

# Epitome

SPRING 2014

A publication of the Illinois State Veterinary Medical Association

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**Euthanasia: A Difficult Choice**  
for Pet Owners

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**A Weighty Matter:**  
Effectively Communicating with  
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## Pay It Forward

by Steven Cairo, DVM



Pay it forward — a concept portrayed in a movie involving the notion of giving back to others that from which you have benefited from others. We have all had mentors in our past who have given selflessly to guide us on our paths, whether they are personal, spiritual or professional. This is my opportunity to give back what Drs. Webster, Wright, Russell and, most of all,

Dr. Erwin Small instilled in me. I thank them and all of you who have given me this opportunity to serve you and my profession.

At the last ISVMA Conference in Lombard, after Dr. Clyde Dunphy introduced me as the new president of the ISVMA, I was approached by several well-wishers, some with tongue-in-cheek remarks about my “sentence” that was about to begin. We laughed, and I assured them that I never thought of this term of office in that sense and that I was looking forward to this year. Having been on the Board of Directors and an officer of the ISVMA for more than 12 years, I am honored to have been given this opportunity. Then another DVM approached, congratulated me and asked what my agenda for the coming year would be. For those of you who know me, I am a man of few words, yet when I speak, you might want to hear what I have to say. Others think I talk too much, very funny. Yet, for the first time in a long time, I stood speechless pondering this question. I asked the doctor, “Am I supposed to have a personal agenda for this year?” To which he replied, “Almost all do.” I said I’d let him know and sat down to give it some thought, and this was my obvious answer: I do not have a personal agenda; my job is to lead the Board of Directors and let the Board guide the association down a path that has been set in our strategic plan. As the chief elected officer of the ISVMA, it is my bound duty to ensure that the Board functions effectively and efficiently according to the constitution and policies already established by the ISVMA and in accordance with the laws of the state of Illinois.

I am an avid sailor and have navigated some of the most dangerous waters in the world. Running one’s own practice can be like those waters. Steering the boat often isn’t the most effective way to get from point A to point B. Sometimes you have to adjust your sails according to the wind; sometimes you have to adjust your steering to

handle the waves. You will still end at your destination, yet it is the journey that brings us the most satisfaction. Life is like that, and so is being the one at the head of the table.

We are very fortunate to have Mr. Peter Weber and his staff helping to guide the association through the treacherous times ahead. The economy and people who would try to encroach upon our right to be the sole providers of veterinary care according to the laws of this state are just two issues Peter and his staff struggle with daily on our behalf. Together with the Board of Directors, we will continue to pursue all courses of actions to protect your right to practice and reinforce the status of the veterinarian and his or her staff as the sole and legal providers of veterinary services in Illinois.

As part of the ISVMA’s goal in fostering the growth of membership and new emerging leaders in the veterinary community, the ISVMA sponsored seven emerging leaders from most of the regions in Illinois to attend the AVMA Veterinary Leadership Conference in Chicago this past January. The conference was very well-attended by veterinarians, future leaders, association executives and national representatives from the AVMA House of Delegates and gave us an opportunity to share ideas and methods of providing the most for our members. I would like to thank Drs. Andrew Hennefent, Emilie Schilling, Thomas Antonini, Katheryn Wysziclo, Jason Wrage, Canaan Shores and Robert Plourde for taking the time to attend what turned out to be a wonderful experience that will help them hone their skills and encourage them to get involved in the “pay it forward” frame of mind in veterinary leadership.

During the next few months, I will be attending regional association meetings and several Board meetings, and I will be helping Peter to keep an eye on the Legislature and various state agencies that have a direct impact on our right to practice and to help protect the animals, public health and citizens of the state of Illinois. I hope to see many of you during the coming year and encourage each and every one of you to get involved in a task force or a committee or as a regional representative to the ISVMA Board of Directors — to “pay it forward” to our profession. Please do not hesitate to share your ideas and feelings with me about how the ISVMA can better provide for your needs as a veterinarian. 🐾



The following questions are some of the most asked on a daily basis when members contact ISVMA, so, while they have been answered in the past, a refresher is always helpful.

