

Epitome

WINTER 2012

A publication of the Illinois State Veterinary Medical Association

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CONVENTION RECAP

*Ovarian Cancer
Symptom Awareness*

AVMA Report

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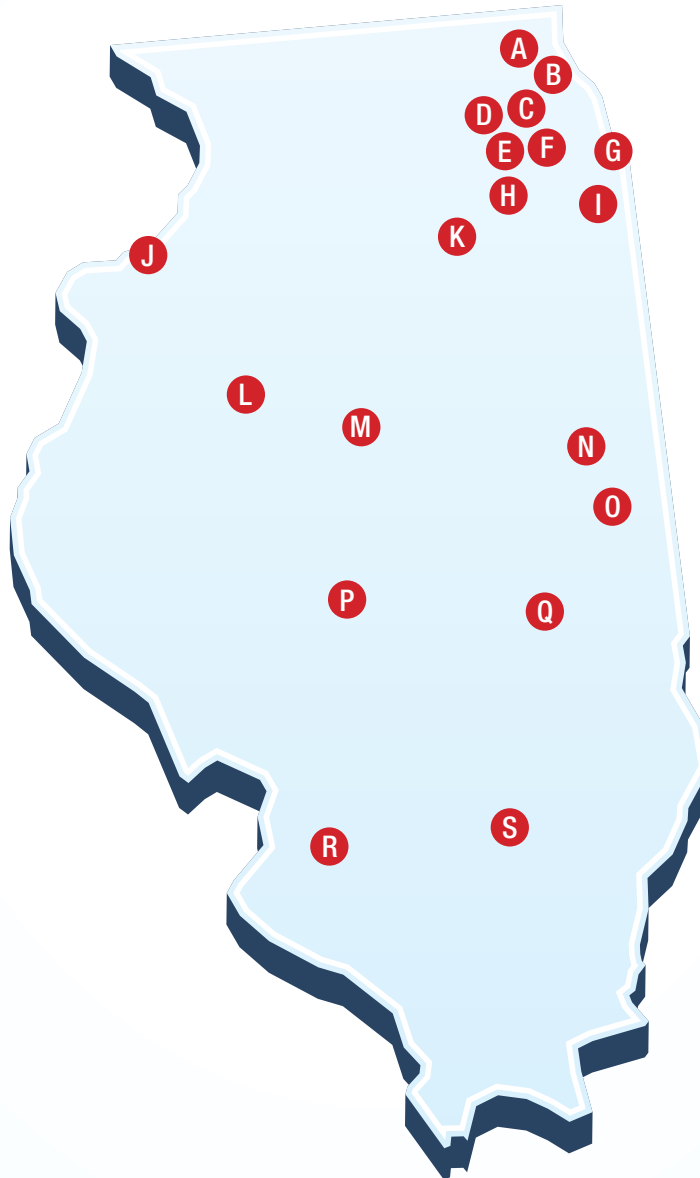
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The True Animal Health Care Advocates

by Clyde Dunphy



When I stood before nearly 700 ISVMA members at the November 2, 2012, ISVMA Annual Meeting, it struck me that it had been nearly 38 years earlier, when I was student president of the SCAVMA from the University of Illinois, that I last spoke at this meeting.

I am honored and humbled to have been bestowed the honor to serve as the president of ISVMA and to represent this treasured and respected profession. A few years ago, I attended a meeting of the U of I Executive Veterinary Program 2000 at the University of Tennessee. I had the pleasure of meeting with the dean of the College of Veterinary Medicine of the University of Tennessee, Dr. Michael Blackwell. He had previously been the assistant to the surgeon general of the United States. He emphasized that we as veterinarians are very fortunate to be the best-trained health care professionals in the world and the true animal health care experts. I truly believe great opportunities exist within our profession in the years ahead.

Since my graduation from the University of Illinois College of Veterinary Medicine in 1974, I have seen tremendous developments in the field of veterinary medicine. The greatest dynamic I have witnessed has been the constant change that has occurred within our profession. What is most impressive is how rapidly that change is now occurring in medicine, surgery and the delivery of our services to our clients. No one can predict the future or what lies ahead. However, we can be

prepared to adapt to the change occurring around us. One huge advantage each of us has is our superior education and training in animal health and welfare. We are truly the health care experts.

My goals as president of ISVMA for the upcoming year are to represent the veterinary profession throughout the state and to strengthen the position of veterinarians and the veterinary profession through our legislative advocacy and, by being proactive, making changes before change is thrust upon us by those outside of our profession. If you have a relationship with an Illinois state representative or Illinois state senator, please contact the ISVMA office to let us know the nature of your relationship. We may need your help with our legislative efforts in the upcoming year. The renewal of the Veterinary Medicine and Surgery Practice Act is our number-one priority. We must ensure the integrity of our profession and the protection of the companion-owning public and our food producing clients.

Expansion of the public relations committee both for public education and education within our profession for growing our practices will also be one of my goals in the next year.

I look forward to seeing many of you during the next year at regional meetings throughout the state and at the ISVMA Convention in Lombard on November 15-17, 2013. I would be very interested to hear from you if you wish to become involved in the ISVMA or should you wish to share something you believe to be important to ISVMA. The ISVMA is your organization, and we can accomplish so much more working together than each of us can working individually. 🐾

ISVMA JOINS NATIONAL INITIATIVE FOR HEALTHY PETS



Partners for Healthy Pets is the face of the Partnership for Preventative Pet Healthcare™, an initiative of the American Veterinary Medical Foundation, AVMA and AAHA that was recently launched to ensure that pets receive the preventative health care they deserve through regular visits to a veterinarian. This alliance of nearly 30 leading veterinary associations and animal health companies is committed to a vision of improved overall health for pets.

Partners for Healthy Pets offers tools and resources for veterinary organizations, veterinarians and veterinary staff members designed to enhance the overall vitality of pets and veterinary practices, the delivery of preventative health care services and communication with pet owners about the value of routine care. For more information, please visit www.partnersforhealthypets.org. 🐾



The Wisdom of Janus

by Peter S. Weber, MS, CAE



"Someone" once said that a New Year's resolution is something that "...goes in one year and out the other." Many people mark New Year's Day on their calendars, resolving to erase long-standing habits ... and then comes January 2.

Perhaps a better idea would be to consider the two faces of the Roman god Janus, looking in opposite directions, forward and back. The month of January, whose original namesake is Janus, should be a time of reflection. Instead of making lofty declarations, we can applaud 2012 while embracing the possibilities of 2013.

In 2012, the ISVMA had numerous accomplishments despite a lingering recession. We had record registration numbers at the annual conference, a sold-out exhibit hall, record DVM membership, and we doubled our CVT membership. We added new non-dues revenue programs in an effort to provide greater membership benefits. ISVMA now has the following sponsored benefit programs:

1. **TransFirst Health Services** – a low-cost credit card processing program that reset the bar for credit card processing charges in Illinois when it was first introduced eight years ago
2. **FIS Check Acceptance Program** – offering a choice of three innovative programs to ensure the fidelity of the checks you receive from clients
3. **Energy Plus** – low-cost energy provider for residential and small commercial customers currently serviced by ComEd
4. **Diversified Services** – assistance recovering delinquent payments on client accounts
5. **Project Breathe: Pet Oxygen Mask Donation Program** – 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

An important part of ISVMA's mission is the educational programs and services offered. In 2012, we had great attendance in our regional seminars and convention. No one can match the ISVMA's educational advantages. Through local workshops, seminars, conventions and vendor exhibitions, members have a special "pipeline" to new industry techniques and ideas. The ISVMA's objective is to provide affordable,



accessible and high-quality continuing education programs for veterinarians, Certified Veterinary Technicians and practice personnel.

The ISVMA Education Planning Committee does a great job of identifying programs and speakers that are timely, relevant and educational. But we are always anxious to know what programs our members would like us to offer for themselves and their staff members. Some *members* have suggested that a refresher series on the veterinary sales-tax regulation would be appreciated. If that is of compelling interest to our members and helps them avoid adverse audit situations, we will definitely offer the program.

As most of you know, the one thing that makes ISVMA unique and essential to the profession is our representation of your interests before the Illinois General Assembly and the state regulatory agencies. ISVMA protects your right to practice. It pairs strong, professional advocates with member volunteers, creating a unified voice for veterinary medicine. The ISVMA is the **ONLY** organization constantly monitoring the status of Illinois veterinary licenses, laws and regulations affecting the profession and monitoring, reviewing and strengthening the Illinois Veterinary Medicine and Surgery Practice Act.

What were the major accomplishments in your practice last year? Can you appreciate reviewing and reflecting on 2012 and rejoicing in your accomplishments? Can you find value in identifying your shortfalls and launching a plan to rectify them? Can you dig deep in an environment filled with discouraging news and find the optimism of a new year? Perhaps you are one of those people that are successful in setting and keeping your New Year's resolutions. If not, I hope you will seek the wisdom of Janus. 🐾



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Energy Plus is solely responsible for the content of this marketing material and for the selling to, solicitation of, and enrollment of customers for energy supply services. ISVMA provides us access to its members as a benefit for members.

