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SKETCHY

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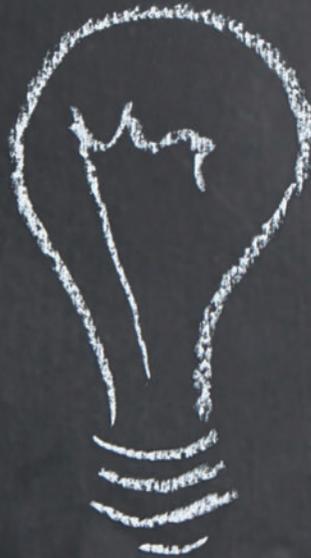
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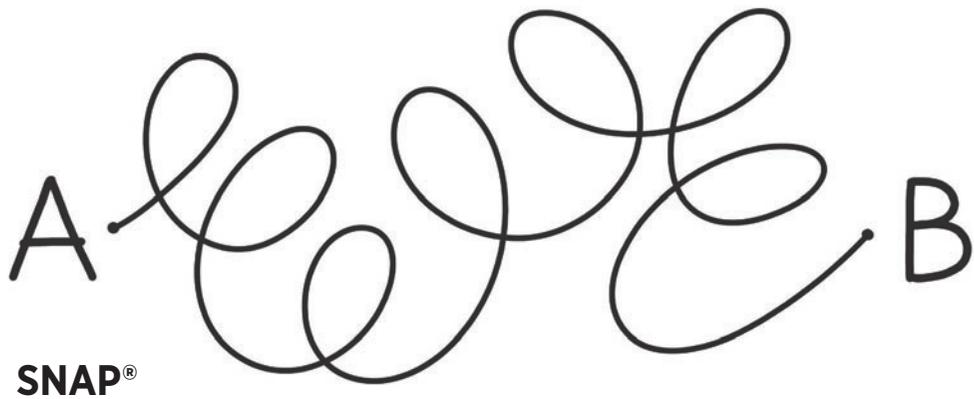
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Self-care, for
patients' sake

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Self-care, for patients' sake



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 + 4 tips for Fear Free
 + Signs the pet food might be sketchy



Be the veterinary tooth fairy



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Top trends in nutrition



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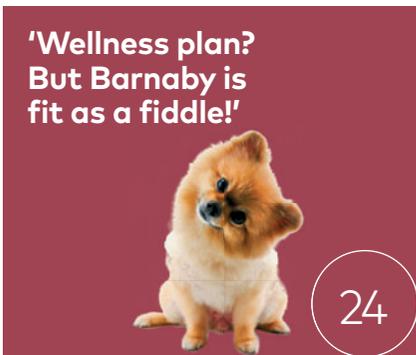
What you didn't learn in school

Veterinary technicians and managers describe the lessons they didn't learn in school—and the skills they developed after they graduated to be next-level veterinary professionals.



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'Wellness plan? But Barnaby is fit as a fiddle!'



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Healthy team members = healthy pets

A formula for self-care, for patients' sake ...

Your own self-care is a critical component of your patients' well-being. Why? Without self-care you're at an increased risk of career burnout or compassion fatigue. Fetch dvm360 educator Paula Plummer, LVT, VTS (ECC, SAIM), says it's critical that you have a plan in place to take care of yourself from the beginning.

Burnout = stress that arises from daily stressors.

Compassion fatigue = stress that comes from the type of work you do.

Anybody who is a caregiver or first responder is at risk for both burnout and compassion fatigue.

A short list of self-care tips

Vacation, recreation time, self-care, outdoor time, exercise, yoga, meditation, relaxing activities and sleep are a sampling of activities designed to recharge you. Use them to help yourself thrive.

Here's a rundown of how Plummer recommends staving off compassion fatigue:

- > Start the day with a relaxing ritual.
- > Do something every day that you love.
- > Adopt healthy eating, exercise and sleeping habits.
- > Set boundaries.
- > Take a break from technology.
- > Nurture your creative side.
- > Learn how to manage stress.
- > Think about the "why" that made you want to be a veterinary technician.

Hear more straight from Plummer in this audio clip from her session at dvm360.com/selfcareformula.

Need help getting started? Learn how to practice self-care for better health and a better life at the Fetch dvm360 conference. Visit fetchdvm360.com to learn more.



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On any given day, you're dealing with ...

- Money problems
- Job performance woes
- Relationship struggles
- Medical emergencies
- Frustrated coworkers
- Fractious furballs ...

And you know what? We can't stand it any longer.

Because we think these issues are so critical, you'll find the nurturing you need at every Fetch dvm360 conference.

What does that look like?

-  Sessions where your peers talk openly about the solutions to keep from totally losing it on everyone in their lives
-  Opportunities to invest in your emotional health, because sanity is something worth fighting for
-  Healthy physical activities that change the way you learn and open your mind to new ideas.

All that, and the CE you need to nurture your mind and get back to enjoying your life and work. **Register today.**



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Baltimore, May 2-5, 2019
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4 Fear Free tips for every veterinary hospital

Set up good vibes for your patients (and their owners) in a hurry. When implementing Fear Free techniques in your veterinary clinic, you can go as simple or full-blown as you'd like. Just want to dip your toe in the Fear Free pool? Fetch dvm360 conference speaker Debbie Martin, CDPT-KA, KPA CTP, LVT, VTS (behavior), has four easy-to-execute tips you can apply today. Here's a breakdown:

- > Curtail accidental acrobatics with nonslip surfaces for patients.
- > Set the mood with calming music. This is good for both patients and clients, Martin says.
- > Note the nose with pleasing aromas. "I really like the pheromones specific to the species," she says, "but also some kind of aromatherapy for the pet owner so that they're more relaxed."
- > Take pets' minds off the examination with treats and other distractors such as brushes and other grooming tools. (No word as to whether this applies to clients.)

Watch the video to hear more at dvm360.com/4FFtips.

PEARLS

(Lustrously good advice and tips)



When you're evaluating the quality of a veterinary patient's diet, consider these warning signs.

NO. 5: NO ONE CAN TELL YOU WHERE THE FOOD IS PRODUCED AND MANUFACTURED



NO. 4: THE MANUFACTURER HASN'T HEARD OF THE AMERICAN ASSOCIATION OF FEED CONTROL OFFICERS

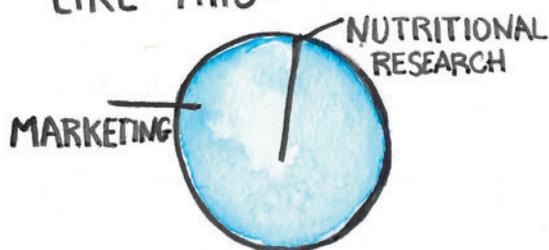


ILLUSTRATION BY PORTIA STEWART

NO.3: THE DIET FOLLOWS HUMAN FOODFADS RATHER THAN THE PET'S NUTRITIONAL NEEDS.



NO.2: THE PET FOOD COMPANY'S BUDGET LOOKS LIKE THIS:



NO.1: THE FOOD ACTS MORE



INTERESTED IN EATING THE PET THAN THE PET IS IN EATING THE FOOD.



(Micro) Team Meeting in a Box: Receptionists rock the front desk

Only have a few minutes? Try this (Micro) Team Meeting in a Box to turn your educational team meeting into a quick team-building workshop that offers real, instant results for your practice.

This training helps receptionists—and other members of your veterinary team—answer clients' most common questions when they call or drop in without a pet to ask, "Look, do I really need to bring 'em in?" (Alright, yes, smarty pants, the answer is usually "yes," but if you want the pet owner to really believe your receptionist's recommendation, your front-line team members need to be armed to explain why the client needs to come in.) Visit dvm360.com/teammeeting.

Veterinary technicians: You need a Nerd Book

Do you ever feel like you could use a second brain to store all of the things you're supposed to remember? The Nerd Book is kinda like that. Here's how to make one.

By Julie Carlson, CVT, and Sarah Dowdy

As a veterinary technician, you've probably already embraced the fact that you're a nerd (we mean that in the best possible way). And because you're a nerd, we think there's something else you should embrace: the Nerd Book.

We learned about the Nerd Book (which is basically a portable cheat sheet for day-to-day veterinary technician life) from Julie Carlson, CVT, a veterinary technology instructor, nerdy technician and the cofounder of Vets for Vets' Pets, a nonprofit that provides supplies and medical care to the pets of homeless and at-risk veterans. Her lab teacher tasked her with making a Nerd Book while in vet tech school, and she hasn't been without it since.

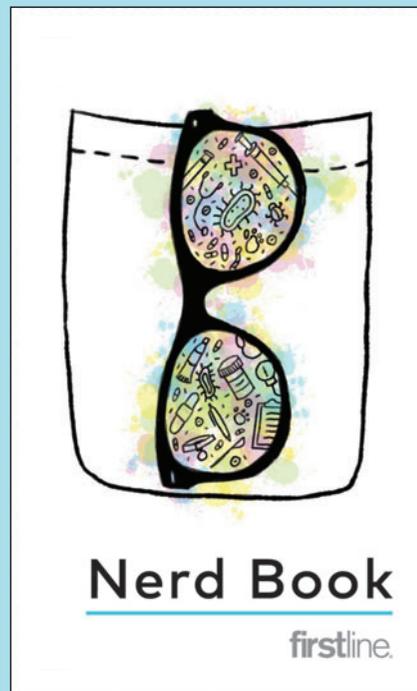
Carlson's Nerd Book is a three-ring binder the size of an index card. Why so small? All the better to fit in your scrub pocket, she says. The mini-binder is home to a stack of index cards that Carlson has loaded with all of the information she needs to have at the ready but can't always remember off the top of her head. Her Nerd Book is divided into 15 different sections and includes everything from internal and external parasites to microbiology procedures and hematology parameters for multiple species.

