

Epitome

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Veterinary Professionals **Must** Be Involved Now!

by Stephen J. Dullard, DVM, DABVP



We have all been watching the debates and rhetoric of the presidential race, but what is happening in our backyard may affect you more than anything. There is going to be a major reshuffling of state representatives and senators within our state after the election. The reshuffle will force us to make new contacts and find out who supports veterinary medicine. Our battle is

to educate these newly elected officials about the practice of veterinary medicine and its role in our society.

Many legislators once believed — and, presumably, many candidates currently believe — that we only need a two-year associate's degree to become a veterinarian. This has been expressed to me more than once by elected officials. We have a big challenge ahead for us. We will need the help of every veterinarian and veterinary technician in the upcoming legislative year.

Our Practice Act sunsets next year and will be open for amendment by other groups whose interests are very different than yours. If these groups prevail, your ability to practice may be greatly compromised. Many people would like to be veterinarians, minus the education we have. It will

be critical that we introduce ourselves to these elected officials and make key contacts. We need a key contact in every legislative district. If you are interested in helping, please contact the ISVMA office.

Annual Convention

The ISVMA Annual Convention takes place three days before the election. Our office and lobbyists will be mapping out the changes that occur as a result of the elections. We are planning a Friday-night educational event during the President's Welcome in collaboration with the Chicago Veterinary Medical Association. We hope to give you an up-close-and-personal idea of the major challenges we face, an early chance to see who represents you and the tools you may need to make a key contact. We hope to have a state senator or representative present to demystify the grassroots lobbying process.

Our state representatives and senators truly appreciate our information and welcome an educated approach to their often-overwhelming jobs. They certainly are not experts in animal health, and they do want to make correct decisions. It is up to the veterinary community to make the effort and take the initiative to approach them and be heard. I look forward to seeing you at the convention, where we can roll up our sleeves and work on strengthening our Practice Act. 🐾

Veterinary Students Elect ISVMA 2015 Class Representative



During the second semester of the 2012 school year, the first-year veterinary students at the College of Veterinary Medicine at the University of Illinois elected their ISVMA class representative, Susan Norris.

Susan is originally from the Chicagoland suburbs. She completed her undergraduate and first master's degrees in political science at Northern Illinois University. She went on to complete a second master's degree at the University of Illinois at Urbana-Champaign in library science. Prior to starting veterinary school in 2011, Susan worked as a librarian for

the University of Illinois at the Asian Educational Media Service. She also started a cat shelter in 2005 called CATSNAP.

Susan is excited to represent the Class of 2015 to the ISVMA. She has been involved with the local ISVMA chapter, the EIVMA, and has attended meetings throughout the last year. She is interested in the collaboration of colleagues in our profession and believes that she will be able to coordinate activities successfully for her class. Moreover, she has a strong interest in governance and lobbying and has even authored two pieces of legislation in the past regarding animal shelters. Susan will be a strong asset to the ISVMA and will work toward having 100 percent involvement by the Class of 2015. 🐾



The Importance of Key Legislative Contacts

by Peter S. Weber, MS, CAE



It is a fact that legislators will listen more closely to their constituents, people they know and political supporters long before they will listen to a special-interest group. That is why it is so critical that you become involved in the ISVMA's grassroots advocacy network to help convince the Illinois legislature to make decisions that are in the best interests of the

health and welfare of animals and the public.

A grassroots advocacy network is a group of like-minded people brought together around common goals that share information and develop plans of action. A well-organized grassroots advocacy campaign is one of the most effective ways of reaching legislators.

Former congressional Speaker of the House Tip O'Neil said, "All politics is local." In today's legislatures, there are more advocates — professional and grassroots — than at any other time in the nation's history. Their increasing numbers and the many new ways technology allows messages to be delivered to legislators are contributing to an information overload in state and federal legislatures. The recipients of these messages are often staff members whose average age and experience continues to decline. For any advocacy program to be effective in this environment, an organization must develop an effective network of grassroots advocates who can speak directly to elected officials as voting constituents.

ISVMA watches out for your business every day with full-time staff members and highly regarded professional lobbyists. Our job, as your staff, is to organize our profession's arguments, represent your interests and mobilize the members when they need to speak out and be heard in order to defend our profession.

ISVMA wants to be able to mobilize our members quickly, and we will accomplish this through Key Legislative Contacts. We need to



know who the ISVMA members are who live or work in each legislator's district, have given or worked on legislators' campaigns, have a legislator as a client or have friends or relatives who are legislators. You are the constituents whom legislators will listen and respond to when hard decisions are being made in Springfield.

Key Legislative Contacts help in several ways:

1. Identifies ISVMA members who have a legislator's ear and, therefore, can have the most impact
2. Lets us know that on short notice you will call or write your legislator to help our profession succeed
3. Strengthens our hand in the political process

ISVMA maintains an electronic form on the homepage of its website (www.isvma.org) that gives you an opportunity to let us know whom you know and if you are willing to help. We are asking for your help. Trust that we will not ask too often, but when we do, it will be critical to the success of our entire profession to act. Because, when we call you, your legislator is in a position to help or hurt our profession. A friendly call from you may be just what it takes to get him or her back on the right track. 🐾

Please see the advertisements starting on page 29, as well as the lams advertisement on page 9, for a preview of the exhibitors who will be present at the upcoming convention in Lombard, November 2-4, 2012.



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Welcome New Members

ISVMA would like to welcome the following new members who have joined from October 14, 2011, to July 18, 2012. Thank you for your support! Please help us spread the news about the many benefits of membership in ISVMA — where dues are an investment that pays tremendous dividends!

New Certified Veterinary Technician Members

Anderson, Loyal, CVT
Bareither, Bridget, CVT
Biddle, Kristin, CVT
Burnham, Jade, CVT
Charles, Amanda, CVT
Chriss, Kendra, CVT
Croy, Misty, CVT
Cychosz, Jennifer, CVT
Davis, Tiffany, CVT
Donze, Kristina, CVT
Duff, Richard, CVT
FERENCE, Grace, CVT
Gardella, Kelly, CVT
Gorman, Nicole, CVT
Goszek, Catherine, CVT
Green, Rachael, CVT
Gruntkowski, Sonya, CVT
Intravartolo, Cindy, CVT
Katek, Meredith, CVT
King, Sharon, CVT
Kinsler, Rachel, CVT
Koch, Nicole, CVT
Konkol, Debra, CVT
Kubinska, Agata, CVT
Lobdell, Laurie, CVT
Lyddon, Rebecca, CVT
Massey, Kristen, CVT
McKim, Cara, CVT
Meyer, Abigail, CVT
Moon, Naomi, CVT
Negretti, Becky, CVT
Nichols, Jacqueline, CVT
Otto, Angela, CVT
Penrod, Carol, CVT
Reed, Benita, CVT
Reed, Vanessa, CVT
Remmert, Jennifer, CVT
Renkosik, Nicole, CVT
Risley, Jessica, CVT
Robbins, Jennifer, CVT
Schmitt, Susan, CVT
Schue, Ann, CVT
Severino, Brittany, CVT
Siever, Cindy, CVT
Starkey, Kimberly, CVT

Stephan, Lisa, CVT
Strader, Dori, CVT
Thornton, Mary, CVT
Tipton-Cansler, Jamie, CVT
Trama, Gina, CVT
Wankel, Sarah, CVT
Wartenbe, Dorothy, CVT
Weik, Brandy, CVT
Wilde, Laurie, CVT
Wilsey, Amanda, CVT
Wombles, Cheryl, CVT

New Veterinarian Members

Adamo, Danielle, DVM
Allio, Jennifer, DVM
Aman, Scott, DVM
Ammon, Peter, DVM
Attermeier, Kevin, DVM
Aul, David, DVM
Austin, Scott, DVM
Baker, Melissa, DVM
Barton, Kimberly, DVM
Bauer, April, DVM
Beaumont, Kurt, DVM
Bensfield, Ashley, DVM
Bleem, Bernard, DVM
Bobo, Sydney, DVM
Bull, Tiffany, DVM
Bundy, Marjori, DVM
Cheeseman, Lisa, DVM
Cohen, Krisen, DVM
Cole, Joseph, DVM
Coleman, David, DVM
Cua, Caroline, DVM
Dadkhah, Sheena, DVM
Dinan, Kimberly, DVM
Driskell, Elizabeth, DVM
Drone, Patrick, DVM
Dunne, Mary Kate, DVM
Eaton, Tony, DVM
Fischer, Berit, DVM
Galloway, Kimberly, DVM
Gellatly, Leslie, DVM
Gilbert, Traci, DVM
Gluckman, Tracy, DVM
Goldrick, Kenneth, DVM
Grimm, Kourtney, DVM

Groesch, Robert, DVM
Gronkiewicz, Kristina, DVM
Hale-Mitchell, Lorrie, DVM
Hall, Kasey, DVM
Hasselberg, Brittany, DVM
Hazekamp, Jamie, DVM
Healey, Amanda, DVM
Hendrickson, Jessica, DVM
Hennenfent, Andrew, DVM
Herzog, Kalyn, DVM
Hexum, Suzett, DVM
Hoftiezer, Robert, DVM
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Schmidt, Lacey, DVM
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Singh, Kiran, BVSc
Snyder, Sean, DVM
Solter, Philip, DVM
Spaur, Amber, DVM
Sproul, Heidi, VMD
Staehle, Craig, DVM
Stoll, Katie, DVM
Stopinski, Heather, DVM
Sutter, Stacey, DVM
Switzer, Brittany, DVM
Trudeau, Lynn, DVM
Vlakancic, Bridget, DVM
Wang, Lei, DVM
Wegner, Ande, DVM
Wehling-Sherman, Sharon, DVM
Weidner, James, DVM
Wiechmann, Ruth, DVM
Williams, Ilse, DVM
Willis, Shannon, DVM
Wilson, Kathleen, DVM
Witherspoon, Michael, DVM
Wood, Emily, DVM 🐾

The Real Secret to Surviving and Thriving in the New Economy

by Dean Briggs



Have you ever thought about how people choose the restaurant where they eat out?

