

# Trends

magazine

THE TECHNICIAN ISSUE

## Technicians *and Wellbeing*

Solutions and Looking Ahead 24

Exploring  
Alternative Careers  
Use Networking to Help  
Achieve Career Goals **33**

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Cover image: Molly Bowen, RVT, comforts patient "Honey." Photo by Corrine Dates



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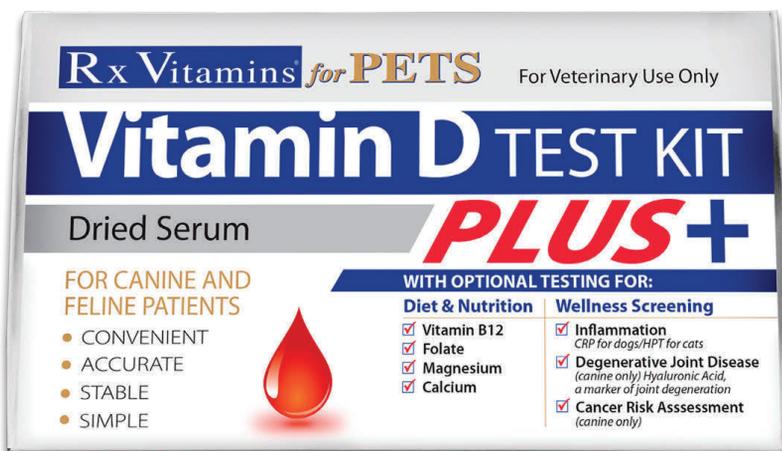
by Rebecca Rose, CVT



33

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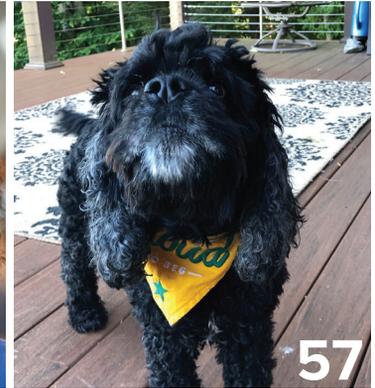
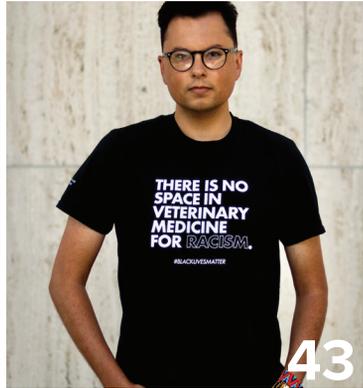
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Pets aren't the  
only ones who  
look up to you.



**2021 has been another chaotic year.** Yet you wowed us with your dedication, teamwork and relentless commitment to taking care of pets and their people. We know it can be both exhausting and exhilarating to keep caring through every change in workflow, schedule and client emotion but through it all, you never gave up. Not only do the pets you care for look up to you, so do we.





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# from the editor's desk



**I LOVE OCTOBER.** The first real month of fall brings candy corn, my birthday, and, of course, the annual Techs@Work photo spread in *Trends*! This is the tenth year we have been doing this popular feature, so this year we decided to make it into a real contest, complete with winners and prizes. Be sure to check out all the great pictures in this issue, and put it on your calendar to submit photos in July for next year's feature!

In addition to the Techs@Work photo contest, this issue is all about technicians, which is why we decided to call it "The Technician Issue." Clever, eh? In addition, it's no secret that techs and other veterinary professionals suffer from serious issues related to mental health and wellbeing, but what can you actually *do* about it? We hope to offer some concrete ideas that might help. We're also looking at the eternally important question of how to increase diversity in the profession.

Lastly, be sure to check out our interviews with and profiles of some outstanding technicians who are blazing new trails in the profession and who are even finding alternative career paths beyond the clinic.

## **WE WANT YOUR OPINION!**

The *Trends* team is always interested to hear what our readers have to say about the topics *Trends* is covering—and what we are not covering. Feel free to reach out any time with your thoughts or ideas for article topics.

And don't forget to nominate your own Employee of the Month to win \$100!

## **COMING NEXT MONTH**

Next month we will have articles on pain management, laser therapy, and dermatology. We will also look at some stories from veterinarians working out of rural areas and some of the unique challenges they face.

As always, let me know what you think at [trends@aaha.org](mailto:trends@aaha.org).

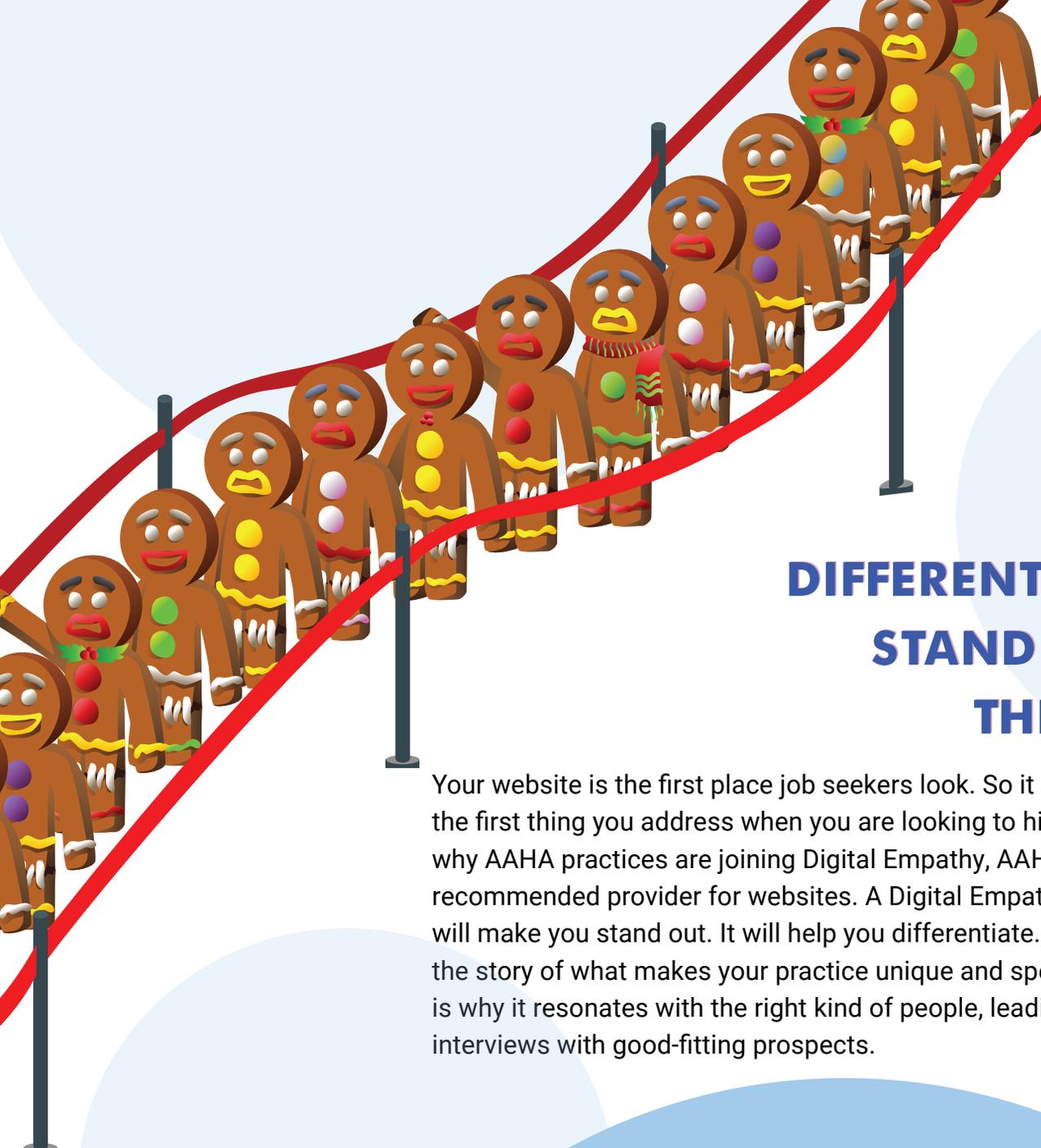
—Ben Williams, Editor

# HAVING TROUBLE HIRING?

If you have a cookie cutter website, it will make hiring harder than it needs to be. That is because your website is the first place a prospective employee will look when researching your practice. Cookie cutter websites all feel the same. They don't stand out. They don't help you differentiate. They don't speak to what makes your practice special. And they don't help you attract the right kind of employees.

**Would you rather stand in line with all the rest?  
Or would you rather stand out and thrive?**





## **DIFFERENTIATE. STAND OUT. THRIVE.**

Your website is the first place job seekers look. So it should be the first thing you address when you are looking to hire. That is why AAHA practices are joining Digital Empathy, AAHA's only recommended provider for websites. A Digital Empathy website will make you stand out. It will help you differentiate. It will tell the story of what makes your practice unique and special. That is why it resonates with the right kind of people, leading to more interviews with good-fitting prospects.

**Hiring is hard. It can be easier.**

Scan the QR code or visit our website to request a demo and see how we are helping your fellow AAHA practices stand out and thrive.



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# View from the Board

## Technicians: Crucial at Every Step

Veterinary technicians are a crucial part of every patient care team. As pandemic fatigue continues, veterinary teams are stressed with feelings of being overworked and overwhelmed. But let's not forget how amazing our industry is! Throughout the pandemic, veterinarians and their teams were considered essential. The jobs we did each day during the darkest days of the pandemic helped numerous families find comfort and peace in the fact that, though everything else might be going wrong, their furry loved ones were well taken care of.

As we continue to adjust to the rapid changes to protocols and workflows in veterinary medicine, we are also dealing with decreases in productivity. This can be from burnout, lack of in-person connection with loved ones, or simply the emotional challenges both personally and professionally we have all faced over the past year. Now is the time to step back and acknowledge all we've done while evaluating how to keep improving and embracing that some of the changes exacerbated by the pandemic may be here to stay.

While we appreciate the hard work and contributions all team members make in the care of our patients, the value technicians have in our practices can sometimes be overlooked. Technicians are critical to providing care for patients as veterinarians diagnose, prognose, and prescribe medications. Without technicians, we simply wouldn't be able to help as many patients throughout the day.

Technicians also have some of the highest attrition rates of all healthcare professions—including registered nurses. Encouraging technicians to fully utilize their skills and knowledge to their fullest capacity in daily practice can improve productivity, retention, and engagement. Many clients expect more advanced diagnostics and therapy to care for their pets, and veterinary technicians are instrumental in delivering these services with the highest quality of care for our patients.

Providing opportunities for the personal and professional growth of team members in areas such as communication, leadership, specialization, wellbeing, and emotional intelligence offers pathways for technicians to grow, find greater job satisfaction, and elevate the level of care that is provided to every pet and family that enter our hospitals.

The next time you are at work, ask yourself: "Have I asked my technicians how they are today or thanked them for their work?" We hope this issue of *Trends* offers some ideas for how to support your technicians with opportunities to utilize their skills and fulfill their reasons for joining veterinary medicine.

Adam Hechko, DVM, is AAHA's president 2021–2022. A proud graduate of The Ohio State University College of Veterinary Medicine and an avid Buckeye fan, Hechko earned his doctor of veterinary medicine degree in 2006 following the completion of his undergraduate degree from the University of Findlay in 2002. Since 2006, Hechko has served as owner and medical director for North Royalton Animal Hospital, a four-doctor small animal practice that includes a pet resort, daycare, and grooming in North Royalton, Ohio. Accredited in 2012 and named the AAHA-Accredited Practice of the Year in 2015, the hospital hosts several community events each year, including a pet carnival fundraiser, a Christmas open house, and an Easter bone hunt. Each year, the practice also adopts a family in need for the holidays and offers regular pet bereavement support groups and pet cardiopulmonary resuscitation and first-aid classes.





# AAHA MEETINGS AND EVENTS

## Thank You, Veterinary Technicians!

October 17–23, 2021, is National Veterinary Technician Week! Looking for a way to say thank you on your social media? We have downloadable frames ready to use at [aaha.org/publicity](http://aaha.org/publicity).

At AAHA, we recognize that great veterinary practices run on the fuel of efficient support teams. This month, we extend an extra special thank you to technicians at AAHA-accredited hospitals and beyond.

OCTOBER						
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 Beyond Medicine Workshop

Please visit [aaha.org](http://aaha.org) to register and get up-to-date information.

# DEAR AAHA

Dear AAHA,

*We have an amazing assistant in our practice who wants to become a technician. We want to support her, but she's also a crucial part of our team and we can't imagine getting by day-to-day without her. Any suggestions for CE she could take online?*

—Supporting new techs in Louisiana

Dear Supporting,

It is so wonderful that you have a team member who wants to become a technician. The Distance Education Veterinary Technology Program (DEVTP) is an online veterinary technology associate degree program developed by AAHA in partnership with Dallas College where assistants can use hands-on experience at your practice while studying to become techs. The program is self-paced with opportunities to “fast-track” labs for large-animal and lab-animal rotations, so she won't have to be away from your practice for too long. And once she graduates from DEVTP, she is qualified to take the VTNE. Get more details about costs and schedules at [aaha.org/devtp](http://aaha.org/devtp).

—AAHA's Member Experience Team

Have a question you'd like AAHA to answer? Email us at [dearaaha@aaha.org](mailto:dearaaha@aaha.org).



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**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<sup>®</sup> Plus (ivermectin/pyrantel) 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 lb	1	68 mcg	57 mg	Blue
26 to 50 lb	1	136 mcg	114 mg	Green
51 to 100 lb	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 preventive 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 was 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 between 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.

To report suspected adverse drug events, for technical assistance, or to obtain a copy of the Safety Data Sheet (SDS), contact Boehringer Ingelheim Animal Health USA Inc. at 1-888-637-4251. For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS, or online at <http://www.fda.gov/AnimalVeterinary/SafetyHealth>.