Welcome New Members

ISVMA would like to welcome the following new members who have joined from July 19, 2012, to November 13, 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

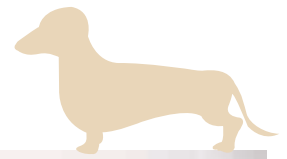
Arregun Quintero, Stacey, CVT
Bearden, Brandi, CVT
Bembenek, Megan, CVT
Brockmeyer, Lori, CVT
Brown, Melissa, CVT
Chladek, Andrea, CVT
Cummings, Lisa, CVT
Divita, Lee, CVT
Dohl, Tracy, CVT
Doolan, Sandra, CVT
Dorgan, Dustin, CVT
Gabel, Theresa, CVT
Garrett, Jessica, CVT
Hartford, Shauna, CVT
Hathaway Gass, Deborah, CVT
Hileman, Elizabeth, CVT
Houle, Jennifer, CVT
Hubbs, Carla, CVT
Insel, Barbara, CVT
Janke, Margaret, CVT
Klasen, Jennifer, CVT
Kotlarz, Ellen, CVT
Kowalski, Elizabeth, CVT
Krause, Rachel, CVT
Kreuger, Barbara, CVT
Lazar, Gina, CVT
Lecher, Kellie, CVT
Massei, Paula, CVT
Metzger, Tiffany, CVT
Miarka, Gina, CVT
Moller, Judy, CVT
Moss, Nicole, CVT
Nahay, Lesleigh, CVT
Nauertz, Tracie, CVT

Neforos, Kathleen, CVT
Nicklewicz, Colleen, CVT
Niemiec, Laura, CVT
Olbrot, Amber, CVT
Paton, Tiger, CVT
Pedersen, Megan, CVT
Romaniszak, Timothy, CVT
Starkey, Kim, CVT
Summers, Shannon, CVT
Sutton, Donna, CVT
Swanson, Bridgette, CVT
Tark, Meghan, CVT
Utech, Danette, CVT
Ward, Alexandria, CVT
Willer, Jessica, CVT
Williams, Kathryn, CVT
Ziegler, Molly, CVT

New Veterinarian Members

Youssef, M. Abou, BVSc
Abou-Daoud, Alison, DVM
Artis, Charlene, DVM
Azarafrooz, Farshid, DVM
Balhouse, Rebecca, DVM
Becker, Karen, DVM
Behm, Sandra, DVM
Bishop, Mary, DVM
Brooks, Meghan, DVM
Brophy, Holly, DVM
Burke, Abbe, DVM
Cretu, Jennifer, DVM
Deverell, Lucas, DVM
DeWeese, Dannette, DVM
Dodd, Sara, DVM
Gerloff, Brian, DVM
Gingras, Stephanie, DVM

Golden, Gloriann, DVM
Guild, Timothy, DVM
Hague, Devon, DVM
Holtgrave, Jared, DVM
Hudson, William, DVM
Ihrke, Amber, DVM
Kelly, Kathleen, DVM
King, Leanne, DVM
Klemas, Alicea, DVM
Kos, Caitlyn, DVM
Kotev, Emanoil, DVM
Lascola, Kara, DVM
Leo, Lindsey, DVM
McNamara, Berh Ellen, DVM
Mitchell, Kara, DVM
Murdach, David, DVM
Naeser, John, DVM
Nava, Amanda, DVM
Neubert, Nicole, DVM
Newman-Brandes, Alexis, DVM
Nichols, Kata, DVM
Pawlowski, Gwendolyn, DVM
Poduska, Stephen, DVM
Pulins, Mikel, DVM
Pumphrey, Danielle, DVM
Sankey, Jeffrey, DVM
Selvaggio, Laurel, DVM
Senese, Angelina, DVM
Smith, Jessica, DVM
Strugariu, Claudiu, DVM
Szymanski, Dharati, DVM
Tvrdik, Kristin, DVM
Tyler, Richard, DVM
Verstraete, Emilie, DVM
Von Ruff, Kathleen, DVM
Waters, Robert, DVM
Weissert, Erica, DVM 🐾



Putting a Pox on Canine Cancer

Researchers at the University of Illinois College of Veterinary Medicine report that a pox virus infects and kills canine cancer cells. The study, which focused on the myxoma pox virus and how it affects canine cancer cells, adds to the evidence that viruses or modified viruses may emerge as relatively benign cancer treatments to complement or replace standard cancer therapies like chemotherapy and radiation. Unlike chemo and radiation, viruses like myxoma can target tumors while sparing healthy cells. More preliminary tests and trials remain, but researchers say they will eventually test the virus or a modified version of it in dogs that have been diagnosed with cancer. For more information, contact Chris Beuoy at (217) 244-1562 or beuoy@uiuc.edu.

Mandatory Animal Abuse Reporting

A nationally publicized case of animal abuse in Wisconsin (see "AVMA Animal Welfare Expert Discusses Abuse Reporting" on page 26) caused a plethora of questions about whether veterinarians are required to report suspected abuse to resurface.

Illinois is one of the states that require veterinarians to report suspected cases of animal abuse. Veterinarians are also provided civil immunity for good-faith reporting.

Reminder of the Importance of Rabies Titer and Vaccinating Animals

by *Donathan Prater*, Opelika-Auburn News

At least one staff member is being treated for exposure to rabies, and a Lee County, Alabama, official is urging the owners of an infected dog that was anonymously dropped off at Countryside Veterinary Clinic over the weekend to come forward.



The dog, described as a Chow mix, was left inside a fenced kennel area on the Opelika business's property Saturday night, Buddy Bruce, Lee County rabies officer, said. The dog would later bite a clinic technician.

The dog was euthanized and tested Monday, as is protocol when a biting incident occurs and the animal's owner is not known, Bruce said. The results of that rabies test came back positive Wednesday afternoon.

"The concern here is that we have no idea who this dog belongs to," Bruce said. "Those people who dropped this dog off have been exposed to it and therefore probably have come in contact with rabies, and they have no idea about it.

"If these people were bitten by this dog, they're going to develop rabies and die."

Bruce said that rabies, a contagious viral infection that affects mammals, is typically transmitted through saliva and is considered to be 100 percent fatal.

Bruce said all Countryside Veterinary staffers exposed to the infected dog are

currently receiving post-exposure prophylaxis (PEP) treatment for rabies, a step Bruce said should take place for anyone exposed to rabies within seven days.

Bruce said whoever dropped off the infected dog in the first place also needs that treatment.

"It's urgent that these people come forward and get treated," Bruce said. "If not, they could die."

Anyone with information that could identify the dog's owner is asked to contact Bruce at (334) 745-0060.

Dog Owners in Canada and U.S. Attempting In-Home Neutering

Canada has been dealing with a rash of dog owners who are crudely attempting to neuter their own pets.

The United States may face the same problem if the trend spreads.

According to CTV News in Saskatoon, Canada, the Saskatchewan Society for

CVT Involvement

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

the Prevention of Cruelty to Animals (SPCA) is fielding increasing reports from veterinarians who are treating dogs that have been neutered by their owners.

One of the more common neutering methods attempted in these incidents involves tightening an elastrator band above the testicles to cut off circulation. While the method is commonly used on livestock, it is far less effective for dogs. Kaley Pugh, manager of the SPCA, told CTV News that dogs often lick or chew the area constricted by the elastrator band, causing damage that is prone to infection and necrosis.

The problem isn't confined to Canada, according to *Huffington Post*. The past year has produced multiple cases of home neutering in the United States including a lab/pit bull mix in Montana and a golden retriever puppy in Maryland.

The practice of home neutering is illegal, but some people may be attempting it to avoid paying a neutering fee of around \$150 to \$200.

Daphna Nachminovitch, senior vice president of PETA's Cruelty Investigations Department, explained to *Huffington Post* that pet owners attempting the surgery to avoid veterinary costs are committing an unnecessary crime.

"Both in the U.S. and in Canada, there are low cost spay and neuter programs and low subsidies," Nachminovitch said. "I think this is sheer ignorance and laziness." 🐾

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It was great to reunite, network and meet so many ISVMA members at the annual convention in Lombard, November 2-4. I hope you all learned as much as I did.

The first Cecil Ingmire First Decade CVT Award was presented to Kelsie Dolezal, CVT. Kelsie first became involved with the ISVMA when she attended Lobby Day with the ISVMA in 2008. She then served as a member of the ISVMA CVT Roles & Responsibilities Task Force, which has worked to develop guidelines on tasks performed by CVTs and veterinary assistants. Kelsie has been a true advocate for CVTs and the veterinary profession since her graduation from Purdue University in 2003. Congratulations and thank you, Kelsie!

Several members asked about the policy on the number of Certified Veterinary Technician board members. Below is the excerpt from board policy regarding this; we are about halfway to getting a second voting CVT Board member.

BOARD MEMBERS FROM VETERINARY TECHNICIAN MEMBERSHIP

1. *Veterinary Technician Members shall be automatically assigned one non-voting, ex-officio Board representative to be elected from the Veterinary Technician membership.*
2. *Upon reaching and sustaining a minimum of 100 Veterinary Technician members, the Veterinary Technician representative on the Board shall become a voting member. An additional Board member may be elected from the Veterinary Technician membership based upon the following:*

Veterinary Technician Membership in ISVMA
Number of Board Members Assigned
Between 100 and 499 = 1
500 and above = 2

3. *If the Veterinary Technician membership is eligible to elect more than one representative to the Board, the terms of office shall be staggered to prevent all representation from the Veterinary Technician membership from expiring at the same time.*

GETTING INVOLVED IN THE ISVMA

I thought it might inspire other members to be active and volunteer to know how I became involved with the ISVMA. Let's go back in time to 2005. The VTAI (Veterinary Technician Association of Illinois) executive board advised members that they needed volunteers to run for president, secretary and treasurer, or the organization would cease to exist. I had no idea what I would need to do or even if I would do a decent job. However, I did not want us to lose the only CVT organization in Illinois. I contacted the VTAI executive board and let them know that I was willing if no one else was. And that, my friends, is how I got started. CVTs need veterinarians in order to practice our profession, and I realized we needed to work together with the ISVMA for the good of veterinary medicine in Illinois. I made contact with Peter Weber, executive director for the ISVMA, and started to attend the ISVMA Board meetings as a guest. I learned so much about our profession and the challenges we face. I was asked to be a part of the ISVMA Veterinary Professions Task Force, which led to ISVMA membership being offered to CVTs. I have continued to volunteer to be on other task forces and committees. I serve with other people from all over the state who are just as eager and passionate about the veterinary profession. We share ideas, discuss information and look for ways to improve the entire profession. It is a group effort. I did not know where this was going to take me, but I'm so glad I took that first step.

"Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has." — Margaret Mead

If you would like to contact me, e-mail cgmluvspets@yahoo.com. 🐾



Q: Someone asked me a question about the Vet Med Practice Act, specifically under section 225 ILCS 115/25.17. If a veterinarian is employed by an animal-control office, he or she is supposed to comply with a request to release vet records, correct? Does this section also apply to strays being treated and require the city or county to actually waive the rights to release the records?

A: In an animal-control office, an animal is often considered without ownership (unless a microchip or other identification is found). In those cases, the animal becomes the temporary ward of the animal-control facility, and the facility would have the right to release records. If, however, ownership is established by some means of identification, the owner must then be contacted to release records.

Q: When we change our practice over to non-retail, do OTC flea/tick products and shampoos have to be scripted?

A: When you are a non-retail practice, you DO NOT have to script OTC flea/tick products or shampoos. These are products sold incident to a medical service provided to an animal/client with which you have a VCPR (and have seen in the last 12 months).

Q: We see 5 to 10 percent large animal — is it still OK to have vendors charge us tax and consider products such as banamine, Nu-flor, etc., as use tax items?



A: If your large-animal medicine is livestock, they are exempt from taxation in Illinois.

Q: How are we supposed to discard expired controlled substances?

A: The following rules for pharmacies and pharmacists also apply to veterinary practices with pharmaceutical inventory:

Disposal of Controlled Substances

The pharmacy may hire an outside firm to inventory, package and arrange for the transfer of its controlled substances to another pharmacy, supplier or manufacturer. The pharmacy is responsible for the actual transfer of the controlled substances and for the accuracy of the inventory and records. The pharmacy may also transfer the drugs to a distributor registered with DEA to destroy drugs (reverse distributor). The pharmacy may not turn over any controlled substances to a distributor unless the reverse distributor is registered to destroy controlled substances. The pharmacy is responsible for verifying that the reverse distributor is registered with DEA.

The records involving the transfer or destruction of controlled substances must be kept readily available for two years for inspection and copying by the DEA. The two primary methods for disposing of controlled substances are transfer to another registrant or destruction as explained in the following section.

Transfer of Controlled Substances

If a pharmacy goes out of business or is acquired by a new pharmacy, it may transfer the controlled substances to another pharmacy, supplier, manufacturer or distributor registered to dispose of controlled substances.

To transfer Schedule II substances, the receiving registrant must issue an Official Order Form (DEA Form-222, U.S. Official Order Forms - Schedules I & II) to the registrant transferring the drugs.

The transfer of Schedule III-V controlled substances must be documented in writing to show the drug name, dosage form, strength, quantity and date transferred. The document must include the names, addresses and DEA registration numbers of the parties involved in the transfer of the controlled substances.

To Another Pharmacy

On the day the controlled substances are transferred, a complete inventory must be taken which documents the drug name, dosage form, strength, quantity, and date transferred. In addition DEA Form-222 (Official Order Form) must be prepared

to document the transfer of Schedule II controlled substances. This inventory will serve as the final inventory for the registrant going out of business and transferring the controlled substances. It will also serve as the initial inventory for the registrant acquiring the controlled substances. A copy of the inventory must be included in the records of each person. It is not necessary to send a copy of the inventory to the DEA. The person acquiring the controlled substances must maintain all records involved in the transfer of the controlled substances for two years.

To Another Supplier or Manufacturer

Any pharmacy may transfer controlled substances to a supplier or a manufacturer. The pharmacist must maintain a written record showing:

1. The date of the transaction.
2. The name, strength, form and quantity of the controlled substance.
3. The supplier's or manufacturer's name, address, and, if known, registration number.
4. The DEA Form-222 will be the official record for the transfer of Schedule II substances.

To a Reverse Distributor Registered to Dispose of Controlled Substances

Any pharmacy may forward controlled substances to DEA-registered reverse distributors who handle the disposal of drugs. For further instructions see, Disposal of Controlled Substances.

Destruction of Controlled Substances

DEA recommends that any pharmacy seeking to dispose of controlled substances first contact the nearest DEA Diversion Field Office (see Appendix T) for disposal instructions. In no case should drugs be forwarded to the DEA unless the registrant has received prior approval from the DEA. The DEA procedures established for the destruction of controlled substances shall not be construed as altering in any way the state laws or regulations for the disposal of controlled substances. Requests from registrants seeking authorization to destroy controlled substances without DEA presence, or requests from non-registrants desiring to dispose of controlled substances will be handled as follows:

Once-a-Year DEA Authorization for Destruction

Once each calendar year retail pharmacies may request DEA authorization to destroy damaged, outdated or otherwise unwanted controlled substances. The pharmacy must complete DEA Form-41 (Registrants Inventory of Drugs Surrendered, see Appendix I), listing all drugs to be destroyed. In addition, the pharmacy must prepare a letter requesting permission to destroy the controlled substances, proposing a date and method of destruction, and listing the names of at least two people who will witness the destruction. The witnesses should be either a licensed physician, pharmacist, mid-level practitioner, nurse, or a state or local law enforcement officer. Both documents must be received by the nearest DEA Diversion Field Office at least two weeks prior to the proposed



destruction date. After reviewing all available information, the DEA office will then notify the registrant in writing of its decision. Once the controlled substances have been destroyed, signed copies of the DEA Form-41 must be forwarded to DEA. The pharmacist should contact local environmental authorities prior to implementing the proposed method of destruction to ascertain that hazards are not associated with the destruction.

Exception to DEA Authorization for Destruction

Prior DEA authorization to destroy controlled substances is not necessary when an authorized member of a state law enforcement authority or regulatory agency witnesses the destruction. Copies of a DEA Form-41 or state controlled substance destruction form must be forwarded to the local DEA Diversion Office after the destruction.

Reverse Distributors Authorized to Destroy Controlled Substances

A pharmacy may at any time forward controlled substances to DEA registered reverse distributors who handle the disposal of drugs. The pharmacist may contact their local DEA Diversion Field Office for an updated list of those reverse distributors in their area. When a pharmacy transfers Schedule II substances to a reverse distributor for destruction, the distributor must issue an Official Order Form (DEA Form-222) to the pharmacy. When Schedule III-V controlled substances are transferred to a reverse distributor for destruction, the pharmacy should document in writing the drug name, dosage form, strength, quantity and date transferred. The DEA registered reverse distributor who will destroy the controlled substances is responsible for submitting a DEA Form-41 to DEA when the drugs have been destroyed. A DEA Form-41 should not be used to record the transfer of controlled substances between the pharmacy and the registered reverse distributor disposing the drugs. 🐾





Attendees visiting vendors at Exhibit Hall

ISVMA Annual Convention Recap

The ISVMA held its 130th Annual Convention at the Westin Lombard Yorktown Center Hotel November 2-4, 2012. Nearly 800 non-exhibitor registrants helped make it one of the most successful conventions in ISVMA history. In addition to the great participation of veterinary professionals, the speaker reviews were outstanding, and the sold-out exhibit hall experienced brisk traffic.



ISVMA President Dr. Stephen Dullard addresses the Annual Meeting attendees.

There was a great turnout for the ISVMA Annual Meeting on Friday, November 2. The ISVMA president, Stephen Dullard, DVM, DABVP, chaired the meeting and addressed the attendees. He summarized the association's achievements during the year and looked forward to the future growth and strength of the association.

Six members of the ISVMA Board of Directors completed their terms at the Annual Meeting. We cannot thank them enough for their sacrifice, leadership and commitment to ISVMA. They have been here throughout the greatest period of growth in the association's 130-year history.

- Dr. Natalie Marks, from Blum Animal Hospital in Chicago, Illinois, representing Region VII
- Dr. Dena Nelson, from All Cat Clinic, P.C. in Springfield, Illinois, representing Region II
- Dr. Todd Florian, from State Street Animal Hospital in Lemont, Illinois, representing Region VII
- Mr. Scott Michels completed his term as the student representative to the Board of Directors
- Dr. Shelly Rubin, from Wilmette, Illinois, who has completed his term as the AVMA alternate delegate

- Dr. Michael Thomas, from Teegarden Veterinary Clinic in Washington, Illinois, who has completed his term as the ISVMA immediate past president

Dr. Dullard acknowledged 26 ISVMA members on the occasion of their 50th anniversary of graduation from veterinary college:

- Gordon Baker, DVM, DACVS
- Arlo Bane, DVM
- Robert Brakeville, DVM
- Jerry Breuel, DVM
- Warren Brunton, DVM
- Joseph Gross, DVM
- John Hamm, DVM
- Joseph Helms, DVM
- Edward Howes, DVM
- Thomas Janik, DVM
- Phillip Kerz, DVM
- Alan McClain, DVM
- Lewis Mohr, DVM
- Ali Raza Naqvi, DVM
- Edward Phelan, DVM
- Herbert Preiser, DVM
- Frederick Rader, DVM
- George Roegge, DVM
- Thomas Russell, DVM
- Marvin Rydberg, DVM
- Jack Schaefer, DVM
- Larry Tadlock, DVM
- Saif Ullah Tahir, DVM
- Victor (Ted) Valli, DVM
- James Withers, DVM
- Kenneth (K.T.) Wright, DVM

Dr. Dullard then recognized 16 ISVMA members for supporting organized veterinary medicine through 35 years of continuous membership in the ISVMA. These doctors have earned our respect and appreciation and have qualified for Life Membership:

- Ralph E. Bailey, DVM
- Joseph J. Foerner, DVM, DACVS
- Jay L. Forsyth, DVM
- Jeaneyl J. Hazlett, DVM
- Robert M. Herath, DVM
- Marcia Hutchings, DVM
- Richard A. Johnson, DVM
- William A. Johnson, DVM
- Charles W. Johnston, DVM
- Davis W. Jones, DVM
- Ted F. Lock, DVM



Crowded ISVMA Annual Meeting luncheon

- Dennis J. Macchia, DVM
- Robert J. Merkin, DVM
- Samuel V. Rowell, DVM
- Thomas J. Wake, DVM
- Charles O. Wimmer, DVM

One of the highlights of the ISVMA Annual Meeting is the presentation of awards to outstanding veterinary professionals.