"It's impossible to keep everything in our heads all the time, so my Nerd Book has really proven to be invaluable," Carlson says.

If Nerd Book creation wasn't a part of your schooling, and if you'd like a Nerd Book but don't know where to start, we're here to help. We've partnered with Carlson to start a series in which we'll offer free, downloadable PDFs you can use to put your own Nerd Book together. We're starting with the cover and the external parasites section. Visit dvm360.com/nerdbook1 to download your copies.

A couple more tips before you get started:

- > You'll want to tailor your Nerd Book to your geographical region, so use the empty notes pages to add any information you need that isn't already included. (For example, if you live in an area with a high incidence of heartworm infections, you may need to add more information.)
- > Separate the different sections with tabs to make accessing information much easier and quicker.



EXTERNAL PARASITES

FLEAS

- > Not zoonotic
- > Diagnostic characteristics:
 - + Move very fast
 - + Look for flea dirt
 - + Use flea comb on the animal; moisten a white towel and wipe the comb on it – look for rust-colored spots
- > *Ctenocephalides felis*: cats and dogs
- > *Ctenocephalides canis*: uncommon
- > *Echidnophaga gallinacea*: chickens and fowl



A 'blood' test for client service



Is your team made up of doers, go-getters and above-and-beyonders? It should be. If you're not sure, here's a test to find out. Buy a pack of fake blood capsules from your local party supply store or grab some online. Discreetly place a single drop somewhere on the floor in your facility. Now watch the "blood drop," but don't sit in a chair three feet away and watch it—be casual. If you have an in-house security camera system, use it. Otherwise, ask a trusted staff member to keep an eye on it for you, or do so yourself.

Then wait and see who spots it and cleans it up.

Kudos to the team member who puts on gloves, cleans up the spot and whips out the "Wet Floor" sign. But honestly, kudos to the team member who actually does anything about it, even if it's just someone who's too busy to clean it but tells a less frantic manager or a team member about it.

Remember, it's not just a "job thing," it's a pride thing. Your team members should take pride in where they work. They shouldn't rely on your nighttime janitorial service to handle a drop of blood that could truly disappoint a customer. They should recognize that tiny drop of blood as a big problem they need to deal with right away.

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



Front Desk Disasters, Episode 8: You're fired!

In a kitty cat coup, your veterinary clinic cat fires Rhonda the Receptionist and takes over the front desk. Watch it now at dvm360.com/CCvsRhonda.



Flea prevention, on a theme

From Easter to Hanukkah and Independence Day to Halloween, holidays are everywhere. And your team can use your holiday spirit to spread goodwill—and educate clients. For example, during the month of October, instead of decorating with generic Halloween decorations, consider making homemade decorations of scary fleas, ticks, skin mites, roundworms and so on. Alongside these decorations post additional facts about these scary monsters. To pique interest on social media,

take photos of employees with the spooky decorations of each parasite. Then post these pics once a week to grab clients' attention, with educational captions that cover topics such as flea FAQs.

Don't know where to start? Check out these APBs—all poo bulletins—and these free posters to highlight Giardia, whipworms and hookworms in your practice today: dvm360.com/APBs.

*Rebecca Green
Union Veterinary Clinic
Front desk staff and social media manager
Washington, D.C.*

NexGard® (afoxolaner) Chewables

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

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

Indications: NexGard kills adult fleas and is indicated for the treatment and prevention of flea infestations (*Ctenocephalides felis*), and the treatment and control of Black-legged tick (*Ixodes scapularis*), American Dog tick (*Dermacentor variabilis*), Lone Star tick (*Amblyomma americanum*), and Brown dog tick (*Rhipicephalus sanguineus*) infestations in dogs and puppies 8 weeks of age and older, weighing 4 pounds of body weight or greater, for one month.

Dosage and Administration: NexGard is given orally once a month, at the minimum dosage of 1.14 mg/lb (2.5 mg/kg).

Dosing Schedule:

Body Weight	Afoxolaner Per Chewable (mg)	Chewables Administered
4.0 to 10.0 lbs.	11.3	One
10.1 to 24.0 lbs.	28.3	One
24.1 to 60.0 lbs.	68	One
60.1 to 121.0 lbs.	136	One
Over 121.0 lbs.	Administer the appropriate combination of chewables	

NexGard can be administered with or without food. Care should be taken that the dog consumes the complete dose, and treated animals should be observed for a few minutes to ensure that part of the dose is not lost or refused. If it is suspected that any of the dose has been lost or if vomiting occurs within two hours of administration, redose with another full dose. If a dose is missed, administer NexGard and resume a monthly dosing schedule.

Flea Treatment and Prevention:

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

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

Tick Treatment and Control:

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

Contraindications:

There are no known contraindications for the use of NexGard.

Warnings:

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

Precautions:

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

Adverse Reactions:

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

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

Table 1: Dogs With Adverse Reactions.

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

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

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

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

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

Mode of Action:

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

Effectiveness:

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

In a 90-day US field study conducted in households with existing flea infestations of varying severity, the effectiveness of NexGard against fleas on the Day 30, 60 and 90 visits compared with baseline was 98.0%, 99.7%, and 99.9%, respectively. Collectively, the data from the three studies (two laboratory and one field) demonstrate that NexGard kills fleas before they can lay eggs, thus preventing subsequent flea infestations after the start of treatment of existing flea infestations. In well-controlled laboratory studies, NexGard demonstrated >97% effectiveness against *Dermacentor variabilis*, >94% effectiveness against *Ixodes scapularis*, and >93% effectiveness against *Rhipicephalus sanguineus*, 48 hours post-infestation for 30 days. At 72 hours post-infestation, NexGard demonstrated >97% effectiveness against *Amblyomma americanum* for 30 days.

Animal Safety:

In a margin of safety study, NexGard was administered orally to 8 to 9-week-old Beagle puppies at 1, 3, and 5 times the maximum exposure dose (6.3 mg/kg) for three treatments every 28 days, followed by three treatments every 14 days, for a total of six treatments. Dogs in the control group were sham-dosed. There were no clinically-relevant effects related to treatment on physical examination, body weight, food consumption, clinical pathology (hematology, clinical chemistry, or coagulation tests), gross pathology, histopathology or organ weights. Vomiting occurred throughout the study, with a similar incidence in the treated and control groups, including one dog in the 5x group that vomited four hours after treatment.

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

Storage Information:

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

How Supplied:

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

NADA 141-406, Approved by FDA

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Duluth, GA 30096-4640 USA

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105D-4493-03
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3 IKEA products under \$16

By Brent Dickinson

These little renovations make a big difference in your practice.

1. BÄSTIS HOOKS PRICE: \$2.99

Customers need a place to hang up their coat or purse. Give them a "tail" to tell about how cool and creative your practice is by using BÄSTIS hooks. They look like a dog's rear-end, with a nice upward tail to hold those jackets and bags while making people—especially kids—smile, for just \$2.99 a piece. A youngster in our office once said, "Those dogs must have been going fast to crash through the wall like that!"



2

2. SPONTAN MAGNETIC BOARD PRICE: \$12.99

Printed pieces of paper taped to the walls of your practice look terrible and leave unsightly marks. Use the SPONTAN magnetic board to hang those notifications in style. They come in a gray color, which matches nearly all color schemes. And they hang easily with a few screws. We use them in our waiting area to switch out seasonal handouts, rabies alerts and pet event flyers.



3. RIMFORSA TABLET STAND PRICE: \$15.99

For practices that use tablets to take patient info, show clients radiographs or obtain e-signatures on documents, take your expensive gadget out of clients'—potentially—butter fingers and use RIMFORSA. It's a nice-looking wood laminated tablet stand that keeps everything right where you need it—and decreases the risk of your tablet falling to the floor.



BONUS: Find seven more amazing IKEA finds at dvm360.com/IKEAproducts.

Make killing
fleas & ticks

DELICIOUSLY
SIMPLE.



Preferred by dogs¹ and dog owners² –

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

See brief summary on page 08

¹Data on file at Merial.

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

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Are you the veterinary tooth fairy?

The elusive, bicuspid-loving tooth fairy is making money from her work with teeth. Are you?

By Roger Zinn, CVPM

Just like the tooth fairy, your veterinary practice makes money from its work with teeth. But are you making the total revenue you could be making? How surprised would you be to know oral disease is the most common problem in veterinary medicine? By age 3, most dogs and cats have some form of periodontal disease, yet we're either missing it ourselves or not educating our clients about the importance of oral care. When we don't educate our team members and our clients, pets don't get the care they need and the practice loses thousands in potential revenue a year.

Don't believe me yet? Consider this example. Say you generate \$260 to \$500 per periodontal scaling, so on average about \$380. With those numbers, if you see 10 patients in a day, that means eight of them have some type of oral-related changes due to periodontal disease. Say you convince four of those clients to have dental cleanings and you perform procedures four days a week. That's a potential earning of about \$6,000 a week, totaling almost \$300,000 a year.







The cold hard tooth

Say you have four dental procedures per day and you schedule dentals five days a week. You convince three out of the four clients to have full-mouth dental radiographs at a cost of \$75 per patient. At 15 patients per week, that's an additional profit of \$1,125 per week. And with an estimated 50 working weeks per year, that's \$56,250 of potential earnings around dental radiology.

