Constipation in cats

TORONTO, ON – Cats with constipation, defined as infrequent and difficult evacuation of feces with retention of feces within the colon and rectum, are typically middle-aged and male, although any cat can be affected. Many cats have one or two episodes of constipation without any further problems, explained Susan Little, DVM, DABVP (Feline), speaking at the Ontario Association of Veterinary Technicians Conference. Chronic constipation and obstipation (intractable constipation), however, may result in megacolon, in which a dilated large bowel is poorly responsive to therapy. Cats with idiopathic megacolon may have generalized dysfunction of colonic smooth muscle.

Causes of constipation

Some of the more common underlying causes of constipation include drugs, especially opiates, anticholinergics, and sucralfate. Behavioural stressors, such as changes in the home or routine and/or litter box aversion can also play a role. Some affected cats will have difficulty defecating due to pain in the rectal or perineal area, and some may have orthopedic problems, e.g., arthritis, or neurologic problems. Excess fecal bulk, factors affecting the colon such as a mass, or an obstruction due to narrowed pelvic canal can also be the cause, said

The globalization of animal welfare

SASKATOON, SK – Animal welfare has ‘gone global’, particularly since 2000, and it now involves many countries, corporations, and international agencies. This is mainly because attention to animal welfare, supported by relevant research, has provided new ways to improve the housing, handling, and management of animals. As well, many countries have experienced increasing social concern for animals and a demand for assurances of good animal welfare, explained Dr. David Fraser, speaking at the 3rd International Symposium on Beef Cattle Welfare.

How do beef cattle producers see animal welfare?

Dr. Fraser and colleagues recently conducted a study using in-depth interviews to accurately capture the view of cattle producers and help bring their voices into a discussion that is too often dominated by the

Animal welfare continues on page 5

Does a pet wellness program make sense for your practice?

Over the past five years, many chronic conditions in pets have continued to increase, some at an alarming rate. According to the Banfield™ Pet Hospital State of Pet Health 2012 Report, the percentage of overweight and obese dogs has increased by 37%, and by 90% for cats, since 2007. It is now well understood that excess weight puts pets at risk for serious diseases such as arthritis, diabetes mellitus, heart disease, and hypothyroidism.

As outlined in the Report, which examined diseases from 2006-2011, diabetes mellitus increased by 32% in dogs and 16% in cats; dental disease – the most common condition affecting dogs and cats – increased by 12% in dogs and 10% in cats; and otitis externa – the second most common condition affecting dogs and cats – increased by 9% in dogs and 34% in cats.

Not surprisingly, owners are being faced with some major healthcare decisions regarding their pets. Due to an uncertain economic climate and increased cost

Pet wellness program continues on page 8
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Caught in the middle: the ongoing debate on animal legal ownership

A decision of the Provincial Court of British Columbia recently released represents one of the few Canadian cases dealing with the nature of pet ownership. As most veterinary practitioners are aware, the notion of “ownership” is critically important in various veterinary contexts: for instance, informed consent to treatment must be received from the “owner”; establishing an appropriate veterinary/client/patient relationship depends on identifying the client as the “owner”; responsibility for payment of client accounts typically falls upon the “owner”. As such, a review of the case proves helpful in assisting the veterinary community with this legal concept.

The decision of the court in Kitchen v. MacDonald on January 13, 2012 was based upon a claim brought by Mr. Kitchen against Ms. MacDonald for a declaration of ownership of a Border collie named “Laddie” that had been in the possession of Ms. MacDonald. The claim also sought a court order specifying times for possession of the dog having regard to the separation of the relationship, which had previously existed between the parties. After determining that the court had no jurisdiction to make any declaration of a trust ownership relationship, the presiding judge did confirm that the court had jurisdiction to declare the “ownership” of the dog and that, if joint ownership were found to exist, then to make an order for the payment of the costs associated with the care and maintenance of the dog.

The court specifically decided that it did not have the authority to make an “access” order relating to Laddie; rather, it relied on the 2004 decision of the Ontario Superior Court in Warnica v. Gerling wherein the presiding justice commented as follows:

“Whether in the Family Court or otherwise, I do not believe that any court should be in the business of making custody orders for pets, disguised or otherwise. … Obviously, I acknowledge that pets are of great importance to human beings. Strong bonds develop between them and the human beings that look after them. To some people, the relationship with their pets takes on a significance exceeding that of any other. They go to extraordinary lengths to preserve their relationship; even at a cost that some would say is disproportionate. Some may consider them to be children; however, they are not children.”

In reviewing the case in the Kitchen case, the judge determined that Laddie had been acquired after the cohabiting relationship between the parties had ended. Ms. MacDonald conceded that while Mr. Kitchen would visit with her often, she denied that Mr. Kitchen ever moved out of his parents’ home to take up living with Ms. MacDonald – the court found that they were not living in a “marriage-like” relationship. In truth, the only issue was whether or not they ever had joint ownership of the dog and, if so, to make an order to have one party pay out the other party for that party’s interest in the dog (interestingly, the court never had to decide on how the dog would be valued).

In reviewing the facts of the case, the court noted the following:
1. The dog had been apparently gifted to Ms. MacDonald by her father for companionship and safety;
2. Ms. MacDonald took the dog to all of the veterinary appointments and paid the veterinary bills;
3. Ms. MacDonald paid for licencing the dog with the City of Kamloops;
4. While admitting that the dog spent time with Mr. Kitchen, she corrected him when he posted photos on Facebook of “his dog”;
5. Mr. Kitchen would sometimes have the dog in his possession for up to a couple of nights’ duration but would return the dog to Ms. MacDonald;
6. While Mr. Kitchen did pay for some dog food, he did not otherwise contribute to the dog’s care; and,
7. Mr. Kitchen believed he had an interest in the dog because Ms. MacDonald referred to him as being Laddie’s “daddy” and there was a note, apparently written after the relationship ended, purporting to be from Laddie expressing the dog’s disappointment that the dog could not make them a “family”, along with gifts and cards from Mr. Kitchen noting him as the dog’s “daddy”.

The judge directed that the mere fact that Ms. MacDonald bore most of the costs associated with the dog’s ownership was not determinative of “ownership”: however, on balance and considering the other evidence, the court determined and declared that Ms. MacDonald was the owner of the dog and that Mr. Kitchen’s interest was merely a sentimental one which did not bestow any right of possession of the dog to him.

While the case may be of limited precedential value, it does underscore the notion that animal ownership is not a simple matter; rather, the veterinary community needs to look carefully at all aspects of the relationship between animals and their custodians to ensure ownership. New client forms should indicate a clear acknowledgment of who is the actual owner of the animal and the names of parties that have authority to provide consent to treatment. Veterinarians have been caught in the middle of matrimonial disputes making continued care of the animal awkward; in those cases, unless the matter is life-threatening, the veterinarian should merely hold matters in abeyance until some clear evidence of ownership is presented.