Consider this scenario: you're driving home with a colleague after a long day at the clinic, and, as you're both feeling hungry, you decide to stop for a bite to eat at a casual dining restaurant. On one side of the road is a restaurant with a big red apple above it and, on the other side, one with a pepper above it. Which one do you choose?

For most people, the answer would be "the one that is on the same side of the road that I'm driving on!" Why? Because they both offer the exact same thing! The same type of building, the same booths, bar and tables inside, and the same stuff on the menu. In fact, it's a fair bet that if you were blindfolded and taken to either of these restaurants, and their logos were removed from everything inside, you would probably find it difficult to say which one you were in! Unless the restaurant on the other side of the road offers a compelling reason for you to battle four lanes of traffic, the one on this side will do nicely, thank you!

Of course, restaurants are not the only business to suffer from this sort of *sameness*.

For example, a survey asked customers coming out of three major office-supply chains to turn their backs on the storefront and cover the bags they were carrying. Then they were asked which of the three chains' stores they had just left. Most of them didn't know, because all those stores are the same too!

Imagine having a business where the *only* reason your clients come is because of your location! It's not exactly the most stable plat-

form on which to build a business, especially in this economy.

Just as many financial experts believe that the stock market and real estate market losses were a natural regression to what they were really worth, the "New Economy" is redressing the balance of business supply too. There's over-supply of most businesses, and consumers are voting with their feet to choose which ones will survive. In fact, consumers have more power now than ever before, and they're not afraid to use it!

The signs are that consumers are much more value-conscious in this economy than ever before, and they now have zero tolerance for the ordinary and the incompetent! Notice our use of the word *value* and not *price*. Con-

sumers are still willing to pay for value; in fact, you may be surprised to learn that, even in this economy, only around 15 percent of consumers make their buying decision based solely on price.

In the New Economy, however, money is being spent much more judiciously, as you no doubt have noticed. Your practice is under more scrutiny than ever before, with clients trying to decide if you are worthy to treat their pet and receive their hard-earned dollars!

The truth is this: *There's never been a more critical time for veterinary practice owners!*

In the past couple of years, we've seen a number of successful, experienced veterinarians, accustomed to rivers of money flowing to



them, suddenly finding themselves staring at dry creek beds. In fact, one veterinary practice owner in north Florida put it this way: "Before the recession, it was impossible to fail, all you had to do was find a halfway decent location, open up, and clients would flood in. Now we've got to work for it!"

Doesn't it seem like sometimes there are just too many veterinary practices in your area and not enough pet owners to go round? We often hear clients tell us that they are competing with six, nine or even a dozen other practices within a 10-minute drive from their clinic.

The biggest problem we see in the veterinary profession today is that, to the outside world, everyone looks the same. That's not a healthy position to be in, because, if a pet owner has six veterinary practices to choose from, and they all appear to offer the exact same thing, then the *only* thing they have left to compare is price and location! Of course, you will get clients via referrals, but there are very few veterinary practices that have an effective and measurable referral system in place.

If you can't answer that ultimate question of "Why should a pet owner choose my practice as opposed to all the practices in the area?", then you shouldn't be surprised if he or she chooses another practice as his or her pet's health care provider. By the way, the answer to that question can't be just "Because we're the best" or "Because we've got the friendliest staff" or "Because we'll treat your pets like they're our own." You see, that's what all of your competitors are saying, too, and you can't all be right! There's no doubt that we've turned into a nation of skeptics, so you've got to have something far more compelling than that.

If you've ever wondered why your reception team spends so much time fielding calls from pet owners inquiring about your prices, then it's because they can't see your value proposition. The bottom line is, if you want to be chosen for reasons other than price and location, you must be *different* and, more importantly, show the pet owners in your area that you *are* different.

There are many ways you can be different and offer pet owners a compelling reason,

other than price and location, to choose your practice.

You can be different by whom you deliver your service to: the reason cat owners will happily pay more to visit a feline-only practice.

You can be different in how you let clients pay for your service: the reason pet owners will happily pay more to pay monthly rather than face the "sticker shock" of a large annual bill.

You can be different in how you deliver your service: the reason affluent clients will happily pay more for a concierge service.

You can be different in so many different ways; it just takes a little thought. For example, ask yourself why you make the buying decisions you make. You may find some clues.

The single most effective thing you can do to survive and thrive in the New Economy is to be unique. After all, if you do the same as every other veterinary practice, then you'll get the same results. Average equates to ordinary; you want to be extraordinary.

Now, you might argue that vaccinations are pretty much a commodity, and you would be right. But what's more of a commodity than coffee? Yet Starbucks sells it more expensively and with more customer loyalty than any other coffee shop. Why? It delivers a uniquely desirable experience.

Remember, when what you deliver is perceived as a commodity, even the affluent will shop for the cheapest price. But when you deliver a memorable experience that creates an emotional connection, price is not an issue. Even something as simple as a vaccination can be wrapped in an experience that is worth the extra cost.

The question is: **do you dare to be different? 🐾**

Dean Biggs is a veterinary marketing coach and co-author of the book Secrets To Growing Your Veterinary Practice In The New Economy, available from Amazon.com and good bookstores. To download a free chapter of the book, visit www.vetbook-is.com.

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Homeland Security Department Develops Foot-and-Mouth Disease Vaccine

by Thomas H. Maugh II, Los Angeles Times

It's not often that the Department of Homeland Security makes it into a science blog, but this is an unusual week. The department announced this week that it has developed the first vaccine for foot-and-mouth disease that can be manufactured and licensed in the United States and that could be used in the event of an outbreak of the disease in this country.

"This is the biggest news in [foot-and-mouth disease] research in the last 50 years," said veterinarian Lawrence Barrett, director of the department's high-containment Plum Island Animal Disease Center on the tip of Long Island, N.Y. The licensed vaccine is effective against only one strain of the virus, but vaccines against the other strains are already in development.

The foot-and-mouth disease virus has been recognized since at least the 16th century. It is characterized by fever, blisters on the

feet and mouth, loss of appetite, drooling and lameness. Infected herds of animals are generally destroyed.

Large amounts of the virus are present in all body secretions, including breath, and are readily transmitted to other animals. The virus can also survive on the ground for extended periods of time and can be transferred on tires, boots and clothes. It has even been shown to be carried long distances by wind.

The United States has been free of the disease since 1929, but that is not a guarantee it will not return. Britain was free of the disease for 34 years before a 2001 outbreak that required the destruction of 10 million cows.

The costs of an outbreak in the United States could easily exceed \$50 billion, which is why the Homeland Security Department is concerned. The virus is present today in Africa, the Middle East, Asia and parts of South America.

Vaccines against the virus are available, but they are based on a live virus and so cannot be legally manufactured in the U.S. Moreover, a vaccinated cow cannot be differentiated from one that is infected.

The virus consists of genetic material surrounded by a coat of proteins called a capsid. The new vaccine, originally developed by chemist Marvin J. Grubman of the U.S. Ag-



riculture Department's Agricultural Research Service at Plum Island, consists of the capsid alone. Those proteins produce an immune response to the virus, but without genetic material, the capsid is not infectious and does not cause disease.

Because a vaccinated animal does not carry any of the viral genetic material, moreover, it is easy to distinguish between a vaccinated cow and an infected one, Grubman said. The vaccine protects against only one of the seven known serotypes of foot-and-mouth disease, however.

The Homeland Security Department worked with GenVec Inc. of Gaithersburg and Antelope Valley Biologics of Lincoln, Neb., to manufacture and license the vaccine. Under the conditional license, the product could be distributed if the need for it arises. 🐾

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More Pet Owners Abusing Drugs Meant for Animals

by Bob Holt, newjerseynewsroom.com

Veterinarians have been prescribing more controlled substances for animals these days in an effort to help manage their pain. But in more reported cases, the veterinarian needs to be aware that the pet is the one receiving the medication.

It seems that more pet owners who have drug issues have been abusing pet medications in the past 10 years. According to *The Daily*, one case saw a bodybuilder claim that his German

shepherd needed anabolic steroids, another time an owner took her dog's thyroid medication to lose weight, and yet another pet owner requested anti-anxiety medication because her dog has a fear of thunderstorms. She called for a refill in one case because the dog had "spilled the medications down the sink."

There are cases where taking a pet medication may have been an accident. The National

Poison Data System statistics from 2007 said there were 825 reported cases of people who took veterinary nonsteroidal anti-inflammatory drugs. According to healthypet.com, a man from Des Moines, Iowa, who crashed his car, told a court he mistakenly took medication not prescribed to him. A drug used to control seizures was found to be in his system, and a bottle of the medication found at the scene contained the name Saturn, the man's Jack Russell terrier.

Veterinarians are required to abide by the same laws and regulations for controlled substances as regular physicians do. Warn-

Some Interesting Mosquito Facts

(American Heartworm Society) The hot dry weather creates a favorable breeding ground for *Culex* mosquitoes (house mosquito), which transmit West Nile disease and carry heartworms. The mosquito often associated with floodwater, *Aedes vexans*, is not a major carrier of West Nile virus but carries heartworm. *Culex* mosquitoes go into hibernation during the winter, and, while most die from the cold, this winter's balmy weather allowed the insects to survive. Floodwater mosquitoes attack in swarms and bite aggressively. The heat has sped up the development cycle of *Culex pipiens* from 10 to 14 days to grow to their adult form down to five to 10 days. The *Culex* are gentle biters that like to roam solo. So, regardless of where you are in the United States remember, it only takes the bite of one infected mosquito to transmit heartworm disease. 🐾



ing signs for veterinarians include pet owners who ask for a certain drug by name, refuse alternate treatments, or don't have information about the animal's last veterinarian.

Also, it is becoming easier to obtain pet prescriptions at local retailers. The *Sun Sentinel* from Florida reported that Winn-Dixie is the latest to add medication for pets. Target added pet refills at stores with pharmacies in 2010 and Walmart started this past March.

