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SURVEY: Does your practice discount?

We at *Veterinary Economics* want to dive into the "to discount or not to discount" debate by asking you what kind of discounts you're offering your clients. Maybe you don't offer any at all—we want to know that too! Give us five minutes and we'll give you the latest snapshot of how the veterinary profession may or may not be using discounts, incentives and complimentary services to attract clients. To take the survey, go to dvm360.com/discountsurvey.



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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.

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Reader questions the focus of sexual harassment column

Practice management consultant Mark Opperman reiterates intent and defines sexual harassment.

Practice management consultant Mark Opperman, CVPM, of VMC Inc., wrote "I was accused of sexual harassment" in the February 2015 *Veterinary Economics* about his experience facing a sexual harassment claim he says resulted after making a joke and brushing a veterinary team member's arm.

One of our readers didn't think Opperman took the charge seriously enough.

Letter to the editor:

Mr. Opperman's article, while providing useful information, seemed to brush off his behavior in the circumstance.

Even without the zoonotic concerns of leptospirosis, there are a lot of women who would take the cavalier attitude about touching by a stranger as sexual harassment.

When you then claim to be aware of proper protocol for handling a leptospirosis case, why then would you make a joke out her concern for your health and everyone else?

It seems that some more attention to "preventive care" in potential lawsuit

circumstances on your part should receive more emphasis.

*James Frank, DVM
Lakeside Animal Hospital
Milwaukee, Wisconsin*

Opperman's response:

I must take issue with your comment that I had a cavalier attitude about touching another employee. I think it's important that we both are clear on how sexual harassment is defined.

The following is how the Equal Employment Opportunity Commission defines sexual harassment:

It is unlawful to harass a person (an applicant or employee) because of that person's sex.

Harassment can include 'sexual harassment' or unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature.

Harassment does not have to be of a sexual nature, however, and can include offensive remarks about a person's sex.

For example, it is illegal to harass a woman by making offensive comments about women in general. Both victim and the harasser can be either

a woman or a man, and the victim and harasser can be the same sex.

Although the law doesn't prohibit simple teasing, offhand comments or isolated incidents that are not very serious, harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim being fired or demoted).

The harasser can be the victim's supervisor, a supervisor in another area, a co-worker, or someone who is not an employee of the employer, such as a client or customer.

I was only trying to be friendly with the employee and comfort a patient that was being treated with no indication of a zoonotic disease. There was no ill intent, yet I was still accused of sexual harassment.

The article was published with the intent to start discussion and assure that hospitals are alert to potential issues and to respond to them in a professional manner before they get out of hand.

Mark Opperman, CVPM, is a certified veterinary practice manager and owner of VMC Inc., a veterinary consulting firm based in Evergreen, Colorado.



Associate on call: What do I charge?

Q. My clinic asks for “on call” shifts of 10 to 12 hours where I’d return from home as needed. Being called in would be rare, as emergency work here is infrequent. How should I charge for these shifts? My hourly wage is too much, but charging on production will be too little.

One option for those on call at home is taking 100 percent of the emergency fee as payment for being on call, says Gary Glassman, CPA, a *Veterinary Economics* Editorial Advisory Board member and partner at Burzenski & Company, P.C. in East Haven, Connecticut. If your hospital charges an after-hours office visit fee of \$65 and an after-hours emergency fee of \$85, then you’d be paid \$85 plus your normal hourly rate for time spent in the hospital. In this example, the total paid to you would be \$98 (\$85 + \$13, which is 20 percent of the office visit fee).



Glassman

PantheraT Veterinary Consulting in Dallas, Texas—is to break the shift into two pieces: The on-call portion and the time incurred if the doctor goes into the practice.

“I think there should be a small fixed payment just for the inconvenience of being on call and the limitations it puts on the veterinarian’s personal time,” Felsted says. “This payment would cover a reasonable number of phone calls, maybe one or two hours at the hourly rate you agree upon.”

This way, you still get paid even if there aren’t calls. And you’re paid the hourly rate for time going into the hospital to see cases. Another option would be to have two flat rates: One for covering the shift without going in, and another for covering the shift if you do go in, Felsted says. **VE**



Felsted



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**Calculating
fair pay**

Need help with setting pay for associates? Check out advice from Ryan Gates, DVM, for calculating fair pay rates. Head to dvm360.com/settingpay.

Sedate patients to prevent anxiety from tainting exams

Reach for drugs early and often in Fear-Free exams. *By Marty Becker, DVM*

I remember practicing in the early 1980s and using Pet-Tabs as a treat. Looking back, that's like giving a toddler a stalk of celery as a reward. Now I use mouthwatering delicacies (like deli lunch meat) to help make a pet feel comfortable. But what about those veterinary visits when the pet doesn't want to eat a tasty treat that's offered—even though she's hungry?

Use medicine to treat stress and anxiety

Hungry pets that won't eat are anxious, fearful or both. When a pet ignores or just sniffs a treat, I realize the pet is stressed. I typically a) reach for drugs or b) reschedule if it's just a wellness visit, and the pet owner is OK with coming back (during the next visit, we try more things to calm the pet).