Mr. Jack is Counsel at the law firm of Borden Ladner Gervais, LLP (“BLG”) with a mandate to serve the needs of the veterinary community and enhance it on a national basis. BLG is the largest law firm in Canada with offices strategically located in Vancouver, Calgary, Toronto, Ottawa, Montreal, and Waterloo Region. Mr. Jack chairs a focus group relating to veterinary legal matters within the firm’s Healthcare Group – BLG represents the first and only national legal firm that recognizes the veterinary profession in that way. He can be reached by email at dcjack@blg.com or by telephone at 1-800-563-2595.
Animal welfare continued from page 1

media and the media-savvy. The study involved 101 participants, 23 of whom were beef cattle producers. It was also hoped that the study would bring out areas of agreement between producers and the public as a basis for developing policies and practices that would be supported by both groups.

The issues discussed fall into three broad groups: the affective states of animals, basic health and functioning of animals, and animals’ ability to lead a reasonably natural life. Dr. Fraser explained that much of the conflict about animal welfare occurs because different groups disagree about the relative importance of the three. For example, critics of animal production tend to place strong emphasis on naturalness. Such people assume that if hens are kept on pasture instead of in cages, that this natural-looking system will automatically lead to happy, healthy birds. On the other hand, the pig industry has an overwhelming emphasis on health and functioning, so that sows producing large litters are seen as evidence of good welfare even if the sows are kept in small and confining stalls.

Dr. Fraser said that the great news for the beef sector is that producers have a very balanced view of animal welfare that fits well with broad public views. Producers believe that animals should be able to lead fairly natural lives; affective states like comfort and contentment are important, and protecting the health of the animals is central to animal welfare.

The producers also identified many specific animal welfare issues related to facilities, nutrition, health, and handling. Naturally, they saw contented, healthy animals living in a natural manner as good for income.

The study revealed conflicting views on several practices: age of castration and dehorning, use of auctions, winter calving, amount of grain-feeding, and the level of care during calving time. Issues such as branding and castration, although commonly seen as animal welfare issues by the public, were seen by the producers as regrettable but necessary until alternative methods are available.

The list of “avoidable stressors” that they agreed upon included:
- Poor handling facilities such as slippery floors
- Over-stocking of pens in feedlots
- Over-use of electric prods
- Not providing shelter such as windbreaks in harsh weather
- Not maintaining good herd health
- Inadequate nutrition
- Insufficient fresh water in summer
- Rough handling (“cowboying”)
- Allowing unskilled people to castrate etc.
- Off-loading during transport which is required under Canadian law for long trips
- Hobby farmers: people without the skill and commitment of full-time producers
- “Wrecks”, by which the producers meant a breakdown of animal care, usually because of mental health or other problems.

These “avoidable stressors” reinforce the producers’ view that all three elements of animal welfare are important.

What needs to be done?
Dr. Fraser stressed that there is an obvious role for science. For example, in a century when electronics are so pervasive in everyday life, it will be increasingly hard to maintain that hot-iron branding is a contemporary
technology for animal identification. He added that there are many other cases where science is needed to provide better alternatives.

There is also a need for collective action. For example, out of the hundreds of thousands of cattle producers, it is likely the case that several farmers are suffering at any given time from major depression or mental deterioration that could lead to a breakdown in animal care. He said that we can think of these as individual problems, but they also reflect on the whole sector and need collective action to help fellow producers and at the same time preserve public trust. And of course, he added, there are many other ways that collective action can improve animal welfare.

Constipation in cats continued from page 1

Dr. Little. Finally, dehydration and idiopathic megacolon can be causes of constipation in the cat.

The clinical signs of constipation are typically obvious to the owner, such as tenesmus, and scant hard feces, sometimes with blood or mucus. Because cats will also strain in the litter box due to lower urinary tract obstruction, owners may confuse the two conditions. Occasionally, constipated cats will have intermittent diarrhea as the colon is irritated due to hard dry fecal matter. Non-specific clinical signs include vomiting, inappetence, and lethargy.

Physical examination

The colon often palpates as a long firm tube but feces may also be palpated as discrete concretions; a careful examination should be made for underlying causes. A rectal exam should be performed, under sedation if necessary, for masses, pelvic fracture malunion, and anal gland abnormalities. A minimum database should be assessed, especially to determine hydration and electrolyte status and to identify underlying problems such as chronic renal disease. Survey abdominal radiographs are useful to confirm the diagnosis and assess severity as well as to evaluate for potential underlying causes, such as previous pelvic trauma and arthritis. In some cases, further diagnostics such as a barium enema or colonoscopy may be warranted.

Management of feline constipation

The first step is to hydrate the patient with intravenous fluid therapy and then remove the obstructing feces. One or two doses of a 5 mL microenema containing sodium lauryl sulfocacetate (MicroLax) will usually produce results within 20-30 minutes in mildly affected cats, and is easy to administer. Dr. Little added that obstipated cats require warm water or isotonic saline enemas (5-10 mL/kg); and mineral oil (5-10 mL/cat) or docusate (5-10 mL/cat) can be safely added (but do not administer mineral oil and docusate together). Lactulose solution can also be administered as an enema (5-10 mL/kg); and mineral oil (5-10 mL/cat) or docusate (5-10 mL/cat) can be safely added (but do not administer mineral oil and docusate together). Lactulose solution can also be administered as an enema (5-10 mL/kg). She cautioned that sodium phosphate-containing enemas must not be used as they can induce life-threatening hypernatremia, hyperphosphatemia, and hypocalcemia in cats. In severe cases, manual manipulation of the feces via abdominal palpation or per rectum under general anesthesia with endotracheal intubation (in case of vomiting) is also required. In these cases, opioids should be administered for pain relief. An alternative is to trickle feed an oral polyethylene glycol (PEG 3350) solution such as GoLytely or Colyte via nasoesophageal tube (6-10 mL/kg/hour), which usually results in defecation in 6-12 hours in even the most severely constipated cats.

In addition to management of any underlying conditions, long-term medical treatment may involve probiotic agents, laxatives, or dietary therapy. Cisapride stimulates contraction of feline colonic smooth muscle, but must be given two to three times daily, and may not be safe for all owners to handle. Hyperosmotic laxatives include lactulose and PEG 3350; they stimulate colonic fluid secretion and propulsive motility. Both are available as powders lactulose (Kristolose), PEG 3350 (MiraLAX or RestoraLAX) that can be mixed into canned foods.

Dr. Little stressed the importance of providing adequate water intake by various methods, including feeding canned diets and providing water bowls that the cat likes to use. Other methods for increasing water intake include:

- Mixing water with dry diets 1:1
- Flavouring water with frozen cubes of meat or fish broth
- Trying distilled or filtered water, especially if the tap water supply is heavy in minerals or chlorine
- Ensuring water is fresh every day, and providing multiple water bowls
- Ensuring the water bowls are kept clean
- Keeping food and water bowls away from the litter box
- Feeding multiple smaller meals instead of one or two larger meals
- Providing a moving source of water such as a pet water fountain

Added dietary fibre increases the production of short chain fatty acids, which stimulate feline colonic smooth muscle contraction. Dr. Little noted that dietary fibre is also a bulk laxative and will increase fecal bulk, which will not be beneficial for all patients. She said that feeding a low residue canned diet is often recommended for some patients to reduce fecal bulk and to ensure adequate water intake and hydration. Psyllium powder can be mixed with canned food; a certain amount of trial and error is necessary to determine the best diet type for an individual patient.

