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# trends magazine

Vol. 25, No. 4 May/June 2009

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# inside trend magazine



The Standard of  
Veterinary Excellence

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Promise clients you will deliver on your vision and mission.  
Always keep your promise. That's how you brand your practice.

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## Jump the Rut

Keeping your staff fresh and focused  
for the second half of 2009.



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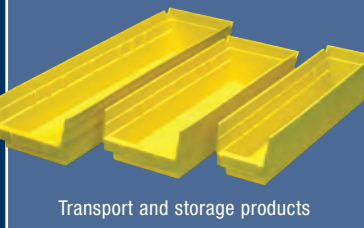
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# from the president

## Maintaining value in a tough economy.



by John Tait, DVM, AAHA president

It is a privilege to be representing AAHA and its members over the next year. We encourage you to send us your thoughts, needs, and priorities so the Board can work to make AAHA the most valuable membership and service-based organization it can be.

As 2009 unfolds, we find ourselves mired in challenging economic times. I was a practice owner during the 1992 recession when interest rates were four times what they are during today's recession, when unemployment was higher than today, and when veterinarians languished behind all other professionals in terms of their fees for service and standard of living.

Yet the profession survived, even thrived in some cases, by focusing on our core business, providing value, and meeting and exceeding clients' needs. With sound support and good management we will ride out this downturn as well.

We hear a lot of value and the value equation, but what does that mean, and is it any different during recessionary times? Clients make a choice to come and see us and stay with us based on a number of factors including reputation, location, hours, cost of services, and the in-hospital experience, among other factors.

But they look for another more subtle over-arching but highly influencing factor in their choice of service provider; as clients face more choices, an increased need for justification, or more competing priorities for their money they look for signs, signalment, and differentiating factors that reflect authenticity in the provider.

Authenticity is the building block for consumers to select providers, and consumer behavior demonstrates that clients and potential clients search for it even harder during tough economic times.

It's up to us to then make the experience

one that will bring them back.

In his book *The Experience Economy*, author and renowned speaker Joseph Pine examines the role of authenticity in services marketing and client experience and how this concept plays a role in enhancing value and building businesses. Part of the concept of authenticity is differential branding, branding that reflects a "special" set of standards, regulations of, and/or endorsements of care and service in professional practices that brings clients in and helps create a value-added experience.

AAHA is branding. Besides the myriad of services and member benefits to help you manage your business or with your own career planning, the AAHA logo in your window, on your website, on your staff nametags, or in your yellow pages ad, is that signalment and authenticity clients look for.

They may not know exactly what AAHA is all about, but they know it means something, something different that says "I'll get value, I'll be looked after here, I'll have a good experience here, and therefore I'll go here". It's up to us to then make the experience once they are in the hospital one that will bring them back.

Our new logo and tag line is meant only to enhance this concept and stimulate more recognition, bring clients in and help you once they are there. Regardless of the economic times, AAHA is here not only to provide support in all facets of practice, but to reach your clients as effectively as we can.

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# notebook

## Videos promote client dog bite awareness

Last November when then-President Bush's Scottish terrier Barney was caught on video snarling and biting the hand of a reporter outside the White House, it became an instant Internet sensation. But had the correspondent understood the proper way to approach a dog, he probably would not have been bitten and Barney would have been spared the bad press.

"You don't want to come down with your hand on top of the dog coming downwards toward the head, because that can be scary for the dog," said Adam Goldfarb, issues specialist, companion animals for The Humane Society of the United States. "That reporter came down from on top and Barney nipped him."

According to the CDC, dogs bite more than 4.7 million people each year, which makes preventing dog bites through awareness and education an important public service, particularly for veterinarians and technicians. In addition to protecting humans, dog bite prevention helps protect the dogs themselves.

"One of the highest ranked reasons for relinquishing dogs to shelters is bites," said Dr. Sheryl Pipe, senior director of humane education at the ASPCA.

In more serious incidents, dogs



might be hurt by a person in self-defense, or euthanized.

Goldfarb said the No. 1 step for preventing dog bites is for owners to spay or neuter their pets.

"A study showed over 70% of dogs involved in biting incidents were male dogs that had not been neutered," he said.

But most methods of preventing dog bites involve learning how to behave around dogs. Pipe said it is important for children as well as adults: "While half of the bites that are reported each year occur in children, half don't."

In order to help families learn about ways to safely behave around dogs, AAHA features an animated video in the pet care library at *HealthyPet.com* called "Play Nice With Dogs." Using safety tips from AAHA, 7- to 12-year-old students at The Art Place in Michigan created paper cut-out artwork to demonstrate safe ways to interact with dogs.

The animated children and dogs

playfully teach viewers to ask owners for permission to pet a dog, to not hug or kiss dogs near the face, to stay away from sleeping dogs and to leave dogs' bones and toys alone. In the segment that suggests people offer a fist for a dog to approach and smell, a bright yellow dog is so excited after it sniffs the child's hand that it hops up and down and then rolls on its back for a belly rub (and the happy child thanks the owner).

Pipe said "Play Nice With Dogs" is one of many valuable resources veterinarians can use as a tool to educate their clients about dog bite prevention, as the short video is easily accessible though the AAHA website.

"It's a really wonderful opportunity for members of the veterinary profession to reach out to the families that come into their practice, to spread the word and benefit the people in their community," she said.

by Jen Reeder

## AAHA TEAM CE

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## Chicago veterinarians debate mandatory sterilization

On the heels of Chicago city alderman Ed Burke's proposal of a mandatory spay-and-neuter ordinance — and Mayor Richard Daley's support of said proposal — local veterinarians have voiced their opposition and vowed to fight passage of the legislation.

With several city council members now in opposition to the proposal, veterinarians and dog breeders believe they now have a stronger foothold to counteract what had apparently been thought of as a foregone conclusion.

The impetus for this new legislation, Burke said at the proposal's hearing, is

a key statistic: 4.5 million U.S. residents are bitten by dogs each year, with nearly half of those bitten under 12 years old. Burke has also stated that mandatory sterilization could cut dog fighting cases across the board, as well as euthanization of otherwise healthy dogs.

If approved, Chicago would require nearly all dog — and cat — owners to sterilize their pets, with breeding animals, registered show animals, work dogs and guide dogs exempted. However, veterinarians and animal shelters are skeptical of the plan. The Illinois State Veterinary Medical Associa-

tion (ISVMA) called on lawmakers to oppose the proposal, arguing that “[The] ordinance will have no effect on these problems, create some serious public health concerns, deny necessary health care for many animals and trample on personal property rights of law abiding conscientious pet owners” in an official letter to city aldermen.

The ISVMA further outlined their concerns in the letter, illustrating the key objections that the veterinary community has against the plan. These included:

- *The ordinance pretends that dog bites will vanish because of the simplistic assumption that only intact animals bite.*
- *There is no conclusive evidence that mandatory spay/neuter programs work.*
- *This mandatory law will discourage pet owners from seeking rabies immunizations if they are opposed to neutering/spaying and fear they will be reported. Currently, we struggle to ensure the proper safeguards are in place to protect the public from rabies. Rabies is essentially a 100% fatal disease to humans, dogs and cats.*
- *There are not enough resources in Chicago to enforce this law in a meaningful way.*
- *With regard to creating a healthier pet, there are both positive and negative effects accrued from sterilization. On balance, it appears that benefits outweigh risks (particularly when you look at the percentages associated with the various negatives);*

*however, there are many breed and individual dog variations, suggesting that professional judgment is required to determine whether and when to neuter/spay pets.*

*Further details are provided that support our opposition to this ordinance:*

- *If Chicago was an island and could regulate its borders, then spay or neutering may decrease pet overpopulation. It's possible to identify stories of both success and failure when it comes to mandatory spay/neuter with regard to population control and euthanasia reduction. To be honest, we are not sure if these programs work because generally there are too many confounding factors that make interpretation of euthanasia statistics (when these are even available) extremely difficult and risky to draw conclusions.*

The letter concluded with a final position statement:

*You do not hear an overwhelming call for mandatory spay/neuter laws from animal health professionals because many of the proposed benefits simply cannot be proven. Mandatory spay/neuter laws have had a mixed result in slowing pet overpopulation, placed an undue and unenforceable burden on police and animal control officials, decreased vaccination compliance for rabies, and unintentionally restricted access to health care for pets.*

At press time, a vote on the measure had been put off until a later date. Burke did not set a date of resumption, but promised to revive the issue as soon as possible.



## Post your accident data!

Practices with more than 10 employees are reminded that a summary of workplace injuries and illnesses that occurred last year (2008) must be posted for three months beginning February 1 and lasting through April 30.

The summary form (OSHA Form 300A) must list the total number of job-related injuries and illnesses that occurred in 2008 and were logged on the OSHA 300 form (Log of Work-Related Injuries and Illnesses). When required, this form must be displayed in a common area where notices to workers are normally posted. The annual requirement is part of OSHA's recordkeeping regulations.



To read more about OSHA's recordkeeping rules and how they apply to the veterinary practice, visit this web page: <http://www.safetyvet.com/osha/recordkeeping.htm>

Source: *safetyvet.com*



## MSDS acquisition: Online or not?

While it's acceptable for staff members to use an online source for obtaining MSDSs, sole reliance on Internet services to acquire them is unrealistic. Though online databases have improved a great deal over the years, employees should be aware of two major shortcomings when the Internet is being used as the sole source of MSDS information:

- 1) No MSDS database will feature a full spectrum of every product from every manufacturer.
- 2) Some staff members may not yet be able to efficiently and correctly use online services to access and utilize the database. For that reason, having non-web-based MSDS

information can be a critical fail-safe when staff members have difficulty making use of Internet databases.

Although computer services can't solve every MSDS challenge, electronically maintained MSDS libraries used in the clinic itself can help enhance the flow of relevant information — and provide your team with the tools they need to be more efficient.

Establishing a clinic-only intranet allows employees to communicate with each other and offers clinics the chance to contain practice-specific information, policy manuals and digital SOP documents.

This generates a competency throughout the staff with an in-home system and fosters the ability to index a full MSDS library to offer staff exactly what they need.



## Pneumothorax procedure finding success

The incidence of pneumothorax (PTX), or collapsed lung, among dogs and cats with blunt and penetrating trauma has been reported to range from 13% to 50%, with mortality rates ranging from 10% to 18%. In people, PTX is reported to be the most preventable cause of death in trauma patients.

Thoracic ultrasound has been infrequently used as a noninvasive, point-of-care imaging technique to detect PTX and other thoracic injuries in veterinary trauma patients. A study recently published in the *Journal of Veterinary Emergency and Critical Care* developed a new thoracic ultrasound examination called TFAST (Thoracic Focused Assess-

ment with Sonography for Trauma) to diagnose PTX and other related injuries in dogs. TFAST proved to be a highly accurate method for detecting PTX and other thoracic injuries, similar to findings in human clinical research.

Researchers led by veterinarian, Dr. Gregory R. Lisciandro, a specialist in veterinary emergency and critical care, evaluated 145 dogs within 24 hours of their injury which included automobile accidents and bite and gunshot wounds. High accuracy, sensitivity, and specificity was found when comparing TFAST to chest X-ray findings.

TFAST was used to successfully diagnose PTX and identify other concurrent

thoracic trauma in approximately 50% of these dogs, of which 23% had PTX. Their results demonstrate the potential for TFAST in veterinary emergency medicine to rapidly detect PTX and other potentially life-threatening thoracic injuries, including rib fractures, intercostal muscle tears, diaphragmatic hernia, hemothorax, and hemopericardium advantageously upon patient presentation on the exam table during triage. The group of San Antonio emergency and critical care veterinarians has also found TFAST extremely helpful in traumatized cats as well as any dogs or cats in respiratory distress.

Source: *Science Daily*, 3/4/2009



## AAHA honors three in Phoenix

AAHA recognized three outstanding professionals in the field at the 2009 yearly conference in Phoenix March 26-29:



### AAHA-Pfizer Leadership Award, Michael Grguric

This award recognizes Michael Grguric, DVM as an AAHA member veterinarian who has demonstrated commitment to and leadership in the veterinary profession and community, in addition to excellence in the areas of clinical skills, compassion and client care.

Dr. Grguric received his DVM from Ohio State University in 2003, where he specialized in small animal surgery and equine medicine. He worked as a veterinarian at three hospitals before ending up in his current position as veterinarian and emergency director at

1st Emergency Pet Care, LLC. Dr. Grguric's leadership at 1st Emergency Pet Care has grown the hospital financially to more than 10 FTEs; the hospital has become the provider of choice for the City of Mesa government and local rescues.

He also serves on the Arizona Veterinary Medical Association's Board of Directors and as a DVM mentor to veterinary students at Ohio State University. Dr. Grguric is member of many other industry organizations, including the AVMA, Emergency and Critical Care Society, American Association of Equine Practitioners and local VMAs. He has been published in the Journal of Veterinary Radiology & Ultrasound, the Ohio Journal of Science and the Journal of Experimental Biology, and is currently working with Veterinary Medicine Magazine as a writer.

His mentorship, positive contributions to the hospital and community, and genuine compassion have earned the respect of his peers, team and clients.



### Nestlé Purina Petcare Award, Mitsie Vargas

Mitsie Vargas, DVM has been recognized for her outstanding efforts to positively influence the lives of animals and people.

Dr. Vargas began her career immediately after earning her DVM from the Tuskegee University School of Veterinary Medicine. From 1994 to 1996, she worked as a spokesperson for the Pedigree Company and veterinarian in two hospitals, until opening her own in Winter Haven, Fla.

Her vision for a veterinary practice started as, and remains the same: "to create a one-stop pet health care center

that provides comfort to our patients and convenience to our clients."

Since establishment of her practice, Dr. Vargas has deepened her roots in the local community through her involvement in various organizations, including the Ridge Veterinary Medical Society (2008 president), Junior League of Greater Winter Haven board, Girls Inc., Winter Haven Chamber of Commerce, and the Humane Society of Polk County board.

Dr. Vargas is also founder of the non-profit organization, K-9 for Life Inc. Her commitment to educating the public has manifested into many published newspaper articles, including her local newspaper weekly column and blog.

Dr. Vargas adds the Nestlé Purina Petcare Award to her 2008 Medical Hero of the Year and 2007 Everyday Hero honors from Bay News 9, and She Knows Where She Is Going award from Girls Inc.



### Hill's Animal Welfare and Human Ethics Award, Nancy Kay

Nancy Kay, DVM, ACVIM, has been recognized for advancing animal wel-

fare through extraordinary service and furthering humane principles, education and understanding.

Dr. Kay received her DVM in 1982 from the New York State College of Veterinary Medicine. Just four years later, she achieved board certification and opened her own practice in Oakland, Calif., Oakland Veterinary Hospital.

In 1998, she started the Animal Care Center of Sonoma County, located in Rohnert Park, Calif. She still serves as

owner and staff internist there. Within the practice, she also runs a Pet Support Group and Client Communication Rounds.

Lecturer and author are also among Dr. Kay's many titles. She frequently speaks on the topic of improving communication between veterinarians and their clients for the purpose of advancing shared decision-making to improve clinical outcomes for patients.

She is a member of the Dog Writers Association of America and has

contributed to Rhea Morgan's *Handbook of Small Animal Practice* and *Saunders Manual of Small Animal Practice* by Birchard and Sherding. Dr. Kay is also the author of the first and only medical advocacy reference book for dog owners, *Speaking for Spot: Be the Advocate Your Dog Needs to Live a Happy, Healthy, Longer Life*.

Her dedication to animal welfare is obvious in her involvement within her practice, the industry and community.

## Managing your own technology

Whether you are planning your computing network from scratch or, like most practices, you are interested in removing some of the quick-fix “duct tape” from your systems, this article will provide insight on how to construct a sound foundation, craft a strong infrastructure, and plan for maintenance and emergencies.

For the veterinary practice in 2009, the computer is a collection of tools and processes, visible and invisible, that function in concert to reduce labor and improve the quality of care. A well-run animal hospital depends on computers as integral partners in operations, responsible for:

- Invoicing and appointment scheduling
- Postcard and email reminders
- Prescription labels
- Medical records and lab results
- Inventory management and product purchasing
- Internet access for case research
- Email and remote consults
- Online pharmacy and client communications
- Diagnostic imaging — X-rays, ultrasounds, endoscopy, dental images
- Exam room client education
- Digital consent forms and signature pads
- Timecards and payroll
- Bank statements and credit card accounts

If your practice has, over time, developed a briar patch of boxes and wires, don't despair. Here are some tips for organizing them:

- Terminate network wires on each end similar to the electrical wires within the building that go directly from the circuit box to an outlet.
- Provide network devices with quality power served by a business-grade uninterruptible power supply and surge protectors.
- Be sure the router/firewall is also business-grade, and have it installed by professionals.
- When possible, position all devices in the same room. Stack devices neatly, but be sure there is space for air to circulate freely around them.
- Keep wires clean and orderly; for example, use zip ties to bundle cords together.

Maintain your equipment:

- Monitor for early signs of pending issues.
- Install and administer a firewall, antivirus protection, spyware, spam filter and web content filter.
- Keep current in installing Microsoft operating system patches and updates.
- Manage the asset list — warranties, replacement plans, spares, cleaning schedule.
- Treat your computers as business assets; don't install unnecessary or frivolous applications that can impair their performance and leave your system vulnerable.
- Know how to reach expert support resources (especially in an emergency situation).

by Kevin Scholz



## L.A. free spay/neuter services discontinued

Citing budget problems, city officials in Los Angeles have halted free spay and neuter services formerly offered as a way to reduce euthanization numbers.

As the economy has slowed, this new change comes just months after the passage of a strict sterilization law requiring most cats and dogs to be spayed or neutered by four months of age. Area veterinarians are now concerned that the city's pet owners — also affected by economic downturn — will have to endure a cost increase.

Another area of concern is that the city would see a marked increase in the number of feral cats.

The move is one of several cuts the department is making to strike \$150,000 off the books in order to balance a \$17 million budget deficit.

Under the 2007-08 budget, 34,000 discount and free coupons for sterilization were issued.



## Chemical disposal options

The ideal option for removing chemical products from your practice is returning the remainder to original vendors for credit. But when such a return isn't possible, clinics are faced with a variety of options for disposal.

Fortunately, a majority of the chemicals found in the average clinic are

relatively mild; these chemicals are generally combinations of small amounts of active ingredient mixed with a bulk of "inactive" ingredients. Moreover, further dilution prior to disposal means that the chemicals usually present a small environmental or public safety risk. Still, the method of disposal must be safe and within local legal standards.

Here is a brief list of options on the "next best" courses of action when chemical products cannot be returned for credit:

- 1) Donate
- 2) Recycle
- 3) Transform
- 4) Contain & Discard
- 5) Contract with a service

If you are unsure about what you can or can't dispose of safely, contact your local municipal waste management authority, as this issue does not fall under OSHA's jurisdiction.

A quick rundown of your disposal options can not only safeguard your staff and the general public, but it can ensure compliance with government regulations.



## New content for Trends online



*Trends online* has been revamped and now includes two constantly updated sections: News and Practice Management.

The two sections will feature brief summaries of the latest news from the veterinary world, with links to the original stories. The content will be updated every weekday.

*Trends online* content will be available to anyone, but the online versions of the print edition articles will be available to members only.

