AAHA® State of the Veterinary Profession

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Abstract
Several recent articles predict a grim outlook for the veterinary profession. And it’s true that the past two years have been a period of tremendous change and uncertainty for veterinary hospitals. But a comprehensive analysis of trends for the broader economy—specifically for veterinary hospitals—indicates that the economy is showing signs of recovery and that, on average, veterinary hospitals are doing better than the rest of the economy. Moreover, a subset of hospitals has demonstrated significant double-digit growth despite the state of the economy and other challenges. The intent of this report is to understand what this subset of hospitals is doing differently and, based on this, identify five key drivers of growth for veterinary hospitals. These findings are a follow up to the keynote State of the Industry presentation delivered at the March 2013 AAHA® conference.

Introduction
The demise of the veterinary profession has been described in a number of recent articles, such as the February 24, 2013, New York Times article “High Debt and Falling Demands Trap New Vets” by David Segal (see page 16). These “doom and gloom” assessments of the profession of veterinary medicine have become more frequent over the past several years, and there is no question that the profession of veterinary medicine has experienced an extended period of tremendous change and economic uncertainty. So what do you need to know and what can you do about it?

To begin, let’s look at these three questions:

First, what is the overall outlook for the U.S. economy, small businesses, consumers, and (what we all want to know) veterinary hospitals?

Second, why are some hospitals growing robustly despite the economy?

Last, what steps can hospitals take to drive growth over the next 12 months?
OVERALL OUTLOOK

To understand the overall outlook, we analyzed a constellation of trends for the U.S. economy, small businesses, and consumers, as well as specific trends for veterinary hospitals.

U.S. economy. Economic indicators over the past year indicate that the economy is slowly returning to prerecession numbers. Specifically, total economic output as measured by GDP is showing generally positive growth since Q3 2009, as demonstrated by the U-shaped curve in Figure 1. Similarly, Figure 2 shows that employment statistics are improving but have not yet returned to their prerecession levels. The dashed line indicates what economists refer to as the natural rate of unemployment, or the average unemployment rate that occurs even when the economy is healthy.

FIGURE 1: U.S. REAL GDP QUARTERLY CHANGE (%)

![U.S. Real GDP Quarterly Change](image)

FIGURE 2: U.S. MONTHLY UNEMPLOYMENT RATE (%)

![U.S. Monthly Unemployment Rate](image)
The consensus of economists is that this recovery will proceed slowly. Also, this recovery is slower than past economic recoveries, which speaks to the fact that this was a particularly challenging recession and that the steps to recovery require fundamental changes.

**Small businesses.** Small business owners remain cautious, as shown by Figure 3. This graph shows that the small business owner optimism index has been bouncing around 2008 levels, but it is still not stabilizing. Nevertheless, we’ve seen a strong resurgence in the stock market to 2007 levels, which shows that investors are returning to the market and have a more positive view of future returns. Again, the U-shaped curves in Figures 3 and 4 indicate that the recovery is underway.

**Figure 3: Small Business Owner Optimism Index (1986=100)**

![Figure 3: Small Business Owner Optimism Index](image)

**Figure 4: Monthly S&P 500 Index**

![Figure 4: Monthly S&P 500 Index](image)

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Consumers. The consumer data in Figure 5 shows that consumer confidence has, for the most part, recovered and has been hovering near 2008 levels. There is still uncertainty, but consumers appear to be feeling better about their personal economic outlook. Similarly, U.S. consumer spending has largely rebounded (Figure 6). In fact, consumer spending has outpaced consumer confidence metrics. Again, the graph shows the familiar U-shaped curve of recovery.

**Figure 5: Consumer Sentiment Index (Jan. 1, 2007 = 100)**

![Graph of Consumer Sentiment Index](image1)

**Figure 6: Personal Consumption Expenditures ($ Trillions)**

![Graph of Personal Consumption Expenditures](image2)
Veterinary hospitals. Now that we have a view of the broader economy, small business performance, and consumer spending, we turn to specific trends for U.S. veterinary hospitals.