Recently, a moderate fibre, psyllium-enriched dry extruded diet was introduced for management of gastrointestinal conditions in cats (Royal Canin Gastro Intestinal Fiber Response). Published studies by the manufacturer and the experience of veterinarians indicate the diet is effective in more than 80% of patients. Many cats can be maintained on this diet alone.

Litter box modification may be helpful for cats with constipation secondary to the pain and decreased mobility associated with arthritis. A winter boot tray or an under-the-bed type of storage box with low sides is a better alternative to make access easier. The litter box should also be in an accessible but private area, avoiding the need to navigate stairs if possible.

Finally, subtotal colectomy should be considered for cats refractory to medical and dietary therapy.
A unique blend of fibre to improve bowel health
of veterinary care, combined with greater options for referral specialty care, veterinarians are becoming more aware of pet insurance and how it can help client compliance. Dr. Jeffrey Klausner, Chief Medical Officer of the Banfield Pet Hospital, says early disease diagnosis involves a partnership between pet owners and their veterinarian to identify changes in a pet’s overall health and/or behaviour. Pets, especially cats, are known for hiding illness, and often by the time a disease is diagnosed, it is too late to successfully treat or manage the condition. This is why it is so important for pet owners to work with their veterinarian to understand and identify early signs of health issues.

How do wellness plans differ from insurance?
One approach to encouraging pet owners to visit the vet for preventative care is for veterinarians to offer affordable wellness plans to their clients in addition to traditional pet insurance. Unlike insurance programs, the wellness programs are owned and run by the veterinary hospital, and include bundled services and products that are pre-paid. Wellness plan packages can include services like office visits and physical exams, comprehensive exams, vaccinations, early screening for serious illnesses, consultations for proper nutrition, and dental care. The veterinarian determines both the cost of the plan and benefits included, so it is a win-win for both parties.

Unlike insurance plans, where a client pays for coverage they may or may not use, wellness plans always provide the care the veterinarian recommends to keep the pet healthy over a 12 month pre-paid time period. Where insurance plans generally only cover treatment for illness and injury, wellness plans cover preventive care and the services may always be used. There is no fee structure based on breed in the wellness plan, unlike insurance programs, which base monthly premiums on breed and age of the pet.

Dr. Marshall adds that one of the real selling points about plans offered is the flexibility – veterinarians can pick and choose the services and benefits that best suit them and their practice. For example, vets can choose to offer therapeutic pet foods as part of the plan. They can offer a complementary care package for less routine treatments, like acupuncture or massage for hip dysplasia. Customization is important, she stresses, to avoid having preventive care commoditized over time, leading to less choice for the pet owner and less overall benefit to pets, and devaluation of veterinary services.

Communicating the benefits to clients
When discussing wellness plans with clients, the important point is to communicate value versus price early on when the pet is still healthy. Make sure the client understands the value of having exams that detect health issues early on, while they can be treated. Discussing the plan in an honest and straightforward way is that transparent will help clients understand what they’re getting for the price. Offering free office visits as part of the plan will help encourage clients to visit and reduce barriers that might otherwise be present (e.g. How much is this visit going to cost? I don’t think I can afford to get Fluffy vaccinated.”) When it comes right down to it, seeing more patients more often is better business, and leads to a more efficient team and improved overall patient wellness.

Where does pet insurance fit in?
Wellness helps with early detection of disease and pet insurance provides financial support and peace of mind for pet owners for illnesses that can be detected by early screening programs but are not included in wellness plans. Veterinary care has advanced and has many options for specialty and emergency care and pet insurance helps the pet owner provide the best care to their pets and focus on making good care decisions rather than juggling finances at the time of crisis. Dr. Marshall advises that pet insurance companies can and should become key contributors in supporting, educating, and even promoting the importance of “wellness” to their policyholders, as well as to pet owners in general, but should not play a role that puts them directly between the vet, the pet, and the owner.

It is also important that the pet insurance industry have no role in setting prices associated with pet wellness programs. Setting prices would not only get in the way of the vet/pet relationship, but would actually undermine the autonomy and authority the veterinary community needs to best manage their own practice, and best serve the healthcare needs of pets and the concerns of pet owners. As well, pet insurance providers should never directly profit from pet wellness programs. This ensures the financial wellbeing of veterinary clinics, and supports their ability to independently progress and innovate to better serve their clients in their communities.

Finally, pet insurance companies can play a key role in supplying veterinary practices with the infrastructure, tools, and support that allow practices to manage wellness initiatives that fit their specific needs, their own fee structures, and their unique approach to managing the relationship they have with pets and pet owners. Because of the actuarial expertise, pet insurance companies can also provide individual veterinary hospitals with analysis on the financial impacts of wellness plans on their practice as well as health outcomes for their population of pets. CV
VHMA: “What keeps you up at night?” survey results

The Veterinary Hospital Managers Association (VHMA) believes that within the veterinary field, there are common issues among veterinary professionals. The key is to identify trends in concerns among professionals and equip them to address those issues. VHMA recently conducted a survey to find out “What keeps you awake at night?” The survey was designed to single out the most pervasive and troublesome problems confronted by employees in a range of positions within the veterinary practice management field. The results provide insights into the industry topics that will require attention over the coming months and years.

The survey
An electronic survey was administered to attendees at three conferences: the 2012 North American Veterinary Conference, the 2012 Ontario Veterinary Medical Associate Conference, and the 2012 Western Veterinary Conference. The survey was completed by 1,190 veterinarians, practice managers, office managers, technicians, hospital administrators, owners, receptionists, and students. Associate veterinarians, hospital administrators, practice managers, office managers, and practice owners made up 66% of the respondents. VHMA will use the results to identify future services, educational opportunities, and other benefits.

Respondents were asked to identify their position by job title and to select, from a list of 22 issues, the three that were the most perplexing or stressful or interfered with the ability to perform their jobs. The issues on the comprehensive list were: profit margin, cash flow, budget management, gross income, staff training, staff recruiting/hiring, staff scheduling, staff relations, associate contracts, wages and benefits, associate behaviour, maintaining policies and procedures, inventory management and controls, employee theft/shrinkage, marketing efforts, client retention, legal and regulatory compliance, strategic planning, exit strategy, IT, medical records, burnout, and other.