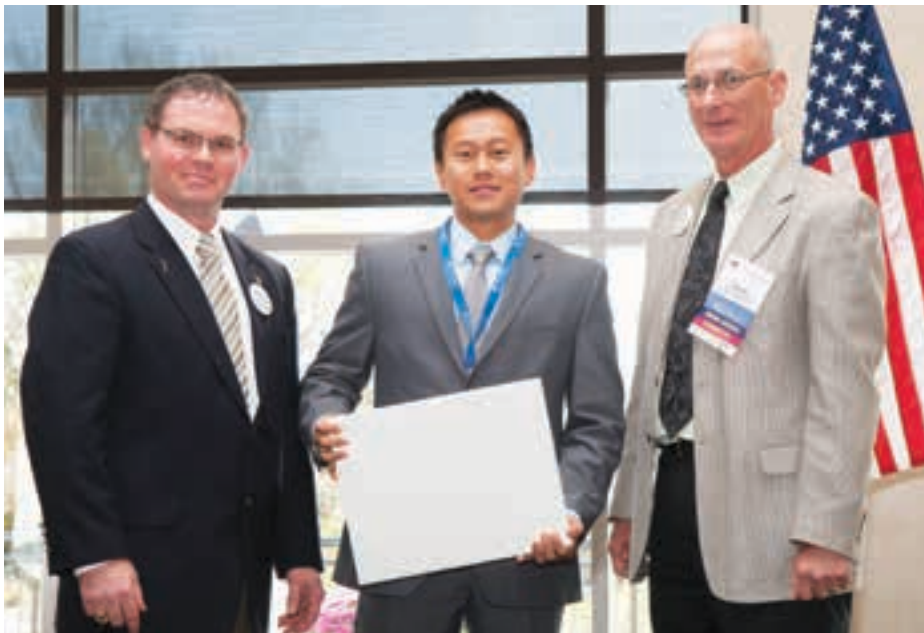
As you know, the recent graduates of our veterinary colleges are faced with financial challenges that are difficult to comprehend. They are also the foundation of another generation of involved and supportive ISVMA members. Among these recent graduates, certain veterinarians distinguish themselves through their contributions and participation in organized veterinary medicine and the ISVMA. They have volunteered their service on committees and task forces and/or held leadership roles in local VMAs, specialty organizations or national veterinary associations.

One promising young veterinarian, who has graduated within the last 10 years, is chosen each year to receive an award named in honor of Dr. Erwin Small. Irv generously gave to the profession and to the hundreds of students whose lives he touched, and it is fitting that we recognize a young veterinarian who has fol-

lowed his example by becoming a leader and sacrificing to support the profession through their contributions to organized veterinary medicine.

The ISVMA Nominations and Awards Committee reviewed the candidates for our annual awards, and Committee Chairman Dr. Michael Thomas announced the veterinarian who was selected to receive the 2012 Dr. Erwin Small First Decade Award was Dr. James C. Park. Jim is a 2007 graduate of the University of Illinois College of Veterinary Medicine and is an associate veterinarian at Care Animal Hospital of Arlington Heights.

Among Jim's many contributions to organized veterinary medicine as a student and veterinarian, he has served the last three years as chair of the ISVMA Education Planning Committee. His involvement with ISVMA began when he was a student leader who participated in a summer program to gather data from veterinary practices in Illinois for the NCVEI. Immediately upon graduation, he began serving on the Education Planning Committee, and it was clear, after only two years, that he was the right person to chair the committee and help deliver outstanding education programs for our members.



From left to right: ISVMA President Dr. Stephen Dullard, Dr. Jim Park and Nominations and Awards Committee Chairman Dr. Michael Thomas

Dr. Michael Thomas was honored to introduce the first winner of a new award established by the ISVMA Board of Directors in 2012. The Dr. Cecil Ingmire First Decade CVT Award is given to one certified veterinary technician who has graduated within the last 10 years and demonstrated a strong commitment to the profession through involvement in organized veterinary medicine. The award is named after Dr. Cecil Ingmire, whom many refer to as the *Godfather of Veterinary Technology* in Illinois. His involvement and leadership with the programs at both Parkland College and Joliet Junior College were instrumental to those programs graduating outstanding technicians.

The first Dr. Cecil Ingmire First Decade CVT Award recipient was Kelsie Dolezal, CVT. Kelsie is employed at Furnetic: Chicago Center for Veterinary Medicine. Kelsie was first spotted on the ISVMA radar when she participated in an ISVMA Lobby Day — long before CVTs were eligible for ISVMA membership. She served on the ISVMA Veterinary Professions Task Force that recommended CVT membership to the ISVMA Board of Directors and on the ISVMA CVT Roles and Responsibilities Task Force, which worked for 18 months to develop

a regulatory recommendation outlining the roles and responsibilities and level of supervision required for CVTs and veterinary assistants. That recommendation was unanimously supported by the Illinois Veterinary Licensing and Disciplinary Board and is now going through the rules process so that it will become the legal standard in the state.



From left to right: Dr. Wayne Ingmire (son of Dr. Cecil and Mary Ingmire); Kelsie Dolezal, CVT; Dr. Cecil Ingmire; Mary Ingmire; and ISVMA President Dr. Stephen Dullard

The ISVMA Nominations and Awards Committee also chose the recipient of the ISVMA Veterinary Service Award, which is given annually to an ISVMA member who has demonstrated outstanding work as a member of the ISVMA.

Professional associations like ISVMA are dependent upon the support and participation of its members. Many veterinarians have selflessly offered their service to your association — sacrificing their personal lives and taking time away from their practices to advance the well-being of the veterinary profession, animals, the public and the environment through service on ISVMA committees, task forces, the Board of Directors and officer positions. They have usually demonstrated similar commitment to their local veterinary medical associations, other state and national veterinary organizations and civic organizations.

This year, the ISVMA Veterinary Service Award to Dr. Gregory Mauck, owner/practitioner at Kaskaskia Valley Animal Hospital in Sullivan, Illinois. Dr. Mauck has long been an advocate for young people interested in joining the veterinary profession. He has mentored numerous young people in his community

and assisted them in making their dreams of becoming a veterinarian come true. One of those young people he mentored is currently his associate in practice — Dr. Justin Florey. Another bright young person he mentored is his son, Dr. Jacob Mauck, who practices veterinary medicine in North Carolina.

Dr. Mauck served a maximum of two consecutive three-year terms on the ISVMA Board of Directors and left the Board in 2010 because of term limits. After taking a year off, Dr. Mauck ran for, and was elected for, another three-year term in 2011. For the past eight years, Dr. Mauck has served as the ISVMA Board liaison to the Veterinary College — a position he created while serving his first term on the Board. Dr. Mauck offers three to four luncheon presentations to the students each year on topics ranging from troubling cases to work/life balance. His dedication to young veterinary professionals is unparalleled, and ISVMA is proud to recognize his work with the ISVMA Veterinary Service Award.

The final award of the afternoon was the President's Award. This award is given entirely at the discretion of the ISVMA



Departing board members

president to a person or persons who have significantly advanced the interests of the veterinary profession, animals, the public and the environment. This year, Dr. Stephen Dullard chose to give this award to a group of people who are too often unrecognized for the contributions and sacrifices they make to advance the veterinary profession. With honor and respect for their important role in the profession, Dr. Dullard presented the 2012 ISVMA President's Award to the spouses and partners of our veterinary professionals. The spouses and partners of the state's veterinarians and veterinary technicians sacrifice many family meals and late-night emergency calls, assist in the operation of the veterinary practices



The first duty of Dr. Clyde Dunphy's (right) presidency was to present an award of appreciation to outgoing ISVMA President Dr. Stephen Dullard (left).

and provide support at home so that their spouses can provide service to the animals and people of Illinois.

After the presentation of the awards, Dr. Dullard passed the gavel to the new ISVMA president, Dr. Clyde Dunphy, owner and practitioner at Capitol Illini Veterinary Hospital in Springfield and Chatham, Illinois.