It takes a tooth-loving team

If you've got a niggling feeling these numbers aren't obtainable, let me reassure you that they are. It's all about rethinking how you're offering your services, coupled with adding specific fees, training your team, streamlining your process and providing the proper dental equipment. And honestly, if you're wanting to increase the number of procedures performed, you need complete buy-in from your veterinary team.

Make sure your team is properly educated and trained on dental techniques. Create team-building strategies around your standards to get the whole team on board. This is crucial so you're ready to educate clients about oral care both before and after a dental cleaning and discuss estimates for procedures.

Recs on recommendations

We can also grow into dentistry by improving our pre-surgical screening recommendations, such as bloodwork, urinalysis, electrocardiograms or radiographs. More comprehensive anesthetic care and testing will allow for safer procedures with minimal risk of complications.

Offering clients additional treatment options—such as dental radiology, Oravet, bonded sealants, nerve blocks, pain management and fluoride therapies—is a more efficient way to offer higher standard of oral care. Making these recommendations as part of the plan when discussing estimates should increase your average dental transactions by 35 to 45 percent.

Remember, radiology is rad

Dental radiology is a perfect addition to any veterinary dental plan. It provides veterinarians the opportunity to evaluate the oral cavity more comprehensively for abnormalities that may need to be addressed.

Want your clients to say yes to dental radiographs? Start by investing the time to train your team to talk about why dental radiographs are so important for comprehensive oral care.

If you're trying to justify a dental radiography equipment purchase, consider this: With the right strategy, you could pay off your purchase in as short as three to six months, if you market your services correctly.

Serving the dental needs of our patients is an opportunity to improve pet health—and generate needed revenue at your practice. It's time to take after our fellow fang-favoring tooth fairy friend and learn to love working with teeth.

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



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Who needs a friend
Who needs to learn to trust
Who will learn to love
Because of
This dog you saved

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what I DIDN'T LEARN in vet tech school

School fully prepared me to be a great veterinary technician.
But what happened after graduation changed my life.

by Julie Carlson, CVT

See more of our coverage in our sister publications ...



What can bridge the gap between vet school and proficiency? Mentorship! In this issue of *dvm360* you'll find a pep talk and guide rolled into one, with exclusive supporting data. Plus, what several vet schools are doing to make sure grads are prepared.



In *Vetted* you'll find data on the clinical and nonclinical skills your colleagues felt like they could have used more on before entering an exam room. Included are frank thoughts from fellow vets about the ways schools should change and resources to help you learn what you missed.

Supported by an
educational grant from:



LONE STAR TICKS

RISK TO DOGS,
RISK TO HUMANS.

BRIAN HERRIN
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ONYINYE IWEALA
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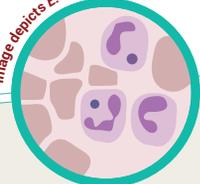
THOMAS MATHER
BS, MS, PhD, University of Rhode Island



LONE STAR TICKS CAN TRANSMIT PATHOGENS.

While ticks are certainly an unpleasant sight for pet owners, hygiene is far from the primary concern. Lone star ticks can carry **several pathogens** that may be transmitted to the host during feeding. It's important to have a standardized plan throughout your clinic for prevention, diagnosis and treatment of each tick-borne disease.

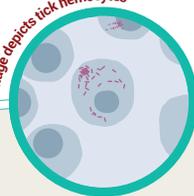
Image depicts *E. ewingii*



EHRLICHIA SPP.

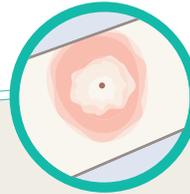
Lone star ticks can transmit both *E. ewingii* and *E. chaffeensis*. In-house antibody tests do not distinguish between *E. canis* and other species. Consider clinical signs and CBC/platelet count to help determine if there is an active infection before making treatment decisions.

Image depicts tick hemocytes



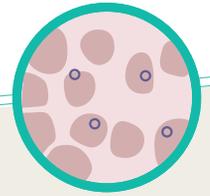
RICKETTSIA SPP.

While lone star ticks have been shown to carry *R. amblyommii* and *R. montanensis*, they have also been shown to infrequently transmit *R. rickettsia*, which causes Rocky Mountain spotted fever.¹ Antibody tests can't distinguish between these three pathogens, so clinical signs are very important to help diagnose Rocky Mountain spotted fever. Antibiotic therapy should not be delayed in a patient with signs suggestive of Rocky Mountain spotted fever.



STARI

Southern Tick-Associated Rash Illness (STARI) is associated with the feeding of lone star ticks, although the causative agent is unknown. STARI mimics the target lesion of Lyme disease in humans but is not known to cause clinical disease in pets.



CYTAUXZOON FELIS

This feline pathogen can lead to potentially fatal disease. Infected cats may be jaundiced and painful on splenic palpation. Diagnosis can be confirmed with blood tests.

RED MEAT ALLERGIES: A UNIQUE RISK FOR HUMANS.

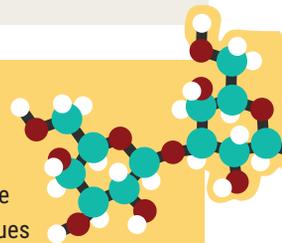
A 2009 study linked a series of allergic reactions in Virginia and Missouri to consumption of red meat.² Patients who had eaten red meat without a problem in the past now developed symptoms 3 to 6 hours after meat ingestion.

Comparison of geographical distribution of red meat allergy cases, tick-borne diseases, and tick distribution suggested a connection between lone star tick bites and red meat allergies.



ALPHA-GAL

Galactose- α -1,3-galactose (alpha-gal) is a carbohydrate normally present in the tissues of most mammals (except for humans and apes). After being bitten by a lone star tick, some individuals develop an allergic immune response to alpha-gal. A person who develops this allergy can have a severe reaction after ingesting red meat. Thus, the common name for this condition is "red meat allergy," or sometimes "alpha-gal syndrome." Blood tests have been used to identify patients with this allergy.



5 THINGS TO KNOW ABOUT LONE STAR TICKS.

Thomas N. Mather, PhD, Professor and Director, University of Rhode Island Center for Vector-Borne Disease and its Tick Resource Center, offers five unique facts about the lone star tick.

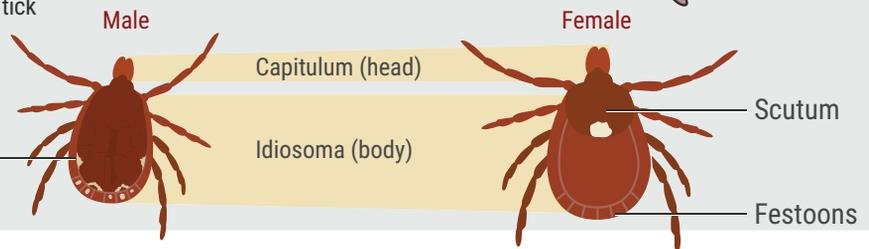
1 LONE STAR TICKS ARE FAST.

Lone star ticks move very quickly and will run aggressively toward a host. Compared to other ticks, they scramble quickly through fur or up a pant leg. Tick checks are very important, even if the pet has only been outside briefly.

2 LONE STAR TICKS ARE COMMONLY MISIDENTIFIED.

Steps to confirm a lone star tick:

- Narrow your vision to just the scutum (or shield)
- Check for the distinctive white spot (or "lone star") which identifies the adult female lone star tick
- The adult male lacks the white spot but typically has spots or streaks of white around the outer edge of the body

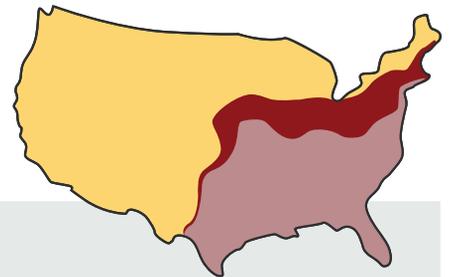


3 LONE STAR TICKS ARE EXPANDING THEIR RANGE.

Information gathered from the TickSpotters program indicates that lone star ticks are spreading into the Upper Midwest. Dr. Mather suggests that the spread of this tick species is related to the increased abundance and suburbanization of white-tailed deer, a key host.

Geographical Range of the Lone Star Tick Population³

■ 2010
■ 2012



4 LONE STAR TICKS DO NOT TRANSMIT LYME DISEASE.

In a study testing more than 22,500 lone star tick specimens, there was no measurable prevalence of *Borrelia burgdorferi*.⁴ This may be partly because this tick species rarely attaches to white-footed mice,⁵ the primary reservoir of *B. burgdorferi*, but favors white-tailed deer, an animal rarely infectious for the Lyme disease germ. It could also be related to potentially borreliacidal properties of lone star tick saliva.

5 LONE STAR TICK LARVAE ARE TINY.

The larvae are so small they can crawl right through the fabric of socks! Wearing permethrin-treated clothing can help prevent bites. Look out for tiny, poppy seed-sized engorged larvae especially on pet's feet, or wandering loose in homes.

LONE STAR TIPS:

- Make a plan to handle tick-borne diseases in your clinic – Don't be caught surprised!
- If treatment fails initially, consider the possibility of a co-infection with several pathogens.
- Prevention is key.