Check out the new *Trends online* at <http://trends.aahanel.org>.

trends  
online



## Get ready for new Red Flag Rules

The Federal Trade Commission's new "Red Flags Rule" went into effect on Jan. 1, 2009. The new rule is designed to protect consumers by requiring certain types of businesses to have anti-identity theft measures in place. The FTC will begin enforcement of the rule on May 1. Veterinary hospitals that are "creditors" with "covered accounts" will need to comply with the rule.

The following is available on the FTC website: <http://www.ftc.gov/bcp/edu/pubs/articles/art11.shtm>.

"Health care providers are creditors if they bill consumers after their services are completed. Health care providers that accept insurance are considered creditors if the consumer ultimately is responsible for the medical fees. However, simply accepting credit cards as a form of payment does not make you a creditor under the Rule.

"If you determine you're a creditor, the next step is to see if you have 'covered accounts.' There are two types of covered accounts. One is an account used mostly for personal, family, or household purposes that involves multiple payments or transactions. This includes continuing relationships with consumers for the provision of medical services.

"The other is one for which there is a foreseeable risk of identity theft. In determining whether you have such an account, consider the risks associated

with how the accounts may be opened or accessed — i.e. what type of interaction and documentation is required — as well as your experience with identity theft."

There are four basic steps for designing a program to comply with the rule:

1. Identify relevant red flags
2. Detect red flags
3. Prevent and mitigate identity theft
4. Update your program periodically

The rule contains guidelines for setting up a program, but does not tell you specifically what to include. However, it does require the program to address certain categories of red flags or warning signs that must be covered in the program:

- alerts, notifications, or warnings from a consumer reporting agency
- suspicious documents
- suspicious personally identifying information
- suspicious activity relating to a covered account
- notices from customers, victims of identity theft, law enforcement authorities, or other entities about possible identity theft in connection with covered accounts

For questions about compliance or about the rule, email [RedFlags@ftc.gov](mailto:RedFlags@ftc.gov). To see the whole rule, see [www.ftc.gov/os/fedreg/2007/november/071109redflags.pdf](http://www.ftc.gov/os/fedreg/2007/november/071109redflags.pdf). The guidelines are on pages 63773-63774 of the document.

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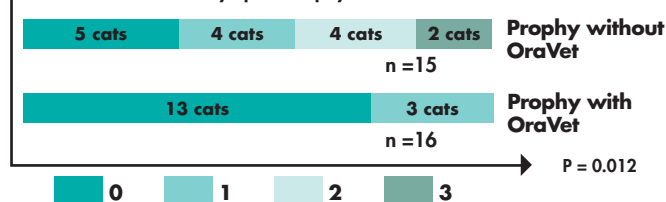
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<sup>1</sup> Data on file at Merial. USA-297301, Bellows Carithers et al.



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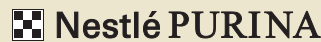
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# 2009 Conference Rewind

AAHA's yearly gathering draws thousands to Phoenix.



by Amy Jo Hand

With over 3,500 attendees descending upon Phoenix, Ariz. in late March, AAHA Phoenix 2009 was hailed as a major success. Attendance included 1,362 veterinarians, 270 practice managers, 332 technicians, 114 veterinary assistants and support staff; 114 veterinary and veterinary technician students, 51 other professionals, 538 guests; and 802 exhibitors.

## AAHA Session: Letting Go of Your Bananas

The conference kicked off Thursday, March 26 at noon. Once then-AAHA president Dr. Anna Worth had unveiled the exciting new accreditation awareness campaign, she introduced Dr. Daniel Drubin and *Letting Go of Your Bananas*.

Dr. Drubin kept the energy surging through the room throughout his motivational presentation. "What doesn't change stays the same, and what stays the same becomes obsolete," Drubin said, and referred back to this belief several times, specifically relating it to the new AAHA accreditation campaign. He discussed a variety of ways to approach and handle change to allow yourself to move forward in both life and practice.

Drubin said, you're always in one of two places, "in the pain or in the pain," referring to the pain of staying the same or the pain of changing, and that all change begins with a question. What's



"What doesn't change stays the same, and what stays the same becomes obsolete."

Dr. Daniel Drubin

possible? He said surprisingly, big thinking is absolutely free! What could happen in your future if you allow yourself to dream it?

Drubin touched on faith and how it correlated with change and progress. He gave a couple examples to illustrate his point. Picture two hills, the tops of which signify major accomplishments. You have to go down hill A to get to hill B; and you have to have faith to get there, to believe what you can't see at the top of hill B. "A clear vision is the genius of all creation,"



he said. Then, he gave an analogy using the way whales are trained to jump, like you see at Sea World. A rope is placed at the bottom of the pool and the baby whale is rewarded with food every time she swims over it. Little by little the rope is raised, and eventually it's raised out of the water, producing the desired outcome of the whale jump. After telling this story, Drubin asked, "Who's raising the rope at your practice? Who has the faith in your team to push them to new heights?"

Drubin concluded by asking, "When it comes to change, what burden are you willing to bear?" He encouraged attendees to grab onto things at conference about the exciting opportunity they had been presented with in the accreditation campaign and think about their responsibility to make it a success.



### Breakfast Briefs

As promised, the Breakfast Briefs satisfied attendees' appetites, both for breakfast and cutting-edge scientific and management issues. The intense twelve-minute sessions addressed hot topics in veterinary medicine and provided innovative, must-have ideas from leading professionals in the industry.

The halls were buzzing as veterinarians, practice managers, technicians and the like bounced from discipline to discipline among these topics:

As promised, the Breakfast Briefs satisfied attendees' appetites, both for breakfast and cutting-edge scientific and management issues.

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- *Manage "Attitude"* with Dr. Carin Smith defined good and bad attitude and differentiated between attitude and behavior to help attendees get what they needed from employees.
- Dr. Elizabeth Saul covered methods for resolving conflicts with partners, staff and clients in *When You Split an Orange Equally... Do You Only Get Half?*
- Dr. Karen Felsted's *What's New at the National Commission on Veterinary Economic Issues?* gave an update on NCVEI 2.0, including a host of new resources to improve productivity and practice profitability.
- Ms. Karyn Gavzer presented both, *Marketing* and *Staff Relations*. The first of which revealed the top three tips to make signage work harder. The second followed with three tips for giving compliments that reinforce desired behavior, build morale and energy the team.
- *Using Pimobendan in Dogs With Heart Disease* with Dr. Mark Oyama touched on the latest study results and recommendations on how to use the new cardiac drug, Pimobendan. Dr. Oyama also presented *Using NT-proBNP Tests in Dogs With Heart Disease*, to teach attendees how to use this test in practice to distinguish causes cardiac vs. respiratory dyspnea.
- Dr. Kerry Ketring discussed specific antibiotic treatment resulting in dramatic response to therapy in *The Melting Feline Eye – A New Cause and A New Treatment*.
- Dr. Jean Hawkins presented a specific case in *ALERT: Champion Blood-line Puppy Attacked at Only 6 Weeks of Age, Severe Facial Damage Threatens Show Career!*, tackling the best options to restore and repair the oral fractures.
- In *Mast Cell Tumors in Dogs: Good Grade II or Bad Grade II?*, Dr. Philip Bergman discussed the prognostic approach to mast cell tumors in dogs, concentrating on the latest techniques.



"If you don't change your direction,  
you'll end up where you're going."

Chip Eichelberger

## Accredited Practice Breakfast: Own It! Small Changes; Big Results

They say the early bird gets the worm, and accredited members that were able to attend Sunday morning's breakfast definitely got a handful of worms!

Practices celebrating 25 and 50 years of accreditation were congratulated by Dr. Worth, and all attendees got to witness the gavel exchange and transfer of presidential responsibility to Dr. John Tait. As Dr. Worth stepped down from her role by ensuring members that "the Association is in good hands," Dr. Tait personally thanked her for her service. "Nobody does it better than Anna," he said. Apparently the crowd agreed, as a much-deserved standing ovation followed.

Attendees had a front row seat for an overview of the past year's accomplishments and challenges and a peek into what Dr. Tait's year as president will hold, specifically speaking to authenticity and how the new branding initiative and accreditation awareness campaign will play a key role in that.





Audience interaction was not a choice in this program;  
if you were there, you were in.

Dr. Worth then introduced keynote, Chip Eichelberger and *Own It! Small Changes; Big Results*, a presentation tailored around maximizing the accreditation awareness campaign.

“If you don’t change your direction, you’ll end up where you’re going,” Eichelberger opened with, then asked, “how can you be switched on?”. Audience interaction was not a choice in this program; if you were there, you were in. Within ten minutes, Eichelberger was off the stage interacting with individual attendees, asking them tough questions like, what’s your vision for the year, and explaining that it’s necessary to face the brutal facts and act on them in order to progress.

Life is about the questions you ask yourself. Eichelberger presented ideas for attendees to take back to their practices to find out what kinds of questions they should be asking themselves:

- Audiotape a client conversation. Are you doing more listening or talking? Are you showing enthusiasm and compassion?
- Ask key staff members, your spouse, clients: what can I do better?
- What am I committed to becoming and what am I willing to do to get there?

- Think about changing your routine. Does your day start with energy? Motion creates emotion.

Eichelberger quoted John Wooden to illustrate his point, “It’s what you learn after you think you know everything that’s the key to your success.” He concluded with three general areas to consider changing, turn scarcity into abundance; convert limitations into possibilities; and finally change your perspective from problems to blessings.

“As everyone gets better, the industry will get better,” Eichelberger explained. Each individual practice’s small changes will produce big results that only they will see; however, all of our contributions added together means big improvements for the profession.

## Elephant in the Room

There has been a great deal of discussion regarding the level of indebtedness of graduating veterinary students, particularly with respect to average starting salaries. *Elephant in the Room: A Closer Look at Veterinary Debt and Career Choices* featured a panel of experts, including Dr. Karen Felsted, President of NCVEI, Dr. John Tait, DVM, AAHA President and Mr. Fritz Wood, certified financial planner and public accountant specializing in the veterinary industry.

The panel provided insight, answered questions and gave sage advice to attendees about how to both maximize their income and handle their debt. A group of students from Minnesota that were in attendance said, “We were nervous and scared about money issues before today’s session. But after we heard Dr. Tait and the others speak, we felt like ‘yeah, we can do this.’”

When considering how to maximize income the panel offered these suggestions:

- Look at your potential or current practice’s production from month to

month; compare fee bases; and ask yourself, does the practice have the capacity to pay me if my production increases?

- Work in an emergency clinic and get time under your belt as a relief veterinarian; the more things you see, the more you have to compare to.
- You can't be productive if you can't perform the skills that enable you to charge more for, so never stop learning.
- Look for practices that are involved in industry organizations, such as AVMA, state VMAs and AAHA. This shows that they're aware of the business side of practice and understand financial soundness.

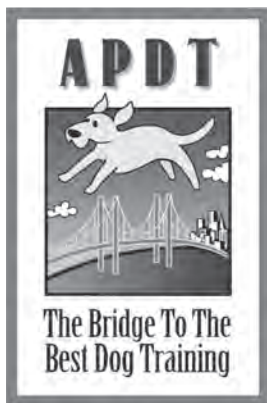
After reviewing how to maximize income and what to look for in an employer, Fritz Wood addressed debt management with his "Planning to



Succeed" program. Wood opened by shattering the belief that income and wealth are not at all synonymous, from there his presentation focused on ten attributes of the wealthy, offering this advice to attendees:

1. Live well below your means, so that you're not living paycheck to paycheck.
2. Believe that financial independence is more important than displaying high social status.
3. Develop healthy financial habits now.

The panel provided insight, answered questions and gave sage advice to attendees about how to both maximize their income and handle their debt.



## Join the 16th Annual Association of Pet Dog Trainers Educational Conference and Trade Show

*Oakland/San Francisco, CA  
October 21-25, 2009*

Many of the dog world's most renowned professionals gather to present their wealth of knowledge at this major annual event in dog training and canine behavior studies. A more diverse and talented field of speakers cannot be found anywhere! Whether you are a veterinarian, veterinary technician, or work with dog training and canine behavior, the APDT Educational Conference and Trade Show has the best in informative and downright captivating presenters. Some of 2009's speakers will include Brian Hare, PhD, Ian Dunbar, PhD, MRCVS, CPDT, Jean Donaldson, Kathy Sdao, MA, CAAB, Suzanne Hetts, PhD, Ellen Lindell, VMD, DACVB, and many more!

### Highlights include:

- A full-day symposium on fear and anxiety in dogs ■
- Hands-on workshops and field studies ■
- Cutting Edge Scientific, Trainer Development and Intermediate Studies Tracks ■
- Networking opportunities ■
- Roundtable discussions ■
- Trade Show featuring a wide variety of pet-related products and supplies ■
- Accredited CEUs for CPDT, AAVSB (Veterinarians and Veterinary Technicians), CDBC ■

### Questions?

Up-to-date Agenda, Speaker, Hotel and Registration Information is available at [www.apdt.com](http://www.apdt.com).

**Agenda and Program Questions:** E-mail [apdt@details2.com](mailto:apdt@details2.com) or call 1.866.570.9967

**Registration Questions:** E-mail [conference@apdt.com](mailto:conference@apdt.com) or call 1.800.PET.DOGS (738-3647)



4. Minimize debt.
5. Set personal financial goals and establish priorities, including adequate insurance coverage, no credit card debt, an emergency fund, and retirement savings and investment.
6. Invest frugally to avoid fees and expenses.
7. Know what you're buying.
8. Balance fear and greed.
9. Adopt a long-term perspective.
10. Be realistic.

Wood also covered a few tips for investing success.

- Start early.
- Pay yourself first.
- When dealing with stocks, buy and hold; don't buy and sell constantly.
- Take advantage of the tax law, let Uncle Sam pay 40%.
- Broadly diversify your assets between liquid and illiquid.

At the end of the session, Wood and the panel recommended three resources for further reading: *Your Money or Your Life: Personal Finance for Dummies* and *The Millionaire Next Door*.

Further information regarding specific scientific and management sessions can be obtained in several AAHA publications, including *NEWStat*, *Trends magazine* and *Trends online*, as well as in the conference proceedings.

Proceedings are accessible online at [www.aahanet.org](http://www.aahanet.org) for conference attendees and available for purchase at the AAHA Store online for others. In addition, 70% of the sessions at AAHA Phoenix were recorded and synced to speakers' PowerPoint presentations; these audio recordings can be purchased online. ■

Amy Jo Hand is a communications writer for AAHA.

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#### FRONTLINE Plus also:

- Aids in control of sarcoptic mange infestations in dogs.
- Rapidly eliminates infestations of chewing lice.
- Approved for use on breeding, pregnant or lactating dogs and cats, as well as puppies and kittens 8 weeks of age and older.

Kills Adult Fleas



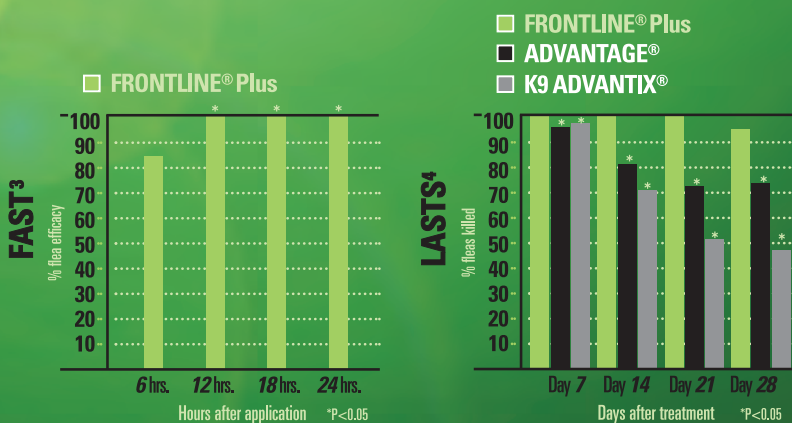
Kills Ticks



Kills Flea Eggs



Kills Flea Larvae



<sup>1</sup> Zhao X, Yeh JZ, Salgado VL, Narahashi T. Fipronil is a potent open channel blocker of glutamate-activated chloride channels in cockroach neurons. *J Pharm Exp Ther* 2004;310(1):192-201.

<sup>2</sup> Ikeda T, Zhao X, Kono Y, Yeh JZ, Narahashi T. Fipronil modulation of glutamate-induced chloride currents in cockroach thoracic ganglion neurons. *Neurotoxicology* 2003;24:807-815.

<sup>3</sup> Data on file at Merial TS-USA-28701.

<sup>4</sup> McCall JW, Alva R, Irwin JP et al. Comparative efficacy of a combination of fipronil/(S)-methoprene, a combination of imidacloprid/permethrin, and imidacloprid against fleas and ticks when administered topically to dogs. *J Appl Res Vet Med* 2004;2(1):74-77.



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Fast-Acting



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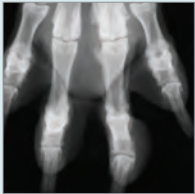
Vol. 45, No. 3

# Journal

of the American Animal Hospital Association

## highlight

### VETERINARY ARTICLES



▶ Ivermectin Toxicosis in Dogs

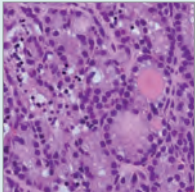
▶ Metacarpophalangeal and Metatarsophalangeal Osteoarthritis in 49 Dogs

▶ Clinical Relevance of Annual Screening Using a Commercial Enzyme-Linked Immunosorbent Assay (SNAP 3Dx) for Canine Ehrlichiosis



▶ A Prospective Study of Unfractionated Heparin Therapy in Dogs With Primary Immune-Mediated Hemolytic Anemia

### CASE REPORTS



▶ Chylothorax Associated With a Congenital Peritoneopericardial Diaphragmatic Hernia in a Dog

▶ Ectopic Thyroid Carcinoma Causing Right Ventricular Outflow Tract Obstruction in a Dog

▶ Esophageal Diverticulum Associated With a Trichobezoar in a Cat

▶ Treatment of Evans' Syndrome With Human Intravenous Immunoglobulin and Leflunomide in a Diabetic Dog





**Table 3** Number of dogs showing various clinical signs with Ivermectin toxicosis, divided into PD and NPD\* breeds

DOSE	<0.1		0.1-0.4		0.4-1.0		1.0-2.5		2.5-5		5-10		>10		UNK
	NP	PD	NP	PD	NP	PD	NP	PD	NP	PD	NP	PD	NP	PD	
<b>SHNS</b>															
Lethargy		1	4		7	10	4	3	10		5		14	3	
Ataxia	1	10	14		2	10		10	6	7		4	20	11	
Recoiled		8		1	2			1					9	5	
<b>Hyperal-</b>															
gesia		6		2	1								5	7	
<b>Tremors</b>															
		7	4		1	1		5	4	5		2	10	11	
<b>Myofasci-</b>															
itis															
Blind		1	4				1	3	8		3		8	2	
<b>Coma</b>															
		8	3		1	7		1					7	8	
<b>Seizure</b>															
		1	2		1	2							3	3	
<b>Death</b>															
		1	2		1	2							3	3	
<b>Unresponsive</b>															
		1	1					1	3		3		3	3	

\* NP = NPD breeds in this table

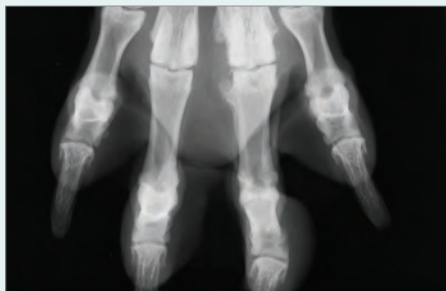
TOXICOLOGY

## Ivermectin Toxicosis in Dogs

V Merola, S Khan, S Gwaltney-Brant

RETROSPECTIVE STUDY

Ivermectin is a commonly used veterinary drug that may cause serious problems in overdose situations. A retrospective study was completed, which evaluated canine exposures to ivermectin from 1998 to 2005. The cases were evaluated based on ivermectin dosage, clinical signs seen, signalment of the animal involved, and the potential that the animal could have a p-glycoprotein defect. Results showed that clinical signs may be seen in some animals at doses lower than previously reported. Some dogs may have p-glycoprotein defects or other reasons for increased susceptibility to ivermectin toxicosis. The clinician should be aware that clinical signs may develop even at dosages previously thought to be of little risk (e.g., 0.2 to 2.5 mg/kg in breeds historically considered to have normal p-glycoprotein function).



