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UBM

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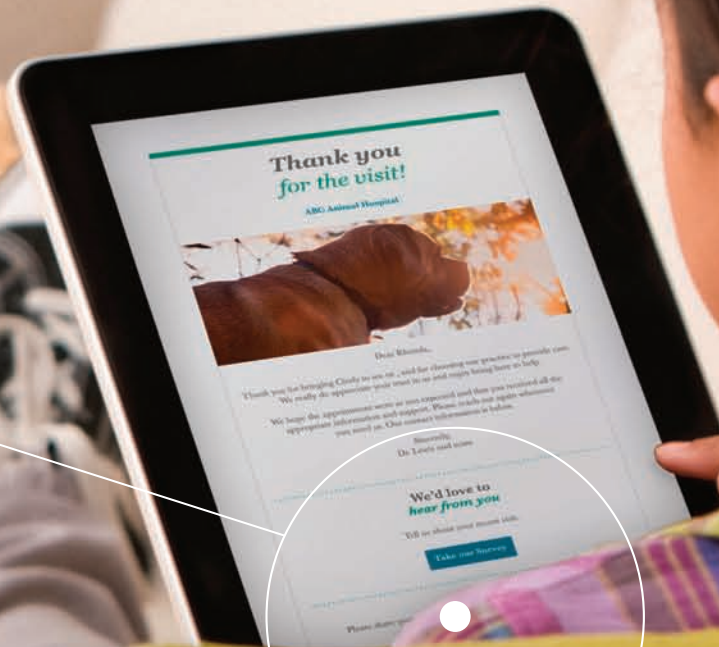
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More money and a more flexible schedule are aspects of practice ownership—but so are the unexpected problems that give you headaches. Whether you own a practice or are considering taking the leap, visit [dvm360.com/headaches](https://dvm360.com/headaches) to read about the ordeals owners have experienced.



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**How should you tell clients their pets are overweight?**

**Check out how our team says they would like to be told the news:**

**JENNY SHAFFSTALL**  
It's not about how they say the words, "Your dog needs to lose weight." I already knew that Scout, my rat terrier, needed to lose weight because he looked like a fat sausage with legs. What I needed was practical advice. Instead, my veterinarian left it up to me to figure out how much my dog should be eating each day.



(Left to right) Scout and Fergie

**ALISON FULTON**  
I would like them to say something like, "I know you love Beau and it's hard to deny him treats. When you rescued him, he was starving, poor guy. But now, it would be better for his health and he would live longer if he could lose the extra weight he is carrying."



Beau

**Check out page 16 to read more simple lessons every veterinary team should remember.**

# Veterinary economics

The business of client and patient care

## Mission

You don't need inspiration to help animals and the people who love them—that's in your blood. Instead, we'll give you the inspiration and tools you need to be happy, healthy and whole. Because you matter to us.

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# Combat falling drug revenue with these practical tips

One practitioner shares his thoughts on how to handle the smaller portion of income his pharmacy generates.

In reference to “Has your pharmacy taken a hit in sales?” (August 2015), I’ve had drugs as 23 percent of my revenue at my practice in Wisconsin, but I see this decreasing monthly.

The pressure is great and requires my attention

daily for requests like, “Can’t I just pick up some medicine at ---mart?”

Worse are clients who just want another round of medicine for their pet that “has the same symptoms they had six months ago.” They don’t want another office visit. And clients get angry if you say no.

Here is what we are doing to help but it is by no means enough:

> First, if at all possible, I use medication that is approved for dogs and cats, such as Biomox instead of Amoxicillin, which is for humans.

> All medical records show the number of refills the doctor allows (this may be law in my state).

> I’ve cut my percentage markup to compete with commonly prescribed medicine.

> On all perscriptions I write, “No substitutions” and “For animal use.”

> Every perscription that leaves my clinic comes with an “About this medication and warning” handout that my computer drug program provides.

> I insist on monitoring blood work for all patients on long term medication. I also try to bundle the cost of the lab work with medication from my clinic as one price.

> I’ve increased my exam fee to recoup some of the income.

> I no longer fax perscriptions because often the fax is not received at the “---marts” and the pet owner gets mad when their medicine is not ready when they arrive. Sometimes we’d fax the perscription three or four times without success to some human pharmacies.

I have not been totally successful in my approach, but this is a start.

Robert Pope, DVM

Mosinee Veterinary Clinic

Mosinee, Wisconsin







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# When does a **mobile practitioner** need a sidekick?

Get the answer as well as ideas on auditioning DVMs to test their compatibility with your culture. *By Lisa Aumiller, DVM*

**Q** *I'm a very busy solo mobile practitioner, and I think it's time to bring on an associate. How do I know when I'm busy enough? And how do I train my first associate?*

If you're a "very busy solo practitioner," now is the time to start looking for an associate that fits in with your practice's philosophy and style of care and connects with clients.

Clients expect their veterinarian to be dependable, reliable and available at all times—this is the challenge of being mobile. As a solo mobile practitioner, you'll soon find yourself either not being able to take new clients or taking new clients and not being able to serve the demand from all of your current clients.

A good associate is your backup and your security. If you limit your availability by not having proper coverage for your clients, clients will seek care for their pets elsewhere, regardless of how much they love your bedside manner.

Do yourself a favor and start interviewing now. Considering the nature of a mobile veterinarian/client relationship, mobile veterinarians often work shifts up to 17 hours, seven days a week. This quickly leads to compassion fatigue and problems in your personal and work lives.