Figure 7 shows year-over-year growth in patient visits. The growth rate dipped into negative territory in 2010, driven largely by a drop in feline visits. Since then visit growth has rebounded to 2008 levels.

**Figure 7: Year-over-year % Growth in U.S. Veterinary Patient Traffic**

Figure 8 shows year over year growth for veterinary hospital revenue. The dashed lines show the growth trends related to revenue from canine and feline hospital care. As with visit growth, revenue growth has rebounded nearly to 2008 levels. Overall, the average growth in hospital revenue from 2011 to 2012 was 5.6%. This analysis also shows that revenue growth remained positive throughout the recession, even as visits declined in 2010. This demonstrates that, on average, hospitals were able to drive positive revenue growth through price increases and by increasing the services provided during visits.

**Figure 8: Year-over-year % Growth in U.S. Veterinary Practice Revenue**
Comparing the U-shaped curves in Figure 1 and 3 to the curves in Figures 7 and 8, the overall picture for veterinary medicine appears better than that for the broader economy and small businesses. The depth of the drop for veterinary medicine was not as great, and the recovery has been more robust than that of the broader economy. Indeed, this data indicates that the veterinary profession has been more resilient to economic downturns than many other sectors. There are many well-documented reasons for this resiliency. For example, approximately two-thirds of pet owners consider their pets to be members of the family. \(^2\) One may conclude that pets play an even more vital role in times of uncertainty—as dependable and faithful companions.

**Understanding the Drivers of Growth in Veterinary Medicine**

Before analyzing hospital revenue growth more deeply, it is important to first understand why growth matters to a veterinary hospital. Within veterinary medicine, the question of whether a practice needs to grow—or just maintain—its business sometimes comes up. Some people may perceive a conflict of interest between growing hospital revenue and delivering high-quality medicine. In fact, these two objectives are not at all in conflict. Rather, as the most successful hospitals prove, they mutually reinforce each other. Growing revenue is a sign of creating value through the delivery of high quality patient care. And, when a practice grows revenue, it is able to invest in itself, which, in turn, leads to improved patient care.

**The Averages Don’t Matter!**

Figure 8 shows that the average growth in hospital revenue from 2011 to 2012 was 5.6%; however, this average does not begin to tell the whole story.

The graph in Figure 9 depicts the distribution of 2011 to 2012 revenue growth rates across more than 3,000 U.S. veterinary hospitals. The average growth rate of 5.6% falls in the center of this distribution. To the right of this point are practices that are growing well above the average. In fact, approximately 25% of hospitals drove revenue growth that was above 10%, despite the economic downturn and other challenges facing our profession. These are hospitals that took growth into their own hands, and we defined them as the “Growers.” To the left of the average are hospitals that actually showed below average growth or even a decline in year-over-year revenue. These are the “Decliners.”

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This begs the next question—what is it that differentiates the “Growers” from the “Decliners”?

Before reviewing the answer to this question, it is important to rule out several common misconceptions.

**Location does not determine if a practice can grow**

As shown in Figure 10, the geographic location of the practice does not determine whether or not it grew.

In general, some geographic regions grew more than others, but there are Growers and Decliners in every region across the nation.

**Figure 10: Locations of Strong Growers and Major Decliners**
Hospital size does not determine if a practice can grow

Similarly, hospital size does not determine whether or not a hospital can grow.

Mathematically speaking, smaller practices appear to have a growth advantage because they are growing from a smaller base number; however, the shape of these distributions is the same for small, medium, and large practices (see Figure 11). In fact, both Growers and Decliners exist in each of these three groups.

Large practices have to do things at scale. For example, more staff members must be trained to maintain a consistently high-quality experience at client check-in. They must also strive for continuous improvement to sustain their growth. On the plus side, they have more resources and experience to draw from.

Figure 11: Number of Practices by Growth Segment (based on year-over-year practice revenue growth; 2012 vs. 2011)

So, what does determine whether or not your hospital grows?

Our analysis of Growers and Decliners points to five major factors that are critical for driving growth.