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5. Mather TN, Mather ME. Intrinsic competence of three *Ixodid* ticks (*Acari*) as vectors of the Lyme disease spirochete. *J Med Entomol*. 1990;27(4):646-650. doi: 10.1093/jmedent/27.4.646.

Veterinary technology school isn't easy. The curriculum is challenging, the time required to study is enormous and the responsibility of providing care for the animals living on campus never lets you forget why you're there. I had some of the best instructors I've ever met, and they were the reason that I became an instructor. I had such a good education and such a good experience receiving that education that I wanted to provide the same opportunity to others.

But there are some things that no amount of schooling can ever prepare you for. Some renewed my faith in the human spirit and some damaged me irreparably. But all taught me important lessons. Here are a few things I've learned since I graduated.

Sometimes I'm most needed on the other side of the exam table.

I'd been working at a small clinic for about two months when I saw an elderly woman getting out of her car with an ancient dachshund following her on its leash.

"Ugh, not this woman," the receptionist said. "She needs to put that dog to sleep. We've been trying to get her to do it for months."

The dog had a myriad of health problems. None on their own were reason enough to give up, but together they added up to a poor prognosis. I showed the woman to an exam room and lifted her dog onto the table. We made small talk as I took the dog's vitals until the woman fell silent.

She looked up at me and said, "I know I need to put her to sleep. But she's all I have in the world. I lost my husband years ago, my kids have all moved far away and all



my friends have died. When I lose her, I'll have no one."

Her words hit me right in the gut. I pictured my own grandmother standing

"I know I need to put her to sleep. But she's all I have in the world."

there, contemplating the idea of going home to an empty house and packing away her only friend's belongings and facing a quiet future alone. I thought about this throughout the doctor's exam and while he gave her the news that we could do nothing more for her beloved dog, who was now suffering.

The woman nodded and said, "Then I guess I need to let her go." While the receptionist printed off the consent forms,

the woman said to me, "I'm so afraid of being alone." It was in that moment that I saw an opportunity to change her memory of this terrible day. I told her, "You're not alone. I'm here with you."

I moved to the other side of the exam table and held one of her hands while she stroked her dog's face with the other. When the doctor confirmed that the dog had passed, the woman sighed, tears filling her eyes and softly running down her face. She cried silently for a while, never letting go of my hand. Finally, she patted her cheeks dry with a crumpled tissue she pulled from her pocket. She turned, looked me in the eyes and said, "Thank you."

That day I was needed more as a granddaughter than a vet tech.

I can be a hero.

Two couples came into my clinic one

afternoon. They'd been hiking the trails near their homes when they found a German shorthaired pointer. They brought her to my clinic with the hope that she had a microchip and could be reunited with her owner. Sure enough, she was chipped.

Four tense strangers waited in the lobby as I spoke with the microchip company. The representative put me on hold while he called the dog's owner. He came back on the line, a smile in his voice. "The owner has been searching frantically for her for six days," he told me. "And her name is Maggie." I turned to the dog and called her name. She perked up and ran behind the reception desk to nuzzle me.

He connected my call to the owner, and I gave her directions to the clinic. The four hikers watched with anticipation as cars came and went. Finally, a truck pulled up and a woman got out. The look on her face told us that this was Maggie's owner. Their reunion was full of tears and kisses. It turned out that the hikers lived just one street over from Maggie's home. The four hikers and Maggie's mom all left happy, planning to meet for coffee. I shed a few happy tears of my own that day.

I need to cry.

A red chow mix had been hospitalized at my clinic for a few days. I was the only one in the building one evening, finishing up closing duties and getting patients ready for the night. As I checked vitals on the chow, something told me she wouldn't make it until morning.

I called the vet at home and told her what I was seeing. She called the family, who was out of state on an unavoidable trip. They wanted desperately to be with their pet in her last moments, but they



wanted more to avoid her suffering. The vet called me back with this news and told me she was on her way in to attend to her patient's final needs.

Knowing that this sweet dog only had about 45 minutes left of her long, happy life, I unhooked her from all the machines and carried her outside. I laid her in the grass and brushed her fur where she could feel the warm sun as it slipped below the horizon. While the vet prepared to administer the injection, I turned on Norah Jones' "Come Away with Me" and told the chow how much her family loved her.

After I left the clinic that night I sat in my bathtub and cried for two hours. I texted a veterinarian friend of mine, who has been my rock many times. I told her what had taken place that evening. I couldn't understand why I kept crying, because I'd only known this dog for a few days.

My friend asked me, "Yes, but how many dogs haven't you cried for? How many patients have you watch die that you

swallowed your emotions over?"

I learned that night that I need to allow myself to grieve the same way I tell my clients that they need to give themselves time and permission to grieve the loss of their companion.

I can change people's lives.

Eleven years ago, I volunteered at the Arizona StandDown, an event providing services to homeless veterans with the intent of getting them back on their feet. I told the coordinators that I was a certified veterinary technician and they gave me a table, where I spent two days educating pet owners on pet care.

One man introduced me to his big white German shepherd. The man was tall and would have been fairly imposing had his face not lit up as he spoke animatedly about his dog's favorite games and how funny he looks when he sleeps on his back.

This large man was currently living

in a tiny Geo Metro with his canine companion. He told me when people gave him money he saved it so he could get his dog Rimadyl for his arthritis, and how he shared any food he with his pet, making sure the dog ate first.

I asked the man how long it had been since he'd eaten a good meal of his own. He thought for a moment and then

Every year I get the privilege of having these forgotten people—veterans who are living on the very streets they fought to defend—look me in the eye and say thank you.

admitted that he couldn't remember. That was the moment that I felt something ignite inside of me.

I founded Vets for Vets' Pets and have been providing full veterinary services at the StandDown for the last eleven years with a team of 200 volunteer veterinarians, technicians and members of the public. At our last event we administered 465 vaccines, spayed or neutered 47 pets, groomed 43 dogs that may not have had a bath in years, gave food and supplies to 525 pets, and provided boarding for 197 pets so their veteran owners could receive services such as housing assistance, medical care and job placement.

Every year I get the privilege of having these forgotten people—veterans who are living on the very streets they fought to defend—look me in the eye and say thank you. By taking care of their pets, these

veterans can focus on getting the care they need.

Sometimes I'll be called upon to give up a piece of myself.

One day a large, muscular man with a shaved head and lots of tattoos came into my clinic carrying a tiny chocolate brown Chihuahua puppy weighing just under 2 pounds. The man wore sunglasses, but I could hear the tears in his voice as he told me something was wrong with his pup.

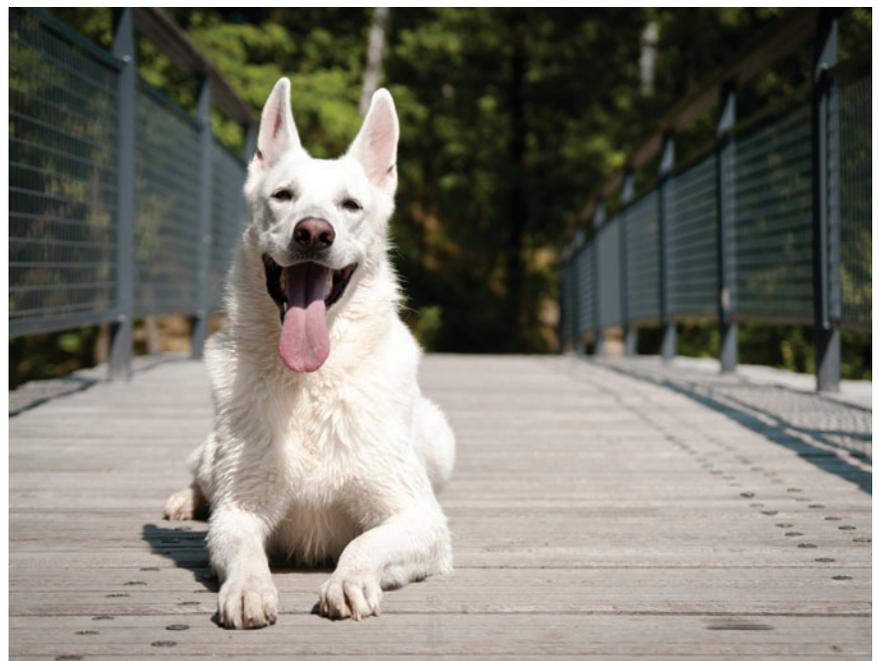
The dog had been without food for around 12 hours; the man simply didn't realize how often tiny puppies need to eat. I asked the receptionist to show the man to an exam room and then rushed the puppy to the treatment room. The puppy's blood glucose was extremely low, so we set a catheter and administered a dextrose solution. We had to put in a jugular catheter because the dog's veins

were so small. We tried everything, but the puppy's health continued to decline and he started having seizures.

The doctor told the man that his puppy wouldn't make it through this and that the best thing he could for his dog was to let him go. The man struggled with his decision for too long as the puppy's seizures came faster and lasted longer.

Finally he consented to euthanasia. The doctor was in another exam room, where she was involved in a procedure. I stuck my head in the room and told her I had consent. She asked me to administer the injection so the pup didn't have to wait and suffer any longer.

I'd euthanized only one other animal before in my career. I don't remember what was wrong with the cat, but I do remember how I felt after I gave the injection and heard its heart stop. It felt like a little piece of me died that day. I decided that I would never do



it again because I couldn't handle the psychological effects.