**Q:** How long do I have to keep veterinary records?

**A:** The Illinois Veterinary Licensing and Disciplinary Board requires you to keep records for a minimum of five years following the last treatment or examination. Records also need to be readily retrievable.

**Q:** If a client asks for a copy of the animal's record, what are my obligations?

**A:** Veterinarians must furnish a copy or synopsis of medical records upon request by the client. Records should be released within a reasonable period of time (five business days), and the veterinarian may charge a nominal copying fee.

While X-rays are part of a patient's record, they are considered to be the property of the veterinarian. You may provide a client with a copy of the patient's X-ray, and you can charge the client your duplication cost.

Also, veterinarians customarily provide original radiographs to other veterinarians at a client's request and in the spirit of professionalism and concern for the patient. The Veterinary Medical Examining Board expects that X-rays will be returned promptly to the original veterinarian. Failure to do so is a violation of administrative rule.

**Q:** What if a client has not paid his or her bill? Can I withhold the records or his or her pet until I am paid for my services?

**A:** No. A veterinarian cannot withhold records or a pet for nonpayment of services. The delinquent account is a collections issue.

**Q:** Do I have a lien right that would allow me to retain the records of an animal treated by me until the owner pays the charges for that treatment?

**A:** As noted by Bruce Stratton, senior partner, Stratton, Giganti, Stone & Kopec, Springfield, Illinois (ISVMA legal counsel): "The Veterinary Medicine Act does not include any such lien rights, and there is nothing in the general lien acts (pertaining to other occupations and professions) that indicates that the Legislature ever created such a remedy. I also have not found anything that indicates that there is a common-law (nonstatutory) veterinarian's lien.

"In light of what I did not find, I would certainly caution you or any other veterinarian about attempting to withhold records as security for the payment of the charges due for the treatment of the animal to which the records apply. ... The Department (Illinois Department of Finance and Professional Regulation) might view this as 'unprofessional conduct.'

"It is possible that, if someone were to attempt to assert such a right, some Illinois court might well decide that there is such a common-law lien. However, I believe that the most conservative and safe approach is to avoid the exposure to a departmental inquiry and the attendant expense and stress by returning such records upon request." 🐾



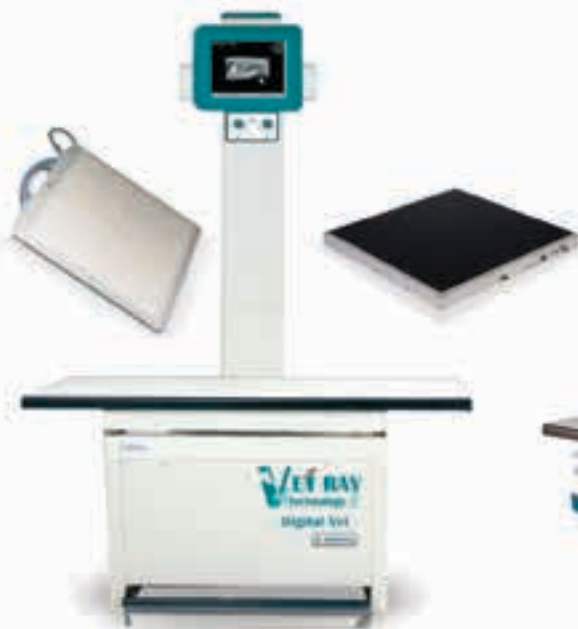




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# Welcome New Members

ISVMA would like to welcome the following new members who have joined from November 26, 2013, to February 3, 2014. Thank you for your support! Please help us spread the news about the many benefits of membership in ISVMA — where dues are investments that pay tremendous dividends!

