." Then I give them pointers on where they can start learning to gain more knowledge and lessen their fear.

You started as a receptionist. We often hear the receptionist is the most important, yet the most un-



Hanley, top row center in yellow, with her team.

devalued and underpaid, member of the team. What are your thoughts on that?

It's sad but true. When I was a receptionist, clients would call and I would do everything I could to work them into the schedule. Very often, as the clients came out of the room, I would hear them tell the doctor, "Thank you so much for getting me in." At first, I didn't mind it, but after one year, it started to make me feel undervalued.

Underpaid member of the team? You bet. But, I believe all of this starts with the receptionists. Don't treat the job as a paycheck, because then it'll be all about the money to your boss as well. Treat it as a career.

My advice? If you're a veterinary receptionist, make sure you're actually doing it to learn about the field and grow in the field, because it is tough. Ask your boss how you can grow your career. Ask your managers how they can help you. Tell them you want to grow. And if that isn't an option where you are, move on and grow it yourself.

How do you expect practice ownership to change in the next 10 years? Do you feel the threat from corporate practice?

Yes, I feel the threat from corporations. Corporations are thriving because private practice ownership is down—among doctors. If you're out there and you have the financing and little student loans, and you're not a doctor, do it. Own if you can. Don't give up. What about the people who love the field but don't have the medical degree? That's you.

Veronica Hanley, MA, owns Everett Veterinary Hospital & Boarding House in Klamath Falls, Oregon.

NexGard® (afoxolaner) Chewables

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

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

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

Tick Treatment and Control:

Treatment with NexGard may begin at any time of the year (see **Effectiveness**).

Contraindications:

There are no known contraindications for the use of NexGard.

Warnings:

Not for use in humans. Keep this and all drugs out of the reach of children. In case of accidental ingestion, contact a physician immediately.

Precautions:

The safe use of NexGard in breeding, pregnant or lactating dogs has not been evaluated. Use with caution in dogs with a history of seizures (see **Adverse Reactions**).

Adverse Reactions:

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

Over the 90-day study period, all observations of potential adverse reactions were recorded. The most frequent reactions reported at an incidence of > 1% within any of the three months of observations are presented in the following table. The most frequently reported adverse reaction was vomiting. The occurrence of vomiting was generally self-limiting and of short duration and tended to decrease with subsequent doses in both groups. Five treated dogs experienced anorexia during the study, and two of those dogs experienced anorexia with the first dose but not subsequent doses.

Table 1: Dogs With Adverse Reactions.

	Treatment Group			
	Afoxolaner		Oral active control	
	N ¹	% (n=415)	N ²	% (n=200)
Vomiting (with and without blood)	17	4.1	25	12.5
Dry/Flaky Skin	13	3.1	2	1.0
Diarrhea (with and without blood)	13	3.1	7	3.5
Lethargy	7	1.7	4	2.0
Anorexia	5	1.2	9	4.5

¹Number of dogs in the afoxolaner treatment group with the identified abnormality.

²Number of dogs in the control group with the identified abnormality.

In the US field study, one dog with a history of seizures experienced a seizure on the same day after receiving the first dose and on the same day after receiving the second dose of NexGard. This dog experienced a third seizure one week after receiving the third dose. The dog remained enrolled and completed the study. Another dog with a history of seizures had a seizure 19 days after the third dose of NexGard. The dog remained enrolled and completed the study. A third dog with a history of seizures received NexGard and experienced no seizures throughout the study.

To report suspected adverse events, for technical assistance or to obtain a copy of the MSDS, contact Merial at 1-888-637-4251 or www.merial.com/NexGard. For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or online at <http://www.fda.gov/AnimalVeterinary/SafetyHealth>.

Mode of Action:

Afoxolaner is a member of the isoxazoline family, shown to bind at a binding site to inhibit insect and acarine ligand-gated chloride channels, in particular those gated by the neurotransmitter gamma-aminobutyric acid (GABA), thereby blocking pre- and post-synaptic transfer of chloride ions across cell membranes. Prolonged afoxolaner-induced hyperexcitation results in uncontrolled activity of the central nervous system and death of insects and acarines. The selective toxicity of afoxolaner between insects and acarines and mammals may be inferred by the differential sensitivity of the insects and acarines' GABA receptors versus mammalian GABA receptors.

Effectiveness:

In a well-controlled laboratory study, NexGard began to kill fleas four hours after initial administration and demonstrated >99% effectiveness at eight hours. In a separate well-controlled laboratory study, NexGard demonstrated 100% effectiveness against adult fleas 24 hours post-infestation for 35 days, and was > 93% effective at 12 hours post-infestation through Day 21, and on Day 35. On Day 28, NexGard was 81.1% effective 12 hours post-infestation. Dogs in both the treated and control groups that were infested with fleas on Day -1 generated flea eggs at 12- and 24-hours post-treatment (0-11 eggs and 1-17 eggs in the NexGard treated dogs, and 4-90 eggs and 0-118 eggs in the control dogs, at 12- and 24-hours, respectively). At subsequent evaluations post-infestation, fleas from dogs in the treated group were essentially unable to produce any eggs (0-1 eggs) while fleas from dogs in the control group continued to produce eggs (1-141 eggs).