A lot of pet owners may also be influenced by the chain stores because cheaper generic choices may be offered there. 🐾

Donations to Endowment

In fiscal year 2012 (July 1, 2011, through June 30, 2012), the Illinois Veterinary Medical Foundation (IVMF) received contributions totaling \$9,951. The ISVMA thanks those who have forwarded contributions.

To make a contribution to the IVMF, a 501(c)(3) charity, visit www.isvma.org/about_us/resources, or call the ISVMA office at (217) 546-8381 for a donor form. Your fully tax-deductible donation should be made payable to the Illinois Veterinary Medical Foundation and mailed to: IVMF, c/o ISVMA, 1121 Chatham Road, Springfield, IL 62704. To make a contribution with a credit card, submit the IVMF donor form using your card information.

In Memory of

The ISVMA thanks the follow veterinary clinics for their contributions in memory of the following pets.

From the Animal Medical Clinic of Springfield:

Bongo	Hannah	Casey Prince	Freddie
Ceilidh	Sadie	Spot	Katie
Loui	Rick	Jynx	Cybil
Tabbie	Max	Baxter	Doodle
Taffy	Lady	Franklin	Doozy
O.J.	Lightning	Holly	Woody
Bahnie	Freddie	Meow Meow	Brio
Luna	Sonie	Ba'itso	Chandler
Howdy	Grover	Box Car Willie	Champ
Ginger	Blade	Ryoko	Georgette
Belle	Mir	Tina	Seymore
Fuzzy	White Boy	Juliette	Simon
Sam	Anni	Wrinkles	Bella
Mel	Chili	Penny	Prissy
Dominick	Nala	Maggie	Sadie
Reba	Tigger	Shadow	Princess
Orca	R.T.	Lefty	Babe
Ollie	Gigi	Chipper	Keeley
Gypsy	April	Beth	Scooter
Malcolm	Baby	Trinity	Hiatt
Chucky	Lucy	Rosie	
Eli	Oscar	Custard	

From the East Side Animal Hospital, East Peoria:

Buster	Grandpa	Abby Girl	Sammy
Turbo	Chynna	Q	
Tiki	Bailey	Jake	
Holly	Boo	Binty	

From the Mt. Sterling/Rushville Veterinary Clinic, P.C.:

Sophie	Flip	Lindsay	Dillon
Reo	Lexi	Black Jack (BJ)	Daisy

The IVMF welcomes contributions that are to celebrate an honor or a life milestone as well as to memorialize a loss. Download a donor form from the ISVMA website at www.isvma.org/about_us/foundation.html to submit your memorial. Indicate whom you are honoring on the form, and give an address where the memorial notification can be sent. 🐾



CPR for Dogs, Cats Developed by University of Illinois Researchers

More Dog Owners Expressing Interest in How to Resuscitate Their Pet in the Event of Cardiac Arrest

by Debra Pressey

Reprinted with permission from The (Champaign) News-Gazette

When a person's heart stops, emergency responders don't have to guess which way is the best to administer CPR.

But up until now, there haven't been any real guidelines for the best way to resuscitate a dog or cat suffering cardiac arrest.

"It was just, 'This is what we think you should do,'" says Dr. Maureen McMichael, head of emergency medicine at the University of Illinois Veterinary Teaching Hospital.

But pets may have a better chance in the future.

This June, McMichael and fellow researchers helped establish the first set of evidence-based recommendations to resuscitate dogs and cats with stopped hearts.

Dogs and cats don't suffer heart attacks the way people do, McMichael said. But their hearts do stop sometimes, because they're at the end of a long illness, suffering a seizure or involved in a trauma.

Consequently, the majority of pet CPR is administered in a veterinarian's office or clinic, she said.

Rarely is a dog revived by an owner, though, she adds, "we have had a couple of cases where the owner has done CPR and brought the dog back."

Sometimes the owners have used breathing and sometimes just chest compressions, she said.



First responders will likely be retrained with the new pet CPR guidelines, McMichael said.

However, more dog owners are also expressing an interest in knowing how to resuscitate their dogs these days in the event of cardiac arrest, because there are more dogs being trained for service and work tasks.

In developing the new guidelines, researchers surveyed veterinarians about how they treat dogs and cats in cardiac arrest and found a wide variation in practices, according to the University of Pennsylvania College of Veterinary Medicine, which led the research along with Cornell University College of Veterinary Medicine.

There were more than 100 board-certified veterinarians recruited to assist with the research, according to a Penn news release.

Among the new recommendations are for CPR to be administered with the animal lying on its side, at a rate of 100 to 120 chest compressions per minute, the same rate that works for people.

McMichael said breathing in dog and cat CPR is done through a tube and, under the new guidelines, at a slower rate than has been done in veterinary practice.

The new guidelines also call for how to do CPR on dogs of different breeds and sizes, how to train clinicians and which drugs to administer.

McMichael said some studies involving CPR and people were applicable in this research, because dogs and cats are often used to see what will work on people.

The recommendations were published June 7 in the *Journal of Veterinary Emergency and Critical Care*. 🐾



New Member Benefit!

Project Breathe: Pet Oxygen-Mask Donation Program

The ISVMA Membership Committee and Board of Directors are pleased to announce a new program available to ISVMA's veterinarian members. The Pet Partners Program made available by Invisible Fence® Brand (IFB) provides specially designed oxygen-mask kits to fire departments and first responders to equip them to save more pets from succumbing to fire/smoke inhalation.

The program is a collaborative effort between Invisible Fence® Brand and member veterinarians; the oxygen-mask kits are to be jointly presented by the ISVMA member(s) and the Invisible Fence® Brand representative to their local fire departments.

"By bringing local ISVMA-member veterinarians and local IFB dealers together to offer fire departments the oxygen mask kits, we hope to draw more attention to pet safety and the importance of appropriate medical care for pets," said Kristi McCullough, DVM, director of education, ISVMA. "It's also a tremendous opportunity to provide community and media exposure for member veterinarians, ISVMA and Invisible Fence® Brand dealers."

Although the number of pets that die in fires is not an official statistic kept by the U.S. Fire Administration, industry websites and sources have cited an estimated 40,000 to 150,000 pets each year that die in fires, most succumbing to smoke inhalation.

Invisible Fence® Brand started the donation program in 2007 and has donated more than 1,800 oxygen-mask kits to fire departments throughout the United States and Canada and is aware of at least 70 animals saved using the masks they donated. Additionally, IFB has received hundreds of media hits and an abundance of e-mails and phone calls from community members expressing their gratitude for the donations.

"We are excited to partner with the ISVMA and member veterinarians on a program that is very near and dear to our hearts — there is

nothing better than hearing about a life saved," said Kristin Rogers, donation coordinator, Invisible Fence® Brand.

Who Can Participate?

Any ISVMA veterinarian member.

What Is the Cost?

Invisible Fence® Brand covers the majority of the cost of the kits and asks that members make a donation of \$100 to the Illinois Veterinary Medical Foundation (IVMF) for each sponsored fire department. The specially designed oxygen mask kit includes a small, medium and large mask; tubing; and cleaning and operational instructions, as well as a protective bag. The donation to the IVMF will be used to further build funds to support charitable programs like these that are related to the veterinary medical profession.

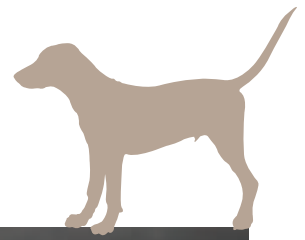
How to Participate

Contact the ISVMA for a checklist, or download one from the ISVMA Sponsored Benefits link on the ISVMA website.

"The ISVMA would like to thank Invisible Fence® Brand for being our pet-safety partner and helping our members outfit departments throughout Illinois with these lifesaving tools," McCullough said.

Veterinary practices that have participated in the program, so far, include:

- Creekwood Animal Hospital, Inc. (Pontoon Beach)
- Crystal Lake Veterinary Hospital (Crystal Lake)
- Maple Ridge Veterinary Clinic (Geneseo)
- River Ridge Animal Hospital (Dixon) 🐾



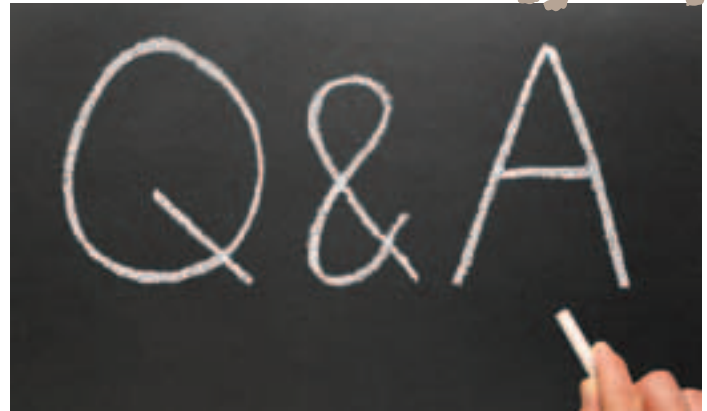
Q: I am a veterinarian working at a clinic in private practice. I do not have a DEA license. My employer, another DVM, has a DEA license and orders all of the controlled substances and maintains records. We log all of the drugs we use. As an employee, I draw up injectable drugs and administer them to patients. As a veterinarian, I occasionally prescribe controlled substances to go home. The prescription labels have my name on them. Do I need to have a DEA license to do this? My employer says I don't, but I recently had another veterinarian at another practice tell me that I do. Who is correct? I want to make sure I'm doing things legally.

A: This is a question that ISVMA is often asked. The Illinois Department of Financial and Professional Regulation and the DEA Diversion Control Manager have both informed the ISVMA that, in order to prescribe controlled substances to be used at home by the client, you must have a DEA license.

Q: At our annual Mississippi Valley meeting, we had a lecturer speaking about various legal issues and drug issues. One issue he talked about involved products containing phenylpropanolamine (Proin). He discussed how much can legally be dispensed at one time, how to store, etc. The fines the speaker referenced for not following the requirements for phenylpropanolamine were astronomical and could put a clinic out of business. We just want to know what we should be doing, because we have plenty of patients that use this medication.