The results
Among all respondents – a diverse group with job titles that include a broad spectrum of positions within the veterinary field – the top concerns in order of importance were: staff training (31%), staff scheduling (28%), staff relations (27%), profit margin (26%), burnout (22%), and client retention (22%). The top three issues underscore the importance of ensuring a work environment in which the needs and issues of staff are adequately addressed. While those in management positions may fret about how to provide the resources to offer training, employees are interested in ensuring that opportunities to enhance their skills are available.

Respondents’ concerns were impacted by their position and job title.

Among practice managers and office managers, the key issues were: staff training (42%), profit margin (24%), cash flow (13%), and staff relations (12%). The concerns of this group are reflective of their job responsibilities: achieving financial health while maintaining employee satisfaction.

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Clinical case: Atopic dermatitis and hypothyroidism in a Border collie

By Dr. Wayne Rosenkrantz, DVM, ACVD

Medical history
A 6.3-year-old MC Border collie weighing 34 kg was initially seen at the Animal Dermatology Clinic for a 3-year history of a poor, dull, dry, scaly coat with pruritus. He was predominately an indoor dog and his pruritus was primarily over the legs, paws, and ears but he did periodically rub or scratch at his chest, axilla, and groin. Previously he had been treated with systemic glucocorticoids and this helped his pruritus but not his scale and coat quality. He had also been through an elimination diet trial with a commercial rabbit and potato diet for 8 weeks and no improvement was noted in his coat quality or his pruritus. At the time of the initial exam he had not been on any therapy nor had his diet changed for over 4 months. A complete CBC, chemistry screen, urinalysis, and thyroid panel was submitted. All CBC, urinalysis, and chemistry findings were within normal limits but the thyroid panel revealed an elevated TSH level of 7.42 ng/mL (0-0.60) and the free T4 was 0.2 ng/dL (0.45-2.06). A diagnosis of primary hypothyroidism was made and he was empirically placed on L-thyroxine supplementation (0.7 mg q 12h). After 8 weeks of therapy his 4 hr post pill T4 was 7.4 μg/dL (normal range) and the free T4 was 0.4 ng/dL (0.45-2.06). Despite his regulation he remained pruritic with erythema to pinnae, paws, and axilla with a diffusely scaly dry poor hair coat. At the time of this recheck the owner rated his Pruritus Visual Analog Scale (PVAS) at a scale 8/10 and other than L-thyroxine no other supplements or topical therapy were being used.

Clinical examination and diagnosis
Mild erythema was noted to pinnae, inter-digital and inter-paw pad areas, axilla, and groin. The hair coat was very dull, dry, and coarse over the lateral and dorsal truncal areas with diffuse scale and flaking, with focal accumulations of heavier patches of circular scale and light crusting over the lateral thorax (Fig 1). General body condition was good although the pet was slightly obese. A CADESI-03 was performed and scored at 58. Cytological exam from the circular scale and light crusting areas revealed no bacteria or yeasts and only large numbers of nucleate corneocytes. Hypothyroidism well regulated, with atopic dermatitis based on fulfilling the most recent diagnostic criteria for atopic dermatitis as defined by Favrot.

Conclusion/Discussion
With the pet’s thyroid condition regulated, the treatment plan involved control of the atopic dermatitis. With the symptoms of both pruritus and dry scaly skin lesions, a fatty acid therapeutic approach was taken. Fatty acids are important in maintaining the epidermal barrier function and atopic dermatitis in the canine has been postulated to be associated with abnormal barrier function. Fatty acids are incorporated in ceramides and influence transepidermal water loss and other parameters of barrier function. In dogs, topical and systemic fatty acids have been shown to be incorporated into the epidermis. This pet was treated with a spot-on containing essential oils and polysaturated fatty acids. Dermoscent Essential 6th spot-on once weekly for a total of 8 weeks. It contains a combination of essential fatty acids and emollients that restores hydrophilic film on the skin and maintains hydration and controls transepidermal water loss and maintains epidermal barrier function. After 8 weeks of therapy the PVAS had dropped from the initial 8/10 to 2/10 and the CADESI dropped from 58 to 25. The owner reported excellent clinical improvement regarding the pruritus and scale reduction. On physical exam the scale and dander were significantly reduced (Fig 2). Only mild erythema was noted to the paws and minor scale remained.

Practice to function effectively, the needs and issues of a diverse group of stakeholders – those holding various positions within the practice – must be addressed.”

Shupe explained that an issue like client retention, a common concern among associate veterinarians, must be considered in light of the issues that impact client satisfaction. These include: the skill level of staff, the office atmosphere, the practice’s fee structure, and more. She cautioned that while a group of respondents may have selected a specific issue as their primary concern, so many issues in the survey are related and intertwined that they should be considered as well when devising strategies for addressing the primary concerns. The survey provides an important foundation for determining where efforts in the field should be directed.

1. According to Christine Q. Shupe, CAE, VHMA’s Executive Director, “When we introduced the survey, the Association’s goal was to provide a good baseline analysis of where the profession currently is and what changes are needed. The results indicate that for any
essential oils (rosemary, lavender, melaleuca, cedar, oregano, clove, camphor, wintergreen, peppermint, curcuma) along with vitamin E, are included to replenish the hydrolipidic film, hydrate the skin, and help reduce shedding and control odour.

Anecdotal reports of this product helping with coat quality and controlling pruritus in dogs with atopic dermatitis exist. This case further supports such claims. Adverse effects were not observed. This case report as shown here supports few other publications on the same product and indicates that topical fatty acids and essential oils may be useful treatment options for canine atopic dermatitis.

Photo credit: Wayne Rosenkrantz, DVM

References

20 Lessons on veterinary fees learned in 20 years

By Darren Osborne
OVMA Director of Economic Research

2011 marks twenty years in economic consulting in veterinary medicine. Fresh out of school I started working for R. K House and Associates as an analyst for the Manitoba Veterinary Medical Association Economic Study. The next year came OVMA and then, North America. OVMA currently offers economic consulting as a partnership with CVMA and the provinces and works extensively in the US with the Veterinary Hospital Managers Association. Following are twenty Human Resource Lessons I have learned over the last 20 years. The following are generalizations, anecdotes analysis from 20 years of economic research, and interviews with thousands of veterinarians.
1. A small increase in fees creates a larger increase in net income. Framed above my desk is a well used, dog eared chart clipped from a business magazine that shows a 10% increase in professional fees will yield a 25% increase in net income. Increasing fees means revenue grows while expenses stay the same and the resulting net income gain is higher. This chart was given during one of my first one-on-one interviews in my first few weeks of work while I was interviewing a dentist in Winnipeg. This dentist kept the clipping under his blotter and he referred to it often explaining that it gave him the courage to raise his fees every year. Twenty years later, I am still referring to that chart on a daily basis.

2. A small decrease in fees requires a larger increase in clients to break even. The same chart shows that the magnitude of the math works in reverse. Decreasing fees means a drop in revenue with expenses remaining constant. Because the difference between revenue and expenses has dropped, more clients are required. The only problem is that the number of clients required is huge. A 10% decrease in fees requires a __% increase in clients to reach the same net income as before the fee decrease.

