

5 habits of *highly* **UNSUCCESSFUL** people

Break these bad routines before you break your relationships, your veterinary practice—or yourself. **p20**



SPECIAL!

Don't miss the Hospital Design Supplement with this issue!

Q&As

- ▶ Can I beat a downturn? **10**
- ▶ Do I need a manager? **12**

CALL ME MAYBE:

Bond pet owners to you with this personal touch **14**

DENTAL CARE:

5 steps to improve pets' teeth at your practice **19**

READY TO RETIRE!

Great advice for associates and practice owners **25**

24 MUST-READS:

Summer books to inspire today's veterinarian **30**





ONE NEW NAME. HERE FOR YOU.

Copyright © 2013 Zoetis Inc. All rights reserved.

Introducing Zoetis. After 60 years as Pfizer Animal Health, we're taking on a new name. Yet our commitment to the veterinarians who wake up every day, dedicated to the care and treatment of companion animals, has never been greater. To provide the medicines, vaccines, and services. To find the answers, and deliver the solutions that can make a difference. So you can do what you do best. Because at Zoetis, your success, and the health of every pet counts. To see how we do it, visit us at **Zoetis.com**

FOR ANIMALS. FOR HEALTH. FOR YOU.

zoetisTM

4 | **Checking in**

Building a better you

6 | **Get in touch**

8 | **Feedback**

- > Gender debate
- > Show clients where their money goes



10 | **Practice management Q&A**

- > Beating the recession blues
- > Hiring a manager

14 | **Practice tips**

- > Call me!
- > Etiquette for the differently abled

17 | **Get social**

Three cheers for check-ups!

18 | **What if ...**

Clients don't come back for rechecks?

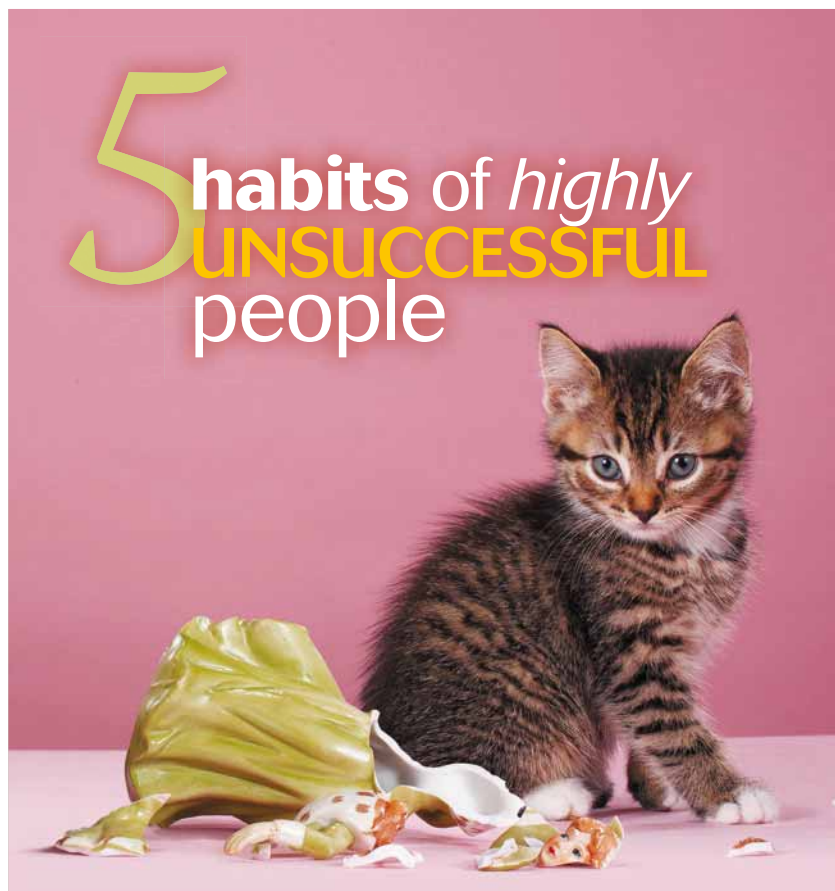
19 | **Click & copy**

Promote dental wellness in pets

dvm360 Toolkit: **Dermatology**

37 | **Product Spotlight**

48 | Hot button Your profession is not your sole purpose



Break these bad routines before you break your relationships, your veterinary practice—or yourself.

page 20 *By Ernie Ward, DVM*

PERSONAL FINANCE: Secrets to retiring securely—for every stage in your career

Whether you're a young pup taking your first steps in your career or a wise old dog ready to sell your practice, here's how to make you're on the path to retiring securely.

page 25 *By Ashley Barforoush*

PLUS 3 ways to get your veterinary school debt down **page 26**

PERSONAL GROWTH: 24 books to change your life

This list will keep you entertained—and maybe make you a better veterinarian.

page 30 *By Tom McFerson, CPA, ABV*

The most common veterinary management challenge

Getting any group of people on the same wavelength can be difficult. When that group is your veterinary practice staff, consultant Shawn McVey, MA, MSW, says you must be clear when communicating with each other and when communicating each person's role on the team. Learn more at dvm360.com/commonchallenge.



The pet insurance “easy button”

Choosing which company's pet insurance to recommend for clients of your veterinary practice can be an arduous task. But *Veterinary Economics* editor Brendan Howard shares some advice about the selection process at dvm360.com/easybutton.



Subscriber Services: Call (800) 815-3400 in the United States, or (888) 527-7008 or (218) 740-6477 in Canada; fax (218) 740-6417; or write to: *Veterinary Economics*, 131 W. 1st St., Duluth, MN 55802-2065. If you are unable to connect with the 800 numbers, e-mail fulfill@superfill.com.
Reprint Services: Call 1-877-652-5295 ext. 121 or email bkolb@wrights-media.com. Outside US, UK, direct dial: 281-419-5725. ext. 121
Back Issues: Individual copies are available for one year; to order, call (800) 598-6008. Permissions/International Licensing. Call Maureen Cannon at (440) 891-2742. **List Sales:** Please contact List Account Executive Renée Schuster at (440) 891-2613. **Editorial Offices:** Write to 8033 Flint, Lenexa, KS 66214; or call (913) 871-3800. **Visit our websites:** dvm360.com; thevcv.com; industrymatter.com.

Will wellness plans work for my veterinary practice?

Wellness plans can be complex and difficult to implement. Consultant Denise Tumblin, CPA, recommends that you define the package and dig into the numbers. Learn more at dvm360.com/wellnessplans.



Fit to Practice: Lower your heart rate, live longer

Can you achieve optimal well-being in your veterinary practice and personal life simply by taking better care of your ticker? Learn more at dvm360.com/livelonger.



We're here to help you take the next step



Whether you're preparing for ownership or planning for growth, Wells Fargo Practice Finance can help you achieve your practice goals.

- Customized financing to help acquire, start or expand your practice
- Competitive fixed rates at historic lows with preferred pricing for AAHA members
- Experienced practice financing specialists to help you complete your project on time and on budget
- Complimentary business planning tools, project guidance, educational resources, and practice management consulting to help you successfully manage growth

To get started, contact us at **1-866-4MY-PAWS (1-866-469-7297)**.

Or visit **wellsfargo.com/veterinaryeconomics** to request your **free Practice Success planner**.



The Standard of
Veterinary Excellence

*Wells Fargo Practice Finance is the only
practice lender recommended by the
American Animal Hospital Association.*

Together we'll go far



All practice financing is subject to credit approval.

© 2013 Wells Fargo Bank, N.A. All rights reserved. Wells Fargo Practice Finance is a division of Wells Fargo Bank, N.A.

All trademarks are the property of their respective owners.



3 smart things I've learned this issue

> Pointing out why change won't work isn't the best change strategy.

Page 20

> Practice buyers may want to find creative ways to keep former owners on—at least for a while.

Page 29

> I have a lot of books to read.

Page 30

Inspired by something you learned in our pages? We want to know! Tell us all about it on facebook.com/dvm360.

Building a better you

Books, finances and bad habits to conquer.

I'm especially happy with this issue of *Veterinary Economics*—a kind of summer project. I'm a sucker for good self-help, and I hope we've delivered some of what you need to make the summer months a time not just of A/Cs, warm-weather ailments and corralling kids—but of inspiration and education.

It all starts on page 20 with Dr. Ernie Ward's five habits to break, not just in veterinary practice, but in life. Starting on page 25 is financial advice for every career stage: new graduate, prospective practice owner and the soon-to-retire. On page 30, Tom McFerson shares his business-minded colleagues' picks for a summer reading list to educate, inspire and entertain. And last but not least, on page 48, Dr. Brad Swift appeals to you to think about who you are as more than a veterinarian—what are your deeply held beliefs and your true goals for life?

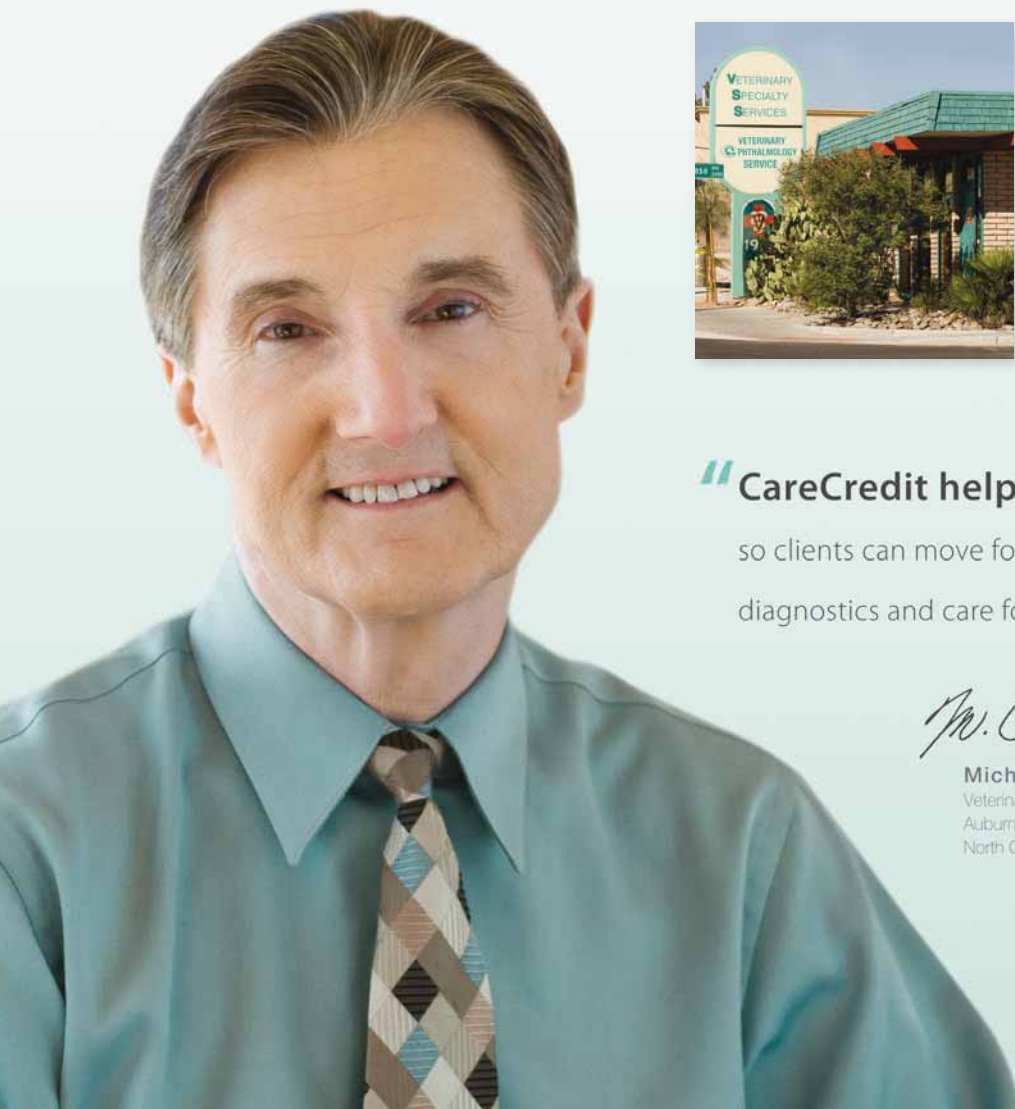
Don't feel bad if summer isn't your most fertile time for groundbreaking

work on you, your practice or your life. My brain tends to lie fallow when the sun burns too hot, and I wind up yearning for lazy play more than creative work.

If fall's your thing, don't worry: I can guarantee CVC Kansas City Aug. 21 to 26 will get you started on an autumn to remember. How can I make such a guarantee? Because I just saw the raw enthusiasm of packed rooms of veterinarians and team members contemplating all the ways they can improve their practices and themselves in the field and at home at CVC Washington, D.C. And almost all of those same speakers on the business and life balance tracks will be back for Kansas City.

So, squirrel yourself away for an hour or two and enjoy an issue to remember. And tell me how your amazing summer (or autumn) projects this year are working out for you at bhoward@advanstar.com. **VE**

Brendan Howard, Editor
ve@advanstar.com



Dr. Brinkmann's patient

"CareCredit helps remove hesitancy
so clients can move forward with recommended
diagnostics and care for their pets."

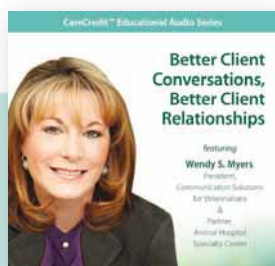
W. C. Brinkmann DVM

Michael Brinkmann, DVM, DACVO
Veterinary Specialty Services
Auburn University, 1978
North Carolina State University, 1992

You always provide the best care possible, given the client's financial situation.

But what if you could change their situation by offering a comfortable way to pay with CareCredit?

When you accept CareCredit's healthcare credit card, more clients can accept the care their pets need and return for wellness care or additional treatment without delay. Yet to add CareCredit? Simply call **877-490-1766** to get started. If you already accept CareCredit and would like to get connected to FREE practice resources, call **800-859-9975**.



FREE AUDIO CD

 **CareCredit**SM
Making care possible...today.

www.carecredit.com/vet
Mention: VE

Veterinary economics®

The business of client and patient care

Mission

To give practicing veterinarians the business tools, insights, ideas, and inspiration they need to fuel their passion for practice; run a well-managed, profitable business; enhance client loyalty and satisfaction; and maximize their patients' well-being.

Content Group

Editor/Business Channel Director | **Brendan Howard**
(913) 871-3823, bhoward@advanstar.com
Financial Editor | **Cynthia Wutchiett, CPA**
Practice Management Editor | **Ross Clark, DVM**
Practice Leadership Editor | **Marty Becker, DVM**
Special Assignments Editor | **John Lofflin**
Content Manager | **Adrienne Wagner**
Senior Content Specialists | **Alison Fulton** | **Mindy Valcarcel**
Associate Content Specialist | **Ashley Barforoush**
Assistant Content Specialists | **Heather Biele, DVM** | **Andrea Hewitt**
Medical Editor | **Heather Lewellen, DVM**
Technical Editor | **Jennifer Vossman, RVT**
Editor, E-media | **Jessica Zemler**
Senior Designer/Web Developer | **Ryan Kramer**
Art Director | **Steph Bentz**
Multimedia Contributor | **Troy Van Horn**

Editorial Advisory Board

Our board members provide critical insights into business, management, and leadership issues. As recognized experts, they help *Veterinary Economics* provide content of immediate relevance and use to all veterinarians in private practice.

Practitioners

Marty Becker, DVM | **Ross Clark, DVM**
Dennis Cloud, DVM | **Shawn Finch, DVM**
James Guenther, DVM, CVPM, MBA | **Jim Kramer, DVM, CVPM**
Fred Metzger, DVM, DABVP | **W. Andrew Rollo, DVM**
Jeff Rothstein, DVM, MBA | **Ernest Ward Jr., DVM**
Jeff Werber, DVM | **Craig Woloshyn, DVM**

National Management Consultants

Bob Levoy | **Shawn McVey, MA, MSW**
Karl Salzsieder, DVM, JD

Financial Management Consultants

Gary Glassman, CPA | **Denise Tumblin, CPA**
Cynthia Wutchiett, CPA

Veterinary Architects

Dan Chapel, AIA | **Mark Hafen, AIA**
E. John Knapp, AIA | **Wayne Usiak, AIA**

Advanstar Veterinary

Vice President/General Manager | **Becky Turner Chapman**
Group Content Director | **Mamette Falley**
Medical Director | **Theresa Entriken, DVM**
Director, Electronic Communications | **Mark Eisler**
Director, The CVC Group | **Peggy Shandy Lane**

Sales Group

Sales Director | **David Doherty**
Senior Account Managers, Advertising
Chris Larsen | **Terry Reilly**
Account Manager, Advertising | **Angela Paulovcin**
Senior Account Manager, Projects | **Jed Bean**
Sales and Projects Coordinator | **Anne Belcher**
Books/resource guides | **Maureen Cannon** (440) 891-2742
List Rental Sales | **Renée Schuster**
(440) 891-2613 | rschuster@advanstar.com



Chief Executive Officer | **Joe Loggia**
Chief Executive Officer Fashion Group, Executive
Vice-President | **Tom Florio**
Executive Vice-President, Chief Administrative Officer &
Chief Financial Officer | **Tom Ehardt**
Executive Vice-President | **Georgiann DeCenzo**
Executive Vice-President | **Chris DeMoulin**
Executive Vice-President, Business Systems | **Rebecca Evangelou**
Sr Vice-President | **Tracy Harris**
Vice President, Media Operations | **Francis Heid**
Vice President, Legal | **Michael Bernstein**
Vice President, Electronic Information Technology | **J. Vaughn**

Executive Vice-President | **Ron Wall**



2010
Neal Award
Finalist



2011
Neal Award
Finalist



2012
Neal Award
Finalist



american
business
media

Discover the Future

Digital Radiography - *hand* made in Germany

The benchmark in VET-dental imaging – CR 7 VET –



reddot design award
winner 2011

- Highest Resolution (12,5 μm)
- Scans intraoral sizes 0-4
- Special Rabbit-IPs available
- VET-dental Software
- Has been tested on exotics and extremities of small animals

iM3 Inc. USA

12414 NE 95th Street, Vancouver, WA 98682 USA

p 1800 664 6348 | f +1 360 254 2940 | e info@im3usa.com

www.im3vet.com

iM3

The Veterinary Dental Company

Gender DEBATE

A reader debates Bash Halow's opinion that the gender barrier has been shattered. He responds.

Dear Editor,
Bash, one question for you: If there is no gender discrimination in veterinary practices (in reference to "Shards from a shattered glass ceiling" in March 2013 *Veterinary Economics*), why is it that female veterinarians are paid consistently about 20 percent less than male veterinarians for the same work, according to AVMA statistics?

I come from a generation where there was overt discrimination against women. Veterinary schools began admitting women in large numbers in the last 30 years, which may seem like a long time to you, but there are plenty of us old ladies

who experienced it. As an example of leadership discrimination, until Shirley Johnston broke the barrier (with a great deal of effort) and became the founding dean of Western University Veterinary School in 1998, there were no female veterinary college deans. Discrimination, particularly the glass ceiling, still exists, but just much less openly than in the past.

As for the fellows who use derogatory labels for women

being "belches and underpants pickers," I beg to differ. I have worked in the pharmaceutical industry for years, with many extremely sophisticated male leaders, and behind closed doors the word "bitch" is not uncommon when talking about senior women as well as some even less savory words I don't want to mention here. The fact is that as soon as a woman gets significant power and a budget to back it up, she will face a headwind of discrimination that successful men do not.

*Linda Rhodes, VMD
Aratana Therapeutics
Kansas City, Kan.*

Bash Halow's response:

Firstly, I appreciate your comments. Honestly I do, but I want to make sure I get what you're saying. Are you telling me that men (and women?) are predicated the hiring decisions that they make, decisions that have a direct relationship to their practice's financial, medical and cultural success, on gender? I want to tell you a story.

At a recent conference, some of the other speakers and I decided to go out to dinner. I was seated near three, high-octane,

extremely bright, accomplished, female veterinary surgeons.

The topic of female veterinarians versus male veterinarians came up. The through-line of their conversation was this: People behave differently in the workplace based on gender. It was their contention that women in the workplace are less inclined to take risks and respond to emergency situations with "bitchy behavior," a response they said was due to their reluctance to dive into situations that had negative what-ifs, while men were more likely to address the situation in a let's-get-it-done attitude.

I told them they couldn't make such sweeping statements and listed many exceptions. But while they agreed that there were exceptions, they were sticking to their theory. "It's evolutionary," they said. "It's left over from when women had to multi-task in the fields, hold a baby, forage for food and keep an eye on the rest of the kids, while men went in for the kill."

Even now, as I review these kind of Archie Bunker theories, I go half nuts. And of course, what I really needed to do was ask them if they hire based on this theory.



Show clients where their money goes



Dr. Rothstein (in reference to "Explain your clinic expenses" in the April 2013 *Veterinary Economics*):

I think this idea is great to use with staff members to help them see where the money goes. Otherwise, they only see the money coming in and do not realize the expenses

involved in running a veterinary hospital. When it comes to clients, however, I think they are happy with our fees when we give them good value for their money. If clients are complaining about cost, it could mean the practice is failing to make the value proposition. Practices might do better if they work on

making sure their clients leave feeling that their bill was fair for the services/products they received. If they do that, I guarantee there will be less complaints about the cost.

*Karyn Gavzer,
KG Marketing and Training
Springboro, Ohio*



Let's think outside the box. You wouldn't believe the things that go on in there.



Better patient care. Better Business.

Midmark is the total solution for taking the best care of your patients and your bottom line. Only Midmark can meet the needs of today's veterinarians with a fully-integrated product line, superior quality, in-clinic and online training resources, education and marketing tools, and the best before, during and after sale support. To learn more, call 1-800-MIDMARK or visit midmarkanimalhealth.com/vej13.



Beating *the recession* blues

I feel like my practice is still stuck in the recession. Clients are spending less and new clients are fewer, but my expenses continue to rise. What do I do?