**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.

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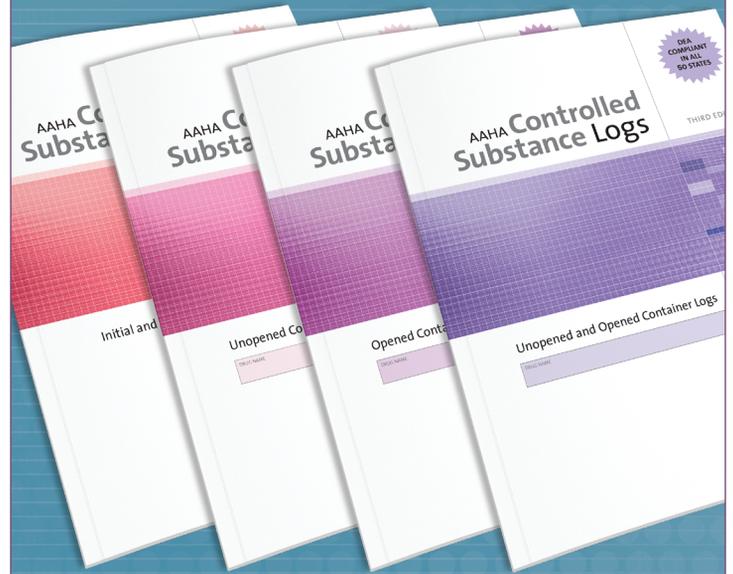
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# notebook

## National Veterinary Charitable Care Grant Program Provides Assistance to Members

The American Veterinary Medical Foundation (AVMF) National Veterinary Charitable Care Grant Program provides American Veterinary Medical Association (AVMA) member veterinary practitioners with a program to offer low- or no-cost necessary veterinary services to the animals of clients facing personal hardships due to COVID-19 or domestic violence. Applicants will be reimbursed in full or in part for the cost of treatment using expense codes contained in the online application form. For requests related to COVID-19, there is a reimbursement cap of \$500. For requests related to domestic violence, no cap is currently in place.

The AVMF reports that the program offers a solution that helps ensure that animals get the care they need and avoids forcing families to choose between financial stability and the health of their pets. The program also impacts the positive wellbeing for the veterinary community by allowing AVMA members to continue to provide high-quality veterinary medical care, regardless of an owner's ability to pay.

### Eligibility Criteria:

- Practice must be a current AVMA member.
- Request for reimbursement must benefit those experiencing financial hardship due to either COVID-19 or domestic violence.

## Bedtime with a Pet May Help Kids Sleep

New research from Concordia University in Montreal found that preteens and teens that share a bed with their pet reported higher subjective sleep quality than those who didn't. The findings were recently published in *Sleep Health*, journal of the National Sleep Foundation.

An estimated 30–50% of children and adults regularly share their beds with pets and up to 75% of households with kids have pets according to the study, which included one hundred eighty-eight 11- to 17-year-olds and their parents. Both kids and parents answered questions about the kids' sleep quality.

The kids did an in-home sleep study with a sleep diary, where they recorded when they went to bed, how long they slept, how long it took to wake up, and quality of their sleep, including awakenings. Sixty-five percent said they never sleep with a pet, while 17% said they sometimes do and 18% said they often do.

Sleep quality was largely similar for all three groups, with those who shared a bed with their pet often reporting the highest overall subjective sleep quality. Researchers suggested that the reason may be because these kids view their pets as close friends and find their presence comforting.

"It was a pretty rigorous study on kind of a quirky little subject, but the bottom line seemed to be that it didn't seem to make a difference and kids were happy about having the pets with them," said Dr. Carol Rosen, a professor emeritus in pediatrics at Case Western Reserve University School of Medicine in Cleveland. "Of all the things to worry about, this is probably one less thing to worry about."





## APPA Releases 2021–2022 National Pet Owners Survey Findings

The American Pet Products Association (APPA) released its 2021–2022 National Pet Owners Survey, a biennial survey compiling data on pet ownership and purchasing behaviors. This year's survey accounted for pandemic-era trends and impacts to the pet care industry.

They report that pet ownership has increased in the United States. APPA estimates 70% of households own at least one pet, up from 67% reported in its previous survey. Millennials remain the largest cohort of US pet owners, with 32% owning at least one pet, followed by baby boomers (27%) and Gen X pet owners (24%).

Thirty-five percent of pet owners reported they spent more on pet food, wellness-related products, and other pet supplies over the last 12 months than in previous years. Additionally, 86% of pet owners reported shopping online for pet products, up nearly 20% from the previous year. Roughly 60% of pet owners predominantly shopped for pet care products at brick-and-mortar stores before the

pandemic, which dropped to 41% in 2020. Forty-six percent of respondents said they prefer purchasing online and having the products delivered straight to their homes.

With or without the pandemic, consumer preferences for ethically sourced, environmentally friendly products are still on the rise. In this recent study, 51% of pet owners said they are willing to pay more for these kinds of pet care products.

Another pandemic-era trend noted in the survey was an increased amount of time spent at home due to widespread lockdown orders, which led to 14% of respondents acquiring a new pet during the pandemic. The survey reports that 47% brought a new dog into the home and 40% acquired a new cat.

Lastly, the market for pet insurance has nearly doubled among cat owners in the United States. APPA reported pet insurance purchases among both dog and cat owners increased over the last year.

## Lori Teller Elected Incoming President of AVMA

Lori Teller, DVM, DABVP (canine/feline), CVJ, a clinical associate professor of telehealth at the Texas A&M College of Veterinary Medicine & Biomedical Sciences (CVMBBS), has been elected as the incoming president of the American Veterinary Medical Association (AVMA). Teller will serve as president-elect for August 2021–2022 and then as president for August 2022–2023. She will be the AVMA's first female president to have raised a child while in practice as well as one of two candidates from the first female-only race for the position.

As president-elect, Teller will assist AVMA president José Arce, serve on the board of directors, and be the presiding officer at all house of delegates sessions. Her priorities for the AVMA include increasing support for veterinarians and veterinary support staff to reduce burnout and create a steady job market.

“The veterinary profession continues to grapple with issues around wellbeing,” Teller said. “Veterinary medicine is hard and our issues are serious, but we can still take joy in what we do every day and have fun working together to make things better. I will continue to help the AVMA advance our initiatives to improve diversity, equity, and inclusion in the veterinary profession. This is something that will take time and we must continue to move forward,” she noted. “I will also help the veterinary profession adapt to the increasing usage of telemedicine, artificial intelligence and machine learning, and other new technologies so that we can appropriately incorporate these things into our patient care and remain on the cutting edge.”



Dr. Lori Teller, newly elected incoming president of the AVMA



## NAVTA Endorses AAVSB Revised Model Scope of Practice for Veterinary Technicians

The National Association of Veterinary Technicians in America (NAVTA) recently endorsed the Model Scope of Practice for Veterinary Technicians (MSPVT) released by the American Association of Veterinary State Boards (AAVSB).

“The MSPVT delineates healthcare tasks that may be performed by veterinary technicians or veterinary technologists and assigns levels of supervision required—Immediate, Direct, Indirect—for each of those tasks,” said NAVTA President Ed Carlson, CVT, VTS (Nutrition).

Upon review of the final document released by AAVSB, the NAVTA Board unanimously approved supporting it via a public statement and adoption of a board policy. “The NAVTA Board fully endorses this document as a great resource for AAVSB Member Boards to reference when drafting or editing their own state regulations regarding veterinary technicians,” said Carlson.

The full document can be found at [aavsb.org](http://aavsb.org).

### QUOTE OF THE MONTH

*Fall seven times and stand up eight.*

—Japanese Proverb

## Pets Make People Better Parents

In a recent survey commissioned by AskVet and conducted by OnePoll, more than 45% of pet owners worry their pets might get sick or hurt, while another 33% worry their pets may be unhappy. While pet owners stated that they trust veterinary professionals the most, they indicated hesitancy to pay for medical bills. Ninety percent of those polled will call their veterinarian when their pet displays odd or unusual behavior, but only 79% schedule an appointment to visit the veterinarian.

One in three people believe that their pet will make them a better parent someday, and 48% of pet owners surveyed think that caring for their animals has made them a more responsible person. Ninety-one percent also say they are interested in managing their pet's ongoing wellness more holistically and appreciate expert guidance through the journey.



## Trupanion Commits over \$4 Million to MightyVet

Pet insurance company Trupanion recently committed over 50,000 shares of stock with a market value of more than \$4.7 million at press time to veterinary nonprofit MightyVet. The donation coincided with Veterinary Appreciate Day, which Trupanion established in 2015 to honor veterinary professionals.

“With our donation to MightyVet, and our partners across the animal health industry we will be supporting in upcoming campaigns, we want to recognize and contribute to the monumental effort that goes into ensuring veterinary heroes across the globe can access the support and education they need,” said Margi Tooth, co-president of Trupanion in a company release.



## Texas Veterinary Center Helps Deliver 16 Dalmatian Puppies

A Texas pet owner's Dalmatian successfully delivered five puppies, and then the owner realized that the dog's progression of the birth had ceased. She contacted veterinarian Brittini Turner at the Fredericksburg Veterinary Center, who determined that one of the puppies was in a breech position. Local news station KBTX reported that during the subsequent emergency caesarean section, it took

some teamwork to help deliver the remaining 12 puppies. "We used everyone from the receptionist, tech, and even called the owner back to help," said Turner. "Things were pretty chaotic." Turner reports that the mother is healthy, and that the puppies were born without complications and have all been adopted.

## FDA Wants to Bring More Antimicrobials Under Veterinarian Control

The US Food and Drug Administration (FDA) recently finalized guidance for industry (GFI) #263 to outline the process for animal drug sponsors to voluntarily change the approved marketing status of certain medically important antimicrobial drugs from over-the-counter (OTC) to prescription (Rx). The FDA reports that once this change is made, these important drugs can only be used in animals under the supervision of a licensed veterinarian.

GFI #263 is an extension of the successful implementation of GFI #213, under which approximately 96% of medically important antimicrobials used in animals are now under veterinary oversight.

The remaining 4% of medically important antimicrobials currently marketed as OTC products for food-producing and companion animals include other dosage forms, such as injectables. Once the recommendations in GFI #263 have been fully implemented, all dosage forms of medically important antimicrobials approved for use in animals could only be administered under the supervision of a licensed veterinarian, and only when necessary for the treatment, control, or prevention of specific diseases. Although animal owners would still have access to medically important antimicrobials to address animal health issues, they would need to consult their veterinarian to obtain a prescription. For more information, visit [FDA.gov](http://FDA.gov).



# LET'S MAKE ITCHING ANCIENT HISTORY



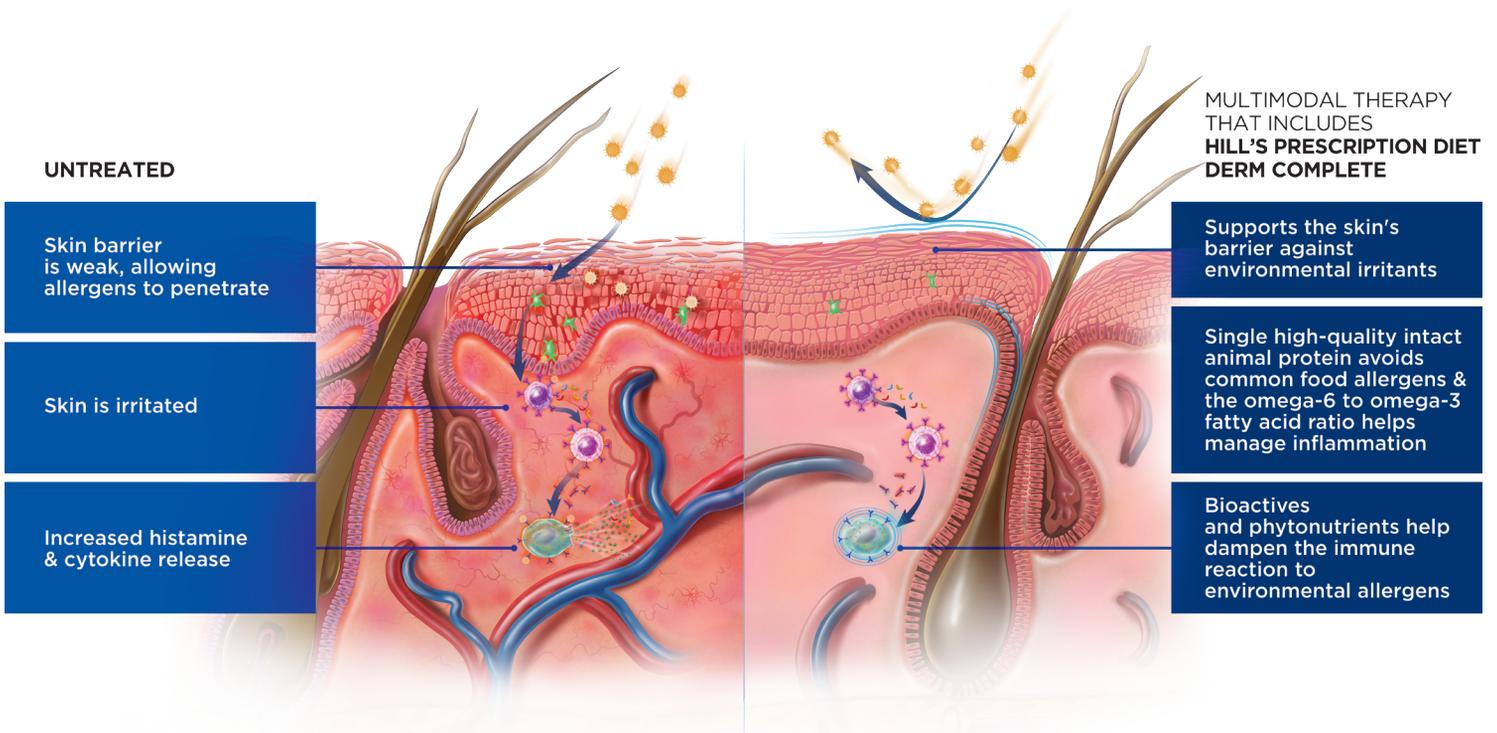
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# NUTRITION FOR BOTH FOOD AND ENVIRONMENTAL ALLERGIES

## HOW IT WORKS



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# Strategies *for* Wellbeing

## Taking Practical Steps for Yourself

by Carol Hurst, LVT, CVPM, CCFP

THE SUBJECTS OF BURNOUT AND COMPASSION FATIGUE are more well known now in our industry than ever. But what if we flipped the script? Instead of discussing the problem, what if we start at the foundation first by asking, what can make us more resilient?

While we can't prevent all stressors in veterinary medicine, there are many steps that can be taken to ensure we are as resilient as possible. Resilience is like any muscle—it can become stronger the more we work on it. Here are the four pillars of building resilience—good nutrition, adequate sleep, routine physical activity, and active relaxation—along with practical resources and strategies for becoming stronger in each area.