The trouble is that most veterinarians, while quick to use drugs for infections or metabolic problems, are loath to use them for routine calming or sedation.

You might be concerned that routine administration of anxiolytic medications will mask key signs of disease. But think about this reality: Fear and anxiety also can induce new signs that are not associated with intrinsic disease, such as arrhythmias, hypertension and diarrhea.

3 tips for better sedation—and how to talk about it

1 “Reach for drugs early and often,” says veterinary behaviorist Karen Overall, MA, VMD, PhD, DACVB, CAAB. “If we respond at the first sign of true, unabating distress with a panicolytic (alprazolam) or a medication that alters peak reactivity (clonidine) or a medication that provides small amounts of behavioral calming and anxiety relief (trazodone), we won't need to use sedation.”

2 Board-certified anesthesiologist Heidi Shafford, DVM, PhD, DACVAA, says team members at her clinic, Veterinary Anesthesia Specialists, in Portland, Oregon, identify pets that are prone to fear when appointments are scheduled and note it in medical records. Pre-hospital oral administration of gabapentin in cats can make care easier.

3 Jonathan Bloom, DVM, partner at Willowdale Animal Hospital in Toronto, Canada, uses the term “multi-modal” when explaining Fear-Free tactics to his colleagues because they can

understand the philosophy from the perspective of managing patients' pain.

When anti-anxiety medications don't work or work well enough (or you can't use them) follow this advice: If you can't abate, you must sedate. **VE**



Veterinary Economics Practice Leadership Editor and CVC speaker Dr. Marty Becker is author of *The Healing Power of Pets: Harnessing the Amazing Ability of Pets to Make and Keep People Happy and Healthy*. He practices at North Idaho Animal Hospital in Sandpoint, Idaho.

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6 FANTASTIC fads

Luxury boarding is profitable for practices that do it right, and more visibility with glass seems like a no-brainer. We hope these fads never die.

Design trends in veterinary hospitals come and go, but some stand the test of time. *Veterinary Economics* asked three architects to share with us the fads they've seen that have lasted—and others they say are going the way of the Dodo.

Which fads are the extinct flightless variety? Our archi-

tects told us:

Large doctors' offices.

They were designed to double as space for quiet reading or small meetings. In practice, these offices sat vacant most of the time.

Vaulted ceilings. They make utility repair and adjustment difficult, and they lack the noise control a lower ceil-

ing provides for this space.

Drive-through services.

People love the idea, but it just doesn't seem to catch on. **VE**

Dan Chapel, AIA, NCARB, of Chapel Associates Architects, in Little Rock, Arkansas, as well as Heather Lewis, AIA, NCARB, and Vicki Pollard, AIA, CVT, of Animal Arts in Boulder, Colorado, contributed to this story. Chapel and Lewis are both members of the Veterinary Economics Editorial Advisory Board.

>>> DO:



>>> **Doctors' office:** Hunterdon Hills Animal Hospital in Whitehouse Station, New Jersey, uses a "fishbowl"-style doctors' office located right off the treatment area. This allows doctors to be near the action.



>>> **More glass:** Incorporating lots of windows in treatment areas offers visibility. The open floor plan of Hunterdon Hills Animal Hospital's treatment area allows doctors and team members to see into other areas of the hospital, like surgery, with ease.

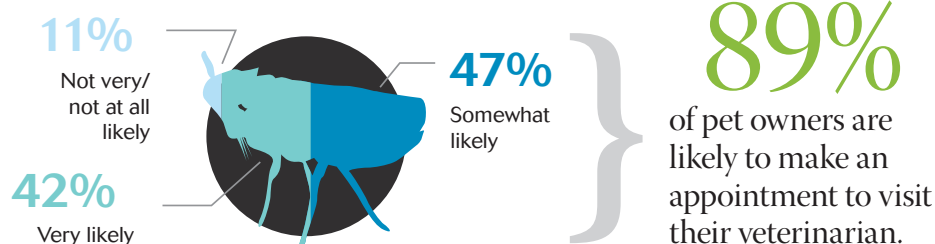


>>> **Luxury boarding:** More and more hospitals are making space for luxury boarding suites in their floor plans. Clients love the extra special feeling these themed and often specially decorated suites provide. Check out an example from Country Club Veterinary Center in Lake Charles, Louisiana, with a jungle theme.

{ **90%** of pet owners say they want to know about **high incidence of parasites** in area

Pet owners and parasite appointments

How likely would you be to make an appointment with your veterinarian to discuss parasites and get your pet tested?



SOURCE: COMPANION ANIMAL PARASITE COUNCIL/BAYER HEALTHCARE "CONNECTING WITH TODAY'S CLIENTS" STUDY.

A recent study found that pet owners say they want more information about parasites in their area and are willing to make an appointment with you to talk about it. Are you giving your clients enough information about parasite risks? *Veterinary Economics*, *dvm360* and the Companion Animal Parasite Council (CAPC) has you covered:

- > Get tips, tools, team training, client handouts and more on fleas, ticks and heartworms in topical toolkits at dvm360.com/toolkit.
- > Got an iPad? Dive into the all-parasite issue of our *dvm360* for iPad app "Get parasites off your back." Download the app at dvm360.com/iPad.
- > Check out how your practice can benefit from educating clients about parasites and prevention at dvm360.com/CTCresults.
- > Visit the CAPC website at capcvet.org for guidelines, videos, tools you can use and more. **VE**

The monthly data center column covers market data, industry trends and more. Access it all by heading to dvm360.com/datacenter.