The right associate will be a welcome breath of fresh air that gives your clients the coverage they expect and deserve and time for you to recharge to keep your practice invigorated.

However, don't be a control freak. Many mobile solo DVMs fear that clients won't accept the new associate. Hire an associate with your same passion. When I interview an associate, I invite them on four appointments with me to see the flow and determine whether they like mobile practice.

If the veterinarian is still interested, I have them do a full day of paid work and send my best technician with them to help guide and assist with clients. I personally do callbacks the next day to see if clients were pleased with their experience. Once hired, I work alongside the new associate for a week to teach them my system of serving clients. **VE**

*Dr. Lisa Aumiller owns HousePaws Mobile Veterinary Service in Mt. Laurel, New Jersey. She has four mobile units and a brick-and-mortar hospital.*



**On the road,  
in your pocket**

Are you using your phone efficiently in your mobile practice? Visit [dvm360.com/mobilephone](http://dvm360.com/mobilephone) to read five tips.





# 2015 Practice Manager of the Year announced

Winner credits owners, team for support. *By Matthew Kenwright*

**W**esley Taylor, MPA, of Mercy Animal Hospital in Gardendale, Alabama, has been chosen as the 2015 *Veterinary Economics* Practice Manager of the Year in a contest sponsored by Nationwide.

"Once I realized this was for real I thought, 'How awesome for the Mercy team and the

practice owners,'" Taylor says. "They have all gone above and beyond working together every time I approached them with crazy ideas. I am so proud that all their support and hard work has paid off."

Taylor wants to keep pushing his practice toward growth through client engagement that makes an impression, such as

making contact at a festival.

"I want to keep pushing boundaries," Taylor says.

"People remember nontraditional interaction, and I believe that's what we've created. It's not time to rest on our laurels." **VE**



Wesley Taylor, MPA



**Emulate the winner**

Read more ways the Practice Manager of the Year turned his ideas into action at [dvm360.com/Wesley](http://dvm360.com/Wesley).



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# How I learned to **cope** with **euthanizing** patients

I fight compassion fatigue with a blessing. *By Andy Rollo, DVM*

**"T**his is probably the worst part of your job," may be the most common thing I hear from an owner before I euthanize a pet.

The owner is right. In fact, it's one of the most devastating experiences veterinarians face. Repeated over and over again, the grief can take a toll.

I found my coping mechanism as my career beckoned. I was finishing my clinical rotations and had accomplished my goal of not killing anything. But now my caseload was about to

the Bible. I spoke with friends and even Googled it, but I wasn't able to find anything that resonated. So I did the next best thing—I wrote my own prayer.

The words came quickly. For my first euthanasia patient on Flag Day 2004, I said to myself:

"As you enter the kingdom of heaven, you are welcome. For you give love, and you are loved."

I've recited that prayer to myself for 11 years. It's helped me feel better about that



asked me if I would participate in the service.

As I thought about it, I realized I didn't lack material. I have 11 years of experience and haven't shared most of it. Discussing a tough case or how I lost a patient isn't appropriate dinner conversation when my 4-year-old daughter asks about my day nor at a party when someone asks what's the coolest case that I've seen recently.

The sermon material was already in my head—I just had to put the words to paper. I thought I was taking part in the Blessing of the Pets for others. But I think I do it for myself too. It's how I cope. **VE**

*"As you enter the kingdom of heaven, you are welcome. For you give love, and you are loved."*

jump, and euthanasia was about to become part of my job.

I wanted a way to express my feelings that euthanasia was more than stopping an animal's suffering by ending its life. It was sending a soul on to the next life.

A simple prayer was my answer. I'm not a biblical scholar, but I thumbed through

ultimate responsibility. I'm not fatigued or burned out.

A year ago, the new minister at my church asked me and my wife for ideas to attract young people to the church. I knew a prayer service that involved blessing of the animals. I thought that was something that appealed to anyone with a pet. The minister agreed and



*Dr. Andy Rollo is a veterinary associate at Madison Veterinary Hospital outside of Detroit, Michigan. He is also a Veterinary Economics Editorial Advisory Board member.*



# 'Paws' for questions in the exam room

Engage and educate clients with wall art. *By Matthew Kenwright*

**T**he three exam rooms in Beacon Veterinary Hospital in Swannanoa, North Carolina, give clients a creative way to share their questions for the veterinarian.

After leading the client and pet into an exam room to complete paperwork, the receptionist writes their names on a paw painted on the wall with blackboard paint. "Welcome" is written in the paw's first digital pad, and the names are written

on the other digital pads. The palmar pad has a numbered list with blank spots that invite clients to use chalk and write questions for the veterinarian.