## New Veterinarian Members

John Bailasik, DVM  
Amanda Ennis, DVM  
Lauren Fairchild, DVM  
Mark Flahaven, DVM  
Sinyee Fok, DVM  
Annora Gaerig, DVM  
Britt Hoff, DVM  
Rebecca Iutzi, DVM  
Thomas Little, DVM  
Kirsten Magnuson, DVM  
Jenna McCarthy, DVM

Jennifer Nix, DVM  
Vincent Staniskis, DVM  
Ericka Yeley, DVM

## New Certified Veterinary Technician Members

Megan Camp  
Lacey Graves  
Tricia Watson  
Amanda Wilsey 🐾



# IVMF Donations

The IVMF welcomes contributions that are to celebrate or honor life or a milestone as well as to memorialize a loss. Download a donor form from the ISVMA website at [www.isvma.org/about\\_us/foundation.html](http://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.

## In Memory of

The IVMF thanks the following veterinary clinics for their contributions in memory of the following pets:

### From the Animal Medical Clinic of Springfield:

Darcy  
Spike  
Pepper  
Candy  
Snuggles  
Sasha  
Charly

Knute Rockne  
Toka  
Taco Bill  
Misha  
Liberty  
Augie  
Lola  
Romeo  
Trudy

Sammy  
Loner  
Milo  
Kobe  
Rex  
Angel  
C.C.  
Barry  
Allie

### From the Mt. Sterling Vet Clinic:

Lola  
Chet  
Ellie  
Lucy  
Cooper  
Harold  
Liz 🐾



## Welcome (Back), Dr. Peter Constable



"I am excited about the outlook for our college and the veterinary profession," announced Dr. Peter Constable, who in January became the seventh dean at the Illinois College of Veterinary Medicine.

You may remember Dr. Constable from his 13 years on the food animal faculty at Illinois, 1993 to 2006. From 2006 to 2013, he successfully led the Department of Veterinary Clinical Sciences at Purdue University School of Veterinary Medicine.

A native Australian, Constable earned his veterinary degree in 1982 from the University of Melbourne and practiced in Australia and England before joining The Ohio State University for an ambulatory internship and a food-animal medicine and surgery residency. He earned both a master's degree and a PhD at OSU. He is board-certified by the American College of Veterinary Internal Medicine and the American College of Veterinary Nutrition.

As a clinician and researcher, Constable studied acid-base physiology, fluid therapy, shock, calf diarrhea, surgical conditions of the bovine abdomen, biostatistics, pharmacokinetic modeling, veterinary education and the cardiovascular response to endurance training. He has published more than 180 peer-reviewed articles and 30 book chapters, and he is a co-author of the 10th edition of *Veterinary Medicine: A Textbook of the Diseases of Cattle, Sheep, Goats, Pigs and Horses*.

Describing himself as "mission-driven," Constable said, "It is my job to ensure that the college attains excellence in all three aspects of its mission: education, discovery and engagement."

His leadership values include being transparent in all interactions, embracing diversity and being a great listener.

### Funded Clinical Trial for Coughing Dogs with a Murmur

Dr. Bob O'Brien and radiology resident Dr. Mark Howes are investigating whether coughing dogs cough because an enlarged left atrium is compressing the left primary bronchus or because they have bronchomalacia, which causes all the major airways to collapse, similar to a collapsing trachea.

The findings may help improve management of coughing dog patients.

The study will enroll coughing dogs with at least a grade 3/6 cardiac murmur and will evaluate the size and wall thickness of the major airways and the size of the left atrium.

Dogs that qualify will get a thorough physical exam, mini chemistry panel, five-view thoracic radiographs, thoracic CT, peripheral blood pressure, an ECG and an echocardiogram at no charge to the client. The referring veterinarian will receive all test results.

To enroll a patient, call (217) 333-1800 or email [radconsults@vetmed.illinois.edu](mailto:radconsults@vetmed.illinois.edu). 🐾





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## ISVMA Welcomes Dr. Gundlach



Michelle Gundlach is the new director of education for the ISVMA. Prior to her appointment, she was a member of the ISVMA Board of Directors for seven years, during which time she served on the Public Relations and Education Planning committees as well as the Practice Act Task Force. Prior to that, Gundlach was the president of the SIVMA for three years. After

her maximum term on the Board, she wanted to continue to serve Illinois veterinary professionals. She enjoys organizing, planning and educating, and is excited to face the new challenges of this position.