ORTHOPEDICS

## Metacarpophalangeal and Metatarsophalangeal Osteoarthritis in 49 Dogs

SP Franklin, RD Park, EL Egger

Although osteoarthritis (OA) is a common and debilitating condition in the canine patient, few data are available on OA of the metacarpophalangeal (MCP) and metatarsophalangeal (MTP) joints. Review of medical records of 49 dogs with a radiographic diagnosis of MCP or MTP OA presented over a 7-year period demonstrated that OA was an "incidental finding" for the majority of animals (n=35), while 14 dogs were identified as clinically lame as a result of MCP or MTP OA. Dogs that were clinically lame as a result of MCP or MTP OA were significantly more likely to have visible swelling over the affected digits. Five times as many dogs were diagnosed with MCP OA than with MTP OA, and the majority of dogs had radiographic changes on multiple digits. Review and scoring of radiographs (n=44 dogs) for six radiographic signs of OA followed by logistic regression analysis demonstrated that the two lateral digits of the front limb were significantly more likely to have osteophytosis and enthesophytosis than the two medial digits. Osteoarthritis of MCP and MTP joints has unique radiographic features that are not seen in the stifle, hip, shoulder, or elbow; these features can complicate accurate diagnosis, particularly differentiation from primary bone neoplasia. These data underscore the clinical relevance of this condition and provide useful information detailing which and how many digits are most commonly affected, potentially assisting discrimination between OA and neoplasia.

**Table 2** Year of origin, phlebotomy and DFA results in 12 dogs positive by PCR for Ehrlichia

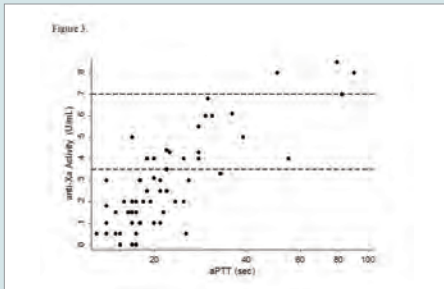
Case #	Breed	phlebotomy % (n/total)	DFA vs E. canis (E/C)	PCR for E/C species
1	MC	94	100%	E. canis
2	MC	100%	100%	E. canis
3	MC	100	100%	E. canis
4	EL	100	100%	E. canis
5	VA	100	100%	E. canis
6	EL	82	100%	E. canis
7	MC	100	100%	E. canis
8	VA	75	100%	E. canis
9	MC	100	100%	E. canis
10	MC	100	100%	E. canis
11	MC	100	100%	E. canis
12	MC	100	100%	E. canis

INFECTIOUS DISEASE

## Clinical Relevance of Annual Screening Using a Commercial Enzyme-Linked Immunosorbent Assay (SNAP 3Dx) for Canine Ehrlichiosis

BC Hegarty, PP Vissotto de Paiva Diniz, JM Bradley, L Lorentzen, E Breitschwerdt

Eighty-six dogs were selected based upon Ehrlichia (E.) canis SNAP 3Dx positive results to determine clinical relevance of annual E. canis screening. Immunofluorescence assay showed 72 (84%) of 86 dogs were seroreactive for E. canis. Polymerase chain reaction (PCR) revealed that 12 (14%) of 86 dogs had Ehrlichia deoxyribonucleic acid; seven had E. canis, four had E. ewingii, and one was coinfecting with E. chaffeensis and E. ewingii. Thrombocytopenia (<164,000 platelets/ $\mu$ L) was found in 28 (39%) of 72 dogs. In this study, thrombocytopenia was frequently detected in healthy Ehrlichia SNAP 3Dx-positive dogs, whereas active infection was infrequently confirmed by PCR. Therefore, treatment based upon screening results alone is not recommended.

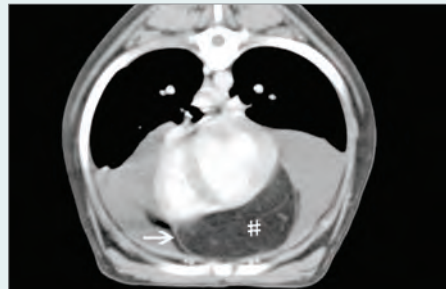


## CLINICAL PATHOLOGY

## A Prospective Study of Unfractionated Heparin Therapy in Dogs With Primary Immune-Mediated Hemolytic Anemia

*EL Breuhl, G Moore, MB Brooks, JC Scott-Moncrieff*

Unfractionated heparin therapy was initiated at a standard dosage of 300 IU/kg subcutaneously q 6 hours to 18 dogs with immune-mediated hemolytic anemia. Heparin's prolongation of activated partial thromboplastin time and change in factor Xa inhibition (anti-Xa activity) were serially monitored during the first 40 hours of therapy. During the initial 40 hours, only eight of 18 dogs had attained anti-Xa activities of  $\geq 0.35$  U/mL. No dogs had clinical signs of hemorrhage. Fifteen dogs survived to discharge; 11 dogs were alive at 1 year, and thrombosis was identified in three of six nonsurvivors that were necropsied.

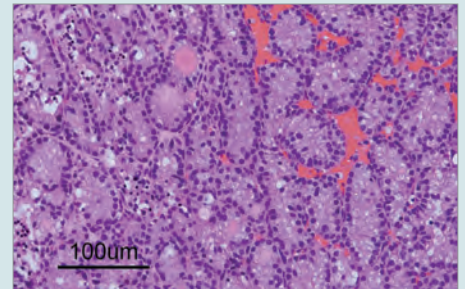


## CASE REPORT

## Chylothorax Associated With a Congenital Peritoneopericardial Diaphragmatic Hernia in a Dog

*CW Schmiedt, KF Washabaugh, DB Rao, RL Stepien*

A 2-year-old dog was presented with a 3-month history of increasing respiratory effort and rate, inappetence, and lethargy. Chest radiographs demonstrated significant pleural effusion, which was consistent with chyle on biochemical and cytological evaluations. Further diagnostic evaluation, including a thoracic computed tomographic scan, revealed a peritoneopericardial diaphragmatic hernia (PPDH) resulting in a large, fat-attenuating mass within the pericardium. The dog was taken to surgery for repair of the PPDH, pericardectomy, and cisterna chyli ablation. Rapid and permanent resolution of the chylothorax occurred postoperatively. This is the first reported case of chylothorax secondary to PPDH.



## 5327 CASE REPORT

## Ectopic Thyroid Carcinoma Causing Right Ventricular Outflow Tract Obstruction in a Dog

*S Bracha, I Caron, DL Holmberg, MR O'Grady, LM O'Sullivan, BA Brisson, MJ Stalker*

A 9-year-old Bouvier des Flandres was presented with coughing, lethargy, chylous pleural effusion, and a heart murmur. An echocardiogram revealed the presence of an intracardiac mass causing right ventricular outflow tract obstruction. The mass was successfully removed surgically, using total inflow occlusion. Histopathology and immunohistochemistry identified the tumor as an ectopic thyroid carcinoma. The dog was euthanized 11 months after diagnosis at the request of the owner because of nonresolving chylothorax.

For the full text of these reports and studies, log on to [www.aahanet.org](http://www.aahanet.org)



**COMFORTIS™**  
(spinosad)  
**Chewable Tablets**

**Brief Summary:** Before using Comfortis chewable tablets, please consult the product insert, a summary of which follows:

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

**Dosage:**  
Administer orally once monthly. Administer with food for maximum effectiveness. Recommended dose range is 13.5 – 27.3 mg/lb (30-60 mg/kg). Available in five tablet sizes for dogs ranging from 5 to 120 lbs. Dogs over 120 lbs should be administered the appropriate combination of tablets.

**Indications:**  
COMFORTIS chewable tablets kill fleas and are indicated for the prevention and treatment of flea infestations (*Ctenocephalides felis*) on dogs for one month.

**Contraindications:**  
There are no known contraindications for the use of COMFORTIS chewable tablets.

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

**Precautions:**  
COMFORTIS chewable tablets are for use in dogs and puppies 14 weeks of age and older (see **ANIMAL SAFETY**).

Use with caution in breeding females (see **ANIMAL SAFETY**). Use with caution in dogs with pre-existing epilepsy (see **ADVERSE REACTIONS**). The safe use of COMFORTIS chewable tablets in breeding males has not been evaluated.

**Adverse Reactions:**  
In a well-controlled US field study, which included a total of 470 dogs (330 dogs treated with COMFORTIS chewable tablets and 140 dogs treated with an active control), no serious adverse reactions were observed with COMFORTIS chewable tablets. All reactions were regarded as mild and did not result in any dog being removed from the study.

Over the 90-day study period, all observations of potential adverse reactions were recorded. Reactions that occurred at an incidence > 1% within any of the 3 months of observation are presented in the following table. The most frequently reported adverse reaction in dogs in the COMFORTIS chewable tablets and active control groups was vomiting. The occurrence of vomiting, most commonly within 48 hours after treatment, decreased with repeated doses of COMFORTIS chewable tablets.

Percentage of Dogs (%) with Adverse Reactions

	Month 1		Month 2		Month 3	
	COMFORTIS Chewable Tablets (N=330)	Active Topical Control (N=139) <sup>a</sup>	COMFORTIS Chewable Tablets (N=282)	Active Topical Control (N=124)	COMFORTIS Chewable Tablets (N=260)	Active Topical Control (N=125)
Vomiting	12.7	12.2	7.8	3.2	5.8	4.8
Decreased Appetite	9.1	5.0	2.8	1.6	1.9	0.8
Lethargy	7.6	5.0	3.5	4.0	1.2	0.8
Diarrhea	6.7	5.0	4.3	0.8	1.2	0.0
Cough	3.9	5.0	0.4	2.4	0.0	0.0
Polydipsia	2.4	1.4	0.7	0.0	0.4	0.0
Vocalization	1.8	0.0	0.4	0.0	0.4	0.0
Increased Appetite	1.5	0.0	0.4	0.8	0.4	0.0
Erythema	1.5	0.0	0.4	0.0	0.4	0.0
Hyperactivity	1.2	1.4	0.0	0.0	0.4	0.0
Excessive Salivation	1.2	0.0	0.4	0.0	0.0	0.0

<sup>a</sup> This number (n=139) is less than the total number of dogs in the safety population for the active control group (n=140) because one dog joined the study late and was only dosed at Month 3.

In US and European field studies, no dogs experienced seizures when dosed with COMFORTIS chewable tablets at the therapeutic dose range of 13.5-27.3 mg/lb (30-60 mg/kg), including 4 dogs with pre-existing epilepsy. Four epileptic dogs that received higher than the maximum recommended dose of 27.3 mg/lb (60 mg/kg) experienced at least one seizure within the week following the second dose of COMFORTIS chewable tablets, but no seizures following the first and third doses. The cause of the seizures observed in the field studies could not be determined.

**Animal Safety:**  
COMFORTIS chewable tablets were tested in pure and mixed breeds of healthy dogs in well-controlled clinical and laboratory studies. No dogs were withdrawn from the field studies due to treatment-related adverse reactions.

In a dose tolerance study, COMFORTIS chewable tablets were administered orally to adult Beagle dogs at average doses of up to 100 mg/kg once daily for 10 consecutive days (16.7 times the maximum recommended monthly dose). Vomiting was seen in 5 of 6 treated dogs during the first 6 days of treatment, usually within 2.5 hours of dosing. Treated females lost weight early in the treatment period, but their weights were similar to control dogs by the end of the 24-day study. COMFORTIS chewable tablets were not associated with any clinically significant changes in hematology, blood coagulation or urinalysis parameters; however, mild elevations in ALT occurred in all dogs treated with COMFORTIS chewable tablets. By day 24, ALT values had returned to near baseline levels. Phospholipidosis (vacuolation) of the lymphoid tissue, the long-term effects of which are unknown, was seen in all dogs treated with COMFORTIS chewable tablets.

In a margin of safety study, COMFORTIS chewable tablets were administered orally to 6-week-old Beagle puppies at average doses of 1.5, 4.4, and 7.4 times the maximum recommended dose at 28-day intervals over a 6-month period. Vomiting was observed across all groups, including the control. Increased vomiting was observed at elevated doses, usually within 1 hour following administration. Vomiting at all doses decreased over time and stabilized when puppies were 14 weeks of age. The average daily and total weight gains of treated dogs were smaller than control dogs and were dose dependent. COMFORTIS chewable tablets were not associated with clinically significant changes in hematology, clinical chemistry, coagulation or urinalysis parameters. Phospholipidosis (vacuolation) of the lymphoid tissue was seen in some dogs in the 4.4X group and all dogs in the 7.4X group. The long term effects of phospholipidosis are unknown. Treatment with COMFORTIS chewable tablets was not associated with any other clinically significant adverse clinical observations, gross necropsy or histopathological changes.

In a reproductive safety study, COMFORTIS chewable tablets were administered orally to female Beagles at 1.3 and 4.4 times the maximum recommended therapeutic dose every 28 days prior to mating, during gestation, and during a six-week lactation period. No treatment-related adverse effects were noted for conception rates in the dams, or for mortality, body temperature, necropsy or histopathology findings for the dams or puppies. One dam from each treatment group experienced early pregnancy loss and one additional high dose dam aborted late term. The treated dams experienced more vomiting, especially at one hour post-dose, than the control dams. Puppies from dams treated at 1.3 times the maximum recommended therapeutic dose had lower body weights than puppies from control dams. Although puppy mortality between treated and control dams was not different, the puppies from the treated dams experienced more lethargy (4.4X group only), dehydration, weakness and felt cold to the touch (4.4X group only) than puppies from control dams.

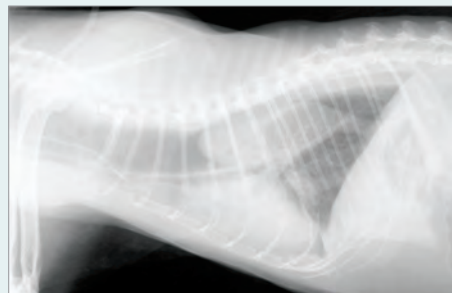
A pilot study without a control group was conducted to analyze milk from three lactating dogs treated with an experimental formulation of spinosad at 1.5 times the maximum recommended dose administered at day 28 of gestation and 24 hours prior to parturition. The data demonstrated that spinosad was excreted in the milk of these dogs. Mortality and morbidity were greatest in puppies from the dam with the highest spinosad level in milk. The spinosad milk: reference plasma exposure ratio calculated from this study ranged from 2.2 to 3.5.

In well-controlled field studies, COMFORTIS chewable tablets were administered safely in conjunction with other frequently used veterinary products, such as vaccines, anthelmintics, antibiotics, steroids, flea and tick control products, anesthetics, NSAIDs, antihistamines, alternative/herbal remedies, shampoos, and prescription diets. Changes in hematology, clinical chemistry and urinalysis values were compared pre- and post-study and were unremarkable.

**Storage Information:**  
Store at 20-25°C (68-77°F), excursions permitted between 15 to 30°C (59 to 86°F).

To obtain full product information please call 866-545-5973 or visit [www.comfortis4dogs.com](http://www.comfortis4dogs.com).

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Manufactured for Elanco Animal Health, A Division of Eli Lilly & Co., Lilly Corporate Center, Indianapolis, IN 46285



CASE REPORT

## Esophageal Diverticulum Associated With a Trichobezoar in a Cat

L Durocher, SE Johnson, E Green

A 9-year-old, castrated male, domestic longhaired cat was evaluated for persistent regurgitation over the previous month. The cat had presented 9 months earlier and was diagnosed with esophageal obstruction secondary to a trichobezoar. The trichobezoar had been removed endoscopically, and the cat was subsequently fed a canned prescription diet. The owners noted only infrequent regurgitation over the following 9 months. After signs recurred, contrast radiography with fluoroscopy revealed an esophageal diverticulum at the thoracic inlet, with an ovoid filling defect. Decreased esophageal motility was noted distal to the diverticulum. Esophagoscopy confirmed the presence of a trichobezoar within an esophageal diverticulum. Following removal of the trichobezoar and therapy to prevent trichobezoar formation, the cat did well for 2 months until it died suddenly with signs of hyperventilation and open-mouth breathing.



CASE REPORT

## Treatment of Evans' Syndrome With Human Intravenous Immunoglobulin and Leflunomide in a Diabetic Dog

D Bianco, RM Hardy

An 11-year-old, spayed female miniature schnauzer with diabetes mellitus was presumptively diagnosed with Evans' syndrome (ES). Because of the potential adverse effects of immunosuppressive doses of glucocorticoids in a diabetic dog, a single infusion of human intravenous immunoglobulin and oral leflunomide were used as first-line immunomodulatory therapy, after informed owner consent was received. This treatment resulted in complete remission of the ES, and leflunomide was discontinued after 10 months of therapy. Over a 19-month follow-up, the dog did not relapse and has remained a well-regulated diabetic.

For the full text of these reports and studies, log on to [www.aahanet.org](http://www.aahanet.org)

# Month-long flea protection in a chewable tablet



**Fast-acting**



**Convenient**



**Family-friendly**



**Doesn't wash off**

**Comfortis<sup>®</sup>**  
(spinosad)



- Starts killing fleas in 30 minutes
- 100% effective within 4 hours in a controlled laboratory study
- Approved by the FDA and available by prescription only

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The most common adverse reaction recorded during clinical trials was vomiting. Other adverse reactions were decreased appetite, lethargy or decreased activity, diarrhea, cough, increased thirst, vocalization, increased appetite, redness of the skin, hyperactivity and excessive salivation. For product label, including important safety information, see page 32.

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# Food for *Thought*

**During a recession, do you eliminate nutrition products to save money or add them to generate revenue?**

by Carleen Brice

**T**ime, space and money — three key resources that impact the decision on what products to stock — are important to businesses when the economy is booming. During a recession, they're critical.

"In a down economy, practice owners must carefully analyze every product they are stocking on their shelves," says Ernie Ward, DVM, owner of AAHA-accredited Seaside Animal Care in Calabash, N.C. "Each product in your hospital represents dollars that could be used to float you through hard times."