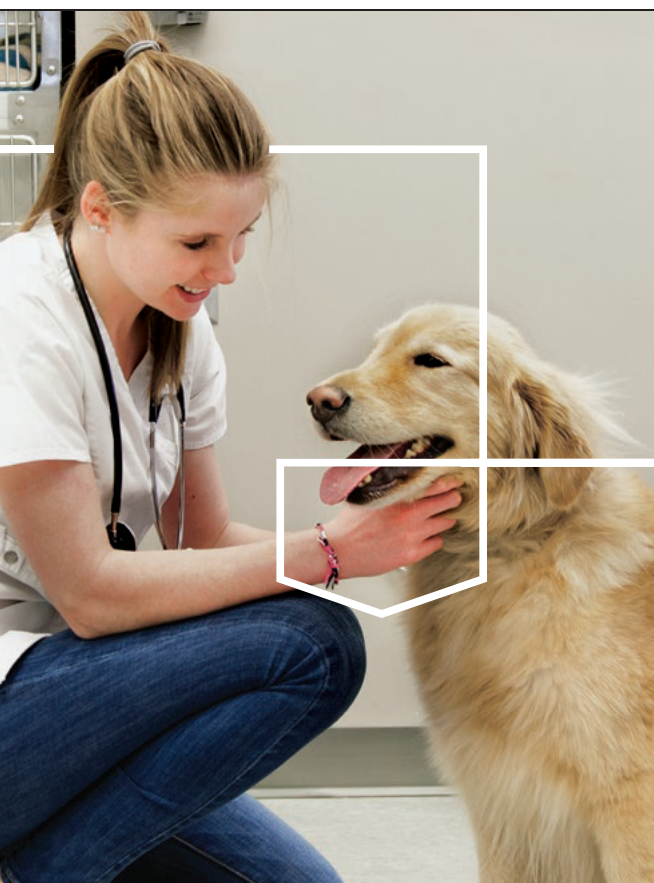
"We had a pleasant surprise when one of our clients wrote a note on the paw that said something to the effect of, 'Thank you very much for the super care that you've given us,'" says the Beacon Veterinary Hospital owner and *Veterinary Economics* Editorial Advisory



PHOTO COURTESY OF DR. GUENTHER

>>> Clients love to write on the paw.

Board member Jim Guenther, DVM. Children like to write on them too, he says **VE**



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### Step up your game

Thinking about upgrading your practice's equipment? Turn to page 12 or visit [dvm360.com/equippricing](http://dvm360.com/equippricing) to find a formula that could help you decide whether you can afford the investment.

# Why does one practice prosper and another fails?

"Build it and they will come" doesn't work for everyone, so what's really driving growth? *By Jeff Rothstein, DVM, MBA*

A few years ago I was disappointed when a family-run gas station near my home closed. It just wasn't turning a profit anymore. But last year, a huge, corporate station with a full convenience store opened in the same spot.

"That's nuts," I thought, "If the other one failed, how's one 10 times the size going to make it?" Surprise, surprise—cus-

tomers noticed a change, and it's packed all the time.

Here's why it worked: The oil company performed a demographic study and found that the location was right, just not for an older-style station that didn't remodel and reinvest in itself. It's a true "Build it and they will come" situation.

When I travel, I keep my eyes open for veterinary hospitals. I find it curious that within the same town, hospitals come in many sizes and styles—small and large, new and old. Everyone has his or her own idea of success, so I won't say for sure that the large hospital is more successful, but what drives the growth of one facility versus another? It's not necessarily how long a veterinarian has been in business, because sometimes the newer practice is the bigger one. So what is it?

Sure, a lot of factors play a big role in growth and success: location; hours of operation; range of services; community outreach; customer service; marketing and social media savvy; prices; and relationships

with other pet-oriented businesses in the area. But what can't be overlooked is that the leaders of growing, successful veterinary practices have a vision and are knowledgeable businesspeople.

The owners are probably risk takers who did research about a location before building or buying a practice. They likely strive to offer extended hours, which over time pays off, as they become known for client convenience. As they grow they invest in new equipment and, in turn, are able to offer a wider range of services.

Sure, maybe if you build it—not matter where it is or who's running it—they'll come. But success is far more likely for the savvy practitioner who understands the community they practice in and who are motivated to keep growing. **VE**



Veterinary Economics Editorial Advisory Board member Jeff Rothstein, DVM, MBA, is president of the Progressive Pet Animal Hospitals and Management Group.





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# What's **new** at your

These are the new services that Well-Managed Practice owners told us in *Benchmarks 2015* they've added in the past two years or will add in the next two years. What would *you* add to your veterinary practice?

## Services that need mostly your smarts

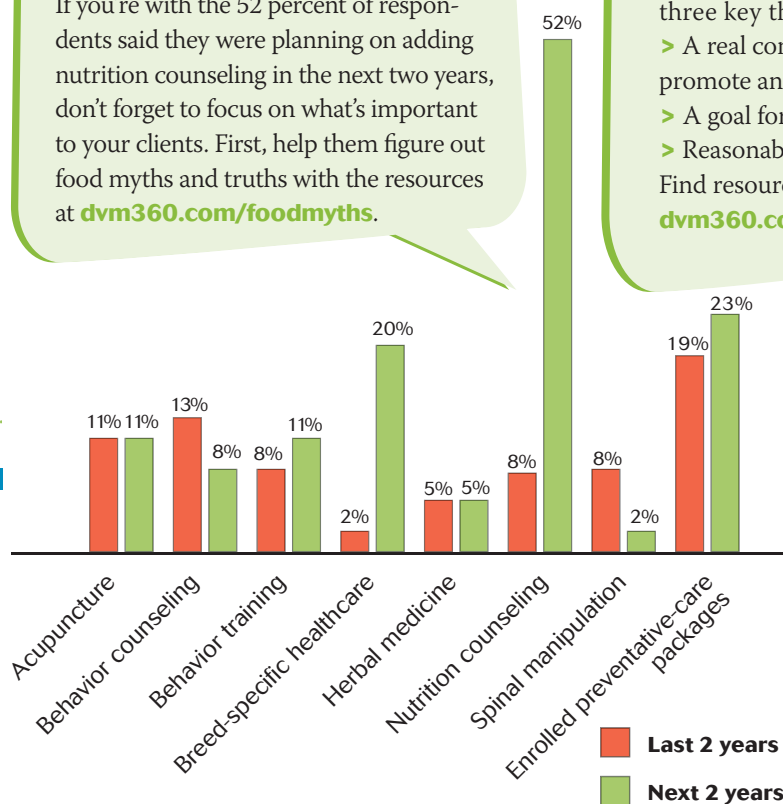
### All about pet food?