Dr. Dunphy thanked Dr. Dullard for his service to ISVMA as president in 2011-2012 and then spoke to the attendees for a few minutes to outline his goals as ISVMA president (see President's Column on page 4). Dr. Dunphy then adjourned the meeting and encouraged everyone to participate in the grand opening of the exhibit hall. 🐾



From left to right: ISVMA President Dr. Stephen Dullard, Dr. Gregory Mauck and Dr. Michael Thomas



2012-2013 ISVMA Board of Directors and Officers



Front row – left to right: Dr. Michelle Gundlach (Region I); Caroline Miskell, CVT; Dr. Steve Cairo (ISVMA president-elect); Dr. Steve Dullard (ISVMA immediate past president); Dr. Clyde Dunphy (ISVMA president); Dr. Tamara Lutz (Region II); Dr. Jack Brar (Region VII); Dr. David Saidel (Region VII); Dr. Sandra Faeh (Region VII); and Ms. Stacey Bunting (veterinary student representative). **Back Row** – left to right: Dr. George Richards (AVMA delegate); Dr. Herbert Whiteley (dean of the College of Veterinary Medicine); Dr. Alan Whitman (Region V); Dr. Scott Keller (Region V); Dr. David Ebbesmeyer (Region VI); Dr. Tracy Myers (ISVMA vice president/Region IV); Dr. Lynette Hemker (Region I); Dr. Gregory Mauck (Region III); Dr. Phil Fassler (Region VII); Dr. Matt Nelson (treasurer/Region IV); and Peter Weber (ISVMA executive director). **Not pictured:** Dr. Stacey Funderburk (Region II); Dr. Elizabeth Clyde (Region III); and Dr. Joanne Carlson (Region VII).



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Sandra Faeh



AVMA Delegate –
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Ovarian Cancer Symptom Awareness

On November 4, 2012, Ovarian Cancer Symptom Awareness (OCSA) launched an innovative new awareness program at the 130th Annual Illinois State Veterinary Medical Association Convention in Lombard, Illinois. The OCSA Veterinary Outreach Program (VOP) mission is *fighting ovarian cancer with animal passion* and seeks to engage and collaborate with the veterinary community members who have immediate access to individuals already inclined to discuss health issues in their presence. The program will focus on raising awareness about the often-missed symptoms of ovarian cancer. In addition, co-founder Rick Roman announced a new veterinary medicine scholarship program that will award three \$5,000 scholarships beginning in 2013.

Approximately 400 members of ISVMA attended the luncheon and when asked for a show of hands to illustrate how many in the audience had been affected by ovarian cancer, everyone was amazed to see a hand or multiple hands raised at almost every table. Several attendees came up to the program speakers after the luncheon to share their own experiences. Ovarian cancer can affect ALL of us.

Why Veterinarians

The veterinary medical profession is charged with promoting and protecting public health, ensuring an environment free from animal-borne diseases, hazards and more in addition to caring for the animals they serve. According to the American Veterinary Medical Association (AVMA), more than 80 percent of veterinarians graduating today are female. This increases the possibility of a personal connection to the disease and a viable tie to the purpose of this program. Ovarian cancer is not just a woman's disease. Everyone in the family is affected when a woman is diagnosed with the disease, and men can carry the gene and pass it along to their children. The OCSA VOP's goal is to raise awareness through veterinarians and, ultimately, their clients about the silent symptoms of ovarian cancer.

OCSA, ISVMA and AVMA have invested talent, time and money to develop this strategic messaging and education concept. This is an actionable program that we all believe in, AND the ISVMA

and AVMA are fully supporting the effort. OCSA is dedicated to educating these professionals, going so far as to establish an on-going educational scholarship in the name of the organization's dear co-founder, Susan M. Roman, who lost her life to the disease in March 2012.

The VOP makes it possible to educate veterinarians in both urban and rural areas about ovarian cancer, its symptoms, and ways to address potential client concerns. The first veterinary practice to introduce this program in January 2013 will be Gateway Veterinary Clinic in St. Charles, Illinois.

In order to successfully begin "fighting ovarian cancer with animal passion," OCSA and ISVMA will be looking for veterinary practices interested in properly expanding this program throughout the state, nationwide and, ultimately, worldwide! For more information, please visit www.ovariancancersymptomawareness.org. 🐾

CH Khalin – OCSA ambassador and service animal



Conflict Over Nonprofit Veterinary Clinics Escalates in Alabama

by Julie Scheidegger

Alabama Veterinary Medical Association (ALVMA) President William M. Allen, DVM, says opinions on nonprofit spay-neuter clinics in Alabama are like noses. Everybody has one.

The Alabama State Board of Veterinary Medical Examiners' (ASBVME's) opposition to the nonprofit clinics has been well-known since the introduction and ultimate demise of House Bill 156 to amend the veterinary practice act with language that would allow veterinarians to work for nonprofit organizations. The board has now decided to amend the act itself in an attempt to close what it sees as a loophole in the business arrangements of nonprofit clinics and veterinarians (and which others see as an outright attempt to shut the nonprofit clinics down).

The amendments put forth by the ASBVME, which were scheduled to be discussed Oct. 10 at the board's public rule-making hearing, state that no one other than a veterinarian can employ a veterinarian or veterinary technician. In addition, no other person can provide "veterinary material or equipment as may be necessary for the management of a veterinary facility" or "retain ownership or control of veterinary equipment, material or office and make the same available in any manner for the use of a veterinarian, veterinary technician or other agent."

The Alabama Spay/Neuter Clinic in Irondale, Ala., is owned by William B. Weber, DVM. The nonprofit organization rents the building to Weber but owns the building and the equipment. Margaret Ferrell, DVM, is contracted by Weber to be the clinic's veterinarian and medical director.

"If the new rules pass, I imagine the board will come after my clinic for being out of compliance sooner rather than later and will make another attempt to close the doors," Ferrell wrote in an e-mail to *DVM Newsmagazine*. "If they are successful (we will fight, of course), I will not be practicing and will not be earning a paycheck to support my spouse and three children."

While public support seems to favor the nonprofit spay-neuter clinics — the Irondale City Council passed a resolution in support of Alabama Spay/Neuter in early October — it's not so clear-cut in the veterinary community. Allen says members of the ALVMA are truly divided over the board's actions, and lack of consensus prevents the association from taking a position.

Allen concedes that right now it's hard to know who's right or wrong. "I think the board is doing what the law says and what they think is in the best interest of the veterinary profession," he says. But he says there are potential problems with the proposed rules, such as how those rules will affect ownership after the death of a veterinarian. "(There are) a number of issues with the rules they're making," he says.

Still, Allen continues, regardless of what happens Oct. 10, the process won't end there. "I personally think you'll see court action — it's inevitable," he says. "The nonprofit clinics won't just roll over — the courts are where it will be

decided. We'll see what the answer is going to be. It won't be up to Alabama. It may be decided in Alabama, but not because of our great wisdom."

UNDER PRESSURE

Despite never referencing them by name, the ASBVME leaves little doubt that it's the nonprofit spay-neuter clinics they're targeting in the amended rules. It clarifies that the rules would not apply to "bona fide" sales of equipment, material or office space secured by a mortgage or title agreement or the rental of equipment or office space by means of a lease. It also reiterates that in such an agreement, veterinarians must maintain complete control of the equipment and practice.

Ferrell says 501(c)(3) nonprofit organizations are legally prohibited from selling equipment to a for-profit entity — they can sell or donate only to other nonprofits. Even if that weren't the case, purchasing equipment is not feasible for her at this time. Ferrell believes that if the board is truly concerned about standard of care, a more effective approach would be to require clinics to provide proof that surgical equipment is regularly serviced. "Whether I own, lease or use someone else's equipment it's the same equipment and does not affect the quality of medicine I produce," Ferrell says. "I make sure the equipment I use meets my standards."

The amendment states that its purpose is to prevent non-veterinarians from influencing or interfering with a veterinarian's independent professional judgment. But Ferrell says any veterinarian who values his or her license should practice according to the ideals of the profession — standing rules have long enforced that.

"If veterinarians are lowering their standards because they feel influenced to do so by working with non-veterinarians, then those veterinarians need to learn how to stick up for their license," she says. "If they can't do that and are practicing with substandard care, then I fully support an investigation by the state board to see if any action needs to be taken. ... Veterinarians are always in charge of the quality of medicine and care that they produce — no matter for whom they are working."

Ferrell says personnel at Alabama Spay/Neuter have never attempted to influence or pressure her in her practice of veterinary medicine. "I am also the medical director of the practice, which gives me full rein to choose the drugs and instruments I want to use," she says. "The 501(c)(3) has always provided everything I have ever needed without question."

The ALVMA's Allen says quality of care at nonprofit clinics has always been a topic of concern among veterinarians. He admits that the number of surgeries performed in a day worries him. "You can't do 50 a day. It's

just math — it can't be done," Allen says. "I have some real difficulty with the numbers I hear they're doing. How can you do it with quality of care?"

Ferrell says to be a high-quality, high-volume spay-neuter surgeon, veterinarians have to train for it like a runner trains for a marathon. "You practice perfect technique and gradually build your speed and stamina," she says. "It took about six months before I was really doing 30 to 40 a day."

She insists there is no quota or pressure to achieve a certain number of surgeries. "Some days I do less," she says. "If I'm tired or I have several big tough female dogs that wear me out, it's not uncommon for me to hold over appointments for the next day or reschedule them altogether. I always stop before I'm fatigued, so I don't put my patients at risk. It's always been my choice to do as many surgeries as I'm comfortable doing and no one has ever made me feel uncomfortable for leaving surgeries unfinished at the end of the day."

THE BIGGER ISSUE

Despite differing opinions, most stakeholders agree that in a state that reportedly euthanizes around 100,000 animals a year, controlling the pet population is the bigger issue. "It's awful — I heard someone speak of the Birmingham Humane Society — it's really horrifying; it's huge numbers," Allen says. But he doesn't think spay-neuter clinics are the sole solution. "Spay and neuter is shown to make a dent in overpopulation, but it's by no means the answer," he says.