Veterinary technicians face a unique set of challenges: difficult clients, stressed out animals, long hours, low pay, underutilization . . . the list goes on. Hopefully these tips can help to level the playing field in the fight against burnout and compassion fatigue and help you take steps to be healthier and more resilient.

### **Good Nutrition**

Nutrition can be a sticky subject as there are a lot of opinions about what it means. This isn't meant as a debate or to advocate for one "diet" over another. These tips merely reinforce known principles and offer ideas to help achieve a healthier lifestyle. Remember when going over these principles that no singular day should be judged too harshly, as the purpose of building healthier choices is what that routine looks like over time. Small changes can add up to large benefits.



- **Limit “added sugars”:** Added sugars (which are any sugars that don’t naturally occur in a food source) should add up to less than 10% of total daily calories. Sugar is in everything! Learn to read labels and research what names sugar can go by, such as sucrose and dextrose.
- **Reduce sodium intake:** Sodium should be limited to less than 2,300 mg daily (for adults and children 14 years and older), but most Americans consume 50% more than that. Processed foods are a big culprit; a lot of convenience foods such as freezer meals and chips that make life easier are loaded with sodium to boost flavor and elongate shelf life. This doesn’t mean you can never eat those foods, it just means being aware of what—and how much—you consume.
- **Limit alcohol consumption:** While the occasional drink is acceptable, try to limit alcohol to special occasions and avoid drinking daily. Aside from the risk of developing unhealthy habits or even addiction, alcohol contains “empty” calories with no nutritional benefit. Drinking alcohol can also negatively affect your sleep.
- **Reduce snacking and try alternatives:** What is your mindset when you pour out a bowl of chips midday—are you really hungry or just bored? Treats should be purchased routinely only if consumed in moderation. If this is difficult, eliminate the routine purchases and focus on snacking only during isolated circumstances, such as special occasions. In addition, try swapping out processed snacks in favor of healthier alternatives. Examples of small changes include swapping soda for flavored water or fruit water, potato chips for unsalted nuts, and ranch dressing for hummus.

- **Eat more veggies:** The nutritional benefit of adding vegetables and fruits to meals cannot be overstated. The vitamins, minerals, and fiber gained from eating fruits and vegetables are all essential for a healthy gut and for your overall health. If there are picky eaters in your house, working veggies covertly into meals is absolutely acceptable. You might try adding cauliflower rice into hamburger patties, chopping zucchini into pasta sauce, or loading up soups with extra vegetables. You can also try going meatless once a week—such as Meatless Monday—to incorporate more fresh vegetables into your diet.

### Other ideas

It’s important to begin with an open and curious mind, as better nutrition is not a change you can make overnight. Acknowledging that fewer processed foods and more whole foods such as vegetables, fruits, and legumes support better nutrition is a great place to start. Then, you can begin slowly by limiting takeout and meals from restaurants to once or twice a week and replacing processed foods with whole foods in the meals you cook at home.

It’s one thing to understand the reasoning behind a healthy lifestyle, but it’s an entirely other thing to incorporate good eating habits into your daily routine. If improving your nutrition is a priority for you, there are some simple steps you can take to make it easier throughout the week.

- Take an hour on a day off to chop all of your veggies for the week and store them in bags until you’re ready to use. This will shave a decent amount of time off of dinner prep on a busy workday.
- Put together slow-cooker or pressure-cooker meals



ahead of time and store them in the fridge or freezer—that way, all you have to do is pour the bag into the cooker and press start! There are a lot of ideas on Pinterest for easy meals like these.

- Eat the same thing for breakfast or lunch a few times a week. By keeping meals simple, you won't have to think about what to eat, you'll just do it. Easy meals like smoothies or oatmeal can also be customized with different toppings and add-ins to make it feel like a new meal every day.
- Try an app like Mealime, Plan to Eat, or Cook Smarts to help with recipe inspiration and grocery list planning.

*Resource: Source: [https://health.gov/sites/default/files/2019-10/DGA\\_Recommendations-At-A-Glance.pdf](https://health.gov/sites/default/files/2019-10/DGA_Recommendations-At-A-Glance.pdf)*

### **Adequate Sleep**

Studies have pinpointed many adverse health effects from a chronic lack of restful sleep. Outside of those with diagnosed medical conditions, there are many areas that can be examined and improved upon for better sleep quality. Here are a few signs that you are adequately rested:

- You fall asleep within 15–20 minutes of lying down
- You regularly sleep a total of 7–9 hours in a 24-hour period
- While in your bed, your sleep is continuous; you don't have long periods of lying awake when you wish to be sleeping
- You wake up feeling refreshed, as if you've "filled the tank"
- You feel alert and are able to be fully productive throughout the waking hours (it's natural for people to feel a dip in alertness during waking hours, but

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The nutritional benefit of adding vegetables and fruits to meals cannot be overstated.

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with healthy sleep, alertness returns)

- Your partner or family members do not notice any disturbing or out-of-the-ordinary behavior from you while you sleep such as snoring, pauses in breathing, restlessness, or other nighttime behaviors

If you aren't sure what your sleep quality is or want better information, many smartwatch apps or fitness trackers can help you track your sleep.

### **Set yourself up for successful sleep**

What are the basics of healthy sleep? How can we ensure that we are facilitating rest?

To begin, think of ways that can help prime your brain to start shutting down for the day. What is effective and enjoyable is going to look different for everyone, but here are some ideas for a relaxing routine.

- Skincare and toothbrushing routine
- Bubble bath with lavender
- Yoga or other mild stretching
- Reading
- Meditation

Similarly, how is your bedroom set up? Is it structured for sleep or for entertainment like any other room of the house?

- Keep the temperature between 60 and 67 degrees Fahrenheit
- Create a quiet space, free from any disturbing noises
- Keep lighting dim and turn off phones, game consoles, TVs, and other electronics
- Clear any clutter such as clothes

Other tips:

- Have a consistent schedule: wake up and go to sleep at the same time every day—even on days off
- Exercise daily
- Avoid caffeine after midday
- Avoid meals and alcohol a couple of hours before bed

Resource: [sleepfoundation.org](https://www.sleepfoundation.org)

### Routine Physical Activity

We all know that exercising is good for us, but working out consistently can be a challenge. The key to increased and consistent physical activity is focusing on activities that actually bring enjoyment and making it as easy as possible. What does “easy” mean? This can vary based on individual schedules and productivity preferences. If morning-time is when productivity peaks, wake up 30 minutes earlier, sleep in exercise clothes, and keep sneakers close by the bed. If evening-time is better, pack a bag with your gear and head to the gym as soon as your workday is done.



Studies have pinpointed many adverse health effects from a chronic lack of restful sleep.

The most difficult hurdle is making the decision to exercise. If it is built in to your current routine, it is much easier to just “let it happen.” Likewise, when starting out, ease up on the pressure. Maybe just walking around a park trail is the goal. Once you are already walking the trail every day, it is much easier to decide to jog for 5 minutes and so on.

The US Department of Health and Human Services recommends at least 150 minutes of moderate aerobic activity or 75 minutes of vigorous activity per week. For example, to fulfill these recommendations you could do a brisk, 30-minute walk five days a week, or run about two miles a day, four days a week. Adding resistance or strength training into your fitness regimen two or more days a week also has substantial health benefits.

Resource: <https://www.mayoclinic.org/healthy-lifestyle/fitness/in-depth/exercise/art-20048389>

While it is a worthy investment to join a gym or other structured exercise program, it absolutely isn’t a requirement. There are many forms of activity that are free and effective. Here is a list of suggestions that are free or less expensive than a gym membership:

- **Pokémon GO:** This smartphone game where you collect creatures encourages walking by awarding distance goals and is played using a virtual map of the real world
- **WoofTrax:** This app raises money for an animal organization of your choice while reaching walking/jogging goals with your furry friend
- **Online fun-run/walk charities:** These have become much more prevalent, and they can give those with a competitive streak something to focus on
- **Strava:** This app helps you track and set goals for running or cycling and functions like a social network, so you can get encouragement from your friends and community
- **Down Dog:** This yoga app offers guided practice at home for yogis of all levels

### Active Relaxation

Active relaxation is any activity that allows focus on what the mind and body are doing. It doesn’t mean zoning out in front of Netflix or social media at the end of a long day and calling it “unwinding.” Yes, that may have a place when it comes to blowing off steam. However, our minds aren’t meant to just run for 17–19 hours a day



The most difficult hurdle is making the decision to exercise.

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without reprieve. Scheduling structured and purposeful relaxation can have many benefits, such as greater control for purposeful action. Some of these strategies, including those mentioned here, can even be employed during situations of high emotional turmoil to help calm the mind and body.

### **Active muscle relaxation**

When we are bombarded by a stressor, our sympathetic nervous system responds by tensing muscles (fight or flight reaction). When experienced in moderation, this is a healthy response. The problem arises when this stress is constant, which is the case for most of us. Incorporating active muscle relaxation (AMR) routinely—whether in response to a stressor or after—can help to take control back. This practice consists of getting in a comfortable seated or prone position, starting at the head and identifying and relaxing all muscles from head to toe. If you're new to this, you might try listening to a recorded AMR session.

### **Meditation**

Meditation is an intentional practice that trains awareness to achieve mental clarity and assist in emotional stability. There are four components to successful meditation: a quiet location with few distractions, a specific and comfortable posture, a focus of attention (such as word, object, or breath), and an open attitude (letting distractions go without judgment). For beginners, Headspace is a great app with a lot of free features.

### **Yoga**

Yoga is a practice combining physical postures, breathing techniques, and meditation where the goal is to focus energy on the body's abilities at any given moment. As previously mentioned, Down Dog is a great yoga app with a lot of free features.

### **Deep, focused breathing**

Deep, focused breathing is often paired with the previous strategies, but it is also excellent on its own and is perhaps the easiest to use “on the go.” The goal is to focus on breath in order to empty the mind of other distractions. To give this a try, breathe in through the nose for three seconds and out through the mouth or nose for four seconds. This strategy can also be a good practice to aid in falling asleep.

### **Final Thoughts**

Give yourself the gift of a solid foundation and help to break the cycle of glorifying overworking and burning out. Take a few moments and evaluate each of the four areas—good nutrition, adequate sleep, routine physical activity, and active relaxation. Which of these areas could use improvement in your life? Pick one or two things that you can do in the next 30 days to make this area stronger. You are worth it. ✨



Carol Hurst, LVT, CVPM, CCFP, is an associate consultant at VetSupport in Waco, Texas.

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While others talk about pain management, our pain portfolio is proven in more than 20 favorable studies. When you prescribe METACAM® (meloxicam) or PREVICOX® (firocoxib) for your post-operative (PREVICOX only) and canine osteoarthritis patients, the research stands with you, so that you can get your patients back to living the life they love.



**Previcox®**  
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(meloxicam)

**IMPORTANT SAFETY INFORMATION:** METACAM (meloxicam oral suspension) and PREVICOX (firocoxib) Chewable Tablets are for use in dogs only. METACAM (meloxicam) Solution for Injection is approved for use in dogs or cats (not indicated for osteoarthritis in cats). Repeated use of meloxicam in cats has been associated with acute renal failure and death. Do not administer additional injectable or oral meloxicam to cats. As a class, cyclooxygenase inhibitory NSAIDs like METACAM and PREVICOX may be associated with gastrointestinal, kidney, or liver side effects. Dogs should be evaluated for pre-existing conditions and currently prescribed medications prior to treatment with METACAM or PREVICOX, then monitored regularly while on therapy. Concurrent use with another NSAID, corticosteroid, or nephrotoxic medication should be avoided or monitored closely. Please refer to the package insert or product website for complete product information.

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Brief Summary

# Metacam®

(meloxicam oral suspension)

1.5 mg/mL (equivalent to 0.05 mg per drop) / 0.5 mg/mL (equivalent to 0.02 mg per drop)

Non-steroidal anti-inflammatory drug for oral use in dogs only

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

**Warning: Repeated use of meloxicam in cats has been associated with acute renal failure and death. Do not administer additional injectable or oral meloxicam to cats. See Contraindications, Warnings, and Precautions for detailed information.**

**Description:** Meloxicam is a non-steroidal anti-inflammatory drug (NSAID) of the oxicam class. Each milliliter of METACAM Oral Suspension contains meloxicam equivalent to 0.5 or 1.5 milligrams and sodium benzoate (1.5 milligrams) as a preservative. The chemical name for Meloxicam is 4-Hydroxy-2-methyl-N-(5-methyl-2-thiazolyl)-2H-1,2-benzothiazine-3-carboxamide-1,1-dioxide. The formulation is a yellowish viscous suspension with the odor of honey.

**Indications:** METACAM Oral Suspension is indicated for the control of pain and inflammation associated with osteoarthritis in dogs.

**Contraindications:** Dogs with known hypersensitivity to meloxicam should not receive METACAM Oral Suspension. Do not use METACAM Oral Suspension in cats. Acute renal failure and death have been associated with the use of meloxicam in cats.

**Warnings:** Not for use in humans. Keep this and all medications out of reach of children. Consult a physician in case of accidental ingestion by humans. For oral use in dogs only.

As with any NSAID all dogs should undergo a thorough history and physical examination before the initiation of NSAID therapy. Appropriate laboratory testing to establish hematological and serum biochemical baseline data is recommended prior to and periodically during administration. Owner should be advised to observe their dog for signs of potential drug toxicity and be given a client information sheet about METACAM.

**Precautions:** The safe use of METACAM Oral Suspension in dogs younger than 6 months of age, dogs used for breeding, or in pregnant or lactating dogs has not been evaluated. Meloxicam is not recommended for use in dogs with bleeding disorders, as safety has not been established in dogs with these disorders.

As a class, cyclo-oxygenase inhibitory NSAIDs may be associated with gastrointestinal, renal 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 renal toxicity 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. 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 induce gastrointestinal ulcerations and/or perforations, concomitant use with other anti-inflammatory drugs, such as NSAIDs or corticosteroids, should be avoided. If additional pain medication is needed after administration of the total daily dose of METACAM Oral Suspension, a non-NSAID or non-corticosteroid class of analgesia should be considered. The use of another NSAID is not recommended. Consider appropriate washout times when switching from corticosteroid use or from one NSAID to another in dogs. The use of concomitantly protein-bound drugs with METACAM Oral Suspension 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 metabolism of METACAM Oral Suspension has not been evaluated. Drug compatibility should be monitored in patients requiring adjunctive therapy.