There's no question that the aftermath of the recession is still impact-

ing some areas of the country, but the Bayer Veterinary Care Usage Study and others indicate that a fair number of practices—even those in areas hard hit—are still managing to grow, says

Dr. Karen Felsted CPA, MS, CVPM, president of Felsted Veterinary Consultants in Dallas, Texas.

"First of all, you need to look closely at what's going on in your practice the past few years," Felsted says. "What is the trend in critical operational metrics?"

Felsted suggests looking at:

- > Revenue per doctor
- > Number of transactions in

total and per doctor

- > Average transaction charge
- > Number of new clients

> Number of active clients

> Number of feline patients

> Cost of support staff, drugs and medical supplies, lab costs and food costs.

Compare these figures to what goes on

in a typical practice. This helps you identify the areas you want to focus on, Felsted says. If new-client figures are low, then marketing may need attention. Do you have a Facebook page? Are you tracking online reviews about your practice?

"If your drugs and medical supply costs are high, then inventory control may not be as strong as it needs to be," Felsted says. "Do you have the right

team member in charge of this critical area? Do you count high-dollar products (food and flea, tick and heartworm preventives) regularly and compare those figures to what the computer says you have?"

There are many things practices can do to get back on track—the key is identifying what will have the most impact on your practice. **VE**



Dr. Karen Felsted, CPA, CVPM

Find it all here.
dvm360
—com

What if?

What do you do if your practice isn't profitable? Or you aren't getting new clients? Head to dvm360.com/whatif to learn how to avoid these sticky situations with articles by Dr. Felsted.



isn't as scary as it sounds.

VPI® helps put your clients at ease when discussing their pets' health.

VPI gives your clients the confidence that comes with knowing their pets are getting the best possible care you can provide. Maybe that's why 4 out of 5 vets who recommend insurance recommend VPI.*

Recommend VPI for Healthy Pets and Happy Owners.

Call 866-Vet-4VPI (866-838-4874) or visit vets.petinsurance.com



*2012 Veterinary A&U study

Underwritten by Veterinary Pet Insurance Company (CA) Brea, CA. National Casualty Company (all other states), Madison, WI and A+15 rated company. © 2013 Veterinary Pet Insurance Company. Nationwide Insurance is a service mark of Nationwide Mutual Insurance Company.

Virbac

EASOTIC® Otic suspension

(hydrocortisone aceponate, miconazole nitrate, gentamicin sulfate)
Anti-inflammatory, antifungal, and antibacterial

For Otic Use in Dogs Only

CAUTION

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

BRIEF SUMMARY: Please consult package insert for complete product information.

INDICATIONS

EASOTIC® suspension is indicated for the treatment of otitis externa in dogs associated with susceptible strains of yeast (*Malassezia pachydermatis*) and bacteria (*Staphylococcus pseudintermedius*).

CONTRAINDICATIONS

Do not use in dogs with known tympanic membrane perforation.

EASOTIC® suspension is contraindicated in dogs with known or suspected hypersensitivity to corticosteroids, imidazole antifungals, or aminoglycoside antibiotics.

WARNINGS

Human Warnings: Not for use in humans. Keep this and all drugs out of reach of children.

Humans with known or suspected hypersensitivity to hydrocortisone, aminoglycoside antibiotics, orazole antifungals should not handle this product.

Animal Warnings: As a class, aminoglycoside antibiotics are associated with ototoxicity, vestibular dysfunction and renal toxicity. The use of EASOTIC® suspension in a dog with a damaged tympanic membrane can result in damage to the structures of the ear associated with hearing and balance or in transmission of the infection to the middle or inner ear. Immediately discontinue use of EASOTIC® suspension if hearing loss or signs of vestibular dysfunction are observed during treatment (see **ADVERSE REACTIONS**).

PRECAUTIONS

Do not administer orally.

Concurrent administration of potentially ototoxic drugs should be avoided.

Use with caution in dogs with impaired hepatic or renal function (see **ANIMAL SAFETY**).

Long-term use of topical otic corticosteroids has been associated with adrenocortical suppression and iatrogenic hyperadrenocorticism in dogs (see **ANIMAL SAFETY**).

The safe use of EASOTIC® suspension in dogs used for breeding purposes, during pregnancy, or in lactating bitches, has not been evaluated.

ADVERSE REACTIONS

In a field study conducted in the United States, there were no adverse reactions reported in 145 dogs administered EASOTIC® suspension.

In foreign market experience, reports of hearing loss and application site erythema have been received. In most reported cases, the hearing loss and erythema were transient and resolved with discontinuation of EASOTIC® suspension.

To report suspected adverse drug events, or for technical assistance contact Virbac at 800-338-3659.

ANIMAL SAFETY

Aural administration of EASOTIC® suspension to 12 week old Beagle dogs at 1, 3, and 5 times the recommended dose (1 mL/ear/day) for 15 days (three times the treatment length) was associated with alterations of the hypothalamic-pituitary-adrenal axis as evidenced by the ACTH stimulation results. Other findings considered to be related to treatment include the development of aural hyperemia; the presence of renal tubular crystals and possibly renal tubular basophilic atrophy; elevated liver weights; the development of otitis externa and media; and elevations in alanine aminotransferase, alkaline phosphatase, total protein, albumin, and cholesterol levels.

STORAGE INFORMATION: Store at temperatures between 20° C-25° C (68° F-77° F), with excursions permitted between 15° C-30° C (59° F-86° F).

HOW SUPPLIED: EASOTIC® suspension is supplied in a polyethylene canister, with a soft applicator canula.

Distributed by:

Virbac AH, Inc.
Fort Worth, TX
76137 USA

NADA 141-330, Approved by FDA.

© 2013 Virbac Corporation.
All Rights Reserved. Rev 8/2011

PRACTICE MANAGEMENT Q&A

Hiring a manager

When financially is it time to hire a practice manager for the first time at a new practice?

You can't pinpoint the perfect time to hire a practice manager, but the sooner the better, says Fritz Wood, CPA, CFP, owner of

H.W. Wood Consulting in Lake Quivira, Kan.

"If a practice manager frees up the doctor to see just one or two additional clients each day, it makes good financial

sense," Wood says. "Practice manager compensation is often in the 3 percent to 4 percent of gross income range, so a practice does need some critical mass in order to justify the expense."

Think of all a practice manager can do for you. According to the Veterinary Hospital Managers Association 2012 Practice Analysis Results, the most important jobs for practice managers are:

- > Handling recruiting, interviewing and hiring
- > Managing training and development
- > Scheduling and daily work assignments

- > Conducting staff meetings
- > Organizing employee performance reviews
- > Mediating internal disputes
- > Disciplining or discharging employees
- > Managing employee benefit programs
- > Maintaining confidential employee records and personnel files
- > Creating and updating job descriptions and manuals
- > Managing staff continuing education and licensure.

Once you have hired a practice manager, the doctor can delegate those tasks to the capable manager over time and see more patients, therefore creating more revenue for the practice. **VE**



Fritz Wood, CPA, CFP



Introducing the new blueprint for easy, effective treatment of otitis externa.



Flexible Nozzle:
Gentle on sensitive canine ears.

Unique Airless Delivery System:



- One pump delivers an exact 1 mL dose every time.
- No messy drops to count. No more mystery.

Precise dosing in any position.
No more wrestling matches.

One pump, once daily, for 5 days for any size dog.
Eliminates dosing frustration.



Three Powerful Actives including Hydrocortisone Aceponate (HCA) - A potent new-generation glucocorticoid.

easOtic®

(hydrocortisone aceponate, miconazole nitrate, gentamicin sulfate)

Otic Suspension For Dogs

Ease and otic together at last.



If you could design the ideal treatment for otitis externa in dogs, it might just be EASOTIC® (hydrocortisone aceponate, miconazole nitrate, gentamicin sulfate) Otic Suspension for Dogs. It makes treating otitis so easy and accurate your clients will happily comply, and the novel formulation makes short work of inflammation, bacteria, and yeast. **To learn more, visit www.virbacvet.com.**

EASOTIC® Otic Suspension for Dogs is contraindicated in dogs with known or suspected hypersensitivity to corticosteroids, imidazole antifungals, or aminoglycoside antibiotics. Do not use in dogs with known tympanic membrane perforation. The safe use of EASOTIC Otic Suspension for Dogs in dogs used for breeding purposes, during pregnancy, or in lactating bitches has not been evaluated. See brief summary for additional product information.

See brief summary on page 12.

Virbac

Passionate About Animal Health

For information call 800-338-3659

© 2013 Virbac Corporation. All Rights Reserved. EASOTIC is a registered trademark of Virbac S.A. in the US. 5/13 13936



CALL *me!*

Build trust with clients by giving them your mobile phone number. *By Marty Becker, DVM*

Giving a client your cell phone number is the veterinary equivalent to an all-access backstage pass or someone lifting the velvet rope to usher you into an event with a line a mile long. But there's a trick to this special treatment: Make it on a case-by-case basis—no matter how free you are with your own version of the all-access pass.

How do you do that? Don't put your cell phone number on your business card. Instead, when you're sharing the information, write it on the back of

your card just for that one client. Not only does this allow you to pick and choose who gets your cell number, but it also sends a message to the person you do this for: "You and your pet are special to me. And our relationship is good enough that I trust you with my personal number."

Oh, I know what you're thinking, believe me, "If I give out my cell number, I'll never have a moment's peace." But when I give out my number, only one person out of 100 ever calls. All 100 of those clients, however, feel special as a result.

I bet I don't have to tell you what that kind of goodwill adds to the partnership for care you're trying to establish with your clients, and the higher rates of compliance those partnerships mean.

In 20 years I've had only two people abuse the cell phone privilege. I asked them to text me instead if they had questions, and the problem went away. The truth was, they were lonely and just wanted someone friendly to talk to.

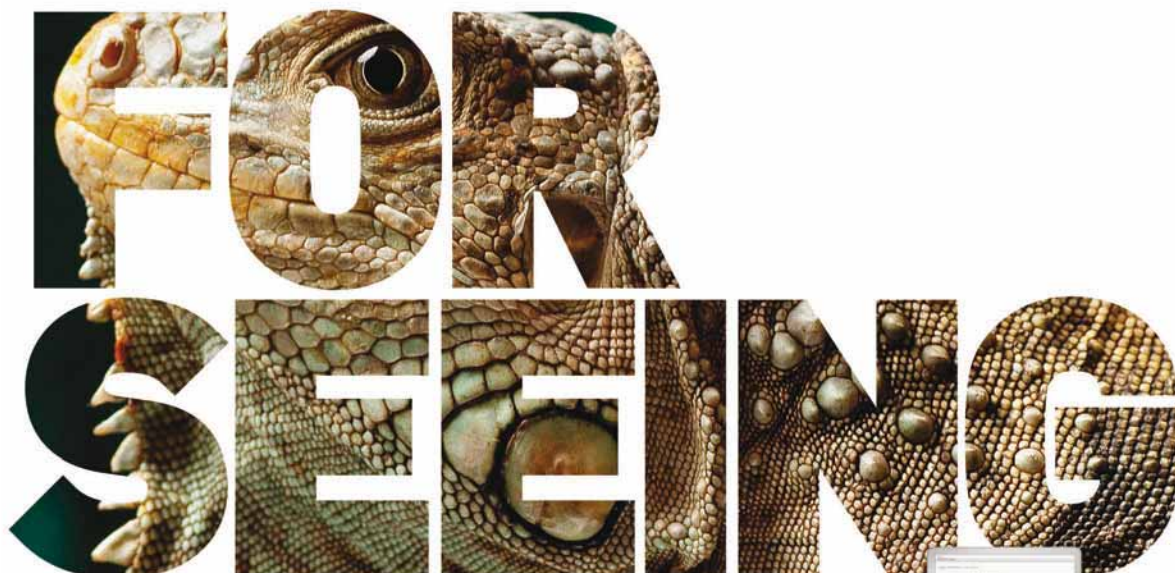
So start giving out those digits, and make it special. As often happens when you give, you'll get more in return for your actions. **VE**



Dr. Marty Becker is a popular speaker and author of more than 22 top-selling books, including The Healing Power of Pets. He is the resident veterinarian on Good Morning America, a regular guest on The Dr. Oz Show and the lead veterinary contributor to VetStreet.com. Dr. Becker practices at North Idaho Animal Hospital in Sandpoint, Ida., and Lakewood Animal Hospital in Coeur d'Alene, Ida.



Dr. Marty Becker



if your cash flow is as effective as your treatments.



Cash Flow Insight™ | for the achiever in you*

Introducing Cash Flow Insight powered by PNC CFO — a suite of user-friendly online tools that can help you understand and project your practice's cash flow, so you can turn insight into action. Try it at no cost today.* Call the Cash Flow Insight Center at **855-762-2361**, stop by any PNC branch or go to pnc.com/cashflowinsight

PNC | CFO™
Cash Flow Options



*Offer requires a PNC Business Checking account and enrollment in PNC Online Banking. Offer valid during your current statement cycle period and two additional statement cycles. At the end of your free trial, you will remain enrolled in Cash Flow Insight and be charged a fee of \$10/month. If you do not want to continue with Cash Flow Insight, you may opt out of the service on your Preferences page within Cash Flow Insight. Beyond the trial period, certain account types have Cash Flow Insight for no additional monthly fee, including Business Enterprise Checking, Industry Solutions Checking and Retail Businesses Checking. Cash Flow Insight and CFO: Cash Flow Options are service marks of The PNC Financial Services Group, Inc. ©2013 The PNC Financial Services Group, Inc. All rights reserved. PNC Bank, National Association. **Member FDIC**

Etiquette *for the* differently abled

Is your veterinary team ready when a vision-impaired or hard-of-hearing client coming in for the first time?

By Bob Levoy

Nearly 54 million Americans qualify as having a disability. Included are pet owners who have disabilities related to vision, hearing, mobility or speech, according to the Census Department.

Here are a few basic rules recommended by etiquette experts to ensure that clients with a disability receive the courtesy and respect they deserve:

Hearing

> To get the attention of someone with a hearing difficulty, it may be necessary to wave your hands or tap the person's shoulder. Then look directly at the person and speak clearly,

slowly and expressively to establish whether or not the person can read your lips. Not all people with hearing impairments can lip read. Those who do will rely on facial expression and other body language to help in understanding.

Mobility

> Some people in manual (vs. motorized) wheelchairs like to be pushed on heavy carpeting or steep upgrades, or simply when they're tired. Others prefer never to be pushed. Never begin pushing a wheelchair user without first asking whether help is desired.

Speech

> If you don't understand a person with a speech impediment, ask them to repeat. Don't simply pretend to understand. You may be embarrassed if you pretend to understand and it later becomes clear that you didn't.

Vision

> When you enter a room with a vision-impaired person, iden-

tify yourself. When leaving, let the person know.

When walking with vision-impaired clients, offer your arm and walk slightly ahead rather than taking an arm and attempting to steer them.

General

> Don't hesitate to use words that relate to a disability such as, "It's good to see you" to a vision-impaired patient. People with these disabilities use these expressions all the time.

Action step: Discuss this topic and these tips at a team meeting. Most people with disabilities and their families place a high value on long-term relationships with professionals who understand and accommodate their needs. Proper etiquette is a good beginning. **VE**

Veterinary Economics Editorial Advisory Board member Bob Levoy is the author of 222 Secrets of Hiring, Managing and Retaining Great Employees in Healthcare Practices.



Bob Levoy



smart is

expecting more.



Dogs should be tested for heartworm prior to use. In a small percentage of treated dogs, digestive, neurologic and skin side effects may occur. For more information, please see product insert on page 17.

© 2013 Novartis Animal Health US, Inc. Sentinel and Flavor Tabs are registered trademarks of Novartis AG.
® Heartgard and the Dog & Hand logo are registered trademarks of Merial. SFT120114A-1

smart is

protection against 5 parasites for the price of 3.

sentinel^{flavor}
tabs[®]
(milbemycin oxime + lufenuron)



HEARTWORMS



ROUNDWORMS



HOOKWORMS

+



WHIPWORMS



FLEAS

Heartgard^{Plus}
(ivermectin/pyrantel)



HEARTWORMS



ROUNDWORMS



HOOKWORMS

**Sentinel[®] (milbemycin oxime/lufenuron) Flavor
Tabs[®] are now available at a price comparable
to Heartgard[®] Plus**

so you can offer your clients a wider spectrum
of protection — all in one monthly tablet.

smart is **sentinel**^{flavor}
tabs[®]
(milbemycin oxime + lufenuron)



Three cheers for CHECK-UPS

Stress the importance of annual exams online with these posts and tweets.

If it's been years since you've seen some of your patients, it's time you re-examined your social media strategy from head to tail. After all, you know why the annual exam is so important, but your clients may not.

Visit dvm360.com/postnow to

access the tips and facts (below) for your practice's Facebook and Twitter pages. You'll also find more Facebook posts and tweets to share with your clients on pet obesity, fleas, ticks, behavior, diagnostics, dental care, vaccines and more.



If we haven't seen your pets all year, then painful conditions could be going undetected and untreated. Set up an appointment today so we can be sure everything is A-OK.

Want to be the best pet owner possible? We'd love to help you reach that goal. Treat your pet to a wellness examination!

When you don't bring your pets in for regular exams, we can't spot conditions like heartworm disease or kidney failure. Set up a time so we can examine your cat or dog.

DYK? Your pet may not show outward signs of illness, but hidden ailments have serious consequences if left untreated. Schedule a visit for your pet's physical.



Myth #245: Indoor cats don't need preventive care. Schedule Roxy's annual exam and we'll set the record straight. #pet #pethealth #petcare

Has your #pet been acting strange lately? Set up an appointment and get answers to your questions. #pethealth #petcare

When was the last time we saw your #pet? The more we see your cat or dog, the sooner we can detect problems. #petcare

Think you only need to visit for your #pets' vaccinations? Think again. Pets need regular exams so we can ID #pethealth problems. #petcare

Myth #102: Cats don't need veterinary care. We need to examine those felines at least once a year!

sentinel Flavor
Tabs
(milbemycin oxime-lufenuron)

NADA 141-084, Approved by FDA

Brief Summary—For full product information see product insert.

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

Description: SENTINEL® (milbemycin oxime/lufenuron) Flavor Tabs® are available in four tablet sizes in color-coded packages for oral administration to dogs and puppies according to their weight.

Milbemycin oxime consists of the oxime derivatives of 5-didehydromilbemycins in the ratio of approximately 80% A₁ (C₂₂H₃₆N₂O₇, MW 555.71) and 20% A₂ (C₂₂H₃₆N₂O₇, MW 541.68). Milbemycin oxime is classified as a macrocyclic anthelmintic.

Lufenuron is a benzoylphenylurea derivative with the following chemical composition: N-[2,5-dichloro-4-(1,1,2,3,3,3-hexafluoropropoxy)-phenylaminocarbonyl]-2,6-difluorobenzamide (C₂₁H₁₂Cl₂F₆N₂O₃, MW 511.15). Benzoylphenylurea compounds, including lufenuron, are classified as insect development inhibitors (IDIs).

Indications and Usage: SENTINEL Flavor Tabs are indicated for use in dogs and puppies, four weeks of age and older, and two pounds body weight or greater. SENTINEL Flavor Tabs are also indicated for the prevention of heartworm disease caused by *Dirofilaria immitis*, for the prevention and control of flea populations, the control of adult *Ancylostoma caninum* (hookworm), and the removal and control of adult *Toxocara canis* and *Toxascaris leonina* (roundworm) and *Trichuris vulpis* (whipworm) infection. Lufenuron controls flea populations by preventing the development of flea eggs and does not kill adult fleas. Concurrent use of an adulticide product may be necessary for adequate control of adult fleas.

Dosage and Administration: SENTINEL Flavor Tabs are given orally, once a month, at the recommended minimum dosage of 0.23 mg/lb (0.5 mg/kg) milbemycin oxime and 4.55 mg/lb (10mg/kg) lufenuron. Dogs over 100 lbs. are provided the appropriate combination of tablets.

SENTINEL Flavor Tabs are palatable and most dogs will consume the tablet when offered by the owner. As an alternative to direct dosing, the tablets can be hidden in food. Administer SENTINEL Flavor Tabs to dogs, immediately after or in conjunction with a normal meal. Food is essential for adequate absorption of lufenuron.

SENTINEL Flavor Tabs must be administered monthly, preferably on the same date each month. In geographic areas where mosquitoes and fleas are seasonal, the treatment schedule should begin one month prior to the expected onset and should continue until the end of "mosquito and flea season." In areas with year-round infestations, treatment should continue through the entire year without interruption.

If a dose is missed and a 30-day interval between dosing is exceeded, administer SENTINEL Flavor Tabs immediately and resume the monthly dosing schedule.

Warnings: Not for use in humans. Keep this and all drugs out of the reach of children.

Precautions: Do not use SENTINEL Flavor Tabs in puppies less than four weeks of age and less than two pounds of body weight. Prior to administration of SENTINEL Flavor Tabs, dogs should be tested for existing heartworm infections. Mild, transient hypersensitivity reactions manifested as labored respiration, vomiting, salivation, and lethargy have been noted in some treated dogs carrying a high number of circulating microfilariae.

Adverse Reactions: The following adverse reactions have been reported in dogs after giving milbemycin oxime or lufenuron: vomiting, depression/lethargy, pruritus, urticaria, diarrhea, anorexia, skin congestion, ataxia, convulsions, hypersalivation, and weakness.

Efficacy: Milbemycin Oxime
Milbemycin oxime provided complete protection against heartworm infection in both controlled laboratory and clinical trials.

In laboratory studies, a single dose of milbemycin oxime at 0.5 mg/kg was effective in removing roundworm, hookworm, and whipworm. In well-controlled clinical trials, milbemycin oxime was also effective in removing roundworms and whipworms and in controlling hookworms.

Efficacy: Lufenuron
Lufenuron provided a 99% control of flea egg development for 32 days following a single dose of lufenuron at 10 mg/kg in studies using experimental flea infestations. In well-controlled clinical trials, when treatment with lufenuron tablets was initiated prior to the flea season, mean flea counts were lower in lufenuron-treated dogs versus placebo-treated dogs. After 6 monthly treatments, the mean number of fleas on lufenuron-treated dogs was approximately 4 compared to 230 on placebo-treated dogs.