Gundlach is an Illinois native who grew up in Macomb. She earned her BS in zoology, *summa cum laude*, from Western Illinois University in 1988. She graduated as salutatorian of the University of Illinois' College of Veterinary Medicine in 1992 and has been an AVMA, ISVMA and SIVMA member since graduation. She started her career in southern Illinois at various practices, in mixed-animal, small-animal and relief positions. Since September 2000, Gundlach has been an associate veterinarian at House Springs Animal Clinic, with a special interest in surgery.

Gundlach resides in rural Waterloo, Illinois, with her husband, Kris, and her daughter Hannah. They share their home with one dog, three cats, two birds and two fish. Her hobbies include travel, martial arts, violin and photography. She is looking forward to expanding on the ISVMA's goal of providing outstanding continuing education opportunities for its members.

## Dr. Mitchell Named One of Top 14 Vets to Watch

Congratulations to Mark A. Mitchell, DVM, PhD, professor of veterinary clinical medicine, University of Illinois at Urbana-Champaign College of Veterinary Medicine, on being the only Illinois veterinarian recently named by *Veterinary Practice News* as one of its Top 14 Vets to Watch.

Dr. Mitchell has turned his fascination with lizards, spiders, rats and fish into a distinguished career as a zoological veterinarian.

He is a frequent speaker at veterinary conferences and is co-author (with Thomas N. Tully Jr., DVM) of *The Manual of Exotic Pet Practice*.

Mitchell earned his DVM at the University of Illinois and his PhD in clinical epidemiology, with an emphasis on *Salmonella* species

in reptiles, at Louisiana State University. He is a past president of the Association of Reptilian and Amphibian Veterinarians.

A prolific researcher and writer, Mitchell is editor-in-chief of *The Journal of Herpetological Medicine and Surgery* and is co-editor of *The Journal of Exotic Pet Medicine*. He's also a contributor to *LafeverVet.com*, an online library of exotic medicine videos, articles and client education material.

Other vets named were:

*Stic Harris, DVM, MPH*

Armed Forces Health Surveillance Center, U.S. Department of Defense, Washington, D.C.

*Wesley Bissett, DVM, PhD*

Assistant Professor, Large Animal Clinical Sciences, Texas A&M College of Veterinary Medicine and Biomedical Sciences, College Station, Texas

*Heather Fowler, VMD*

Minnesota Department of Health, St. Paul, Minnesota

*Brandy Dubon, DVM*

Fellow, Shelter Medicine, Louisiana State University School of Veterinary Medicine, Baton Rouge, Louisiana

*Ben Wileman, DVM, PhD*

Epitopix LLC, Willmar, Minnesota

*David G. Pugh, DVM, MS*

Diplomate, American College of Theriogenologists, American College of Veterinary Nutritionists and American College of Veterinary Microbiologists, Alabama-based consultant, speaker and author

*Wallace Grabam, DVM*

VCA Oso Creek Animal Hospital, Corpus Christi, Texas

*Donald F. Smith, DVM*

Diplomate, American College of Veterinary Surgeons, Cornell University College of Veterinary Medicine, Ithaca, New York

*Susan Chadima, DVM*

Androscoggin Animal Hospital, Topsham, Maine

*Libby Coleman Todd, DVM*

Liberty Animal Hospital PC, Birmingham, Alabama

*Eleanor Green, DVM*

Diplomate, American Board of Veterinary Practitioners, Equine Practice; Diplomate, American College of Veterinary Internal



Medicine, Specialty: Internal Medicine; Carl B. King Dean of Veterinary Medicine, Texas A&M University College of Veterinary Medicine & Biomedical Sciences, College Station, Texas

Lori Teller, DVM

Diplomate, American Board of Veterinary Practitioners, Canine and Feline Medicine, Meyerland Animal Clinic, Houston, Texas

## Dr. John Herrmann Receives National Public Policy Award



Congratulations to John A. Herrmann, DVM, MPH, DACT, who was recently named the recipient of the 2014 Sen. John Melcher, DVM, Leadership in Public Policy Award by the Association of American Veterinary Medical Colleges.