**Adverse Reactions:** Field safety was evaluated in 306 dogs.<sup>1</sup> Based on the results of two studies, GI abnormalities (vomiting, soft stools, diarrhea, and inappetence) were the most common adverse reactions associated with the administration of meloxicam.

The following adverse events are based on post-approval adverse drug experience reporting. Not all adverse reactions are reported to FDA/CVM. It is not always possible to reliably estimate the adverse event frequency or establish a causal relationship to product exposure using these data. The following adverse events are listed in decreasing order of frequency by body system.

*Gastrointestinal:* vomiting, anorexia, diarrhea, melena, gastrointestinal ulceration

*Urinary:* azotemia, elevated creatinine, renal failure

*Neurological/Behavioral:* lethargy, depression

*Hepatic:* elevated liver enzymes

*Dermatologic:* pruritus

Death has been reported as an outcome of the adverse events listed above. **Acute renal failure and death have been associated with use of meloxicam in cats.**

**Information for Dog Owners:** METACAM, 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 METACAM 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:** The effectiveness of meloxicam was demonstrated in two field studies involving a total of 277 dogs representing various breeds, between six months and sixteen years of age, all diagnosed with osteoarthritis. Both of the placebo-controlled, masked studies were conducted for 14 days. All dogs received 0.2 mg/kg meloxicam on day 1. All dogs were maintained on 0.1 mg/kg oral meloxicam from days 2 through 14 of both studies. Parameters evaluated by veterinarians included lameness, weight-bearing, pain on palpation, and overall improvement. Parameters assessed by owners included mobility, ability to rise, limping, and overall improvement.

In the first field study (n=109), dogs showed clinical improvement with statistical significance after 14 days of meloxicam treatment for all parameters. In the second field study (n=48), dogs receiving meloxicam showed a clinical improvement after 14 days of therapy for all parameters; however, statistical significance was demonstrated only for the overall investigator evaluation on day 7, and for the owner evaluation on day 14.<sup>1</sup>

**Reference:** 1. FOI for NADA 141-213 METACAM (meloxicam oral suspension).

Approved by FDA under NADA # 141-213

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Duluth, GA 30096

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86998696/86998653  
Revised 08/2019

Brief Summary

# Metacam®

(meloxicam)

5 mg/mL Solution for Injection

Non-steroidal anti-inflammatory drug for use in dogs and cats only

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

**Warning: Repeated use of meloxicam in cats has been associated with acute renal failure and death. Do not administer additional injectable or oral meloxicam to cats. See Contraindications, Warnings, and Precautions for detailed information.**

**Description:** Meloxicam is a non-steroidal anti-inflammatory drug (NSAID) of the oxicam class. Each mL of this sterile product for injection contains meloxicam 5.0 mg, alcohol 15%, glycofuroil 10%, poloxamer 188 5%, sodium chloride 0.6%, glycine 0.5% and meglumine 0.3%, in water for injection, pH adjusted with sodium hydroxide and hydrochloric acid.

**Indications:** Dogs: METACAM Injection is indicated in dogs for the control of pain and inflammation associated with osteoarthritis.

**Contraindications:** Dogs with known hypersensitivity to meloxicam should not receive METACAM Injection.

**Warnings:** Not for use in humans. Keep this and all medications out of reach of children. Consult a physician in case of accidental ingestion by humans. For IV or SQ injectable use in dogs. All dogs should undergo a thorough history and physical examination before administering any NSAID. Appropriate laboratory testing to establish hematological and serum biochemical baseline data is recommended prior to, and periodically during use of any NSAID in dogs.

**Owner should be advised to observe their dogs for signs of potential drug toxicity.**

**Precautions:** The safe use of METACAM Injection in dogs younger than 6 months of age, dogs used for breeding, or in pregnant or lactating bitches has not been evaluated. Meloxicam is not recommended for use in dogs with bleeding disorders, as safety has not been established in dogs with these disorders. Safety has not been established for intramuscular (IM) administration in dogs. When administering METACAM Injection, use a syringe of appropriate size to ensure precise dosing. As a class, cyclo-oxygenase inhibitory NSAIDs may be associated with gastrointestinal, renal 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 renal toxicity 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. 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 induce gastrointestinal ulcerations and/or perforations, concomitant use with other anti-inflammatory drugs, such as NSAIDs or corticosteroids, should be avoided. If additional pain medication is needed after the administration of the total daily dose of METACAM Oral Suspension, a non-NSAID or noncorticosteroid class of analgesia should be considered. The use of another NSAID is not recommended. Consider appropriate washout times when switching from corticosteroid use or from one NSAID to another in dogs. The use of concomitantly protein-bound drugs with METACAM Injection 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 metabolism of METACAM Injection has not been evaluated. Drug compatibility should be monitored in patients requiring adjunctive therapy. The effect of cyclo-oxygenase inhibition and the potential for thromboembolic occurrence or a hypercoagulable state has not been studied.

**Adverse Reactions:**

**Dogs:** A field study involving 224 dogs was conducted.<sup>1</sup> Based on the results of this study, GI abnormalities (vomiting, soft stools, diarrhea, and inappetence) were the most common adverse reactions associated with the administration of meloxicam.

The following adverse reactions are based on post-approval adverse drug event reporting. The categories are listed in decreasing order of frequency by body system:

*Gastrointestinal:* vomiting, diarrhea, melena, gastrointestinal ulceration

*Urinary:* azotemia, elevated creatinine, renal failure

*Neurological/Behavioral:* lethargy, depression

*Hepatic:* elevated liver enzymes

*Dermatologic:* pruritus

Death has been reported as an outcome of the adverse events listed above. **Acute renal failure and death have been associated with the use of meloxicam in cats.**

**Information For Dog Owners:** Meloxicam, like other NSAIDs, 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 NSAID intolerance. Adverse reactions may include vomiting, diarrhea, lethargy, decreased appetite and behavioral changes. Dog owners should be advised when their pet has received a meloxicam injection. Dog owners should contact their veterinarian immediately if possible adverse reactions are observed, and dog owners should be advised to discontinue METACAM therapy.

**Effectiveness:** **Dogs:** The effectiveness of METACAM Injection was demonstrated in a field study involving a total of 224 dogs representing various breeds, all diagnosed with osteoarthritis.<sup>1</sup> This placebo-controlled, masked study was conducted for 14 days. Dogs received a subcutaneous injection of 0.2 mg/kg METACAM Injection on day 1. The dogs were maintained on 0.1 mg/kg oral meloxicam from days 2 through 14. Variables evaluated by veterinarians included lameness, weight-bearing, pain on palpation, and overall improvement. Variables assessed by owners included mobility, ability to rise, limping, and overall improvement. In this field study, dogs showed clinical improvement with statistical significance after 14 days of meloxicam treatment for all variables.

**Reference:** 1. FOI for NADA 141-219 METACAM (meloxicam) 5 mg/mL Solution for Injection.

Approved by FDA under NADA # 141-219

**Marketed by:**

Boehringer Ingelheim Animal Health USA Inc.  
Duluth, GA 30096

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Revised 09/2019  
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**CHEWABLE TABLETS**

**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.

**Indications:** PREVICOX (firocoxib) Chewable Tablets are indicated for the control of pain and inflammation associated with osteoarthritis and for the control of postoperative pain and inflammation associated with soft-tissue and orthopedic surgery in dogs.

**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 1-888-637-4251. For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDAVETS or www.fda.gov/reportanimalae.

**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 ulceration and/or gastrointestinal perforation, concomitant use of PREVICOX Chewable Tablets 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 2.27mg/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, anthelmintics, 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 Studies**

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 (Rev. 2009):** The following adverse reactions are based on post-approval adverse drug event reporting. The categories are listed in decreasing order of frequency by body system:

**Gastrointestinal:** Vomiting, anorexia, diarrhea, melena, gastrointestinal perforation, hematemesis, hematochezia, weight loss, gastrointestinal ulceration, peritonitis, abdominal pain, hypersalivation, nausea

**Urinary:** Elevated BUN, elevated creatinine, polydypsia, polyuria, hematuria, urinary incontinence, proteinuria, kidney failure, azotemia, urinary tract infection

**Neurological/Behavioral/Special Sense:** Depression/lethargy, ataxia, seizures, nervousness, confusion, weakness, hyperactivity, tremor, paresis, head tilt, nystagmus, mydriasis, aggression, uveitis

**Hepatic:** Elevated ALP, elevated ALT, elevated bilirubin, decreased albumin, elevated AST, icterus, decreased or increased total protein and globulin, pancreatitis, ascites, liver failure, decreased BUN

**Hematological:** Anemia, neutrophilia, thrombocytopenia, neutropenia

**Cardiovascular/Respiratory:** Tachypnea, dyspnea, tachycardia

**Dermatologic/Immunologic:** Pruritis, fever, alopecia, moist dermatitis, autoimmune hemolytic anemia, facial/muzzle edema, urticaria

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

For technical assistance or to report suspected adverse events, call 1-888-637-4251. For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or www.fda.gov/reportanimalae.

**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 <math>8\text{ cm}</math>). 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: femoral 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 targeted 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 perportal 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 perportal 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 perportal or severe panzonal 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 perportal 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 vacuolation 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.

Made in France

Marketed by: Boehringer Ingelheim Animal Health USA Inc., Duluth, GA 30096.

1-888-637-4251

Approved by FDA under NADA # 141-230

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# Veterinary Technician: Beyond the Title

Use the Power of Networking to Blaze Your Own Career Path

by Rebecca Rose, CVT

YOUR CAREER WITHIN VETERINARY TECHNOLOGY AND AS A VETERINARY PROFESSIONAL is full of creative opportunities. Trailblazers, enhanced by their dreams and vision for the future, have paved the way, unbridling the paths your career can take.

All too often, social media threads are populated with disgruntled, narrow-minded conversations about the inability to grow a career within veterinary medicine as a medical support team member. It's unfortunate that this mindset reigns instead of a celebration of the abundance of professional growth opportunities I have experienced and that have been achieved by so many of my colleagues and friends.

You may be of the opinion that your career will not reach the heights of others, yet it's that bias holding you back, not your opportunities within veterinary technology. With an abundant mindset, you will find a litany of innovative veterinary technology opportunities.

These featured veterinary technicians have used networking and a “can do” demeanor to foster their own career advancement and growth. The point is that your career can be elevated too! I believe in you, your passion, and your career. Take hold of your dreams, vision, and desire to advance your career and deliver the best patient care possible. What innovative, sustainable concept resonates with you? Bring it to fruition!



**Chief Visionary Officer and Empowerment Enthusiast**

**Alyssa Mages, CVT**

LinkedIn Profile: [linkedin.com/in/acmcvt2019evt/](https://www.linkedin.com/in/acmcvt2019evt/)

If I created a tagline for Alyssa it would be “Go BIG or go HOME!” From the first moment I met her a

little over a year ago, she has been an amazing force—energetic, driven, and methodical in bringing her vision to completion.

With over 17 years of experience within veterinary technology, she bundles her energy into coaching and teaching in a creative, positive manner to drive change in the veterinary industry. Her talents include public speaking, creating content, collaborating, and building empowered teams.

Alyssa is certified in RECOVER and Fear Free, plus she delivers RACE-approved continuing education. She is simply a dynamo with a growing network! Learn more about her by checking out Empowering Veterinary Teams (EVT), of which she is cofounder and chief visionary officer.

“I absolutely agree that networking has played a *huge* role in how we’ve propelled EVT forward,” Alyssa says. “Taking those risks and leaping out of a comfort zone became a part of what I/we did, and we have been so

fortunate to have landed among a truly stellar group of humans in this amazing industry. Onward and upward, that’s the only direction for us!”



**Best-Selling Author**

**Amy Newfield, MS, CVT, VTS (ECC)**

LinkedIn Profile: [linkedin.com/in/amynewfield/](https://www.linkedin.com/in/amynewfield/)

Amy’s first book, *Oops, I Became a Manager: Managing the Veterinary Hospital Team by Finding Unicorns*, was released in

2020 and landed on the Amazon best seller list in the US, Australia, Canada, and the UK.

Her book focuses on creating healthy veterinary teams, and as a former technician and current director of veterinary nursing leadership, Amy has the real-world experience to back up her expertise. She incorporates humor, real-life stories, and practical resources applicable for every veterinary hospital.

“My network of colleagues-turned-friends continues to impact and change my life in ways I could never imagine.”

—AMY NEWFIELD, MS, CVT, VTS (ECC)

Her courageous career includes international speaking gigs as well as over 50 published articles, and now she has stepped into a leadership role, further expanding upon her talents. In addition, she is well connected, and this network of peers has been a huge benefit to her success.

“Considering my relationship with my colleague just landed me a job at VEG (Veterinary Emergency Group), I’d say networking has helped me greatly,” says Amy. “It [networking] obviously goes beyond my new job. My network of colleagues-turned-friends continue to impact and change my life in ways I could never imagine.”



**Director of Feline Health and Education, Independent Contractor**

**Beckie Mossor, RVT**

LinkedIn Profile: [linkedin.com/in/beckie-mossor-37a55527/](https://www.linkedin.com/in/beckie-mossor-37a55527/)

Cat Coach Beckie helps educate cat parents across the globe on basic feline

health, behavior, and nutrition. For cat parents wanting their questions answered, she delivers! Beckie assists in finding resources and any advanced care her clients are looking for. As an independent contractor, she also has flexibility in her schedule and works remotely from her home office.

In support of the veterinary profession, Beckie has served on national and state veterinary technician associations, is a member at large for the Society for Veterinary Medical Ethics, and creates engaging content through her podcast, Veterinary Viewfinder, cohosted by Ernie Ward, DVM. She exemplifies stretching yourself beyond your area of expertise to reach your fullest potential.



**Team Wellness Consultant**

**Kara M. Burns, MS, M.Ed, LVT, VTS (Nutrition), VTS-H (Internal Medicine, Dentistry)**

LinkedIn Profile: [linkedin.com/in/karaburns/](https://www.linkedin.com/in/karaburns/)

You will find Kara popping around most of the national

veterinary conferences as one of the highlighted speakers in her humble yet mighty way. You may know her for her expertise as a veterinary nutritionist, but first, she began treating humans as an emergency counselor working with patients in acute emotional or psychological distress.