1. Focusing on your clients—“Client Centricity”

The first key to growth is strengthening client relationships (see Figure 12).

We did in-depth surveys and interviews with the Growers and Decliners to understand what it is that the Growers are doing differently. During this process, we asked the question, “What is it that you believe is most important for determining whether or not your hospital grows?”
Interestingly, for the Growers, the top items all have to do with the way they engage their clients: their reputation, word of mouth referrals, and client communications.

By contrast, the Decliners had a very different response to this question. Their top answers focused on the breadth of their medical services and whether or not the economy was doing well. While the Decliners believed that their growth is dependent on the economy, the Growers believed their growth is independent of the economy.

It turns out that as we dig into this data, the single most important factor differentiating the Growers from the Decliners is the focus on client relationship. We refer to this as “Client Centricity.” At the end of the day, it is the client who has to bring the pet in, and it is the client who has to pay the bill, and it is the client who has to comply with the recommendations.

You may look at the top answer for the Decliners and ask, “Does this data imply that having a full array of medical services is not important for growth?” And the answer is, of course not. The Growers understand that having a full array of services is necessary, but not sufficient, for driving growth. What’s more important for growth is the ability of the veterinary team to communicate the value of the services in language that the client understands.

So, Client Centricity is the first—and very important—key to growth. Overall, we find that practices that focus on engaging clients are more than twice as likely to be Growers than Decliners.

(2) Driving preventive care—“Forward Booking” example

The second key to growth is driving regular preventive care visits to the hospital.

There are many strategies for doing this, including using reminders, sharing educational content before a visit, and providing clear evidence of the value of preventive care to clients by sending post visit report cards and diagnostic results.

Another strategy is the concept of “forward booking.” Our counterparts in the dental profession have turned this into a science. As we all know, it is nearly impossible to leave the dentist’s office without scheduling that next six month preventive care appointment.
Comparing the data in Figure 13, we see that in dentistry, 80% of clients are forward booked for their preventive care visits. By contrast, in veterinary medicine, only about 5% or fewer of clients are forward booked.

**Figure 13: Average % of Clients for Whom Next Appointment is Forward Booked**

If we were able to collectively move the 5% up to just 10%, it would translate into roughly $350 million in additional preventive care revenue for the profession as a whole. See *Methods and Additional Data—Forward Booking Analysis Assumptions (Figure 13)* for more detail.

When forward booking is combined with an effective automated client communications strategy that includes reminders and confirmations, this number becomes $450 million.

In addition, we know that having patients coming in for regular preventive care visits drives engagement, which results in additional visits for things like dental cleanings. We believe these other visits can drive twice as much revenue as the preventive care visits alone, this number becomes close to one billion dollars.

One billion is a huge number! That equates to $40,000 in additional revenue—3% growth—for the average hospital. And that’s from simply increasing forward booking from 5% to 10% and using automated client communications. Why can’t we do even better than that?
(3) LEVERAGING TECHNOLOGY TO EMBED THESE PRACTICES

The third key to growth is leveraging technology in your practice to embed the practices identified in numbers 1 and 2, namely focusing on Client Centricity and driving preventative care.

Technology is evolving at an extremely rapid pace. Take our phones for example. How many of us use our phones to surf the Internet? Check email? Take pictures? Play games? Make purchases? Phones used to be used for making phone calls, but now we use them to do many tasks. And it’s much more convenient to have everything in one place.

Similarly, we at AAHA see the value in having an integrated client and practice management system that integrates activities around building stronger client relationships directly into the practice management system.

Another good example of integration is charge capture. Most practices believe that they are capturing 100% of their diagnostics charges on the client invoice; however, many hundreds of audits have demonstrated time after time that without integration the average hospital is missing 17% of its diagnostics charges (see Figure 14).

**Figure 14: Percentage of U.S. Lab Tests Never Billed to Clients**

![Diagram showing percentage of U.S. Lab Tests Never Billed to Clients]

This is money left on the table. If 17% could be reduced to 10%, it would represent $450 million in increased revenue for our profession. See Methods and Additional Data—Charge Capture Analysis Assumptions (Figure 14) for more details.