When treatment was initiated during the flea season, lufenuron tablets were effective in controlling flea infestations on dogs that completed the study. The mean flea count per lufenuron-treated dog was approximately 74 prior to treatment but had decreased to 4 after six monthly doses of lufenuron. A topical adulticide was used in the first eight weeks of the study to kill the pre-existing adult fleas.

For technical assistance or to report suspected adverse events, call 1-800-332-2761.

Manufactured for: Novartis Animal Health US, Inc.
Greensboro, NC 27408, USA

©2008 Novartis Animal Health US, Inc.

SENTINEL and Flavor Tabs are registered trademarks of Novartis AG.

NAH/SEN-FCT/BS/6
06/08

NOVARTIS
ANIMAL HEALTH

Clients don't come back for rechecks?

Medical progress exams ensure pets get better care and increase profits. *By Dr. Karen Felsted, CPA, MS, CVPM, and Jessica Goodman Lee, CVPM*

Dr. Jensen wants to improve his number of exams. He focuses on medical progress exams and getting clients back in the door.

The problem

Dr. Jensen knows there are many things that affect revenue, but he's had a nagging feeling that one reason is clients continue to bring their pets in when they are sick or injured, but don't seem to be returning as frequently for rechecks or follow-up care.

He confirms his suspicions by comparing the number of

recheck exams in 2012 and 2011 to the total number of initial exams (both annual "wellness"

visits and sick patient visits) for the same time periods. This information was readily available from his practice software. In 2011, about 19 percent of clients brought their pets back for additional care or a medical progress

exam; this figure dropped to about 14 percent in 2012.

Dr. Jensen isn't sure what the right percentage should be in his practice—he knows it should be higher than the 14 percent, but should it be higher than the 19 percent ratio from 2011? He pulls the records from a couple of typical weeks during the past year and reviews the cases.

The solution

Dr. Jensen is going to make a concerted effort to change the way he discusses rechecks with clients. He recognizes that telling someone they "should" come back or "we'd like to see ..." makes it sound optional. He intends to train his team to communicate the importance of rechecks by saying, "Fluffy needs to return in 10 days" or "It's very important that Fluffy be re-examined in 10 days."

Secondly, he realizes that the key is to book the recheck exam before the client leaves. If follow up is needed, either he or his technicians will escort the client up front and

communicate directly with the receptionist regarding when and why this should be scheduled. The receptionist, in turn, will communicate directly with the client.

Dr. Jensen is also doing some in-depth financial analysis to answer some of the following questions: By how much could he increase his exam fee? What increase would be necessary for revenue to break even if he eliminated the charge for the recheck exam? What is the estimated dollar amount of follow-up diagnostic and treatment revenue? The answer to these questions will help determine whether to move forward with this plan. Visit dvm360.com/recheckanalysis for a spreadsheet to help conduct this analysis.

Next month, we'll meet some mixed animal practice owners with problems of their own. **VE**

Dr. Karen Felsted, CPA, MS, CVPM, is the president of Felsted Veterinary Consulting. Jessica Goodman Lee, CVPM, joined Brakke Consulting in 2011.

PRACTICE PROFILE

Jensen Animal Clinic (JAC)

Practice owner: Dr. Mark Jensen

Hospital team: 2 full-time, 1 part-time

Practice type: Small animal

Location: Blue-collar neighborhood

Promote dental wellness *in* pets

If your practice is falling behind in the number of dental procedures, it's time for change—both in the services you provide and how you're recommending them.

The release of the 2013 American Animal Hospital Association (AAHA) Dental Care Guidelines for Dogs and Cats probably has a few veterinary practices evaluating and aiming to improve their preventive oral healthcare procedures this year. Packed with details about educating clients on the importance of routine dental care for their animals as well as information about the proper equipment and materials to perform medically appropriate dental procedures, the guidelines set the standard for practicing the highest quality dental care possible. But in order for veterinary practices to really do better, it's going to take more than just resolve.

It takes a lot of time, money and energy to do everything the guidelines recommend, but it'll be well worth it, says Brian Conrad, CVPM, practice manager for Meadow Hills Veterinary Centers in Kennewick, Wash., and contributor to *Veterinary Economics* and *Firstline*. "It's all hands on deck if you're going to implement the guidelines the right way," he says.

Conrad explains that since the AAHA guidelines are written from a clinical perspective with veterinarians and technicians in mind, it's critical that practices get the entire team on board with a plan *before* oral healthcare recommendations are given to clients in the exam room. Not only is it critical that your practice has the right equipment and staff expertise to perform the recommended procedures, but it's also important to make sure your team is prepared to discuss preventive care with pet owners, get them in the door to have the work done and stress the importance of follow-up home care and yearly dental visits.

"No matter how many dental procedures you do this year, it's meaningless if clients aren't coming back the next year for follow-up care," says Conrad.

For a step-by-step plan to help implement these dental guidelines in your practice and to make preventive oral healthcare a priority, visit dvm360.com/dentalplan and download a gameplan for making it happen. **VE**



Need a boost?

Brian Conrad has more tips for boosting client compliance at CVC Kansas City, Aug. 23-26. Visit thecvc.com/kc for more information and a full schedule.



5 bad habits of highly UNSUCCESSFUL people

Break these bad routines before you break your relationships, your veterinary practice—or yourself.

By Ernie Ward, DVM

Habits aren't inherently bad. Our routines define us. Repeating certain actions each day allows us to seek refuge from the chaos and unpredictability of the real world. We carve out a space that is uniquely ours and we control. For the most part, this is healthy. But what about those habits we retreat to that are negative? They're more prevalent than you might think.

Take the time to reflect on these five bad habits, and seek ways to minimize their influence on your life. Who knows—you just might find happiness and success along the way.

Rejecting change

I meet negative people all the time. Rarely do I conclude a lecture before someone points out why what I've been doing for the past 21 years in my practice simply won't work for him or her. And you know what? They could be absolutely right.

Whenever we fill our minds with "why it won't work," we run from the possibility



that it might. This simple mental trick instantly removes any chance of what we really don't enjoy about possibility: change. Change requires work, action, and lots of other potentially cumbersome things we'd rather avoid.

The problem with "why you're wrong" and "why it won't work" is that they don't add any value to the proposition. I realize that people who tell me this sincerely believe they're helping me better understand their unique situation or are pointing out a hidden flaw in my idea. They're also being polite in their disagreement as they hide behind a thin veil of agreement.

What they really mean to say is, they know better. They're the authority. The net result is, it stops cold any possibility of change in their lives, and if they're not careful, in the lives of those around them.

Being suspicious of answers

"Do these jeans make me look fat?"

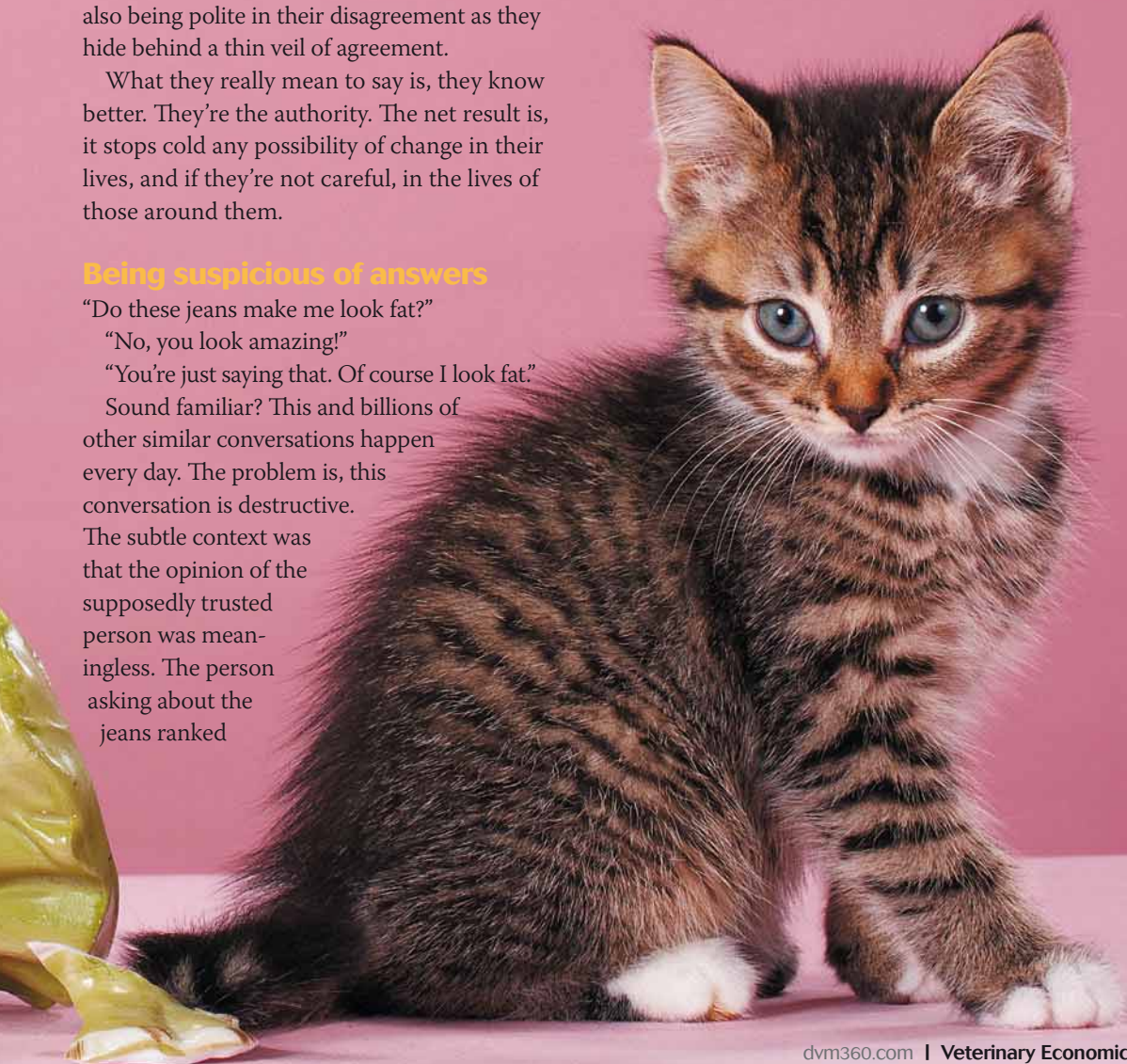
"No, you look amazing!"

"You're just saying that. Of course I look fat."

Sound familiar? This and billions of other similar conversations happen every day. The problem is, this conversation is destructive. The subtle context was that the opinion of the supposedly trusted person was meaningless. The person asking about the jeans ranked

the answer given as wrong, insincere and/or misleading. Was it? We can't help but compare the other person's answers with ours. I think we must assume a position that people are truthful until proven otherwise. My guess is that the person looked great in those jeans.

Ranking or judging answers or responses, especially from people we're close to, is a common bad habit that serves no positive purpose. There's nothing wrong with someone giving you an opin-



ion, good or bad, after you've asked for it. In fact, it's vital that people agree and disagree.

What's not warranted is passing judgment on an answer when we specifically requested

Maybe we think our life is some sort of contest with winners and losers. Maybe we equate apologizing with losing or failure.

that feedback about us. If you ask for someone's opinion about you, about what you're doing or about what you intend to do, accept it. Respect it. Assume the trusted person is being truthful. This isn't naiveté; it's good interpersonal relations. After all, you asked.

When you regularly rank people's answers (good or bad, accurate or inaccurate, agree or disagree) after you've requested their opinion, they stop giving you accurate advice. Why bother? After all, all you do is dismiss their answer.

Refusing to apologize

Have you ever felt the sense of liberation and relief after uttering the two simple words, "I'm sorry"? You felt better, didn't you? If this is true, why is it

that so few of us are willing to apologize?

Maybe we think our life is some sort of contest with winners and losers. Maybe we equate apologizing with losing or failure. Maybe it's too painful to admit we're wrong. Maybe we feel humiliated when we ask forgiveness. Maybe we believe that if we apologize we appear weak or less powerful.

Whatever the reason, refusing to apologize creates problems in our relationships at home and work. If you look back at the broken relationships in your life, I bet you'll find that many fell apart due to someone's refusal to say, "I'm sorry." And that's a shame.

When you make a mistake, own it. Apologize for it. Don't let your pride wreak havoc in your life. You don't win a prize when you die for being right the most. The only things left behind are the memories of you and the impact you had on the world.

Skipping thank-yous

Two of the most powerful words in the English language are "Thank you." That phrase is so powerful that whenever I visit a foreign country I first learn how to say "thank you" in the native tongue. For some reason, we don't tell the people that matter most thank you often enough.

Why are we so cheap with gratitude? Maybe we view it similarly to apologizing—we somehow feel less powerful or important when we thank others. "I shouldn't have to go around thanking people all the time, right? Of course ➤



THE *Plus* EFFECT –

The science that's in it.
The exclusive guarantee behind it.



When clients buy FRONTLINE® Plus from you, they get more. They get proven ingredients that kill adult fleas, eggs, and larvae, as well as ticks. They also get peace of mind from the vet exclusive SATISFACTION PLUS GUARANTEE™ – if they aren't completely satisfied, they call us directly for technical help and if eligible* we'll give them a replacement, a refund, or a one-time visit from TERMINIX® to inspect and treat their home, if necessary. That's all there is to it.



*For more information and complete details visit FRONTLINE.com



©FRONTLINE is a registered trademark, and ™SATISFACTION PLUS GUARANTEE is a trademark, of Merial. ©TERMINIX is a registered trademark of the Terminix International Limited Partnership. ©2012 Merial Limited, Duluth, GA. All rights reserved. FLE12PBTRADEADGRMN (12/12).

FRONTLINE®
Plus

SATISFACTION
Plus GUARANTEE™

you should be doing your job excellently. Of course you should provide excellent service to me. Of course you should love and cherish me. You don't need to be told or rewarded for it."

For the next week, I want you to tell people how grateful you are for them whenever possible. Not insincerely, you've got to really mean it. People do amazing things for us each day. Take the time to thank them. This is the easiest bad habit to break and holds almost unlimited potential. You're welcome.

For the next week, I want you to tell people how grateful you are for them whenever possible. Not insincerely, you've got to really mean it.

Waiting for the heart attack

"It won't happen to me" is something few people ever say out loud, yet this is exactly how they live their lives. Sixty-eight percent of U.S. adults are overweight or obese. The top four causes of death according to data from the Centers for Disease Control are caused, linked to, or exacerbated by excess weight: 1) heart disease, 2) cancer, 3) chronic lower respiratory diseases and 4) cerebrovascular diseases. Most highly successful people realize the importance of taking care of themselves. So why doesn't everyone live healthier?

The reasons for being unhealthy are numerous and complex. I don't have the answers; however, I do have solutions. The most important decision you make today is whether or not to pursue health. Every single person—regardless of genetics, socioeconomics, or even current state of health—decides to do things each day that encourage or discourage better health. The multitude of tiny, seemingly insignificant decisions you'll make in the next 24 hours add

up to promoting health or destroying it. The choice is yours. And it is a choice.

Try going for a brisk walk or run each day. Join a yoga class or a gym. Stop eating a bag of

chips or soda with lunch each day. Put down the candy bar or doughnut. Drink more water. Small changes can create tremendously positive impact on your health.

Don't think a heart attack won't happen to you. You can't wish yourself to good health. Don't wait for the heart attack; avoid it. Start a journey of change that makes life more enjoyable, fulfilling, and lasting. That's what I'm trying to do—remain "Fit to Practice" for as long as possible.

Longer, even. **VE**



Veterinary Economics Editorial Advisory Board member Dr. Ernie Ward is an author, speaker and practices at Seaside Animal Care in Calabash, N.C., a National Practice of Excellence Award winner.

Fit to practice

Need more tips on how to stay mentally and physically healthy? Head over to dvm360.com/fittopractice to read more tips from Dr. Ernie Ward.

Find it all here.
dvm360
com



Sponsored by:

zoetis™

dvm360™
toolkit

June 2013 | dvm360.com/toolkit

dermatology

A special monthly package designed to help boost client compliance and make it easy for your team to educate pet owners about regular pet wellness care.



GETTY IMAGES / LUIS ALVAREZ

WHAT'S YOUR DIAGNOSIS?

One bulldog's *serious skin condition* p7

PLUS



How to perform and interpret
DERMATOPHYTE CULTURES p2

Sample script:

TOP 3

dermatology
questions clients ask
technicians p13

Your dermatology tools:



Videos

- >> How to set realistic expectations with a dermatology diagnosis
- >> How to have a great dermatology visit

p06



Social Media

Tweets and posts to educate clients about dermatology

p09



iPad module

Spark your clients interest in dermatology with this handy exam room module

p10



Handouts

Ready-to-use team and client handouts

- >> The facts about pemphigus foliaceus
- >> Tips for diet trials
- >> Environmental control of infectious disease
- >> 20 questions to ask clients

p14



Do's and don't's

- >> Tips to communicate effectively

p18



Take Action

- >> The next step
- >> A final tip

p19

How to perform and interpret **DERMATOPHYTE CULTURES**

*By Kimberly S. Coyner,
DVM, DACVD*

Use this guide to maximize your success with this indispensable in-house test.

Dermatophyte cultures can be challenging to perform and interpret. However, knowing how to best collect samples for culture, select and incubate culture media, and identify media culture changes and fungal colony morphology will help you avoid a misdiagnosis.

COLLECTING CULTURE SAMPLES

Hair pluck To obtain samples for dermatophyte culture, use a sterile hemostat to pluck hairs from around the periphery of a newly formed or expanding skin lesion, avoiding areas that may have been recently medicated. Ideal hairs to select are those in areas of active crusting and hairs that appear damaged or misshapen.¹

Toothbrush technique Hair plucks can potentially miss infected hairs and may not sample infected epithelium adequately, so it is ideal to also obtain samples using the Mackenzie brush technique. For this technique, use a new toothbrush to rub gently over the suspect area, including the skin and haired margins of alopecic or scaly lesions (*Figure 1*).¹ Brush the unaffected area first, and then brush the lesions to avoid spreading spores to unaffected areas and to avoid losing spores from affected areas. Then gently embed the toothbrush bristles into the

fungal culture media (*Figure 2*), taking care not to embed the bristles too deeply, which risks displacing the culture media when the bristles are removed. Use a sterile hemostat to remove hair and debris caught among the bristles, and place the material on the culture medium surface.

The Mackenzie brush technique is helpful to screen for asymptomatic carriers and to obtain samples from animals undergoing antifungal treatment in which skin lesions have clinically resolved. In these cases, stroke the toothbrush over the entire body, concentrating especially on areas with prior lesions and, in cats, on the face, ears, and paws. It is recommended to brush for one minute or to brush the length of the animal 10 times.² In animals undergoing antifungal therapy, repeat cultures every two or three weeks, and continue treatment until two negative culture results are obtained.²

In cases of suspected onychomycosis, the toothbrush can be used on the affected claw fold. Additionally, samples of claw fold fur can be obtained with a sterile hemostat, and the proximal affected nail can be sampled by using a scalpel blade to shave off small pieces of keratin. (Precognizing the nail with alcohol is recommended to help reduce accumulated saprophytic or environmental fungal organisms.) If an avulsed claw is considered for fungal culture, discard the distal part of the nail, and obtain samples by scraping the proximal concave surface of the claw.¹

You can obtain toothbrushes in bulk from online distributors. They can be used once and discarded or gas sterilized for repeated use.



Figure 1. The Mackenzie brush technique is used to collect samples for dermatophyte culture.

Figure 2. The toothbrush bristles have been gently pressed onto the fungal culture media.

SELECTING AND INCUBATING CULTURE MEDIA

Dermatophyte test medium contains Sabouraud's dextrose agar with cycloheximide, gentamicin, and chlortetracycline as antifungal and antibacterial agents that will retard the growth of contaminant organisms. The pH indicator phenol red is also added.

Dermatophytes preferentially metabolize protein in the culture medium, releasing alkaline metabolites that turn the yellow fungal culture

medium to red at the same time the dermatophyte colony appears. Most other fungi initially use carbohydrates and produce acidic metabolites; these saprophytic fungi can eventually consume protein and cause media color change, but it occurs several days after fungal growth appears.^{1,3} Daily observation and logging of fungal growth correlated with media color change is, thus, important in correctly interpreting dermatophyte test medium culture results.

Culture plates are recommended over vials, as the vial openings are usually too narrow to pass toothbrush heads for inoculation or to easily sample fungal colonies for microscopic analysis.⁴ To facilitate fungal sporulation and identification, it may be helpful to use a dermatophyte test medium plate that has a separate area of plain Sabouraud's agar or rapid sporulation medium, which does not contain inhibiting agents. For example, the Dermatoplate-Duo (Vetlab Supply) culture plate has dermatophyte test medium on one side and enhanced sporulation agar on the other side.

According to recommendations from a fungal culture media manufacturer, culture media should be stored at 36 to 77 F (2 to 25 C) and protected from light before inoculation.⁵ The plates should be warmed to room temperature (77 to 86 [25 to 30 C]) before inoculation. Before and during the inoculation procedure, the plates should be handled in a manner that minimizes exposure of the media to the environment. Do not use expired plates or any plates that exhibit drying, cracking, discoloration, microbial contamination, or other such signs of deterioration. Excessive condensation may appear in plates that have been damaged by exposure to temperature extremes.⁵

Fungal cultures should be incubated at room temperature (77 to 86 F [25 to 30 C]) with 30% humidity.^{1,5} If room temperature is not maintained, use an incubator, or send the samples to a reference laboratory for culture.⁴



Figure 3. The dermatophyte culture plate exhibits *Microsporum canis* growth (the white-to-pale-yellow fungal colonies at the top of the culture plate) that is at risk of being overgrown by the gray saprophytic fungal colonies on the bottom of the plate. Daily fungal culture observation with or without sampling suspect dermatophyte colonies and inoculating them on a new culture plate is important to ensure that saprophytes do not overgrow the dermatophytes and potentially cause a false negative culture result.



Figure 4. *Trichophyton mentagrophytes* culture often produces a white-to-cream-colored powdery surface. This culture plate has been incubated with inadequate humidity, causing cracking and separation of the culture media on the right side.