If you're with the 52 percent of respondents said they were planning on adding nutrition counseling in the next two years, don't forget to focus on what's important to your clients. First, help them figure out food myths and truths with the resources at [dvm360.com/foodmyths](http://dvm360.com/foodmyths).

### Focus on prevention

Another high-interest item was preventive-care packages. What makes preventive-care plans most successful? Focus on three key things:

- > A real commitment from clinic staff to promote and sell the plans
  - > A goal for the number of plans to sell
  - > Reasonable expectations of success.
- Find resources to answer these questions at [dvm360.com/preventivegoals](http://dvm360.com/preventivegoals).



### Check yourself

Want to see what you could learn from Well-Managed Practices? Get your copy of *Benchmarks* at [dvm360.com/benchmarks2015](http://dvm360.com/benchmarks2015).



# veterinary practice?

**A**re you hungry for new and better in your healing practices and client service? Do you have a big, audacious goal for 2016 and beyond? Or—and be honest—have you fallen into a bit of a rut? Below you see what the answer is for practices—surveyed annually by Wutchiett Tumblin and Associates. In *Benchmarks 2015: A Survey of Well-Managed Practices*, we asked what's new on the medical menu and what's coming soon. How does this compare to your history and plans? And, sometimes even more important, once you've added a service, do you know how to price it and market it? Let's dig in ... **VE**

## Services that likely require equipment or more space

### How long before the equipment pays for itself?

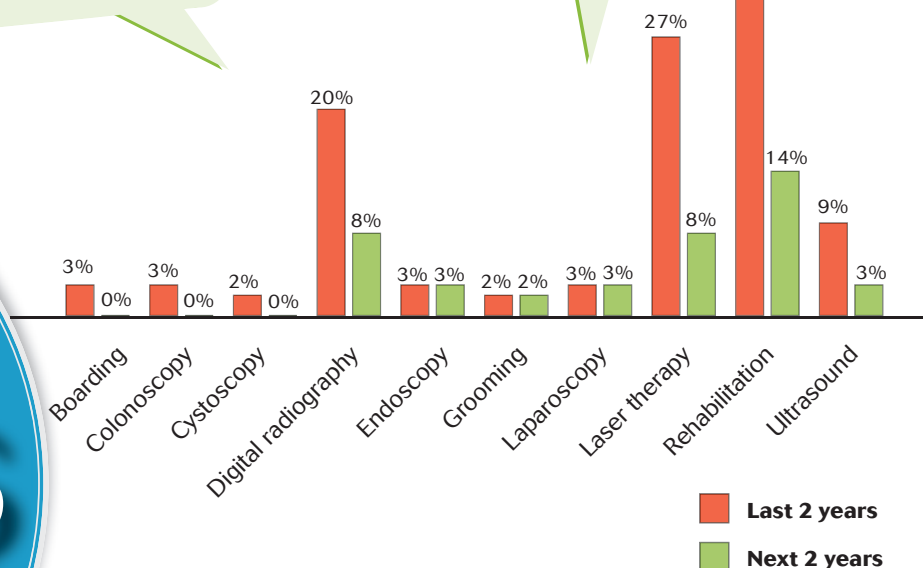
That's a complicated question, but you can get there with a good plan. Head to [dvm360.com/equipfinances](http://dvm360.com/equipfinances) to make one.

### What about pricing the new service?

There's a simple answer: What ROI are you looking for? Here's the formula:

$$\begin{aligned} & \$ \text{_____} \text{ Annual cash flow from equipment} \\ & \div \\ & \$ \text{_____} \text{ Total cost of equipment} \\ & = \text{_____} \% \text{ return on investment} \end{aligned}$$

And there's a more nuanced answer at [dvm360.com/equippricing](http://dvm360.com/equippricing).





# Enter the 2016 Hospital Design Competition



veterinary economics  
Hospital Design  
competition

Send us your entry and you could be featured in a future issue of *Veterinary Economics*!

**H**ave you recently built or remodeled the veterinary hospital of your dreams? Do you think your hospital is the best in the nation? Then enter the *Veterinary Economics* Hospital Design Competition! Show us why your practice's design stands out. At stake? Besides bragging rights, your hospital will be featured in an upcoming issue of *Veterinary Economics* and you'll win a trip to the *Veterinary Economics* Hospital Design Conference in Kansas City, where your practice will be featured prominently and you'll get a chance to offer your wisdom to attendees who are still in the planning stages of their build.

The competition is open to any hospital of any size or type as long as it's owned by a private practitioner or corporation. Hospitals funded by foundations, government agencies, nonprofit organizations, or publicly traded corporations are ineligible.

## How it works

Download the official entry form by going to [dvm360.com/hdcompetition](http://dvm360.com/hdcompetition).

Compile your entry binder and send it to the *Veterinary Economics* staff. We'll take it from there! Full details of entry requirements can be found on the entry form.