But this day, the puppy needed help and I was the only one able to offer it. I got through it by explaining the procedure as I performed it in a semi-disconnected clinical manner to a veterinary assistant extern. I showed her how to label the body and note it in the medical chart, and then I closed myself in the staff bathroom and collapsed in a weeping pile on the floor.

I know I did the right thing, but the memory of watching that puppy pass away as I injected the blue solution into its tiny vein still haunts me.

I can fall in love with the clients as much as their pets.

A young couple adopted a racing greyhound who had been relinquished by his owner when he broke his leg and could no longer race. The couple waited anxiously in the lobby during the surgery and chatted with us about some of his silly antics. There was just something charming about this couple that drew us to them.

After surgery, they were joyfully reunited and sent home with post-op instructions to come back in two weeks. But only a few days later they returned, the husband carrying the greyhound in his arms. They had taken the E-collar off while they sat on the couch with the dog so they could cuddle with him. And then they forgot about it while they ran to the store to pick up a forgotten item. While they were gone, the dog managed to chew off two of his toes.

We were able to pull enough skin together to repair the damage, but the dog never regained full function in the leg, and we eventually amputated it.



The couple was completely distraught about their mistake and felt they'd let their dog down. By this time, the entire team had fallen in love with this family. All of the technicians got together and held a bake sale to help offset the costs the couple was now facing. They became friends of the clinic, and we were always happy to see them and their happy, well-loved, three-legged greyhound.

I can collaborate with veterinary professionals all over the world.

I have joined several Facebook groups with other veterinary technicians and veterinarians. The ones I find most helpful share advice, discuss how to handle difficult clients, talk about benefits and disadvantages of medications and treatments and even provide support and lend a virtual ear to people facing difficulties at work.

I've learned about medications I never knew existed and different ways of administering treatments. I've had the pleasure of conversing with people who are excelling in the field and the privilege of connecting with some real veterinary rock stars. I've been part of debates about ethics and discussions on laws. I've gained so much by connecting with my colleagues all over the globe.

While I was in school I learned everything I needed to know to excel in my field. I developed excellent hands-on skills and learned not only what I needed to do but why I needed to do it and how to best accomplish it. But after graduation I learned the rest of what it truly means to be a veterinary technician.

Julie Carlson, CVT, is a freelance author. She is the winner of the 2015 Hero Veterinary Technician Award from the American Humane Association. Julie has five cats and two Chihuahuas and lives in Phoenix, Arizona.

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6 THINGS

I didn't learn in school about being a practice manager

By Melissa Tompkins, BS, CVPM

Schooling and book learning didn't prepare me for the emotional, communication and management headaches that come with the harried job of the veterinary hospital manager. Come sympathize with my agonies ... or, better yet, learn faster than I did.

One of the things school didn't prepare me for was "dealing with crazy." I didn't have any real training on how to handle the emotions that go on in a veterinary hospital. Between the clients, the team members and the doctors, there were a lot of feelings that got in the way of effective communication. When I found myself emotionally burdened by employees' problems, I took that burden home with me and didn't sleep very well those first few years as a practice manager. It took me a long time to learn how to leave that stuff at work.

Here are some of the other things I learned from hard-knock life as a practice manager out of school.



1. Stopping the “he said, she said”

I also dealt with a lot of “he said, she said,” and I was constantly putting out fires amongst the team members. I felt like half my day was spent listening to one employee complain about another with no real resolution. Team members wouldn’t talk to other team members they had conflict with, and they expected me to fix the problem. This was difficult, if not impossible.

I learned that to really fix staff problems, I needed them to be part of the solution. I started facilitating meetings between team members for honest discussions about their thoughts and feelings. In many instances, just one conversation helped team members learn how to connect with one another

and resolve their issues. Sometimes, we needed a little more conversation. After a while, I learned how to effectively mediate conflicts and help others learn how to communicate with one another.

2. Learning to say “no”

Another skill set I didn’t learn in school was how to say “no.”

Team members, clients and doctors used to bombard me with requests all day to take care of things for them. It never seemed to matter what I was doing—they just expected me to stop and take care of their problems. While many of their requests were valid, it was a struggle to balance my management duties with all the other work I had. And I was expected to help the team first and worry about my own work second.

But as I took on more management responsibilities, it was harder for me to finish my work when I was expected to stop everything to help the team. Since I was a salaried employee, I started working long hours to get my work done. I stayed at work long after we closed. Over time, this started to wear on me, and I began to burn out.

Eventually, I realized I wasn’t completing my own work and I was starting to resent my team. I started setting boundaries and even created “office hours,” when the team could come and ask me nonurgent questions. These changes helped my sanity and taught my team to respect my time.

I also learned how to delegate some of my own duties to qualified team members. This was extremely helpful in allowing me to get my job done and building confidence in those team members. Extra responsibility

Unleash

The Power Of Wellness Plans

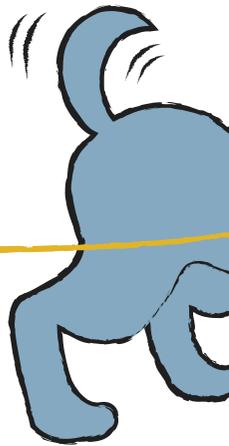
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made them feel empowered to make a bigger impact on the hospital.

3. Beating bad attitudes

School also didn't prepare me to deal with bad attitudes. I found it difficult to manage team members who were constantly negative about everything at work. Sometimes when I asked them to do things, they'd give me attitude. It was hard for me to respond in those situations, because I didn't understand why they were so argumentative. It took me a long time to figure out how to address their negativity and turn it into something constructive.

First, I started holding them accountable for their attitudes. I brought it to their attention in the moment or escalated it in written warnings in their employee file. After a while that made an impact in the culture of the hospital. Once negative team members knew their attitude would no longer be tolerated, they started to change. In the beginning, a few employees quit, but most hadn't realized how their behavior affected the rest of the team, and they started to focus more on being positive.

4. Caring for introverts

When I was a new manager it was also hard for me to manage introverts. I'm an extrovert by nature and full of energy. I'm also very direct and open with my thoughts and feelings. This made it difficult to manage my more introverted, cautious team members. After a while, I realized I was intimidating them with my energy and directness. I learned to take a step back and approach them in a manner that worked better with their personality type. I lowered my voice and was aware of my body language. I also made an effort to spend more one-on-one time with them and find out their interests so I could talk to them about something they enjoyed.

5. Asking lots of questions

School, strangely enough, also didn't properly prepare me to ask questions

before reacting. In my first few years, if I found a mistake or someone came to me with a complaint about another team member, I was quick to criticize the mistake and react to the complaint. There were several times when I made the wrong decision because I didn't investigate further before acting. I needed to learn to stop and think about the complaint before responding. This was hard for me, because I like to make decisions quickly and don't always have a lot of patience. But I learned to slow down and approach the problem from a different point of view.

I learned to ask first: "I heard we had a situation with Fluffy. Can you tell me what happened?" Or if an employee is asked to do something and doesn't, I don't assume why. Instead, I ask employees if they knew the task assigned was assigned to them and why it wasn't completed. Many times, the task assigned wasn't clear or they didn't know they were assigned the duty. Giving everyone the benefit of the doubt first is the best way to go.

6. Learning I didn't know what I didn't know

Ultimately, I sort of learned after a few years out of school that I needed a little more education. It took me a long time to figure how to be a better manager, and a big help was my former practice owner sending me to CE sessions.

I went to AAHA's veterinary

management school as well as the practice management consulting firm VMC's School of Veterinary Practice Management. I started attending annual conferences. I found the VHMA and CVC (now Fetch dvm360) conferences extremely helpful in giving me the tools and information needed to be more effective in my job.

I also joined a local practice manager group and started attending their monthly meetings. It was really nice to hear that I wasn't alone and that others were experiencing some of the same difficulties. Over time, some of these other managers became my closest friends and colleagues. In 2011, I passed the Certified Veterinary Practice Manager (CVPM) exam with one of my colleagues, and it was a wonderful experience. I not only gained a tremendous amount of knowledge becoming a CVPM, but I also became a better leader.

"I didn't know what I didn't know" before I started studying for that exam. The same might be true for you on your journey to become, or grow, as a veterinary practice manager. Whether it's self-reflection, more and better communication, or formal schooling and CE, learning and changing can keep you from facing mid-career (or even early career) burnout in a job in the emotionally charged veterinary workplace.

Melissa Tompkins, BS, is a certified veterinary practice manager in Southern California.

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What's hot in nutrition

Nutrition expert Ed Carlson shares some top trends.

By Hannah Wagle

Special pet diets are all the rage right now. To discern whether they're worth the hype, we talked to Ed Carlson, CVT, VTS (nutrition), about the top three diet trends and what he thinks of each. Let's dig in, shall we?

TREND NO. 1: GRAIN-FREE

Grain-free pet food has been a trend for years now. Carlson recognizes the hype but doesn't see the reasoning behind it. "There's actually no research to show that grain-free is the superior diet," he says. If your veterinary clients come in spouting references, politely ask them for their sources and start debunking from there.

On the subject of allergic aversions, Carlson also has reservations. "Pet owners often mistakenly assume their dog or cat is allergic to grains in pet food," he says. In other words, because Barnaby is allergic to rice, that doesn't mean he's also allergic to other grains such as wheat or corn. It could also mean that Barnaby is allergic or reacting to something other than wheat, and the pet owner mistakenly assumed grains were the problem.