(4) SETTING GOALS AND MEASURING YOUR BUSINESS

The fourth key to growth is to set goals and measure progress. There is a well-proven business mantra that “you can’t manage what you don’t measure.”

This certainly applies to veterinary hospitals. Remember those Growers and Decliners? Well, when we asked the Growers about growth in their year-over-year
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revenue, 100% percent correctly answered that their year-over-year revenue was staying the same or growing.

When Decliners were asked the same question, 89% percent incorrectly stated that their year-over-year revenue was staying the same or growing. Eighty-nine percent!

Clearly the Growers are doing a better job of measuring their growth, and as a result are better able to take action within their teams to impact the measurement. At AAHA, we are working on tools to help member hospitals track their growth and other metrics, as well as to do comparisons to peer hospitals in the same region.

(5) Communicating the Value of Higher Standards

Finally, the fifth key to growth is communicating the value of high standards. The most important thing is to make sure clients understand and appreciate your commitment to the highest standards of care. Clients want the best for their pets.

An important part of being an AAHA member is the commitment to high standards across all aspects of your hospital. As you can see in Figure 15, AAHA hospitals outperform the averages in terms of revenue per visit, total revenue, and increase in revenue over the 2008 to 2012 period.

**Figure 15: Communicating the Value of Higher Standards**

<table>
<thead>
<tr>
<th></th>
<th>Non-AAHA Practices</th>
<th>AAHA Member Practices</th>
<th>AAHA-Accredited Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012 average</td>
<td>$98</td>
<td>$111</td>
<td>$114</td>
</tr>
<tr>
<td>revenue per visit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012 average</td>
<td>$1.2M</td>
<td>$1.8M</td>
<td>$2.0M</td>
</tr>
<tr>
<td>hospital revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008-12 average</td>
<td>+$134k</td>
<td>+$152k</td>
<td>+$158k</td>
</tr>
<tr>
<td>increase in</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>hospital revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Summary**

While we are not exempt from challenges, the overall state of our industry and profession is strong. As the U.S. economy recovers, veterinary practices are recovering even faster. Hospitals can take growth into their own hands, and it is the growth driven by individual hospitals that enables our overall profession and industry to grow. Hospitals can take these five steps to accelerate growth, regardless of the economy and other external factors:

1. Focus on clients.
2. Drive regular preventive care visits.
3. Leverage technology to help embed these practices.
4. Set goals and measure your business.
5. Communicate the value of your higher standards.

**Methods and Additional Data**

**Data Sources**

Data on U.S. economic trends come from standard sources:

<table>
<thead>
<tr>
<th>Figure</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1: U.S. Real GDP Quarterly Change</td>
<td>U.S. Department of Commerce, Bureau of Economic Analysis (2006-Q1 2013).</td>
</tr>
<tr>
<td>Figure 2: U.S. Monthly Unemployment Rate</td>
<td>Civilian Unemployment Rate, U.S. Department of Labor, Bureau of Labor Statistics (2006-August 2013).</td>
</tr>
<tr>
<td>Figure 3: Small Business Owner Optimism Index</td>
<td>NFIB Small Business Economic Trends, February 2013, ©NFIB Research Foundation, ISBS #0940791-24-2 (January 2007-August 2013).</td>
</tr>
<tr>
<td>Figure 4: Quarterly S&amp;P 500 Index</td>
<td>S&amp;P 500 Stock Price Index (SP500), Daily, Not Seasonally Adjusted (January 2006-August 2013).</td>
</tr>
<tr>
<td>Figure 5: Consumer Sentiment Index</td>
<td>Thomson Reuters/University of Michigan: Consumer Sentiment (UMCSER), Index Jan. 1, 2007 = 100, Monthly, Not Seasonally Adjusted (January 2007-March 2013).</td>
</tr>
<tr>
<td>Figure 6: Personal Consumption Expenditures</td>
<td>U.S. Department of Commerce, Bureau of Economic Analysis (January 2007-July 2013).</td>
</tr>
</tbody>
</table>

The data on hospital growth (Figures 7-11) come from aggregated, fully de-identified practice management system data gathered with permission by IDEXX Practice Intelligence. The total sample used for analysis is 3,425 hospitals distributed across practice management systems, hospital sizes, and U.S. regions. Specific sample sizes vary by analysis, as described below. The data on Growers and Decliners in Figure 12 are based on a blinded survey of 107 hospitals conducted by a third-party market research firm.