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3 client complaints and why they **DITCHED** their veterinarians

Try these tips to avoid client care mistakes.

We called on the experts—Karen Felsted, CPA, MS, DVM, CVPM, CVA, a *Veterinary Economics* Editorial Advisory Board member and owner of PantheraT Veterinary Consulting, Sheila Grosdidier, RVT, consultant with VMC Inc., and Sharon DeNayer, *Firstline* Editorial Advisory Board member and practice manager of Windsor Veterinary Clinic—to guide veterinary teams through a few responses received after *Veterinary Economics* surveyed pet owners to ask why they left their veterinary practices. Think these scenarios could never happen at your clinic? Felsted says don't be too sure.

Client complaint

"One morning I sat next to a couple and their dog in the waiting room. They were called into an exam room, then emerged several minutes later crying and carrying the euthanized dog in a black garbage bag. It was extremely disturbing to me and the other two people who were in the reception area."

You can do better

> Review your euthanasia protocol. If you don't have one, create one. This document outlines details of the process, such as what time of day you schedule appointments, the preparations and how much time to plan for the event. It also explains how to handle the client's experience compassionately and discreetly, like planning a different exit from the practice so clients don't have to walk

back through your reception area where other clients may be waiting—and watching. Go to dvm360.com/euthanasiaprotocol for a sample euthanasia protocol.

Client complaint

"The doctors at the practice we left were excellent, but the front-office staff members were overworked and rude. The practice was so successful, it was difficult to get an appointment. And when we had an emergency, the front office team was uncooperative."

You can do better

> Hire a greeter. Greeters focus on hospitality, whether it's offering drinks or talking to clients about their pets, grandkids and softball teams. Go to dvm360.com/greetersheet for a cheat sheet for greeters.



> Use names. Here's a trick that will help: Tell clients you want the pet's photo for the medical record and snap a quick pic. When clients walk in, the receptionist will have the chart out, complete with picture, so she—or any other team member—can call the pet by name.

> Use buffer appointments. Plan several 10- or 15-minute emergency slots in your appointment book every day. Even if you don't use the openings for emergencies, they're a great way to get caught up.

> Encourage drop-offs. Let clients know they can leave their pets for a doctor to examine when he or she has time and a team member will call when the pet is ready to go home.

> Make sure you're staffed appropriately. Decide whether your practice needs better delegation, if you want to grow or if you need to close your practice to new patients.

For tips on how to effectively schedule busy days, go to dvm360.com/schedulerright and for 10 ways to let your clients know you care, see dvm360.com/10simpleways.

Client complaint

"About the same time my mother was diagnosed with Alzheimer's, she acquired Maggie, a stray Rottweiler-lab mix. A year or two later, Maggie cut her paw badly. I wasn't sure of her veterinarian's name, and Mom

couldn't tell me, so I made an educated guess. The receptionist who took my call that Saturday morning was friendly, and she said, 'Of course the veterinarian can see Maggie.' Then she asked if Maggie was already a patient. I told her I wasn't sure and explained the situation. The young woman said that if I couldn't tell her whether the dog was a patient, the doctor couldn't see Maggie on a Saturday. She made no effort to look up the record, despite my suggestion that she do so. Then I called a hospital in the next town. That doctor made room for Maggie.

"He has since become a trusted ally as I manage my mom's illness and Maggie, who is the only creature keeping my mother focused. The team members are wonderfully sympathetic and kind—I'm not leaving them."

You can do better:

> Make sure you and your team know which rules to bend. Some rules are written in stone, others are written in pencil. Review your practice's rules and talk about which ones are flexible so you can respond appropri-

ately to emergencies. "This pet needs care, so help the client now and sort out the details—like whether she's an existing client—later," Grosdidier says.

> Discuss your practice's standards of service. These are your values and your creed. Write these standards down on an index card and keep it in your pocket. When you face tough decisions, use your own unique practice principles card to guide your way.

Go to dvm360.com/principlescard for a sample practice principles card. **VE**



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DRAW YOUR OWN CURVE IN veterinary medicine

Women are redefining success for themselves—and our profession needs to do it too. *By Jessica Vogelsang, DVM*

There's a lot of talk—some negative—about the gender shift in veterinary medicine.

I may be a little prejudiced, but I think women are doing a bang-up job. Like their male counterparts, they're practice owners, associates, specialists, leaders and individual doctors with their own strengths and weaknesses.

Which leads me to *Lean In*, the “go get ‘em!” book by Facebook chief operating officer Sheryl Sandberg, extolling women to jump in and take the bull by the horns. It's excellent advice for folks who want to be Sheryl Sandberg. For the rest of us—who maybe want a break from running full throttle at career advancement for a little while in order to live life—I'm here to tell you that veterinary medicine will be OK. And I'm going to use math and charts, because I'm a woman who loves math *as well as shoes*, and I also think more women should be saying out loud that you can like both.

growth curve: Start slow, gain momentum and then go out on top.