Allen says this viewpoint isn't shaped by financial motivations, as is often alleged by nonprofit clinic supporters. "Spays and neuters probably have never made veterinarians any money — it's always been a low-cost item, even below cost to keep clients happy," he says. "Losing it or gaining it is really not that big of a factor."

Rather, he says, there are simply not enough hours in a day to control high pet population numbers with sterilization alone. "It's going to take government assistance in the form of education on a large scale. It just needs a massive effort. Client education is really the answer to it," he says.

Until an agreement is reached or a court rules, conflict between the ASBVME and nonprofit clinics is likely to continue. And while opinions may be as plentiful as noses, it may be too early to say if either side of the debate is cutting off its nose to spite its face.

Representatives of the ASBVME did not respond to repeated requests for comment by *DVM Newsmagazine*. 🐾

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AVMA Report

by George Richards, DVM, AVMA Delegate



Remember, there are two AVMA meetings in Chicago in 2013. The Veterinary Leadership Conference and the House of Delegates Winter Session will be January 3-6, 2013, at the Westin-Michigan Avenue. Registration is now open. Emerging leaders from each of our regions are encouraged to attend, and financial assistance is provided for one person from each region. The conference also has many seminars for association board members. Registration is through the AVMA website.

One area of discussion by the House of Delegates is about future governance of the AVMA. Eight separate models have been proposed, and some are radically different than our current structure. The models can be viewed on the AVMA website (avma.org); then "About AVMA;" then, on right side, under "Related Content," "AVMA Gover-

nance and Member Participation Task Force-Concepts for Governance"). Dr. Sandra Faeh, AVMA alternate delegate from Illinois, and I would be interested in your thoughts about the models.

In terms of volunteer opportunities, e.g., committee and council positions, one can view the opportunities again by navigating to: www.avma.org; "Member Center;" then "Volunteer Opportunities;" then, under "How Do I Become a Member?" is "Current Volunteer Opportunities." Committee members are appointed mostly by the Executive Board, with AVMA PAC positions appointed this year by the House Advisory Committee of the HOD. Council positions are elected by the HOD. There are different deadline dates, and they are listed. If anyone in your region is interested, let us know.

The procedure for ISVMA support for potential candidates is listed in the *ISVMA Board Policy Manual*.

The 150th AVMA Annual Conference is in Chicago, July 20-23, 2013. Dr. Shelly Rubin is the chair of the ISVMA committee organizing our participation in the meeting. We will need volunteers to staff the Welcome Center. Also, one can obtain free registration by signing up to moderate some of the CE sessions. Dr. Rubin has shared information on these opportunities through the ISVMA *E-SOURCE* newsletter. This meeting will celebrate the 150th anniversary of the AVMA and is also the 130th anniversary of the ISVMA.

Please contact Dr. Sandra Faeh or me with any questions, suggestions, etc. 🐾



Two Veterinarians on Capitol Hill

AVMA Celebrates Successful Elections of Two Members



Two veterinarians won seats in Congress during the general election on November 6, 2012. Rep. Kurt Schrader, DVM (D-Oregon), won his third term, and Dr. Ted Yoho, a Florida Republican, won his first.

"It's exciting to see that we will have two veterinarians serving this country and our profession as members of Congress," says Dr. Douglas Aspros, president of the

American Veterinary Medical Association (AVMA). "The AVMA is proud of these two members who have attained such esteem within their communities to win election to a national office."

Rep. Schrader of Canby, Oregon, was elected to his third term serving the state's 5th Congressional District, narrowly defeating three opponents. During his two terms in the House of Representatives, Rep. Schrader has worked with the AVMA on a number of issues important to the profession, including soring and drug regulations. He serves on the Agriculture Committee and the Small Business Committee. Dr. Schrader received his DVM from the Uni-

versity of Illinois College of Veterinary Medicine and practiced in Oregon City prior to being elected to Congress.

Dr. Yoho of Trenton, Florida, a Republican from the state's 3rd Congressional District, narrowly defeated Rep. Cliff Stearns in the Republican primary before defeating Democrat J.R. Gaillot and Independent Philip Dodds in the general election. He is a small-business owner and a large-animal veterinarian serving north central Florida. He received his DVM from the University of Florida College of Veterinary Medicine.

For more information about AVMA, visit www.avma.org. 🐾

Leading Off: FAQs About Vaccines and Visits

by Michael Paul, DVM

As I have traveled around the country to make various presentations, I have been gathering FAQs from participants. Two general areas of concern often arise — the best practices for vaccine administration and what to do about declining client visits. Here are my answers to some of the more common questions.

Vaccination protocols

Q. The vaccination guidelines from the American Animal Hospital Association (AAHA) and the American Association of Feline Practitioners (AAFP) do not match many of the labels on vaccines. Why is there this inconsistency, and how do I best serve my clients' pets?

Labeled interval instructions are manufacturer-suggested intervals and are really recommendations of minimum duration of immunity. While they might be referred to in a legal proceeding, they are not legally binding directives. These recommendations were, in many cases, developed years ago, and there has been a good deal of discussion about completely eliminating the mention of intervals from labels.

The AAHA and AAFP guidelines are based on scientific studies and expert input. The various guidelines have been widely adopted and have stood the test of clinical as well as scientific examination. In most cases, they have come to be accepted by experts as well as by practicing veterinarians and would be completely defensible in court.

Q. We do not see many animals present with infectious diseases anymore. Why do I still need to vaccinate pets on a routine basis?

The reason we do not see a number of once-common infectious diseases as often is simply because most pets are vaccinated. Once a critical mass of individuals is vaccinated, the ease of transmission is reduced. In areas where there are large numbers of unvaccinated animals, these diseases do persist, but most pets are protected by their vaccination status.

If we see a smaller percentage of protected pets, these diseases will return. So it is vital that we continue to advocate for routine core vaccines and recommend non-core vaccines as indicated by a risk assessment.

Q. In my practice I never see a cat with clinical feline immunodeficiency virus (FIV) infection, but I still test all cats or kittens at their first visit for feline leukemia virus (FeLV) and FIV. If the results are negative and the cat is kept indoors, I do not vaccinate or retest for either disease. Is this a good standard of care?

FIV can be transmitted in utero, so testing kittens is important. However, the disease can also be transmitted at virtually any stage of life through mechanisms such as bite wounds. Cats that spend most of their lives indoors but are let outdoors on occasion can be exposed to infected cats. Even indoor cats are at risk of infection if

they live in multi-cat households where another cat goes outdoors.

The AAFP recommends that all kittens and young adult cats be vaccinated against FeLV regardless of lifestyle. FIV vaccines should be considered in cats at risk for exposure, and this conversation should be held with owners with appropriate consideration given to the positive and negative aspects of vaccination.

Q. I cannot remember the last time I diagnosed leptospirosis in a client's dog, so we do not routinely vaccinate for the disease. How do I know if leptospirosis is in my area?

Leptospirosis is often a challenging diagnosis. While improved diagnostics are in development, serologic testing is not routinely performed, so it is hard to determine how many of the patients we see that are empirically treated with antibiotics may be being treated for leptospirosis.



Emerging serovars of leptospirosis are frequently associated with wildlife. Urban wildlife from rodents to coyotes could be infected and serve as reservoirs.

One way of determining a subjective incidence is to contact specialty practices and veterinary schools in your area to learn if and how commonly they are diagnosing the disease.

A risk assessment survey of the owners would reveal lifestyle risks. Any possible exposure to sources of infection should be considered, and dogs deemed to be at risk should be vaccinated yearly against appropriate serovars. All vaccination decisions should be made with input from the pet's owner.

Declining client visits

Q. I have noticed a significant drop in feline visits in my hospital and do not know how to address it. Any suggestions?

This is an industry-wide trend and is due, at least in part, to the fact that as a profession we have not emphasized the need for and value of regular veterinary visits.

Veterinary visits can be stressful for cats and produce anxiety for owners. We must acknowledge that cats and cat owners are different from dogs and dog owners. We need to make our practices more sensitive to this and make it easier and less traumatic to take what appears to be a healthy cat to the veterinarian.

Too often an owner will not see the value in examining a seemingly healthy cat. We need to emphasize the fact that signs of disease can be subtle and cats hide illnesses well. We need to provide a schedule and a facility that make it easier to comply, and we must demonstrate real value to the pet owner.

Every effort should be made to make feline visits as stress-free and comfortable for both the cat and the cat owner as possible. I suggest you implement the AAFP's recommendations to establish a Cat Friendly Practice (<http://catvets.com/>).

Building a relationship as a trusted adviser and not just as a provider of services is increasingly vital as we differentiate our practices from all others and establish ourselves as the go-to sources of accurate information.

Q. My clients visit me only when there is a crisis and go to vaccine clinics or less expensive facilities for vaccines. It is difficult to maintain a hospital-trained staff and state-of-the-art equipment for complicated cases only. Any suggestions?

Unfortunately as a profession we have not done a good job of emphasizing the value of preventive healthcare and regular veterinary visits. Many pet owners have associated vaccines as the reason they see a veterinarian, and increasingly vaccines have become commodities that are price-sensitive.

We must learn to impart the value of preventive healthcare, which includes vaccination against infectious diseases as one component that rounds out a complete and thorough physical examination, parasite prevention and control, and early detection of disease states.

The Partnership for Pet Preventive Healthcare (<http://partnersforhealthypets.org/>) is a vital source of information to increase the implementation of wellness guidelines and improve pet health. The goal has to be to make preventive healthcare as important as disease treatment.