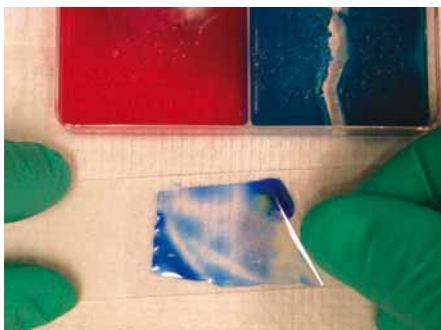


Figure 5. To obtain a sample for microscopic fungal identification, touch the tape to the top of the fungal colony and then carefully apply the tape to a slide on top of a drop of blue stain.

Most organisms will appear within seven to 10 days; however, plates should be kept for 21 days, especially when no growth is seen initially or when the sample has been obtained from a pet receiving antifungal therapy. According to a fungal culture media manufacturer, dermatophyte culture plates may be incubated in full light, although some authors recommend incubation in the dark to avoid UV light-induced inhibition of fungal growth.^{1,5} In dry climates, it is suggested that plates be placed in plastic bags or containers to prevent dehydration of the media, which can inhibit organism growth.⁵ After 48 to 72 hours, begin examining the plates daily for characteristic media color changes and fungal growth.

IDENTIFYING DERMATOPHYTES

Understanding macroscopic fungal colony morphology is an important first step in determining whether a dermatophyte is present. *Microsporum* and *Trichophyton* species—the most common dermatophytes in dogs and cats—are white, light yellow, tan, or buff-colored cottony-to-powdery-appearing colonies (Figures 3 & 4). Dermatophyte colonies are never black, green, or gray.

Additionally, with positive dermatophyte culture results, determining the number of

macroscopic colonies gives you information about the severity of infection and, in animals undergoing antifungal treatment, information about the response to therapy.⁴

Microscopic evaluation of suspect fungal growth is also important since some environmental fungi can mimic dermatophytes in gross colony morphology and in their ability to turn the media red¹ and because some strains of *Microsporum canis* may not produce media color change.⁶ Microscopic examination can be done in the clinic, or the entire culture plate can be sent to a reference laboratory for fungal identification (usually at a reduced cost compared with fungal culture).

Microscopic identification process

Because the organisms are zoonotic, wear gloves to avoid transmitting dermatophyte spores to your hands. Gently touch a small piece of clear acetate tape to the surface of the fungal colony, and then apply the tape to a glass slide over a drop of blue stain (methylene blue, lactophenol cotton blue, or the blue Diff-Quik solution [basophilic thiazine dye]) (Figure 5). Examine the slide under 100X to 400X magnification to identify the characteristic dermatophyte macroconidia.

In the early stages of growth,

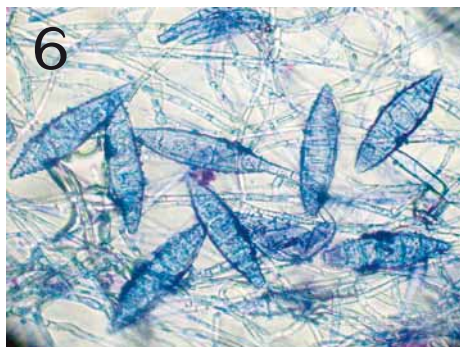
only fungal hyphae with no macroconidia may be seen, especially in cases of *Trichophyton* species infections. Incubate these cultures longer to allow spore development for more reliable identification.

Microscopic dermatophyte characteristics

Microsporum canis spores are large, spindle-shaped, and thick-walled with six or more internal cells (Figure 6) and often have a terminal knob. If *M. canis* is identified, then other animals in the household should be screened via dermatophyte culture using the toothbrush technique to determine whether they are asymptomatic carriers. All pets with positive culture results should be treated with topical antifungal therapy, with or without systemic treatment. Culture-positive animals should be isolated from culture-negative animals if possible.

Microsporum gypseum produces large spindle-shaped spores with thin walls, no terminal knob, and six or fewer internal cells (Figure 7).

Trichophyton mentagrophytes produces long cigar-shaped macroconidia with thin walls (Figure 8). Spiral-shaped hyphae and numerous grapelike clusters of microconidia are also characteristic of *Trichophyton* species (Figure 9).¹



Saprophytic fungi will form hyphae and often small spores, but do not form macroconidia.

In cases in which the fungal species cannot be easily identified in the clinic, submit the dermatophyte culture to a veterinary reference laboratory for fungal identification.

CONCLUSION

Diagnosing dermatophytosis in companion animals can be difficult. However, with appropriate quality control and practice, your in-house dermatophyte cultures will be more successful—and you may even reduce the need to send samples to a reference laboratory.

Nevertheless, if optimal culture media storage and der-

matophyte culture incubation conditions, daily observation of fungal colony growth and media color change, and subsequent microscopic identification of suspect fungal organisms are not feasible in your clinic, then submitting samples of surface skin debris and hair (placed in a sterile red top tube) from suspect cases to a veterinary reference laboratory for fungal culture is recommended to avoid misdiagnosis. Even some veterinary dermatologists elect this option to minimize the chance of false negative or false positive dermatophyte culture results.

For references and more, visit dvm360.com/dermatophyte.

Figure 6. *Microsporum canis* macroconidia and fungal hyphae (Diff-Quik, 400X).

Figure 7. *Microsporum gypseum* has numerous macroconidia with no terminal knob and thinner walls and fewer internal cells than *M. canis* has (Diff-Quik, 400X).

Figure 8. *Trichophyton mentagrophytes* is characterized by cigar-shaped macroconidia, which may be few in number, and numerous globose microconidia (Diff-Quik, 400X).

Figure 9. Spiral hyphae are often characteristic of *T. mentagrophytes* (Diff-Quik, 400X).



Video { Dermatology and your clients

Dr. Laird Goodman offers suggestions on how to control—not cure—dermatologic conditions in pets, plus, how to set realistic expectations for clients.



To play this video on your mobile device, scan the QR code, above.



Watch Laird Goodman, DVM, CVA, owner and hospital director of Murrayhill Veterinary Hospital in Beaverton, OR, offer his take on the best way to tackle dermatology issues with clients.

Since dermatologic conditions are often chronic, Dr. Goodman stresses how important it is to stay positive in your approach with clients. Spend an ample amount of time preparing clients for the reality—often, dermatologic di-

agnoses don't have a quick fix. Still, by acknowledging the client's feelings and showing that you empathize with their frustrations, you'll gain their both their trust and their compliance with your treatment protocol.

Share this video with your team so you'll all be up to date with the latest in dermatology and client communication. And as always, check out this video and much more when you visit dvm360.com/dermatologytoolkit.

Scan the QR code, right, to watch a video with Dr. Gene Nesbitt giving tips for a great dermatology visit that could result in business benefits for your practice.



IMAGE QUIZ:

A bulldog *with* erythematous plaques

This 8-year-old bulldog has a history of slowly progressive, minimally pruritic erythematous crusted plaques on its trunk and ventrum.

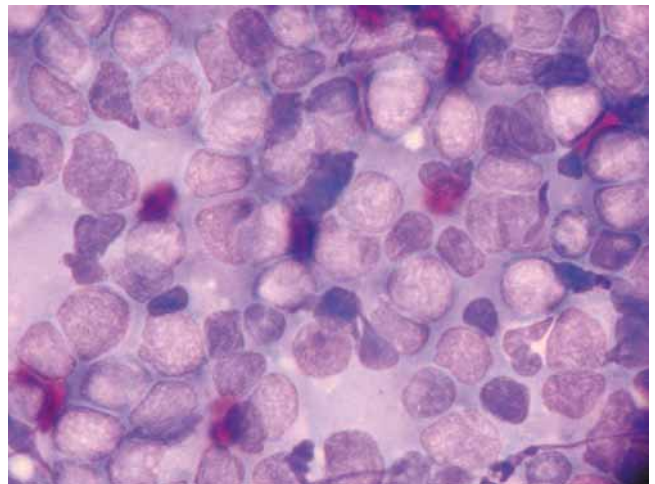
An aspirate was obtained for cytologic examination, and the results are shown below.

What is your diagnosis?

- a) Mast cell tumor
- b) Lymphoma
- c) Plasmacytoma
- d) Histiocytoma



Turn the page to find the answer.





Answer C: Lymphoma is correct!

Cytology of cutaneous lymphoma shows neoplastic lymphocytes ranging in size from small to large, with round, indented, or convoluted nuclei. Basophilic cytoplasm is scant to moderate. Uniformity of the lymphoid population without significant inflammation or plasma cell infiltration is suggestive of cutaneous lymphoma, but biopsy is required for definitive diagnosis. Biopsy will help differentiate between epitheliotropic and nonepitheliotropic lymphoma, which can affect the chemotherapy choices and prognosis.

Visit dvm360.com/dermatologytoolkit for more interactive online image quizzes and brush up on your diagnostic skills.



IMAGE QUIZ: A pitbull with *bullous lesions*

This young pit bull has erythematous bullous skin lesions that occasionally drain and are mildly pruritic. Antibiotics and corticosteroids have been prescribed with only partial improvement. Can you solve the case?



IMAGE QUIZ: The case of the *crusty cat*

This 8-year-old neutered male domestic shorthaired cat has a two-month history of pruritic generalized crusting dermatitis that has been poorly responsive to antibiotics and bathing. Head to dvm360.com/dermatologytoolkit for more on this case.



IMAGE QUIZ: The case of the *blind Akita*

A 4-year-old neutered Akita was presented for evaluation of acute onset of blindness and skin lesions characterized by inflammation, depigmentation, and crusting of the eyelids and nasal planum. What's your diagnosis?



Help clients tackle *dermatology dilemmas*

Social media can be more than skin deep. We've scraped together these tweets and posts so you can raise awareness about dermatology.

Feeling frustrated with Facebook? Not sure how Twitter can be of service to you? Not to worry—we're here to help your practice get the right message out to clients on key pet healthcare topics like dermatology.

By serving up a mix of statistics and reminders, you're encouraging your clients to join in the conversation—and learn something, too!

Visit dvm360.com/dermposts to get your hands on the Facebook posts and tweets (at right) for your practice's Facebook and Twitter pages. For more ways to customize your message, visit dvm360.com/socialmediatoolkit.



Use your mobile device to scan the QR code at left and send your first tweet right now.



Did you know that allergies are caused by the immune system overreacting, not a weakened immune system. Got another question? Come in and ask us!

Fact: Both canine and feline sarcoptic mites can cause lesions in people. This is one reason why regular veterinary visits are so important. Help us help you keep mites off of your pets!

Have you noticed an odor coming from Bella's ears? This could mean something is not right. Let us take a look and we'll tell you what's going on.

DYK? There's no accurate blood/skin test that can diagnose whether a pet has a food allergy. The best way we can make a diagnosis is to change your pet's food to an appropriate elimination food-trial diet. Come in and we'll tell you all about it!

Q: "How do I decontaminate my environment while treating my pet for ringworm?" You should vacuum, disinfect, and steam clean the affected environment and discard infected bedding. What other questions are on your mind?



Have you noticed any discharge from your #pets' ears? This is not normal—let the veterinarian take a look. #petcare #pethealth

If your #pet's dermatology issues (scratching until bleeding, losing hair, etc.) have you stumped, we'll play detective! #pethealth

DYK? Some breeds are more likely to develop medical problems because of their ear structure. Let's look at your #pet's ears! #pethealth

If your #pet is up all night scratching, call us! We can treat the problem and help her—and you—get some shuteye. #pethealth

Is your #pet always messing with her ears? Let's take a look and make sure everything is OK in there! #petcare #pethealth



Educate clients WITH YOUR IPAD

Use this exam-room module to help clients understand your dermatologic diagnoses.



Dermatology diagnoses can be tricky—often times there is no simple solution or quick fix for chronic conditions. But by opening up the lines of communication between you, your team and your clients, you'll increase compliance and ensure

that clients' pets receive the best possible care.

One surefire way to educate clients is to use the ready-made client modules on the **dvm360** iPad app. The dermatology client module offers interactive quizzes, videos, and easy-to-process information that clients

will find both interesting and educational. So next time you want to give your communication a bit of a boost, download the free app and hand the iPad over to your clients—you might be surprised at how readily they embrace your tech-savvy approach.

INTERESTED? Update your app via iTunes to check out our client education tools right now. Don't have it yet? Visit dvm360.com/ipadapp on

your iPad to download, or search "dvm360" in the Apple App Store. As always, the dvm360 app and client modules are free to download.

Practicing Veterinarians Share Best Practices for Treating Skin Infections

Quickly and effectively treating skin infections can be challenging for you and frustrating for your clients. Depending on pet owners to appropriately administer medication can mean you lose valuable time resolving the infection and providing the best treatment for the patient.

Timothy Smaha, DVM, of Banfield Pet Hospitals in Columbia, S.C., suggests an alternative approach to treating skin infections. “When presented with a skin infection in a dog or cat, my first treatment choice is an injectable antibiotic,” Smaha said. “I use Convenia® (cefovecin sodium), because with one injection I can be assured of accurate delivery of the medication and fast resolution of the infection.

“With a course of oral antibiotics, there are too many mitigating factors,” he continued. “Even well-intentioned pet owners often don’t give medication at the recommended intervals—or miss doses altogether. With time-dependent antibiotics, dosing according to schedule is important. When I give the injection in clinic, I am offering the best medicine and maintaining control over the treatment.”

David Bird, DVM, of Morehead Animal Hospital in Morehead City, N.C., agrees. “Even when oral medications are appropriately dosed by pet owners, it is not unusual for them to discontinue use when they see an improvement,” he said. “This leaves the possibility that the infection will not resolve and could be a factor in a therapeutic failure.”

“CONVENIA reaches peak plasma concentrations within six hours and stays above the minimum inhibitory concentration (MIC) for up to 14 days in the tissue,” Bird said.

Two-year-old American Staffordshire terrier with an acute moist pyoderma on ventral neck area, treated only with CONVENIA 8 mg/kg.*



Photos: Timothy Smaha, DVM

“I want a medication to have three attributes for treatment of skin infections: fast-acting, long-lasting, with accurate dosing. We do not have an alternative to CONVENIA that hits all three.”

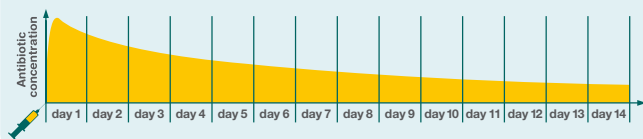
Timothy Smaha, DVM, Banfield Pet Hospitals, Columbia, S.C.

Along with the ability to quickly resolve the infection, both Bird and Smaha choose an injectable product over an oral antibiotic because of the accuracy of dosing. “When giving oral antibiotics, the accurate dose for a dog may fall between tablet sizes. As veterinarians, we tend to round down to the lower tablet size, which may result in the dog not getting the right therapeutic levels of the drug in its system,” Bird explained. “With an injectable, very precise dosing is achieved, regardless of the patient’s weight. That accuracy combined with the assurance that the pet has received the complete dose of medication are important reasons why I choose an injectable antibiotic.”

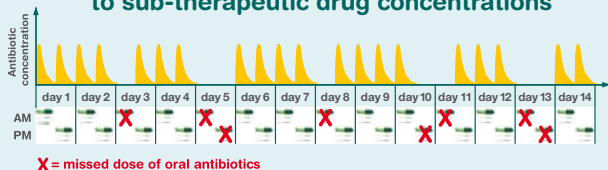
Smaha added, “I want a medication to have three attributes for treatment of skin infections: fast-acting, long-lasting, with accurate dosing. We do not have an alternative to CONVENIA that hits all three.”

Both doctors concur that there is one additional benefit to treating skin conditions with an injectable antibiotic, and that is the peace of mind it brings to clients. As Smaha pointed out, “I like the fact that in most cases, results are seen quickly—that makes clients happy. Happy clients and healthy pets is what practicing best medicine is all about.”

CONVENIA: Guaranteed compliance assures best chance for optimal drug concentrations



Oral antibiotics: Non-compliance may lead to sub-therapeutic drug concentrations



IMPORTANT SAFETY INFORMATION

CONVENIA is not for use in dogs or cats with a history of allergic reactions to penicillins or cephalosporins. Similar to other cephalosporins, side effects for both dogs and cats include vomiting, diarrhea, decreased appetite/anorexia and lethargy. The safety of CONVENIA has not been determined in lactating or breeding animals. For more information, please see Brief Summary of Full Prescribing Information on page 12.

*Case included an initial skin cleansing with a dilute topical antiseptic.

All trademarks are the property of Zoetis Inc., its affiliates and/or its licensors.
©2013 Zoetis Inc. All rights reserved. June 2013. AIF0313023

zoetis™



No.1

Canine health condition: Atopic or allergic dermatitis

Policyholders spent more than **\$58 million** in 2012 treating the ten most common medical conditions affecting their pets.

VPI searched its database of more than 485,000 insured pets.

They tallied

68,000+

canine claims for atopic or allergic dermatitis.

The average claim fee to treat this condition was

\$96 per office visit

Source: Veterinary Pet Insurance (VPI)

Brief Summary of Prescribing Information

convenia®

(cefovecin sodium)

Antimicrobial for Subcutaneous Injection in Dogs and Cats Only

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

INDICATIONS:

Dogs

CONVENIA is indicated for the treatment of skin infections (secondary superficial pyoderma, abscesses, and wounds) in dogs caused by susceptible strains of *Staphylococcus intermedius* and *Streptococcus canis* (Group G).

Cats

CONVENIA is indicated for the treatment of skin infections (wounds and abscesses) in cats caused by susceptible strains of *Pasteurella multocida*.

CONTRAINDICATIONS: CONVENIA is contraindicated in dogs and cats with known allergy to cefovecin or to β -lactam (penicillins and cephalosporins) group antimicrobials. Anaphylaxis has been reported with the use of this product in foreign market experience. If an allergic reaction or anaphylaxis occurs, CONVENIA should not be administered again and appropriate therapy should be instituted. Anaphylaxis may require treatment with epinephrine and other emergency measures, including oxygen, intravenous fluids, intravenous antihistamine, corticosteroids, and airway management, as clinically indicated. Adverse reactions may require prolonged treatment due to the prolonged systemic drug clearance (65 days).

WARNINGS: Not for use in humans. Keep this and all drugs out of reach of children. Consult a physician in case of accidental human exposure. For subcutaneous use in dogs and cats only. Antimicrobial drugs, including penicillins and cephalosporins, can cause allergic reactions in sensitized individuals. To minimize the possibility of allergic reactions, those handling such antimicrobials, including cefovecin, are advised to avoid direct contact of the product with the skin and mucous membranes.

PRECAUTIONS: Prescribing antibacterial drugs in the absence of a proven or strongly suspected bacterial infection is unlikely to provide benefit to treated animals and may increase the risk of the development of drug-resistant animal pathogens.

The safe use of CONVENIA in dogs or cats less than 4 months of age and in breeding or lactating animals has not been determined. Safety has not been established for IM or IV administration. The long-term effects on injection sites have not been determined. CONVENIA is slowly eliminated from the body, approximately 65 days is needed to eliminate 97% of the administered dose from the body. Animals experiencing an adverse reaction may need to be monitored for this duration.

CONVENIA has been shown in an experimental *in vitro* system to result in an increase in free concentrations of carprofen, furosemide, doxycycline,

and ketoconazole. Concurrent use of these or other drugs that have a high degree of protein-binding (e.g. NSAIDs, propofol, cardiac, anticonvulsant, and behavioral medications) may compete with cefovecin-binding and cause adverse reactions.

Positive direct Coombs' test results and false positive reactions for glucose in the urine have been reported during treatment with some cephalosporin antimicrobials. Cephalosporin antimicrobials may also cause falsely elevated urine protein determinations. Some antimicrobials, including cephalosporins, can cause lowered albumin values due to interference with certain testing methods.

Occasionally, cephalosporins and NSAIDs have been associated with myelotoxicity, thereby creating a toxic neutropenia¹. Other hematological reactions seen with cephalosporins include neutropenia, anemia, hypoprothrombinemia, thrombocytopenia, prolonged prothrombin time (PT) and partial thromboplastin time (PTT), platelet dysfunction and transient increases in serum aminotransferases.

ADVERSE REACTIONS:

Dogs

A total of 320 dogs, ranging in age from 8 weeks to 19 years, were included in a field study safety analysis. Adverse reactions reported in dogs treated with CONVENIA and the active control are summarized in Table 2.

Table 2: Number of Dogs* with Adverse Reactions Reported During the Field Study with CONVENIA.

Adverse Reaction	CONVENIA (n=157)	Active Control (n=163)
Lethargy	2	7
Anorexia/Decreased Appetite	5	8
Vomiting	6	12
Diarrhea	6	7
Blood in Feces	1	2
Dehydration	0	1
Flatulence	1	0
Increased Borborygmi	1	0

*Some dogs may have experienced more than one adverse reaction or more than one occurrence of the same adverse reaction during the study.

Mild to moderate elevations in serum γ -glutamyl trans-ferase or serum alanine aminotransferase were noted post-treatment in several of the CONVENIA-treated dogs. No clinical abnormalities were noted with these findings.

One CONVENIA-treated dog in a separate field study experienced diarrhea post-treatment lasting 4 weeks. The diarrhea resolved.

Cats

A total of 291 cats, ranging in age from 2.4 months (1 cat) to 21 years, were included in the field study safety analysis. Adverse reactions reported in cats treated with CONVENIA and the active control are summarized in Table 3.

Table 3: Number of Cats* with Adverse Reactions Reported During the Field Study with CONVENIA.

Adverse Reaction	CONVENIA (n=157)	Active Control (n=163)
Vomiting	10	14
Diarrhea	7	26
Anorexia/Decreased Appetite	6	6
Lethargy	6	6
Hyper/Acting Strange	1	1
Inappropriate Urination	1	0

*Some cats may have experienced more than one adverse reaction or more than one occurrence of the same adverse reaction during the study.

Four CONVENIA cases had mildly elevated post-study ALT (1 case was elevated pre-study). No clinical abnormalities were noted with these findings. Twenty-four CONVENIA cases had normal pre-study BUN values and elevated post-study BUN values (37–39 mg/dL post-study). There were 6 CONVENIA cases with normal pre- and mildly to moderately elevated post-study creatinine values. Two of these cases also had an elevated post-study BUN. No clinical abnormalities were noted with these findings.