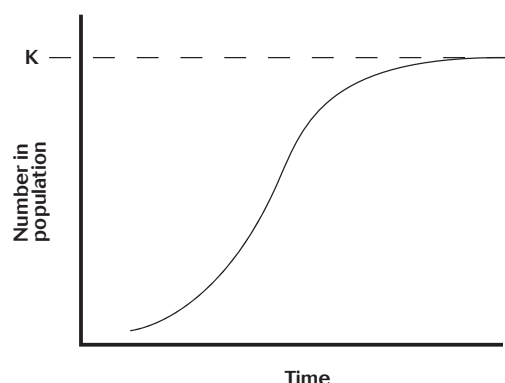
The elephant in the room is always this: Women sometimes choose to have babies. Unfortunately, from the moment I set foot on campus, motherhood was presented in a subtle but unmistakable light as an either/or phenomenon when it came to veterinary medicine. Women who took a year off to have a baby got sighs of “Too bad she took the spot from someone who *really wanted it*.”

Since graduating, I've been asked in job interviews whether I was pregnant or planning to become pregnant—which is just as illegal as you imagine it is. I've sat in meetings while seven months' pregnant and bloated from 12-hour emergency shifts, while the medical director's best advice to the interns was, “Motherhood and medicine don't mix. Mothers are terrible veterinarians.”

Veterinary medicine's message to women who want to have a family? If you want to be a good veterinarian, you come back to work two weeks later and find a good nanny. I support any woman who wants to do this. The key word is “want.” The women who don't want to do that? We're told you don't deserve to be here.

Your career as “Logistical Growth Curve”—up, up and out

The typical career trajectory, as defined by the Sheryl Sandbergs of the world, is like a logistical



Your career as “Extinction curve”—you're in or you're out

How many women have been told in an interview, “I don't like hiring young women because they always have babies”—as if all women inevitably do this and those who do should be ashamed of their lack of commitment. Women in the profession in this view now occupy an extinction curve. Even the *possibility* you might one day want to have a



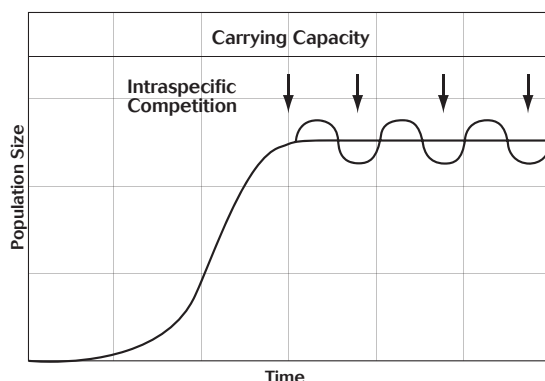
Balancing act

Women—and men—sometimes need help with work-life balance. Check out Dr. Ernie Ward's tips for balance at dvm360.com/balancetips and for the full version of Dr. Vogelsang's column, visit dvm360.com/owncurve.

baby is enough to keep you from getting hired in some places. Women have been told you're either 100 percent in or you're a failure.

Your career as a "Steady State Curve"

In the real world, populations that are stable (though not necessarily stationary) enter what's known as steady state—sometimes up, sometimes down, but maintaining height.



And who doesn't want stability? Mother Nature and the average veterinarian are tougher than we give them credit for. If populations can bounce back from plagues and droughts, surely individual veterinarians can manage to have a kid—or a vacation ... or a marriage ... or whatever distraction comes with being human—without having to panic and toss away an entire career.

Your career is the curve you want

When I was in veterinary school, my friend Carrie and I decided halfway through that we weren't really interested in being small animal practice owners, and by junior year our colleagues were taking bets on who was going to leave the profession first.

We both left—on our own terms. And eventually we both came back, which is more than I can say for some of my classmates, who opted out under the weight of unrealistic expectations. Today, I'm a writer, and now I'm exploring a new subcategory of medicine in hospice care. Dr. Carrie is travelling to

the world's hotspots as a public health consultant.

Trying to cover gender issues in one article is like trying to sum up Tolstoy's *War and Peace* in a paragraph. The way we define success right now in the veterinary profession stacks the deck against a whole lot of people.

So let's redefine what it means to be a successful veterinarian: Find your own steady state, with your own fluctuations. Maybe you want time to hike the Appalachian Trail. Maybe you're being called to take care of an aging parent. Or maybe you want to focus all your energy on dominating the field of veterinary medicine. You deserve that too. Not everyone can or needs to "lean in" and be Sheryl Sandberg. **VE**

Dr. Jessica Vogelsang, known as Dr. V among her readers, is a regular contributor to a number of publications and frequently blogs on her website, pawcurious.com

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Don't fear an audit ... Be **READY** for it

It's all here: Debunking audit urban legends, avoiding mistakes that trigger audits and managing a tax audit if you *do* get that scary letter from the IRS. *By Tom McFerson, CPA*

Nothing will ruin your day faster than a letter from the Internal Revenue Service (IRS). That stark, white envelope ... the simple, black font. You unfold the letter and the first sentence jumps right off the page: *Your tax return has been selected for examination.*

Business owners and self-employed taxpay-

ers are the IRS' favorite targets. (Sorry, practice owners and relief doctors.) Those filing a Schedule C were four times more likely to have tax returns examined.