Increasingly, wellness plans, or preventive healthcare plans, that include vaccination are being developed and marketed. The reality is we need to increase the value perception of preventive healthcare in general. 🐾

Michael A. Paul, DVM, has been in the veterinary profession for 40 years in private practice, corporate veterinary medicine, organized medicine, and not-for-profit foundation leadership. He has presented at national and international meetings and is a regular contributor to several publications. He is currently the principal of MAGPIE Veterinary Consulting. He lives in Anguilla, British West Indies.

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AVMA Animal Welfare Expert Discusses **ABUSE**

Animal abuse reporting by veterinarians was the subject of national headlines in late October after an incident in Wisconsin where a woman allegedly killed her boyfriend's dog.



The dog had previously been treated for traumatic injuries at a veterinary hospital, raising questions about whether the earlier suspected abuse had been properly reported.

Following the woman's arrest, the news media seized on the fact that Wisconsin and 38 other states currently do not require veterinarians to report suspected abuse, which has been a highly discussed issue within the veterinary community for years.

With that story still circulating around the nation, *NEWStat* decided to explore the complexity of animal abuse reporting and find out what the AVMA is working on to address the issue.

Emily Patterson-Kane, PhD, animal welfare scientist for the Animal Welfare Division of the AVMA, took time to answer our questions, along with Adrian Hochstadt, AVMA director of state legislative and regulatory affairs.

WHY IS ABUSE REPORTING SUCH A COMPLEX ISSUE?

According to Patterson-Kane, multiple surveys have shown that on average, most veterinarians see cases of possible abuse at least once a year. Because it happens relatively infrequently, veterinarians are not as likely to put substantial thought into how to best handle the situation.

When veterinarians are confronted with cases of possible abuse, Patterson-Kane said sometimes their minds are flooded with questions such as:

Who is the right person to contact about this?

What kind of documentation will I need?

Am I correct that this is abuse?

Can I be sued for defamation if I'm mistaken about it being abuse?

Will the authorities even do anything about my report?

What's going to happen next?

While fretting over these questions, Patterson-Kane said many veterinarians likely go through the following thought process: "I think that might be abuse, but I'm not sure. I can't prove it, I'm not sure what I'm going to do, and I've got eight more cases today, and I'm just going to go home and feel worried about it, but I'm not really going to do anything."

That stress can overwhelm veterinarians and lead them to remain silent, "which is where I think a lot of people end up," Patterson-Kane said.

WHAT IS THE CURRENT STATE OF REPORTING LAWS?

Currently, there are 39 states that do not require reporting. Other states encourage reporting or at least offer civil immunity for good faith reporting by veterinarians, according to the AVMA's list of state requirements.

While there is a steady push by animal welfare groups for other states to adopt mandatory reporting laws, the legislative front has been fairly quiet when it comes to reporting legislation, according to Hochstadt.

Hochstadt told *NEWStat* he didn't see much in the way of proposed reporting laws while monitoring the 2012 legislative session.

IS THERE EVIDENCE ABOUT THE EFFECTIVENESS OF MANDATORY REPORTING?

Patterson-Kane said there isn't enough data to determine whether or not mandatory reporting is an effective measure.



"We just haven't gotten to the point where we think we're sure that mandating reporting is going to work yet. It may, it may not," she said. "We haven't noticed, for example, that in places where it's mandated you see more reporting than where it's not. So to some extent it could make the whole thing more scary when we're trying to make it more comfortable."

HOW CAN THE REPORTING SYSTEM BE IMPROVED?

Part of the AVMA's approach to abuse reporting has been to issue a statement saying that reporting is the responsibility of veterinarians whether or not it is mandated by law. The association also published an in-depth document titled "Practical Guidance for the Effective Response by Veterinarians to Suspected Animal Cruelty, Abuse and Neglect," which veterinarians can use as a reference when dealing with possible abuse.

In addition, the organization is actively seeking ways to prepare and educate veterinarians so they will feel more confident and comfortable about reporting suspected abuse, according to Patterson-Kane.

According to Patterson-Kane, the AVMA's efforts over coming years include:

Encouraging veterinarians to gain familiarity with local policies — As Patterson-Kane pointed out, reporting is handled on a state-by-state and even jurisdiction-by-jurisdiction basis, which means veterinarians have to be familiar with their own state's rules.

They should know vital information such as to whom they should report the case, what documentation they need to provide, how long they need to wait before providing client records (usually until a court subpoena is produced), and whether their state offers immunity for reporting veterinarians.

This information should be built into a protocol in each veterinary practice so that when an incident arises, the practice's veterinarians, technicians, and owners are all on the same page and are prepared to respond promptly and effectively.

Getting veterinarians to establish reporting relationships — Not only should veterinarians know exactly which local agency to call for abuse reporting, but they should give that agency a call before even encountering potential abuse, Patterson-Kane said. That step can increase animal abuse awareness for the reporting agency, as well as set the stage for a more collaborative relationship in the future.

"Whoever your reporting agency is, you should have an identified person there that you can just call up and say, 'Look, I don't know if I need to report this or not, but this is what I saw,' and then they can tell you what you should do," she said. "And just making this call is not reporting;

making the call is consulting. And then between you, you can decide if this is reportable."

She said she has found in her own experience that some reporting agencies are easier to contact than others. But she still encourages all veterinarians to make the call proactively, because she said, "The fact is if we don't make the calls, they won't develop the capacity to respond to them."

If veterinarians can't make contact with the right party or agency, or if the party is unresponsive, Patterson-Kane encouraged them to contact their state veterinary association, or the AVMA, if needed. She said veterinarians can help to identify places where the reporting system is broken, which is useful for finding ways to fix it.

"At least we try and use these systems — if we don't identify where they're functioning, we can't put our lobbying and our pressure in the right place," she said. "So at the moment we're just pushing the veterinarian to push the system and to tell us what happens."

Educating veterinarians on best practices for reporting — Finding a way to educate the AVMA's 85,000 geographically dispersed and very busy members is a big challenge, Patterson-Kane said. Complicating matters even further is the fact that veterinarians in different states have to play by different rules when it comes to reporting.

To tackle this challenge, the AVMA is also looking at the logistics and effectiveness of various forms of education, whether it's through webinars, recommended books, continuing education (CE), or other avenues, Patterson-Kane said.

She said that because not every veterinarian would be able to attend a CE course on topics related to abuse such as forensics, one person at a large clinic could take the course and then inform his or her co-workers.

AVMA GOAL FOR 2013 AND BEYOND: GET VETERINARIANS COMFORTABLE WITH REPORTING

Animal abuse reporting will continue to be addressed in the courts, but Patterson-Kane said a necessary step is educating veterinarians so they feel more comfortable putting themselves out there to report abuse.

"We need to build that confidence, that feeling that this is exactly what you should do and this is what's going to happen, and although this is not going to be a fun or pleasant experience, it's not going to be that bad," she said. 🐾

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On-Line Reputation Management – Part 2

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

Now that you know the basics of managing your reputation on-line, let's look at the exact steps you need to take to remove or push down negative or malicious reviews.

Step One: Claim Ownership

Each on-line review site has an option for the business owner to "claim" ownership of the business. You must do this otherwise things are being posted without your control or response. In claiming ownership you can place your comments next to each review. The key is to respond to the review in a timely, professional and respectful manner. Some business owners may want to use this method of posting as a way to get revenge and may slander the reviewer. Resist this temptation and remember the goal is to diffuse the reviewer and provide positive feedback in the giant cloud of key words surrounding your practice.

Remember all of these postings live forever on the net and they all contain "words" — or — "key words" that search engines find and offer up in search results. So take this important first step now.

Taking this step of claiming your business on Yelp, Google and Yahoo review sites, is essential. It will give you a voice where you may have none right now.

Step Two: Removing Malicious Reviews

The second step in managing your reputation is to report any negative reviews that could either be offensive or possibly falsified.

An offensive review is something that would contain harsh language, a harsh overtone or hatred comments. For example: "This busi-



ness or hospital is a joke," "The technician was an idiot," "This business or hospital will screw you," "The salesperson was so stupid," etc.

A falsified review is tougher to prove but if you have a past employee or competitor that is posting negative reviews and you are determined that these reviews are made up and not from actual customers then you can dispute most of them. Usually a clear indicator is anonymous reviews or reviewer accounts that don't have any history of other reviews throughout that website.

First, find the reviews. Perform a search on the major search engines (Google, Bing, Yahoo) for the following keywords: Your Name, Hospital Domain Name. Then navigate to at least the first 3 pages of results to discover any review/directory website that has negative reviews about your business. Then use a Word document or Excel to keep a log of the website and how many negative reviews each one has.

Most review websites have an option to flag a review so that you may report the review as falsified or offensive. When flagging a review

make sure your flag message is as detailed as possible and give the reason of why it is falsified or offensive. Also make sure you spread out over time the reviews you flag — do not flag them all at once within one review site. It also helps to have other partners employees use their accounts to do this.

Here are some common review sites with instructions on flagging a review:

Yelp

Log into your Yelp account (<https://www.yelp.com/login>) or create a new account (<https://www.yelp.com/signup>)

Look up your business to see the reviews and find the negative reviews. If you are logged in you will see a red flag near the bottom right side of each review.

Google Places

Google does not require you to have a Google account to label reviews as inappropriate but it would be preferred that you have an account to do this (<https://accounts.google.com/NewAccount>).

Search business or hospital under through Google by typing business name along with what city you are located in. Google places account will come up in results — click on the review links within that result. Under each review on the bottom right is a link labeled “Flag as inappropriate.”

City Search

Log into your City Search account or create a new account. Look up your business or hospital to see the reviews and find the negative reviews. If you are logged in you will see a flag near the bottom right side of each review labeled “report abuse.”