With Kara, you get a psychologist as well as a nutritionist, the best combination when supporting veterinary teams in wellness and wellbeing! She is passionate about veterinary nursing as well, which you can see through her articles, editing, and presentations. She delivers professional and

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Don't be afraid to lean on your community of colleagues to help you reach your goals. Networking is an important part of veterinary medicine and can offer a variety of opportunities.

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personal development training for veterinary healthcare teams, focusing on nontechnical skill challenges—the people skills. Communication, emotional intelligence, leadership, and conflict management are her fortes.

Kara advises: “Step out of your comfort zone and say yes to opportunities—even those that are daunting!”



**Chief Veterinary Nursing Officer**

**Ken Yagi, MS, RVT, VTS (ECC) (SAIM)**

linkedin.com/in/kenichiro-yagi-a89b3897/

I first met Ken while creating content for Veterinary Support Personnel Network (VSPN). He managed a team

at Adobe Animal Hospital in California. I embraced the opportunity to shadow him for a day at the uniquely different “open hospital.”

Now, Ken works at a VEG hospital in Denver. He is the epitome of a colleague stretching beyond the norm to pave a path of innovation.

“I am the chief veterinary nursing officer, so I sit as a peer with the other executives,” he says. “My mission: Reimagining emergency veterinary nursing.” Ken is also keeping an eye on the future of veterinary medicine. “We will make nursing a lifelong career with a continuous growth pathway with individuals having good financial, mental, and physical health—making a difference each and every day. We will be a voice for the profession engaging in discussion and debate for the future of veterinary nursing to inspire advancements and

innovation. It's my piece of what we call the VEGolution to change the world of veterinary medicine."

Ken also emphasizes the importance of networking, noting that "the network of colleagues and advocates are bringing game-changers together for the revolution."

### Want to hear more from Ken Yagi?

Head over to the *Trends* website for a more in-depth interview with Ken Yagi MS, RVT, VTS (ECC) (SAIM), at [trends.aaha.org](http://trends.aaha.org)



### Veterinary Outreach Specialist

**Rebecca Rose, CVT, Certified Career Coach**

LinkedIn Profile: [linkedin.com/in/rebeccarosecvt/](https://www.linkedin.com/in/rebeccarosecvt/)

Connecting, elevating, and coaching are my specialties. I first began research for my book *Career Choices for*

*Veterinary Technicians* in 2007. AAHA Press published it in 2009, and a revised edition came out in 2013. It was an honor to work with them on a project that was not for their usual audience because it was clear that their vision for the veterinary community included the careers of the medical team. A testament to their continued support is this edition of *Trends*!

This past spring, a friend and colleague from Lap of Love Veterinary Hospice and In-Home Euthanasia reached out. Now, Thomas Stevens and I are the Veterinary Outreach Team, and I am absolutely loving every minute of it! My skills in career coaching, building relationships with veterinary teams, and being a road warrior (traveling throughout the United States) are being utilized by a leadership team that understands the magic of networking.

My greatest advice—so great that it's on my email signature—is: "To wait for the 'perfect circumstance' will be detrimental to achieving goals." Just DO IT! Grab ahold of the reins, see the finish line, and make it happen!



### Marketing and Outreach Coordinator

**Ryan Frazier, LVT**

LinkedIn Profile: [linkedin.com/in/ryan-frazier-lvt/](https://www.linkedin.com/in/ryan-frazier-lvt/)

When I first met Ryan, he was a newly credentialed veterinary technician already networking at national conferences. I remember

thinking to myself, "Watch this one, he is going places!"

Well, Ryan hasn't disappointed, as he has taken on local and national leadership roles, been a mover and shaker within social media as a positive force, and recently became the marketing and outreach coordinator at a large emergency hospital.

His tasks, aligning with his unique title, include relationship development, coordinating continuing education, designing and executing appreciation events, and social media management. He saw a need, added the knowledge base, and made it happen.

How has networking impacted his career? "Oh, my goodness! Networking has launched me into the second part of my career," Ryan notes. "Networking in veterinary-related groups on social media moved me out to the Pacific Northwest. Networking through the Washington State Association of Veterinary Technicians (WSAVT) got me doing relief. Now I am excited to be working with the Advisory Team for DVM360 because of networking. I get inspired by the amazing techs out there. Techs inspired me to get more involved with WSAVT and NAVTA and even encouraged me to start the Veterinary Support Staff Career Group on Facebook."



### Veterinary Technician Content Writer

**Saleema Lookman, RVT**

LinkedIn Profile: [linkedin.com/in/saleema-lookman/](https://www.linkedin.com/in/saleema-lookman/)

In a few powerful years, Saleema has achieved one personal and professional goal after another. I recall

meeting her during NAVTA Case Reports at Western Veterinary Conference where she let me know she was interested in presenting. She set her sights on Toastmasters, rolled up her sleeves, and made it happen.

During the pandemic, she decided to take her career in the direction of writing and working remotely. So she tackled a copywriting internship last year, on top of it being the busiest, most hectic time in veterinary team history.

As of this summer, she is fully employed by LoveToKnow Media, writing for pet parents. She also works a couple of days a week at a nearby veterinary practice in Santa Fe to keep her networking strong within her local veterinary community. Plus, the two of us will begin tag-teaming the *Veterinary Practice News* monthly column "Veterinary Team Insights."

Saleema's advice is simple: "Connect with like-minded individuals who are doing what you aspire to do."

### Take the Reins!

Make your career dreams a reality! You can channel your inner horse of a different color to blaze a path to a career of your own making. Besides your unique skills and determination, don't be afraid to lean on your community of colleagues to help you reach your goals. Networking is an important part of veterinary medicine and can offer a variety of opportunities. ✨



Rebecca Rose, CVT, certified career coach, founder, and president at CATALYST Veterinary Professional Coaches, has a diverse background in the veterinary community. She has worked in and managed clinics, collaborates with industry partners, and facilitates engaging team workshops. Her most current role includes Outreach Specialist for Lap of Love Veterinary Hospice. She can be reached at [RebeccaR@LapofLove.com](mailto:RebeccaR@LapofLove.com).

Saleema Lookman, RVT (photo courtesy of Saleema Lookman)

It's not  
about  
where you  
are...  
It's about  
where  
you're  
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# TECHS@WORK

## 10 Years of Celebrating Technicians in *Trends*

National Veterinary Technician Week is October 17–23, 2021. Every October, *Trends* magazine celebrates the awesome work that veterinary technicians and assistants do in veterinary practices day in and day out. This year we decided to do something a little different and make it a true photo contest. Here we present all of the finalists and the grand prize winner, who will receive an AAHA Swag Bag Prize Pack for their team!

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### Grand Prize Winner

**The winner of the first official Trends Techs@Work photo contest is 1st Pet Veterinary Centers in Phoenix, Arizona!**

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1st Pet Veterinary Centers Marketing Specialist Debe Jorgensen took this photo at their North Valley location and described the scene: “1st Pet technicians clean and prep a patient for sutures after he suffered a deep knife wound on his face. The dog’s owner is homeless and got into a knife fight with another homeless man, but the dog got too close and was injured. Police brought the dog in for treatment, and our doctor wanted to put stitches in right away so the dog would have a better chance of healing. She felt the dog already had a hard enough life being homeless with the extra high temperatures here in Arizona. Our technicians were kind and gentle with him.

**From left to right:** Guadalupe Llamas, CVT (brown scrubs, back to camera); Hannah Wachtel, DVM (gray scrubs); Victoria Guillen, Veterinary Technician Supervisor (brown scrubs); Melanie Smith, Veterinary Assistant (blue scrubs).”

Our judges felt that the picture really captures the essence of what technicians do every day: working hard as a team, caring for animals, and being focused and professional. Well done!



1st Pet Veterinary Centers

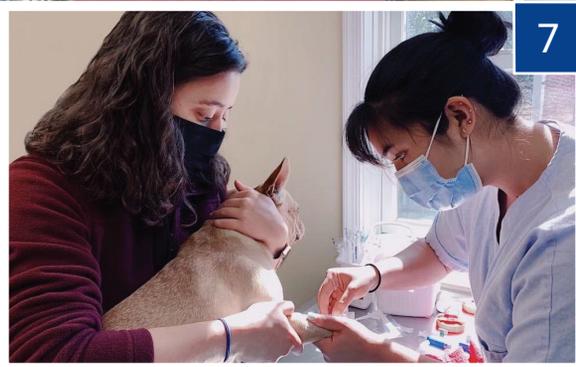
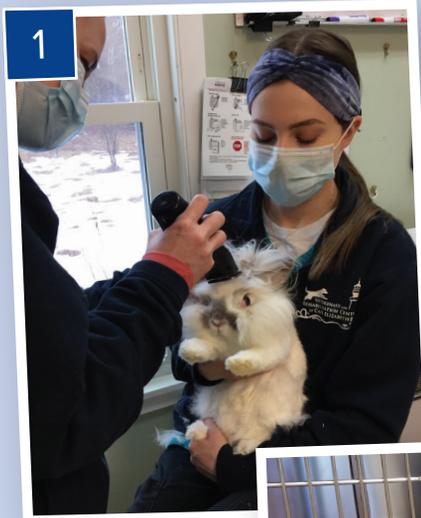
**GRAND**



Phoenix, Arizona

# PRIZE WINNER

# FINALISTS



**1** Veterinary assistant Abby Letourneau, who is preparing to start veterinary school in the fall, holds a bunny patient while veterinary assistant Jessica Libby shaves the mats from its head.

**2** Veterinary assistant Aaron Greene uses Fear Free techniques to restrain “Emma” at Kingsbrook Animal Hospital, as Jeremy Breiting, DVM, changes bandages.

**3** Technician Mandi comforts a feline patient after surgery at Smith Mountain Lake Animal Hospital in Moneta, Virginia.

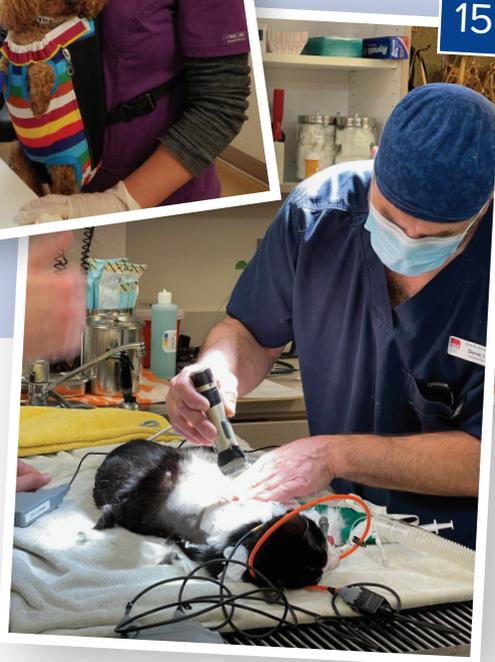
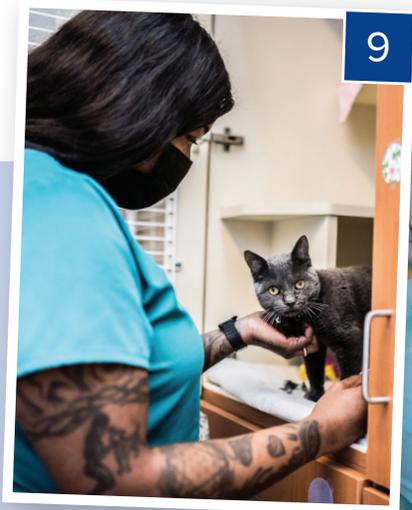
**4** April Aiken, LVT, performs postsurgical monitoring while waiting to extubate a patient at Green Lake Animal Hospital in Seattle.

**5** Ashley Hawley, Veterinary Assistant at Brandt Veterinary Clinic in Nokomis, Florida, helps patient “Niner” as he recovers from anesthesia after his dental procedure.

**6** Sarah Weigel, CVT, cleans the surgical site on an anesthetized postoperative fracture repair patient prior to bandage placement at Metropolitan Veterinary Associates in Norristown, Pennsylvania.

**7** Veterinary technicians Kaitlin Leigh and Jade McElveen place an IV as they prep “Lemon” for brachiocephalic surgery at Brookeville Animal Hospital in Brookeville, Maryland.

**8** Veterinary Technician Heather Richards getting some help recording treatment information at Metropolitan Veterinary Associates in Norristown, Pennsylvania.



**9** Technician Victoria Brown at the Women's Animal Center in Bensalem, Pennsylvania. Women's Animal Center, the first animal shelter in the United States, has been serving the Greater Philadelphia region since 1869.

**10** Emma Currie, LVT, works with patient Zoe at Elliott Bay Animal Hospital in Seattle Washington.

**11** Hayden Fraser (right) performs IV catheter maintenance on "Beasley," who is being restrained by fellow veterinary assistant Destiny De Vos at Kindness Animal Clinic in Monroe, Washington. Fraser is working toward becoming a credentialed technician through AAHA's online DEVTP technician program.

**12** Veterinary assistant Kristina Carter was working on the procedure team at 25-year AAHA-accredited Animal Care Clinic in San Luis Obispo, California, when she noticed a patient was vocal during recovery in the ICU. She didn't hesitate to find a way to provide extra reassurance and cuddles, all while continuing to update medical records. Carter has completed her RVT training program and was scheduled to take her exam in August 2021.

**13** Veterinary assistant Gillian Marx connects with a patient at Brookeville Animal Hospital in Brookeville, Maryland.

**14** Shelly Poirot, LVT, examines an ear swab at Ralston Vet in Ralston, Nebraska.

**15** David Zajac, LVT, prepares "Korky" for a procedure at Elliott Bay Animal Hospital

**16** Karen Yowell, LVT, holds patient and personal pet "Ruru" at the Ancira Harrisonburg Veterinary Center in Harrisonburg, Virginia.

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# Practice Without Prejudice

## Working to Increase Diversity, Equity, and Inclusion Among Technicians

by Linda Childers

**When Ian Scholer, DVM, a veterinarian and practice owner** at Hilltop Animal Hospital in Evans, Georgia, saw data detailing a lack of diversity in the veterinary technology field, he decided to take action to ensure his own practice reflected the demographics of his clientele.



Ian Scholer, DVM

Hoping to make the veterinary field more inclusive, Scholer, and his wife, Megan, an educator,

founded the nonprofit Vets of All Colors last year. Their goal is to encourage diversity in the veterinary field through local school outreach and scholarships for minority high school seniors.