TREND NO. 2: RAW-FOOD DIETS

Raw-food diets are all about getting dogs back to their roots—as in, eating as they would if they were still in the wild. The concept makes sense to some, not so much to others—including Carlson. "This diet has become increasingly popular over the past several years, but there's no evidence that this diet type is better than processed diets," Carlson says.

One of the biggest reasons this diet is so controversial is because of sanitation. "Ingestion and improper handling of raw meat poses a health concern for pets and people alike, he says. If you search recent recalls, you'll find several are for raw-food diets." If your clients insist on going the route of the raw-food diet, be sure to educate them on sanitary practices.

TREND NO. 3: NEW RENAL DIETS

The up-and-coming contender for third trend is renal diets. These veterinary diets promote alkaline urine production and usually contain B vitamins and omega-3 fatty acids—not to mention slowing renal disease in cats and dogs, preventing uremic episodes and doubling patient survival.

Renal diets might have seemed like a thing of the past. But with new-and-improved formulas and diet plans, Carlson thinks this trend is here to stay, and for good reason. "These newer renal diets include higher levels of high-quality, easily digestible protein than traditional renal diets," he says.

'Wellness plan?

But Barnaby's as fit as a fiddle!



We'd wager you know that wellness plans are great, but your veterinary clients may need some convincing (which is OK!) before they're all in. With practice, you can explain why this preventive care program is not a gamble.

By Ciera Sallese, CVT, VTS

Stores don't sell many umbrellas on sunny days. Who thinks of preparing for rain when the sky is cloudless and the air is dry?

Similarly, it can be difficult for veterinary professionals to convince owners of healthy pets that wellness plans are well worth the money and effort to protect against future health problems. Who wants to think about vaccines, fecal exams and heartworm tests when the pet is young and fit?

Nevertheless, you know it's a conversation worth having—even when skies are sunny. Check out these common client questions about wellness plans and possible responses. With a little preparation, you stand a better chance of convincing your clients to plan for—and perhaps prevent—rainy health days.

Pet owner: Does Barnaby really need all of the vaccines included in the wellness plan?

You: Barnaby's vaccines are just as important as vaccines are in people. Along with the rabies vaccine, which is required by law,

the distemper combo vaccine can help prevent deadly illnesses such as canine parvovirus. Other vaccines that protect against serious diseases, including Lyme disease, leptospirosis and kennel cough, are highly recommended—especially if Barnaby spends time outside, at dog parks and in boarding or daycare facilities.

Pet owner: I understand these vaccines are important, but can't they hurt him? What if he has a reaction?

You: While the chance of a vaccine reaction in Barnaby is low, it's still a possibility. However, these reactions are usually mild, ranging from swelling at the injection site to fever and vomiting. Most vaccine reactions can be treated quickly with a few medications. If a vaccine reaction is noted in Barnaby, he can be premedicated with an antihistamine before future vaccines to help prevent reactions.

Pet owner: If Barnaby is vaccinated for Lyme disease and on heartworm prevention, why is yearly testing necessary?

You: While preventives and vaccines are important, nothing is 100 percent effective. Because most diseases are easier to treat when caught early, we want to take every precaution to make sure nothing is missed. Also, if there is a lapse in heartworm prevention and a pet is infected with heartworms, the preventive can sometimes harm the pet. If you ever miss a dose of heartworm prevention, Barnaby should be tested before giving him the next dose.

Pet owner: I've never seen any worms in Barnaby's stool. Does he really need a fecal exam?

You: Because the life cycles of parasites continue to change, you might not always see physical worms in Barnaby's stool. We perform fecal exams in a lab using a microscope, so our team is able to find infestations that you might not have noticed at home. A fecal exam keeps Barnaby safe, and it keeps you and your family safe too.



Many intestinal parasites can spread to people, so it's important to make sure Barnaby doesn't have any untreated infestations—especially if you have children.

Pet owner: This seems like a high cost for some routine vaccines and tests. Is it really a good deal? Barnaby seems pretty healthy already.

You: Barnaby is healthy now, and we want him to stay that way. The exams, vaccines and tests included in the wellness plan were chosen to keep Barnaby in optimal health and save you money in the long run by avoiding expensive treatment costs and hospital stays. And you can pay for these items in small chunks over the course of the year at a discount instead of a couple of large payments.

Every wellness plan is different, so be sure to personalize this script to educate clients on the particular perks of your practice's wellness plan.

Ciera Sallesse is a CVT and VTS (Clinical practice) at Metzger Animal Hospital in State College, Pennsylvania.



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KEEP CALM AND



CARRIER ON

These Fear Free cat carrier tips complement the low-stress measures you're taking in your veterinary clinic.

By Mikkel Becker, CBCC-KA, CPDT-KA, CDBC, CTC, KPA Graduate, BA Communications

Editor's note: This is the first in a series of stress-reducing tips that include strategies for pet owners to try at home before the pet reaches your clinic.

Keep an eye on dvm360.com/InClinicAtHome for more topics such as nail trims, exam table woes and handling.

What's in the box? Another freaked-out cat, with claws and teeth fueled by fear and fury. And you just can't wait to open that box, right?

What if there were another way? Good news: Even for mature cats who've learned to loathe their carriers with a white-hot passion, it may be possible to transition them to a more peaceful place with their carriers.

It's true that prevention is key to keeping animals comfortable and relaxed with veterinary care. But many cats have already missed out on the prevention, and they suffer from fear, anxiety and stress issues associated with veterinary visits.

Even for these pets it's not too late to help alleviate fear, anxiety and stress and make drastic improvements to protect their emotional experience during care. Emotionally protective veterinary care is geared to prevent fear, anxiety and stress, and to alleviate the feelings that already exist. Here are key ways to help cat owners complement your veterinary team's efforts to keep pets calm and carry on with emotionally protective care.

The veterinary team's role

- > Ask your clients during visits if Felix ever hesitates entering the carrier when it's time to visit the veterinarian.
- > Observe the cat's response to the carrier during the veterinary visit. Though cats may gravitate to the carrier space as their hideout in the veterinary office, many felines avoid it in their home space.
- > Keep carrier conditioning tips on hand to give pet owners during their visit. Carrier training guidance is important, especially for preventing fear associated with the carrier. For cat owners facing established carrier fears, intervention is critical to ensure clients don't face a battle getting the cat inside—and to make sure the carrier doesn't become the barrier that keeps the cat from visiting for regular care.

The pet owner's role

- > Clean the cat's carrier with a product that removes any lingering clinic smells after each veterinary visit. This reduces the scary smells that may remain in the space. Giving the pet owner a sample Rescue wipe can help. Pet owners can also use cleaners with mild smells such as a gentle unscented soap on the washable surfaces or a mild-smelling detergent for washable soft carriers.

> Infuse feel-good pheromones in the carrier with pheromone sprays or wipes. Adding the cat's favorite blanket, bed or toys inside the carrier can make it feel like a safe, secure home base for the cat.

> Start fresh. In cases where fear or anxiety is high, or the carrier has been an ongoing issue for the cat, it may be best to start fresh and switch to a new, different type of carrier rather than trying to "fix" a cat's concerns with an existing carrier. The cat can better adjust to the new carrier rather than trying to backtrack with one that's already laden with emotional distress.

For example, if the cat previously used a soft-sided carrier, recommend a switch to one with hard sides. Clients can also try using a similar style of carrier but moving to a different look or brand. Recommend types of carriers that offer multiple exits and either a removable top or one that unzips to allow you full access to the cat inside.

> Advise pet owners to choose an aesthetically pleasing carrier so they'll be inclined to keep it out in their home as a piece of frequented, fun "purr-niture" for the cat.

What if the client's not willing to try a different carrier?

Pet owners can also reintroduce the cat to the space in a different way by inviting cats to familiarize themselves little by little at a pace they're comfortable with. This gradual introduction is also helpful for introducing a new carrier. Consider these steps to get started:

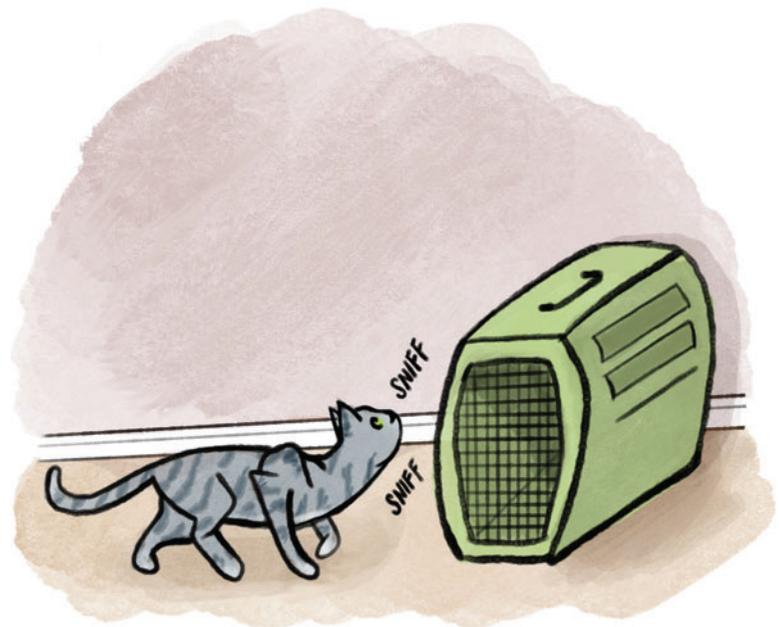
> Introduce or reintroduce the carrier to the area by having the pet owner leave the carrier out in a spot the cat frequents in the home. Remind the owner that the

less pressure the cat feels to go inside, the better off the cat will be—as making it their choice to go in will have better results than physically putting the cat inside. To encourage a hesitant cat to venture into the carrier, suggest ways the pet owner can make the space more appealing and less frightening for the cat.