**Definition of Natural Rate of Unemployment (Figure 2)**

The natural rate of unemployment is the unemployment rate that occurs in a healthy economy at equilibrium, when the quantity of labor demanded equals the quantity supplied. Even in a healthy economy, workers are coming and going, looking for better jobs, and often are unemployed until they find something better. In this
equilibrium state, an increase in demand for labor would most likely trigger an increase in average wages, rather than decreasing unemployment.

**Visit Growth and Revenue Growth Trending (Figures 7 and 8)**

Number of hospitals in the sample varied by year as follows: \( n = 644 \) for 2007 through 2011, and \( n = 3,425 \) for the comparison of 2012 versus 2011. The samples in each year were normalized to be representative of the U.S. market based on the distribution of hospital sizes across small, medium and large practices. The average year-over-year growth percentages are shown in the table below:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Canine Visits</td>
<td>3.8%</td>
<td>2.6%</td>
<td>0.0%</td>
<td>1.1%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Canine Revenue</td>
<td>8.5%</td>
<td>3.9%</td>
<td>2.3%</td>
<td>4.5%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Feline Visits</td>
<td>0.5%</td>
<td>-1.4%</td>
<td>-1.5%</td>
<td>-1.1%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Feline Revenue</td>
<td>4.7%</td>
<td>0.6%</td>
<td>1.6%</td>
<td>1.7%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Total Visits</td>
<td>2.3%</td>
<td>1.2%</td>
<td>-0.6%</td>
<td>0.4%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>7.0%</td>
<td>2.7%</td>
<td>2.7%</td>
<td>3.9%</td>
<td>5.6%</td>
</tr>
</tbody>
</table>

**Percentage of U.S. Practices by Growth Segment (Figure 9)**

The percentage of U.S. practices by growth segment is shown in the table below:

<table>
<thead>
<tr>
<th>Growth segment</th>
<th>&lt;10%</th>
<th>-10% to -5%</th>
<th>-5% to 0%</th>
<th>0% to 5%</th>
<th>5% to 10%</th>
<th>10% to 15%</th>
<th>15% to 20%</th>
<th>&gt;20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of hospitals</td>
<td>3%</td>
<td>5%</td>
<td>15%</td>
<td>27%</td>
<td>26%</td>
<td>11%</td>
<td>5%</td>
<td>8%</td>
</tr>
</tbody>
</table>

**Forward Booking Analysis Assumptions (Figure 13)**

Benchmarks for the dental industry come from discussions with dental practice management consultants. Assumptions for this “back-of-the-envelope” analysis:

<table>
<thead>
<tr>
<th>Assumption</th>
<th>Value</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Number of hospitals in the U.S.</td>
<td>25,500</td>
<td>AVMA total non-food veterinarians (U.S. 12/2012) divided by the average number of veterinarians per practice; IDEXX internal data sources.</td>
</tr>
<tr>
<td>2. Average revenue per hospital</td>
<td>$1.3 million</td>
<td>De-identified practice management system data</td>
</tr>
<tr>
<td>3. Average percentage of total hospital revenue that comes from preventative care visits and services</td>
<td>33.3%</td>
<td>De-identified practice management system data</td>
</tr>
<tr>
<td>4. Client compliance with forward booking</td>
<td>60%</td>
<td>Discussions with dental practice management consultants</td>
</tr>
<tr>
<td>5. Client compliance with forward booking when combined with effective client communications</td>
<td>80%</td>
<td>Discussions with dental practice management consultants</td>
</tr>
<tr>
<td>6. Total revenue potential relative to preventative care revenue, including other visits and services generated by having regular contact with the pet and pet owner</td>
<td>2–3 times</td>
<td>Discussions with veterinary practice management consultants</td>
</tr>
</tbody>
</table>
Multiplying 0.05 and the first four assumptions yields an estimate for the additional preventative care revenue available if 5% more veterinary hospitals adopted forward booking (approximately $350 million). Multiplying 0.05, the first three assumptions, and the fifth assumption yields an estimate for the additional preventative care revenue available if 5% more veterinary hospitals adopted forward booking and an effective client communications strategy that includes reminders and confirmations (approximately $450 million). Finally, multiplying $450 million by the sixth assumption yields a rough estimate for the total additional revenue available to the profession from forward booking and an effective client communications strategy (approximately $1 billion).

**Charge Capture Analysis Assumptions (Figure 14)**

Assumptions for this analysis:

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</tr>
<tr>
<td>2. Average revenue per hospital</td>
<td>$1.3 million</td>
<td>De-identified practice management system data</td>
</tr>
<tr>
<td>3. Average percentage of total practice revenue attributable to lab testing</td>
<td>16.7%</td>
<td>Discussions with veterinary practice management consultants</td>
</tr>
<tr>
<td>4. Estimated percentage of lab tests billed to a client (i.e., lab test charges that are not “lost”)</td>
<td>83%</td>
<td>Discussions with veterinary practice management consultants</td>
</tr>
</tbody>
</table>

Multiplying the first three assumptions implies that total U.S. practice revenue from lab testing is $5.5 billion. Dividing this $5.5 billion by 83% yields $6.6 billion, a potential revenue figure for lab testing if all charges for lab testing resulted in revenue. Subtracting actual revenue ($5.5 billion) from this potential revenue ($6.6 billion) results in $1.1 billion—the “lost” revenue from missed charges today. If the percentage of lab tests not billed to clients were reduced from 17% to 10%, the net additional revenue available to the profession would be approximately $450 million.
Oversupply of Veterinarians or Undersupply of Demand?

In February of this year, the New York Times published a heavily cited article describing an oversupply of veterinarians. This was followed up with a thought provoking analysis of the veterinary workforce by the American Veterinary Medical Association (AVMA), which showed that supply is indeed outstripping demand in veterinary medicine. How do the AVMA findings square with the current report, which claims that veterinarians have meaningful room for growth?

The answer to this apparent paradox is that successful, high-growth veterinary hospitals “manufacture demand” by, among other things, building strong bonds with their clients and clearly communicating the value of their services. These hospitals keep clients coming back and generate the kind of word-of-mouth advertising that attracts new clients. While some of this growth may be coming at the expense of nearby hospitals that are less focused on their clients, it is also likely coming from pet owners who may otherwise not have committed to regular visits to the veterinarian.

It is estimated that one out of four pet owners do not make annual visits to the veterinarian. This issue is widely understood to be most challenging for cats, where roughly half of U.S. cats have not seen a veterinarian within the past year for a regular preventative care visit. If even 10–20% of these underserved pets and pet owners were to make regular visits to a veterinarian, would the oversupply issue be as serious?

Answering “no” to this question does not ignore the very real challenges facing current veterinarians and veterinary students who aspire to enter the profession. However, our analysis shows that current and future veterinarians who focus on their clients do grow, and by growing they are able to both build a successful practice and make a meaningful difference in the lives of pets and pet owners. Indeed, the AVMA workforce study points out that “excess capacity could potentially be reduced or eliminated if veterinarians were able to increase demand for veterinary services.”

Together, AVMA, AAHA, IDEXX Laboratories, Inc. and other lead members of the Partners for Healthy pets initiative are committed to providing veterinary professionals the tools they need to drive regular preventative care visits in their practices. For more information, visit partnersforhealthypets.org.

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QUESTIONS AND INQUIRIES

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