As witnessed by the Scholers, the field of veterinary medicine remains one of the least diverse professions. According to US Bureau of Labor statistics, 88% of vet techs are women and 92% are White, while 10% are Latinx, 3% are Black, and only about 1% are Asian American.

Unfortunately, these numbers don't reflect the rapidly changing and increasingly diverse needs of pet owners. A 2019 study by the pet reports market research firm Packaged Facts found that between



“It’s really important for veterinary professionals to serve as allies and to listen and understand when a coworker speaks out on discrimination.”

—STEPHEN CITAL, RVT, SRA, RLAT, VCC, CVPP, VTS-LAM



**“We want to empower children to explore the veterinary field and gain meaningful experiences.”**

—MEGAN SCHOLER, VETS OF ALL COLORS

2008 and 2018, the increase of the number of Latinx, Black, Asian, and other multicultural pet owners was five times higher than the increase in the number of non-Latinx White pet owners.

Vets of All Colors features a diverse board of directors that strives to provide inclusive outreach to kids in 88 schools in two districts in the Augusta, Georgia area.

“We want to empower children to explore the veterinary field and gain meaningful experiences,” Megan Scholer says. “We encourage all veterinarians to consider becoming involved with their local high schools and colleges to build relationships with potential future employees.”

The Vets of All Colors program begins with kindergarten outreach that includes a donation bundle with early reading books and playsets.

“Early literacy is top priority for young learners, and we made sure our chosen books feature diverse characters in vet med. We also offer role-play kits in the bundle because imaginative/dramatic role play is part of Georgia’s kindergarten learning standard,” Scholer says. “Middle school learners still need concrete learning experiences, so we offer live programs that come to their school. The University of Georgia partnered with us through their Dog Doctors program, although COVID halted programs last year.”

For high school students, Vets of All Colors offers free online content through ACT (Animal Care Technologies) and online training, with modules ranging from kennel and grooming to veterinary assistant certification.

Although their nonprofit is still new, Scholer says they’re already seeing

a growing interest from a diverse group of students who hadn’t previously considered a career in veterinary medicine.

“Our nonprofit’s student leader, a rising senior in high school, is currently enrolled in the ACT courses and recently earned a part-time position at a local small animal hospital. Her feedback has been priceless as we continue to develop our program,” Scholer says. “Lastly, there are a few national organizations out there who are also providing amazing outreach that’s available and ready to go.”

Scholer says one excellent resource for veterinary practices is Purdue University’s League of VetaHumanz, an inclusive “veterinary superhero league” that works with universities and organizations to diversify the veterinary workforce. The program offers preschool through twelfth grade training opportunities for aspiring veterinarians, including virtual vet lessons, children’s books, and an online game.

As a certified educator, Scholer also understands the importance of mentors and knows that having an effective mentor can increase job satisfaction and reduce turnover.

“In the world of diversity, equity, and inclusion (DEI) in vet med, having a mentor is exceedingly important,” Scholer says. “I think all veterinary professionals should be trained on how to mentor rising vet tech professionals, with particular attention to the intricacies included in DEI that are needed to successfully hire and retain professionals who may not always look like them.”

## Developing a Zero-Tolerance Policy Against Racism



**April Panpipat, LVT**

As the hospital manager at Animal Medical Center of Seattle, April Panpipat, LVT, knows

the importance of maintaining a diverse and inclusive veterinary practice. As a woman of Asian descent, Panpipat also knows what it's like to experience discrimination in the workplace.

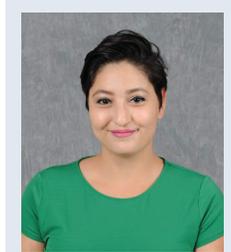
"I still remember an incident that happened 15 years ago when I was working in a veterinary practice in Nevada and a client refused to let me take their dog to the exam area in the back because I'm Asian," Panpipat says.

While she also witnessed more subtle forms of racism, including offensive comments and racial stereotyping, none of the incidents were ever addressed or discussed by Panpipat's previous employer.

Today, Panpipat is part of a practice that values diversity and inclusion. "All of our staff are required to undergo interactive online diversity training offered by [traliant.com](https://traliant.com)," Panpipat says. "In addition to learning about topics including unconscious bias and cultural competence, employees learn the importance of reporting discrimination and know that meaningful action will be taken."

Panpipat notes that while retention is already an issue with vet techs who often experience low pay, compassion

fatigue, and burnout, the inability to establish an inclusive work culture can also result in high turnover. "We want all of our vet techs to know they are valued and supported," Panpipat says. "We place a strong emphasis on each employee's wellbeing and believe it's crucial to have a respectful workplace."



**Natalie Pedraja, LVT**

Natalie Pedraja, LVT, an employee at Animal Medical Center, agrees the practice is one of the

most diverse places she's ever worked.

Pedraja, who is Latina, says at her previous jobs, she was one of a handful of minorities employed in the veterinary field and that it wasn't uncommon for her to experience subtle racism. "I applied for a position as a vet assistant years ago and was passed over for a White male classmate who had less experience and a lower academic standing," Pedraja says.

She also remembers many instances where she was asked about her cultural background. "I'd answer that I was born and raised here in the United States and grew up in Connecticut and then I'd be asked, 'But where are you really from?'" Pedraja recalls. "And people would often mistakenly assume that since I'm Latina, I speak fluent Spanish, which I don't."

Wording is important. Diversity experts say questions such as those posed to Pedraja can imply someone doesn't belong in this country. They recommend waiting for the topic to

surface organically or instead asking, "What is your family's heritage?"

Pedraja says it was also difficult to hear veterinary staff make assumptions about clients. "I would hear staff assume that a certain client wouldn't be able to pay or that they wouldn't treat their animal well because of their race. Another common misconception was that a client who owned a pit bull was probably raising their dog to fight," Pedraja says. "These are really bad and dangerous assumptions and yet management never addressed these microaggressions."

To counter racism and prejudice, Pedraja encourages veterinary practices to become involved with the Multicultural Veterinary Medical Association (MVCMA), a group working to lead the field toward racial and ethnic diversity, equity, and inclusivity in order to serve a multicultural society.

"MVCMA is holding their annual conference in November, and it's a great opportunity for everyone in the veterinary field to learn how to support diversity efforts while creating a culturally competent practice," Pedraja says.

Stephen Cital, RVT, SRA, RLAT, VCC, CVPP, VTS-LAM, Laboratory Manager



**Stephen Cital, RVT, SRA, RLAT, VCC, CVPP, VTS-LAM**

at Stanford University, will be one of the speakers at this year's MVCMA conference.

Cital, who is Latino and openly gay,

says it's not unusual for inappropriate comments, like the ones cited by Pedraja, to be directed at minority veterinary staff or clients. "It's really important for veterinary professionals to serve as allies and to listen and understand when a coworker speaks out on discrimination," he says. "Be supportive and realize that even if a racist remark isn't made with malicious intent, it can still be hurtful and offensive."

Cital says diverse veterinary practices offer tangible benefits to both employees and clients. "Having a multicultural/multilingual practice can add value and increase revenue," Cital says. "A diverse workforce gives you better insight into your veterinary customers and allows your practice to expand and communicate with a more diverse customer base."

## AAHA's DEVTP Program

Did you know that AAHA's Distance Education Veterinary Technology Program (DEVTP) was created in partnership with Dallas College more than 20 years ago? The DEVTP program makes the process of becoming a credentialed veterinary technician more convenient, especially for students who are already working in a practice and want to work toward becoming credentialed.

Learn more at [aaha.org/DEVTP](http://aaha.org/DEVTP)

When hiring technicians, Cital encourages veterinary practices to cast a wide net and to attend career fairs at local schools.

"When I was in high school, I had no idea about the wide array of jobs in the veterinary field," Cital says. "There are so many jobs that go beyond being a veterinarian or working in a clinic. For example, you can be a vet tech and be employed with the NASA space program."

## Training Tomorrow's Vet Techs

Jennifer Serling, CVT, VTES, BVSc, veterinary program director at Pima Medical Institute (PMI) in Tucson, Arizona, and president-elect of the Association of Veterinary Technician Educators (AVTSE), says PMI's 18 campuses are committed to training a diverse workforce.

The veterinary technology program at the PMI Tucson campus is composed of 47% Latinx students, 34% White, 5% Black, 4% Asian, and 2% Native American. To recruit a diverse student body, Serling says PMI maintains partnerships with several high school programs. In addition, "diversity training is incorporated into the curriculum for all first- and second-year students," says Serling, who notes the school uses a program developed by FranklinCovey.

Acknowledging that approximately 35% of all veterinary technicians experience burnout, Serling says there's currently a significant focus on technician utilization. When practices are busy or understaffed, veterinary technicians are often asked to do janitorial, clerical, or kennel

work, which doesn't capitalize on their training.

"We want to see credentialed vet techs properly utilized and performing the work they were trained to do," Serling says. "When they're allowed to use their skill sets, receive competitive pay and benefits, and advance in their careers, the result is better job satisfaction."

In addition, Serling points out that there's currently no national standard for credentialed veterinary technicians. "In several states, a vet practice can have a nonlicensed employee do the work of a credentialed vet tech, but at a much lower salary," Serling explains. "We're working to have standardized credentialing across all 50 states."

For veterinary practices looking to increase diversity among their technician staff, Serling says PMI helps students with job placement and welcomes the opportunity to connect graduates with potential employers. "We have graduates who are seeking jobs across the country," Serling says. "All of our students complete clinical externships, so they leave PMI ready to work in a veterinary practice." ✨



Linda Childers is a freelance writer whose work has been published in *The Washington Post*, *AARP*, *The Rheumatologist*, *Allure*, *Arthritis Today*, *AKC Family Dog*, and other national media outlets.

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# Technicians Making a Difference

Leaders Who Are Moving the Profession Forward

by Constance Hardesty

**Working for statewide credentialing. Establishing advanced specializations.** Crafting a unique career path. Promoting the state association. Partnering for education. Envisioning the future. In private practices, universities, professional organizations, or legislatures or blazing their own trail, veterinary technicians are shaping the future of the profession.

The following article is a series of interviews with veterinary technicians who are breaking new ground and moving the profession forward in different ways. Their stories are inspiring. Their shared secret: If we can do it, so can you.



“Utilizing your veterinary teams appropriately brings revenue to the practice, builds morale, decreases burnout and turnover, and is good medicine.”

—KARA BURNS, MED, MS, LVT, VTS (NUTRITION), VTS-H (INTERNAL MEDICINE, DENTISTRY)



**Kara Burns, MEd, MS, LVT, VTS (Nutrition), VTS-H (Internal Medicine, Dentistry)**

**Background:** Past president, NAVTA; Founder, Academy of Veterinary Nutrition Technicians; Director of Veterinary Nurse Development, WellHaven Pet Health, Vancouver, Washington

**CH:** You've been around the veterinary technician profession for a while. What is the most significant change you've seen?

**KB:** Increased technician utilization. We are at a place now where the veterinary profession recognizes the benefits of utilizing technicians to their fullest extent. I have said many times that utilizing your veterinary teams appropriately brings revenue to the practice, builds morale, decreases burnout and turnover, and is good medicine.

**CH:** One initiative that has gained ground is specialty credentialing. For technicians in general and for you personally, how does a specialty credential enhance professional fulfillment?

**KB:** Twenty-five years ago, the Academy of Veterinary Emergency and Critical Care Technicians was the first specialty academy recognized by NAVTA. Fast forward to 2021, and our profession now has 16 veterinary technician specialties! Specialization allows veterinary technicians to follow their passion and attain a higher level of recognition for advanced knowledge and skills.

From my first day in veterinary medicine, I loved nutrition. As I saw it, if I was going to provide the best for my patients, nutrition was a no-brainer.

Seeing the advent of vet tech specialties, I knew there had to be one for nutrition—and nothing was going to stop me from making it a reality! It took a great deal of work and some exceptional individuals on the organizing committee (and

support from family and colleagues), and in 2010, the Academy of Veterinary Nutrition Technicians (AVNT) was recognized. For me this was professionally and personally fulfilling—a legacy, if you will.

**CH:** You've been an advocate for technician credentialing and specialties. Can veterinary technician salaries support the debt that higher education, particularly a four-year degree, entails?

**KB:** The bottom line is that vet techs' debt coming out of college with an associate's degree or bachelor's degree is similar to veterinarians'

debt. Vet tech education obviously does not cost as much as a DVM education, but vet techs coming out of school have the same difficulty paying their loans due to the low wages they are paid.

If we could increase credentialed technician utilization and have veterinarians do the things that only they are licensed to do while allowing technicians to work at the top of their license and education level, we could start to see increased revenue, job satisfaction, and pay (for vets and techs), plus best medical practices. Until we techs are truly utilized, we will continue to see low wages,



Specialization allows veterinary technicians to follow their passion and attain a higher level of recognition for advanced knowledge and skills.

—KARA BURNS, MED, MS, LVT, VTS (NUTRITION), VTS-H (INTERNAL MEDICINE, DENTISTRY)

turnover, decreased morale, and medicine that is not being performed as best practice.

**CH:** You're currently a director of veterinary nurse development. What do you hope to achieve?

**KB:** Veterinary nurse development involves empowerment, utilization, education, mentoring, and respect for veterinary nurses and technicians and all they can do.

My vision is to ensure my veterinary nurse colleagues are being utilized fully and properly. To do that, they need to feel confident in their skills and knowledge, communicate with their veterinary teammates, and discuss and exemplify the incredible value they bring to the team. Professional development of the "other" clinical skills (like communication and leadership) is just as important as the technical skills.

We will start with implementing a nutritional counselor program that will develop the knowledge, communication, and skills involved in nutritional assessments. This is one area of medicine where veterinary nurses and technicians can utilize their skills, demonstrate confidence, improve their communication skills, bring in revenue, and, most importantly, provide great nursing care and medicine.

In addition, we will provide hands-on training for other skill sets for which veterinary nurses should be taking the lead, including dentistry and anesthesia. By providing this, along with building knowledge and confidence, we will be able to ensure that veterinary nurses are working

at the top of their credential and veterinarians are doing only those things that veterinarians are licensed to do. It is a win for everyone, most importantly, the pet!