In a 90-day US field study conducted in households with existing flea infestations of varying severity, the effectiveness of NexGard against fleas on the Day 30, 60 and 90 visits compared with baseline was 98.0%, 98.7%, 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 groups were sham-dosed. There were no clinically-relevant effects related to treatment on physical examination, body weight, food consumption, clinical pathology (hematology, clinical chemistries, or coagulation tests), gross pathology, histopathology or organ weights. Vomiting occurred throughout the study, with a similar incidence in the treated and control groups, including one dog in the 5x group that vomited four hours after treatment.

In a well-controlled field study, NexGard was used concomitantly with other medications, such as vaccines, antihelmintics, antibiotics (including topicals), steroids, NSAIDs, anesthetics, and antihistamines. No adverse reactions were observed from the concomitant use of NexGard with other medications.

Storage Information:

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

How Supplied:

NexGard is available in four sizes of beef-flavored soft chewables: 11.3, 28.3, 68 or 136 mg afoxolaner. Each chewable size is available in color-coded packages of 1, 3 or 6 beef-flavored chewables.

NADA 141-406, Approved by FDA

Marketed by: Frontline Vet Labs™, a Division of Merial, Inc.
Duluth, GA 30056-4640 USA

Made in Brazil.

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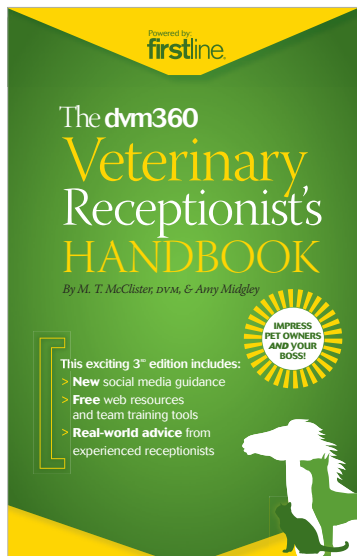


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ALL
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Vet team confessions: The tiny tears in our souls

From their experiences with imposter syndrome and compassion fatigue to feeling like no one really understands what they do, veterinary technicians and practice managers share the little cuts and wounds that bleed them dry in their daily practice lives.

The daily work in a veterinary practice has a way of ripping little holes in one's soul. Without support, time off and mentorship, these little rends and tears can grow bigger and hurt more. Here are some of the secrets veterinary technicians and practice managers have shared through the Veterinary Confessionals Project. Read all of them, then share your own at dvm360.com/vetconfessions.

POST CARD VC

I want to be the best tech possible not only for the animals but also for my team, but I have a fear I'm not good enough.

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POST CARD VC

Hey Vets -

Sometimes a simple "thank you" goes a long way!

♥ your techs

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POST CARD VC

I know owners see their pets as humans, but sometimes I would like the owners to treat us (support staff & reception) as humans too.

It makes it for very long days

Thanks for letting me vent

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POST CARD VC

I'm a new practice manager trying to do a good job and not be horrible like the PM I had before. When someone makes an honest mistake and owns up to it, I use it as a teaching moment and keep it private. I try to be fair to everyone, and I am more than willing to help out anyone who needs it. Still I have people actively trying to discredit me and point out even the tiniest typo I make. No one ever thanks me for helping when they are overloaded. I don't want to stop helping but I feel like I am losing the love I had for this job. I have no one at home that will listen. I feel more and more alone every day. Thank you for reading this.

Submitted at dvm360.com/confess.

POST CARD VC

I hate the fact that in my state non-DVMs are not allowed to own, even in part, a veterinary practice. My DVM husband gets all the glory and credit, and as his LVT practice manager wife, I get all the headaches and grunt work, but none of the recognition. It's almost embarrassing at industry events when other DVMs want to talk business, my husband defers to me, and then I get looked at like I'm some sort of lowly life form, and the other DVMs try to shuffle out of the conversation. Like it is some sort of taboo for DVMs to discuss the running of a veterinary practice if that person doesn't have the same letters after their name, even if that person is the Practice Manager, and the actual DVM couldn't tell you how much money is in petty cash much less how much is in the business accounts!

Submitted at dvm360.com/confess.

POST CARD VC

As a future CVT,

The vet I'm shadowing yelled at me when I asked a question. I cried.

Please be kinder. I'm just trying to learn!

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POST CARD VC

I am veterinary technician. I think I have lost my compassion for both the owner and the pet. My heart hurts thinking about leaving the field.

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Please see Brief Summary on page 25.

¹Data on file at Merial.

²Data on file at Merial. Based on veterinary dispensed dose data.

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



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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.