While you may not be able to avoid being audited, you should be confident in your filing and able to defend your numbers. Here's how:

Don't be fooled: Audit urban legends

"They never look at paper returns!" There is no evidence that paper filing instead of e-filing your tax return increases or decreases your risk of audit.

"You'll disappear if you file April 15!" Some people think you can avoid an audit by filing with the herd of millions of other taxpayers. There is no evidence that an extension causes the IRS to flag your return.

"Throw them off your scent!" The flawed idea is that the IRS catches a small mistake—such as underreporting interest income by \$200. It sends a letter asking you to pay the difference and then throws the return in the "already reviewed" pile never to be looked at again.

Reduce your chance of an audit

Don't be greedy. How your return is prepared shouldn't be based on how much you want to spend on taxes. This process leads to deductions that just don't smell right. Make sure your deductions are defensible.

Take a top-down look. Ask yourself, "According to my tax return, did I make enough money to cover housing, car, food, insurance and other living costs?" You better believe the IRS will wonder the same thing.

Be careful with expense categories. Some deductions—like automobiles, home offices, travel expenses, and meals and entertainment—are flashing red lights on your tax return. Make sure they're justified.

If you are audited ...

Have representation. A seasoned CPA is worth the cost in potential tax savings alone. Audits can be tricky, and the stakes can be enormous.

Watch your attitude. Don't appear arrogant, but also don't slink in like a guilty criminal—be a confident and self-assured rational person ready to defend his or her numbers.

Try to be organized. A pile of receipts will not confuse auditors. It will just tick them off.

Leave some money on the table. Showing that you didn't deduct every last dime—"My family went with me to the conference, but I didn't deduct their flights"—paints you as a reasonable and honest person. **VE**

Tom McFerson, CPA, ABV, is partner at the veterinary accounting firm Gatto McFerson in Santa Monica, California.

April 2015 | dvm360.com/toolkit

BETTER recommendations



3 recommendations your clients ignore p4

PLUS Video: 10 ways to
blow a recommendation p5

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.

TOOLS

Client handouts

>> Reality check: How old is your pet in human years?

>> Why diagnostic tests are important to your pet

p03

Sample script

How to follow up on your recommendations for the most effective outcome

p06

Videos

>> Say this, not that: Getting to a better dental recommendation

>> How to recommend an expensive treatment

>> Stop inflicting "option paralysis" on pet owners

p07

Take-action tips

>> 6 steps to a better behavior recommendation

>> 3 ways to make your recommendations hold water

p08

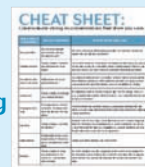
PLUS



Cultivate client
compliance:
Be simple
and direct p2

Bonus team training tool

Does your team need practice turning weak words into strong recommendations? Use this cheat sheet, available at dvm360.com/betterrecs.



Cultivate client compliance: *Be simple and direct* and make your best recommendation

Are your clients failing to follow through on your advice? Check out this example of a preventive diagnostics recommendation and apply these strategies for stronger recommendations across the board.

You know that performing routine, preventive diagnostic testing is necessary not only for the early detection of disease but also for establishing baseline health values in pets. But getting your clients to agree? That's no easy task—especially when their pets appear healthy on the outside.

So we went to Fred Metzger, DVM, MRCVS, DABVP, owner of Metzger Animal Hospital in State College, Penn., for tips and advice on how he and his team tackle this common compliance obstacle.

1. Tell the truth.

Dr. Metzger is open and honest when it



comes to the veterinary care he recommends for his patients. If a pet doesn't really need that annual vaccination, he lets the client know. But when it comes to annual diagnostic testing, it's a "must" recommendation for everyone, he says.

Let clients know that many conditions in pets develop before clinical signs or physical examination findings are evident—and the cost of not catching disease early can be great.

2. Practice what you preach about pets.

Do you perform annual health screenings on your own pets? Tell the client so, says Dr. Metzger. Did you recently detect an abnormality on a seemingly healthy pet, thanks to routine diagnostic testing? Let

Get handouts here!

Download these handouts and many more tools by visiting dvm360.com/betterrecs.



BETTER RECOMMENDATIONS

them know that, too.

Real-life anecdotes often pack a greater punch than rattling off a bunch of statistics, and clients will appreciate the personal information you share.

3. Make it relatable.

We all know how important

diagnostic testing is in human medicine—physicians are always making recommendations for annual health screenings, particularly as we get older. So why should it be different for our pets? To put it in perspective, Dr. Metzger shows clients an age analogy chart

that estimates how old their pets are in human years (see the handout, available below). Just knowing that a 9-year-old dog is actually closer to 60 in human years often provides the nudge they need to understand the importance of your recommendations.

REALITY CHECK

How old is your pet in human years?