One CONVENIA-treated cat in a separate field study experienced diarrhea post-treatment lasting 42 days. The diarrhea resolved.

FOREIGN MARKET EXPERIENCE: The following adverse events were reported voluntarily during post-approval use of the product in dogs and cats in foreign markets: death, tremors/ataxia, seizures, anaphylaxis, acute pulmonary edema, facial edema, injection site reactions (alopecia, scabs, necrosis, and erythema), hemolytic anemia, salivation, pruritus, lethargy, vomiting, diarrhea, and inappetence.

For a copy of the Material Safety Data Sheet, (MSDS) or to report a suspected adverse reaction call Zoetis Inc. at 1-888-963-8471.

STORAGE INFORMATION:

Store the powder and the reconstituted product in the original carton, refrigerated at 2° to 8° C (36° to 46° F). Use the entire contents of the vial within 56 days of reconstitution. PROTECT FROM LIGHT. After each use it is important to return the unused portion back to the refrigerator in the original carton. As with other cephalosporins, the color of the solution may vary from clear to amber at reconstitution and may darken over time. If stored as recommended, solution color does not adversely affect potency.

HOW SUPPLIED:

CONVENIA is available as a 10 mL multi-use vial containing 800 milligrams of cefovecin as a lyophilized cake.

NADA# 141-285, Approved by FDA

zoetis

Distributed by
Zoetis Inc.
Kalamazoo, MI 49007

January 2013
PAA035845A&P



TOP 3 {dermatology questions clients ask technicians}

Use this information to successfully answer clients' questions about their pets' dermatology issues.

Client Why does my pet need such a high dose of antibiotics for such a long time to treat his skin infection?

Technician:

Most pets, especially dogs, with skin infections have what is called bacterial folliculitis, meaning the bacteria have colonized the hair follicles. This is in contrast to the classic “hotspot” a flea-allergic dog may create after an hour of scratching its rump, where the infection is usually very superficial. One of the most important reasons topical therapy alone is not adequate for pets with bacterial folliculitis is because their infections aren't entirely on the skin surface.

For a pet with a standard bacterial folliculitis, at least three weeks of antibiotics are needed, and the general rule is to treat until the pet's clinical signs have been resolved for one week.

Client Why can't my pet's allergies be cured?

Technician:

Allergies, whether they are due to fleas, food or environmental agents, are caused by the immune system overreacting, NOT a weakened immune system, a common client misconception. Studies have shown that animals with flea allergic dermatitis cannot be desensitized for fleas, so the only treatment is avoidance. The same is true of animals with food allergies.

Animals with environmental allergies, or atopic dermatitis, can be desensitized to what they are allergic to through the use of allergen-specific immunotherapy. Immunotherapy “retrains” the body's immune system, but, even when it works, animals usually require it for the rest of their lives to control the disease. In extremely rare cases and usually after years of therapy, immunotherapy can switch the body's immune response, and the animal no longer needs to be treated.

Client Is my pet's condition contagious?

Technician:

Both canine and feline sarcoptic mites—canine *Sarcoptes scabiei* and feline *Notoedres cati*—can cause lesions in people. The canine *Demodex* mites are not contagious to people, but *Cheyletiella* mites can be. Some dermatophyte infections are transmissible to people, with the most common being *Microsporum canis*.



The facts about *pemphigus foliaceus*

Don't let a diagnosis of this common immune-mediated skin disease overwhelm clients—just give 'em the facts.

While diagnosing and treating dermatologic diseases might be an everyday occurrence for you and your veterinary team, your clients may be confused and overwhelmed when their pet is discovered to have an immune-mediated disease like pemphigus foliaceus.

Use this handout to help answer their questions and address common concerns they may have about managing and treating this condition.

Information for owners

Answers to your questions about pemphigus foliaceus in dogs and cats

Pemphigus foliaceus is a disease of the immune system and the skin. In fact, it is the most common immunemediated skin disease in dogs and cats. Although pemphigus foliaceus can also occur in people, it is not contagious.

Pemphigus foliaceus occurs when the immune system begins attacking the skin. Dogs and cats with pemphigus foliaceus develop skin lesions that first start as small, red spots that then rapidly form a pustule (pimple) and burst. In most cases, you may only notice the thick crusts, or scabs, that form after the pimple bursts. Some pets with pemphigus foliaceus are itchy, but most are not. A pet with pemphigus foliaceus may develop skin infections as a result of the damage to the skin or rubbing.

WHY DOES IT DEVELOP?

The cause of pemphigus foliaceus is unknown. In dogs, pemphigus foliaceus is seen more commonly in certain breeds such as Akitas and Chow Chows. Rarely, certain drugs may be related to the development of pemphigus foliaceus. Exposure to sunlight (ultraviolet light) can worsen the skin condition.

HOW IS IT DIAGNOSED?

Several tests may need to be performed if your veterinarian suspects your pet has pemphigus foliaceus, including

- Skin cytology (microscopic examination of superficial cell samples obtained from the skin) and bacterial or fungal culture to identify skin infections that may require treatment
- Blood tests and urine tests to diagnose other health conditions and help your pet's doctor determine which medications to use for pemphigus foliaceus
- Skin biopsy to confirm the diagnosis of pemphigus foliaceus by allowing a microscopic examination of all the layers of the skin

Many other skin conditions can look like pemphigus foliaceus. Multiple skin biopsy samples may need to be taken to obtain a sample that will confirm the diagnosis of pemphigus foliaceus.

HOW IS IT TREATED?

Medications that suppress the immune system are used to treat pemphigus foliaceus. Side effects can develop in response to these medications. Recheck examinations and tests will be required to monitor your pet's response to treatment and to monitor for side effects. Once your pet responds to the treatment, the medications will be decreased over time to find the lowest possible dose that can be used to manage your pet's pemphigus foliaceus.

WILL THE SKIN PROBLEMS RESOLVE?

Pemphigus foliaceus is a skin condition that typically waxes and wanes over time. For some pets, pemphigus foliaceus becomes a chronic condition that requires life-long monitoring and treatment. Very rarely, some pets will fully recover from the pemphigus foliaceus with treatment and never again develop signs of the skin condition.

The information in this handout was provided by Kathy C. Tater, DVM, DACVD, Angell Animal Medical Center, 350 S. Huntington Ave., Boston, MA 02130, and Thierry Olivry, DrVet, PhD, DECVD, DACVD, Department of Clinical Sciences, College of Veterinary Medicine, North Carolina State University, Raleigh, NC 27606.



Online TOOL

Download this form
to pass out to clients
at dvm360.com/dermatologytoolkit.

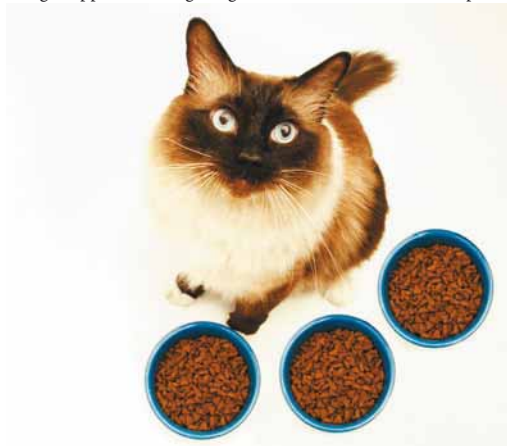
Diet trial compliance

At-home tips for diet trials

A food allergy may be what's causing your pet's skin problems. To uncover which food or ingredient may be the culprit, you need to be committed to your pet's diet trial. To stay on track, post this hand-out, along with any other dietary information provided by your veterinarian, in a highly visible spot, such as on your refrigerator or your pet's food container.

The following points are key to the success of this diagnostic protocol:

- Feed your pet only the prescribed diet. No other foods or treats are allowed.
- Make sure all family members and friends know that your pet is receiving a special diet, and not to give outside food.
- If you need to use treats for rewards or training purposes, use some of the prescribed diet.
- If you have other pets of the same species in your house, feed them the same diet and feed them separately.
- Keep your pet out of the room during meals to avoid him or her picking up dropped food.
- If pills are prescribed for your pet, don't hide them in anything other than the prescribed diet. If giving medication is a problem, please discuss with your veterinarian.
- Flavored products, such as those found in medications, toothpaste, and certain plastic toys, must be avoided during the diet trial.
- If your pet is in the habit of eating dropped food or garbage when exercised outside, keep it on a leash.



Information provided by Hilary A. Jackson, BVM&S, DVD, DACVD, Dermatology Referral Services, 528 Paisley Road West, Glasgow G51 1RN, Scotland. This client information may be photocopied for distribution by veterinary professionals to their clients. Written permission is required for any other use.



Ask good questions to get *better answers*

Your patients can't talk, so it's up to you to ask the right questions to get the information you need from clients.

The list of questions a veterinarian and her team ask as a pet's medical history is taken may vary from clinic to clinic, based on the pet's signs and reason for visiting the practice. But no matter how different each clinic's questions are, the goal remains the same—to determine what's wrong with the pet.

This handout, with 20 good questions to ask clients about their pet's skin, ears and overall health, can be a starting point to ensure you cover all your bases and get to the root of the pet's dermatologic problem quickly.

Dermatology:

{ 20 questions to ask clients

The more you know about your patients, the better. Ask clients these questions while taking a dermatology history.

1. How did you first realize the ears were a problem?
2. Did you see head shaking or scratching at the ears?
3. Have you noticed an odor coming from the ears?
4. Does another pet lick the pet's ears?
5. Have you noticed any discharge from the ears?
6. Do you clean your pet's ears?
7. If yes, do you clean them on a regular basis, or only when signs occur?
8. What signs do you notice?
9. Why do you clean the pet's ears?
10. Have you ever been told to clean the pet's ears regularly?
11. Do you clean the pet's ears during grooming?
12. Do you use any ear medications? If yes, which types?
13. Is your pet itchy anywhere else?
14. Does your pet lick or groom its paws?
15. Where does the pet or lick? Please describe all sites, even if no skin lesions are present.

Some less frequently asked questions that will be helpful as the doctor makes a diagnosis include queries about the pet's gastrointestinal health:
16. How many bowel movements a day does your pet have?
17. Is your pet gassy?
18. Do you hear stomach sounds or gurgling?
19. Do you ever see blood or mucus in your pet's stools?
20. Does your pet burp?



Environmental control of infectious disease

Take these precautions in your hospital if one of your patients is suspected of having or is known to have an infectious disease such as a methicillin-resistant or a parvovirus infection.



Online TOOL

Download this checklist by using the QR code above or by visiting dvm360.com/dermatologytoolkit.

1 Upon patient's arrival to the clinic

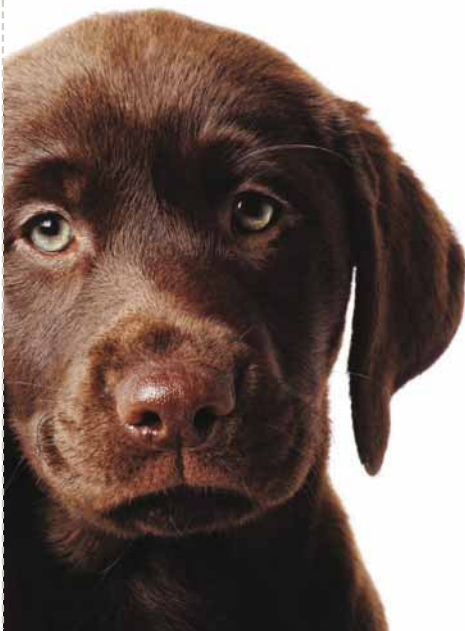
- ☐ Isolate the patient from other patients.
- ☐ Immediately usher the patient into the examination room.

2 In the examination room

- ☐ Wear protective clothing (gloves and gowns or dedicated lab coats) when handling the patient or items it has been in contact with.
- ☐ Wash hands or apply alcohol-based hand sanitizer before and after patient contact, even if gloves were worn.
- ☐ Use pens and stethoscopes dedicated to the patient.
- ☐ Use disposable thermometer covers and discard them as they are used, or use dedicated digital thermometers.

3 After discharge

- ☐ Clean and disinfect equipment dedicated to the patient.
- ☐ Disinfect exam room tables, floors, door and sink handles, light switches, scale surfaces, cages, and medical equipment (e.g. scales, otoscopes) used with the patient. **VM**





Dermatology DOS and DON'Ts

Lisa Petty, BS, RVT, a technician at Animal Dermatology Clinic in Indianapolis, offers these tips to keep communication lines open when you and your team are guiding clients through their pet's dermatology diagnosis.

X DON'T guarantee a specific timeline for a response to treatment or a specific outcome. For example, "His hair will grow back in six weeks and it will look beautiful" or "After he goes on allergy medicine he'll never scratch again. He'll never need another steroid. He'll never have another flare."

✓ DO give clients an idea of what you hope will happen and give them the success rates of different therapies.

X DON'T make a client feel bad or guilty for choosing a less expensive treatment protocol. "Our job is to give clients all the available options and let them choose what suits their budget and lifestyle," says Lisa Petty, BS, RVT.

✓ DO deliver what's best for clients and what's best for their pets within the scope of what pet owners tell you they can do.

X DON'T assume that people aren't taking good care

of their pets or that they don't care about their pets based on what their pet's skin looks like. "Sometimes people will see an animal walking across the street that doesn't have any hair and they assume it's been abused," Petty says. "I tell our new team members that it doesn't mean that they haven't been well cared for. It means they really do need to see us. So we can't assume they're being neglected just because their skin and hair coat don't look good."

✓ DO make yourself available to clients. Make sure clients know that they can call at any time with a question or problem. "We want their pets to get better as much as they do, and we want to know if their pet is having a problem. If their pet is vomiting because of a medication or doesn't like the new food that we put them on for a dietary trial, we want to know that, because it's crucial to their compliance," Petty says.

Petty says at her practice, technicians follow cases so

clients see the same team members each time. It's less confusing for pet owners, and clients know they have someone to talk to when they have problems.

"The worst thing that could happen is we send them home with medication, the pet starts to vomit or has diarrhea, and they stop the medication and don't call us—and we don't see them for a month. So they don't give anything that whole time between visits and they never call to let us know," Petty says.

✓ DO follow up with phone updates. "Our software is set up so we can put in reminders to call clients," she says. "And we print that list daily and call to find out how pets are doing. If the client prefers email, we use email. And email actually works really well, because there's nothing lost in translation with the message, and we can copy and paste it right into the medical record. The important thing is, we want clients to feel comfortable contacting us with any concerns they might have."



One more tip

"Gross" dermatology images educate clients

"I take digital photos of cytologic exam and skin scraping findings (bacteria, mites) through one eyepiece of the microscope by using the camera's macro setting," says Dr. Brett Wildermuth, DACVD, a veterinarian in San Diego, Calif.

He then shows the photos to clients in the exam room. The pictorial representation of the high numbers of "gross" bacteria drives home the necessity for antibiotic therapy and reduces complaints about antibiotic costs.



The next step

Skin issues, especially those associated with allergies, are some of the most common health problems you're going to see in practice. So they're a great growth opportunity—if your team is ready to learn. More importantly, handling dermatology cases well can bond clients to your practice forever.

1. Train your team. A dermatology program requires your whole team's support to flourish. One good way to get your team on board with training is to invite team members to bring their own pets into the practice for exams.

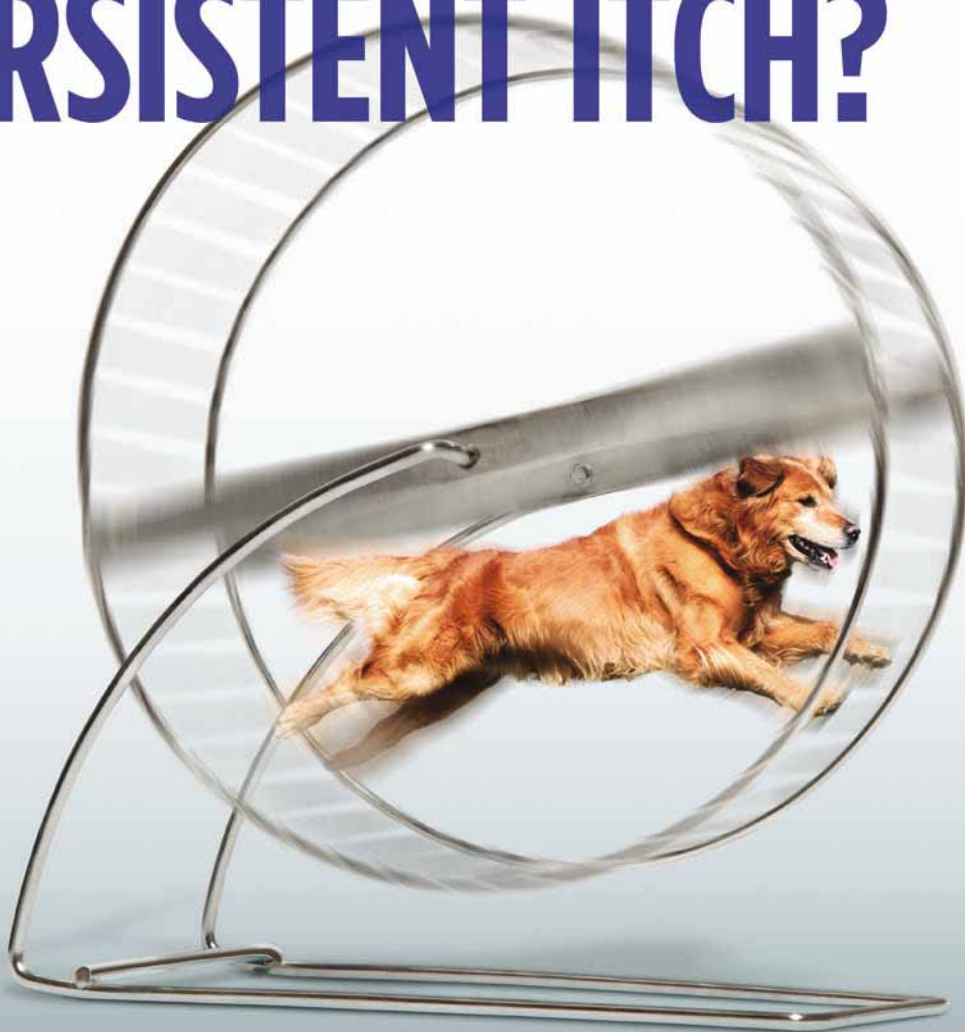
2. Make a plan. Once team members are excited and knowledgeable, your next step is to create protocols for common dermatology issues. For example, a protocol for a first-time allergy

patient might include a standardized medical history form, an extended examination time and standard diagnostics (skin scraping, dermatology culture and skin cytology).

3. Explain your plan. Pet owners are more compliant if they know you have a plan, so be upfront with them from the get-go about their pet's treatment. But be realistic and outline a "plan B" in case the first approach doesn't work.

4. Work it out. Successful management of dermatology cases often requires ongoing focus on client education and patient workups rather than just treating the symptoms. If clients refuse the diagnostics or treatment you recommend, be prepared with alternatives that will still let you help the pet.

CAN JAK INHIBITION BREAK THE CYCLE OF PERSISTENT ITCH?



A need exists for a **targeted** new approach to break the cycle of **itch and inflammation**

CYTOKINES MAY BE THE KEY—GET THE FACTS ON JAK

To find out more about the itch cycle and breakthrough science in Canine Allergic Disease, please visit www.excellencein dermatology.com.

FOR ANIMALS. FOR HEALTH. FOR YOU.

zoetis[™]

©2013 Zoetis Inc. All rights reserved. May 2013. APQ0413036



Secrets to *retiring securely* —for **EVERY STAGE** in your career

Whether you're a young pup or a wise old dog, here's how to make sure you're on the path to a successful future. *By Ashley Barforoush*

Do you want to buy a boat? Do you want to have kids? Do you want to be able to afford a vacation home in Tahiti? What does any of this have to do with your career? Everything, says Dr. Karen Felsted, CPA, MS, CVPM, president of Felsted Veterinary Consultants in Dallas, Texas. "You have to make sure that the choices you make will help you accomplish your goals not just professionally, but personally, too," she says.

This means first and foremost figuring out what your top priorities are (e.g., owning a practice, getting married, buying a house, retiring to Hawaii, and so on.) Once you figure out your end goals, take a look at what these expert veterinary consultants and financial

advisors suggest to secure a successful future in veterinary medicine—no matter where you are in your journey.

New graduates

If you're a veterinary student right out of college, ears up and tail wagging, *Veterinary Economics* Editorial Advisory Board member Dr. Karl Salzsieder, JD, of Salzsieder Consulting and Legal Services in Longview, Wash., has two main pieces of advice to secure your future financial success:

1. Get a job that may not offer the highest pay, but gives you the most experience with a good mentor.



2. Negotiate your contact.

Once you've scored the job offer with a practice that meets your requirements, he suggests saying something like, "Doctor, this offer may not be the highest salary in the marketplace, but I like your practice. I'll take the pay or production compensation—which-ever is greater."

Dr. Salzsieder warns that there will be employers who resist production compensation because they're concerned about the employee competition or they think that they shouldn't offer production compensation in the first year. He can't get behind either excuse.

"What difference does it

make to give new employees base pay, that may not be as high as it could be, or the production? Other than the extra bookkeeping, it's no big deal," Dr. Salzsieder says. "It's win-win to help the student get more compensation if they earn it."

Nervous to make that counter-offer? Don't be, Dr. Salzsieder says. It shows an employer that you're thinking about finances, which is a huge plus in a long-term employee. It's a good sign that you're an associate who's more likely to comply with fee schedules and less likely to give away veterinary services.

"Look for a job that has enough patients coming through the door, so you're not-

fighting over five patients a day, and the financial rewards will come," Dr. Salzsieder says.

Another important skill to master at this stage is budgeting for personal finances, says Gary Glassman, CPA, another *Veterinary Economics* Editorial Advisory Board member and partner with Burzenski & Co. in East Haven, Conn. Recent grads are faced with large expenses right off the bat—furniture, houses, cars, marriages and so on. These expenses, along with managing school debt, mean you need to budget all of your funds accordingly so you don't slip farther into debt.