Most hospitals stock some food items for patients. And according to *Financial & Productivity Pulsepoints: Vital Statistics for Your Veterinary Practice*, Fifth Edition (AAHA Press, 2008), it has paid off. In the last few years, food income as a percentage of total income has increased. "The average is 4.9%, which is statistically significantly greater than the 4% average in 2005." (See sidebar for more statistics.)

But will food sales continue to increase now that the country is in a recession?

With more than 500 square feet of floor space dedicated to retail, Horizon Animal Hospital in Scottsdale, Ariz., is heavily invested in selling diets and supplements. "Since 1999, our nutritional sales have grown at a rate almost identical to total sales, remaining between 7.2% and 7.9% of total sales for nine years," says hospital manager Helena Heffel, CVT.

Horizon has experienced a decrease in food sales since the





*In the last few years, food income as a percentage of total income has increased.*

recession, however. “The hospital has seen a decline in food sales of a little over 18% during the preceding 12 months, with 12% of that decline occurring in just the last six months,” according to Heffel.

But that doesn’t mean Horizon is giving up on nutrition. “We are cutting back on slow-moving items, but will continue to test the market with new offerings from our suppliers,” Heffel says. “Dr. Hareski [the owner of Horizon Animal Hospital] feels it’s just one element of providing well-rounded customer service. Offering premium foods also provides us the opportunity to strengthen our customer loyalty through more frequent contact than just an annual visit.”

Specifically, what can you do to ensure that your practice best uses its time, space and money when supplying nutritional products?

## Believe in your products

Nan Boss, DVM, owner of AAHA-accredited Best Friends Animal Hospital in Grafton, Wisc., says stocking nutritional products, especially supplements, is more than good customer service. It’s good medicine.

“We absolutely need to stock supplements so the client gets a reputable brand that has some quality control,” Boss says. “Over-the-counter supplements, including the ones for humans, are not regulated and often are contaminated or of poor quality.

“If you feel strongly that good nutrition is important or supplements are helpful to your patients, then you should carry products you believe in.”

Ward concurs. “The only formula veterinarians should worry about when deciding whether or not to stock a diet or supplement is whether they firmly believe in it and are going to make it part of what I call ‘every pet, every time.’”

It’s also critical to make sure clients know you believe in your products. “I think [how well nutritional products sell] has more to do with the philosophy of the practice than anything else,” Boss says. “Clients expect a recommendation from

their veterinarian, but if the recommendation is lukewarm, or other team members aren’t on board, you won’t sell much.”

As with most aspects of a practice’s success, education is key. “Educate your staff as to why the products you want to sell are important to pet health,” Boss says. “If you recommend a particular brand and your receptionist rolls her eyes whenever the clients ask about it, you won’t sell any.”

Horizon Animal Hospital believes so strongly in keeping staff up to date on products that it recently hosted six “lunch and learns” for suppliers to make presentations to doctors and staff on the important advantages of the products they sell.

“Increasing the staff’s knowledge about all the products you offer will allow them to provide your clients with information on how promoting good health by feeding these premium diets can be cost-effective in the long run,” Heffel says.

## Watch turnover rates

“The major costs [of supplying nutritional products] are the initial setup of the retail area, including the shelving, and the time to set up everything in the computer system and the barcode readers,” Heffel says. “Once established, the only ongoing costs are really the labor, which I estimate at less than 2% of food sales in our case, and inventory carrying costs, which are also low because our average inventory turnover for all foods is between 10 and 12 times per year.”

According to Ward, even during a recession, food sales can have a tremendous impact on your bottom line when turnover rates are monitored. “Most diets or supplements should have an inventory turnover rate of about 12 or selling out of your inventory every month,” he says. “If you aren’t selling out of your entire inventory of a given product in three months, you are either carrying too much or not selling enough. Either way, review your recommendation strategy, reduce your inventory, and if you

still don't sell out quickly, you probably need to discontinue it."

Heffel suggests that hospitals identify medical conditions for which their doctors most often recommend specialty diets and carry only those products that are guaranteed a high turnover rate. "Obviously, inventory turns vary greatly from product to product," she says. "But our high-volume products enable us to carry some slower moving ones."

"Most foods can be ordered weekly so there is no need for high levels of inventory," she adds.

Boss agrees. "It's not like you have to buy 1,000 of anything," she says. "There isn't a significant investment to try a few things and see how it goes. If you sell them, buy and sell more. If you don't, oh well. You should always be keeping an eye on what you sell and eliminating items that don't sell well."

"To promote pet health and consolidate customer loyalty, I would recommend carrying a basic core of prescription diets, such as those for intestinal upsets, weight control, allergies and stone-reducing formulas," Heffel says.

If your hospital currently doesn't sell nutritional products, now — even during an economic downturn — might be a good time to start.

## Consider your competition

Another consideration when deciding whether to stock nutritional products is the local market. Are there pet stores or competitors nearby selling the same products?

"Supplements have become a large profit center for my hospital," Boss says. "But we now have three pet stores in town, so I sell hardly any nonprescription diets anymore."

Boss says Best Friends marks up non-prescription diets 35% and prescription diets 45%. Horizon follows most suppliers' recommended markups of 30% to 40%.

But, Ward says, "Standard markups and across-the-board price ranges are so 1996!"

"Pet owners have more choices than ever before for pet products," Ward says. "Practice owners should be aware of what the costs for comparable products are at major retailers and online distributors [and price their products accordingly]. Have a staff member assigned to check prices monthly so you can make adjustments if necessary."

Flexibility is key. On certain high-volume sellers, Horizon will go a few percentage points below their regular markup. "Our main objective is to provide quality care to our pets and meet our customers' needs financially," Heffel says.

Use *Financial & Productivity Pulsepoints*, Fifth Edition, to measure whether your charges are comparable. This AAHA Press book states, "A relatively low ratio means you need to think about adjusting fees and/or controlling costs. If you can't do either, consider your food product line as purely a convenience for clients that should lead to increased income in other areas, or cut the product lines that don't require a prescription, and use the space, time and money for other purposes."

Ward points out that other veterinary clinics and retail and online pet-product companies aren't your only competition. Human nutritionists and wellness practitioners are starting to talk to clients about pet health as well. "After the 2007 pet food recall, clients have been more critical of pet foods, and for good reason," he says. "If a veterinarian chooses to ignore this issue and force clients into researching and selecting diets appropriate for their pets, I'm concerned that we will open the door for other, non-veterinary sources to provide our clients with answers to their questions about pet food."

## Money-saving tips

Boss acknowledges that trying to stock every diet product is unrealistic. If you have limited space and money, she suggests stocking only prescription diets.

"There are small-, medium- and large-breed formulas, plus adult, senior, low-calorie, hairball, sensitive stomach, skin



*A major consideration when deciding whether to stock nutritional products is the local market.*





*“Getting set up to use barcode readers is a must,” Heffel says. “It cuts down on labor-related costs, but most important, it eliminates many data entry errors that can end up losing the hospital most of their profit margin.”*

and coat formulas, and each type comes in multiple sizes of bags and cans,” says Boss. “It’s a lot of money tied up in inventory if you don’t sell well, and it requires a lot of space. It seems you always need the particular one you don’t have in stock, and I would much rather be out of an OTC food than a prescription diet that I need now for a sick pet.”

Heffel notes some suppliers will provide shelving units at no cost if you carry their products. “Or if you don’t have room to display food, hang an advertisement in the lobby and/or exam rooms and store the product elsewhere in the facility,” she says.

If you want to supply diets and supplements, but don’t want to invest in the overhead, try PetPortals. Using PetPortals can help during a recession, Boss says, because “clients often respond better to email reminders and because clients can get products online as they are used to, while the veterinarian still gets a little money back.

“It’s sure a lot cheaper than stocking all that inventory, and you don’t have to worry about all that overhead and shelf space.”

The experts’ final advice on stocking nutritional products?

“Getting set up to use barcode readers is a must,” Heffel says. “It cuts down on labor-related costs, but most important, it eliminates many data entry errors that can end up losing the hospital most of their profit margin.”

Ward remains upbeat about the ability of practices to profit. “Do your homework, maintain a lean inventory, and promote unique and exclusive products that you feel confident recommending to your patients,” he says. “If you make it your mission to include nutrition and supplements into your core message to clients, and provide them at comparable prices to mass and online retailers, you will find these areas growing and your bottom line blooming.” ■

Carleen Brice, a former senior associate editor of *Trends magazine*, writes in Denver, Colo.



## Food Facts

A few relevant statistics from *Financial & Productivity Pulsepoints*, Fifth Edition (AAHA Press, 2008)

- In an AAHA study about compliance for therapeutic diets, only 4% of clients who accepted a recommendation abandoned the diet due to cost.
- On average, 4.4% of practices’ incomes are derived from prescription food sales; only 1% of total income comes from nonprescription foods.
- The average reported food expense is 3.4% of total income, up from 2.9% in 2005.
- The average practice earns \$1.40 in food sales for every \$1 spent on food.

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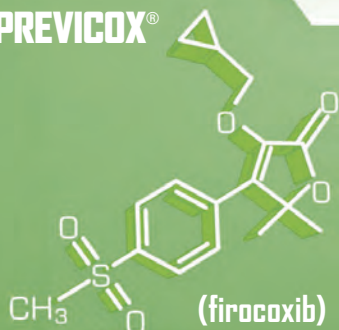


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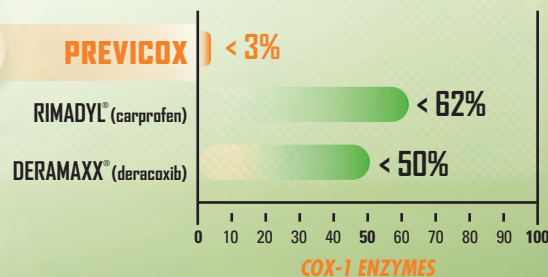
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\*No clinical relevance has been demonstrated.

<sup>1</sup> Data on file at Merial, PR&D 84101.

<sup>2</sup> FOI NADA 141-230.

<sup>3</sup> Ryan WG, Moldave K, Carithers D. Clinical effectiveness and safety of a new NSAID, firocoxib: a 1,000-dog study. *Vet Ther*. 2006;7(2):119-126.

<sup>4</sup> McCann ME, Anderson DR, Zhang D, et al. *In vitro* effects and *in vivo* efficacy of a novel cyclooxygenase-2 inhibitor in dogs with experimentally induced synovitis. *Am J Vet Res* 2004; 65(4):503-512.

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As a class, cyclooxygenase inhibitory NSAIDs may be associated with gastrointestinal, kidney or liver side effects. These are usually mild, but may be serious. Pet owners should discontinue therapy and contact their veterinarian immediately if side effects occur. Evaluation for pre-existing conditions and regular monitoring are recommended for pets on any medication, including PREVICOX. Use with other NSAIDs, corticosteroids or nephrotoxic medication should be avoided. Refer to the prescribing information for complete details or visit [www.previcox.com](http://www.previcox.com).

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**BRIEF SUMMARY:** Before using PREVICOX, please consult the product insert, a summary of which follows:

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

**CONTRAINDICATIONS:** Dogs with known hypersensitivity to firocoxib should not receive PREVICOX.

**WARNINGS:** Not for use in humans. Keep this and all medications out of the reach of children. Consult a physician in case of accidental ingestion by humans.

**For oral use in dogs only. Use of this product at doses above the recommended 2.27 mg/lb (5.0 mg/kg) in puppies less than seven months of age has been associated with serious adverse reactions, including death (see Animal Safety). Due to tablet sizes and scoring, dogs weighing less than 12.5 lb (5.7 kg) cannot be accurately dosed.**

All dogs should undergo a thorough history and physical examination before the initiation of NSAID therapy. Appropriate laboratory testing to establish hematological and serum baseline data is recommended prior to and periodically during administration of any NSAID. Owners should be advised to observe for signs of potential drug toxicity (see Adverse Reactions and Animal Safety) and be given a Client Information Sheet about PREVICOX Chewable Tablets.

For technical assistance or to report suspected adverse events, call 1-877-217-3543.

**PRECAUTIONS:** This product cannot be accurately dosed in dogs less than 12.5 pounds in body weight. Consider appropriate washout times when switching from one NSAID to another or when switching from corticosteroid use to NSAID use.

As a class, cyclooxygenase inhibitory NSAIDs may be associated with renal, gastrointestinal and hepatic toxicity. Sensitivity to drug-associated adverse events varies with the individual patient. Dogs that have experienced adverse reactions from one NSAID may experience adverse reactions from another NSAID. Patients at greatest risk for adverse events are those that are dehydrated, on concomitant diuretic therapy, or those with existing renal, cardiovascular, and/or hepatic dysfunction. Concurrent administration of potentially nephrotoxic drugs should be carefully approached and monitored. NSAIDs may inhibit the prostaglandins that maintain normal homeostatic function. Such anti-prostaglandin effects may result in clinically significant disease in patients with underlying or pre-existing disease that has not been previously diagnosed. Since NSAIDs possess the potential to produce gastrointestinal ulcerations and/or gastrointestinal perforations, concomitant use with other anti-inflammatory drugs, such as NSAIDs or corticosteroids, should be avoided. The concomitant use of protein bound drugs with PREVICOX Chewable Tablets has not been studied in dogs. Commonly used protein-bound drugs include cardiac, anticonvulsant, and behavioral medications. The influence of concomitant drugs that may inhibit the metabolism of PREVICOX Chewable Tablets has not been evaluated. Drug compatibility should be monitored in patients requiring adjunctive therapy. If additional pain medication is needed after the daily dose of PREVICOX, a non-NSAID class of analgesic may be necessary. Appropriate monitoring procedures should be employed during all surgical procedures. Anesthetic drugs may affect renal perfusion, approach concomitant use of anesthetics and NSAIDs cautiously. The use of parenteral fluids during surgery should be considered to decrease potential renal complications when using NSAIDs perioperatively. The safe use of PREVICOX Chewable Tablets in pregnant, lactating or breeding dogs has not been evaluated.

**ADVERSE REACTIONS:**

**Osteoarthritis:** In controlled field studies, 128 dogs (ages 11 months to 15 years) were evaluated for safety when given PREVICOX Chewable Tablets at a dose of 2.27 mg/lb (5.0 mg/kg) orally once daily for 30 days. The following adverse reactions were observed. Dogs may have experienced more than one of the observed adverse reactions during the study.

**Adverse Reactions Seen in U. S. Field Studies**

Adverse Reactions	PREVICOX (n=128)	Active Control (n=121)
Vomiting	5	8
Diarrhea	1	10
Decreased Appetite or Anorexia	3	3
Lethargy	1	3
Pain	2	1
Somnolence	1	1
Hyperactivity	1	0

PREVICOX (firocoxib) Chewable Tablets were safely used during field studies concomitantly with other therapies, including vaccines, antihelmintics, and antibiotics.

**Soft-tissue Surgery:** In controlled field studies evaluating soft-tissue postoperative pain and inflammation, 258 dogs (ages 10.5 weeks to 16 years) were evaluated for safety when given PREVICOX Chewable Tablets at a dose of 2.27 mg/lb (5.0 mg/kg) orally approximately 2 hours prior to surgery and once daily thereafter for up to two days. The following adverse reactions were observed. Dogs may have experienced more than one of the observed reactions during the study.

**Adverse Reactions Seen in the Soft-tissue Surgery Postoperative Pain Field Study**

Adverse Reactions	Firocoxib Group (n=127)	Control Group* (n=131)
Vomiting	5	6
Diarrhea	1	1
Bruising at Surgery Site	1	1
Respiratory Arrest	1	0
SQ Crepitus in Rear Leg and Flank	1	0
Swollen Paw	1	0

\*Sham-dosed (pilled)

**Orthopedic Surgery:** In a controlled field study evaluating orthopedic postoperative pain and inflammation, 226 dogs of various breeds, ranging in age from 1 to 11.9 years in the PREVICOX-treated groups and 0.7 to 17 years in the control group were evaluated for safety. Of the 226 dogs, 118 were given PREVICOX Chewable Tablets at a dose of 2.27 mg/lb (5.0 mg/kg) orally approximately 2 hours prior to surgery and once daily thereafter for a total of three days. The following adverse reactions were observed. Dogs may have experienced more than one of the observed reactions during the study.

**Adverse Reactions Seen in the Orthopedic Surgery Postoperative Pain Field Study**

Adverse Reactions	Firocoxib Group (n=118)	Control Group* (n=108)
Vomiting	1	0
Diarrhea	2**	1
Bruising at Surgery Site	2	3
Inappetence/ Decreased Appetite	1	2
Pyrexia	0	1
Incision Swelling, Redness	9	5
Oozing Incision	2	0

A case may be represented in more than one category.

\*Sham-dosed (pilled).

\*\*One dog had hemorrhagic gastroenteritis.

**POST APPROVAL EXPERIENCE:** The following adverse reactions are based on voluntary post-approval reporting and are consistent with those reported for other cyclooxygenase inhibitory NSAID class drugs. The categories are listed in decreasing order of frequency by body system.

**GASTROINTESTINAL:** Vomiting, anorexia, diarrhea, melena, hematemesis, hematochezia, weight loss, nausea, gastrointestinal ulceration, gastrointestinal perforation, salivation.

**URINARY:** Azotemia, elevated creatinine, polydipsia, polyuria, urinary tract infection, hematuria, urinary incontinence, renal failure.

**HEMATOLOGICAL:** Anemia, thrombocytopenia.

**HEPATIC:** Hepatic enzyme elevations decreased or increased total protein and globulin, decreased albumin, decreased BUN, icterus, ascites, pancreatitis.

**NEUROLOGICAL / BEHAVIORAL / SPECIAL SENSE:** Lethargy, weakness, seizure, ataxia, aggression, tremor, uveitis, mydriasis, nystagmus.

**CARDIOVASCULAR / RESPIRATORY:** Tachypnea.

**DERMATOLOGICAL / IMMUNOLOGICAL:** Fever, facial / muzzle edema, pruritus, urticaria, moist dermatitis.

In rare situations, death has been reported as an outcome of the adverse events listed above.

**INFORMATION FOR DOG OWNERS:** PREVICOX, like other drugs of its class, is not free from adverse reactions. Owners should be advised of the potential for adverse reactions and be informed of the clinical signs associated with drug intolerance. Adverse reactions may include vomiting, diarrhea, decreased appetite, dark or tarry stools, increased water consumption, increased urination, pale gums due to anemia, yellowing of gums, skin or white of the eye due to jaundice, lethargy, incoordination, seizure, or behavioral changes. **Serious adverse reactions associated with this drug class can occur without warning and in rare situations result in death (see Adverse Reactions). Owners should be advised to discontinue PREVICOX therapy and contact their veterinarian immediately if signs of intolerance are observed.** The vast majority of patients with drug related adverse reactions have recovered when the signs are recognized, the drug is withdrawn, and veterinary care, if appropriate, is initiated. Owners should be advised of the importance of periodic follow up for all dogs during administration of any NSAID.