3. Veterinarians don’t like to raise their fees. Dealing with the financial side is difficult for most veterinarians so raising fees is a painful exercise. The most financially successful veterinarians don’t raise their fees at all – they get someone else to do it. In these successful practices, the manager raises fees annually and the only one that notices is the manager.

4. Relationships are more important than price. Back in 1995, OVMA and and AAHA produced simultaneous reports that shows price was low on the list of priorities when clients are selecting a veterinarian. In order of priority, clients across North America want a veterinarian who is interested in the well being of the pet, has excellent medical knowledge and explains things thoroughly. Everything else, including price, is less important.

5. Veterinarians don’t believe studies about clients’ attitudes with fees. The 1995 reports on clients’ attitudes were met with skepticism and dismissed as either big city studies or studies with flawed samples. In retaliation, OVMA produced and distributed Individual Client Satisfaction Surveys designed to survey clients in individual veterinary hospitals. The individualized results from each hospital were identical to the 1995 reports; relationships are more important than fees.

6. Clients do not notice increases in fees. Even 10% increases in shoppable fees (vaccine and elective surgery fees) will go unnoticed because price is low on the list of priorities when choosing a veterinarian. I have seen one hospital raise fees 50% across the board in one fell swoop. After one year, this veterinarian who described himself as “destitute” before the fee increase was able to make a down payment on a house. Over the last 20 years, veterinarians in Ontario have raised fees more than three times the rate of inflation. Over that period, demand for companion animal veterinary medicine has remained unaffected by higher fees. The recession has affected demand but even those practices with lower fees have been affected.

7. Large animal veterinarians can raise their professional hourly rate but not their call fee. After BSE gored the demand for large animal veterinary services in Ontario, many veterinarians were forced to take drastic action. Stuck with decreased demand for services, large animal practitioners were forced to raise their fees to stay afloat. To their surprise they found that increases in professional service fees (hourly rate) went unnoticed. Even large increases in professional service fees went unnoticed. Unfortunately, they also found out that the smallest increase in call fees will be met with a lot of resistance – a lot.

8. Large animal clients value service more than price. Individual client surveys conducted in mixed and large animal veterinary practices across the province showed again and again that large animal clients value service and the relationship with their veterinarian ahead of price. Prompt service and a veterinarian who cares about the wellbeing of the farm/herd are more important than price.

9. Not all procedures are created equal. Veterinarians and clients value procedures differently. Fifteen minutes spent on a recheck exam is not valued as much as 15 minutes of surgery or 15 minutes of an anesthesia. Different procedures have different perceived value because of the different stress, responsibility and difficulty with the procedure. The perceived value dictates how receptive people are to changes in the price. Theoretically, demand for procedures with higher perceived value is less reactive to changes in price. For example, a 10% increase in anesthesia fees will be met with little resistance but a 10% increase in recheck exams will get some pushback from clients. The fee guide takes the perceived value of services into account and each year different sections will get different increases reflecting the differences in the perceived value. The ultimate objective of the fee guide is to increase demand for veterinary medicine by adjusting fees based on the perceived value for each procedure.

10. Hospitalization fees are not high enough. Suppose you are presented with a sick dog; after all the diagnostics and treatments are done, very little time has passed yet most of the bill is accounted for. Now is the time for hospitalization. For the next several hours, a lot of work will be done checking, walking, feeding, cleaning and watching for a fraction of the total bill. Hospitalization fees need to increase.

11. You can charge for blood collection. Regardless of the markup on lab, clients value the expertise associated with venous puncture. Many veterinarians and staff feel that because it is quick and easy, it should be free. From a clients perspective venous puncture is right up there with rocket science, they can’t do it and will pay for it.

12. If a client says “price is no object” that means they don’t intend to pay. Enough said.
13. There is no relationship between the markup on pet food and demand. Hospitals that sell the most pet food are the ones that believe the most in nutrition regardless of the price.

14. Cost base pricing is a waste of time. Almost ten years ago I spent the summer deconstructing the profit centres in a veterinary hospital. For x-ray, I calculated the square footage cost, the equipment cost, the wages, and the cost of disposables. Applying this to the frequency of procedures I calculated the cost base fee. It was a joke. The cost base fee for exams was insanely higher than the current fee; almost 40% more than veterinarians would be comfortable charging. Even crazier was the cost base fee for most lab procedures that came out to be a fraction of the current fee.

15. Charge one vaccine fee for everyone. The problem with multiple vaccine fees is that there is too much room for miscommunication. A client is given a quote for a DA2PP vaccine at the front desk but after going over the risk factors with the veterinarian the client is given additional non-core vaccines all in the best interest of the dog. When the client goes back to the front desk the bill is higher than originally quoted and there is a problem. The solution is to find out what your most popular vaccine fee is and charge everyone the same fee.

16. Charge two different recall fees; one at full price and the second for free. The full price recall exam fee is used when you spend 10 minutes with the client. Spend the full ten minutes, provide value for the service and charge the full fee. The free exam is a quick check.

17. There are many ways to raise your fees. The easiest way is to increase fees annually. Other options include spreading the increase over two increases, increasing every quarter or in one extreme case, divide the increase by 365 and increase fees every day by a fraction of the annual increase. The more the increase is spread out, higher the amount of administrative work and the greater the chance of miscommunication errors with clients who have a quote on the old fees. Every way works but the easiest is once a year.

18. Spending on veterinary medicine is pretty far down the list on the average household budget. The average family in Ontario spends more money on restaurants, tires and automotive supplies, gardening supplies, hair grooming services and art.

19. Veterinarians do not take fee criticism very well. According to Dr. Stephen Little, PhD, psychologist, veterinarians are primarily introverts and one of the qualities of introverts is that they don’t take criticism very well. If someone complains about a fee it will bother a veterinarian for the entire day and he will lose sleep over it for a week. Meanwhile, there are more than a thousand other clients that don’t have a problem with the fees, but this group goes largely ignored.

20. Dr. Bernie Pukay said, “veterinarians are uncomfortable with their prices because most veterinarians cannot afford their own fees.” The problem is that many veterinarians do not charge enough to cover their expenses and their net income suffers. The problem is not that expenses are too high but rather that fees are too low. The solution is simple – raise your fees.

This article was first printed in the July/August 2011 issue of OVMA’s Focus magazine. It is reprinted by permission.
Animal behaviour: better behaviour = better business

When clients return to your clinic less often than you recommend, it’s possible that their pet’s behaviour is the reason.

Many owners avoid visits to the veterinarian because their pets become fearful, anxious or aggressive at the veterinary clinic. In fact, the fear may begin when trying to get the pet into the carrier or during travel. In addition, behaviour problems can weaken the pet-owner bond and are a leading cause of euthanasia. Therefore the prevention and treatment of behaviour problems can have a major impact not only on the health and welfare of the pet. In addition, studies have shown that an improved pet-owner bond results in a higher level of veterinary care and three times greater spending when the pet is ill.