With a soft-sided carrier, open and secure the front entrance and sides

the carrier on top of a piece of sturdy furniture with the bed placed back and away from the edge of the furniture to keep it from slipping or tipping.

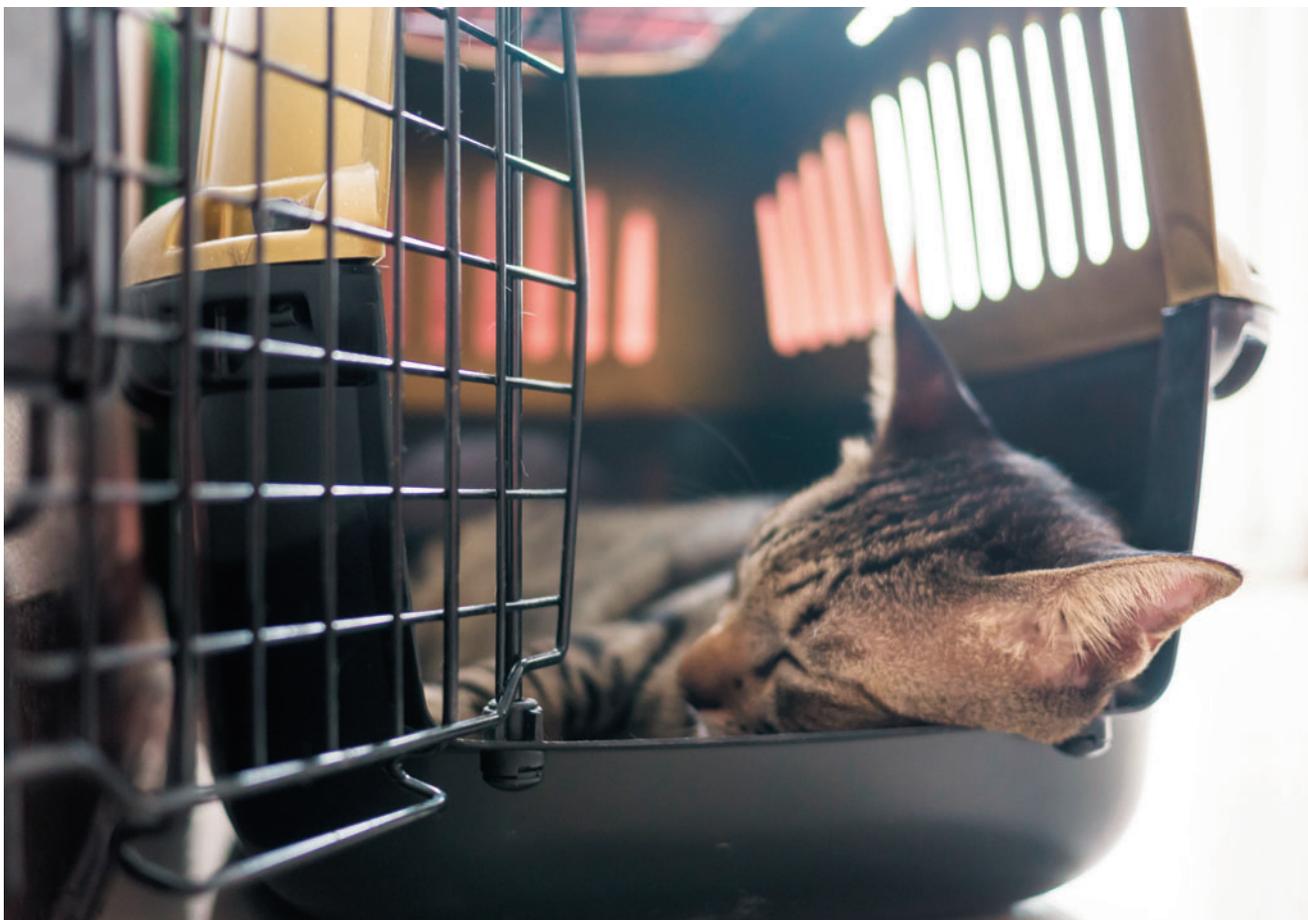
> Now put the lid on. Once the cat is comfortable, replace the top lid of a hard-sided carrier and keep the door either off initially or secure the door with a zip tie or carabiner clip so it doesn't close on cats when they enter. On the soft-sided carrier,



to make the carrier open rather than enclosed, which will help reduce the cat's fear of being trapped inside. With a hard-sided carrier, pet owners should remove the top and leave the bottom base exposed. For both, place the cat's bedding inside, and place the carrier in an area the cat enjoys—for example, in an area of the home where the cat can sit inside the carrier to bask in sunbeams from the window. Or they can place

zip the top opening closed but keep the front entryway open.

> Fill it with treats. It's not just frequent exposure to the carrier that helps fearful felines feel more relaxed with the space. It's also pairing positive experiences that create happy anticipation and eager expectation of the good things that are associated with the space for the cat. Have the client try smearing yummy treats, like cream cheese or soft cat food, on the lip



or back wall of the carrier to encourage the cat to go in—and stay inside—the carrier for longer periods of time. They can also place these treats inside a toy or food puzzle and then place them inside the carrier for the cat to enjoy.

> Keep the treats coming. Randomly drop in treat and toy “confetti” around and inside of the carrier space to encourage the cat to go inside to see what party favors you’ve left. A Hansel-and-Gretel-style treat trail can lead inside of the carrier. Or, for felines who are a little leery of moving inside at first, spread the confetti all around and inside of the carrier.

> Play it up. If the cat is playful, the pet owner can play with the cat outside and inside of the carrier by using a wand-type toy to encourage the cat to move into the space.

> Make it a feeding space. Pet owners can also encourage the cat to approach the carrier for meals. Later they can use this to encourage the cat to go willingly inside by simply following the cat’s normal mealtime routine of placing their food inside.

Feed the feline’s meals near the carrier space if the cat is too fearful to eat inside. Then transition the meal to the outer lip of the carrier and eventually further back inside of the carrier until the cat will eat meals inside of the carrier itself, towards the back of the base.

To start, clients should use special meals, such as the cat’s

favorite soft food, inside of the carrier, and feed dry food on the outside edge at first to make the carrier especially valuable. This way the carrier is associated with the “good stuff” the cat enjoys.

For some cats, clients may be able to place the food inside the base right away. But keep in mind that for some felines the meal may need to be feet away from the carrier for the cat to be comfortable eating. Then, over time, you can gradually reduce the distance an inch at a time until food is beside and eventually inside of the carrier.

Bottom line: The carrier shouldn’t be a barrier to cats visiting your practice. If cat owners are willing to invest the effort, they’ll find it easier to keep calm and carrier on to your practice.

Mikkel Becker is the resident trainer for vetstreet.com and works in conjunction with veterinarians and veterinary behaviorists to address behavior issues in dogs and cats. Her four-legged best friend is Willy the pug, a certified therapy dog through the Delta Society. They are both adventurers and enjoy traveling together to experience the great outdoors, from visiting the farm animals on the family ranch to taking hikes around their home in Seattle.





When the pet owner thinks heartworms are #FakeNews

Your client thinks that heartworms are a made up scam for money. Here's how I like to steer them straight.

By Erika Ervin, MBA, CVPM, CVT

Q: "Sometimes I face clients who think heartworms don't really exist. How do I respond when they insist heartworms are just a scam to help vets make money?"

A: When I'm faced with a client who doesn't believe heartworms exist, first I try to determine their source of information. This helps me tailor my approach and understand how their sources convinced them so well. This is important, because you wouldn't want to offend someone if they're receiving information from a friend or family member.

One of the best ways I educate clients on the topic of heartworms and the threat they pose to dogs and cats is to share my personal experiences. This approach is more genuine. With personal stories, I'm able to connect with clients and gain their trust. Once we've established trust, I can start to ask about their views on heartworm and dispel any myths they may have heard or false information they've received.

Maybe money is important to them. In that case, I'd explain how prevention is always more affordable than treatment. And in cats especially, where there is no treatment, it becomes a matter of life and death.

Or maybe they place high value on science and facts. For those clients, I'd explain to them how heartworm is found in all 50 states today. I'd explain how Hurricane Katrina impacted heartworm prevalence in different areas around the country

and why, now more than ever, it's important to protect our pets against heartworm. There's a chance many other pet owners aren't protecting their pets, and that poses a risk for transmission to our pets.

At the end of the day, the only way to gain credibility with pet owners is to discover what they value most and use that to formulate the best response. This way you'll resonate with what they find important and they'll be more likely to trust and buy into your message.

Erika Ervin, MBA, CVPM, CVT is practice manager at Toms River Animal Hospital in Toms River, New Jersey.