"The best way to do this is by planning ahead and living within your means," Glassman

says. "Sometimes that means prioritizing purchases and holding off on some."

However, don't hold off on securing life and disability insurance at this point, he says. Glassman explains that insurance fills a void of necessary funds to take care of obligations. Not to mention, purchases of these products are also at their cheapest price when veterinarians are young.



3 ways to get your veterinary school debt down

1. Understand your repayment options. Some plans will allow you to calculate loan payments based on how much you're earning, but they may have certain ramifications at the end, says Dr. Karen Felsted, CPA, MS, CVPM. She warns that you could get a certain amount of your debt forgiven, but you'd have to pay taxes on the amount forgiven. So if you, for example, get \$100,000 forgiven, you may owe the IRS \$30,000.

2. Work harder and smarter. If you want more money to pay off loans, you've got to put in the extra hours, Dr. Felsted says. "Maybe you work as a relief veterinarian on your day off or clock-in a couple nights a month at an emergency clinic," Dr. Felsted says. "Working smarter means that you take a job that's going to ultimately have the kind of salary that's going to help you achieve your financial goals."

3. Spend less—it makes more cents. This is the part where you re-evaluate how big your house really needs to be and reconsider buying that new car. "Maybe you bring your lunches to work or you only go out a few times a month versus a few times a week," Dr. Felsted says. "Unless you have a trust fund, I just don't know another way."

Experienced associates

In this next stage of your veterinary career, you may not be the biggest dog on the block, but it certainly isn't the first time you've been let off of your leash. Glassman refers to this middle stage as your wealth-building years and says it's the time to set money aside for retirement, to start college savings accounts for children and to consider practice ownership.

"There are very few ways to build the wealth necessary to retire comfortably without considering practice ownership,"



Putney Enrofloxacin Generic of Baytril®

The same high-quality drug
Finally — affordable



FDA Approved for Veterinary Use: **Putney Enrofloxacin Flavored Tablets***
Delivers the same efficacy and safety profile as Baytril®, but more affordable

- Beef flavored
- An affordable,¹ convenient once-a-day broad-spectrum fluoroquinolone tested and proven bioequivalent to Baytril® Taste Tabs® in dogs and cats
- Our FDA-approved veterinary generic is available in the same strengths, scoring and bottle counts as Baytril® Taste Tabs®:

	22.7 mg	22.7 mg	68 mg	68 mg	136 mg	136 mg
# tablets	100	500	50	250	50	200
double scored	✓	✓	✓	✓	✓	✓

- Full veterinary technical support from Putney

When prescribing Enrofloxacin Flavored Tablets for your patients, choose quality and affordability. Choose Putney.



Committed to quality. Delivering affordability.

www.putneyvet.com

Find Putney distributors at www.putneyvet.com/howtobuy or call us at **866-683-0660**

*Indicated for use in dogs and cats for the management of diseases associated with bacteria susceptible to enrofloxacin. Important Safety Information: In rare instances, use of this product in cats has been associated with Retinal Toxicity. Dosage should not exceed 5 mg/kg of body weight once daily in cats. Enrofloxacin is contraindicated in dogs and cats known to be hypersensitive to quinolones. See next page for complete indications, side effects, contraindications and other important product information.

PUTNEY VETERINARY GENERICS: ENROFLOXACIN | CEFPODOXIME PROXETIL | CARPROFEN CAPLETS | KETAMINE HCl ®

BAYTRIL® is a registered trademark of Bayer Aktiengesellschaft. TASTE TABS® is a registered trademark of Bayer HealthCare LLC. 1. Based on list price.

®PUTNEY and the Putney "P" logo are registered trademarks and service marks of Putney, Inc. ©2013 Putney, Inc. All rights reserved. 0501-1001-13

Enrofloxacin Flavored Tablets

CAUTION:

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

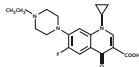
► Federal law prohibits the extralabel use of this drug in food-producing animals. ◀

DESCRIPTION:

Enrofloxacin is a synthetic chemotherapeutic agent from the class of the quinolone carboxylic acid derivatives. It has antibacterial activity against a broad spectrum of Gram negative and Gram positive bacteria (See Tables I and II). It is rapidly absorbed from the digestive tract, penetrating into all measured body tissues and fluids (See Table III). Tablets are available in three sizes (22.7, 68.0 and 136.0 mg enrofloxacin).

CHEMICAL NOMENCLATURE AND STRUCTURAL FORMULA:

1-cyclopentyl-7-(4-ethyl-1-piperazinyl)-6-fluoro-1,4-dihydro-4-oxo-3-quinolinecarboxylic acid



ACTIONS:

Microbiology: Quinolone carboxylic acid derivatives are classified as DNA gyrase inhibitors. The mechanism of action of these compounds is very complex and not yet fully understood. The site of action is bacterial gyrase, a synthesis promoting enzyme. The effect on Escherichia coli is the inhibition of DNA synthesis through prevention of DNA supercoiling. Among other things, such compounds lead to the cessation of cell respiration and division. They may also interrupt bacterial membrane integrity.

Enrofloxacin is bactericidal, with activity against both Gram negative and Gram positive bacteria. The minimum inhibitory concentrations (MICs) were determined for a series of 39 isolates representing 9 genera of bacteria from natural infections in dogs and cats, selected principally because of resistance to one or more of the following antibiotics: ampicillin, cephalothin, cefazolin, chloramphenicol, erythromycin, gentamicin, kanamycin, penicillin, streptomycin, tetracycline, triple sulfas and sulfamethoxazole. The MIC values for enrofloxacin against these isolates are presented in Table I. Most strains of these organisms were found to be susceptible to enrofloxacin *in vitro*, but the clinical significance has not been determined for some of the isolates.

The susceptibility of organisms to enrofloxacin should be determined using enrofloxacin 5 mcg disks. Specimens for susceptibility testing should be collected prior to the initiation of enrofloxacin therapy.

TABLE I – MIC Values for Enrofloxacin Against Canine and Feline Pathogens (Diagnostic laboratory isolates, 1984)

Organisms	Isolates	MIC Range (mcg/mL)
Bacteroides spp.	2	2
Bordetella bronchiseptica	3	0.125 - 0.5
Brucella canis	3	0.125 - 0.25
Clostridium perfringens	1	0.5
Escherichia coli	11*	≤ 0.016 - 0.031
Klebsiella spp.	5**	0.031 - 0.5
Proteus mirabilis	4	0.062 - 0.125
Pseudomonas aeruginosa	4	0.5 - 8
Staphylococcus spp.	5	0.125
*Includes feline isolates.		

The inhibitory activity on 120 isolates of seven canine urinary pathogens was also investigated and is listed in Table II.

TABLE II – MIC Values for Enrofloxacin Against Canine Urinary Pathogens (Diagnostic laboratory isolates, 1985)

Organisms	Isolates	MIC Range (mcg/mL)
E. coli	30	0.06 - 2.0
P. mirabilis	30	0.125 - 2.0
K. pneumoniae	20	0.06 - 0.5
P. aeruginosa	10	1.0 - 8.0
Enterobacter spp.	10	0.06 - 1.0
Staph. (coagul. +)	10	0.125 - 0.5
Staph. (defect hemol.)	10	0.5 - 8.0

Distribution in the Body: Enrofloxacin penetrates into all canine and feline tissues and body fluids. Concentrations of drug equal to or greater than the MIC for many pathogens (See Tables I, II and III) are reached in most tissues by two hours after dosing at 2.5 mg/kg and are maintained for 8-12 hours after dosing. Particularly high levels of enrofloxacin are found in urine. A summary of the body fluid/tissue drug levels at 2 to 12 hours after dosing at 2.5 mg/kg is given in Table III.

TABLE III – Body Fluid/Tissue distribution of Enrofloxacin in Dogs and Cats Single Oral Dose < 2.5 mg/kg (1.13 mg/lb)

Body Fluids (mcg/mL)	Post-treatment Enrofloxacin Levels			
	Canine (n=2)		Feline (n=4)	
	2 Hr.	8 Hr.	2 Hr.	12 Hr.
Bile	-	-	2.13	1.97
Cerebrospinal Fluid	-	-	0.37	0.10
Urine	43.05	55.35	12.81	26.41
Eye Fluids	0.53	0.66	0.45	0.65
Whole Blood	1.01	0.36	-	-
Plasma	0.67	0.33	-	-
Serum	-	-	0.48	0.18
Tissues (mcg/g) Hematopoietic System				
Liver	3.02	1.36	1.84	0.37
Spleen	1.45	0.85	1.33	0.52
Bone Marrow	2.10	1.22	1.68	0.64
Lymph Node	1.32	0.91	0.49	0.21
Urogenital System				
Kidney	1.87	0.99	1.43	0.37
Bladder Wall	1.36	1.10	1.01	0.28
Testes	1.36	1.10	1.01	0.28
Prostate	1.36	2.20	1.88	0.55
Ovaries	1.36	2.20	1.88	0.55
Uterine Wall	1.59	0.29	0.81	1.05
Gastrointestinal and Cardiopulmonary Systems				
Lung	1.34	0.82	0.91	0.33
Heart	1.38	0.78	0.84	0.32
Stomach	3.24	2.16	3.26	0.27
Small Intestine	< 1.10	1.11	2.72	0.40
Large Intestine	-	-	0.94	1.10
Other				
Fat	0.52	0.40	0.24	0.11
Skin	0.66	0.48	0.46	0.17
Muscle	1.62	0.77	0.53	0.29
Bron	0.25	0.24	0.22	0.12
Mammary Gland	0.45	0.21	0.36	0.30
Feces	1.65	0.97	0.37	4.18

Pharmacokinetics: In dogs, the absorption and elimination characteristics of the oral formulation are linear [plasma concentrations increase proportionally with dose] when enrofloxacin is administered at up to 11.3 mg/kg, twice daily. Approximately 80% of the orally administered dose enters the systemic circulation unchanged. The eliminating organs, based on the dog's body clearance time, can readily remove the drug with no indication that the eliminating mechanisms are saturated. The primary route of excretion is via the urine. The absorption and elimination characteristics beyond this point are unknown. In cats, no oral absorption information is available at other than 2.5 mg/kg administered orally as a single dose. Saturable absorption and/or elimination processes may occur at greater doses. When saturation of the absorption process occurs, the plasma concentration of the active moiety will be less than predicted, based on the concept of dose proportionality.

Following an oral dose in dogs of 2.5 mg/kg (1.13 mg/lb), enrofloxacin reached 50% of its maximum serum concentration in 15 minutes and peak serum level was reached in one hour. The elimination half-life in dogs is approximately 2½ - 3 hours at that dose, while in cats it is greater than 4 hours. In a study comparing dogs and cats, the peak concentration and the time to peak concentration were not different.

A graph indicating the mean serum levels following a dose of 2.5 mg/kg (1.13 mg/lb) in dogs (oral and intramuscular) and cats (oral) is shown in Figure 1.

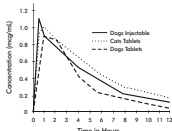


Figure 1 – Serum Concentrations of Enrofloxacin Following a Single Oral or Intramuscular Dose at 2.5 mg/kg in Dogs and a Single Oral Dose at 2.5 mg/kg in Cats

Breakpoint: Based on pharmacokinetic studies of enrofloxacin in dogs and cats after a single oral administration of 2.5 mg enrofloxacin/kg BW (i.e. half of the lowest and single daily dose range for dogs and half the single daily dose for cats) and the data listed in Tables I and II, the following breakpoints are recommended for canine and feline isolates.

Zone Diameter (mm)	MIC (µg/ml)	Interpretation
≥ 21	≤ 0.5	Susceptible (S)
18 - 20	1	Intermediate (I)
≤ 17	≥ 2	Resistant (R)

A report of "Susceptible" indicates that the pathogen is likely to be inhibited by generally achievable plasma levels. A report of "Intermediate" is a technical buffer and isolates falling into this category should be retested. Alternatively the organism may be successfully treated if the infection is in a body site where drug is pharmacologically concentrated. A report of "Resistant" indicates that the achievable drug concentrations are unlikely to be inhibitory and other therapy should be selected.

Standardized procedures require the use of laboratory control organisms for both standardized disk diffusion assays and standardized dilution assays. The 5 µg enrofloxacin disk require the following zone diameters and enrofloxacin power should be following the MIC values for reference strains.

QC Strain	MIC (µg/mL)	Zone Diameter (mm)
E. coli	0.008 - 0.03	32 - 40
P. aeruginosa	1 - 4	15 - 19
S. aureus	ATCC 29223	27 - 31
S. aureus	ATCC 29213	0.03 - 0.12

INDICATIONS:

Enrofloxacin Flavored Tablets are indicated for the management of diseases associated with bacteria susceptible to enrofloxacin. Enrofloxacin Flavored Tablets are indicated for use in dogs and cats.

EFFICACY CONFIRMATION:

Dogs: Clinical efficacy was established in dermal infections (wounds and abscesses) associated with susceptible strains of Escherichia coli, Klebsiella pneumoniae, Proteus mirabilis, and Staphylococcus intermedius, respiratory infections (pneumonia, tonsillitis, rhinitis) associated with susceptible strains of Escherichia coli and Staphylococcus aureus, and urinary cystitis associated with susceptible strains of Escherichia coli, Proteus mirabilis, and Staphylococcus aureus.

Cats: Clinical efficacy was established in dermal infections (wounds and abscesses) associated with susceptible strains of Pasteurella multocida, Staphylococcus aureus, and Staphylococcus epidermidis.

CONTRAINDICATIONS:

Enrofloxacin is contraindicated in dogs and cats known to be hypersensitive to quinolones.

Dogs: Based on the data discussed under the section on Animal Safety Quinolones, the use of enrofloxacin is contraindicated in small and medium breeds of dogs during the rapid growth phase (between 2 and 8 months of age). The safe use of enrofloxacin has not been established in large and giant breeds during the rapid growth phase. Large breeds may be in this phase for up to one year of age and the giant breeds for up to 18 months. In clinical field trials utilizing a daily oral dose of 5.0 mg/kg, there were no reports of lameness or joint problems in any breed. However, controlled studies with histological examination of the articular cartilage have not been conducted in the large or giant breeds.

ADVERSE REACTIONS:

Dogs: Two of the 270 (0.7%) dogs treated with enrofloxacin at 5.0 mg/kg per day in the clinical field studies exhibited side effects, which were apparently drug-related. These two cases of vomiting were self-limiting.

Post-Approval Experience: The following adverse experiences, although rare, are based on voluntary post-approval adverse drug experience reporting. The categories of reactions are listed in decreasing order of frequency by body system.

Gastrointestinal: vomiting, anorexia, elevated liver enzymes

Neurologic: ataxia, seizures

Behavioral: depression, lethargy, nervousness

Cats: No drug-related side effects were reported in 124 cats treated with enrofloxacin at 5.0 mg/kg per day for 10 days in clinical field studies.

Post-Approval Experience: The following adverse experiences, although rare, are based on voluntary post-approval adverse drug experience reporting. The categories of reactions are listed in decreasing order of frequency by body system.

Ocular: Mydriasis, retinal degeneration (retinal atrophy, attenuated retinal vessels, and hyperreflective tapeta have been reported), loss of vision. Mydriasis may be an indication of impending or existing retinal changes.

Gastrointestinal: vomiting, anorexia, elevated liver enzymes, diarrhea

Neurologic: ataxia, seizures

Behavioral: depression, lethargy, nervousness

To report adverse reactions, call 1-866-683-0660.

ANIMAL SAFETY SUMMARY:

Dogs: Adult dogs receiving enrofloxacin orally of a daily dosage rate of 52 mg/kg for 13 weeks had only isolated incidences of vomiting and inappetence. Adult dogs receiving the tablet formulation for 30 consecutive days of a daily treatment of 25 mg/kg did not exhibit significant clinical signs nor were there effects upon the clinical chemistry, hematological or histological parameters. Daily doses of 125 mg/kg for up to 11 days induced vomiting, inappetence, depression, difficult locomotion and death while adult dogs receiving 50 mg/kg/day for 14 weeks had clinical signs of vomiting and inappetence.

Adult dogs dosed intramuscularly for three treatments at 12.5 mg/kg followed by 57 oral treatments at 12.5 mg/kg, all at 12 hour intervals, did not exhibit either significant clinical signs or effects upon the clinical chemistry, hematological or histological parameters.

Oral treatment of 15 to 28 week old growing puppies with daily dosage rates of 25 mg/kg did not exhibit abnormal carriage of the corpal joint and weakness in the hindquarters. Significant improvement of clinical signs is observed following drug withdrawal. Microscopic studies have identified lesions of the articular cartilage following 30 day treatments of either 5, 15 or 25 mg/kg in this age group. Clinical signs of difficult ambulation or associated cartilage lesions have not been observed in 29 to 34 week old puppies following daily treatments of 25 mg/kg for 30 consecutive days nor in 2 week old puppies with the same treatment schedule.

Tests indicated no effect on circulating microflora or adult heartworms (Dirofilaria immitis) when dogs were treated at a daily dosage rate of 15 mg/kg for 30 days. No effect on cholinesterase values was observed.

No adverse effects were observed on reproductive parameters when male dogs received 10 consecutive daily treatments of 15 mg/kg/day at 3 intervals (90, 45 and 14 days) prior to breeding or when female dogs received 10 consecutive daily treatments of 15 mg/kg/day at 4 intervals: between 30 and 60 days prior to breeding, early pregnancy (between 10th & 30th days), late pregnancy (between 40th & 60th days), and during lactation (the first 28 days).

Cats: Cats in age ranges of 3 to 6 months and 7 to 10 months received daily treatments of 25 mg/kg for 30 consecutive days with no adverse effects upon the clinical chemistry, hematological or histological parameters. In cats 7-10 months of age treated daily for 30 consecutive days, 2 of 4 receiving 5 mg/kg, 3 of 4 receiving 15 mg/kg, 2 of 4 receiving 25 mg/kg and 1 of 4 non-treated controls experienced occasional vomiting. Five to 7 month old cats had no side effects with daily treatments of 15 mg/kg for 30 days, but 2 of 4 animals had articular cartilage lesions when administered 25 mg/kg per day for 30 days.

Doses of 125 mg/kg for 5 consecutive days to adult cats induced vomiting, depression, incoordination and death while those receiving 50 mg/kg for 6 days had clinical signs of vomiting, inappetence, incoordination and convulsions, but they returned to normal.

Enrofloxacin was administered to thirty-two (8 per group), six- to eight-month-old cats at doses of 0, 5, 20, and 50 mg/kg once a day for 21 consecutive days. There were no adverse effects observed in cats that received 5 mg/kg body weight of enrofloxacin. The administration of enrofloxacin at 20 mg/kg body weight or greater caused salivation, vomiting, and depression. Additionally, dosing at 20 mg/kg body weight or greater resulted in mild to severe fundic lesions on ophthalmologic examination (change in color of the fundus, central or generalized retinal degeneration), abnormal electroretinograms (including blindfold), and diffuse light microscopic changes in the retina.

DRUG INTERACTIONS:

Compounds that contain metal cations (e.g., aluminum, calcium, iron, magnesium) may reduce the absorption of some quinolone-class drugs from the intestinal tract. Concurrent therapy with other drugs that are metabolized in the liver may reduce the clearance rates of the quinolones and the other drug.

Dogs: Enrofloxacin has been administered to dogs at a daily dosage rate of 10 mg/kg concurrently with a wide variety of other health products including antineoplastic (procarbazine, l-asparaginase, adriamycin, cyclophosphamide, ifosfamide, methotrexate, pyrimethamine, thiopurine purine derivatives), heartworm preventives (diethylcarbamazine and other anthelmintics (ampicillin, gentamicin, penicillin, dihydrostreptomycin). No incompatibilities with other drugs are known at this time.

Cats: Enrofloxacin was administered at a daily dosage rate of 5 mg/kg concurrently with antineoplastic (procarbazine, l-asparaginase, ifosfamide, methotrexate, pyrimethamine, thiopurine purine derivatives). No incompatibilities with other drugs are known at this time.

WARNINGS:

For use in animals only. In rare instances, use of this product in cats has been associated with Retinal Toxicity. Do not exceed 5 mg/kg of body weight per day in cats. Safety in breeding or pregnant cats has not been established. Keep out of reach of children.

As with contact with water. In case of contact, immediately flush eyes with copious amounts of water for 15 minutes. In case of animal contact, wash skin with soap and water. Consult a physician if irritation persists following ocular or dermal exposure. Individuals with a history of hypersensitivity to quinolones should avoid this product. In humans, there is a risk of eye phototoxication within a few hours after excessive exposure to quinolones. If excessive accidental exposure occurs, avoid direct sunlight.

For customer service or to obtain product information, including Material Safety Data Sheet, call 1-866-683-0660.

PRECAUTIONS:

Quinolone-class drugs should be used with caution in animals with known or suspected Central Nervous System (CNS) disorders. In such animals, quinolones have, in rare instances, been associated with CNS stimulation which may lead to convulsive seizures.

Quinolone-class drugs have been associated with cartilage erosions in weight-bearing joints and other forms of arthropathy in immature animals of various species.

The use of fluoroquinolones in cats has been reported to adversely affect the retina. Such products should be used with caution in cats.

DOSEAGE AND ADMINISTRATION:

Dogs: Administer orally at a rate to provide 5.20 mg/kg (2.27 to 9.07 mg/lb) of body weight. Selection of a dose within the range should be based on clinical experience, the severity of disease, and susceptibility of the pathogen. Animals which receive doses in the upper end of the dose range should be carefully monitored for clinical signs that may include inappetence, depression, vomiting, and diarrhea. The use of enrofloxacin Flavored Tablets willingly when offered by hand, then alternatively the tablet(s) may be offered in food or hand-administered (pilled) as with other oral tablet medications.