There are a wide range of behaviour services and products that every veterinary clinic can and should offer. In fact, most clients prefer to take their pet to a full service practice.

1. Pre-purchase or pre-selection consultations can help guide owners in selecting the best pet, and in getting started off right. While an office fee should be charged for the consultation, crediting some or all of the fee when the client brings the pet for its first visit might be justifiable (and a goodwill gesture) in that much of the preventive care advice will have already been addressed at the pre-selection visit.

2. Consultations should be offered to puppy and kitten owners who need guidance for common problems such as house-soiling and destructive behaviours. Although there might be a tendency to expect trainers to deal with these issues, these issues require counselling, not training. Any time a pet owner indicates that there is a problem, a separate counselling session should be scheduled with a trained technician or staff member (at an appropriate fee) to provide advice and resources to effectively manage these problems.

3. Evening puppy and kitten parties as well as a clinic open house can be offered to educate new pet owners on health and behaviour care in an informal setting.

4. If the clinic has space as well as properly trained personnel, puppy socialization classes and kitten kindergarten provide a much-needed service for the new owner and pet. Fees can be based on what is charged at other similar classes in the area.

5. Behaviour products that owners require for enrichment (e.g. feeding and play toys), training, and odour control (for house-soiling) provide additional retail opportunities for the clinic.

6. Medical assessment – behavioural signs can be the first indication of an underlying health problem; therefore for each behaviour problem the first step is to rule out possible medical causes.

7. If the veterinarian feels competent to handle a behaviour case in the clinic, sufficient time must be scheduled for history collection, assessment, and outlining a management and treatment plan. The first visit for most problems will usually take at least 60 minutes but with serious problems such as aggression, sometimes two hours or more is necessary. Therefore, to charge appropriately, if your office visits are based on 20 minute units, time your consultations and charge accordingly. If your clinic offers a reduced fee for follow-up visits, then a reduced fee might also be charged for behaviour follow-ups.

8. Products and medication are often required as part of a behaviour treatment program. These include control and safety products such as head halters, body harnesses, muzzles, and veterinary-labelled medications such as Reconcile and Clomicalm and veterinary supplements such as pheromones (Adaptil, Feliway), l-theanine (Anxitane), alpha-casozepine (Zylkene) or a calming diet (Royal Canin Calm).

Every veterinary clinic should offer behaviour services in their practice to ensure pet owners are provided with an integrated program of health and behavioural care. While charging appropriately for each of these services can improve the revenue stream, the greatest benefit to the pet, owner and veterinarian is in improving the pet owner bond, increasing retention and saving pets’ lives.


Dr. Landsberg is a veterinary behaviourist and Dr. Denenberg is completing a veterinary behaviour specialty training program at the North Toronto Animal clinic in Thornhill (northtorontovets.com). Dr. Landsberg is also mentor for the ACVBM Specialty Training program of Dr. Colleen Wilson at Osgoode Veterinary Services (osgoodevet.com)

This article was first published in OVMA’s Focus magazine, May/June 2012.
Veterinary practice websites 101

By Michael Warren, DVM

Over the last ten years, the rules of client engagement have shifted drastically, changing the face of veterinary marketing almost completely. What this means for our industry is that practitioners, even the most talented or established ones, may take a real risk if they let fail to take a good look at the marketing strategies necessary to bring them into the online era.

So how prepared is your practice to compete in today’s consumer marketplace? Begin by asking yourself:

- When my prospective clients need a veterinarian, where do they look first?
- Where do current clients go to find my contact details?
- How do high-quality prospective employees find jobs in the field?
- How do potential service providers (bankers, suppliers, etc.) find veterinary practices?
- Where does a potential practice purchaser go to find information?
- And finally, the key question: what is the hub of all my marketing efforts?

Your answers to most of these questions probably pointed to the web – so if your answer to the last question did not, then it’s time to look more critically at your marketing strategy. In the current economic climate, the veterinary practices that are continuing to experience healthy growth and gains are the ones that embrace digital communication and implement it in the right way.

Today, your website is the key to a robust marketing strategy. It’s the most powerful tool you have to forge solid bonds with your existing clients and attract new ones. Not only will a well designed website draw more clients, but it will bring you the right clients – the ones that your practice has been designed to serve.

You might be thinking, “I already have a website that lists all my services, location, hours, and contact information. That should be enough, shouldn’t it?”

The answer is that simply having a website is a good first step, but it’s not enough. In order for your website to live up to its potential – to be a powerful client-generating machine that continually powers the support and growth of your practice – you need to be sure that it adheres to 3 Key Principles.

The first principle is that your website must be BEAUTIFUL. This not only means that it should be visually appealing, but it should showcase what is captivating and meaningful to your clients: the human-animal bond. All of your staff should be portrayed interacting with animals in an affective and positive way. The images you use should be dynamic and constantly moving. Since clients often think of veterinary practices as cold, sterile spaces, you should use warm colors and avoid photos of empty rooms. Pictures of surgery are always off-limits because when clients see such images, they automatically envision their loved one underneath the drop cloth (a fact that’s easy for practitioners to forget!).

The second principle is that your website must be SIMPLE. From the client standpoint, that means that it should take only a few seconds to locate the information they need. Since the “About Us” page and “Contact Us” page are the first places current and potential clients go, these two pages should be obvious and easy to access. In addition to providing information, a good website actually solves clients’ problems, so use intuitive forms to let your clients book appointments, refill prescriptions online, and ask you questions. From an administrative standpoint, your website should be set up in a way that is easy to access and change: if managing your website is inconvenient, then it’s all too easy to let it become outdated.

The third major principle is that your website must be EFFECTIVE. One aspect of an effective website is that it gives clear calls to action, such as “give us a call today,” “pick up the phone,” or “book an appointment.” Phrases like these motivate visitors to take action and join your practice. Let them act on that motivation by making sure that your contact information is easy to find and your phone number is highly visible.

Another crucial component of an effective website is an active blog. Each blog article that you write effectively buys your practice a piece of online real estate and creates another access point for someone to find you on the web. They see the article, visit your website, become inspired by the messaging you present there, and ultimately join your practice. And remember – when it comes to attracting clients, fresh blog content makes all the difference, not only for establishing you as an authority on a subject or in a community, but also for getting you well indexed with search engines like Google.

Because social media and online review sites are the modern day equivalent of “word of mouth,” it must be easy for clients to “share” your website content on social media networks. When someone “likes” one of your articles on Facebook or shares it on other sites, it can spread throughout their entire online social circle. This translates to higher visibility for your website and your practice.

Finally, in order for your website to be effective, it must have an inspirational message. This doesn’t mean that you need to take a cue from Hallmark when writing your web copy, but you do need to inspire and compel readers to choose you as their veterinarian. How do you do this? Well, as mentioned earlier, make sure your website uses compassionate imagery (both visual and verbal) and employs language that is personality driven. It should not only tell your readers why you excel in your field, but should give them some idea of your unique “voice” and what it’s like to visit you in person.