A: Because of its potential use in amphetamine manufacture, phenylpropanolamine is controlled by the Combat Methamphetamine Epidemic Act of 2005 (www.deadiversion.usdoj.gov/meth/index.html). It is still available for veterinary use in dogs as a treatment for urinary incontinence. You just need to make sure to follow the requirements of the above-referenced act.

Q: We have a CVT who recently obtained her CVMRT (Certified Veterinary Massage and Rehabilitation Therapist) from the Healing Oasis in Wisconsin. This program does not have a different program



for CVTs and DVMs, so the certification that the CVT has received is the same as a DVM would receive.

Reading the definition of "Practice of Veterinary Medicine" in the Illinois Veterinary Medicine and Surgery Practice Act presents some level of doubt in the CVT (with a CVMRT) being able to develop and administer her own rehab protocols without the direct supervision of a DVM. However, the CVT feels she is able to develop and administer without the direct supervision of a DVM because she has received a qualification of CVMRT, not CCRA.

A: I will try to address your question regarding CVTs with a CVMRT. It falls into an area that requires some level of interpretation by the supervising DVM. The most important consideration in the Practice Act is the definition of the "Practice of Veterinary Medicine," because only licensed veterinarians may practice veterinary medicine unless a person falls under the specific exemptions in the act (none of which would apply in this situation).

"Practice of veterinary medicine" means to diagnose, prognose, treat, correct, change, alleviate, or prevent animal disease, illness, pain, deformity, defect, injury, or other physical, dental, or mental conditions by any method or mode, including the performance of one or more of the following:

- (1) Prescribing, dispensing, administering, applying, or ordering the administration of any drug, medicine, biologic, apparatus, anesthetic, or other therapeutic or diagnostic substance, or medical or surgical technique.
- (2) (Blank).
- (3) Performing upon an animal a surgical or dental operation.
- (3.5) Performing upon an animal complementary, alternative, or integrative therapy.
- (4) Performing upon an animal any manual or mechanical procedure for reproductive management, including the diagnosis or treatment of pregnancy, sterility, or infertility.
- (4.5) The rendering of advice or recommendation by any means, including telephonic and other electronic communications, with regard to the performing upon an animal any manual or mechanical procedure for reproductive management, including the diagnosis or treatment of pregnancy, sterility, or infertility.

(5) Determining the health and fitness of an animal.

(6) Representing oneself, directly or indirectly, as engaging in the practice of veterinary medicine.

(7) Using any word, letters, or title under such circumstances as to induce the belief that the person using them is qualified to engage in the practice of veterinary medicine or any of its branches. Such use shall be prima facie evidence of the intention to represent oneself as engaging in the practice of veterinary medicine.

The other definition that is important is "Supervising Veterinarian":

"Supervising veterinarian" means a veterinarian who assumes responsibility for the professional care given to an animal by a person working under his or her

direction in either an immediate, direct, or indirect supervision arrangement. The supervising veterinarian must have examined the animal at such time as acceptable veterinary medical practices requires, consistent with the particular delegated animal health care task.

Now, as long as a supervising veterinarian has examined the animal (establishing a VCPR) and is familiar with the services provided by the CVT, and the CVT is not practicing veterinary medicine, and the services provided by the CVT are not outside the boundaries of generally accepted practice principles, there should be no negative consequences. The supervising veterinarian always assumes responsibility for anything that happens to an animal under her/his care — even when that care is delegated to a CVT or other practice personnel. 🐾

Report from the CVT Representative on the Illinois State Veterinary Medical Association (ISVMA) Board of Directors

by Caroline G. Miskell, CVT, ISVMA Board Member, Illinois NAVTA State Representative

Illinois has had quite a period of changes in our professional organization, beginning with becoming the first combined state association for veterinarians and veterinary technicians in November 2008. ISVMA followed that in June 2011 with electing the first veterinary technician board member when certified veterinary technician membership reached 100 members. The mission of the ISVMA is: "Advancing the well-being of the veterinary profession, animals, the public and the environment." There is no better way to accomplish this mission than working together, and that is the attitude ISVMA has embraced. Dr. Ronald E. Gill, ISVMA president in 2008 and member of the Board of Directors, exemplified this cooperative spirit when he said, "My personal hope is that all people working in the veterinary medical profession will be represented by one inclusive organization, so that we can speak effectively with a unified voice for the benefit of Illinois."

During the February ISVMA Board of Directors meeting, the board unanimously voted to create the Cecil Ingmire First Decade Award for veterinary technicians. This award recognizes a veterinary technician in the first 10 years of his or her career who represents high standards of professionalism and demonstrates leadership in programs approved by the ISVMA. This award honors Dr. Cecil Ingmire for his constant support and advocacy of veterinary technicians in Illinois. Additionally, the Board voted to appoint the current CVT board member to serve as the NAVTA state representative during his or her term. The Board also met on April 18 and June 27 in Springfield.

The next Board meeting will be September 5, 2012, at the College of Veterinary Medicine at the University of Illinois. The Board will



hold an "open-forum" discussion with veterinary students during lunch. You can find out more about ISVMA, legislation affecting Illinois veterinary medical professionals, upcoming events and more by visiting www.isvma.org or following ISVMA on Facebook.

Save the date for this upcoming CE event:

- November 2-4, 2012 – 130th ISVMA Annual Convention at the Westin Lombard Yorktown Center Hotel 🐾

On-Line Reputation Management – Part 1

by James P. Humphries, BS, DVM, CVJ, Veterinary News Network, www.MyVNN.com,
American Society of Veterinary Journalists, www.ASVJ.org



Just type in your name or your hospital's name into Google and all sorts of stuff shows up. Some good, some bad and maybe some really awful! In this world of universal, instant and fairly anonymous communications using the Internet and especially social media, both good and bad things can happen. The good, of course, includes much greater reach to potential clients, existing clients and very inexpensive marketing and professional education. The visual nature of the Internet also makes photos and video an outstanding way to tell your story and allow you to stand out.

Unfortunately, some people will, fairly or not, use this medium to complain about your service or facility to the same huge audience. On your business site or social media pages you have good control, and this is fairly easy to contain. But on other large commercial ratings sites such as Yelp, City Search or Yahoo Local it appears you have little control and are at the mercy of some unreasonable people. When one angry client decides to exact revenge against your hospital they can appear to have the upper hand and lots of

undeserved control. It's a scary prospect for a business owner.

Instead of being scared, businesses should view the Internet as a tool to work directly with upset clients, if possible, fix the issue and hopefully turn them into a loyal client.

The best way to handle online complaints is to use social media to nip them in the bud! A recent survey showed a third of all businesses offered *no* response to angry customers. That is the wrong approach. Of the businesses that did contact an angry customer online 18% of the customers were so happy with



the follow-up that they converted to regular customers and even referred new business. A third of them went on to post positive reviews of the business and how they were so well handled. Another third went so far as to delete their damaging posts.

So it seems your first step is to contact the people via the social media or even by phone, discuss the problem and offer a solution. This will yield positive results for that person and the thousands watching, because online reviews live forever and that can be a good thing.

This also means you need to do this quickly. Reviews that are months or even years old (because you did not know they were there) have done their damage and your repair will seem like too little too late and have little effect.

Listening:

You should be "listening" to the net every several days. Set up Google Alerts using your name and hospital name as key words and get daily emails sent to you by Google's service. Backtype.com will also send you daily email alerts. Other listening tools are: Technorati (<http://technorati.com/>), Trackle (<http://trackle.com/search/>), and SocialMention (<http://www.socialmention.com/>) and Twitter!

Respond Quickly:

Then, once you discover a problem, it's simply a matter of researching the case and using some good, old-fashioned client service to resolve the problem and make them happy.

Does this work? *USA TODAY* reports that more than half of all Fortune 100 companies now use social media to solve customer complaints. Because they see companies that respond to online criticism quickly and strongly get results.

Most veterinary hospitals do not receive many aggressive complaints so it usually doesn't take much of your time to correct. However, when choosing rants to respond to, look for ones that are less than a few days old, on prominent sites and are about problems that you can solve. Those that appear to be the same person under different "names" ranting about the same case or close together in time will be obvious (both to you and to



others) that they are mounting an unreasonable personal assault and they lose credibility. When this type of thing appears on your Facebook page, immediately post your Facebook rules, then delete and block them. Do not hesitate, state your policy and then delete. (Ask your State VMA for a sample Facebook posting policy that you could easily adapt to your practice's FB page or contact me and I'll send you a sample).

When defending your hospital online, do so as the hospital and in a proud honest way. Talk about your professionalism, your service and the pride you have in what you offer. Of course I would not get into the details of a case. Keep online responses polite and direct then ask the client if you can contact them directly by e-mail or phone to discuss the specific details of their complaint.

This is known as "taking the issue off-line" and many times gets a resolution that will benefit all of you. Once resolved I'd even ask them directly to remove the damaging remarks. Following up with them in a few days or weeks can really show you are sincere about the resolution.

On the flip side of this, when you know you have a very satisfied client, why not hand them a prepared detail sheet showing them how to go online and give you a positive review? Perhaps offer a small gift (like a Starbucks gift certificate) for doing so. This could pay you huge benefits.

Sometimes there is no correction for a person who won't have resolution and

simply wants to try to damage you. So there are times when you can only offer a sincere apology and walk away from the conversation. Thinking of a legal action against them for slander or malicious intent will be a waste of time as proof of damages is practically impossible.

Reputation Management:

This is a new and fast growing industry. Because consumers are so free to voice opinions, many of which are unjust and malicious, companies such as Reputation.com, Reputationmanagementconsultants.com and Ironreputation.com have quickly developed. All have for fee services that will help you deal with this growing problem. Today any public figure has to use such services because we are so divided and polarized in this country that no matter your position, someone is going to attack you — especially online. Consequently, this new industry has come to the rescue.

In Part 2, I'll show you the step by step process for removing negative reviews, or pushing them down in the search engine results. 🐾

Dr. Humphries is an adjunct professor of media and communications at the College of Veterinary Medicine & Biomedical Sciences at Texas A&M University. He is the founder of the American Society of Veterinary Journalists (www.ASVJ.org) and the Veterinary News Network (www.MyVNN.com). He is an award-winning television producer and an experienced professional media spokesperson and speaker.