Weight of Dog	Once Daily Dosing Chart			
	5.0 mg/kg	10.0 mg/kg	15.0 mg/kg	20.0 mg/kg
9.1 kg (20 lbs)	2 x 22.7 mg tablets	1 x 22.7 mg plus 1 x 68 mg tablets	1 x 136 mg tablet	1 x 136 mg plus 2 x 22.7 mg tablets
27.2 kg (60 lbs)	1 x 136 mg tablet	2 x 136 mg tablets	3 x 136 mg tablets	4 x 136 mg tablets

All tablet sizes are double scored for accurate dosing.

Cats: Administer orally at 5 mg/kg (2.27 mg/lb) of body weight. The dose for dogs and cats may be administered either as a single daily dose or divided into two (2) equal daily doses administered at twelve (12) hour intervals. The dose should be continued for at least 2-3 days beyond cessation of clinical signs, to a maximum of 30 days. In cats, Enrofloxacin Flavored Tablets should be pulled. After administration, watch the animal closely to be certain the entire dose has been consumed.

Weight of Cat	Once Daily Dosing Chart (5 mg/kg/day)
3 lb (2.27 kg)	1/2 x 22.7 mg tablet
10 lb (4.5 kg)	1 x 22.7 mg tablet
15 lb (6.8 kg)	1 and 1/2 x 22.7 mg tablets or 1/2 x 68 mg tablet

All tablet sizes are double scored for accurate dosing.

Dogs & Cats: The duration of treatment should be selected based on clinical evidence. Generally, administration of Enrofloxacin Flavored Tablets should continue for at least 2-3 days beyond cessation of clinical signs. For severe and/or complicated infections, more prolonged therapy, up to 30 days, may be required. If improvement is seen within five days, the diagnosis should be reevaluated and a different course of therapy considered.

The lower limit of the dose range in dogs and the daily dose for cats was based on efficacy studies in dogs and cats where enrofloxacin was administered at 2.5 mg/kg twice daily. Target animal safety and toxicology were used to establish the upper limit of the dose range for dogs and treatment duration for dogs and cats.

STORAGE:

Dispense tablets in light containers only.

Store at controlled room temperature, 68-77°F (20-25°C).

HOW SUPPLIED:

Flavored Tablets NDC Number	Tablet Size	Tablets/Bottle
26637-431-10	22.7 mg	100 Double Scored
26637-431-50	22.7 mg	50 Double Scored
26637-432-05	68 mg	50 Double Scored
26637-432-25	68 mg	250 Double Scored
26637-432-05	136 mg	50 Double Scored
26637-433-20	136 mg	200 Double Scored

REFERENCES:

1. Daugherty, T.J., & Soukorenov, J.I. (1985). Membrane permeability changes associated with DNA gyrase inhibitors in Escherichia coli. Antimicrob Agents Chemother. 28 (2), 200-206.
2. Walker, R.D., Stein, G.E., Hauptmann, J.G., McDonald, K.H. (1992). Pharmacokinetic evaluation of enrofloxacin administered orally to healthy dogs. Am J Vet Res, 53 (12), 2315 - 2319.

ANADA #200-551, Approved by FDA

Manufactured for: Putney, Inc., Portland, ME 04101 USA
1-866-683-0660

Made in India

Neutrol Code No: UK/DRUGS/58/UA/2007

Rev. March 2013



Glassman says.

And don't let that school debt burst your dreams of owning. Glassman says most veterinary lenders realize this debt exists and can still offer loans for practice ownership. One of the biggest roadblocks for veterinarians is scrounging up the practice down payment, but he says veterinary lenders are accustomed to lending with these restrictions and understand them.

Pre-retirement doctor

At this point you probably don't run as fast or jump as high as you used to, and after decades of hard work you're ready to curl up by the fireplace and retire. But what if, in the end, you found out your practice wasn't worth what you thought it was and you'd have to work three more years to retire securely?



Unfortunately, Dr. Salzsieder says this isn't a rare situation. He appraises practices that are bringing in more than \$1 million gross income a year, and the

practice owners are counting on selling out between \$750,000 and \$1 million. Then Dr. Salzsieder appraises the practice, finds a discrepancy in what they thought were practice earnings and all of a sudden it's only worth \$300,000.

"We brokers see this all the time. Veterinarians go into a state of shock, 'I wanted to sell, but now I have to keep working,'" Dr. Salzsieder says.

This is why he says it's so important to hire an appraiser early on, even if you're not ready to retire for another 10 years. The sooner you realize where the discrepancies lie in your practice's finances, the sooner you can correct them and get back on track.

Glassman agrees. He says hiring a financial planner is a must to review assets and ensure that there are enough funds to last through the expected retirement. Few veterinarians are aware of the asset base necessary to supply an income stream for the rest of their lives.

After you're qualified to get enough cash to retire, then Dr. Salzsieder says you have some decisions to make. Are you still going to collect some money from renting the building and get some long-term return on investment? Or are you going to coach your associates and hold off selling for a few more years and still collect some profits?

"I bought a practice in '05, and

I visit every three to six weeks for half a day, but otherwise I'm an absentee guy. I just collect my return on investment," Dr. Salzsieder says. "You can decide if you want to model it that way or if you want to sell the practice and negotiate a building lease."

He says that in the veterinary profession it's common that associates don't like to let non-practicing veterinarians get a return on investment if they don't sell the practice. Dr. Salzsieder finds this trend disturbing.

"Associates commonly say, 'You're retiring, you're out of here,'" Dr. Salzsieder says. "We're shooting our own profession in the foot because we don't let our senior veterinarians draw a return on investment."

One possible solution? Change the shareholders agreement and adjust it so the non-working veterinarian has less management authority or less votes when it comes decision time, Dr. Salzsieder says.

"Why can't they own shares in a veterinary hospital just like they own shares in Micro-soft?" Dr. Salzsieder says. "We can get around the fairness power game and still help veterinarians retire." **VE**

Find it all here.
dvm360

Need a budget?

Figure out where your paycheck goes every month—log on to dvm360.com/budget to download a sample budget and start plugging in your expenses.



24 BOOKS *to change your life*

This list will keep you entertained—and maybe make you a better veterinarian.

By Tom McFerson, CPA, ABV

Summer's here this month, and it's time to get your reading list in order. (You didn't think you could slack off after you graduated, did you?) While your fiction selections shouldn't be a problem, what about some creative thinking and nonfiction choices? Something historical? Something educational? How about a book on small business ownership or one on repairing the economy? ➤

IMPROMED[®] LLC

YOUR TOTAL SOLUTIONS PROVIDER



Software • Hardware • Backup
Support • Education

(800)925-7171 • www.ImproMed.com

Sales@ImproMed.com

 **VETERINARY**
TECHNOLOGY SUMMIT

Collaborate.
Motivate.
Accelerate.

SEPTEMBER 18-20, 2013
RENAISSANCE GRAND HOTEL | ST. LOUIS

- Maximize your training dollars and **EARN UP TO 15 CE CREDITS**
- Advance your practice with cutting edge software tools and technologies
- Experience the latest products at the Butler Schein Equipment Expo
- Network with your peers and enjoy Las Vegas style entertainment

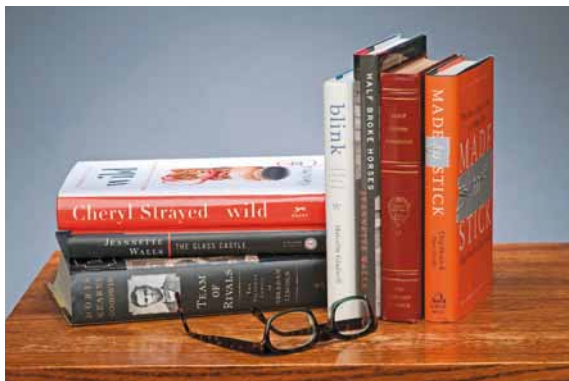


IMPROMED[®] LLC

RESERVE YOUR SEAT TODAY AT WWW.VETSUMMIT.COM

We have five people in the veterinary industry ready and willing to make learning and stretching your mind easy. These individuals are avid readers, have different tastes and interests and come from diverse professional backgrounds—veterinary, financial and legal. They were asked to make recommendations with the following ground rules in mind: The books must be non-fiction, still in print and valuable for the *Veterinary Economics* reader.

So find those stray gift cards, load up your online shopping cart and take a chance



>>> Ready to ease into the dog days of summer? Put down your workbag and pack up your beach bag with a few of these gripping titles.

on one—or more—of the 24 books listed below.

Dr. Jean Maixner is co-owner and hospital administrator of Animal Critical Care and Emergency Services in Seattle, Wash. She is a graduate of the Iowa State



Dr. Jean Maixner

University College of Veterinary Medicine.

1 **First, Break All Rules:** *What the World's*

Greatest Managers Do Differently by Marcus Buckingham and Curt Coffman

This book asks 12 simple questions to evaluate successful workplaces, focusing on people and their fit within an organization. Employees have the potential to be good at some jobs, but not all jobs, and there must be a good fit between the job and the person's talents for an individual to be successful. It also describes what successful managers and leaders do.

2 **To Sell Is Human:** *The Surprising Truth About*

Moving Others by Daniel Pink
Anytime you ask someone for his or her time, money, service or product, you're in the business of selling or negotiating. The author lists attunement, buoyancy and clarity as key qualities of successful negotiators.

3 **Drive:** *The Surprising Truth About What*

Motivates Us by Daniel Pink
It's a myth that most people need to be motivated by carrots—as in the “carrot and stick” theory. Once a person's financial needs are met, other motivators kick in: autonomy (the desire to act indepen-

dently), mastery (the desire to be proficient at something you believe in) and purpose (the desire to do work towards something meaningful).

4 **If Disney Ran Your Hospital:** *9 1/2 Things*

You Would Do Differently by Fred Lee

This is a remarkably easy read that defines service as culture. The book talks about the experience of being a patient and how each team member contributes to that experience. There are small, everyday things a team can do to drive patient care and create loyalty. The book was written with a human hospital service as its backdrop, but the concepts are transferable to all service sectors, including veterinary medicine.

Bonnie Lutz, Esq., is a shareholder at Klinedinst and specializes in defending veterinarians in litigation and



Bonnie Lutz, Esq.

administrative actions. She is a graduate of the California Western School of Law in San Diego.

5 **The Immortal Life of Henrietta Lacks**

by Rebecca Skloot

A compelling history of the HeLa cell, the most widely used cell in human research

and vaccine development. It covers a history of the woman the cells came from (without her knowledge).

6 ***Blink: The Power of Thinking Without Thinking*** by Malcolm Gladwell
An interesting discussion of whether decisions made using intuition rather than a long thought process are better decisions in the long run.

7 ***The Glass Castle: A Memoir***
by Jeannette Walls

8 ***Half Broke Horses: A True Life Novel***
by Jeannette Walls
Both of these books provide awesome histories of the trials of the author's very dysfunctional family. They focus on how all of the generations managed to survive and become normal adults.

9 ***The Lost Dogs: Michael Vick's Dogs and Their Tale of Rescue and Redemption***
by Jim Gorant.
This book provides disturbing and heartwarming facts

about the pit bulls owned by convicted football player Michael Vick—and what happened to all 51 of them.

Dr. Scott Anderson, DACVS, DACVECC, DABVP, is co-owner of Animal Specialty and Emergency Centers in West Los Angeles. He is a graduate of the Virginia-Maryland College of Veterinary Medicine. ➤



Dr. Scott Anderson, DACVS, DACVECC, DABVP

Never hold back where reliability is needed most.

Veterinary professionals work on the front line to save lives by treating sick dogs after an outbreak of diseases such as parvo, kennel cough and the canine distemper virus. There is nothing more heartbreaking than when an outbreak requires dogs to be euthanized. The exclusive Silvis Seal™ barrier on Mason Company's Sani-Kennel prevents dangerous cross contamination issues. Our unique system functions like a dam to create the ultimate watertight, reliable and long-term seal that stops fluid and contaminants from migrating between kennel enclosures. **No other barrier is more effective!**

Help stop dogs from being put at risk.
Provide the protection that stops the spread of deadly diseases.
Visit www.StopOutbreaksNow.com/vet today to learn more about this one-of-a-kind solution.

Only Available from Mason Company

The patent-pending **Silvis Seal™** prevents liquids from penetrating adjacent enclosures.

www.StopOutbreaksNow.com/vet
(800) 543-5567

MASON
COMPANY

© 2012 Silvis Seal is trademark of Mason Company, Leesburg, OH

A Tradition of Trusted Animal Enclosures Since 1892

10 *Team of Rivals: The Political Genius of Abraham Lincoln* by Doris Goodwin
Marvelously illuminates our 16th president's acumen for consensus building, handling people and capitalizing on the strengths of others.

11 *The Skeptical Environmentalist: Measuring the Real State of the World* by Bjorn Lomborg

12 *Cool It: The Skeptical Environmentalist's Guide to Global Warming* by Bjorn Lomborg
Both of these books are informative, dispassionate counterpoints to the environmental doomsayers.

13 *Aesop: The Complete Fables* translation by Olivia & Robert Temple
These are not your bowdlerized, sanitized childhood morality tales. The originals give a marvelously cold-blooded glimpse of ancient Greek society and ethics, underscoring human nature that has not changed in the 2,500 years since these were written.

14 *The 75 Greatest Management Decisions Ever Made* by Stuart Crainer
Concise, illuminating and a quick read.

15 *Cicero: The Life and Times of Rome's Greatest Politician* by Anthony Everitt
Arguably history's greatest orator, if judged by his rise from obscurity to the job of Roman consul through his gift for speech.



Dr. Beth Davidow, DACVECC

Dr. Beth Davidow, DACVECC, is co-owner and medical director of Animal Critical Care and Emergency Services in Seattle, Wash. She is a graduate of the Cornell University College of Veterinary Medicine.

16 *Made to Stick: Why Some Ideas Survive and Others Die* by Dan and Chip Heath

17 *Switch: How to Change Things When Change Is Hard* by Dan and Chip Heath
Made to Stick is about how to get your message across within your business and how to use these same concepts in designing marketing campaigns. *Switch* is about change and how to implement it in ways that ensure success.

18 *Traction: Get a Grip on Your Business* by Gino Wickman

Our entire management team read the book, and we have now used the suggested format to create our one-, five- and 10-year plans as well as workable quarterly "rocks."



Tom McFerson, CPA, ABV

Tom McFerson, CPA, ABV, is a partner in Gatto McFerson CPAs, a financial consulting, management and appraisal firm in Santa Monica, Calif., specializing in the veterinary industry. He is a graduate of Loyola Marymount University.

19 *Why We Make Mistakes: How We Look Without Seeing, Forget Things in Seconds and Are All Pretty Sure We Are Way Above Average* by Joseph Hallinan

Along with *Blink*, this book studies how we make decisions. What are the qualities that make us so error-prone? Why do we "look" but don't often "see?" And why are we so slow to grasp our own limitations?

20 *End this Depression Now!* by Paul Krugman

You may not agree with the author (winner of the 2008 Nobel Prize in Economics)—in fact, you may even despise him—but he does have a talent for getting people's attention on the economy.

21 *Wild: From Lost to Found on the Pacific Crest Trail* by Cheryl Strayed

Typically, anything on Oprah's Book List will not be on Tom's Book List, but this one was different. Given to me by my wife, the book follows a shattered woman as she tries to pull her life back together, all while negotiating a solo, 1,000-mile hike along the Pacific Crest Trail.

22 *The Signal and the Noise: Why So Many Predictions Fail—but Some Don't* by Nate Silver

You've probably read about this political blogger. His data on the 2012 elections was the subject of much controversy—but ultimately was proven to be correct. The book goes beyond politics and analyzes the world of statistics and the art of making predictions.

23 *Top Dog: The Science of Winning and Losing* by Po Bronson and Ashley Merryman

Life is all about competition and some of us are better at it than others. Why do some rise to the occasion, but others do not? This book will help you become a better competitor.

24 *Epic: John McEnroe, Bjorn Borg and the Greatest Tennis Season Ever*

by Matthew Cronin
This book list needs at least one sports-themed book, right? Even a passing fan of tennis remembers the great McEnroe-Borg Wimbledon final of 1980. Written by one of the best tennis reporters in the business, the book relives this match and all of its ramifications. **VE**

Tom McFerson, CPA, ABV, is a partner Gatto McFerson CPAs, a financial consulting firm in Santa Monica, Calif.

Find it all here.
dvm360

Be a bookworm

Looking for more?
Check out what
veterinary industry
experts were
recommending a
few summers ago at
dvm360.com/books.

Now, more than ever,
your practice needs...

IDEAS THAT IMPACT

VHMA 2013

2013 VHMA Annual Meeting and Conference
September 26-29, 2013
The Westin, Charlotte, NC

Cutting edge ideas on critical topics...

- Practice Finances – New Concepts for Old Problems
- Monitoring Practice Profitability
- Legally Addressing Employee Discipline
- The Healthy Workplace: A Team Approach to Better Culture, Medicine & Business
- Collaborative idea exchanges, networking and much more!

Earn 15.5 CEs (16.5 for CVPMs)

This is the only conference of its
kind **BY** managers **FOR** managers!

Don't wait another day to register!
visit www.vhma.org today



Veterinary
Hospital
Managers
Association

This ad is
sponsored by



DESIGN YOUR DREAM PRACTICE ON A FIRM FOUNDATION

Reach new heights with
the Veterinary Economics®
Hospital Design Conference
at CVC Kansas City



Don't sleep away your dreams...create or remodel a very real and very solid foundation for your dream practice at this extraordinary three-day Veterinary Economics® Hospital Design Conference from August 21-23 only at CVC Kansas City. This event is the country's top destination every year for must-have advice as you plan the hospital you and your team deserve.

COME TO THIS SPECIAL PRE-CONVENTION SYMPOSIUM FOR:

- » Stress-reducing guidance from experienced professionals
- » Insight into whether to remodel, rebuild, or start from scratch
- » Practical tips and strategies for building without busting the budget
- » Design ideas, floor plans, and a one-on-one consultation with an architect or architectural engineer.



DOWN-TO- EARTH VALUE

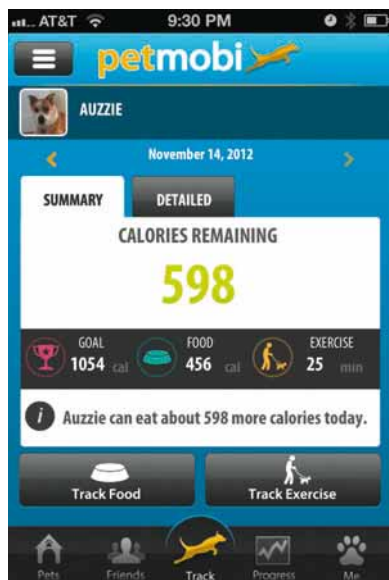
Register for the Hospital Design
Conference by July 10 and pay only \$839.

Plus, you'll receive a 30-minute
one-on-one consultation (a \$250 value)
... the Hospital Design Conference
Proceedings (a \$65 value) ... and the
*Veterinary Economics Portfolio of
Award-Winning Floor Plans* (a \$75
value) – more than \$350 in extra value,
free with your paid registration.





products360

**Petmobi**
New app features

Petmobi announces new functionality in the latest release of its client communication app. The features include photo sharing, Facebook integration, commenting, notifications, discovering other pet lovers and the ability to accumulate points and rewards that can be redeemed for gift cards to major online shopping sites and donations to the American Society for the Prevention of Cruelty to Animals.

For fastest response, call petmobi.com

Patterson Veterinary
Mobile app

Patterson Veterinary is pleased to announce the release of its latest smartphone app, ePetHealth Mobile. This app allows pet owners to review their animal's medical record, prescription history, health service reminders and other important information from their iPhone or Android device. Dosage alerts, appointment and refill requests, a mobile Pet ID Card and other features are also available.

For fastest response, call (888) 826-0935 or visit ePetHealth.com

**Ceva**
Feline wipes

In order to help cat owners reduce the stress associated with veterinary visits, Ceva Animal Health has introduced Feliway wipes, a spot solution to help comfort cats. The single-use disposable wipes are individually sealed and packaged in a box of

12 wipes. The wipes contain the same ingredients and retain the same efficacy as Feliway spray. Feliway wipes can be used to wipe down a cat carrier and get a cat used to the carrier as a place of comfort for travel or a visit to the veterinarian. The wipes can also be used in bedding areas.

For fastest response, call (800) 999-0297 or visit ceva.us

For more new products, flip to page 46.



WEBSITE DESIGN/SERVICES



VET_MATRIX

Search



Is there something missing
in your online marketing?



Call VetMatrix for a free consultation and we
will be your companion in online marketing.

888.988.5035 vetmatrix.com

facebook.com/vetmatrix | twitter.com/vet_matrix

ADVERTISING

Overwhelmed?



Too many choices?

VetNetwork can help:
Call us today.

VetNetwork

Search

Sign up for our social media
package before August 15
and save \$200.

www.vetnetwork.com 800-564-4215

VetNetwork
Our Expertise Unleashes Your Success

CREMATION PRODUCTS

**gentle
care.**
Right to the end.

BIO-RESPONSE SOLUTIONS

Search

Bio-Response Solutions offers an innovative concept for animal disposition. Alkaline Hydrolysis is a gentle, eco-responsible alternative to fire-based cremation. Energy- and cost-effective, this process accelerates the natural decomposition process using 95% less energy and without the harmful emissions of fire-based cremation.

Enhancing your care of animals. Right to the end.



BIO-RESPONSE
SOLUTIONS

www.bioresponsesolutions.com

MOBILE VETERINARY

LA_BOIT_INC

Search

La Boit
Inc.

Specialty Vehicles

**NEW...Introducing
the 24' La Boit Sprinter!**

"Diesel", "Diesel", "Diesel"

Better Built – Better Buy!

**One Completed Unit &
4 - Chassis in Stock!**

visit us on facebook

800-776-9984
www.laboit.com

Search for the company name you see in each of the ads in this section for FREE INFORMATION!



MOBILE VETERINARY

Think You'll Never Own Your Own Practice?

We know you can!

Give us a call and let us show you how.



Freedom for you, Focus for your patients

Wag'n Tails

MOBILE CONVERSIONS

800.513.0304

www.MobileVetClinic.com



WAG'N_TAILS

Search

Follow us!