During Herrmann's 25-year career as a private practice veterinarian in Freeport, Illinois, he became involved in public health issues at the county and state levels, and he eventually chose to earn a master's degree in public health. He then spent a year as a AAAS/AVMA Science and Technology Policy Fellow in the U.S. Senate in the offices of Sen. Richard Durbin (D-Illinois), a position which led to his significant contributions on policies designed to improve food safety, ensure humane treatment of animals, promote an adequate workforce in the areas of public health and veterinary medicine, and unite the efforts of health disciplines through the "one health" concept.

In 2004, Herrmann joined the faculty of the University of Illinois College of Veterinary Medicine, where he founded and directs the DVM/MPH program as well as the Center for One Health Illinois and serves as a clinical associate professor in the Department of Veterinary Clinical Medicine.

In nominating Herrmann for the award, Drs. Clifford Shipley and Yvette Johnson-Walker wrote, "At a time when public policy is often swayed by ideology and political agendas, Dr. Herrmann has served as a voice of scientific reason and logic in his advice to legislators at the local, state, and federal levels, and in his instruction of the veterinary students who will assist in the development of future policies affecting the practice of veterinary medicine and the protection of human, animal, and environmental health."

## AVMA Admits Veterinary Acupuncture Academy into House of Delegates

At its January meeting, the American Veterinary Medical Association (AVMA) House of Delegates (HOD) voted to admit the American Academy of Veterinary Acupuncture (AAVA) into the HOD as a constituent allied veterinary organization.

The AVMA-HOD is comprised of AVMA members from 70 state, territorial and allied veterinary medical groups. Association policies that affect the practice of veterinary medicine are set by HOD delegates and alternative delegates from each organization.

"I am pleased to welcome the AAVA and its members into the AVMA House of Delegates," says Dr. Clark K. Fobian, president of the AVMA. "Admitting the AAVA into the house will foster greater communication between this organization's membership and the rest of the veterinary community."

"The AAVA represents a growing practice area among veterinarians and represents a general population of practitioners that cross state lines and species and practice types. We are comprised of educators, AVMA-recognized specialties, and small-animal, equine, farm-animal, avian, and pocket-pet practitioners," says Dr. Ken Ninomiya, president of the AAVA. "Our contribution to the AVMA House of Delegates will benefit AVMA by voicing a wide spectrum of practitioners' views."

The AAVA has more than 900 members, and its mission statement is: "To improve animal health care by the advancement of veterinary acupuncture, Traditional Chinese Veterinary Medicine and Traditional Asian Medicine through education, research and leadership."

Veterinary acupuncture is a relatively young but fast-growing practice area of veterinary medicine. Veterinarians in the United States began adopting veterinary acupuncture in the 1970s. Since the mid-1990s, however, acupuncture training programs have experienced increased enrollments every year, according to the AAVA.

Source: [www.avma.org](http://www.avma.org)

## New AVMA Partnership Supports Recruitment and Retention of Public and Corporate Veterinarians

Answering a call for veterinarians to fill a critical need in public service and corporate practice, the American Veterinary Medical Association (AVMA) recently signed a formal memorandum of understanding (MOU) that aims to better promote careers in these sectors.

Working with the National Association of Federal Veterinarians (NAFV) and the Virginia-Maryland Regional College of Veterinary Medicine's Center for Public and Corporate Veterinary Medicine, the partnership seeks to educate Congress and human-resource managers within the federal government of a wide variety of job opportunities that veterinarians are qualified to fill and to boost career-building programs that seek to recruit, train and retain the next-generation workforce.

The partnership comes in response to several studies that have outlined potential workforce gaps where veterinarians will be needed to provide key expertise on issues such as public health, food systems, biomedical research, diagnostic laboratory investigation, pathology, epidemiology, ecosystem health and food-animal practice.