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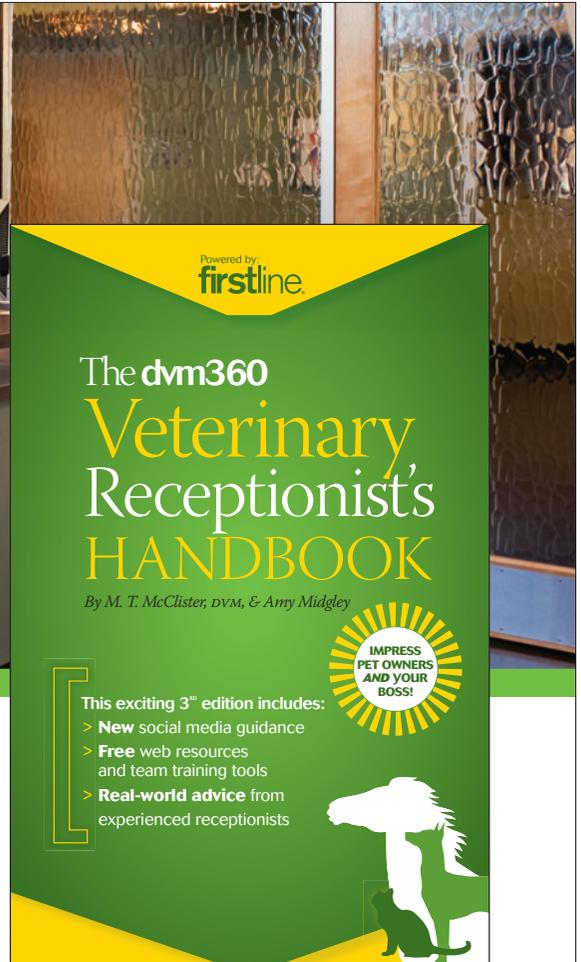


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School rules...

The 2018 dvm360 Vet School Survey asked veterinary technicians about what they did—and didn't—learn in veterinary technology school. Respondents said they wished they'd received more hands-on experience. They also wanted more training in these areas:

- > radiology
- > ultrasound
- > cardiology
- > emergency medicine
- > ECG interpretation
- > conflict resolution
- > animal behavior
- > nutrition
- > pocket pets/exotic pets
- > practice management

HERE'S A SNAPSHOT OF TECHNICIANS' FEELINGS ON VET TECH SCHOOL:

"In general, I wish I'd had more real-world practice and scenarios. Personal wellness would have been a huge subject to discuss. I also would have liked more time on anesthesia and surgery."

"I wish I'd learned more about client interaction, how to deal with clients after euthanasia and how to deal with workplace conflict."

"I wish I'd learned more behavior and Fear Free handling! Meds for behavior to make our lives better and our patients happier."

"I wish I'd learned how to deal with unhappy stressed out vets and other technicians."

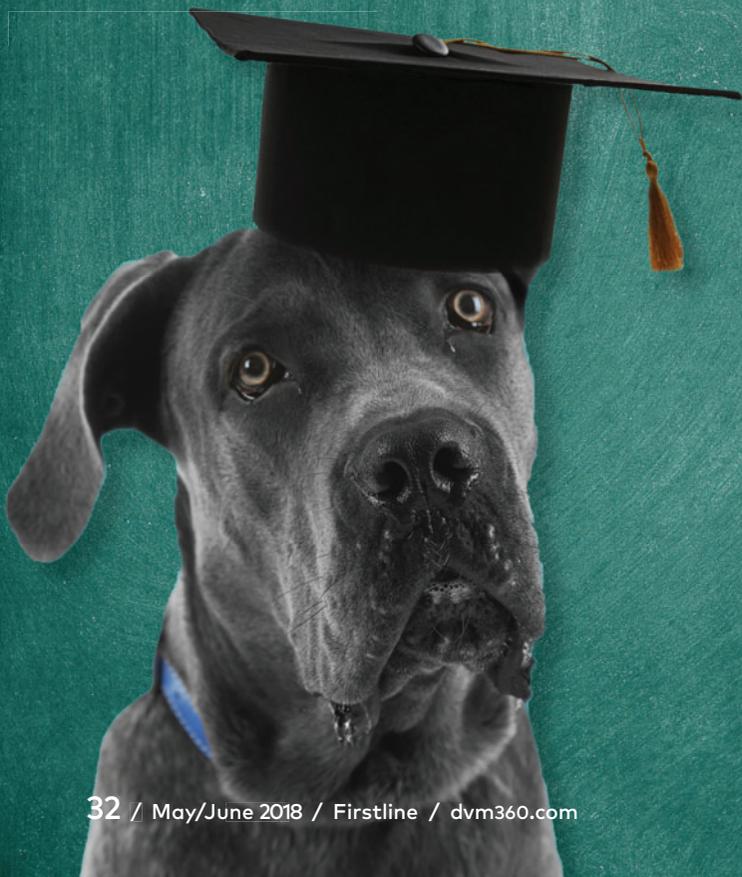
"Vet tech school needs lots more hands-on experience—restraint, anesthesia and bloodwork and blood draws."

"I wish they'd taught how to interact with different practice styles. I also wish they'd explained how what everyone in the practice does affects the business side of the practice."

"In school we had a bit of everything, except client interaction—how to deal in appointments and how to deal after euthanasias. I had nothing about compassion fatigue, how to deal with depression and also nothing about workplace issues and how to deal with them. We really needed more dental, and maybe more focus on small animal medicine."

and dogs still drool.

Source: The dvm360 Vet School Survey was sent in March 2018 to subscribers of *dvm360*, *Vetted* and *Firstline*. The survey garnered 346 responses with a margin of error of 5%.



Love Your practice manager?

Nominate them for 2018 dvm360/
VHMA Practice Manager of the year.

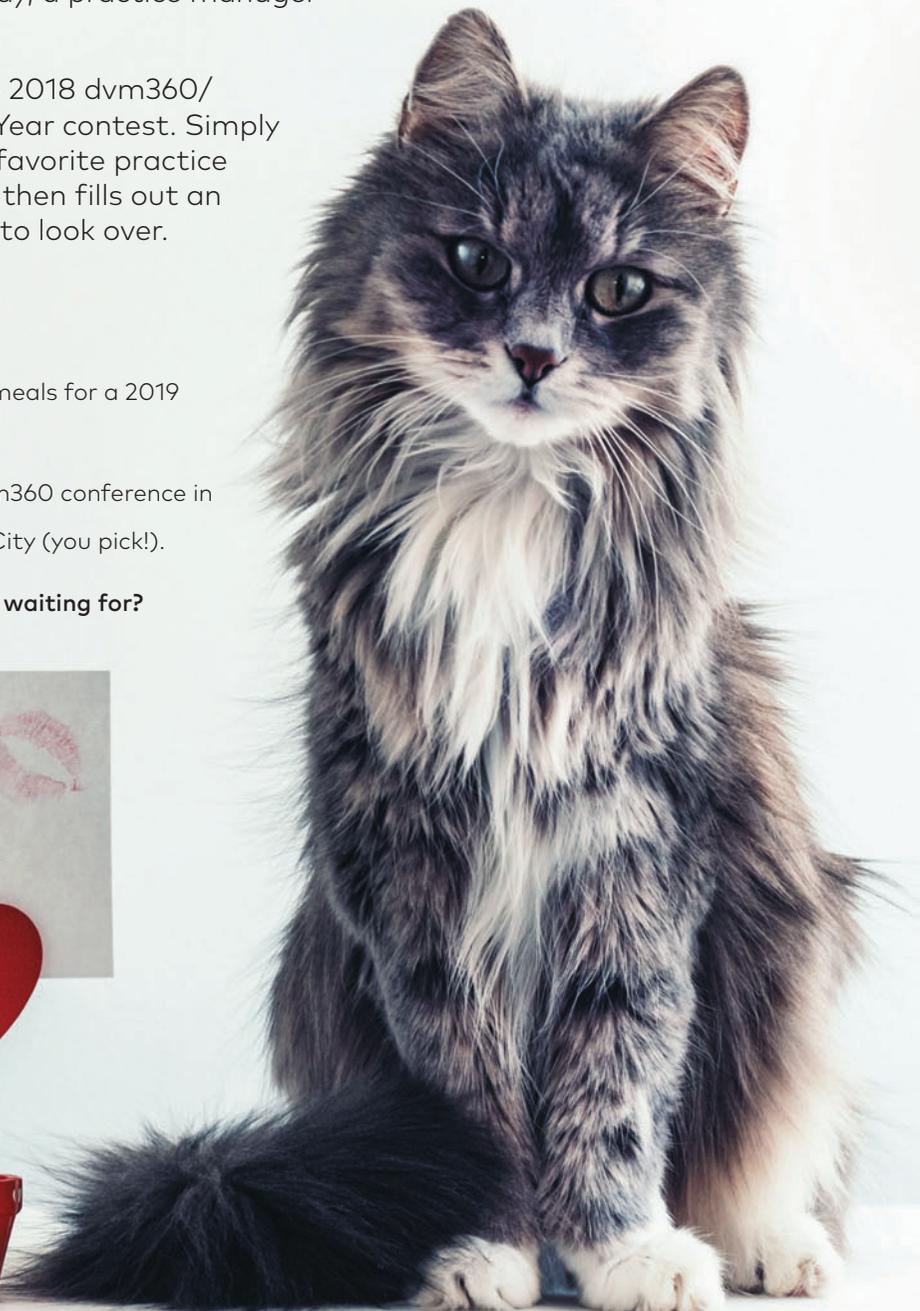
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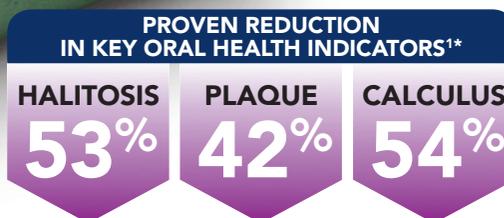
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*Compared with dogs receiving dry diet alone

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