If you follow the proven formula outlined in this article, you will transform your website from just a digital Yellow Pages listing to a client-generating machine that will power your practice for years to come.

If you would like to download a checklist of website components please visit dvmelite.com/k2.
tasks rarely ever result in a guaranteed peaceful and painless ending of a life. Such alternate efforts can only be justified if one is in a remote area, and suffering “as is” would be worse than ending a life more quickly. Otherwise, these other means of dying cause a great deal of distress before death occurs, and should be seen as negligent cruelty when true euthanasia is available by veterinarians.

According to the Criminal Code 445(1) “it is an offense to willfully and without lawful excuse, either kill, maim, wound, poison or injure a dog, bird or animals other than cattle and that are kept for a lawful purpose (section 444 includes cattle)”. In this day and age, a responsible person can take reasonable steps to have a pet humanely euthanized by a veterinarian, or at least brought to a shelter.

Another serious consideration is that shooting a dog and referring to it as an attempt to “euthanize” confuses the public as to what true euthanasia involves. The misuse of the word “euthanasia” condones such cruelty and puts into unnecessary question the veterinarian use and true meaning of the word. I would appreciate if you would consider omitting the use of the word “euthanasia” in future reports on animal suffering and cruelty, when describing owners’ attempts to kill and dispose of their pets. As a veterinarian, I would appreciate the use of the word “euthanasia” be kept to refer to the euthanasia procedure, performed by veterinarians, as the current understanding and standard use of the word. Thank you for listening to my view.

- Susan Hetherington, DVM  
(AVC 95) Delta, BC

Response:
Thank you very much for your thoughtful comments. We support your point that the term “euthanasia” should only be used in reference to killing an animal in a way that is done painlessly and professionally. The Criminal Code of Canada states, “Every one commits an offence who(a) wilfully causes or, being the owner, wilfully permits to be caused unnecessary pain, suffering or injury to an animal or a bird...”. As the law stands now, animals are considered property and as such if an owner decides to kill their animal, they are entitled to do so but have to do so humanely. In order to protect animals from being injured at the hands of their owners, who try and fail to kill humanely (or who kill carelessly), the law needs to be changed. The term “wilfully” has been a loophole for too long and needs to be revised. Otherwise, animals will continue to be killed in ways that cause unnecessary suffering.

- The editors, Canadian Vet
Rapid improvement

Do you want to see more clients per hour without compromising client satisfaction and without increasing staff costs? Denver Community Healthcare adopted a Rapid Cycle Improvement Process to increase its efficiency and productivity. The Rapid Cycle Improvement Process allowed the hospital to increase the number of patients seen in a 4-hour period from 8 to 9.9 patients. This was accomplished without any increase in staffing or negative effects on patient satisfaction. The Rapid Cycle Improvement Process also led to an increase in revenues and reduced wait times and no-show appointments.

Appointment times
Prior to the improvement program, the hospital offered two different appointments based on length of time: 30 or 15 minutes. The staff felt they wasted a significant amount of time on the phone explaining the difference between the two appointments to clients. To cut down on unproductive staff time, the hospital changed their offering to one single length of appointment time of 20 minutes.

Early and late arrivals and no shows
The hospital developed a strict policy on early arrivals, late arrivals, and no show appointments. Individuals who arrived early for their appointments were not admitted until their scheduled time. Late arrivals were not worked into the schedule but instead seen if there was room on the schedule; otherwise, they were rescheduled. The hospital clearly communicated a policy regarding no show appointments to clients. No show clients understood they would lose the privilege of making an appointment in the future. They understood they would have to walk-in for care and that care would depend on the availability of the healthcare team. Although the strategy used in the hospital appears harsh by veterinary standards, the adoption of a modified policy could have the benefit of keeping appointments on time. The hospital also reduced no show appointments by not booking appointments too far in advance.

Appointment care teams
Physicians and their medical assistants worked in teams to enhance productivity. Initially, the individuals in the team were inconsistent; a doctor was paired with a different medical assistant depending on staffing at the time. This arrangement proved to be inefficient and led to the decision to have the same two individuals working on the same team together day after day. The consistency in partners allowed the two healthcare providers to develop routines based on their familiarity with each other. When the same doctor worked with the same assistant, greater efficiencies were possible.

Sequential versus concurrent patient care
Before implementing the Rapid Cycle Improvement Program, Denver Community Healthcare approached their appointments sequentially. A medical assistant would first enter an exam room and take the history, symptoms, vital signs, etc. and then the physician would enter the exam room after the medical assistant was done. After implementing the program, both the medical assistant and the doctor enter the exam room at the same time. The questions are asked once and the information is provided once. The physician tends to the patient while the assistant enters the medical information into the electronic medical record.

Standardized roles
Every physician had a different style and preference for delegating tasks to support staff. Some would over-delegate while others would under-delegate tasks. The roles of each member of the team were not clear and were not consistent. The hospital developed standardized roles for all staff members leading to the same tasks being delegated to the most appropriate person.

The Rapid Cycle Improvement Process utilized by Denver Community Healthcare is based on the production system principles at Toyota automobile manufacturing company. The basic process improvement steps utilized by the hospital were to:

1. Determine which processes require improvement. Map the process and its individual components. Determine which steps in the process add value to the client. Determine which steps in the process are wasteful.
2. Develop a roadmap for an ideal process. Discuss barriers to creating the ideal process and identify the necessary changes needed to create the ideal process.
3. Define how the process will be measured and tested.
4. Implement one of the changes necessary to improve the process and monitor results.

A Rapid Cycle Improvement Program requires input and buy-in from all levels of the organization.

Reference

Elizabeth Bellavance, DVM, MBA, CMA, CEPA, is a member of the Board of Directors of VetPartners™, a member of the Veterinary Valuation Resource Council (VVRC), and a member of the Canadian Institute of Business Valuators. Dr. Bellavance can be contacted at Elizabeth.Bellavance@gmail.com.
Industry News

James Peel appointed Regional Sales Manager, Eastern Canada, for Vétoquinol Canada’s Production Animal Business Unit

A graduate from the Faculty of Agricultural and Environmental Sciences of McGill University, Mr. Peel brings more than 30 years of experience in agribusiness with a specific interest in bovine production. His past experience includes work in the field of artificial insemination, breed improvement and genetics. Mr. Peel has held various positions in business development, team management, sales and marketing.

Norman Machell, DVM appointed Technical Services Veterinarian, Western Canada, for Vétoquinol Canada’s Production Animal Business Unit

A graduate from the Western College of Veterinary Medicine in Saskatoon, Dr. Machell comes to Vétoquinol with a wealth of experience in animal health which includes private practice, teaching, and over 16 years of experience in the veterinary pharmaceutical industry.

“Dr. Machell is a great addition to the Vétoquinol team and we are convinced he will provide excellent service to our customers” states Stéphane Deslongchamps, Production Animal Business Unit Manager at Vétoquinol Canada. “We are constantly striving to better meet the needs of production animal veterinarians and producers across Canada and we are confident that Dr. Machell’s experience and knowledge of the industry will enable Vétoquinol to meet this goal” adds Mr. Deslongchamps.