ADULT SIZE IN POUNDS				
AGE	0-20	20-50	50-90	>90
6	40	42	45	49
7	44	47	50	56
8	48	51	55	64
9	52	56	61	71
10	56	60	66	78
11	60	65	72	86
12	64	69	77	93
13	68	74	82	101
14	72	78	88	108
15	76	83	93	115
16	80	87	99	123
17	84	92	104	
18	88	96	109	
19	92	101	115	
20	96	105	120	

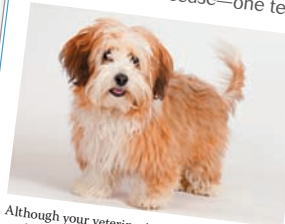
Relative age of your pet in human years

■ Senior ■ Geriatric



Preventing disease: Why diagnostic tests are IMPORTANT to your pet

Help your pet live a long, healthy life by staying on top of internal disease—one test at a time.



> Heartworm test

Each year, we collect a small sample of your pet's blood to test for heartworms, which can be fatal in both dogs and cats. Infected mosquitoes spread heartworm disease. Even pets that stay indoors are susceptible, as mosquitoes can slip into homes and bite an unprotected pet. And even if your dog or cat is on heartworm prevention year-round, it's critical to do this blood test annually, as even one missed or late dose of preventive can put them at risk.

> Complete blood count (CBC) and serum chemistry panel

Symptoms of some conditions or diseases won't show up until your pet is very sick. That's why we test your pet's blood annually to detect and try to prevent disease as early as possible. These blood tests tell us whether your pet is anemic (not enough red blood cells) or fighting infection. We can also tell whether internal organs, such as the liver and kidneys, are functioning properly. In some cases, treatable diseases such as diabetes can be detected with these tests.

> Urinalysis

Like a blood test, a urine test gives us an understanding of how healthy your pet is on the *inside*. A urinalysis once a year offers clues that point to underlying causes of disease, such as a bladder infection or kidney disease. Once we have the results of this test and the blood tests, we'll have a picture of your pet's internal health and will be well on our way to detecting disease as early as possible.

Although your veterinarian can learn a lot by performing a physical examination of your pet, there are some signs of disease that can only be detected with further testing. And this doesn't just apply to sick pets—it's important to understand what's going on inside with pets that appear healthy, too.

Here's a breakdown of critical diagnostic tests we may recommend to ensure your pet is as healthy inside as he or she appears to be on the outside.

> Fecal exam

We check your pet's stool twice a year for signs of intestinal disease and parasites. We will examine the stool for outward signs of disease—or color. We'll also perform a fecal flotation procedure and take a look with a microscope, which is the best way to uncover the presence of the most common internal parasites, such as roundworms, hookworms or whipworms.

Try these tools!

Do your clients know how old their pets really are? Do they know why age matters? Scan the code, above, to download this age comparison chart to either give out to clients or display in your exam rooms to help your clients better understand their pets' health and well-being.

What about diagnostics? Scan the code, right, to download this client handout that explains why diagnostic tests are so important for pets' overall health.



3 recommendations your clients ignore & *what to do about it*

When pet owners bury their heads in the sand or tune you and your team out, they can miss important recommendations. Here's how to get their attention.



It's easy to feel frustrated, concerned for the pet and even hurt when pet owners won't heed your advice. But with patience and persistence, you can woo some of your more reluctant clients to offer the care you recommend to their pets. Consider these scenarios.

No. 1: Make pain accommodations

The second Mr. Johnson steps out the door, he and his pooch disappear from your mind. The result: You never hear whether Kingston's getting the pain medication you sent home after his surgery or whether Smokey's getting the diet you recommended to ease the sting of her osteoarthritis.

What to do:

Follow up, says Sharon DeNayer, a *Firstline* Editorial Advisory Board member and practice manager at Windsor Veterinary Clinic in Windsor, Colo. When you offer Kings-

ton a new medicine or diet, make sure you call Mr. Johnson in the next 24 to 48 hours. At Windsor Veterinary Clinic, the technician who assisted with the pet's care performs the follow-up call. This simple step can help you uncover issues and offer solutions to make sure the pet gets the pain relief it so desperately needs. If the client reports that the pet is throwing up the medication, the follow-up caller can take that information back to the doctor and figure out whether the medication can be given differently.

DeNayer says the follow up also demonstrates the importance of your recommendation to clients. After all, you wouldn't spend the time to check in with them if you didn't believe their pets needed this care.

No. 2: Use parasite prevention

Sometimes your clients just don't get it. Perhaps they were distracted when you were trying to explain the importance of monthly parasite preventives. Maybe they just don't believe their dog or cat could ever be a victim of heartworm infection.

What to do:

Get real. This doesn't mean scaring them, but it does mean you'll have to work on offering recommendations in several different ways—and it *is* more work. Each member of the team needs to talk about para-

sites and zoonotic diseases, says Julie Legred, CVT, executive director of the National Association of Veterinary Technicians in America (NAVTA).

"Clients aren't always going to be picking up the message we think we're presenting," Legred says. "And a lot of times, clients will go home, do an Internet search, and find something completely off-the-wall. So it's important for us to be diligent and follow up with clients. And they need to have access to the right information at home. We have a lot of things working against us, and we need to come together as a team and get the same message across."