**EFFECTIVENESS:** Two hundred and forty-nine dogs of various breeds, ranging in age from 11 months to 20 years, and weighing 13 to 175 lbs, were randomly administered PREVICOX or an active control drug in two field studies. Dogs were assessed for lameness, pain on manipulation, range of motion, joint swelling, and overall improvement in a non-inferiority evaluation of PREVICOX compared with the active control. At the study's end, 87% of the owners rated PREVICOX-treated dogs as improved. Eighty-eight percent of dogs treated with PREVICOX were also judged improved by the veterinarians. Dogs treated with PREVICOX showed a level of improvement in veterinarian-assessed lameness, pain on palpation, range of motion, and owner-assessed improvement that was comparable to the active control. The level of improvement in PREVICOX-treated dogs in limb weight bearing on the force plate gait analysis assessment was comparable to the active control. In a separate field study, two hundred fifty-eight client-owned dogs of various breeds, ranging in age from 10.5 weeks to 16 years and weighing from 7 to 168 lbs, were randomly administered PREVICOX or a control (sham-dosed-pilled) for the control of postoperative pain and inflammation associated with soft-tissue surgical procedures such as abdominal surgery (e.g., ovariohysterectomy, abdominal cryptorchidectomy, splenectomy, cystotomy) or major external surgeries (e.g., mastectomy, skin tumor removal <8 cm). The study demonstrated that PREVICOX treated dogs had significantly lower need for rescue medication than the control (sham-dosed-pilled) in controlling postoperative pain and inflammation associated with soft-surgery. A multi-center field study with 226 client-owned dogs of various breeds, and ranging in age from 1 to 11.9 years in the PREVICOX-treated groups and 0.7 to 17 years in the control group was conducted. Dogs were randomly assigned to either the PREVICOX or the control (sham-dosed-pilled) group for the control of postoperative pain and inflammation associated with orthopedic surgery. Surgery to repair a ruptured cruciate ligament included the following stabilization procedures: fabellar suture and/or imbrication, fibular head transposition, tibial plateau leveling osteotomy (TPLO), and 'over the top' technique. The study (n = 220 for effectiveness) demonstrated that PREVICOX-treated dogs had significantly lower need for rescue medication than the control (sham-dosed-pilled) in controlling postoperative pain and inflammation associated with orthopedic surgery.

**ANIMAL SAFETY:** In a target animal safety study, firocoxib was administered orally to healthy adult Beagle dogs (eight dogs per group) at 5, 15, and 25 mg/kg (1, 3, and 5 times the recommended total daily dose) for 180 days. At the indicated dose of 5 mg/kg, there were no treatment related adverse events. Decreased appetite, vomiting, and diarrhea were seen in dogs in all dose groups, including unmedicated controls, although vomiting and diarrhea were seen more often in dogs in the 5X dose group. One dog in the 3X dose group was diagnosed with juvenile polyarthritis of unknown etiology after exhibiting recurrent episodes of vomiting and diarrhea, lethargy, pain, anorexia, ataxia, proprioceptive deficits, decreased albumin levels, decreased and then elevated platelet counts, increased bleeding times, and elevated liver enzymes. On histopathologic examination, a mild ileal ulcer was found in one 5X dog. This dog also had a decreased serum albumin which returned to normal by study completion. One control and three 5X dogs had focal areas of inflammation in the pylorus or small intestine. Vacuolization without inflammatory cell infiltrates was noted in the thalamic region of the brain in three control, one 3X, and three 5X dogs. Mean ALP was within the normal range for all groups but was greater in the 3X and 5X dose groups than in the control group. Transient decreases in serum albumin were seen in multiple animals in the 3X and 5X dose groups, and in one control animal. In a separate safety study, firocoxib was administered orally to healthy juvenile (10-13 weeks of age) Beagle dogs at 5, 15, and 25 mg/kg (1, 3, and 5 times the recommended total daily dose) for 180 days. At the indicated (1X) dose of 5 mg/kg, on histopathologic examination, three out of six dogs had minimal periportal hepatic fatty change. On histopathologic examination, one control, one 1X, and two 5X dogs had diffuse slight hepatic fatty change. These animals showed no clinical signs and had no liver enzyme elevations. In the 3X dose group, one dog was euthanized because of poor clinical condition (Day 63). This dog also had a mildly decreased serum albumin. At study completion, out of five surviving and clinically normal 3X dogs, three had minimal periportal hepatic fatty change. Of twelve dogs in the 5X dose group, one died (Day 82) and three moribund dogs were euthanized (Days 38, 78, and 79) because of anorexia, poor weight gain, depression, and in one dog, vomiting. One of the euthanized dogs had ingested a rope toy. Two of these 5X dogs had mildly elevated liver enzymes. At necropsy all five of the dogs that died or were euthanized had moderate periportal or severe perizonal hepatic fatty change; two had duodenal ulceration; and two had pancreatic edema. Of two other clinically normal 5X dogs (out of four euthanized as comparators to the clinically affected dogs), one had slight and one had moderate periportal hepatic fatty change. Drug treatment was discontinued for four dogs in the 5X group. These dogs survived the remaining 14 weeks of the study. On average, the dogs in the 3X and 5X dose groups did not gain as much weight as control dogs. Rate of weight gain was measured (instead of weight loss) because these were young growing dogs. Thalamic vacuolization was seen in three of six dogs in the 3X dose group, five of twelve dogs in the 5X dose group, and to a lesser degree in two unmedicated controls. Diarrhea was seen in all dose groups, including unmedicated controls. In a separate dose tolerance safety study involving a total of six dogs (two control dogs and four treated dogs), firocoxib was administered to four healthy adult Beagle dogs at 50 mg/kg (ten times the recommended daily dose) for twenty-two days. All dogs survived to the end of the study. Three of the four treated dogs developed small intestinal erosion or ulceration. Treated dogs that developed small intestinal erosion or ulceration had a higher incidence of vomiting, diarrhea, and decreased food consumption than control dogs. One of these dogs had severe duodenal ulceration, with hepatic fatty change and associated vomiting, diarrhea, anorexia, weight loss, ketonuria, and mild elevations in AST and ALT. All four treated dogs exhibited progressively decreasing serum albumin that, with the exception of one dog that developed hypoalbuminemia, remained within normal range. Mild weight loss also occurred in the treated group. One of the two control dogs and three of the four treated dogs exhibited transient increases in ALP that remained within normal range.

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# Reinvigorate Your Practice, Part 3: Brand Expectations



**Create great expectations. Fulfill them.  
When it comes to branding, it's not your  
image but your actions that count.**

by Constance Hardesty

**W**hat is a brand? A logo stuck on the door of a practice? A lively slogan on the website?

No.

A brand is defined as a distinctive kind of thing, as in a lively *brand* of humor. Or, in veterinary terms, a lively *breed* of dog.

An animal's breed can be seen in far more than its appearance. It is also reflected in the animal's behavior, temperament, predisposition to medical conditions, personality and so on. In the same sense, a practice's brand goes far beyond logos and slogans. Just as a well-bred animal is "made, not born," so an effective brand is deliberately created.

A focused brand has the power to create client expectations. How? First it defines the expectations, then it fulfills them — again and again — until people take it for granted that the company can be relied on to do exactly what it says it will do.

Federal Express is a powerful brand because it promises just one thing — on-time delivery — and it consistently fulfills that promise. Indeed, clients are so confident in the FedEx *brand promise* they will pay a premium for the assurance that their packages will be delivered on time.

What makes a brand weak? It makes no promises, it lies, or it just doesn't matter. A brand that fails to create a clear set of expectations makes no promises. A brand that fails to deliver is a lie. A





*Whether you are creating a new brand or evaluating your existing one, start with your mission and scope.*

## The series so far...

In flush times, it's easy to let your practice grow willy-nilly, without careful consideration to whether the growth makes sense for the business. When you can toss any seed in the ground and it grows, you don't have to carefully tend the garden.

In a recession, you need scale back — strategically. This is the time to really look at your business from a strategic perspective: What serves you best? How can you focus and refine your practice to be exactly the one thing you want it to be?

Previous articles in this series examined how the type and scope of a veterinary practice determine its service mix and structure, and how aligning the

brand that inspires little interest or emotional response among clients is a lost cause: it just doesn't matter.

## Brand matters

The key to building a strong brand is to create only the client expectations you wish to fulfill. That means drawing on your mission and vision, and the type and scope of your practice. For example, if you are a two-doctor practice with focus on wellness and a passion for work-life balance, it makes no sense to promise around-the-clock service.

Whether you are creating a new brand or evaluating your existing one, start with your mission and scope. Determine what types of client are most likely to be attracted to your practice, and what services or characteristics will please them most. Choose two or three of those services or characteristics, and put them to the “what matters” test: focus, clarity and relevance.

**Focus matters.** Defining expectations — that is, stating a clear and specific brand promise — is the essence of creating a brand. A brand may be weak because it

two creates a coherent business that is both easy for clients to grasp and owners to lead. The most recent installment of the series explored how to add a distinctive tone and style to your practice's mix.

This article explains how to brand the practice, that is, how to tell current and prospective clients exactly what to expect. The remaining three articles in the series address how to manage the practice to deliver on expectations.

**Coming in July/August:** How to create, revise and use protocols and policies to ensure that every member of the practice team delivers on your brand promise.

promises so many different things that clients don't know what to expect. Looking at it from another point of view, a diffuse brand may leave staff uncertain where to put their strongest efforts.

**Clarity matters.** A clear and simple brand promise creates very specific expectations. There is no doubt as to what clients expect — and what staff must deliver.

**Relevance matters.** A brand must promise something that clients care deeply about. That doesn't mean you have to go straight to their mushy, pet-loving hearts — unless, like Hallmark, you are selling sentimentality. Think about your mission and scope, and what clients you are most likely to attract. Then target what matters to those clients: their pocketbooks (WalMart) or craving for a distinctive experience (Disney) or desire for convenience (Jiffy Lube) or sense of entitlement (BMW).

What matters most to your clients? What matters most to you as a veterinarian? When you find the place where those two answers overlap, you've found your brand promise.

[The challenge, of course, is delivering on the promise — better than your competitors do, without fail. The remaining articles in this series explain how to use facility design, protocols and policies, and staff training to do just that.]

## 4 steps to a better brand

Brands are not built by consensus but by collaboration. In this process, the owner defines the brand promise and the team works together to translate the concepts into action.

The simplest brand is a set of one to three adjectives that describe exactly what your practice team will deliver in a consistent and distinctive way. Here's how to get started:

**Brainstorm** — List 20 adjectives that describe your practice at its best (in keeping with its mission, type, and scope as discussed in previous articles in this series). Narrow the list to the top 3-5 adjectives. These are the client



## Three reasons to build your brand

### **A good brand attracts good customers**

Every veterinary practice is a sophisticated, complex system for delivering medical care. Branding helps clients to “get it,” to easily grasp what you do and why. Knowing that, they can easily decide whether your practice is the right one for them.

Everyone knows that no veterinary practice can be all things to all people. Even so, it’s hard to let even one prospective client slip through your fingers. Don’t be fooled. The last thing you need in tough times is clients who are not a good fit for your practice. Ultimately, they will be dissatisfied — and will tell all their friends so. Why should they stop there? With blogs, Facebook, and directories that encourage users to rate services, every dissatisfied client can tell the world.

To develop a valuable brand, promise and deliver predictable, relevant experiences for people who are a good fit for your practice. Ignore everyone else. In this way you can use your brand to attract and retain clients who will feel at home in your practice.

### **A good brand helps staff shine**

Patient care and client experience each are complex systems made up of protocols, policies, processes, skills, facilities, and people. Each system contributes to your brand in its own way, and each affects the other, so that a well-branded veterinary practice work on many levels all at once.

To get the job done, branding must be honest (reflecting the reality of the practice), clear and consistent. While the brand is created by the values, actions and decisions of the practice owner, every member of the team creates and maintains the brand promise in everything they do each day.

Indeed, the actions of every staff member build or destroy the brand. Delivering on client expectations requires staff training in policies, protocols and “how we do things here” to ensure consistency and ongoing motivation. (Developing protocols and training staff are covered in forthcoming articles in this series.)

### **A good brand speaks for you**

Image is a part of your brand, but the bigger part is customers’ experience of what your practice actually does, rather than the visual and verbal messages you send.

*Facilitate a group discussion about client expectations and how staff can deliver on the promises inherent in your brand promise.*



01:01:10

## THE TIME IS NOW



This year, AAHA launches its own rebranding effort focused on boosting consumer awareness of the value of accreditation.

The Time Is Now! Campaign was launched at the opening session of the AAHA Yearly Conference in March. The campaign is based on a year-long research project that followed much the same process as described in the Reinvigorate Your Practice series:

- clearly defining AAHA's mission, scope and unique place in the veterinary profession
- examining key constituents' perceptions of AAHA's purpose and value
- creating ways to express the AAHA "brand promise," or what the accreditation can do for both veterinary professionals and pet owners — and ultimately, for pets

Hundreds of accredited members, general members and consumers participated via surveys and discussion groups.

One key finding confirmed accepted wisdom: Perceived value is high, but awareness is low. That is, pet owners think accreditation is a great idea, but it is simply not on their radar screen.

The Time Is Now Campaign will change that with a two-prong public relations effort targeting consumers directly through TV and other mass media and indirectly through accredited members.

To learn more about the campaign and how AAHA intends to express and follow through on its brand promise, The Standard of Veterinary Excellence, go to [aahanet.org](http://aahanet.org).

expectations you wish to create and fulfill — that is, your brand promise.

Why list so many adjectives to choose so few? Brainstorming forces you to reach beyond the obvious. If you need help with this exercise, turn to team leaders — individuals who, regardless of title or position really understand and act upon the practice's mission and values.

**Discuss** — In one or more team meetings introduce the concept of the brand promise and explain how these adjectives express your brand promise within the context of the practice's mission, values and scope. Facilitate a group discussion about client expectations and how staff can deliver on the promises inherent in your brand promise.

Leave the discussion open-ended, encouraging team members to mull over how they, individually and together, can deliver on the brand promise.

**Translate into action** — Post large sheets of paper (such as presentation-size Post-It Notes) in the break room behind-the-scenes service areas. At the top of each sheet, write one adjective. Encourage staff to write their suggestions for delivering on the brand promise represented by the adjective. Encourage them to suggest ideas within and beyond their responsibilities and roles, for example, medical protocols, customer service policies, client education, compliance efforts, and so on.

**Formalize** — Incorporate appropriate suggestions into protocols, policies and standard operating procedures. Train staff to deliver on your brand promise in everything they do. Perform continuous quality improvement measures on your brand: Reward positive brand experiences. Debrief poor experiences without blame, focusing on policy or process changes that will prevent the recurrence of poor experiences.

## Test your brand

What's your brand today? Don't be sure that you know the answer. As an insider, it's easy to let wishful assumptions blind you to the truth.

To find honest answers, ask the people with first-hand experience. Poll many clients to get a general overview, then pump your A-list clients for specifics. Here's how:

Create a simple questionnaire. The first question lists the three adjectives that comprise your brand promise and asks clients to rate the quality of their experience on a scale of 1 to 4 for each adjective. The second question asks clients to name three adjectives that describe their experience. The final question is: "We are committed to providing service that is [list your three adjectives here]. How can we do better?"

Stack the questionnaires in exam rooms, and put a goldfish bowl near the reception desk to gather responses. You can post the survey online as well, but you'll get better results with an on-site effort.

To explore more deeply, call several A-list clients and invite them to join you for a one-on-one discussion over a cup of coffee. Probe for specifics. "How long did you wait in the exam room while your pet's blood was being drawn? Did it feel like a long time? What would make the time go faster? Did you get the brochure on FLV? Did the receptionist offer you cream/sugar with your coffee? Oh, you drink tea? Was our selection sufficient?"

Don't let clients feed you easy or polite answers. The goal is to discover strengths as well as weaknesses. Your investment will pay off in insights you can use to satisfy the clients you value most.

Now take stock: Do your clients' expectations align with your intentions? Were there surprises? Disappointments? Are you promising what you mean to promise — and is the whole team delivering?

Every year or two, check in with clients to discover whether your brand is working — that is, whether clients have appropriate expectations (that is, those you intend to fulfill) and whether staff are consistently fulfilling them.

Now you're ready to get to work on that logo. ■

Constance Hardesty is editor in chief of AAHA. As a marketing consultant before joining AAHA, she helped clients develop and strengthen their brands.

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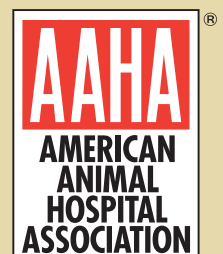
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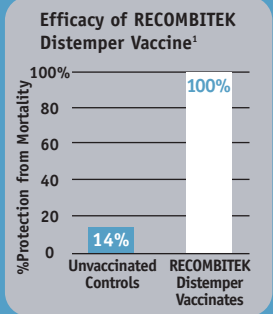
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<sup>1</sup>Pardo MC, Bauman JE, Mackowiak M. Protection of dogs against canine distemper by vaccination with a canarypox virus recombinant expressing canine distemper virus fusion and hemagglutinin glycoproteins. *AJVR* 1997;58(8):833-836.

<sup>2</sup>Paul MA, Carmichael LE, Childers H, et al. Report of the American Animal Hospital Association (AAHA) Canine Vaccine Task Force: 2006 AAHA canine vaccine guidelines. Available at: [http://www.aahanet.org/About\\_aaha/About\\_Guidelines\\_Canine06.html](http://www.aahanet.org/About_aaha/About_Guidelines_Canine06.html). Accessed December 1, 2006.

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# Jump the Rut



## Motivate and re-energize your staff.

by Jill R. Foreman, MBA, CVPM

**N**o one would deny the increasing complexity of the veterinary profession. It affects our practice at every staffing position and yet, many of our services rest foundationally on routine, even rote, tasks.

Although not as conspicuous as performing emergency services on the incoming HBC, such routine tasks as sending monthly reminders, or cleaning kennel cages, affect the quality of our patient services, our clients' perception of our practice and our bottom line.

As managers, it is as incumbent upon us to inspire team members in these routine jobs as it is for the more complex. How can we motivate our staff to consistently high levels of performance when their tasks are repetitious and routine?

## Set a professional example

As location, location, location is to the realtor, so leadership, leadership, leadership is to the veterinary practice. Members of the management team must exemplify good leadership qualities and build a strong culture of professionalism where every task has merit and each person sees their daily routine as applicable to the practice's mission.

Foster horizontal teamwork, where everyone is responsible for the team goal. A particular person is accountable for the task, but everyone is responsible for the goal.





*Foster horizontal teamwork, where everyone is responsible for the team goal.*

## Every team member participates

Your practice mission, vision and core values statements should accurately reflect the practice's culture. Often these are lofty, verbose, epistles created by owners and viewed with suspicion by staff members whose daily routines seem much removed from the statement's rhetoric.

Most of the folks who come to us for employment feel a connection with our patients and deeply care about their welfare. We should embrace that quality and build on it in our foundational statements of purpose. These statements should be personal, developed from concrete examples.

Staff members should be able to visualize daily practice activities that demonstrate the concepts. They should evoke passion and emotion. Every task should be linked to the practice vision and have a mini-vision of its own.

What is this task designed to do, how does it relate to the practice vision, why is this task important to everyone, what is it designed to accomplish, how best can we accomplish it, and who should be responsible?

## Pass ownership to staff

Put power in the hands of the people doing the work. Encourage individual responsibility for service quality and create a line of accountability within the team. Teach, mentor, coach, and let go.

Create teams for associated tasks. Build the rote task into the team framework and make team members responsible for the goal. Consider a team for increasing patient compliance driven by the practice vision of quality pet health care and client service.

The practice's reminder/recall program would be an integral part of this team goal and the rote task of creating monthly reminders would be central to the team's success.