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Six Trends to Watch in 2012

by Wendy S. Myers

Veterinary hospitals have 40 percent of appointments unfilled.¹ Treading water — following the same business practices — isn't a long-term option in today's economy. With new approaches come new opportunities. Here are 2012 trends to watch:

1. Changing our language from wellness to preventive care. While it's impossible to predict when pets will become sick or injured, you can anticipate when patients will need preventive care. Exams, diagnostic testing, vaccines and parasite preventatives are renewable care that can fill open appointments. Wellness services and products generate 38 percent of revenue.² Just as you refill medications, think about which wellness services need refills, too. Changing your language to "preventive care" can provide better medical care to patients, increase clients' perception of value, and generate ongoing revenue.

2. Increasing use of social media. Today, 77 percent of veterinary hospitals have websites, and 43 percent are on Facebook.¹ Clients are looking online, so drive them to your website with a "trusted links" section. Facebook has 800 million users, with half logging on daily. Facebook's average user has 130 friends. Twitter has 300 million users, while 3 billion videos are watched on YouTube each day. See my 4-month-old kitten, Caymus, play fetch at www.youtube.com/watch?v=BS3u1_xYTfE. Bakerstown Animal Hospital in Bakerstown, Pennsylvania, has videos of wellness exams at http://www.youtube.com/watch?v=YZvHDAIj45s&feature=mfu_in_order&list=UL.

3. Offering wellness plans to help clients budget for veterinary care. Focusing on preventive care can encourage return visits. Just look to Banfield's wellness plans as proof. About 46 percent of Banfield clients have their pets on wellness plans.³ "We've found that wellness-plan clients not only come in twice as often, they have better compliance with preventive care recommendations," says Dr. Jeffrey S. Klausner, Banfield's chief medical officer. "Our data shows that 45 percent of wellness-plan clients have their pets on heartworm preventatives, while only 20 percent of non-wellness-plan clients do."

Wellness plans may be one solution to increasing veterinary visits, allowing pet owners to budget for preventive care. More than 44 percent of pet owners said veterinarians could increase patient visits if they provided wellness plans with monthly billing.¹

Private practitioners have faced obstacles when designing their own wellness plans, including lack of marketing materials, secure credit-card storage and monthly billing capabilities. A new PurinaCare program, Partners in Wellness (www.partners-in-wellness.com/clinic), lets veterinarians create tailored wellness plans that are branded to individual hospitals and includes free brochures, website banners and

marketing materials to educate clients. Clients pay monthly for annual contracted wellness services, eliminating sticker shock.

Through online setup, your hospital creates plans with specific services and products and sets monthly fees. Clients enroll online, avoiding paperwork at the clinic. Partners in Wellness interfaces with your practice-management software, allowing on screen viewing of the plan that the client purchased, tracking delivered and owed services, and viewing the client's payment status.

Partners in Wellness automatically bills your clients monthly, deposits funds into your account and manages the year-to-year renewal process. PurinaCare simply acts as a third-party administrator, managing the program behind the scenes.

Consider offering preventive care plans by life stage: pediatric, adult and senior. Plans should reflect your hospital's standard of care. Create two levels for each life-stage plan: essential preventive care and best preventive care. Your "best" plan could include year-round parasite prevention.

4. Delivering auto refills for prescriptions. When visiting a Kroger pharmacy, the pharmacist asked me if I'd like to sign up for automatic refills and get a text or e-mail when my prescription is ready. I enrolled and now get a text each month to pick up medication. This business strategy gains customer loyalty, helps the pharmacy retain the prescription in a competitive market and generates ancillary sales. Now this trend is coming to veterinary medicine. Ask distributors and Vetstreet (www.vetstreetpro.com) about auto refills.

5. Using iPads in exam rooms. Snap a patient's picture with your iPad 2 in an exam room, post it to Facebook, and e-mail the client. Show



X-rays to clients on IDEXX's I-Vision Mobile™ application that lets you view and share images on mobile tablets. Play videos of medical procedures for clients, and then e-mail discharge instructions from exam rooms.

6. Increasing e-mail and text reminders. Most hospitals have collected 30 percent of clients' e-mails. You could gather 70 percent or more within two years if you make an effort. How you ask for clients' e-mails matters. Don't say, "Can I get your e-mail?" Instead, use benefit statements. Say, "Our hospital is going green and sending more reminders by e-mail. We also want to be able to quickly notify you about any pet health alerts such as a rabies outbreak in the county or pet food recall. You can access Jake's reminders and request prescription refills through our website. Which e-mail would be the best for you to receive Jake's reminders?"

Text messages are read within 15 minutes of receipt. Put this statement on surgical and dental consent forms:

How would you like us to notify you when your pet wakes from anesthesia?

- Text message sent to (___) _____
- Phone call to (___) _____
- E-mail to _____

Send texts to clients through services such as Google Voice (www.google.com/voice), Vetstreet (www.vetstreetpro.com) or In-Touch Mobile (www.in-touchmobile.com). Never use a practice cell phone because you can't document the conversation in the medical record. Another danger: The client has your personal cell number and may expect you to answer 24/7! 🐾

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About the Author

Wendy S. Myers owns Communication Solutions for Veterinarians in Denver. Her consulting firm helps teams improve compliance, client service and practice management. Wendy also is a partner in Animal Hospital Specialty Center, a 13-doctor AAHA-accredited referral practice offering internal medicine, surgery, neurology, oncology, specialty dentistry and emergency care in Highlands Ranch, Colorado. She is the author of four books and five videos. Follow Wendy on Twitter: @wendysmyers.

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Hiring the Right Person from the Start Is Critical.

The average turnover rate in veterinary practices is 30% per year.

by Stith Keiser

\$215,000. That's how much one of our accredited practices reports it lost due to the turnover of an associate.

Soon after this associate was hired, staff fell in love with her, and clients were drawn to her easygoing personality and communication skills.

Fast-forward one year. The associate decides she's not the right "fit" for the practice, gives her two-week notice and immediately starts searching for jobs. It doesn't take her long to locate another practice, just outside her non-compete period, and she is soon joined by a support staff member from her previous employer as well as several of the practice's top 50 clients.

The owner calculates that his associate's departure cost him nearly \$215,000 — nearly a quarter of the practice's gross annual revenue — by the time he takes into account lost potential revenue due to the lost clients along with the cost of replacing the technician and doctor.

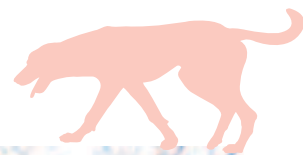
In 2009 the American Animal Hospital Association (AAHA) published this disturbing statistic: "The average turnover rate in veterinary practices is 30% per year." This makes it one of the worst turnover rates in any professional industry.

Some practice owners are under the misconception that turnover isn't a big deal because there is a "surplus" of candidates on the market. Although there is that perception in certain parts of the country, this perceived availability of candidates can be deceiving and is really irrelevant.

Practices without a clear understanding of their team dynamics, practice culture and basic practice needs stand a slim chance of selecting the right candidate from a pool of applicants. The best method for reducing turnover is to hire right. That means identifying what your practice needs and then designing — and implementing — an in-depth screening process to identify the right candidate.

The selection and hiring of the right candidate can easily distract you from the practice of medicine and the management of your practice. In order to address the issue at hand, AAHA recently purchased My Veterinary Career (MVC), a job-search tool for the veterinary profession that matches veterinarians, practice managers and technicians with practices of all sizes and specialties.

According to AAHA Executive Director Michael Cavanaugh, DVM, DABVP, "AAHA prides itself on remaining on the cutting edge of veterinary medicine, and that means continually looking for innovative ways to serve our members so that they can better serve their patients and clients.



"Veterinary medicine continues to be plagued by high turnover rates. We know that turnover has many negative effects on a practice, including the bottom line, the culture, patient care and customer service.

"The MVC matchmaking process seeks to put veterinary professionals and practices together that have a high probability for a successful relationship. That means finding a position where the recent graduate or experienced veterinarian, technician or practice manager will not want to leave after the first year."

If you're tired of watching your hospital's profits slowly slip through the drain, let AAHA and MVC plug the leak by matching you with the right staff member for your practice! 🐾

This article is reprinted from Trends magazine (January 2012). Copyright © 2012 American Animal Hospital Association (aahanet.org).

Stith Keiser is the business manager of Career Development and My Veterinary Career for AAHA (myveterinarycareer.com).

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A Question That Opens the Door to Better Patient Care

by Gerald Snyder, VMD

Ask veterinary clients, "How long do you want your pet to live?" Their answers can open the door to better care.

Sometimes, a little change can make all the difference. At a temperature of 33 degrees Fahrenheit, water falling from the sky is just another rainy day. But at 32 degrees, those raindrops turn into snowflakes — creating a child's winter wonderland full of snowballs, sledding and hot cocoa. Likewise, at 211 degrees Fahrenheit, water is simply very hot. Add just one degree and you create steam, forceful enough to power trains and ships.

Veterinary practices are no different. Most, in my observation, are underpowered by as little as one "degree" or so. That's why management consultants can bring about

powerful changes. We see between the cracks. We see opportunities being missed and help the practice to implement them. And like steam, we help power a practice out of the doldrums and back into productivity and profitability.

Keep it simple

Here's one technique we use: Ask each client a very simple question. It's a question that is almost never asked and yet can help increase communication and efficiency. It is not a trick question but a deceptively simple one. Here it is: "How long would you like your pet to live?"

Clients probably have never thought about this before, though many really need to. It sets the stage for your entire relationship.

Many will answer, "As long as possible!" Perhaps a Great Dane owner will say, "20 years." A poodle owner may reply, "10 years." A simple chart on the wall (like the one provided below) will help to reveal the pet's current human equivalent age. At this point, the client will see that the Great Dane is unlikely to make it to twenty years and the poodle may be around a lot longer than expected.