### Lizett Gutierrez, LCSW, MA, RVT

**Background:** 2018 Excellence in Research Award; Institute for Human-Animal Connection; Licensed Clinical Social Worker; bilingual home-based clinician; Mental Health Center of Denver

**CH:** As a veterinary technician, educator, and veterinary social worker, your career is self-leadership at its best. What's your story?

**LG:** Perseverance. The field of animal-assisted social work and veterinary social work were nonexistent in my 18 years as a veterinary nurse. I planted seeds and then the harvest came.

**CH:** You went back to school, and after earning your master's degree in special education, you had an epiphany.

**LG:** It made sense to pursue a master's in social work (MSW) at the University of Denver because they offer a certificate in animal assisted social work. This meant

reaching people on a clinical level by enhancing their connection to the human-animal bond.

**CH:** At DU, you earned a master's degree in social work and received the Excellence in Research Award. Tell us about that.

**LG:** I received the Excellence in Research Award for my work on both the Green Chimneys and Pets for Life projects. IHAC provided me with the opportunities to utilize my special education training and engage in community social work.

**CH:** The master's degree qualified you for the University of Tennessee's postgraduate veterinary social work program, where, again, you worked to improve access to veterinary care.

**LG:** The VSW Certificate program at the University of Tennessee is self-paced for working professionals. It connected me to the AlignCare program where I assisted qualifying families with financial support for their pets' sick/injury care.

**CH:** What is veterinary social work?

**LG:** Veterinary social work (VSW) is a specialized field that provides clinical therapeutic support to anybody who has a role in helping pet(s) and their people.

**CH:** Veterinary technicians leave the profession due to compassion fatigue and burnout, like you experienced. How can practices promote a healthy work environment?

**LG:** Without support, you're going to lose technicians. It's not the kind of thing that can be fixed in a couple

of team-building exercises. I'd like to see greater access to mental health services for veterinary technicians. Some, if they are lucky enough, work in practices that offer an employee assistance program (EAP), but many don't.

**CH:** Racism is one stressor that is gaining mainstream attention. From your perspective as a mental health worker, how can veterinary professionals respond?

**LG:** To say these are tense and stressful times would be an understatement. You have to dig in and realize that the person making the comment does not know you, your unique self, or your background.

**CH:** What's next for you?

**LG:** To continue to build on my capacity as a bilingual veterinary social worker who can address the needs of veterinary staff utilizing a trauma-informed approach and training in substance abuse.



## **Dru Mellon, RVT, CVT**

**Background:** 2020 National Association of Veterinary Technicians in America (NAVTA) Veterinary Technician of the Year; Secretary, Utah Society of Veterinary Technicians and Assistants; veterinary

technician, Mountain West Veterinary Specialists, Layton, Utah

**CH:** You were instrumental in getting technician certification passed in Utah. Briefly, what does the Utah rule require?

**DM:** To become a credentialed technician, one must either graduate from an AVMA-accredited program (or apply through the alternate route, which requires three years of full-time experience), and then pass the Veterinary Technician National Exam (VTNE). Once certified, continuing education (CE) requirements (a minimum of 12 hours every 2 years) go into effect.

**CH:** How does state certification benefit technicians?

**DM:** One of my main goals was to help veterinary technicians be utilized to their fullest extent. I want every technician to be able to feel enriched by the job. We lose so many veterinary technicians to burnout, and I wanted to try to give people a reason to stay.

I believe that if veterinarians dealt with more veterinary technicians who have been more fully trained and educated, then they would be able to trust us to do our jobs. This, in turn, frees them up to do theirs.

**CH:** Starting with advice from a mentor, you reached out to the state VMA, completed the paperwork to launch a bill in the state legislature, and even spoke at legislative committee meetings. What did you learn from the process?

**DM:** It takes a community for something like this to happen. When I joined

up with the Utah State Veterinary Technicians Association (USVTA), Michiko Berceau had been driving the organization forward for years without me. And she was just one of multiple people who took it upon themselves to work together to create it years before. It took my former mentor, Ken Yagi, to provide the information and contacts I needed within NAVTA and the Veterinary Nurse Initiative (VNI).

Without the wealth of information that they continuously shared with us, I would never have known what to ask for or avoid when it came to creating credentialing guidelines. When the Utah Veterinary Medical Association (UVMA) asked us what we wanted credentialing to look like, I wouldn't have had an intelligent answer to give them.

In Utah, we're exceedingly fortunate to have a champion for veterinary technicians in the UVMA. Without their support, the conversation about credentialing could have stalled. If it wasn't for their help, we'd still be knocking on doors at the state legislature to find a sponsor.

Furthermore, one of the things the congressional committee loved was that the UVMA and USVTA came forward together to support this. Without their support, even if a bill gets drafted, will it pass through the committee? I honestly don't know.

It took the strength and passion of the entire veterinary community for credentialing to happen in Utah. This is an accomplishment for and by all of us.

**CH:** What was most challenging or difficult about the process and how did you handle it?



I believe that if veterinarians dealt with more veterinary technicians who have been more fully trained and educated, then they would be able to trust us to do our jobs.

—DRU MELLON, RVT, CVT

**DM:** The most personally challenging aspect of all of this for me is the fact that I suffer from social anxiety.

From joining the USVTA's board, to attending UVMA board meetings and introducing myself to a group of veterinarians that represent the entire state, to speaking before congressional committees (some of whose members do not believe in creating more restrictive legislation), the whole process was an exercise in fighting back my screaming brain and ignoring my wrenching guts so I could stand up for my fellow technicians.

This peaked the moment when, at the first congressional committee meeting, I saw that the committee was on the verge of rejecting the bill, preventing it from going to the House floor for a vote.

The initial version of the bill was planned to be more restrictive than what was ultimately implemented. At the time, the goal was to create full licensure, which would create title protection and a limited scope of work, restricting certain tasks only to credentialed technicians.

The majority of the committee was already opposed to creating more restrictive laws in general, and they specifically worried this would prevent some veterinary practices (particularly rural ones without credentialed staff) from being able to work.

The bill was on the chopping block, and I saw the entire effort slipping through my fingers.

But at the last moment, one committee member suggested we pursue state certification instead rather than full licensure. By Utah legal definitions, this creates an elevated position within a profession without restrictions on others working within it. Everyone looked at me immediately for an answer, and the choice was in my hands. I had seconds to decide: either insist on full licensure and see the bill killed in committee (with no promise we would have another opportunity any time soon) or accept the compromise of certification. As everyone knows now, I accepted the compromise; but the anxiety of that decision has never left my shoulders.

**CH:** What would you say to other technicians who would like to advance the profession?

**DM:** Become a member of your professional organization and get involved! Sometimes it's easy to think organizations like the USVTA or NAVTA are some sort of monolith with endless resources and people behind them, but these groups are truly only as strong as their members. The USVTA struggles to maintain a full executive board year after year, and membership fees are our primary source of funding. A single person can make a huge difference!



**Find more interviews and bonus content at [trends.aaha.org](https://trends.aaha.org).**



### Ashli Selke, CVT

**Background:** President-elect of NAVTA; Director of Marketing for the Arkansas Veterinary Technician Association (AVTA); Clinical Lab Coordinator/Distance Learning Instructional Technologist, Purdue University College of Veterinary Medicine

**CH:** How did you get started in veterinary leadership?

**AS:** I became involved in 2016 after attending the veterinary technician track put on by the Arkansas Veterinary Technician Association (AVTA) at the Arkansas Veterinary Medical Association's (ArVMA) winter meeting. I knew that being a veterinary technician in multiple states meant I could bring a lot of knowledge to the table. In 2016 I became the director of marketing, and that role led me in 2018 to being the NAVTA District 8 Representative for Texas, Louisiana, and Arkansas.

As the director of marketing from 2016 to 2021, I designed a new website with an online membership application/renewal process and a digital payment system using debit or credit cards. The result was better cash flow and a major increase in non-dues revenue.

Two years ago, AVTA became the first veterinary technician association to partner with five veterinary state boards (New Mexico, Texas, Oklahoma, Louisiana, and Arkansas) to produce the Southwest Veterinary Symposium (SWVS). The SWVS is a continuing education event, with all profits returned to the partnering states. Since then, the Texas and Oklahoma VTAs have joined the effort.

**CH:** You were also involved in technician credentialing in Arkansas.

**AS:** I became involved because I wanted to have a voice in my profession. I wanted to create relationships with the state board so that when decisions were made, technicians had a seat at the table.

**CH:** You have a passion for mentoring. What does that look like for you?

**AS:** I have helped middle schoolers 3D-print a prosthetic limb for their STEM project, gone to high schools to speak about the veterinary profession on career days, and helped with a 4-H summer camp.

I have offered one-on-one mentoring and coaching for online students from different programs.

I also volunteer on various committees at the national and state

levels. Finally achieving an optimal work-life balance, I am able to speak and attend conferences to reach more of those in the field.

At Purdue University, I mentor on-campus and distance-learning students by always lending an ear. My office is always open to anyone. Being in an academic environment, I am able to share my experience and expertise with potential vet techs, to help them understand the “why’s” of the profession and how to navigate their careers.

**CH:** What would you say to technicians who want to do their part to advance the profession?

**AS:** Be involved! Be involved in your community, and at the state and national levels. Lend your expertise to organizations and associations. If you are not a member of your state or national association, most likely your voice is not being heard. Associations are there to amplify the veterinary technician and nurse voices and move our profession forward the way that we want. #Progression4ourProfession

Most importantly: Be kind! Be kind to your trainees, peers, coworkers, and DVMs. Especially now, as our profession is in a state of continued overload, burnout, and compassion fatigue. Kindness goes a long way. ✨



Constance Hardesty, MSc, is a writer and freelancer living in Colorado. She is a former editor-in-chief at AAHA.



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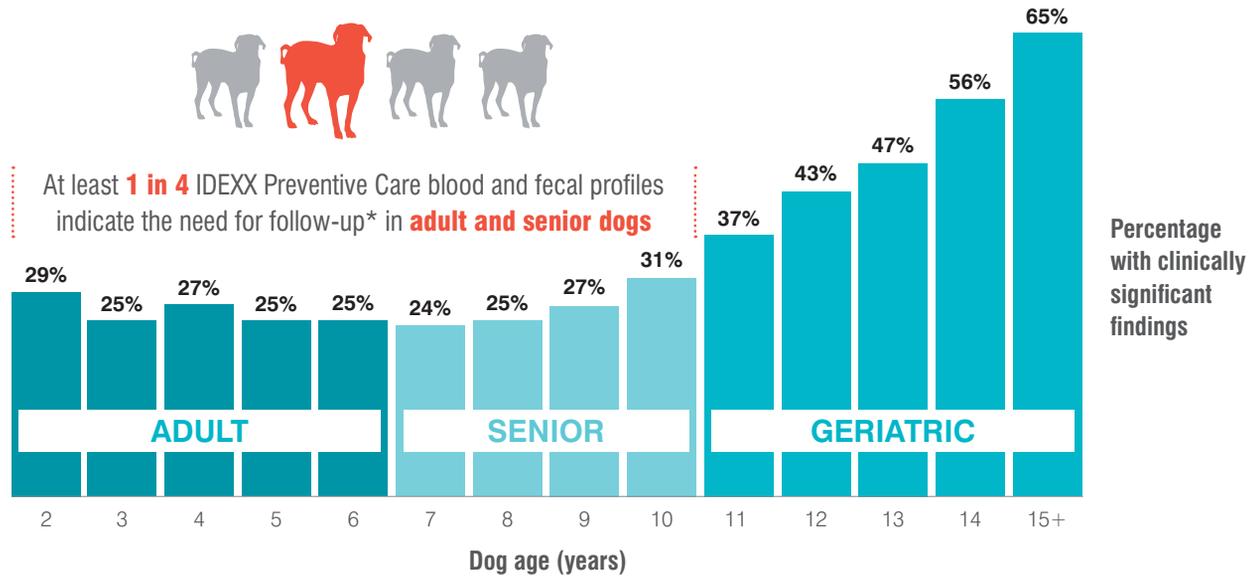
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**IDEXX**

# New evidence supports the value of preventive care profiles on all adult dogs

Preventive care profiles aren't just for senior and geriatric patients



## Dogs as young as 2 years of age had clinically significant findings based on results of preventive care bloodwork and fecal testing<sup>1</sup>

Of the nearly 30,000 canine profiles included in this analysis, there was little variation in the rate of clinically significant findings between adult dogs and senior dogs.

The study was based on an analysis of IDEXX Preventive Care profiles (including the following categories: Chem 22 including the IDEXX SDMA<sup>®</sup> Test, IDEXX CBC testing with reticulocyte parameters, the Lab 4Dx<sup>®</sup> Plus Test, and Fecal Dx<sup>®</sup> antigen testing) run as part of wellness visits. While the number of clinically significant findings for each of these testing categories varied by age, all categories were important for adult, senior, and geriatric dogs.

## These results are similar to a previous analysis that included cats as young as 2 years<sup>2</sup>

The previous analysis from more than a quarter of a million wellness visits that included a chemistry profile with an IDEXX SDMA<sup>®</sup> Test and a CBC, revealed significant findings required follow-up in:

- 1 in 7** adults (cats aged 2–8 years; dogs aged 3–6 years)
- 1 in 5** seniors (cats aged 9–13 years; dogs aged 7–10 years)
- 2 in 5** geriatrics (cats aged 14+ years; dogs aged 11+ years)

## Routine preventive care testing has distinct medical benefits

There is ample evidence to support routine preventive care visits that include diagnostic testing. Results of routine bloodwork and fecal testing help veterinarians detect diseases and conditions, leading to earlier interventions that help patients of all ages live healthy lives for as long as possible. Once a veterinarian has baseline values, she/he can monitor trends and, if necessary, create individualized treatment plans. If no abnormality is detected, veterinarians and staff can—and should—celebrate the good news with clients. By communicating the value of every test result, practices reinforce the importance of routine wellness checks and the central role that clients play in the health of their pet. It's a win-win!

Review preventive care data and case studies at [idexx.com/1in4](https://idexx.com/1in4)

\*Due to "clinically significant findings," which would indicate the need for follow-up, further consideration, or a change in action by the clinician. Clinical significance based on rules determined by an IDEXX veterinarian panel.