"We have long recognized veterinarians as the medical doctors who treat our pets when they are sick, but what many do not realize is that veterinarians emerge from graduate school with the training and skills that are needed to tackle a wide range of complex issues related to public health, biological science, the environment and agriculture," said Dr. Ron DeHaven, AVMA's chief executive and executive vice president. "As the world better understands and appreciates the interconnectedness between animal, public and environmental health, it is important that we continue recruiting veterinarians with the technical expertise and scientific know-how to fill a critical need in public and corporate practice. Together with the National Association of Federal Veterinarians and the Virginia-Maryland Regional College of Veterinary Medicine, we bring a unique understanding of the current and future workforce needs and are positioned to establish a framework that will help us to balance the needs of society with an ample supply of veterinarians."

"Federal veterinarians in more than 29 practice areas use their skills and expertise to serve many governmental agencies, focusing on the prevention of animal diseases, protection of food safety, and preparation for and response to zoonotic disease outbreaks and other catastrophic events," said Dr. Michael Gilsdorf, NAFV's executive vice president. "A recent assessment of the federal veterinary workforce identified several workforce gaps where

the leadership, technical skills, and the training and expertise of veterinarians could fulfill future agency mission requirements. Through this new partnership between AVMA and the Virginia-Maryland College of Veterinary Medicine, we will work to better communicate the additional ways in which veterinarians can contribute to government efforts and society as a whole."

"The Virginia-Maryland College of Veterinary Medicine is very well-positioned to partner with the AVMA and NAFV to prepare veterinary students and veterinarians for career opportunities beyond private clinical practice," said Dr. Cyril Clarke, dean of the veterinary college. "The location of our Center for Public and Corporate Veterinary Medicine on the University of Maryland campus places it in close proximity to a wealth of federal, not-for-profit and other organizations in the Washington, D.C., area that are working nationally and internationally to advance animal and public health. It is also important that we work together to develop deeper relationships between the profession and organizations involved in food and fiber production, biomedical research and product development."

Given that many graduating veterinarians are unaware of the job opportunities available to them outside of the traditional veterinary clinic setting, the MOU first aims to boost visibility of the careers that can be found in public and corporate practice through a broad education campaign. The second, longer-range goal is for the three partners to increase the demand for federally employed veterinarians and to create better training programs that will assist veterinary professionals who seek careers in public or corporate practice. 🐾

Source: [www.avma.org](http://www.avma.org)





# EUTHANASIA:

## A Difficult Choice for Pet Owners

One of the most difficult decisions a pet owner may face is whether to euthanize an ailing pet.

"When an animal's quality of life is starting to deteriorate, a pet owner may consider if euthanasia is the right choice for this pet," says Cheryl Weber, a licensed social worker and adjunct clinical assistant professor at the University of Illinois Veterinary Teaching Hospital in Urbana. She offers these perspectives on this extremely personal decision.

Understanding a pet's condition is foremost, she says. A trusted veterinary professional is key in explaining the medical diagnosis and outlook for the pet, discussing treatment options and helping evaluate whether the pet is in pain or suffering.

Owners often want to understand quality-of-life issues to help clarify the disease process and any changes they are seeing at home with their pet.

It is important that pet owners understand behavioral changes that may indicate a decline in an animal's quality of life, such as difficulty in eating or drinking, changes in mobility, and changes in normal interactions, such as a dog no longer greeting them at the door.

When owners are approaching the final weeks or days with a pet, Weber suggests

encouraging them to spend quality time with their pet, enjoying the time together. Something as simple as an extra car ride or a special meal can mean a lot to both owner and pet.

"Take more photos or take a walk at a favorite spot. Let others know about the animal's condition so they can visit with the pet too," she says.

Weber invites owners to plan ahead for euthanasia if that is the right choice for their pet. Decisions for pet owners to consider include which veterinarian is desired to perform the procedure, whether they wish to be present, and whether the pet will be buried or cremated. Some owners plan for a home euthanasia because it can be less stressful for the pet.