Now is your opportunity to begin conversations focused on earlier geriatric care for the Great Dane and the (seemingly never-ending) dental care required for poodles. Low-sodium diets can be discussed along with any number of preventive care topics. All these points are unleashed by one simple question.

Likewise, after entering the exam room, every technician should ask clients, "Do you know how old Fluffy is in human years?" and show them the wall chart. Simple, isn't it?

So ask yourself: How many degrees of effort does it take to have a framed poster in your exam rooms? Keep it as straightforward as possible. For example: "Give your pet the gift of life. Pets whose chronic dental disease is treated live two to four years longer than those who don't receive regular periodontal treatment."

Of course, you might get an answer to "How long do you want your pet to live?" that floors you. Once, a client told me his daughter dragged a puppy home when she was 14 years old and insisted on keeping it. It cost him a fortune to get rid of the hookworms and heartworms. The daughter went off to college and couldn't take the dog with her, so he "babysat" for four years. After college, she announced that she was going into the Peace Corps — meaning the dog was his for another three years. While she was overseas, she met and married a young man who was severely allergic to dogs. He was stuck with

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Pet's age in human years based on adult weight

Use a chart such as this one in your exam rooms to show clients how old their pets are in "human years" based on the pet's adult weight in pounds.

Pet's age	Human age equivalent for 0- to 20-lb. pets	Human age equivalent for 21- to 50-lb. pets	Human age equivalent for 51- to 90-lb. pets	Human age equivalent for pet over 90 lbs.
6 years	40 years	42 years	45 years	49 years
7 years	44 years	47 years	50 years	56 years
8 years	48 years	51 years	55 years	64 years
9 years	52 years	56 years	61 years	71 years
10 years	56 years	60 years	66 years	78 years
11 years	60 years	65 years	72 years	86 years
12 years	64 years	69 years	77 years	93 years
13 years	68 years	74 years	82 years	NA
14 years	72 years	78 years	88 years	NA
15 years	76 years	83 years	93 years	NA
16 years	80 years	87 years	NA	NA
17 years	84 years	92 years	NA	NA
18 years	88 years	96 years	NA	NA
19 years	92 years	NA	NA	NA
20 years	96 years	NA	NA	NA

Aggression Reject – Killer K9s

by Sally J. Foote, DVM

One of the questions posted during my webinar series was: "How should the staff handle a large dog that has been 'fired' from other veterinary clinics for aggression?" Where do we start with rewarding or less-stressful handling?

This is a real-life situation. A dog is aggressing so badly that it is very difficult to perform an exam safely for the staff or the dog. Tranquilizers did not have the desired effect. What to do? Can this dog be treated safely? Should we take this case on?

There is a long story and a short story. The short story — if this veterinary clinic does not feel confident to work positively with this dog, then refuse to take on the case. There is not any short, sweet, guaranteed solution for positively handling an aggressive dog. Refer to a veterinary behaviorist. If you are weak in the skills of less-stressful handling, refine your skills on easier patients before you take on a challenge like this. It is not a cop-out to say, "You need to go to a specialist." It is responsible to the patient and may make the seriousness of aggression more evident to the owner. I look at this like referring a complicated fracture to a surgery specialist who knows more and has more skills than I do. Sometimes, in this discussion, the nature of the aggression is revealed to be much more involved. Then it is possible that the best solution is to euthanize this dog. Aggression is a learned and innate behavior. If the degree is so advanced that triggers cannot be identified or controlled safe handling is not possible, the dog is also suffering — it takes a lot of fear/anxiety/other physical problems to have a dog be this difficult. Not all aggression can be trained or medicated down to a safe level. This is one of those times that it is really tough being the veterinarian. If your dog is aggressing for treatment, please approve the suggested medications to help your pet and your veterinarian before it gets to this point.

Now the long story — if you decide to work with this patient, then you need to get some history from the owner and previous veterinarians. Find out when the dog begins to show signs of anxiety — pacing, panting or barking. How well does this dog travel? What methods have been used in the past? If forceful methods of restraint were used in the past, that would be a big reason for the advanced aggression. Creative techniques for handling that are not forceful, coupled with anti-anxiety medications, supplements, pheromones or tools such as Thundershirts, would be very important in changing the experience for this dog. One must be aware of any painful problems that the dog has, even if the dog is not acting as if it is in pain. Consider the breed type — an older rottweiler could have hip dysplasia. A dose or two of Rimadyl or another NSAID could greatly improve the attitude of this dog. Chronic pain is often an aggravator to aggression. Of course, it is best to diagnose what the problem is before any treatment, but sometimes the problem is barring the veterinarian from making the diagnosis. Pain relief can be used as a diagnostic tool.

So where would one begin? If an exam is needed immediately, dispense a combination of a fast-acting anti-anxiety medication with tranquilizer. Typically, acepromazine is combined with alprazolam. Acepromazine alone is not a good medication for aggressive dogs. The dog or cat is sedate, but this medication can actually increase sensitivity to noise and heighten anxiety. Dr. Karen Overall presents this information very well in this video www.youtube.com/watch?v=6-GsmrFYHKk. Use a muzzle, and make it a reward mask. One can still give rewards through the muzzle with this combination to positively condition the dog to the visit (see my YouTube video "Muzzle for Rewards"). Often, after a few visits, the medication can be reduced to just the alprazolam and weaned off.

Bite dysinhibition is a concern when using any psychotropic medication. There may be more confidence with the medication, so the dog uses aggression as a tool to keep fearful things away. There is a broad dosage range for some of these medications as well. So how do we know if the medication will make things better or worse? The solution — try the medication out before an exam. Give the oral medication in your office, and board the dog, observing the dog's behavior. Or, if the client is willing, he or she can give the medication at home. If this dog is worse on the medication, at least there was not added risk for treatment. In that case, injectable deep sedation or anesthetic combinations should be given immediately on arrival before the dog has a chance to get upset. Even with these drugs, there can be bite dysinhibition, so do not let your guard down. For these really difficult dogs, look everywhere for any pain stimulus. If there is not any evidence of chronic ear, tooth or orthopedic pain, refer this dog to a veterinary behaviorist as soon as possible. The American Veterinary Society of Animal Behavior has a listing of DVMs who take behavior consultations. Go to www.avsonline.org to find someone near you. Dogs with aggression need more than training. Seek a DVM with additional behavior expertise for help.

Exams outside of the office can also be helpful. I have one client where I do the exam, vaccinations and blood work in the front yard of my office. Her dog becomes very nervous in the exam area and is much calmer outside. I also do house calls with a tech, which can result in a much better experience. Be creative, and continue to counter-condition these dogs. Many can turn around and become not only less aggressive but calm, social dogs at the veterinary clinic. The key is to reward throughout the exam and use tools that decrease fear, pain and anxiety.

I am posting cases of aggressive dogs and cats that have changed their behavior when at the veterinary clinic using rewards and positive handling only. Visit my site at www.drssallyjfoote.com and look out for cases of the month and videos of the month postings. If you have any cases that you would like to post, please send them to me through my website. 🐾

New Surgery Team Covers All the Bases

by Herb Whiteley, Dean, College of Veterinary Medicine, University of Illinois



As we head into the fall season, an all-star lineup in our small-animal surgery section — including four new faculty members — will be in place to provide comprehensive services in soft tissue, orthopedic, oncologic, neurologic, and oral/maxillofacial surgery and rehabilitation.

"We are taking a team approach, with all the surgeons working together," explains Dr. Sandra Manfra Marretta, who joined the college in 1990 and is the senior member of the team.

Double-boarded in surgery and dentistry, Dr. Manfra has built a strong dentistry program at Illinois. In addition to her clinical service, she plays a big role in education of students, residents and practitioners. Her online dentistry modules have brought dental education to veterinary students at many institutions without boarded dentists as well as to practitioners around the world, and her intensive hands-on workshops fill quickly.

"We are all available for discussion, informal consultations, referrals and ongoing patient management," says Dr. Heidi Phillips, who joined our faculty in March.

Dr. Phillips, who will lead the soft-tissue service, earned her veterinary degree and completed a small-animal surgery residency at the University of Pennsylvania. She worked in a private surgical practice and taught at Penn, where she trained in renal transplant medicine and surgery and microvascular surgery.

A search is currently underway for an additional soft-tissue surgeon.

Dr. Phillips also notes that the surgeons are available to speak at regional VMA meetings. She and Drs. Michael McFadden and Devon Hague will be presenting at the annual Fall Conference for Veterinarians, scheduled for September 13 and 14 in Champaign.

Dr. McFadden officially joined our faculty last fall, but many of you may have worked with him during his surgical residency at Illinois. After earning board certification, he took a position at VCA Northview Veterinary Specialty Services in Pittsburgh, Pennsylvania. We are pleased to have him back at Illinois. Dr. McFadden earned his veterinary degree at Ross University and completed a one-year internship at Louisiana State University. He also has a master's degree in biology from Texas State University-San Marcos.

Dr. McFadden and Dr. Tisha Harper will see orthopedics cases. Their service will work closely with the rehabilitation program run by Kim Knap, CVT, CCRP, who can be reached at (217) 265-5314.

Dr. Harper arrived at Illinois in July, joining us from the Virginia-Maryland Regional College of Veterinary Medicine in Blacksburg, where she had served the faculty since 2006 and had previously completed a master's degree and surgical residency. Her veterinary degree is from the University of the West Indies.

The newest member of the team is Dr. Devon Hague, who joins us in August to see neurology cases. Dr. Hague earned a veterinary degree at The Ohio State University and completed a general internship in Connecticut, followed by a neurology internship in the Dallas area. She recently completed a three-year neurology residency at Bush Veterinary Neurology Service in Virginia.

Our surgery team is focused on excellent patient care and responsiveness to owners and their veterinarians. They are backed by outstanding technicians, anesthesiologists, critical-care

specialists and radiologists at the Veterinary Teaching Hospital. Advanced capabilities include laparoscopy, arthroscopy, thoracoscopy and minimally invasive fracture repair. A harmonic scalpel and LigaSure™ are available to aid in minimally invasive procedures, amputations and removal of large masses, and intra-operative fluoroscopy is available to aid in fracture repair.