Hill’s launches a new canine pet food to help veterinarians’ tough GI cases

Hill’s Pet Nutrition announces the recent launch of new Hill’s® Prescription Diet® i/d® Low Fat GI Restore Canine to support the care of dogs with challenging gastrointestinal (GI) conditions like pancreatitis, hyperlipidemia, and protein-losing enteropathy. This new clinically proven pet food is designed for long-term feeding of adult dogs and provides veterinary health care teams with another option to recommend for dogs with a variety of gastrointestinal conditions. The Prescription Diet i/d Low Fat formula contains omega-3 fatty acids to help break the cycle of inflammation, probiotic fiber to restore the intestinal microbiota and ginger to calm and soothe the GI tract.

“We have received numerous requests for a low-fat Prescription Diet product veterinary health care teams can use when dealing with GI conditions,” says Janet Donlin, D.V.M., chief veterinary officer at Hill’s.

Prescription Diet i/d Low Fat pet food is clinically proven to decrease fasting serum triglycerides, reducing a risk factor of pancreatitis in dogs. At the same time it provides AAFCO approved complete and balanced long-term nutritional maintenance for adult dogs.

New Prescription Diet Canine i/d Low Fat GI Restore Canine is available in both dry and canned forms.

Canadian Compendium of Veterinary Products for BlackBerry

North American Compendiums announces that the 12th edition of the Canadian Compendium of Veterinary Products (CVP), English, and French, is now available to download free (compliments of Pfizer Animal Health) to your BlackBerry.

To download a copy for free, go to www.naccvp.com.

New generation PRRS vaccine registered in Canada

Fostera™ PRRS vaccine is now registered for use in Canada by Pfizer Animal Health as an aid in preventing disease associated with Porcine Reproductive and Respiratory Syndrome Virus (PRRSV), Respiratory Form, a disease that costs Canada’s pork industry an estimated $130 million annually.

Registered for use in young pigs, Fostera PRRS helps growing pigs defend against a PRRSV challenge, allowing them to increase their post challenge weight gain compared to non-vaccinated groups. Fostera PRRS is available exclusively through Canadian veterinarians.

1. ThePigSite.com
2. Study Report No. 3127R-60-10-890, Pfizer Inc.

For more information, contact Walter Heuser, DVM at walter.heuser@pfizer.com.

Ross University School of Veterinary Medicine includes One Health concept in its commencement ceremony

New graduates of Ross University School of Veterinary Medicine (RUSVM) and Ross University School of Medicine (RUSM) converged for a joint commencement ceremony on June 8. The keynote address was delivered by J. William Karesh, DVM, a pioneer in the One Health movement. The One Health initiative encourages collaboration between physicians, veterinarians, and other healthcare professionals to attain optimal health for people, animals, and the environment.

RUSM will confer Doctor of Medicine degrees on nearly 900 graduates, while RUSVM will award about 300 Doctor of Veterinary Medicine degrees.

Dr. James “Jim” Richard Hysen (May 6, 1955 - June 10, 2012)

Past OVMA President Jim Hysen passed away on June 10 at 57 years of age. Dr. Hysen graduated from the Ontario Veterinary College in 1980 and established the Lockerby Animal Hospital in Sudbury in 1987. Over the course of his 32-year veterinary career he helped thousands of animal friends and contributed greatly to the veterinary profession through his volunteerism on the Board of the Sudbury District Veterinary Association, the Northern Ontario Veterinary Association, and the Ontario Veterinary Medical Association, where he proudly served as President in 2009. Donations to the Farley Foundation may be made in his memory.

For more information, contact Walter Heuser, DVM at walter.heuser@pfizer.com.
Canadian Veterinary Medical Association (CVMA) News

By Tanya Frye
CVMA Communications Manager

Animal Health Week 2012 promotes preventive veterinary care

The CVMA’s Animal Health Week campaign from September 30 to October 6, 2012 will use the campaign slogan, “Preventive Veterinary Care...for the Health of it!” Findings from the 2011 Canada’s Pet Wellness Report suggest there’s room to help pet owners better understand how to recognize the visible signs of health issues, while encouraging them to visit their veterinarian to evaluate those they are unable to recognize. During the 2012 campaign, complimentary client education materials will be available in the Events section of the CVMA website (www.canadianveterinarians.net). Free tips and tools to plan and promote Animal Health Week can also be downloaded. Generous support of the 2012 Animal Health Week campaign is being provided by IDEXX Laboratories, Petsure Pet Health Insurance Inc., Royal Canin Medical, and Scotiabank. For more information, visit the Events section of the CVMA website or contact Tanya Frye at tfrye@cvma-acmv.org.

CVMA congratulates the first graduates of veterinary medicine in Alberta

The CVMA congratulates the first 30 graduates of the University of Calgary’s Faculty of Veterinary Medicine. The 30 graduates will join an alumni family of more than 145,000 people in 147 countries around the world.

Updated Animal Welfare and General Position Statements

The CVMA recently revised the Animal Welfare Position Statement, Trapping of Fur-Bearing Animals, and the General Position Statement, Vaccination Protocols for Dogs and Cats. The CVMA National Issues and Animal Welfare Committees develop position statements where there is adequate scientific basis and ethical concern to support the statements, and present them to the CVMA Council for approval and adoption. These positions are meant to guide the profession, educate the public on the veterinary viewpoint on select issues, and provide a “forward-thinking” viewpoint on issues based on what is happening not just in Canadian society and the veterinary profession but internationally. All CVMA position statements can be viewed on the CVMA website, under Publications.

Identifying solutions to shared problems

The CVMA President-Elect, Dr. Jim Fairles, recently attended the annual meeting of the International Veterinary Officers Council (IVOC), in Canberra, Australia, held immediately after the Australian Veterinary Association’s annual conference. The IVOC annual meeting brings together the chief elected and chief executive officers of six member veterinary associations. It is a forum for discussing and identifying shared solutions to the challenges facing the profession in Canada, the USA, South Africa, New Zealand, Australia, and the UK. Some of the issues being discussed this year were: veterinary wellbeing and stress, pet wellness initiatives to address obesity, nutrition and dental care, the economic sustainability of veterinary services, and antimicrobial resistance. The location of the meetings rotates between the member countries and next year’s meeting will be hosted by the CVMA.

Reminder: Jerky treat potential toxicity

The chicken jerky treat potential toxicity issue is still being tracked by the CVMA. Reported cases have shown dogs with signs similar to Fanconi syndrome. All dogs in the reported cases had been fed chicken jerky treats that were manufactured in China. The CVMA appreciates continued help with this issue. If you have recently encountered a similar case involving chicken jerky treats, please contact the CVMA Communications Manager at tfrye@cvma-acmv.org or 1-800-567-2862, ext. 128.
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