## Troubleshooting

Putting together an entry can take time. Use your time efficiently and avoid making mistakes that can hurt your entry, like missing information, by checking out the list of the top 10 mistakes people make by visiting [dvm360.com/hdmistakes](http://dvm360.com/hdmistakes).

## What happens next?

After we receive your entry, our panel of veterinary hospital design experts will gather and pore over this year's entries. They'll spend hours discussing the strengths and standout features of each practice, to ultimately crown

a Hospital of the Year winner, and an number of Merit Award-winning hospitals.

## Ok, but what's in it for me?

After the judges have chosen their winner(s), we'll be in touch to coordinate that cool feature article mentioned above. You put in the hard work to build a beautiful practice, now we'll put it out there for our entire audience to see. Plus, you'll get to come to the Hospital Design Conference and CVC Kansas City. And you'll receive a commemorative plaque to hang in your lobby, something sure to attract admiration from your clients.

## The deadline

Entries must be postmarked no later than November 26, 2015, so don't delay!

## Still have questions?

Send us an email. Contact [ve@advanstar.com](mailto:ve@advanstar.com) and we'll get all your questions answered. **VE**

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**Rod Winchester, DVM**

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\*A Handy Checklist for annual checkups for cats of all sizes; and A Handy Checklist for annual checkups for dogs of all sizes

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# **D** All I really need **V** to know about veterinary **M** medicine I learned in **KINDERGARTEN**

We learned these 10 things long ago, and vet school students remind me of them daily. *By Michael Nappier, DVM, DABVP*

It's been 26 years since Robert Fulghum wrote the bestselling *All I Really Need to Know I Learned in Kindergarten*, a look at childhood lessons that stay true in adulthood. It's past time

for the veterinary school edition, courtesy of the timeless lessons I see my students at Virginia-Maryland College of Veterinary Medicine model for me year in, year out ...



Be awed

**B**e awed. Remember the first time you got the blood draw on the first stick? Remember the first surgery of yours that went really well? And kittens! Students get excited by the little things that those of us with more experience tend to take for granted. Put up ear mites on the microscope at our school and everyone comes running. When was the last time you found yourself thinking, "Cool!" because of something you did or saw?



Ask, "Why?"

**A**sk, "Why?" It's surprising the number of times students ask and my gut response is, "That's just always how I've done it." But those are opportunities to question my assumptions and look at something in a different light.



It's OK not to know—look it up



**It's OK not to know—look it up.** You don't actually have to know everything, but you do need to know where to find the answer. Clients appreciate the honesty that you're not all knowing. What students don't know is that some of the time while they run off to look it up, I'm sneaking to go look it up myself.

Learn it now



**Go ahead and learn it now.** So many people have to switch up their veterinary careers based on new medical interests, the job market or big life changes. Just because it isn't in your plans today doesn't mean you won't need it tomorrow.

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**Treat others like they know more than you (because they might).**

Remember when technicians were gods, possessing a depth of knowledge you couldn't even hope to attain? My students know that feeling. Get back to thinking like them. Listen to your staff's advice; a lot of the time, they still know more than you—about the client, about the patient, about a lot.

It's fun to learn



**It's fun to learn.** I love hearing excited students ask, "Can we have rounds on ...?" It's easy to get bogged down in day-to-day practice. Go to a conference. Read a trade magazine. Schedule a lunch 'n' learn on a topic you're curious about. Have fun getting smarter!



**Make time for potty breaks.**

Students haven't learned the bladder-destroying work ethic that ignores their own wellbeing. How many times have you said to yourself, "I'll use the bathroom/have lunch/etc. as soon as I finish with ..." Make a little time for yourself during the day to recharge. And urinate.



**at.** On the last Friday of every block, veterinary students here organize a potluck they call Food Friday. Sitting down and sharing a meal helps to refocus and reconnect with veterinary teammates. It doesn't just fill your stomach—it refills your passion.



**Have a big goal.** Every student has one big goal: graduation. It's so much a part of their lives that they sign off all their emails with "Class of 2016" or "DVM Candidate 2016." How often do you feel stuck on the never-ending hamster wheel of clients and patients in practice? Everyone needs a long-term goal, something you work toward and get satisfaction from seeking and achieving.



**Be done.** Despite their bubbling enthusiasm for new veterinary knowledge, students want to go home on time. They want to spend time with significant others, pets, family and friends. Be like a student and go home! **VE**

*Dr. Nappier is assistant professor of community practice in the Department of Small Animal Clinical Sciences at Virginia-Maryland College of Veterinary Medicine.*





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# Inflammation is the new obesity

To improve health for all, it's time to shift the way we discuss overweight pets with our clients. *By Ernest E. Ward Jr., DVM*

I've been studying and working on pet and human obesity for nearly 20 years. In that time I've witnessed the obesity discussion evolve from "fat is funny" to "fat is deadly" to "fat is boring." People ignore warnings about obesity the same way they disregarded the fact that smoking was deadly for decades. Deep down folks know being overweight or having a portly pet is unhealthy; they just don't think it will happen to them. Psychologists call this phenomenon of believing you or your pet is at less risk for harm "optimism bias." It's a coping mechanism that allows us to get through our days without having a breakdown.

It also gets in the way of change. Maybe it's time we change how we talk about patient obesity.