I invite you to contact any member of the team for informal consultations or referrals. Reach them through the referring veterinarian line at (217) 333-5311 or by contacting the relevant clinical coordinator. 🐾

Devon Hague, DVM (Residency-Trained in Neurology)
Neurology and neurosurgery, including spinal and intracranial surgery, electrodiagnostics, neurorehabilitation, and medical management of central and peripheral nervous system diseases. *Clinical coordinator: Allison Lutz, (217) 265-5533.*

Tisha Harper, DVM, MS, DACVS
Orthopedic surgery, including total hip replacement, stifle and elbow diseases, angular limb deformities, arthroscopy and fracture repair, and rehabilitation therapy. *Clinical coordinator: Allison Lutz, (217) 265-5533.*

Sandra Manfra Marretta, DVM, DACVS, DAVDC
General dentistry, digital dental radiography, advanced periodontal surgery, root-canal therapy, cleft-palate repair, endodontic therapy, jaw-fracture and oral tumor management, and treatment of unusual oral lesions. *Clinical coordinator: Misty Croy, (217) 333-5859.*

Michael S. McFadden, DVM, MS, DACVS
General orthopedic surgery and soft-tissue surgery, including minimally invasive surgery (minimally invasive fracture repair, arthroscopy and laparoscopy) and surgery of exotic animals. *Clinical coordinator: Allison Lutz, (217) 265-5533.*

Heidi Phillips, VMD, DACVS
General soft-tissue surgery, including thoracic and abdominal surgery, oncologic surgery and reconstructive surgery; complicated soft-tissue surgeries, including advanced urinary-tract surgery and microsurgery; and placement of tracheal and urethral stents (coming in 2013). *Clinical coordinator: Michelle Jaeger, (217) 333-6808.*

The 5 Qualities of Remarkable Bosses

Consistently do these five things and the results you want from your employees — and your business — will follow.

by Jeff Haden — originally published on INC.com



Remarkable bosses aren't great on paper. Great bosses are remarkable based on their actions.

Results are everything — but not the results you might think.



Consistently do these five things and everything else follows. You and your business benefit greatly.

More importantly, so do your employees.

1. Develop every employee. Sure, you can put your primary focus on reaching targets, achieving results, and accomplishing concrete goals — but do that and you put your leadership cart before your achievement horse.

Without great employees, no amount of focus on goals and targets will ever pay off. Employees can only achieve what they are capable of achieving, so it's your job to help all your employees be more capable so they — and your business — can achieve more.

It's your job to provide the training, mentoring, and opportunities your employees need and deserve. When you do, you transform the relatively boring process of reviewing results and tracking performance into

something a lot more meaningful for your employees: Progress, improvement, and personal achievement.

So don't worry about reaching performance goals. Spend the bulk of your time developing the skills of your employees and achieving goals will be a natural outcome.

Plus it's a lot more fun.

2. Deal with problems immediately. Nothing kills team morale more quickly than problems that don't get addressed. Interpersonal squabbles, performance issues, feuds between departments ... all negatively impact employee motivation and enthusiasm.

And they're distracting, because small problems never go away. Small problems always fester and grow into bigger problems. Plus, when you ignore a problem your employees immediately lose respect for you, and without respect, you can't lead.

Never hope a problem will magically go away, or that someone else will deal with it. Deal with every issue head-on, no matter how small.

3. Rescue your worst employee. Almost every business has at least one employee who has fallen out of grace: Publicly failed to complete a task, lost his cool in a meeting, or just can't seem to keep up. Over time that employee comes to be seen by his peers — and by you — as a weak link.

While that employee may desperately want to "rehabilitate" himself, it's almost impossible. The weight of team disapproval is too heavy for one person to move.

But it's not too heavy for you.

Before you remove your weak link from the chain, put your full effort into trying to rescue that person instead. Say, "John, I know you've been struggling but I also know you're trying. Let's find ways together that can get you where you need to be." Express confidence. Be reassuring. Most of all, tell him you'll be there every step of the way.

Don't relax your standards. Just step up the mentoring and coaching you provide.

If that seems like too much work for too little potential outcome, think of it this way. Your remarkable employees don't need a lot of your time; they're remarkable because they already have these qualities. If you're lucky, you can get a few percentage points of extra performance from them. But a struggling employee has tons of upside; rescue him and you make a tremendous difference.

Granted, sometimes it won't work out. When it doesn't, don't worry about it. The effort is its own reward.

And occasionally an employee will succeed — and you will have made a tremendous difference in a person's professional and personal life.

Can't beat that.

4. Serve others, not yourself. You can get away with being selfish or self-serving once or twice ... but that's it.



Never say or do anything that in any way puts you in the spotlight, however briefly. Never congratulate employees and digress for a few moments to discuss what you did.

If it should go without saying, don't say it. Your glory should always be reflected, never direct.

When employees excel, you and your business excel. When your team succeeds, you and your business succeed. When you rescue a struggling employee and they become remarkable, remember they should be congratulated, not you.

You were just doing your job the way a remarkable boss should.

When you consistently act as if you are less important than your employees — and when you never ask employees to do something you don't do — everyone knows how important you really are.

5. Always remember where you came from. See an autograph seeker blown off by a famous athlete and you might think, "If I was in a similar position I would never do that."

Oops. Actually, you do. To some of your employees, especially new employees, you are at least slightly famous. You're in charge. You're the boss.

That's why an employee who wants to talk about something that seems inconsequential may just want to spend a few moments with you.

When that happens, you have a choice. You can blow the employee off ... or you can see the moment for its true importance: A chance to inspire, reassure, motivate, and even give someone hope for greater things in their life. The higher you rise the greater the impact you can make — and the greater your responsibility to make that impact.

In the eyes of his or her employees, a remarkable boss is a star.

Remember where you came from, and be gracious with your stardom. 🐾

Jeff Haden learned much of what he knows about business and technology as he worked his way up in the manufacturing industry. Everything else he picks up from ghostwriting books for some of the smartest leaders he knows in business. Follow Jeff on Twitter: @jeff_haden.



In-State Opportunities

Seeking Veterinarians

Great Lakes Veterinary Treatment Facility in Great Lakes, Illinois, is seeking a part-time flex veterinarian. The clinic focuses on basic wellness, minor sick call and health certificates. Limited surgeries. No emergencies. If you would like to learn more about joining our team, please apply at www.usajobs.gov/GetJob/ViewDetails/315397800, or contact Dr. Hardy at (847) 688-5740, ext. 80704, or vetclicin@mwrgl.com.

East Side Animal Hospital is seeking a third full- or part-time, enthusiastic, compassionate and professional associate veterinarian to join our fabulous and dedicated team. We offer a competitive salary with benefits. If you are looking for an environment that will challenge, enrich and offer opportunity for advancement, then please send your résumé to 2406 E. Washington St., East Peoria, IL 61611, esah@sbcglobal.net.

We are in need of a superstar full-time vet with great people skills! SVH is a fast-growing extended-hour practice with a high-volume caseload. Our facility is equipped with laser surgery, digital radiography, therapy laser, tonometry and a full in-house lab. We are open 365 days, and a couple of holiday shifts a year are required. Good salary and all the benefits that you're looking for. If interested, please contact Jeff Bloomberg, DVM, with a cover letter and résumé at jbloomberg@schaumburgveterinaryhospital.com.

Four-doctor AAHA hospital in Wicker Park. Modern, fully equipped facility with excellent staff and clientele. Looking for a compassionate, personable team player. Competitive salary and benefits. Please call Marie at (773) 278-1330, ext. 6.

The Quad City Animal Welfare Center (QCAWC) is seeking an experienced full-time veterinarian for spay/neuter clinic, including pediatric sterilizations and oversight of client and shelter animals' health care. Excellent people skills required. Must possess a DVM and valid

Illinois and DEA licenses. Salary commensurate with experience. Please send résumé to Quad City Animal Welfare Center (QCAWC), 724 West Second Avenue, Milan, IL 61264, or e-mail at patti@qcawc.org. Attn: Patti McRae, executive director.

Prairie Ridge Veterinary Clinic, a mixed but predominantly SA single-doctor clinic in Havana, Illinois, is seeking a full-time certified veterinary technician or experienced veterinary assistant. Please send résumés to prvc@grics.net, or call (309) 543-2091 for more information.

Animal Emergency Clinic of Springfield is seeking a full-time veterinarian. Springfield is one of the least expensive cities in the Midwest in which to live and has maintained a very stable economy. Rotating schedule with every third weekend off, averaging three shifts/week. Fully equipped, including digital radiography, and well supported by community. This allows for excellent patient care and great production-based salary with guaranteed base. Benefits: association dues, PLIT liability, vacation, health care benefit, CE stipend, \$1,000 moving bonus and interest-free loan to assist with moving. Contact Dr. Nick McClimon, 1333 Wabash Ave., Springfield, IL 62704, or e-mail: aecldt@comcast.net.

Looking for a veterinarian with a positive attitude, a strong work ethic and great communication skills for a high-volume, multi-doctor practice in the south suburbs of Chicago. The practice is well equipped and paper-light with a strong support staff. Interest in any of the following: surgical, endoscopic, chiropractic, acupuncture, or rehabilitation is desired. Please contact Dr. John Coyne at jacdv55@aol.com.

We are looking for an experienced, upbeat, motivated veterinary technician who enjoys working with animals to assist a solo practitioner in a feline, canine and exotic animal practice. Work experience required. Please fax your résumé to: (708) 206-2340, or e-mail to: jobs@llvet.net.

Banfield Pet Hospital of East Peoria offers the opportunity to practice quality medicine with the right tools, knowledgeable teams, and nationwide support. Apply online at www.banfield.com/careers, or, if you have additional questions, e-mail our medical director at cindy.makofski@banfield.net.

Small animal clinic in Paxton, Illinois, is seeking a part-time veterinarian. We are located about 30 minutes north of Champaign in a small-town atmosphere. Please contact us at animal-clinicofpaxton@yahoo.com or (217) 379-3800 for more information.