No. 3: Stop the table scraps

Your littlest clients are professional mess-makers. Kiddos have the capacity to wreck even the healthiest pet's diet.

What to do:

Ernie Ward, DVM, says it's important to help parents teach their children. Kids may view their pets as siblings, so it may be difficult for them to understand why Trixie can't enjoy a scoop of soft serve when ice cream's on the menu.

Repeat, repeat, repeat

So you've made all of these recommendations to Mr. Johnson a thousand times before, and you just don't see the sense

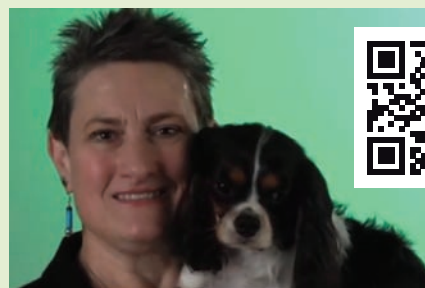
in wasting your breath at one more wellness exam. Chin up.

"This is when you have to go back to your mission as a veterinary healthcare provider," Dr. Ward says. "Your goal is to help pets live longer, healthier, fuller lives. You want to prevent disease, not just treat it."

It takes a strong person to strike out time after time and still get up to the batter's box, Dr. Ward says. "But when it comes to preventive care, that's really what we're talking about," he says. "People who hear the message repeatedly will often, over time, respond to it. You have to be patient even though you've had this conversation six years running. This time may be the time they actually act on your recommendation."

10 ways to blow a recommendation

This toolkit is all about a better recommendations—but what about things you're NOT supposed to do? Dr. Robin Downing delivers ten ways to blow a recommendation. Watch now at dvm360.com/betterrecs or scan the QR code, inset.





Sample script: Follow up on your recs

It should come as no surprise—the way in which you follow up is the key to effective recommendations and clients' compliance.

The way you handle scheduling and follow ups plays a large part in client compliance. Nancy Potter, a *Firstline* Editorial Advisory Board member and the practice manager at Olathe Animal Hospital in Olathe, Kan., offers this example of how to improve compliance by encouraging a client to schedule an appointment after the doctor offers a treatment plan.

You:

Dr. Smith would like to schedule a dental cleaning for Fluffy. Since the tartar and gingivitis in her mouth is significant, we'd like to schedule her as soon as possible. We have appointments available on Tuesday or Thursday next week. Which day would work best for you?

Client:

I'll check my schedule and talk to my husband then let you know.

You:

Sounds good. We know how busy people can get. Remember, we want Fluffy to stay healthy. Gum disease can cause some pretty major health problems, like heart disease and diabetes, so it's important for Fluffy to get her teeth cleaned as soon as possible.

Client:

Thanks, I know you're looking out for Fluffy's health. I'll take a look at my calendar and call you right away.

You:

That's great. If we don't hear back from you within the next few days, we'll call to see how your schedule looks. (Make a note to follow up in seven to 10 days. Then call the client.)

On the phone:

Hi, Mrs. Jones. Dr. Smith asked me to call to be sure we schedule an appointment for Fluffy to have her teeth cleaned. Did you have any more questions about the procedure? Will next Thursday work for you?



Say this, not that!

What to say to make your recommendations stick



It's painfully clear that good communication in the exam room makes for a strong relationship with clients. Watch and learn from these dvm360 experts.

Tooth and nail

It can be painfully clear when poorly executed communication in the exam room results in a disastrous relationship with clients. Watch how Karen Felsted, CPA, MS, DVM, CVPM, demonstrates different approaches and language during a dental exam and the ways in which you can alienate or win over clients.

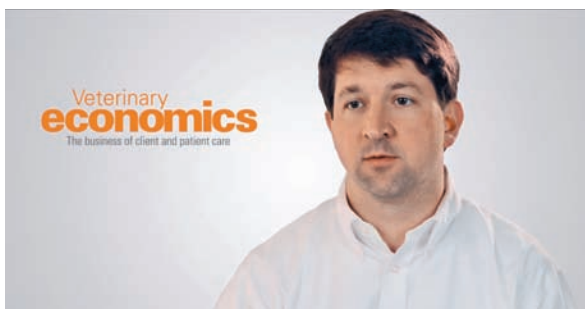


Scan the QR codes below to watch these videos on your mobile device.



Paralyzed with options

Dr. Andy Roark says veterinarians can bolster their effectiveness in the exam room by presenting pet owners with simple, clearly distinct treatment options and strong, emphatic recommendations. Dr. Roark gives step-by-step instructions to make expert recommendations stick with pet owners long after they've left your clinic.



Hey, big spender

It's a reality in every veterinary practice, and one that can make or break your clients' trust ...cost. Dr. Jim Kramer tackles an especially sensitive, emotionally charged issue: how to recommend a really expensive treatment or procedure. But Dr. Kramer and his team don't shy away from tough conversations—watch now to get his secrets.