Other Review Sites – the process is pretty similar on many other review type websites. Login or create new account and find the negative review and 90% of the time there is an option to flag the review as inappropriate.

Finally if the request for the review to be removed is unsuccessful then as a final step you can contact the review site through a legal notification. Either by email or letter have a reputable lawyer or lawyer firm draft a letter of requiring removal of the negative reviews. Only request the ones that are offensive or that you know to be falsified. Further research on the review business or hospital's website is needed to discover how to contact their legal department or customer service.

Following these steps above can prove to be very successful in removing many negative reviews. The key in this process is integrity. Make sure you are only requesting reviews that are offensive or falsified. These companies will see right through it if you request to remove every single negative review. If there is a review that stems from an actual customer and it is not falsified then do not attempt to get it removed.

Step Three: Moving Negative Reviews Down

If the initial steps of taking ownership of your review accounts along with attaching owner comments and working to get negative reviews removed was not successful, then the final step would be to move the negative reviews down within the search engine results for your hospital name. This step requires using existing or new websites and blogs to move higher in the

search engine results and eventually moving above the negative review website.

This step will be easy or involved, depending on how competitive the keywords are for your hospital name. For example if your hospital name is unique such as “Sebastian Veterinary Clinic” then it will be easy to fill up the first couple pages of search engine results for your unique name.

If your name is more generic like “Veterinary Specialists” this means the keywords in your name appear in more searches on the internet. This will require a lot more resources and time to get you ranked higher. Most of us have pretty specific names so the process should be easier.

Here are the steps to move your blog or website up in the search engine results and at the same time move the negative results down:

Use Existing Websites / Blogs / Social Media:

If you have other existing websites or blog sites that you are in control of then reconfigure these websites to populate your hospital name and keywords within as many pages of content as possible (as we are just now opening www.VetNewsOnLine.com as a new resource for VNN members, this can be used for this very purpose).

Use social media and directory type websites to your advantage! Yelp, Google Places, Yahoo Local, Bing Local, City Search can all help your work in creating positive key word power. Make sure that these sites are active and are completely filled in with your correct and up to date business or hospital info. Having the site filled in with all available options and having many reviews in these sites will move them up the search engine ranks for your hospital name! Also make sure you keep your Facebook, Twitter, and YouTube accounts updated with your hospital name and keep them active several times a week.

Confirm Sites are Indexed

Indexing simply means that search engines know your site is there and displays it to searchers. Use this trick to test if your site is indexed: Go to the major search engines such as Google, Yahoo, Bing, then type in

the word “site:” without the quotes. Now add your domain without the www. For example, on Google, type in `Site:myvnn.com` and see the results. The results will show you how many pages of content Google has indexed from your website.

You should create an account with Google and Bing (Yahoo results is now integrated with Bing) within their webmaster tools. This account will allow you to request to be indexed and also provides a lot more info to track how well you are doing with those search engines.

Here is where you go to do that:

Google – <http://www.google.com/webmasters/>
Bing/Yahoo – <http://www.bing.com/toolbox/webmaster>

Continual Site Content

Once you have structured existing and new websites or blogs with your hospital keywords and have confirmed that your website and content pages are properly being indexed by major search engines, then the next step is to keep your sites and blogs filled with new content. At least add 3 pages of new content every week is the ideal way to keep you in the high rankings. *This is one of the main uses of both new and archived VNN content! VNN members have hundreds of articles, message points and videos from which to draw and populate your sites with ongoing content.*

Removing or pushing down negative reviews does require some work. Most of the steps can be performed by anyone and you do not need a lot of technical background. They are more tedious than complex and it just takes some time and weekly dedication to keep moving up the ranks of the search engines. But this work will pay off in high rankings and power over negative reviews. 🐾

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, an experienced professional media spokesperson and speaker.

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Put **Dr. Google** to Work for Your Veterinary Practice

A proactive approach maximizes appointment time when veterinary clients come in toting Internet research.

by Nancy Kay, DVM

Are you spending precious office visit time dissuading clients from the whackadoodle notions they glean from cyberspace? Do your clients cling to Dr. Google's recommendations more than they believe what you have to say? There's no question that Internet research is here to stay. The good news is that there are a number of ways to ensure a winning result for everyone involved without sacrificing quality of care or causing you to expend needless time and energy.

TEACH YOUR CLIENTS TO BECOME RESPONSIBLE SURFERS

Here are some tips for teaching your clients how to avoid online "junk food" and become responsible Internet surfers:

1. Create a list of recommended websites that you have already vetted. If you see loads of patients with allergic skin disease, make sure your list covers this topic. If your specialty is surgery, be ready to provide a high-quality website or two that address cruciate ligament disease. Help your clients avoid having to reinvent the wheel.
2. Veterinary college websites invariably provide reliable information. Advise your clients to search for them by entering "veterinary college" or "veterinary school" after the name of the disease or symptom they're researching. Try this yourself. Go online and compare the results you get when you Google "feline asthma" compared with the results when you search for "feline asthma veterinary college." Quite a difference in the quality of information provided, don't you think?
3. If your patient has a breed-specific disease, encourage your client to visit the site hosted by that specific breed's national organization. For example, the national Bernese mountain dog website (<http://www.bernergarde.org/>) provides a wealth of up-to-date information about malignant histiocytosis.
4. Teach your clients how to avoid business-sponsored websites, particularly those offering products for sale.
5. Teach your clients to recognize anecdotal information for what it is. As captivating as these *National Enquirer*-type stories may seem (how Max's heartworm disease was cured by aromatherapy), it's not okay for such vignettes to gobble up precious office visit time or influence medical decision-making.
6. Encourage your clients to check out disease-specific online forums (vetted by you). Not only do they provide a wealth of educational information, members can be a wonderful source of emotional support (which may translate into reduced need for emotional support from you). The

best forums are those that limit themselves to a specific disease (kidney failure, diabetes, lymphoma and so on), have many members, utilize multiple moderators (provide round-the-clock coverage and more than one opinion) and have been in existence for several years. Two examples of forums I readily refer clients to are AddisonDogs (<http://addisondogs.com/support/helpers/guidelines/>) and Tripawds (<http://tripawds.com/forums/>).

MANAGE INTERNET RESEARCH DISCUSSIONS

Now that you've taught your clients how to be responsible surfers, what can you do to manage conversations about their Internet research? I encourage you to begin by considering how your client may be feeling about approaching you with what she has learned online. She may be feeling:

- Sheepish about obtaining a second opinion from Dr. Google
- Worried that you will think she doesn't trust you
- Anxious that you will judge her negatively
- Apprehensive that there will be conflicting opinions
- Concerned that there won't be time to discuss her research.

As with any conversation, after putting yourself in your client's shoes, it's much easier to respond with genuine empathy rather than animosity or frustration.

I recommend that you be the first one to broach the topic of your client's Internet research — with enthusiasm, I might add! Just as soon as you see the stack of computer paper in your client's hands, let her know that you're pleased she is interested in learning more about her pet's health issues. This will help her know that you are interested in, rather than put off by, her research.

Reassure your client that you will reserve time to discuss what she has learned online. Chances are, once you've provided your thorough explanation, the questions generated by the Internet research will have already been answered.

All of these pointers will help transform your client's Internet research into a win-win situation. In addition to your clients' feeling more supported and better informed, there is always the possibility that you might learn a thing or two. Besides, a busy workday can always benefit from some comic relief — who knew that hip dysplasia is caused by global warming? 🐾

*Dr. Kay has been published in several professional journals and textbooks. She lectures to regional and national audiences, and one of her favorite lecture topics is communication between veterinarians and their clients. Since the release of her book *Speaking for Spot: Be the Advocate Your Dog Needs to Live a Happy, Healthy, Longer Life*, Dr. Kay has written numerous magazine articles on the topic of medical advocacy and veterinarian-client communication.*



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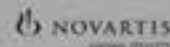
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Build the Importance of Preventive Health Care with Partners for Healthy Pets Power Tools



People have a special relationship with their pets, and most recognize that visiting a veterinarian enhances that relationship. But you see it every day in practice — pet owners who have been bombarded with incorrect and incomplete information and are confused about what's best for their pets. So much so that they may not follow your clinical advice and may not bring their pets to critical preventive care appointments at all.

As a profession, we have a great opportunity to help pets and pet owners enjoy a longer and healthier life together.

Veterinary professionals work hard to provide the best possible care to pets so that they and their owners can enjoy long and healthy lives together. **Partners for Healthy Pets** was founded to help you make the preventive health care you provide even more powerful. We've developed tools and resources — available at no charge — that can help you build better relationships with owners and help them understand the value of preventive health care so that more patients can benefit from what you do best.

Individual practice involvement is key.

The **Partners for Healthy Pets** Practice Resources Toolbox was conceived to provide the profession with a sound mix of information and materials that collectively elevate the level of preventive care offered across the country. Each of the tools and resources provide dynamic ways to reinforce a practicewide focus on preventive pet health care. Used collectively, they can help health care teams enhance communications with pet owners about the value of and need for routine care and take preventive pet health care to an optimum level within your own individual practice.

Make the decision to be a voice for vitality ... of the veterinary profession, of your practice and of our nation's pets!

It's easier than you might think:

- Adopt and widely communicate preventive health care guidelines to pet owners through your newsletters, website and within each preventive care visit
- Focus on communicating the value and benefit of preventive pet health care to pet owners at all points of contact, from receptionist to technician to veterinarian
- Use the tools and resources available from **Partners for Healthy Pets** to help find communication gaps, train staff and gather new ideas that will compliment current programs and plans