## Change perception

For the last three years, I've altered the way I describe obesity to clients and veterinarians. Pet

owners see a "big pet." Most veterinarians see a "fat pet." I see an "adipokine storm." *Adipo-what?*

Adipokines are signal proteins produced by fat tissue. Leptin, adiponectin and interleukin-6 (IL-6) are examples. We know adipokines cause or contribute to hundreds of harmful inflammatory processes throughout the

body. Think of every fat cell as a little factory pumping out hundreds of potentially toxic compounds. Multiply that by millions or billions in an obese pet. The real danger of excess fat isn't the fat; it's the inflammation the fat causes.

Inflammation is the biggest health threat our pets face. That's a bold statement but I'm confident it's soundly supported by science. The more we learn about excessive inflammation, the more we understand the importance of keeping it at safe levels.

## Speak out

Perhaps the biggest obstacle in the war on pet obesity is our silence. Veterinarians complain they aren't comfortable talking candidly about a pet's weight for fear of inadvertently offending the client. Forget fat; start talking about inflammation. Learn about adipokines, cytokines and disrupted metabolic pathways caused by inflammation. It's a fascinating world of biochemistry that has real impact on our patients.

It's time we reshape the obesity conversation to center on inflammation. **VE**



## Fat gap rings true

Data shows that more than half of U.S. dogs and cats are overweight, but their owners don't realize it. Learn more about this trend at [dvm360.com/fatgap](http://dvm360.com/fatgap).

## 5 steps to fight fat

**A**s a profession we can reshape the obesity conversation by doing the following:

> **Define obesity.** Currently we can't define what "clinically obese" is in animals. We don't know what we're talking about when we say "overweight" and "obese." I'm officially offering the Association for Pet Obesity Prevention (APOP) to help jumpstart the conversation. Now I need the help of academicians, practitioners and industry representatives.

> **Standardize body condition scores (BCS).** There are three or four major BCS used worldwide. I'll be the first to agree that there are limitations to the BCS. But they're simple to administer, work well in most situations and are already in use. Let's get together and settle on one scale.

> **Define prediabetes.** I fought this until I started looking at studies on humans who were diagnosed as prediabetic. It helps. There's growing evidence that we may be able to intervene before full-blown diabetes develops, especially in cats. There are useful biomarkers that could help general practitioners identify early the pets at risk for developing diabetes.

> **Define obesity as a disease.** The American Medical Association officially defined obesity as a disease for humans in 2013. I'd like to see the American Veterinary Medical Association and the American Animal Hospital Association follow. Classifying obesity as a disease would encourage more veterinarians to talk with clients about the condition.

> **Develop better technology.** We need a technological solution to quickly and accurately assess body fat composition in dogs and cats. At this point I'd even settle for biomorphic software that estimated underlying fat. We desperately need improved tools for tracking weight, BCS and dimensions.



Veterinary Economics Editorial Advisory Board Member Dr. Ernie Ward is a speaker and the author of *Chow Hounds: Why Our Dogs Are Getting Fatter—A Vet's Plan to Save Their Lives*. He founded *Seaside Animal Care* in Calabash, North Carolina.



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# Will your practice be on the hook for credit card fraud?

Here's how to comply with a global security standard coming to the United States for the first time. *By Mark Battersby*

## How EMV would work in your practice



The terminal's screen guides the client throughout the checkout process.

The client leaves the chip card in the terminal until instructed to remove it.

There's a storm of legal liability brewing on the horizon for your veterinary practice if you accept credit or debit cards.

After Oct. 1, 2015, any business that doesn't have a Europay, MasterCard and Visa (EMV) processing device will be on the hook for credit card fraud—not the banks or credit-card issuers. Are you ready?

### What is EMV?

Traditional credit and debit cards are prime targets for counterfeiting because their magnetic stripes contain unchanging data. A new generation of cards—often referred to as “Chip and PIN” cards—sport a small, metallic square with a chip that creates a unique transaction code, every time the card is used. For one standalone payment terminal, it can generally be upgraded for around \$100, according to a spokesperson for EMV.

### The big change

Consumers will need to receive their new EMV cards, activate them and learn new payment processes at the register. >>>





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Businesses will need to add new point-of-sale (POS) terminals, in-office technology and internal processing systems to accept the cards.

The big difference? Instead of swiping, an EMV card is inserted into

a terminal slot. Data flows between the card chip and the credit card company to verify and create the unique transaction data.

The one drawback—the new process isn't as fast as the old way.

### What happens if you don't switch?

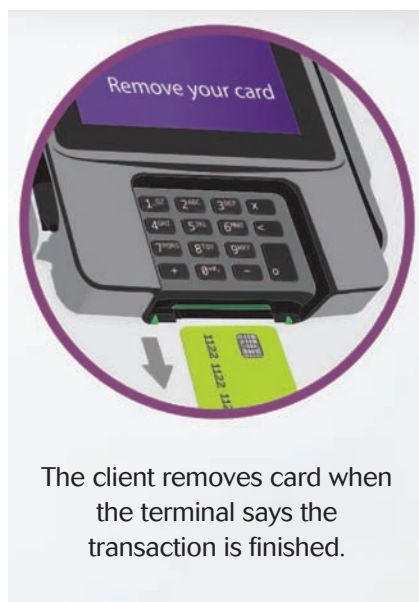
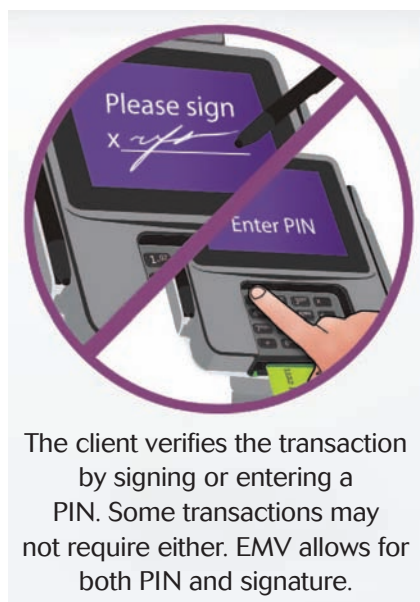
Veterinary practices can continue processing cards with magnetic stripes and ignore EMV. Most cards will still have a magnetic stripe as backup. But after Oct. 1, 2015, your practice might be on the hook for counterfeit or fraudulent card transactions.