Get instant updates on critical developments in veterinary medicine, business, and news by following **dvm360**.

 facebook.com/dvm360

 twitter.com/dvm360

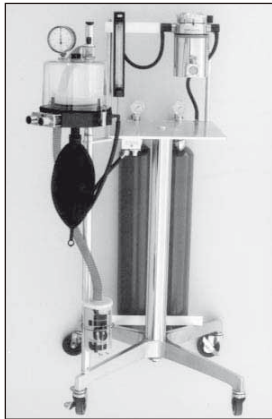
Find it all here.
dvm360



ANESTHESIA EQUIPMENT

BICKFORD

COMPLETE LINE
VETERINARY ANESTHESIA



One of Bickford's line of Anesthesia Machines

A.M. BICKFORD, INC.

SINCE 1974

CALL FOR CATALOG:

1-800-795-3062

VISIT US AT: www.ambickford.com

ARCHITECTURE

VETERINARY ARCHITECTS

*Leading designers
of animal facilities
for over 50 years.*

COPICH & ASSOCIATES, INC.
ARCHITECTS

314 Churchill-Hubbard Rd.
Youngstown, OH 44505-1327
330.759.0226 www.copich.com

ARCHITECTS/BUILDERS



BACON GROUP, INC.
ARCHITECTURE

**ARCHITECTURE
FOR THE
ANIMAL CARE
COMMUNITY**

(800) 961-1967
www.bgarchitects.com

ARCHITECTS/BUILDERS



General Construction
Design Build
Construction Management
T 732-389-0202 x401
F 732-389-0836
info@L2MConstruction.com
www.L2MConstruction.com
Est. 2002



POINT VICENTE
ANIMAL HOSPITAL



rauhaus freedenfeld & associates

NOT JUST
YOUR ORDINARY
**ANIMAL
HOSPITALS**



www.rfarchitects.com
800.426.2557 info@rfarchitects.com



Specializing
in Veterinary
Architecture

www.tcarchitects.com
755 White Pond Drive
Akron, Ohio 44320
(330) 867-1093

Turning Visions
Into Reality

TC
ARCHITECTS



AWARD-WINNING
PRACTICAL
VETERINARY ARCHITECTURE

**CHAPEL ASSOCIATES
ARCHITECTS, INC.**

1-800-229-5903
dchapel@chapelarchitects.com
www.chapelarchitects.com

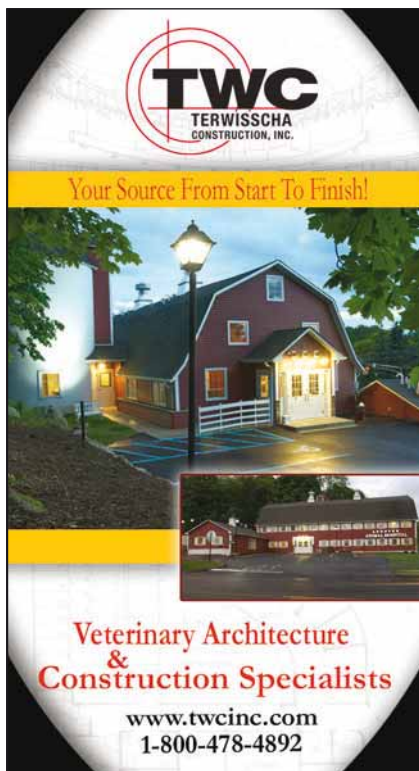
Get more product information online

Researching a purchase? dvm360.com offers hundreds more product listings. Just visit dvm360.com/products





ARCHITECTS/BUILDERS



TWC
TERWISSCHA
CONSTRUCTION, INC.

Your Source From Start To Finish!

**Veterinary Architecture
&
Construction Specialists**

www.twcinc.com
1-800-478-4892

ANIMAL ARTS

architecture
animals
people

800.332.4413
www.animalarts.biz

RWE
MANAGEMENT COMPANY

Chicagoland's most experienced
provider for the development,
design and construction of
award winning animal care facilities.

630.734.0883
www.rwemanagement.com

CAGES & KENNELS

Best Buys Runs & Gates

GLASS DOORS

Northgate Veterinary Supply, the makers of Ultra Cage and Econocage, now offers glass door gates. Available in standard and custom sizes.



4140 Redwood Highway
San Rafael, CA 94903
1-888-DOGCAVE
FAX (415) 499-5738
www.northgatevetssupply.com

CONSTRUCTION

KLINE
construction

**A National Company
Specializing in Veterinary
Hospital Construction**

• New Construction • Renovations
440.357.4500
WWW.KLINECONSTRUCTION.COM

DIAGNOSTIC IMAGING

DR Digital Flat Panel X-Ray

Stationary or Mobile
Table Packages
\$40,000 to \$50,000

DIAGNOSTIC
Imaging Systems, Inc.
1-800-346-9729 VetXray.com

MEDICAL EQUIPMENT


VETERINARY EQUIPMENT / "NEW CLINIC" DISCOUNTS



Dental & Anesthesia Equipment
Autoclaves • Surgery Lights
Centrifuges • Microscopes • Cages
Central Oxygen & Suction Systems
Patient Monitors • Wet Tables
Scrub Sinks • Cabinetry • X-Ray

PARAGON
MEDICAL
1-800-780-5266
Visit Our Online Catalog
www.paragonmed.com


CAT ENCLOSURE

The "Cats Purr-fur them to cages" 

CAT'S INN

**DON'T BOARD YOUR
CATS BEHIND BARS!**

**LET THEM RELAX AT
THE CAT'S INN**



AFFORDABLE 5 or 6 LEVEL
TOWNHOUSES
MODULAR CONSTRUCTION
REMOVABLE SHELVES
TEMPERED GLASS
PATENTED VENTILATION
ATTRACTIVE EUROPEAN
HARDWARE
VARIETY OF MODELS
OPTIONAL 4 POSTER BED
QUALITY BUILT IN MAINE
HOLDS UP TO 3 CATS PER FAMILY

contact us at:
1.877.228.7466
www.thecatsinn.com
"The Way Cat Care Should Be"®

MEDICAL EQUIPMENT

Portable X-Ray Service
All Makes And Models
Broken?
We Fix It!

DIAGNOSTIC
Imaging Systems, Inc.
1-800-346-9729 VetXray.com

dvm360.com Find it all here.

dvm360.com Find it all here.

MEDICAL EQUIPMENT

6 YEAR WARRANTY

6 year warranty on Son-Mate



Son-Mate Scaler / Polisher
Sale Price \$ 1,739



A.D.S. 1000 Anesthesia Machine / Ventilator
Sale Price \$ 4,246



Tri-Mate (3 units in 1)
Scaler / Polisher / Electrosurge
Sale Price \$2,620

engler
engineering corporation



Proudly made in the U.S.A.

IN BUSINESS SINCE 1964
6 year warranty on Son-Mate
1 year warranty on Scale-Aire
2 year warranty on A.D.S. 1000

Engler Scale-Aire

High Speed Veterinary Dental Air Unit

- 400,000 RPM high speed drill
- 20,000 RPM low speed H.P.
- Built in 25K ultrasonic scaler
- Auto-tune circuitry
- Air water syringe
- Includes oil-less compressor
- H-Frame mobil stand
- Built in water reservoir
- Switching power supply
- Automatic handpiece activators
- Proudly made in the USA

NEW \$ 3495

1099 East 47th Street - Hialeah, Florida 33013 USA

800-445-8581 / FAX 305-685-7671

www.englerusa.com / www.engler411.com

TAGS

TAGS

Online Interactive Order System



www.nationalband.com
tags@nationalband.com



Highest Quality, Faithful Service, Honest Values Since 1902



VETERINARY POSITIONS AVAILABLE

NEW YORK

We are seeking an Associate Veterinarian for our 4 doctor practice with a minimum of four years of solid experience. Varied surgical skills required. We are well equipped with digital radiology, in-house lab, ultrasound, BP Monitors, ECG, IV pumps, and laser. No after hours emergencies. Our techs are licensed and all well trained. Our front desk staff is friendly and experienced. Located on the beautiful South Shore of Long Island, NY. Great beaches are nearby, good schools, 50 minutes to NYC. Excellent fishing, biking, boating, kayaking, numerous golf courses and other activities are available outside your door. Benefits include paid vacations, holiday and sick time, non-contributory pension, incentive pay, full medical insurance, association dues, CE allowance and more. I would consider a future buy in. Would like to talk to you. Please e-mail me: Dr. Jonathan Fischer, pinwire@aol.com. Islip Animal Hospital.

SOUTH CAROLINA

Seeking associate veterinarian to join us in a multi-doctor, companion animal practice in the South Carolina low country. Located between Charleston and Summerville, in the progressive town of Ladson. College Park Road Veterinary Clinic seeking an experienced team player dedicated to quality medicine and surgery in a caring, service oriented environment. Our facility is well equipped and supported by a dedicated, competent staff. Benefits include paid vacation; CE allowance; national, state, and local association dues; and health insurance. Salary based on experience and ability. Please call Dr. Joe Mckenzie at 912-232-5700, 912-660-3384, or email jhmdvm@comcast.net.

dvm360.com Find it all here.

Place your ad here



Get your message
to veterinarians
and team members
TODAY.

Call Angela Paulovcin at
(800)225-4569, ext. 2629
apaulovcin@advanstar.com





PRACTICES FOR SALE OR LEASE

NATIONAL



**TOTAL PRACTICE
SOLUTIONS GROUP**

Veterinary Practice Sales & Appraisals
www.tpsgsales.com



Selling or Buying a Veterinary Practice?

Dr. Kurt Liljeberg – 800.380.6872 – kurt@tpsgsales.com
MN, WI, MI, IN OH, NY, PA

Dr. George Sikora – 419.945.2408 – george@tpsgsales.com
DC, IL, KY, MD, OH NC, SC, VA, WV

Dr. John Bryk – 419.945.2408 – john@tpsgsales.com
DC, IL, KY, MD, OH NC, SC, VA, WV

Nate Lynch, Esq. – 603.756.9401 – nate@tpsgsales.com
CT, MA, ME, NH, RI VT, DE, NJ, NY, PA

Rebecca Ramsey – 912.634.8774 – rebecca@tpsgsales.com
NM, TX, LA

Dr. Len Jones – 334.727.2067 – len@tpsgsales.com
TX, NM, AZ, LA, MS, AL, GA, TN, FL

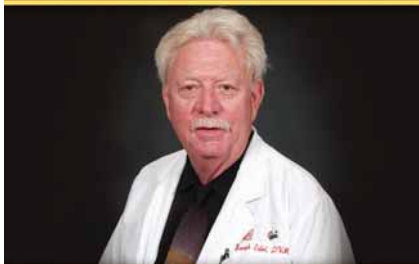
Dr. Richard Alker – 850.814.9962 – richard@tpsgsales.com
FL

Scott Daniels – 877-778-2020 – scott@tpsgsales.com
CA, OR, AZ, NV, HI

Dr. Karl Salzsieder – 360-577-8115 – karl@tpsgsales.com
WA, ID, OR, AK, UT, NV, AZ, HI

Dr. Dave Davenport – 816.331.9449 – dave@tpsgsales.com
MT, WY, CO, ND, SD NE, KS, OK, IA, MO, AR

NEED HELP SELLING OR BUYING? CONTACT ME!



DR. JOSEPH ETEL, D.V.M./C.B.I.

1468 SHOREWOOD DRIVE, LAKE LAND, FLORIDA 33803
www.brokerdoc.com Cell: 863-698-1043 Office: 863-646-9044

Indian River County, FL: 2,600sf, 3-exam rooms.
Manatee County, FL: Solo, SA w/RE. Northern FL:
Integrative Medicine, 3-exam rooms. Sarasota
County, FL: 2,000sf, 3-exam rooms. Dawson
County, GA: 3,200sf, 2-exam rooms. Warrick
County, IN: 2,200sf, 2-exam rooms. York County,
ME: 3,500sf, 2-exam rooms. Buncombe County,
NC: 3,000sf, 3-exam rooms. Piedmont Area, NC:
4,000sf, 4-exam rooms. Winston Salem, NC:
RE for Sale. Start-Up. 5,500sf. Ottawa County,
OK: 2,800sf, 2-exam rooms. Jackson County,
OR: 2,100sf, 3-exam rooms. El Paso County, TX:
2,500sf, 3-exam rooms. PS BROKER, INC.
800-636-4740 WWW.PSBROKER.COM

COLORADO

EQUINE HOSPITAL with room for SMALL ANIMAL
PRACTICE FOR SALE or LEASE with EXCELLENT
FINANCING terms to help. GRAND JUNCTION,
COLORADO #662635 Call Connie at SCHMALZ &
Co. 970-241-4557 cschmalz@acsol.net

GEORGIA

North of Cumming, GA – Small animal practice
grossing \$460K+ in growing area. Freestanding
facility offers exceptional environment and houses
a growing business. Well staffed practice. Real
estate available. Seller is motivated. Call Mike
Nelson, Nelson & Associates, 770-475-7559.

Lawrenceville -- Exceptional opportunity! Well
established, well staffed small animal practice
grossing \$615K. Freestanding, leasehold facility
in high-trafficked location. Motivated seller. Call
Mike Nelson, Nelson & Associates, 770-475-7559.

Metro Atlanta Emergency Hospital --
Contemplating sale. Call for details. Call Mike
Nelson, Nelson & Associates, 770-475-7559.

TENNESSEE

North of Huntsville in TN -- Small animal practice
grossing \$750K+. Freestanding facility located in
growing area. Well established, growing business.
Experienced staff. Motivated seller. Real estate
available. Call Mike Nelson, Nelson & Associates,
770-475-7559.

Find it all here.
dvm360

Follow us!

Get instant updates on critical
developments in veterinary
medicine, business, and news
by following **dvm360**.



facebook.com/dvm360



twitter.com/dvm360

dvm360.com

Find it all here.

Practice *smarter*

Veterinary Economics partners with the consultants at Wutchiett Tumblin & Associates to research the financial realities of practice and share data and success strategies from successful practitioners. Your practice can deliver higher quality medicine more profitably when you implement the strategies outlined in the Benchmarks 2011 and 2012 studies.

Benchmarks 2012 includes data and strategies on:

- > **Wellness plans:**
Bundle services for better compliance
- > **Breed-specific healthcare:**
Personalize for pets for better profit
- > **Home delivery pharmacy:**
Put it to work for you
- > **Marketing tips:**
Toot your own horn

Benchmarks 2011 includes data and strategies on:

- > **FEES:**
Providing affordable care
- > **REVENUE:**
Enhancing client perception
- > **EXPENSES:**
Managing your resources
- > **TECHNOLOGY:**
Finding cutting-edge value



Order the studies together, and save 25%!

Order online at:
<http://www.dvm360.com/buybenchmarks>
 OR place order by phone: **1-800-598-6008**
FREE US GROUND SHIPPING





Continued from page 37



Novartis Animal Health Flavor tabs

Production of Novartis Animal Health products at its Lincoln, Neb., facility has resumed and Sentinel Flavor Tabs are once again available to veterinarians and pet owners. The beef-flavored tablets, which are given orally to protect dogs from heartworms, fleas, whipworms, roundworms and hookworms, have been absent from the market since Novartis suspended production at the facility in late 2011.

For fastest response, visit sentinelpet.com



IDEXX Laboratories Chemistry analyzer

IDEXX Laboratories announced today that the Catalyst Dx Chemistry Analyzer is providing more than 10,000 veterinary practices worldwide with real-time diagnostic results during patient visits, while growing their diagnostic revenue. Customers who upgrade to the Catalyst Dx analyzer are, on average, growing the usage of their in-house lab by more than 25 percent. In addition, Catalyst Dx Analyzer customers benefit from the integration capabilities of IDEXX VetConnect PLUS, to view diagnostic results online.

For fastest response, visit idexx.com



Merck Animal Health Insulin for dogs and cats

Merck Animal Health has announced that Vetsulin, the only federally approved insulin for dogs and cats with diabetes mellitus, is once again available to the U.S. veterinary market. Vetsulin was initially launched in 2004, but in 2009 the U.S. Food and Drug Administration (FDA) raised concerns about its stability. Merck says these issues have been fully addressed, and FDA approval has been obtained to reintroduce Vetsulin.

For fastest response, visit vetsulin.com

For more information on products and services, visit dvm360.com. Once you're there, simply click on the Products button and receive product information instantly.

Veterinary Economics (Print ISSN: 0042-4862; Digital ISSN: 2150-7392) is published monthly by Advanstar Communications Inc., 131 West First St., Duluth, MN 55802-2065. Subscription rates: one year \$43, two years \$66, three years \$100 in the United States and Possessions; \$60 for one year, \$117 for two years, \$162 for three years in Canada and Mexico; all other countries \$85 for one year, \$159 for two years, \$229 for three years. Single copies (prepaid only) \$18 in the United States, \$22 in Canada, Mexico and \$24 in all other countries. Periodicals postage paid at Duluth, MN 55806 and additional mailing offices. POSTMASTER: Please send address changes to *Veterinary Economics*, P.O. Box 6086, Duluth, MN 55806-6086. Canadian G.S.T. number: R-124213133RT001. Publications Mail Agreement Number 40612608. Return undeliverable Canadian addresses to: IMEX Global Solutions PO Box 25542 London, ON N6C 6B2 CANADA. Printed in the U.S.A. © 2013 Advanstar Communications Inc. 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 Advanstar Communications Inc. 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: mcannon@advanstar.com. Advanstar Communications provides certain customer contact data (such as customers' names, addresses, phone numbers, and e-mail addresses) to third parties who wish to promote relevant products, services, and other opportunities which may be of interest to you. If you do not want Advanstar Communications 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 Advanstar's lists. Outside the United States, please call (218) 740-6477. *Veterinary Economics* 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. *Veterinary Economics* cannot be held responsible for the safekeeping or return of unsolicited articles, manuscripts, photographs, illustrations, or other materials. Address correspondence to *Veterinary Economics*, 8033 Flint, Lenexa, KS 66214; (913) 871-3800; e-mail ve@advanstar.com. To subscribe, call 888-527-7008. Outside the U.S. call 218-740-6477.

It's all about everything you need

at CVC Kansas City, August 23-26

Intimate access to veterinary market's most respected experts

Real-world CE with step-by-step ease

Unsurpassed selection of topics

Hospital team programs presented by the profession's leading experts

Hands-on practice via selling-out-fast labs

Flexible, build-your-own-program format

Celebrate CVC's 25th anniversary in Kansas City

Free breakfast, lunch, and snacks daily

Exclusive hotel savings with rooms starting at only \$107 a night*

Alumni receptions & evening activities

On-site child care

Free proceedings book, CD, or NEW downloadable proceedings

Premium content paired with personal connection

YES NO



REGISTER BY JULY 10 FOR EARLY-BIRD PRICES



**DON'T LEAVE ANY BOXES UNCHECKED!
REGISTER TODAY.**



unconventional



**REGISTER NOW.
HERE'S HOW:**

CALL 800.255.6864, ext. 6

CLICK TheCVC.com

EMAIL cvc@advanstar.com

FOLLOW



*Hotel rates end July 24, 2013.

Your profession *is not your* **sole purpose**

Veterinary medicine alone doesn't define you as a person—and it's up to you to discover what else makes your time on earth unique.

I wanted to be a veterinarian since I was 7 years old. I didn't waver on that path and graduated from veterinary school at the University of Georgia in 1974. But after 12 years in practice, I found I could hardly stand going into the office each day. I was frustrated, tired and worn-out by the constant stresses of practice. On top of it all, my work stress had a profoundly negative influence on my personal life. I felt disjointed and disconnected from those I most cared about. The pain of burnout became so bad I abused alcohol and drugs in an effort to numb myself.

It was a classic case of mistaken identity—I'd misidentified veterinary medicine as my life purpose.

Getting back up again

The long road back was arduous, yet well worth the effort, because along the way I learned some important lessons that have shaped the rest of my life. One of the most important

ones is the realization that a life purpose is never just about what we're supposed to do with our lives. Our life purpose is more about who we are as spiritual beings and what we came to this life to be and experience.

I recall one veterinarian who needed my assistance some time ago. He had been in practice for more than 20 years, but over time had grown bored and disenchanted with it. He discovered he just needed to clarify his life purpose and in turn, redesign his practice to be a reflection of that purpose. He created a new vision for his hospital and vowed to be an advocate for pets *and* people.

It's a simple recipe to "cook up" our own life purpose—a purpose that becomes a powerful force in shaping our lives and can last a lifetime while still providing plenty of room to play and express ourselves. The ingredients include our vision of what's possible, our core values and who we are. You can begin to cook up your own



Dr. Brad Swift is the co-founder of the Life on Purpose Institute and author of *Life On Purpose: Six Passages to an Inspired Life*.

batch of life purpose by asking and answering these questions:

- > What is the vision or possibility you see for yourself and the world?
- > What are the core values you stand for and are willing to give your life for?
- > Who are you? What can people count on from you?

Remember, we're all human beings, not human doings. Don't forget that when you're "cooking up" your own life purpose. **VE**



HELP THE WHOLE PACK.

LIVE OAK BANK CAN FINANCE THE EXPANSION OF YOUR PRACTICE

Our team of lending specialists has more than 50 combined years of experience financing veterinary practices just like yours. We have the industry knowledge and expertise to help you accomplish your goals. Whether you are looking to expand your existing practice or acquire additional locations, we can customize a loan to meet your needs. Let us help you grow your business, so you can serve more of the furry, four-legged members of your community.

Contact one of our Sr. Loan Officers for more information:



Travis York



Vince Dailey




Annemarie Murphy



LIVE OAK BANK
Lending More than Capital

866.438.9393 • www.liveoakbank.com/vetec

©2013 Live Oak Banking Company. All rights reserved. Member FDIC



Highly effective flea control they'll both appreciate.

Both patients and clients want a product
that really gets rid of fleas.

Activyl®, the latest innovation in monthly
spot-on flea control, features indoxacarb
and bioactivation – a mode of action that
uses enzymes inside the flea to activate
Activyl's full flea-killing power.



activyl®

Available strictly through veterinarians.

Protected by Merck Animal Health Track & Trace™ technology.

Quick-Drying • Fragrance-Free • Waterproof

us.activyl.com



MERCK Animal Health
TRACK & TRACE™



MERCK
Animal Health