Rehabilitation veterinarian needed for our fully equipped, 10,000-square-foot emergency/critical care and specialty hospital in Milwaukee. We have critical care specialists, a board-certified surgeon, a board-certified internal medicine specialist and a board-certified dentist. We also provide an excellent technical and support staff that provides the highest quality care to our patients, pet owners and referring veterinarians. The ideal candidate will be a DVM with post-graduate training in rehabilitation therapy (CCRP) or (CVMRT). Applicant must have a strong interest in how massage and neurology are used as part of the rehabilitation process. Must possess strong communication skills and enjoy working in a stimulating and challenging environment. We offer an excellent salary and benefits package. Please e-mail your résumé to Dr. Marla Lichtenberger, marlavet@aol.com, or call (414) 543-7387 for more information.



Small animal hospital in Palatine is seeking one full-time or two part-time veterinarians. We are a two-doctor, well-established, AAHA-accredited practice in the northwest suburbs of Chicago. Enjoy working in a low-stress atmosphere while practicing medicine with an excellent, compassionate staff and a high-end clientele. Thirty-five-hour work week with no emergencies, offering a great work/life balance. Equipment includes ultrasound, digital radiography, endoscopy, in-house chemistry/hematology and more. Competitive salary with generous benefits. Please e-mail résumé to animaldox@sbcglobal.net, or contact Dr. Abel at (847) 358-6767.

Ridge Animal Clinic: Experienced part-time or full-time associate needed for companion animal practice southeast of Chicago (Lansing, Illinois). Friendly, professional staff. Client education is essential. Practice equipped with surgical laser, therapy laser, digital radiography and full in-house lab. Competitive salary, benefits and potential ownership. Contact Kerri Katsalis, DVM, at (708) 474-3100, fax (708) 474-2870, or e-mail résumé to rac3667@sbcglobal.net.

Practice Personnel

Auburn Veterinary Service, located on Richland Ranch in Auburn, Illinois, is seeking a certified veterinary technician or experienced veterinary assistant to join our growing small-animal practice. We pride ourselves in prac-

ticing high-quality medicine for a wonderful clientele. Interested parties should e-mail klmdvm32@yahoo.com or mail résumés to PO Box 92, Pawnee, IL 62558.

Our growing and expanding AAHA-accredited hospital located in a northern Chicago suburb is hiring two full-time veterinary technicians. We would prefer you are a certified veterinary technician (CVT); we will certainly seriously consider experienced and energetic candidates. Our multi-doctor practice with a staff of more than 30 is a community-based hospital, and we pride ourselves on our personalized customer service and the highest medical standards that keep us on the cutting edge of the veterinary industry. We are looking for candidates who can multi-task, work well under pressure, have experience in client education and who have a professional appearance. Our modern community is nationally recognized with award-winning schools and acres of hiking, swimming, fishing and horseback riding. We compensate our technicians well and offer an excellent benefit program of health insurance, 401(k), CE and uniform allowance. Please send your résumé in confidence to Darla Hoffer, dhoffer@myveterinarycareer.com.

Practices for Sale In-State

SA Px for Sale: Southern Illinois, progressive established 33 years in Carbondale with great clientele and visibility; satellite clinic; gross

more than \$1 million with ongoing growth. Will help with financing. Great opportunity. Call (618) 446-3263 or (618) 203-9278.

Start enjoying life. SA practice open 25 hours per week located on scenic farm in the heart of southern Illinois. High-net, well-equipped growing practice. No boarding or grooming. Sale price includes beautiful home with pool, separate clinic, 10 acres, inventory and equipment. No charge for "blue sky." Look outside exam room window and see eagles, turkeys, deer and geese. Excellent opportunity. Health issues force sale. (618) 967-0047.

Services

AVMA Group Health and Life Insurance Trust: Fred Rothschild, CLU, RHU, and David Rothschild have advised more than 400 veterinarians. For AVMA Group Health and Life information, underwritten by New York Life Insurance Company, New York, New York, contact us at (800) 673-5040 or Rothschild-Ins@mcleodusa.net for analysis.

Veterinary Relief

Small-animal medicine/surgery/emergency relief veterinarian available for DuPage and Cook Counties. Will also consider other areas in the state. Available seven days per week. Please contact Dr. Rosemarie A. Niznik at cell number: (630) 915-0156 or drroseniznik@gmail.com. 🐾

"A Question That Opens the Door to Better Patient Care," continued from page 21

the dog for another four years. He told me, "It's a nice dog, but we never wanted one. I suppose we sort of like him, but I don't want him to live one day longer than he has to!"

Yet for each client like this, there are scores of others who will sacrifice their vacation money rather than see their family member go without procedures to extend their lives.

Small steps mean big returns

The time has come to better communicate those extended life values to clients. Certainly some pet owners decline necessary pet care because they're facing financial limitations. But it's possible that your low compliance rate may be the result of a communication gap among you, your staff and your clients. To identify if the right messages are getting through, you

could consider video recording your outpatient appointments. Then review the videos to evaluate your and your staff's presentation style, message and body language.

Also observe the client's body language for signs of confusion or misunderstanding. Recent studies show that many clients come away from veterinary visits confused. Make note of the following:

- Is the client receiving a clear and specific recommendation?
- Does the client have time to make a decision?
- Is he or she encouraged to agree to necessary healthcare?

Discuss the results with your entire team to create awareness. Then develop an action plan you can incorporate into daily practice. Con-

duct this exercise on a regular basis and note improvements along the way. Remember, every client encounter is an opportunity to affirm the value of your services. But to do so, everyone in your practice must deliver a clear, concise and consistent message to clients.

It's really very biblical. How many times do the testaments say, "Ask and you shall receive"? 🐾

Dr. Snyder, a well-known consultant, publishes Veterinary Productivity, a newsletter for practice productivity. He can be reached at 112 Harmon Cove Towers, Secaucus, NJ 07094, (800) 292-7995, Vethelp@comcast.net, fax: (866) 908-6986.

For a complete list of articles by Dr. Snyder, visit <http://dvm360.com/snyder/>.

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Drug and Pet Food Recall Notices

Listed below is information on recall notices received by the ISVMA. Additional information can be found at the following sources: www.fda.gov/AnimalVeterinary/SafetyHealth/RecallsWithdrawals/default.htm and www.fsis.usda.gov/Fsis_Recalls/Additional_Recall_Links/index.asp.

July 2012

Hospira Injectable Product Recall

Hospira, Inc. issued the list of recalled products at www.fda.gov/downloads/Safety/Recalls/ucm311977.pdf to further inform the general public about a previously communicated user-level recall of a total of 19 lots of carboplatin, cytarabine, paclitaxel and methotrexate in the United States due to visible particles embedded in the glass located at the neck of the vial. There may be potential for product to come into contact with the embedded particles, and the particles may become dislodged into the solution. In the event in which particulate matter could be injected into a patient, there may be the potential for patient injury where medical intervention may be required. Signs and symptoms might include bleeding, bruising, inflammation, itching, rash, chest pain and respiratory symptoms.

Hospira has not received any reports of adverse events related to these lots. Hospira has completed an investigation and attributed the root cause to a supplier glass defect. Corrective and preventive actions have been identified and initiated. Learn more from the FDA at www.fda.gov/Safety/Recalls/ucm311971.htm.

Feed Solutions Voluntary Recall

Feed Solutions has initiated a voluntary recall of certain varieties of the feed products with specific lot codes listed at www.fda.gov/Safety/Recalls/ucm312003.htm, due to the potential for elevated vitamin D levels. Elevated vitamin D levels may cause death or otherwise be harmful to animals and fish if fed for extended periods, potentially resulting in lack of interest in eating, weight loss and possible joint stiffness.

Although no customer complaints have been received to date, products with specific lot numbers are being recalled as a precaution due to analytical test results on retained samples that indicate a potential for elevated levels of vitamin D. Learn more from the FDA at www.fda.gov/Safety/Recalls/ucm311998.htm?source=govdelivery.

Nature's Variety Voluntary Recall

Nature's Variety has initiated a voluntary recall of its Prairie Beef Meal & Barley Medley Kibble for Dogs because of an off odor that may develop over time. The Lincoln-based pet food manufacturer said the product is not contaminated, but some food is not remaining fresh for the shelf life of the product.



The products affected are the 5-, 15- and 30-pound bags of Prairie Beef Meal & Barley Medley Kibble, as well as the 3-ounce sample size. Learn more from Nature's Variety at www.naturesvariety.com/news/53.

PMI Nutrition Recalls Exotic Pet Food Due to Excess Vitamin D

After getting complaints about their pets' illnesses and deaths of their small birds, PMI Nutrition International LLC, a division of St. Paul, Minnesota-based Land O'Lakes Inc., has recalled four varieties of its LabDiet and Mazuri feed products for small birds, guinea pigs, maned wolves and primates. The products that have been recalled are reported to have elevated vitamin D levels.

The exotic-animal foods were produced at PMI's Richmond, Indiana, plant, and were distributed throughout the United States and to some international markets. More information from the FDA, including product codes, can be found at www.fda.gov/Safety/Recalls/ucm310630.htm.

Mars Recalls Pedigree Food Due to Choking Risk

Mars Petcare US is voluntarily recalling a limited range of three varieties of Pedigree weight management canned dog food products due to a potential choking risk. The affected product may contain small pieces of blue plastic, which entered the food during the production process. The company says that the source of the plastic has been identified, and the issue has been resolved.

Mars is encouraging consumers who purchased the affected product to discard the food or return it to the retailer for a full refund or exchange. While a small number of consumers have reported finding the plastic pieces, Mars says it has not received any reports of injury or illness associated with the affected product. Learn more from the FDA at www.fda.gov/Safety/Recalls/ucm310400.htm. 🐾

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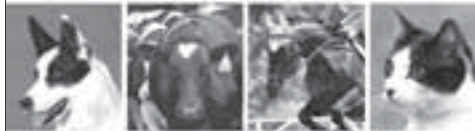
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