The card companies will shift fraud liability to whoever is using the least-secure technology, according to EMV's website. Here is what that means in two different scenarios:

- If your practice has an EMV terminal but your client's bank hasn't issued a Chip-and-PIN card, the bank will be held liable.
- If your practice used EMV technology that wasn't flagged as fraudulent by the system, the credit card company bears the liability.

Every veterinarian and veterinary professional should protect themselves and their practices from fraud liability. The relatively small price of a new terminal may be worth the peace of mind it brings. **VE**

*Mark E. Battersby is a financial consultant in Ardmore, Pennsylvania.*



### FACT TO CONSIDER:

40 percent of debit cards and more than 70 percent of credit cards issued in 2015 will use the EMV technology. Many practices may find the cost of upgrading could outweigh the potential future costs of fraud.



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## AVMA PLIT

### New policy features

AVMA PLIT has unveiled two new features for the 2016 policy year to make it easier for veterinarians to pay for their professional liability coverage and receive better protection. Veterinarians will be able to choose to pay the premium monthly, with no extra fees, through an automated fund transfer and to select a higher-limit option of \$100,000 for veterinary license defense coverage. Through the updated website, veterinarians can now review coverage and make policy changes, submit payments, report claims and link the practice manager to their account.

*For fastest response visit [avmaplit.com](http://avmaplit.com)*



## Silver Lake Research Corp. Urinary test

Silver Lake Research Corp. has launched RapidBac Vet, a rapid immunoassay for detection of gram-positive and gram-negative bacteria in urine to aid in the diagnosis of canine urinary tract infections. It provides veterinary practices with an accurate and cost-effective point-of-care solution that can be performed during the initial clinic visit. The test expands a clinic's in-house testing capability to immediately rule in or rule out UTIs with 98.5 percent accuracy and allows clinical teams to test and treat in the same visit.

*For fastest response visit [rapidbacvet.com](http://rapidbacvet.com)*



## Vet24Seven

### Mobile veterinary service

Vet24seven is a new, free mobile app that provides pet owners access to local veterinarians via live video or chat. Owners create their animal's profile, partner with the veterinarian of choice, select the level of urgency and choose whether they want a live video or chat consultation. The average cost of a 10-minute consultation is expected to range between \$40 and \$60. The selected veterinarian sets the consultation fee. The app has two versions: one for animal owners and one for veterinarians.

*For fastest response visit [vet24seven.com](http://vet24seven.com)*



## Heska

### Immunodiagnostic analyzer

Heska Corp., a provider of veterinary diagnostic and specialty products, has introduced the new Element i Immunodiagnostic Analyzer. Element i performs immediate in-clinic testing and screening for key health concerns, including thyroid disorders, Cushing's disease and Addison's disease. The unit is a compact bench-top analyzer that delivers rapid immunoassay testing, including total T4, cortisol and an in-clinic TSH test. The Element i platform currently delivers results in under 10 minutes from three immunodiagnostic assays.

*For fastest response visit [heska.com](http://heska.com)*



Continues on page 35





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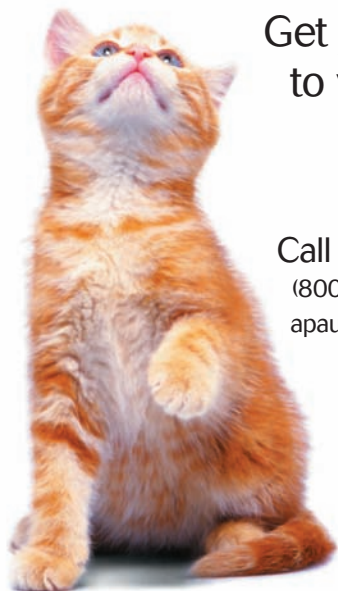