6 steps to a good behavior recommendation

Making a recommendation for behavior training is a critical step to help put pets on the right path for a successful relationship with their owners. Dr. Ellen Lindell, DACVB, dispels behavior myths and offers this advice to help team members make good recommendations for trainers:

Step 1 Beware of a trainer who makes references to dominance or alpha behavior.

Step 2 Avoid a behavior trainer who relies on punishment.

Step 3 Avoid trainers who use prong collars and/or electronic collars.

Step 4 Observe a class before you make recommendations.

Step 5 Look for a trainer who uses reward-based methods.

Step 6 Choose trainers who promote a calm environment.

One more tip

3 ways to make your recommendations hold water

1. Clarify your recommendation.

What is your recommendation? If you aren't sure, don't make the client decide! Hold doctor and team meetings to discuss your standard of care.

2. Be aware of conflicts of interest.

Every veterinarian and team faces three conflicts of interest. One is the desire to hold down costs versus the duty to act as strong healthcare advocates using medical evidence for decisions. Another is the need to earn money for the business to survive versus the health-advocate role based on medical evidence. And finally, there is the divided loyalty between the interests of the pet and the interests of the client.



To reduce conflicts of interest, focus on your role. You have medical expertise to give a good recommendation.

3. Focus on value to the pet.

Clients all want to know they are receiving value. Value to the pet can be summarized this way: "Here's how much time and technology we are using for you." Value to the client can be summarized this way: "What is good for my pet? What is the reason for using that time and technology?" When communicating with clients, describe value to the pet. "What will be prevented?" (Away from negative.) "What will be better?" (Toward positive.)

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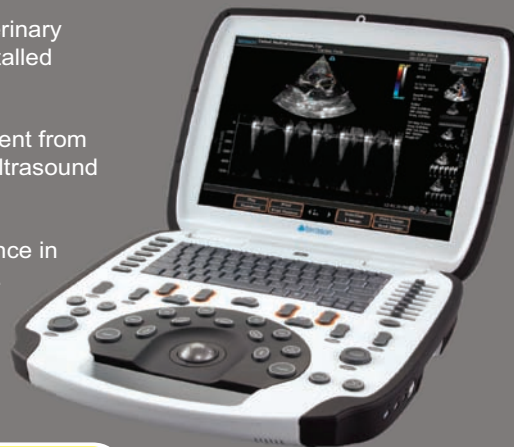
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3 excuses I've heard for not talking to clients about **nutrition**

You don't have to be a nutritionist, run long in every appointment or shill for pet food companies. *By Lisa P. Weeth, DVM, MRCVS, DACVN*



Lisa P. Weeth, DVM, MRCVS, DACVN, is a veterinary nutrition consultant in Edinburgh, United Kingdom. She consults in the UK and the United States.

Patient nutrition can be the 800-pound gorilla in the exam room. Here's why your excuses for avoiding talking about diet and nutrition aren't cutting it.

"I didn't get the training in school"

You don't need to be a veterinary cardiologist to talk about heart murmurs, and you shouldn't be afraid to talk about nutrition with your clients either. Sure, maybe you attended a veterinary school that didn't have someone to teach a nutrition course (though it should have), or maybe you graduated before the nutrition program was integrated into your alma mater.

However, even if you didn't have the opportunity to take a class specifically titled Nutrition 101 taught by a Diplomate of the American College of Veterinary Nutrition or a Diplomate of the European College of Veterinary and Comparative Nutrition or someone with a PhD in animal nutrition, you received nutrition training slipped into your other courses.

Biochemistry, physiology and internal medicine all largely

involve normal and abnormal nutrient interactions within the body (i.e., nutrition). Even without counting the increasing availability of nutrition topics at veterinary conferences, you've definitely received more nutrition training than the sales clerk at the pet store or the owner's friend from the dog park.

"I can't fit more into appointments"

I get it. When I was in general practice, my appointments were scheduled every 20 minutes. I was constantly running behind, because even a routine wellness appointment could get derailed if I found something during the exam that needed to be addressed that day or at least discussed, and diagnostics were planned for a later date. Talking about diet seems like the one thing that can get pushed aside, right?

But what if that dog's dramatic weight loss is because the owner changed brands of food, but he kept the volume the same and is now unknowingly feeding 400 calories less each day? Or what if that cat with suspected food allergies is still itching on the

limited-ingredient therapeutic diet because the owner never stopped feeding the cat's favorite over-the-counter treats?

I love talking with pet owners about nutrition issues and was happy to see both of these cases as real referrals, especially since they had such straight-forward fixes to the problems ("feed more" and "stop feeding those treats," respectively.)

"I don't want to seem like a pet food salesperson"

Guess what? You're selling a product every time you talk to a pet owner in an exam room, whether it's your palpation skills or an aspirate of a suspicious lump. Commercially available diets for healthy animals or those with chronic conditions are just other tools in your arsenal against death and disease.

Discussing the importance of specific diet changes, irrespective of brand or feeding strategy, will help clients against the ill-informed advice they're bombarded with outside of your clinic. You're not "selling a food"—you're improving your patient's health through specific diet modifications. **VE**



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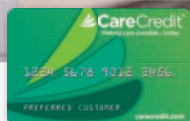
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