Establishing a housekeeping/disease

prevention team, with antibiotic resistance on the rise, this would seem a timely commitment. Housekeeping tasks become more than an item on a checklist, they are vital to keeping disease at bay.

The shift in framing the task makes all the difference. I'm remembering an example from the Disney way books. They were having trouble with the groundskeepers being surly with guests. The job performance goals for the groundskeepers were defined and measured by whether the park was clean and in the groundskeepers' minds; the guests were undermining their performance.

When their mission was reframed and focused on keeping guests happy by keeping the park clean, the problem disappeared.

## Clearly communicate the task, expectations

Even with repetitive tasks we should define the task and state the desired outcomes. When we fail to provide this information we predispose staff members to failure by devaluing routine tasks from the outset.

Be specific in your description of the task's requirements, provided appropriate training and locate all the necessary tools. Define what constitutes appropriate completion and how you will evaluate their performance.

Emphasize the importance of consistent quality, framing this communication in the larger picture of the practice's vision, mission and core values. Ask questions such as: What would happen to patient care, if the task was not completed effectively? How would Fluffy Smith be affected?

## Link mastery to additional rewards

In conjunction with your employees, create individual development plans. If possible, make mastery and appropriate completion of their routine tasks link to

other avenues of advancement or interest.

Perhaps learning this task is prerequisite to another responsibility the staff member desires. Many practices use phase training programs that implement this type of advancement.

## Respect, reinforcement, recognition

Routinely touch base with the responsible staff member, review any necessary improvements and applaud their successes. Emphasize the importance of the routine tasks in the practice's daily operations. Review them during performance reviews.

If possible, quantify the results of the task and relate these to overall patient welfare; "Fifty patients received vaccinations this month because you called on those overdue reminders." Announce the achievement at staff

meetings. Appreciation and recognition are vital. It is virtually impossible to offer too much praise.

The bottom line: The quality of your practice will never exceed the quality of the individual tasks that define your daily routines. Help your staff succeed by framing routine duties as integral pieces in the picture of your practice vision. ■

Jill R. Foreman, MBA, CVPM, is an AAHA Practice Consultant who speaks nationwide on veterinary practice management issues and education.



*Every task should be linked to the practice vision and have a mini-vision of its own.*

## Building a team offsite

Consider all options when investigating ways to move certain functions to non-employees.

It may come down to a simple question of costs versus benefits. Or it may be the result of needing to better balance your work and personal life.

Either way, sometimes a decision must be made to delegate certain responsibilities to workers outside the practice. It can be a smart business move for veterinary hospitals large and small.

According to Jeffrey Moses, a columnist for the National Federation of Independent Businesses, "Many say that the ultimate success of most small businesses depends on the founder's ability to delegate key projects. It's simply not possible for a single individual to be able to successfully accomplish all that needs to be done every day as a company continues to grow."

### Identify key functions

For veterinary hospitals, the key is to first decide which functions could be performed efficiently, effectively and for equal or lower cost by non-practice members then decide whether it's more practical to use insourcing or outsourcing to delegate those functions.

### Define responsibilities

When breaking down responsibilities, the practice defines the "what" (what job, service or function is to be performed) but the outsourcing firm or individual determines the "how," working independently to decide in what manner and by whom the task is completed.

### Think internally, act externally

Like forming an internal clinic team, outsourcing requires the same thorough planning and communication to succeed. Both bring with them a fair share of risk. And neither should be entered into lightly.

"When placing responsibility on others, tasks must be defined clearly and completely. Goals, timeframes, resources and potential problems all must be fully explained." Moses wrote in a 2004 column, *Delegating for Small Business Growth*. "It takes experience and confidence to efficiently delegate [vital] tasks or projects."

— Jerry Brown



# Raising the level of care

*“AAHA is continually looking for ways to help member practices run better. AAHA endorses Vetstreet because it offers clinics an important client outreach tool. The Vetstreet Pet Portal® service allows us to better connect with and educate our clients, increase compliance and, most importantly, raise the level of health care for our patients.”*

**Anna Worth, VMD**  
2008-2009 AAHA President  
West Mountain Veterinary Hospital  
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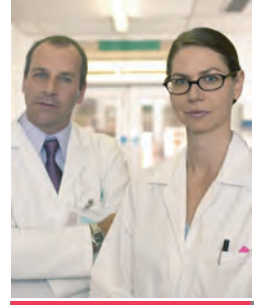

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# WHICH OF THESE VETERINARIANS WILL RETIRE “ON THEIR OWN TERMS”?

All of them—thanks to Members Retirement Plans.

	<p><b>A.</b> THE YOUTHFUL PRACTITIONER</p> <p>Age: 34 Number of years in practice: 2 Number of employees: 0 Retirement-plan goal: Salary deferral AND profit-sharing benefits, low set-up charges <b>Solution: Owners 401(k) Plan</b></p>
	<p><b>B.</b> COMPATIBLE PARTNERS</p> <p>Ages: 45 and 48 Number of years in partnership: 13 Number of employees: 11 Retirement-plan goal: Maximum owner contributions, regardless of employee participation levels <b>Solution: Safe Harbor 401(k) Plan</b></p>
	<p><b>C.</b> THE RETIRING TYPE</p> <p>Age: 58 Number of years in practice: 28 Number of employees: 4 Retirement-plan goal: Age-weighted contribution allocations favoring those closest to retirement <b>Solution: New Comparability Plan</b></p>

At the Members Retirement Program, we know that every practice is different—and requires a customized solution that’s built to meet your unique needs. In every case, we can offer you a personalized plan that may be able to help you minimize costs, reduce administrative time, and enjoy the ultimate in contribution flexibility.

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Dramatized photo. Our friend Myles didn't carry any heavy weight.



**THOSE EXTRA POUNDS ARE HARD ON HIM.  
AND EVEN HARDER ON HIS LUNGS.**

## **THIRTEEN EXTRA POUNDS ON A 65-LB DOG CAN HAVE SERIOUS HEALTH CONSEQUENCES.**

Research shows that clients who are told about the serious health risks associated with canine obesity are more motivated to take action.<sup>1</sup> If your clients have tried to reduce their dogs' weight, and nothing seems to work, you now have another option: FDA-approved SLENTROL®

SLENTROL can help your clients' dogs lose unhealthy weight safely—without their pets feeling hungry or your clients feeling that they're being harsh. Thirteen extra pounds in human terms doesn't seem like much, but it's serious business (20% too heavy!) for a 65-pound dog. SLENTROL gives you the time to work with dog owners to develop the feeding and exercise habits that will maintain weight loss after treatment is completed.

Educate your clients on the risks of obesity. For more information, visit [www.SLENTROL.com](http://www.SLENTROL.com).

**SLENTROL should not be used in cats, dogs receiving long-term corticosteroid therapy, or in dogs with liver disease. The most common side effect is vomiting. In addition, dogs may experience diarrhea, lethargy, or anorexia. The client should be made aware that if any of these signs persist for more than 2 days the dog should be re-evaluated. SLENTROL is not for use in humans under any circumstances.**

Reference: 1. Data on file. Pfizer market research SL1007. Pfizer Inc, New York, NY.



Pfizer Animal Health

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LESS WEIGHT. MORE LIVING.



# Preparing for the Worst

When your clinic is crisis-ready, you are ready to serve — no matter what.

by Jack Sommars

**T**hey called it Iowa's "500-year flood." In a matter of days, it swallowed up a third of the state. Yet when the rising waters threatened her Animal Care Clinic in Johnston, Barbara Rush, DVM, knew exactly what to do.

With the help of family, friends and staff, Rush moved everything at a height of four feet or lower to the attic above her clinic. Then the phone calls began. "I made three phone calls," she recalls from last June.

"The first was to my X-ray people. I told them to get over here and knock down the equipment. My second call went to the gentleman who picked up all my cremations. I said, 'Come unload my freezer because I'm not going to worry about that going out the door either.' Then I called my computer specialist. I asked him to take me down to one computer so I could operate just like I did when I opened this place.

"I gathered up all my unpaid bills, printed off brand new inventory lists, a new master client list, and our appointment schedule for the next four weeks so we could call everyone who had major procedures scheduled," Rush says. "Then I did an emergency forward of all my business calls to my house so clients could still get in touch with somebody."

The resourceful veterinarian lost no inventory or equipment when the floodwaters finally breached the sandbags. She was out of commission for only 30 days and suffered less than \$35,000 in damage.



Most veterinarians won't get a second chance to respond to a catastrophe.

"Mother Nature dealt me this hand twice," Rush says with a smile. "Back in 1993, when we were hit by Iowa's so-called '100-year flood,' I did everything by the seat of my pants, making stuff up as I went along. This time, having been through it before, I got a little bit smarter."

## Planning ahead

Unlike Rush, most veterinarians won't get a second chance to respond to a catastrophe. That's why it is critical to have a written disaster plan for your practice.



# SLENTROL®

dirlotapide

Oral solution for use in dogs only.

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

**INDICATIONS:** SLENTROL (dirlotapide) Oral Solution is indicated for the management of obesity in dogs.

**CONTRAINDICATIONS:** SLENTROL should not be used in cats. SLENTROL increases the risk of producing hepatic lipidosis during weight loss in obese cats. SLENTROL is not recommended for use in dogs currently receiving long-term corticosteroid therapy. Do not use in dogs with liver disease.

**WARNINGS:** Not for use in humans. Keep this and all drugs out of reach of children. Adverse reactions associated with humans ingesting dirlotapide include: abdominal distention, abdominal pain, diarrhea, flatulence, headache, increased serum transaminases, nausea, and vomiting.

SLENTROL may cause eye-irritation. If accidental eye exposure occurs, flush the eyes immediately with clean water.

**PRECAUTIONS:** Safety in breeding, pregnant, or lactating dogs has not been established. Caution should be taken when considering any weight loss program in growing dogs, including treatment with SLENTROL. SLENTROL has not been evaluated in dogs less than 1 year of age.

All dogs should undergo a thorough history and physical examination that includes laboratory tests to screen for underlying conditions. Pre-existing endocrine disease, including hyperadrenocorticism (Cushing's disease), should be managed prior to use of SLENTROL.

SLENTROL may produce a mild to moderate elevation in serum hepatic transaminase activity. If the elevation in alanine aminotransferase (ALT) activity is mild, continue SLENTROL and monitor as needed. If there is a marked elevation in ALT activity above the normal reference range or there is a simultaneous increase in aspartate aminotransferase (AST), alkaline phosphatase (ALP),  $\gamma$ -glutamyl transferase (GGT), or total bilirubin, discontinue treatment with SLENTROL. Elevations in hepatic transaminase activity usually decrease when SLENTROL is discontinued.

The safety of SLENTROL use in dogs has not been evaluated beyond 1 year.

**ADVERSE REACTIONS:**

The adverse reactions associated with treatment with SLENTROL include vomiting, loose stools/diarrhea, lethargy, and anorexia. These adverse reactions were mainly observed during the first month of treatment or during the week after a dose increase. Vomiting was usually mild in severity, of short duration, and resolved with continued SLENTROL treatment. The SLENTROL-treated dogs generally had an increased frequency and duration of vomiting and diarrhea compared to the control dogs. The control dogs received corn oil.

**Adverse Reactions During Weight Loss:**

Treatment	Percentage of Patients with Reported Signs	
	Control n = 88	SLENTROL n = 170
Vomiting	21.6%	24.7%
Diarrhea	6.8%	12.4%
Lethargy	3.4%	9.4%
Anorexia	2.3%	7.6%
Constipation	1.1%	2.4%
Dehydration	0%	1.2%

In addition to the adverse reactions listed above, there were other abnormal findings. Many control and SLENTROL-treated dogs had dental disease, abnormal skin and ear findings, and lameness/arthritis. The incidence of these findings were similar in both control and SLENTROL-treated groups and most dogs had similar lesions noted pre-treatment. Two dogs in the SLENTROL treatment group developed corneal ulcers. One SLENTROL-treated and one control dog developed signs consistent with pancreatitis. One treated dog developed inappropriate urination and defecation and another treated dog developed polyuria and polydipsia.

A 5-year-old Beagle with no medical history of seizures in the SLENTROL treatment group had a seizure on Day 52 of the study. The dog continued to receive SLENTROL until additional seizures occurred 11 and 12 days later. The investigator referred the case to a neurologist and the seizures continued approximately twice weekly. The neurologist found no lesions that support the causality of the seizures.

A 5-year-old Dachshund developed a hepatopathy after 82 days of treatment and was withdrawn from the study for vomiting, increased hepatic enzymes, and anorexia. Vomiting continued for a few days after stopping treatment and the dog was hospitalized due to the anorexia. ALT activity levels continued to rise after all clinical observations resolved.

During weight stabilization, vomiting (16.1%) and lethargy (4.8%) were the most frequent adverse reactions associated with treatment with SLENTROL. Other adverse reactions included diarrhea (1.6%), anorexia (1.6%), and ataxia (1.6%).

In the post-treatment period, a 6 year old spayed female Chihuahua, was found dead by the owner 7 days after stopping dirlotapide therapy. The cause of death was not conclusive but did not appear to be related to the dirlotapide therapy.

Some dogs treated with SLENTROL displayed a mild to moderate elevation in serum hepatic transaminase activity early in treatment that decreased over time while treatment continued. Hepatic transaminases generally returned to normal when treatment was discontinued (See Precautions for further information).

**Serum Chemistry Results:**

Serum Analyte	Percentage of Dogs			
	Control n = 88		SLENTROL n = 170	
	Pre <sup>d</sup>	Post <sup>e</sup>	Pre <sup>d</sup>	Post <sup>e</sup>
ALT <sup>a</sup> > 120 IU/L	3.4%	6.0%	4.7%	9.9%
AST <sup>b</sup> > 60 IU/L	0%	4.8%	3.5%	9.2%
ALP <sup>c</sup> > 125 IU/L	11.4%	16.9%	17.6%	9.9%
Cholesterol > 320 mg/dL	14.8%	9.6%	14.7%	4.6%

<sup>a</sup> ALT = serum alanine aminotransferase activity.

<sup>b</sup> AST = serum aspartate aminotransferase activity.

<sup>c</sup> ALP = serum alkaline phosphatase activity. Dogs with ALP activity > 325 IU/L were excluded from the study.

<sup>d</sup> Pre = % of dogs with values above the laboratory reference range at pre-treatment.

<sup>e</sup> Post = % of dogs with values above the laboratory reference range after 4 months of treatment.

To report a suspected adverse reaction call Pfizer Animal Health at 1-800-366-5288.

For a copy of the Material Safety Data Sheet (MSDS) for SLENTROL oral solution call 1-800-733-5500.

**STORAGE INFORMATION:**

Store in original container at room temperature 15° to 30° C (59° to 86° F).

**HOW SUPPLIED:**

SLENTROL is available in 20, 50 and 150 mL bottles containing 5 mg/mL of dirlotapide in solution.

U.S. Patent No. 6,720,351

NADA #141-260, Approved by FDA



820 600 000

October 2006

## Restoring communication and forwarding clients' phone calls are an incredible challenge.



“We hear a lot about the big events — the hurricanes, ice storms, tornados and flooding,” says Heather Case, DVM, coordinator of Emergency Preparedness and Response for the AVMA. “But, when you look at the statistics, house or building fires are our nation’s number one disaster.

“There are many other less publicized — but very dangerous — situations that can affect your practice,” Case adds. “For example, what if there’s a gas leak in your clinic or a train carrying toxic materials derails in your neighborhood? You need to be prepared to evacuate quickly and have a plan for housing and caring for your animals off site if necessary.”

### Make it simple

Following the devastation of Hurricane Katrina, Louisiana law requires veterinarians to submit their written disaster plans to local and state government agencies.

But the process doesn’t have to be burdensome and time-consuming, says Renee Poirrier, DVM, director of Louisiana’s State Animal Response Team and owner of the Acadiana Veterinary Clinic in Lafayette. “In fact, the disaster plan for my practice is only a page and a half long. Most of it is just good old common sense.”

For example, Poirrier has a memorandum of understanding with a similar-sized veterinary practice in her parish. “They’ve agreed to take my animals if we have a facilities fire or have to evacuate for some reason, and I’ll do the same for them.” She has a similar arrangement with another clinic located farther north if a flood or hurricane forces a wholesale evacuation of her parish.

“Your plan should spell out a place to go and a means of transport,” Poirrier advises. “You also need to make sure you have enough cages or cat sacks to get the animals from here to there.”

## Stay in contact

Restoring communication and forwarding clients' phone calls to the clinic are an incredible challenge.

"Communications problems are common following a disaster," explains Poirrier. "Oftentimes, you're not able to call within your area, but you can call outside. So my communications plan says that everyone on my staff will call my sister in Atlanta, and she will relay messages for us. That way, I know where everyone is, if they're okay, and when they'll be coming back."

## Work your plan

Poirrier emphasizes the need to practice your plan. "We conduct a fire drill twice a year, with one right before hurricane season. That's because the evacuation procedure is the same. If there's a hurricane in the Gulf, I'll rent a van so we'll be prepared to shuttle animals. If it's a fire, all of our staff's cars become the transport.

"The first step is getting the animals out of the clinic and into the runs out back. And from the runs we start transporting to the other clinic. Everyone on the staff knows what's going to happen, what they're supposed to do, where we are supposed to meet and how we're going to communicate."

Poirrier also suggests placing a laminated copy of your clinic's floor plan so that it is clearly visible to first responders outside your building. "Our local fire department has a layout of our clinic on file showing very clearly where our animals are likely to be," she says. "So if they're going in, they know exactly where to go to get the animals out."

"In 2002, we were in the middle of an accreditation visit from AAHA when the building adjoining ours caught on fire," recalls Robin Downing, DVM, owner of the Windsor Veterinary Clinic in Windsor, Colo. "Fortunately, we had held regular fire drills, and we managed to sweep the



# Your Disaster Plan Checklist

Heather Case, DVM, coordinator of Emergency Preparedness and Response for the AVMA, suggests your disaster plan focus on these seven key items:

1. **Emergency relocation of animals:** Have enough leashes, carriers, prearranged transportation, and a 24-hour client contact list.
2. **Medical records back up:** Maintain an off site computer backup and itemized inventory.
3. **Continuity of operations:** Include communications, alternative power source, list of suppliers with 24-hour contact information, etc.
4. **Security of building and personnel:** Secure your practice from theft, hold regular disaster/fire drills, have emergency lighting, etc.
5. **General emergency planning:** Develop an action plan that addresses the most likely disasters for your region, and train employees accordingly.
6. **Fire prevention:** Identify potential hazards and fire protection needed.
7. **Insurance coverage and legal issues:** Make sure you have proper coverage, videotape or photograph inventory, etc.

The AVMA has produced a brochure, *Disaster Preparedness for Veterinary Practices*, with more tips and recommendations. To print out or order your copy, log onto their website at [www.avma.org/disaster/default.asp](http://www.avma.org/disaster/default.asp)

clinic in less than a minute and a half. But it was the longest minute and a half on record. Planning and practice are important because if you're being evacuated by the fire department, you can't go back inside. Once you're out, you're out."

Downing says regular fire drills build a sense of alertness, confidence, and composure among staff members. All three traits were in high demand on a Thursday morning last May when seven tornados roared through the area, causing \$100,000 damage to her building.