### References

1. Data based on analyses of **29,795** canine wellness profiles (Chem 22 including IDEXX SDMA<sup>®</sup> Test, IDEXX CBC testing with reticulocyte parameters, the Lab 4Dx<sup>®</sup> Plus Test, and Fecal Dx<sup>®</sup> antigen testing) associated with wellness visits; testing performed at IDEXX Reference Laboratories on July 13, 2016–February 28, 2019. Represented U.S. regions by proportion of included profiles: Northeast (32.0%), South (41.3%), Midwest (17.4%), West (7.6%), and region not reported (1.7%).

2. Data on file at IDEXX Laboratories, Inc. Westbrook, Maine USA.

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# Pain Management Case of the Month: Remy

## Multimodal Perioperative Pain Control in a Cocker Spaniel

by Rodrigo Rosa, MV



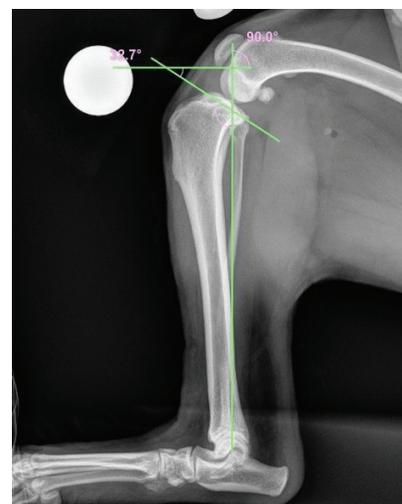
Remy feeling better after treatment.

### Signalment and History

A 9-year-old neutered male American cocker spaniel, “Remy,” presented with a 2-month history of left pelvic limb lameness. He was treated symptomatically by another veterinarian with carprofen (2 mg/kg, PO BID), which provided partial improvement of his clinical signs.

### Physical Examination and Diagnostics

Upon presentation, the patient was alert and nonoverweight (10.9 kg with a body condition score of 5/9). General physical exam findings were unremarkable. Leash-controlled gait evaluation revealed a grade 3/5 left pelvic limb lameness with slight internal rotation of the left pes. The patient received maropitant citrate (1 mg/kg SQ) and was sedated with dexmedetomidine (10 µg/kg IM) and butorphanol (0.4 mg/kg IM). Evaluation of the left stifle revealed a positive tibial compression test and palpable synovial effusion. The right stifle was considered normal. Radiographic findings included a steep tibial plateau angle (32.7°), cranial displacement



Preoperative radiograph showing the measurement of the tibial plateau angle.

of the infrapatellar fat pad, and mild muscle atrophy. Taken together, these findings led to a presumptive diagnosis of left cranial cruciate ligament rupture (CCLR). Preoperative blood work was performed and the results were unremarkable.

The pathogenesis of canine CCLR was discussed, including the benefits and drawbacks of static versus dynamic surgical techniques. The TPLO technique was chosen because of its versatility, high rate of success, and capacity to neutralize dynamic forces within the stifle. The client declined the option of pursuing a referral to a board-certified surgeon.

The implications of both acute and chronic pain caused by CCLR were thoroughly discussed. Gabapentin (15 mg/kg TID) was started for its potential to prevent hyperalgesia. Carprofen (2 mg/kg BID) was continued for anti-inflammatory support.

## Treatment and Outcome

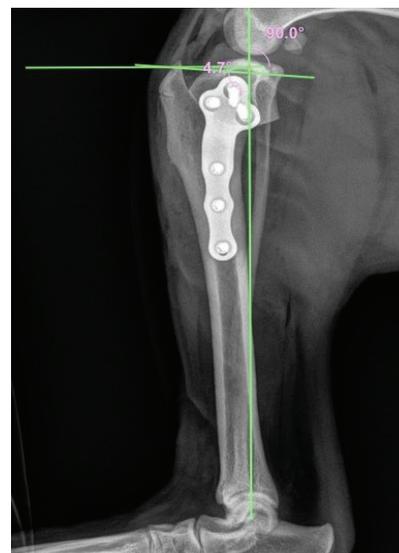
On the day of surgery, the dog was premedicated with maropitant citrate (1 mg/kg SQ) and dexmedetomidine (5 µg/kg IM). He had received omeprazole (1 mg/kg PO BID) for 48 hours, gabapentin (15 mg/kg), and trazodone (10 mg/kg) the same day and had fasted for 6 hours before the procedure. An IV catheter was applied and monitoring by ECG and pulse oximetry was initiated. General anesthesia was induced with midazolam (0.1 mg/kg IV), propofol (2 mg/kg IV), and fentanyl (1 µg/kg IV) after face-mask preoxygenation for 5 minutes. A sterile, lubricated endotracheal tube was applied and general anesthesia was maintained with isoflurane at 0.5 to 1%. Standard monitoring was maintained, including

ECG, capnography, pulse oximetry, and Doppler-BP. IV LRS solution was administered at 2.5 mL/kg/hour; this infusion was added to the CRI of anesthetics to reach a total volume of 5 mL/kg/hour. Loading doses of lidocaine (0.5 mg/kg IV) and ketamine (0.25 mg/kg IV) were administered. Fentanyl, lidocaine, and ketamine CRI (FLK-CRI) were administered at 2.4 µg/kg/hour, 1.5 mg/kg/hour, and 0.6 mg/kg/hour, respectively.

Cefazolin sodium was administered (22 mg/kg IV) and repeated every 90 minutes. A hot-air blanket system was used to minimize the potential for hypothermia. The TPLO procedure was performed according to a published technique. All incised tissues (except the synovium) were infiltrated with bupivacaine liposome injectable solution (5.3 mg/kg single local infiltration). Carprofen (2.2 mg/kg SQ) was administered and the wound was dressed in a sterile adhesive bandage. Postoperative radiographs were obtained and cold compression therapy was started immediately after surgery. The FLK-CRI rate was reduced by 50% and discontinued 2 hours later.

Pain level (Colorado State Acute Pain Score, CAPS) and vital parameters were monitored every 30 minutes. The patient was slightly restless after extubation but CAPS Score remained 0 to 1. The behavior was considered compatible with mild postanesthetic dysphoria. One dose of dexmedetomidine (2 µg/kg IV) was administered. After 20 minutes of unconsciousness, during which vital signs were continuously monitored, the patient awoke peacefully with a CAPS score of 0/4. He was able to stand and ambulate without assistance within 4 hours.

Twenty-four hours after surgery, the patient had a good appetite and continued to walk using the repaired limb. CAPS score remained 0/4. He was discharged with recommendations to continue carprofen and gabapentin. A postoperative rehabilitation plan was prescribed; the individual therapeutic modalities were demonstrated to the client.



Postoperative radiograph.

## Clinical Outcome

The preemptive use of trazodone and gabapentin minimized patient stress, and the microdose of dexmedetomidine allowed easy IV catheterization. Omeprazole and maropitant were used to prevent esophageal irritation and nausea, respectively. Administration of midazolam, fentanyl, and propofol facilitated smooth induction of anesthesia without any associated apnea. The FLK-CRI had a significant MAC-sparing effect on isoflurane, which was maintained at 1% or less during the procedure.

The patient exhibited mild dysphoria upon extubation without signs of pain

(CAPS score 0/4); this was most likely due to infiltration with bupivacaine liposome during wound closure. He was able to ambulate with partial use of the repaired limb within 4 hours after surgery. CAPS score remained 0/4 twenty-four hours later. Swelling at the surgical site remained minimal, most likely due to aggressive use of cold-compression therapy. Lameness was mild at 2 weeks (grade 2/5) and had resolved entirely by 8 weeks after the procedure; this may be due to the preemptive use of carprofen and gabapentin, and guided physical rehabilitation techniques during the recovery period.

## Conclusion

Chronic postsurgical pain (CPSP) has been reported in 41% of dogs undergoing TPLO. This highlights the need for a multimodal analgesic protocol. The preemptive use of trazodone and gabapentin offered a desirable calming effect in this anxious patient and may have contributed to the prevention of hyperalgesia. Maropitant controlled narcotic-induced nausea and allowed the patient to resume feeding within 4 hours. Dexmedetomidine facilitated the placement of an IV catheter and

acted synergistically with fentanyl to enhance analgesia. Midazolam decreased the dose of propofol required to allow endotracheal intubation. The FLK-CRI provided excellent intraoperative analgesia and decreased isoflurane MAC.

Fentanyl was chosen for its robust analgesic properties, rapid onset, and short duration activity. These properties provided the anesthetist with great analgesic flexibility while maintaining the capacity to make necessary adjustments to correct for potential respiratory and/or cardiovascular depression (neither observed in this case). IV lidocaine was chosen for its analgesic- and anesthetic-sparing properties. Ketamine was added to prevent hyperalgesia through its NMDA-receptor blocking effect. Bupivacaine liposome local infusion and cold-compression therapy provided dependable analgesia for 72 hours after surgery.

One potential deficiency associated with this case is the lack of preoperative locoregional anesthesia. Epidural blocks or femoral and sciatic ultrasound/nerve-locator-guided blocks with bupivacaine are now

used for all pelvic limb orthopedic procedures performed by this author.

The postsurgical rehabilitation protocol utilized in this case offered the owner a set of clear guidelines for basic at-home physiotherapy. The exercises prescribed were designed as a means to restore muscular strength and function as well as to maintain joint range of motion and proprioception.

The author recognizes that postoperative physiotherapy should ideally be substantially more comprehensive and regularly guided by a veterinary physiotherapist. Despite this limitation, the patient made an uneventful recovery, returning to the preinjury activity level 12 weeks after surgery. The client was very pleased with the outcome of the procedure and with the analgesic protocol prescribed. ✖

Rodrigo Rosa, MV, attended veterinary school at the Federal University of Parana (Brazil), followed by a rotating internship at the Ventura Medical and Surgical Group (Ventura, California). His primary interests include orthopedic, oncological, and minimally invasive surgery as well as pain management. He lives in New Hampshire with his wife and daughter.



## Comments from Mike Petty, DVM, CCRT, CVPP, DAAPM

Rodrigo demonstrated the necessity and the beauty of both monitoring surgery patients using a pain metric, in this case the Colorado Acute Pain Scale (<http://csu-cvmb.colostate.edu/Documents/anesthesia-pain-management-pain-score-canine.pdf>), and anticipating and adjusting pain treatments based on frequent evaluations of the patient.

One issue we often see postoperatively after opioid administration is behavior that can be interpreted as either pain or dysphoria. I frequently use a bolus dose of dexmedetomidine in these cases to treat both; in my mind one is physical pain and the other is emotional pain, so it always needs to be addressed. I usually start with a lower dose of dexmedetomidine than was used in this case: 5 µg/kg as an IV bolus.

Michael C. Petty, DVM, CCRT, CVPP, DAAPM, is in private practice in Canton, Michigan. He is a frequent national and international lecturer on topics related to pain management. Petty offers commentary on each Pain Case of the Month (and occasionally writes one himself). He was also a member of the task force for the 2015 AAHA/AAFP *Pain Management Guidelines for Dogs and Cats*.



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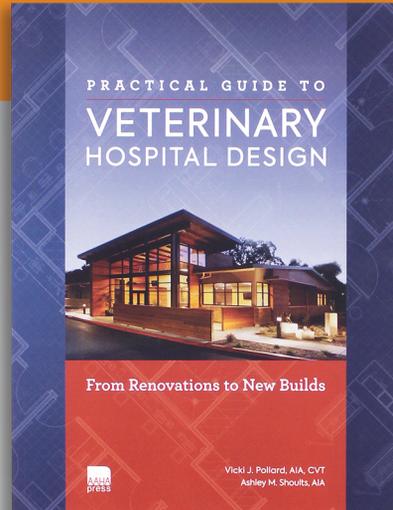


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\*Financial and Productivity Pulsepoints, 10th Edition, Lakewood, CO: AAHA Press

# Employee of the Month



**NAME:**  
**Stacey Balliet, CVT**

**PRACTICE NAME:**  
**Sunbury Animal Hospital  
Sunbury, Pennsylvania**

**OCCUPATION:**  
**Technician Supervisor**

**SPECIALTIES/CERTIFICATIONS:**  
**Certified Veterinary Technician**

**YEAR STARTED IN VET MEDICINE: 1988**

**YEARS WITH PRACTICE: 24**

*Thanks to Jennifer Lettich-Snyder, CVT, CCRP, for nominating this month's Employee of the Month!*

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## **Why Is Stacey So Awesome?**

I wanted to nominate an individual that deserves high recognition for her years in veterinary medicine, her ability to stand out as a mentor, and her dedication, leadership, and compassion. Stacey Balliet, CVT, was once my mentor. Without her pushing me out of my comfort zone and encouraging me to always be motivated and to keep learning, I would not be the technician I am today. I'm so privileged to work side by side with her, and I feel she deserves recognition from AAHA.

## **How Does She Go Above and Beyond?**

Stacey has given so much to the profession in and out of the practice setting. She volunteers to help with annual events and fundraisers that help earn money for stray animals. Stacey holds high standards and assists with veterinary technician students completing externship skills. This requires a certain skill set that includes patience, knowledge, and dependability.

## **In Her Own Words**

**Why do you love your job?** I love helping our pets/companions live a better life. Every day is a new adventure.

**Fur family:** Currently we only have one cat. Her name is Isabel, she is an 8-year-old DLH. She was adopted from Sunbury Animal Hospital as a bottle baby.

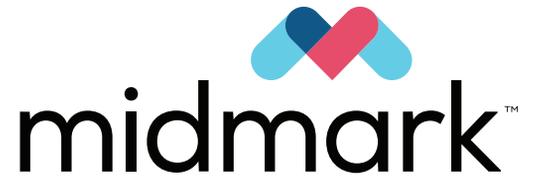
**What brought you to the profession?** I have always had a love of animals. I always had cats and dogs growing up. My entire family has a fondness for animals. I aspired to be a veterinarian, but toward the end of high school, I realized that goal was not going to happen for me. Fate would have it that my older cousin and neighbor (and fellow animal lover) went to school to be a vet tech, so the rest is history.

**Hobbies outside of work:** Baking, cooking, and occasional crafting.

**Favorite show:** The Good Doctor, Escape to the Chateau, Blue Bloods, House re-runs, and several of the home makeover shows. You would think that I would like any of the animal shows, but for starters, they add drama for effect, which annoys me. And mostly, I live it—why would I watch it for entertainment?

**Favorite tip or word of advice:** Go to school—the brick-and-mortar type. If you plan to work in private practice, the two-year programs are adequate. If you plan to work in academia or do research, then the four-year programs are beneficial.





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