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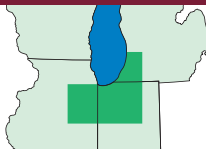
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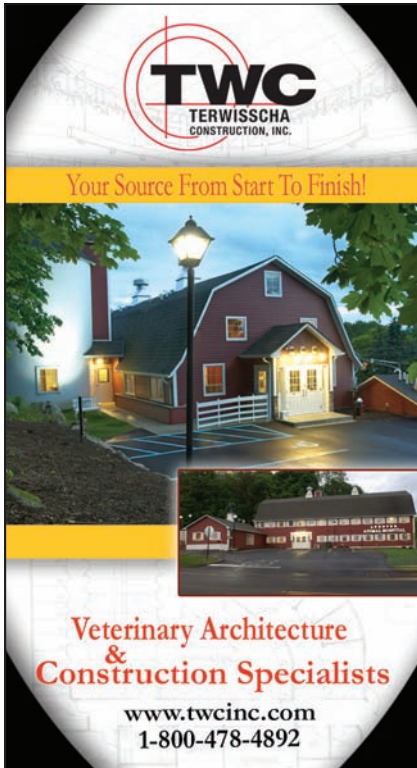
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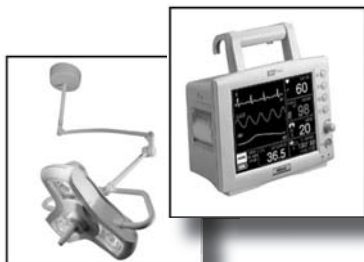
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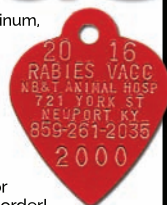
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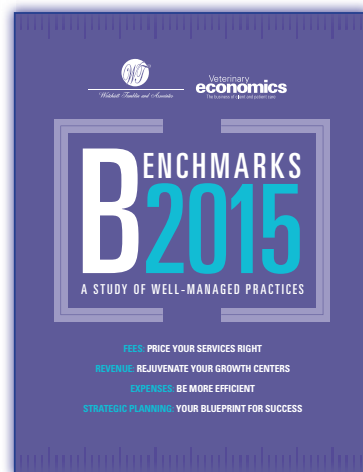
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Continued from page 25

## Dechra Veterinary Products Dermatologic ointment

Dechra Veterinary Products has shipped inventories of three sizes of Animax Ointment (nystatin, neomycin sulfate, thiostrepton, triamcinolone acetonide) to its veterinary distributors. Veterinarians are now able to purchase Animax Ointment for their canine and feline patients. The product is an FDA-approved drug for local therapy in a variety of cutaneous disorders of dogs and cats.

*For fastest response visit [dechra-us.com](http://dechra-us.com)*



## VetriScience Liver supplement

VetriScience has introduced a new component of its exclusive Pro Line: HepatiClear Pro. HepatiClear Pro contains antioxidant plant extracts in phytosome form to support liver health and proper detoxification. Along with immunological supportive ingredients, such as DMG and betaine, phytosomes offer advanced support for normal phases of the detoxification process.

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## Vets Plus Medication dispensing pockets

New from Vets Plus, Probios Pro-Pill Pods provide a convenient, simple way to give medication to dogs. These unique pods can be shaped around a pill to mask unsavory flavors and odor, making the process of giving a pill hassle-free. They contain probiotics so dogs get the added benefit of good bacteria for digestion and appetite. The product is available in two flavors: peanut butter or chicken. Pro-Pill Pods contain no added sugars, no corn and no artificial colors and are available in two sizes to fit most capsules and tablets.

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## New Planet Technologies Data entry system



New Planet Technologies has released SmartICVI, a fast data entry, electronic Certificate of Veterinary Inspection service for veterinarians. With the new service, veterinarians can use their smartphone, tablet, laptop or PC to capture animal data, meeting USDA requirements for interstate livestock movement. A new feature allows clients to create a pending ICVI case by inputting animal ID, shipper, receiver and transporter data before veterinarians arrive on site. Veterinarians then review the health certificate (ICVI) data while inspecting the health of the animals being shipped. SmartICVI is a cloud-based requiring no software download.

*For fastest response visit [smarticvi.com](http://smarticvi.com)*

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# 5 REASONS women give for not owning practices

And why you shouldn't let them stop you. *By Melissa L. Magnuson, DVM*

**W**hen I retire from owning my practice, I hope to hand the reins to a noncorporate buyer. But I may struggle to find a female veterinarian to take my practice because there's a lack of women embracing ownership.

Here are my arguments against five common reasons women give for not owning:

## **"I want more time to spend with family."**

Owning a practice makes my schedule flexible. I can go to my children's school events because I can designate myself "out of the office" when necessary. Owning does entail hard work, but it also provides more leeway than if I worked for someone else.

## **"I don't want to work 100 hours a week."**

I've worked 100 hours in a week once—during my internship. I spend approximately five hours per day for a total of 30 to 60 hours per week seeing appointments four days per week.

With my flexible schedule, I can work at night tying up loose ends after I spend quality

time with my kids. If I need a short week because of outside commitments, I take it. I have the freedom to choose where and when I work.

## **"I'll burn out."**

Running a business is something new every day. Sometimes it's medical questions, customer service decisions or marketing ideas. Each day brings variety and the opportunity to learn and open up channels with experts in many different fields.

## **"I can't manage people."**

I'm not good at managing or accounting—so I hired a practice manager and an accountant.

Two years into practice ownership, I learned a valuable lesson. I had been doing all my bookkeeping because I was convinced I couldn't afford someone to do it for me. After stewing in frustration, I hired someone. She completed six months of bookkeeping in eight hours. It cost me \$160. This taught me that if I hire experts when I need them, it costs me less.



*Melissa Magnuson, DVM, is owner of three New Hampshire practices: Canobie Lake Veterinary Hospital in Windham, All Pets Veterinary Hospital in Nashua, and Greenland Veterinary Hospital in Greenland.*

## **"I have too much student debt."**

If you have good credit and pay your loans, you can buy a practice. I've heard that veterinarians have the highest payback rate on loans than any other profession. I applied to three banks and received three loan approvals with just 10 percent down. In the long run, practice ownership will be more lucrative for me than working for someone else.

As more women buy veterinary hospitals, we can change the notion that our personal and career priorities bar us from practice ownership. **VE**



## **Ready to buy?**

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