"It was a traumatic experience, but there was no panic. We learned that we were pretty darn well prepared even though we never planned for that kind of disaster."



Poirrier also suggests placing a laminated copy of your clinic's floor plan so that it is clearly visible to first responders.

### Get insured

Downing's building suffered no major structural damage, and she was back in business in a matter of days. "But the experience has made me aware of the need to consider business continuity insurance. We have disability insurance, so if I'm disabled, I'd still be able to support myself. But what if we couldn't work because our building was destroyed?"

Those are the kind of questions you should ask yourself *before* disaster strikes. Just ask Ken Diestler, DVM, whose Broadway Animal Clinic in Galveston, Tex., was hammered by Hurricane Ike last September.

"I thought my sign was covered," he says. "It was insured in the past, but somehow it slipped through the cracks. I also learned that insurance companies use different definitions for residential and commercial policies. The windstorm

rain damage for my house was covered, but not for my practice.

"That's why I'd strongly suggest that every veterinarian schedule an annual visit with their insurance broker to discuss what's covered, what's not covered, and the differences between their home and business coverage."

Barbara Rush has since had that conversation with her broker. Looking back, she says insurance coverage is one of the few things she wishes she would have done differently. "I let my flood insurance lapse," she confesses. "Flood insurance is expensive and, since I'd already experienced Iowa's 100-year flood, I thought the law of averages was on my side." ■

Jack Sommars is a Denver-based freelance writer.

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# Helping Pets in Need



The AAHA Helping Pets Fund helps pets in need like George, Chief and Pixie. Our mission is to provide veterinary care for sick and injured pets when their owners cannot afford it or no owner exists. To donate or learn about our Gift Program, call 866/4HELPETS (866/443-5738) or visit [www.aahahelpingpets.org](http://www.aahahelpingpets.org).

Pets like these have benefited from grants made possible by people like you:

- **George**, a greyhound, required surgery to remove a mass on his leg. Owner, Woody Lazenby, was recovering from gunshot wounds suffered during his rounds as a postal worker and could not afford the procedure.
- **Chief**, a two-year-old Labrador retriever, was stricken with Lyme disease. His owner, Nancy Melito, called him “the glue that holds the family together,” but when she found herself and her three kids homeless and with no income, she worried that she would not be able to afford his treatment.
- **Pixie**, an 11-year-old domestic shorthair cat, was the only companion of her elderly owner whose own medical bills limited her ability to afford treatment for Pixie’s neck lesions and severe dental disease.





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# Mapping a Career Path

Even if your destination isn't clear,  
the way to get there can be.

by Jane Martel

Long journeys, such as a career in veterinary medicine, typically start with a map. To use a map to your advantage, you need to know three things: (1) your starting point, (2) your destination, and (3) your route.

To get to where you want to go, you first need to know where you are now. Then, although you may not have an exact destination in mind, you must identify at least a general direction in which you wish to head. The gap between the two locations is your journey.

Think of mapping your career as managing a trip. It may seem overwhelming to consider your ultimate career goal and the myriad possible routes to your destination so early on.

Fortunately, though, you will not make a mistake in your career path from which you cannot recover. Even a “bad” position can result in relationships built, solid references, and a stepping stone to your future. Making a mistake is not the issue. What is most important is that you don't allow chance and circumstance to determine your direction and destination.

## Where are you now?

Some currently pertinent — yet 2,500-year-old — advice says: “Know thyself” — your skills, your interests and your motivation.

As you surely discovered in veterinary school, there is no shortcut to doing the work and, especially in this case, no



Don't allow chance and circumstance to determine your direction and destination.

one can do it for you. So grab a pen and paper, and set up a table with two columns and four rows, as shown.

I like...	I don't like...
I'm skilled at...	I've no desire to sharpen these skills...
I'm interested in exploring...	I'm unskilled at (but want to learn)...
I'm energized by...	I'm drained by...

Many a book has been written about doing what you love not only to make a living, but also to make a life worth living. The premise is that from your interests probably flow your strengths and hence your career. This eight-cell table is a good tool for defining who and where you are now and identifying your possible destination and needed actions.

As you complete the table, think



## Prepare a networking plan to interview those who have blazed a trail before you.

of your courses, your labs, and your patients and their conditions. Reflect on what others consistently praise you for — what are you good at? Finally, consider the lifestyle you wish to lead and your geographical preferences.

Mapping your career path is all about defining your vision and then being intentional, proactive, and deliberate about implementing strategies to achieve your dreams. It's about playing offense, not defense, with your life.

What are you all about? What are the values that drive your actions? What drew you to veterinary medicine? Seek to capitalize on your strengths and passions.

### Where are you going?

Your destination options can be generalized as:

- Pursuing general practice
- Earning ABVP species-based certification (for a list of the practice categories, visit [www.abvp.com/certification.htm](http://www.abvp.com/certification.htm))
- Securing board certification in a specialty (for a list of the veterinary specialty organizations recognized by the AVMA, visit [www.avma.org/education/abvs/specialty\\_orgs/default.asp](http://www.avma.org/education/abvs/specialty_orgs/default.asp))
- Working in industry (for pharmaceutical and food companies, research facilities, professional associations, and more)
- Filling public service positions in government or the military

At this point, you may be unsure which of the general directions listed above might even be best for you. That means that you have a bit of research ahead of you. Lucky for you, many people who have learned valuable lessons



through experience will be more than willing to share their stories and advice; you have only to ask.

Prepare a networking plan to interview those who have blazed a trail before you. Make a list of the veterinary industry professionals that you have met over the years: professors, conference presenters, practice owners, veterinarians, specialists, industry representatives, and association leaders. Locate their contact information by using professional resources. Don't forget about experts in your current region.

Can't think of what to ask? Start with these basic questions:

- What did you do to get to where you are now?
- What do you wish you had known at the beginning of your veterinary career?
- What future trends do you see as having the greatest potential impact on veterinary medicine?
- I think I want to [insert career goal]. What recommendations do you have for me? Or, what should I do to realize the career I envision?
- Is there someone else to whom you think I should speak?
- Would you be willing to help me?

After completing the table and conducting numerous interviews, you should have a much better idea of your general direction.

## How might you get there?

Although no decisions are irreversible, your first position is a critical one, as it impacts your choices the next time you change positions. "You have many chances and many years to try different approaches, but many short-term decisions have a lasting impact. That first job is your 'jump-off point' for the next," advises Carin Smith, DVM, author of *Career Choices for Veterinarians* (AAHA Press).

While some people advise consideration of an internship for the first year after graduation as a way to develop skills, not all experts agree. Smith continues, "New grads considering an internship should carefully evaluate their realistic expectations, including the financial return on investment, which is not certain. Many

new grads can obtain the same guidance with a good mentor in their first job."

Stacy Pursell, president of the VET Recruiter®, agrees that "having a mentor is very important. Find someone you respect in the job you want and ask how they got there." She adds, "Information is your best tool. Talk to others and do your research."

Whether pursuing an internship or a mentorship, avoid disappointment by committing the agreement to paper. Refer to AAHA's Mentoring Guidelines, which delineate the mentor's role and responsibilities, the mutual responsibilities of mentee and mentor, and the types of mentoring relationships. This and other career-planning topics are located on AAHA's student website, <http://student.aahanet.org>.

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## Continue your education

No matter your destination, your route should include a continued investment in your education. Keeping up with new trends in management practices and advances in the scientific aspects of veterinary practice will enhance your current practice and your next career move. Using our journey metaphor, you're going to need more gas in your tank to make progress!

"Those who are best in their field will always be in demand," states Pursell. Pursell also advises, "Stay current, continue your education, keep your skills up, subscribe to professional journals, join veterinary groups, and develop a relationship with a recruiter."

Learning negotiation skills and money management early on is sure to pay off. Browse resources such as AAHA's Contracts, Benefits, and Practice Management for the Veterinary Profession or Compensation Models for Owners, Associates, and Staff for industry averages.

Educate yourself by consulting the AVMA website ([www.avma.org/reference/marketstats/default.asp](http://www.avma.org/reference/marketstats/default.asp)) for statistics on first-year employment, starting salary data, and other market research information.

Know that employers, too, are concerned with career path mapping as a way to recruit and retain talented employees. With this in mind, if you like your current employer, consider scheduling a career mapping conversation now. Ask about opportunities for growth in your present organization and what you can do to position yourself to be prepared for additional responsibilities.

If you entertain dreams of owning your own business, start learning now about buy-ins, leadership, and practice management. AAHA and other industry organizations offer several professional education programs from which to choose.



Learning negotiation skills and money management early on is sure to pay off.

## Tying it all together

Add milestones and markers to your career map.

Take your map out regularly to assess how you are doing compared to your plan. Where are you? Are you heading in the right direction? What needs to change? What do you need to learn? What knowledge and skills will you need to gain as you consider moving from position to position? What are your next steps? Stay on course!

You can never fully know what life has in store for you or the conditions that will ultimately shape your life. The best you can do is to have a plan and to hold yourself accountable to it.

But be flexible enough to change paths if necessary; some of the best discoveries occur with chances taken and new paths forged. May your career journey be all that you hope it to be. ■

Jane Martel is a freelance writer in Denver, Colo. Jane has 20 years of experience in the design, development, delivery, and management of training and professional development.

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# Merchandising Magic

Using tricks of the retail trade to better position your retail business.

by Emma Johnson

The retail industry for decades has scientifically scrutinized the best way to get customers to buy their wares — all the while offering customers products and services that enhance their lives. This is how Tracy McCarthy, marketing manager for Lupine, the maker of collars and leads based in Center Conway, N.H., summarizes merchandising.

“Obviously, the thrust of a veterinarian’s business is to provide medical care, but retail — if done right — can represent a nice income stream,” McCarthy says. “Plus, a good retail business is useful to consumers. Veterinarians are specially positioned to speak to pet owners about what they need to keep their animals healthy.”

The other consideration is how to balance sales with service.

Christine Merle, DVM, head of the practice management group at the Dallas-based animal health consulting firm Brakke Consulting, says that it is important to keep an eye on the fine line between providing health care and promoting products that may enhance that care.

“You have to be careful,” Merle says. “We’re promoting medicine and products that may or may not have a medical benefit. A lot of the way people feel about their pets is not medically oriented. For example, pill poppers or muzzles — even though they have their place — are not very nice items.



Keep an eye on the fine line between providing health care and promoting products.

You want to make that a more pleasant experience.”

The key is to make these elements of your clinic fit together seamlessly — something retail operations in other industries have done for decades.

## Buy carefully

When filling your shelves, Latham warns against getting too esoteric. “Be concerned about being too far out on the fringes,” he says. “Last year everyone was trying to get into boutique stuff. It looks good, but it doesn’t sell.



**CHEWABLES**

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

**INDICATIONS:** For use in dogs to prevent canine heartworm disease by eliminating the tissue stage of heartworm larvae (*Dirofilaria immitis*) for a month (30 days) after infection and for the treatment and control of ascarids (*Toxocara canis*, *Toxascaris leonina*) and hookworms (*Ancylostoma caninum*, *Uncinaria stenocephala*, *Ancylostoma braziliense*).

**DOSAGE:** HEARTGARD® Plus (ivermectin/pyrantel) Chewables should be administered orally at monthly intervals at the recommended minimum dose level of 6 mcg of ivermectin per kilogram (2.72 mcg/lb) and 5 mg of pyrantel (as pamoate salt) per kg (2.27 mg/lb) of body weight. The recommended dosing schedule for prevention of canine heartworm disease and for the treatment and control of ascarids and hookworms is as follows:

Dog Weight	Cheewables Per Month	Ivermectin Content	Pyrantel Content	Color Coding On Foil-Backing and Carton
Up to 25	1	68 mcg	57 mg	Blue
26 - 50	1	136 mcg	114 mg	Green
51 - 100	1	272 mcg	227 mg	Brown

HEARTGARD Plus is recommended for dogs 6 weeks of age and older. For dogs over 100 lb use the appropriate combination of these chewables.

**ADMINISTRATION:** Remove only one chewable at a time from the foil-backed blister card. Return the card with the remaining chewables to its box to protect the product from light. Because most dogs find HEARTGARD Plus palatable, the product can be offered to the dog by hand. Alternatively, it may be added intact to a small amount of dog food. The chewable should be administered in a manner that encourages the dog to chew, rather than to swallow without chewing. Chewables may be broken into pieces and fed to dogs that normally swallow treats whole.

Care should be taken that the dog consumes the complete dose, and treated animals should be observed for a few minutes after administration to ensure that part of the dose is not lost or rejected. If it is suspected that any of the dose has been lost, redosing is recommended.

HEARTGARD Plus should be given at monthly intervals during the period of the year when mosquitoes (vectors), potentially carrying infective heartworm larvae, are active. The initial dose must be given within a month (30 days) after the dog's first exposure to mosquitoes. The final dose must be given within a month (30 days) after the dog's last exposure to mosquitoes.

When replacing another heartworm preventive product in a heartworm disease prevention program, the first dose of HEARTGARD Plus must be given within a month (30 days) of the last dose of the former medication.

If the interval between doses exceeds a month (30 days), the efficacy of ivermectin can be reduced. Therefore, for optimal performance, the chewable must be given once a month on or about the same day of the month. If treatment is delayed, whether by a few days or many, immediate treatment with HEARTGARD Plus and resumption of the recommended dosing regimen will minimize the opportunity for the development of adult heartworms.

Monthly treatment with HEARTGARD Plus also provides effective treatment and control of ascarids (*T. canis*, *T. leonina*) and hookworms (*A. caninum*, *U. stenocephala*, *A. braziliense*). Clients should be advised of measures to be taken to prevent reinfection with intestinal parasites.

**EFFICACY:** HEARTGARD Plus Chewables, given orally using the recommended dose and regimen, are effective against the tissue larval stage of *D. immitis* for a month (30 days) after infection and, as a result, prevent the development of the adult stage. HEARTGARD Plus Chewables are also effective against canine ascarids (*T. canis*, *T. leonina*) and hookworms (*A. caninum*, *U. stenocephala*, *A. braziliense*).

**ACCEPTABILITY:** In acceptability and field trials, HEARTGARD Plus Chewables were shown to be an acceptable oral dosage form that was consumed at first offering by the majority of dogs.

**PRECAUTIONS:** All dogs should be tested for existing heartworm infection before starting treatment with HEARTGARD Plus which is not effective against adult *D. immitis*. Infected dogs must be treated to remove adult heartworms and microfilariae before initiating a program with HEARTGARD Plus.

While some microfilariae may be killed by the ivermectin in HEARTGARD Plus at the recommended dose level, HEARTGARD Plus is not effective for microfilariae clearance. A mild hypersensitivity-type reaction, presumably due to dead or dying microfilariae and particularly involving a transient diarrhea, has been observed in clinical trials with ivermectin alone after treatment of some dogs that have circulating microfilariae.

**Keep this and all drugs out of the reach of children.**

In case of ingestion by humans, clients should be advised to contact a physician immediately. Physicians may contact a Poison Control Center for advice concerning cases of ingestion by humans.

Store at controlled room temperature of 68°F - 77°F (20°C - 25°C). Excursions between 59°F - 86°F (15°C - 30°C) are permitted. Protect product from light.

**ADVERSE REACTIONS:** In clinical field trials with HEARTGARD Plus, vomiting or diarrhea within 24 hours of dosing was rarely observed (1.1% of administered doses). The following adverse reactions have been reported following the use of HEARTGARD: Depression/lethargy, vomiting, anorexia, diarrhea, mydriasis, ataxia, staggering, convulsions and hypersalivation.

**SAFETY:** HEARTGARD Plus has been shown to be bioequivalent to HEARTGARD, with respect to the bioavailability of ivermectin. The dose regimens of HEARTGARD Plus and HEARTGARD are the same with regard to ivermectin (6 mcg/kg). Studies with ivermectin indicate that certain dogs of the Collie breed are more sensitive to the effects of ivermectin administered at elevated dose levels (more than 16 times the target use level) than dogs of other breeds. At elevated doses, sensitive dogs showed adverse reactions which included mydriasis, depression, ataxia, tremors, drooling, paresis, recumbency, excitability, stupor, coma and death. HEARTGARD demonstrated no signs of toxicity at 10 times the recommended dose (60 mcg/kg) in sensitive Collies. Results of these trials and bioequivalency studies, support the safety of HEARTGARD products in dogs, including Collies, when used as recommended.

HEARTGARD Plus has shown a wide margin of safety at the recommended dose level in dogs, including pregnant or breeding bitches, stud dogs and puppies aged 6 or more weeks. In clinical trials, many commonly used flea collars, dips, shampoos, anthelmintics, antibiotics, vaccines and steroid preparations have been administered with HEARTGARD Plus in a heartworm disease prevention program.

In one trial, where some pups had parvovirus, there was a marginal reduction in efficacy against intestinal nematodes, possibly due to a change in intestinal transit time.

**HOW SUPPLIED:** HEARTGARD Plus is available in three dosage strengths (see DOSAGE section) for dogs of different weights. Each strength comes in convenient cartons of 6 and 12 chewables.

For customer service, please contact Merial at 1-888-637-4251.

<sup>1</sup>2007 12-month Market Dynamics data; Share report: monthly canine heartworm preventive, vet-dispensed treatments; data on file at Merial.

<sup>2</sup>Data on file at Merial.

<sup>3</sup>Of dogs showing a preference in three studies conducted by independent investigators, dogs preferred HEARTGARD® (ivermectin) Chewables over INTERCEPTOR® (milbemycin oxime) FlavorTabs® by a margin of 37 to 1; data on file at Merial.

<sup>4</sup>HEARTGARD Tablets Freedom of Information Summaries 1987.

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Even with collars and leads, retailers try to get the real cute stuff, but what sells is red, blue and black.”

- Talk to your food and pharmaceutical sales reps, if you have one. Ask if there is any market research on the products and what resonates with customers. This information may also be available on the manufacturers’ websites.
- Do your own market research. Check out what the big-box stores are doing — both in and outside of their pet departments. “Walmart spends hundreds of thousands of dollars on customer research,” Latham says. “What can you learn from their aisles?”
- Don’t be afraid to carry what the big-box stores have. “Make sure you have something that is going to get customers’ attention — a loss leader,” Latham says. “Veterinarians can do that with prescription diets and flea and tick products.”

## Be strategic

Latham suggests looking at grocery stores for ideas when laying out your retail offering. “Think of the old bread and milk theory,” he advises. Grocery stores position these staples at the back of the store so you have to walk past tempting but noncritical merchandise en route. Along these lines, consider these strategies:

- Place pet food in the back of the clinic, shampoo and accessories toward the front.
- Position items at eye-level to get the most attention.
- Any product display space should feature new and exciting product. Rotate this merchandise at least every three months.
- Position treats next to food, as treats are often an impulse purchase. Treats do best in a display or clip strip.



Look at the numbers at least twice a year  
and drop the slowest movers.

- If you carry more than one version of any product, do so only to offer a variety in price points. For example, don't offer more than one nail groomer unless the prices are skewed enough to appeal to different customers.

### Keep it clean

The crux of shelf display is common sense, McCarthy contends. "For any retail situation, the most important thing is that the displayed products are clean (not dusty). Be sure they are all visible and well-organized, lined up according to type with the labels facing forward," she says. "It should look like you did more than unpack the order and throw it on the shelf."

- Rotate food and treats so newer product sells after older product — even



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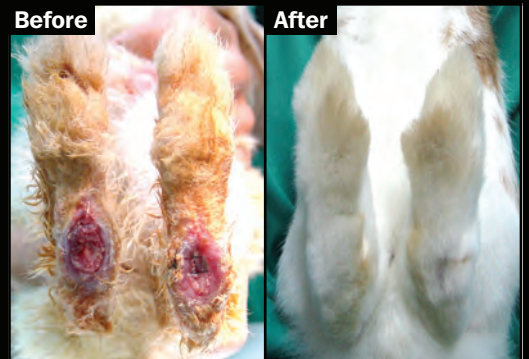


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Make sure all staff members are familiar with the products available and can explain to clients the benefits of what is on display.

if there is no expiration date. Over time, packages become shopworn.

- Invest in a custom-made display case that draws attention from the waiting area. Don't skimp on lighting. Make it clear that retail sales are an important part of the business.

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Straddling the line between commerce and care *can* be a less stressful experience if you establish “dividing lines” and designate areas in which sales and service can operate independently.

- Display less pleasant items, such as muzzles, pill poppers and nail trimmers, in less prominent areas on the display.
- Integrate what you sell into the routine of the practice. Use the ear cleanser, grooming products or treats available in your retail business in office demonstrations.
- Make sure all staff members are familiar with the products available and can explain to clients the benefits of what is on display. This enforces the value of these items and makes it clear that the clinic's primary function is patient and client care and support.

Once you've got the basics established, Lupine's McCarthy suggests designating one person on staff to be responsible for the retail part of the clinic. “The doctor doesn't have time to oversee all the details of this — you need another staff member,” she says. “This person should be willing to take ownership of the project.”

Clinics should approach the retail portion of their business with the same critical practices as a full-time retailer. Merle suggests thinking about why clients might patronize a big-box retailer rather than your store, and making adjustments accordingly.

For example, since the big chains' long business hours translate into convenience, some clinics now offer home pet food delivery or automated email reminders or food ordering based on retailers' estimates of how long each bag lasts.

“Look at each category's space-to-sales ratio,” Latham advises. “Review your core items every six months and drop the poorest sellers. Give the most shelf space to the best sellers and bring in stuff that will draw people in there.” ■

Emma Johnson's work has appeared in the *New York Times*, *Wired* and *MSN.com*.

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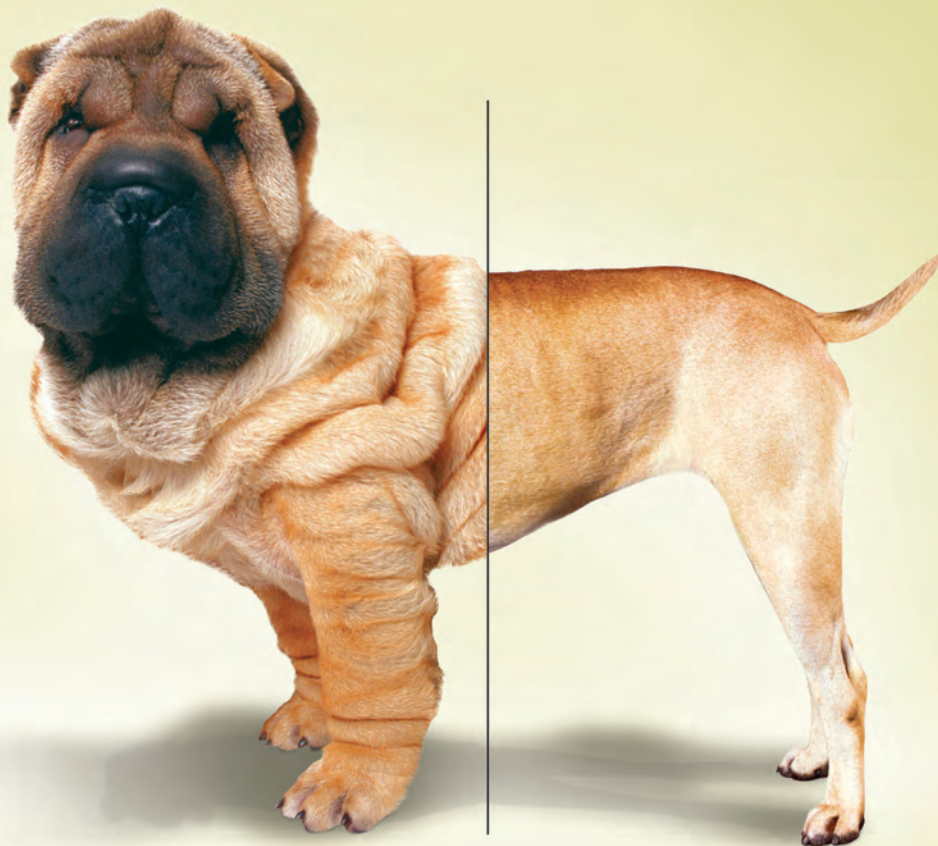
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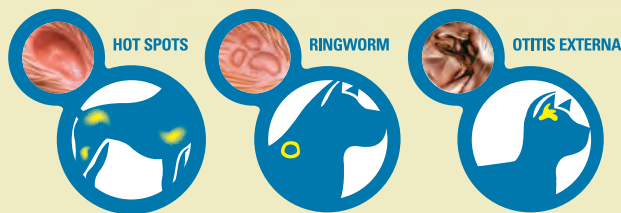


TRESADERM (thiabendazole-dexamethasone-neomycin sulfate) Dermatologic Solution CAUTION: Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian. DESCRIPTION: Dermatologic Solution TRESADERM® (thiabendazole-dexamethasone-neomycin sulfate solution) contains the following active ingredients per ml: 40 mg thiabendazole, 1 mg dexamethasone, 3.2 mg neomycin (from neomycin sulfate). Inactive ingredients: glycerin, propylene glycol, purified water, hypophosphorous acid, calcium hypophosphite; about 8.5% ethyl alcohol and about 0.5% benzyl alcohol. INDICATIONS: Dermatologic solution TRESADERM is indicated as an aid in the treatment of certain bacterial, mycotic, and inflammatory dermatoses and otitis externa in dogs and cats. Both acute and chronic forms of these skin disorders respond to treatment with TRESADERM. Many forms of dermatosis are caused by bacteria (chiefly *Staphylococcus aureus*, *Proteus vulgaris* and *Pseudomonas aeruginosa*). Moreover, these organisms often act as opportunistic or concurrent pathogens that may complicate already established mycotic skin disorders, or otocariasis caused by *Otodectes cynotis*. The principal etiologic agents of dermatomycoses in dogs and cats are species of the genera *Microsporum* and *Trichophyton*. The efficacy of neomycin as an antibacterial agent, with activity against both gram-negative and gram-positive pathogens, is well documented. Detailed studies in various laboratories have verified the significant activity thiabendazole displays against the important dermatophytes. Dexamethasone, a synthetic adrenocorticoid steroid, inhibits the reaction of connective tissue to injury and suppresses the classic inflammatory manifestations of skin disease. The TRESADERM formulation combines these several activities in a complementary form for control of the discomfort and direct treatment of dermatitis and otitis externa produced by the above-mentioned infectious agents. DOSAGE AND ADMINISTRATION: Prior to the administration of Dermatologic Solution TRESADERM, remove the ceruminous, purulent or foreign material from the ear canal, as well as the crust which may be associated with dermatoses affecting other parts of the body. The design of the container nozzle safely allows partial insertion into the ear canal for ease of administration. The amount to apply and the frequency of treatment are dependent upon the severity and extent of the lesions. Five to 15 drops should be instilled in the ear twice daily. In treating dermatoses affecting other than the ear the surface of the lesions should be well moistened (2 to 4 drops per square inch) with Dermatologic Solution TRESADERM twice daily. The volume required will be dependent upon the size of the lesion. Application of TRESADERM should be limited to a period of not longer than one week. PRECAUTIONS: On rare occasions dogs may be sensitive to neomycin. In these animals, application of the drug will result in erythema of the treated area, which may last for 24 to 48 hours. Also, evidence of transient discomfort has been noted in some dogs when the drug was applied to fissured or denuded areas. The expression of pain may last 2 to 5 minutes. Application of Dermatologic Solution TRESADERM should be limited to periods not longer than one week. While systemic side effects are not likely with topically applied corticosteroids, such a possibility should be considered if use of the solution is extensive and prolonged. If signs of salt and water retention or potassium excretion are noticed (increased thirst, weakness, lethargy, oliguria, gastrointestinal disturbances or tachycardia), treatment should be discontinued and appropriate measures taken to correct the electrolyte and fluid imbalance. Store in a refrigerator 36°-46°F (2°-8°C). WARNING: For topical use in dogs and cats. Avoid contact with eyes. Keep this and all drugs out of the reach of children. The Material Safety Data Sheet (MSDS) contains more detailed occupational safety information. To report adverse effects in users, to obtain a MSDS, or for assistance call 1-800-672-6372. HOW SUPPLIED: Product 55871 - Dermatologic Solution TRESADERM Veterinary is supplied in 15-ml and 7.5-ml dropper bottles, each in 12-bottle boxes.

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# Scrub Solutions

Keep your staff in uniform without enduring a financial washout.

by Maria St. Louis-Sanchez

**A**s animal hospitals look to cut corners in a troubled economy, many are considering letting employees pay for their own uniforms. However, it's a route that many practice managers are unsure about.

On the one hand, uniforms are a relatively inexpensive and appreciated benefit to the employee and they help to give a hospital a more professional feel. On the other hand, the costs can add up — especially in hospitals with a high turnover — and many employees are understanding if they have to pay for their own uniforms.

## Scenario 1: When it works

A few years ago, money was pretty tight at Animal Hospital Inc. which comprises three AAHA-accredited animal hospitals in Florida. When practice manager Debbie Hill, CVMP, took a good look at the budget, she searched for ways to cut back expenses.

The hospitals, Hill noticed, were paying employees for their uniforms, but it seemed as though they were constantly replacing them. Also, when there was turnover, employees would take their uniforms when they left.

“We were easily spending between \$750 and \$1,000 a year in each practice,” Hill says. “It doesn’t sound huge until you look at it and really think about it every year.”



Ordering the scrubs all from one place  
keeps the costs down.

Eventually, Animal Hospital decided to have employees pay for their own uniforms. “If you tell people up front what is expected, then there isn’t a problem,” Hill says. “At Target, people pay for their own uniforms.”

Animal Hospital takes the payments for the uniforms automatically out of employees’ paychecks. The uniforms are then ordered through the practice to ensure that everyone has a similar look.





When employees buy their own uniforms, there's a greater chance that the staff won't have a cohesive look.

Ordering the scrubs all from one place keeps the costs down for employees because they are buying at a bulk discount. Overall, employees are paying less than they would if they bought the scrubs on their own, Hill advises. Also, the practices are all saving money. "It's not even a line item on our budget anymore," she says.

### Scenario 2: Going all out

Whereas some practices have been cutting back on spending for their uniforms, still others are going over and above the norm. At Cedar Lane Animal Clinic in Somerset, N.J., the hospital budgets \$400 per employee a year for uniforms. This includes all tops, bottoms, and shoes.

Employees are allowed to choose the style of tops they feel are most comfortable — as long as it looks professional — and everyone wears the same style of white slacks and white shoes. Because shoes wear out so quickly, they are often replaced by the hospital at least two times a year.

Employees at Cedar Lane have an added perk that is unique: employees are reimbursed up to \$50 a quarter for their hair care needs.

"It's amazing how much they appreciate that small gesture in helping them maintain a good first impression," says Jim Bacon, DVM. "Our employees appreciate what we spend and are reluctant to request uniforms often enough, so if we notice the cuffs of their slacks becoming threadworn, we sometimes have to remind them to reorder."

Bacon has a two-fold reason for paying for the uniforms: It's an appreciated benefit to his employees and it makes his practice look very professional to clients. "The white shoes and slacks display an impression of professionalism and help unify the staff appearance as a team," he says. "New clients often compliment us on the appearance of our staff."

### Costs versus benefits

Some questions to consider when making the decision about providing uniforms include:

- What are your state employment laws regarding uniforms?
- Are uniforms a benefit that improve employee morale and retention? If so, what would happen if that benefit would disappear?
- How do uniforms affect the overall feel and look of your practice?

# What do uniforms cost?

A typical AAHA practice provides a uniform allowance as part of an employee benefits package. Is it worthwhile to discontinue your practice's uniform allowance? The accompanying article discusses your legal obligations and the value of presenting a crisp, professional unified look to clients.

Assuming legal requirements are met, each practice must answer the core question: Do the benefits of offering staff a uniform allowance outweigh the costs? Here's a hint: If a veterinary practice of average income offered a \$300 uniform allowance, it would cost that practice about .0055% of yearly net income (per allowance). You read it right: .0055, or about one-half of one-tenth of 1% of net income. A practice that pays the allowance to 100 employees would spend about one-half of 1% on the uniform allowance.

Let's do the math.

The following data is extrapolated from survey data reported in AAHA's Vital Statistics for Your Veterinary Practice series:

- *Compensation and Benefits*, 5th ed. (AAHA Press, 2008)
- *Financial & Productivity Pulsepoints*, 5th ed. (AAHA Press, 2008)

## Cost to practices

Net cost to practice of \$300\* uniform allowance: \$210

### How a \$300 expense becomes \$210 net expense

As a deductible expense, the uniform allowance reduces the practice's tax burden, or amount the practice must pay in taxes. Assume a practice pays 30% in corporate taxes. Every business expense reduces the practice's total taxable income and thus reduces the amount the practice must pay in tax . . . thus creating a small "windfall" for the practice.

In this case, a practice that pays \$300 for a uniform allowance saves \$90 (30% of \$300) in taxes that it would have to pay if it didn't incur this business expense. Thus, the uniform allowance really costs the practice only \$210 per person.

### How saving \$300 actually costs \$90

For every \$300 uniform allowance that is discontinued, the practice must pay an extra \$90 in taxes.

### How much can the average practice save?

Average income: \$1,387,629

Net income as a percentage of total income: \$380,210

Per-person cost of uniform allowance as percentage of net income: .0055%, or about one-half of one-tenth of 1%

### What do uniforms cost registered/certified technicians?

Cost per year: \$300

Average salary: \$15.02

Net, after-tax hourly salary: \$11.27

Average hourly salary \$15.02 reduced by 25% for federal income, Social Security and other taxes and deductions (25% figure based on rule of thumb)

Cost of uniforms to registered/certified technicians:

26.7 hours (\$300 / \$11.27)

3.3 working days (26.7 hours / 8)

**Discontinuing the uniform allowance is the equivalent of reducing the vacation or personal-day benefit by 3.3 days per staff member.**

## What does it cost you?

### For Practices: Cost in Dollars

Depending on what figure you use in line A, you can use this calculation to figure the cost per person or for the practice as a whole.

- Uniform allowance (total cost for the practice, or cost per person): \_\_\_\_\_
- Practice tax burden as a percentage of taxable income (e.g., 30%): \_\_\_\_\_
- $100\% - B =$  \_\_\_\_\_
- $A \times C =$  \_\_\_\_\_  
This is the net cost in dollars.

### For Practices: Percentage of Income

- Practice net income: \_\_\_\_\_
- $D / E =$  \_\_\_\_\_  
This is the cost to the practice, stated as a percentage of net income.

### For Staff: Cost in Hours Worked

- Annual cost of uniforms: \_\_\_\_\_
- $A -$  uniform allowance paid by employer: \_\_\_\_\_
- Hourly salary: \_\_\_\_\_
- $C \times 75\% =$  \_\_\_\_\_  
This is an estimate of your net, after-tax salary.
- $B / D =$  \_\_\_\_\_  
Number of hours you work to pay for uniforms.
- $E / 8 =$  \_\_\_\_\_  
Number of days you work to pay for uniforms.





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### WORK FORCE / Uniform Allowance

There seems to be a divide in the animal hospitals that give employees money for uniforms and the ones that don't, according to Denise Mikita, MS, CVT, executive director of the Colorado Association of Certified Veterinary Technicians (CACVT).

CACVT conducted an informal survey of its members in 2007 and found that 56% of the animal hospitals in the survey provided some sort of uniform allowance. Many of the practices Mikita knows about provide a partial uniform allowance that would normally pay for the scrub tops, but the employee would have to pay for the rest of the clothes.

Mikita reports that even if a uniform allowance is not provided, it is still ultimately the employee's responsibility to look as professional as possible. "There's a perceived value to clothing," she says. "You will be judged by how you look. If you walk in with threadbare scrubs with frayed ends or even with blood on them, it's just not professional."

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## Have a small uniform allowance?

Here are some ways you can make the most out of your uniform allowance:

- Team up with other local animal hospitals so you can get bulk rates on scrubs and other items.
- Buy high-quality tops because they are the first things that clients see and they will need to be washed the most often. You can buy inexpensive bottoms that can be worn outside of the hospital.
- Buy shoes that can be easily cleaned — you don't want to have to replace them before the soles run out.
- Buy two pairs of identical high-quality shoes and switch them off each day. This will make them last longer and keep them fresh.
- Whenever possible, the uniform should be washed in cold water and line dried. The high temperatures in a washer and dryer can break down the fabric.



## Legal ramifications

However, even if employees are always expected to look professional, animal hospitals need to make sure that they always comply with state and federal labor laws. Federal employment law says that it is illegal to require employees to pay for their own uniforms if they make less than minimum wage. Further, requirements can vary widely from state to state, says Philip Seibert, CVT, a former AAHA practice evaluator who now runs his own veterinary consulting business.

In general, according to Seibert, if an animal hospital is very specific about what employees are supposed to wear, it will probably need to pay for uniforms. "The standard is, if you expect a person to wear a specific piece of clothing and it's something they couldn't wear in



Practice managers should be thinking about how the uniforms benefit the practice.

everyday life, then you are expected to pay for it," he says.

Any items with logos would definitely fall into this category, Seibert says. Scrubs without logos tend to be a bit of a gray area of the law because there's a chance that an employee would wear them outside of the hospital. Animal

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hospitals that require employees to buy a certain color of scrubs are probably within the law, he says.

Even though most hospitals aren't breaking the law by making employees pay for their own uniforms, Seibert doesn't recommend going that route. "So many businesses try to get off cheap, but I've seen so many of them shoot themselves in the foot by trying to save a little money," he says.

When employees buy their own uniforms, there's a greater chance that the staff won't have a cohesive look, as it would if they were all identical, Seibert says. He thinks that many veterinary practices are taking the wrong approach when they think about uniforms.

Even when practices buy just a limited number of uniforms — say, two uniforms per full-time employee — there are still problems, according to Seibert.

"That employee will have to constantly wash those uniforms, and six months from now, that employee's uniform will look awfully threadbare and the practice will look stingy," he says. He recommends that animal hospitals buy one uniform for every day of the week that the employee works.

Instead of thinking of them as a benefit to the employee, practice managers should be thinking about how uniforms benefit the practice. "The whole purpose behind a uniform is to maintain a consistent image for the practice," Seibert says. "The wise practice administrator will say 'what's my image worth? This is not about my employees; it's about the image of the hospital.'" ■

Maria St. Louis-Sanchez is a freelance writer and editor based in Colorado Springs, Colo.

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