"Some people are surprised at how hard it is to lose a pet," says Weber. "Owners

should reach out for support from family and friends during this difficult time."

Another resource is the University of Illinois College of Veterinary Medicine's student-run telephone service called the CARE Pet Loss Helpline. The number is (217) 244-2273, or toll-free at (877) 394-2273. The CARE website, [vetmed.illinois.edu/CARE/](http://vetmed.illinois.edu/CARE/), offers information on the grief process, supporting children experiencing grief and ideas for memorializing a pet. 🐾

*Source: Adapted from a column by Sarah Netherton, information specialist, University of Illinois, in The Daily Journal with permission*





# Veterinary Dentistry

## A Critical Component of Animal Health

by Michael Adkins

**Veterinarians are charged with providing the highest-quality health care to patients of all stripes, from dogs and cats to gorillas and tigers and every type of animal in between. But many of these patients are suffering from disease that's right under their noses — literally — and they may not be getting the care they so desperately need.**

According to some estimates, as much as 70 to 80 percent of the dog and cat population is suffering from some form of dental disease, according to Stephen Juriga, DVM, DAVDC, a board-certified veterinary dentist at the Veterinary Dental Center, based in Oswego, Illinois. Tooth resorptive lesions afflict half of all cats over the age of 5. Nearly a quarter of dogs have fractured teeth. And pets come into Illinois clinics every day with oral conditions ranging from periodontal disease to oral tumors.

Fortunately, veterinary practices have the resources to help these patients in need. Dental care in the veterinary clinic has come a long way in recent years, and veterinarians can take advantage of this for the health of their patients — as well as their practices.

### Brushing Up on Dental Practices and Products

The understanding of dental health's role in overall veterinary health care is relatively recent, according to Larry Baker, DVM, DAVDC, a fellow of the Academy of Veterinary Dentistry and a veterinary dental specialist with Northgate Pet Clinic in Decatur, Illinois. "In the last 15 years, both the public and general-practice veterinarians have begun to recognize the importance of dental disease," he said.

As noted by Cindy Charlier, DVM, DAVDC, a veterinary dental specialist with Fox Valley Dentistry & Surgery, located in

Chicago and St. Charles, Illinois, dental training was a resource she and many other veterinarians did not have access to in veterinary school. "As veterinarians, many of us didn't originally receive training in veterinary dentistry, myself included," Charlier said. "Yet this is the most prevalent disease in our patients."

"With practices so likely to encounter oral disease, it's wise to equip yourself to treat it, both for the patient's benefit and the practice's," Juriga advised.

One of the top actions recommended by all three specialists for all general-practice veterinarians is a thorough oral examination for patients under general anesthesia, including dental radiographs. "Veterinary dental care has changed from techs just brushing the teeth and sending the patient home with fresh breath to the doctors really probing and charting the mouth," Juriga said.

"The most important tools are [the veterinarian's] eyes and hands," Charlier said, adding that the oral exam should include probing around each tooth and the gums. Baker added that he recommends the Comprehensive Oral Health Assessment and Treatment (COHAT) protocol, which includes examining for tumors, gingivitis, periodontitis, evidence of endodontic conditions and other dental disease.

In addition to a comprehensive exam with radiography, there are numerous new products

available for both veterinarians and clients to improve pets' dental health. Juriga suggested that veterinarians look for the Veterinary Oral Health Council Seal of Acceptance, which is awarded to products that help fight plaque and tartar on animals' teeth. The VOHC's program is endorsed by the American Veterinary Dental College, as well as veterinary dental societies worldwide. A list of products bearing the VOHC Seal of Acceptance is online at [www.vohc.org](http://www.vohc.org).

One relatively new product that veterinarians may find useful is OraStrip, produced by PDx Biotech. This diagnostic test allows veterinarians to detect periodontal infection in canine patients. If detected early enough, patients' periodontal infections can be treated before irreversible periodontal disease sets in. The 2013 AAHA Dental Care Guidelines for Dogs and Cats, released by the American Animal Hospital Association, reference the use of strips such as OraStrip "as an exam room indicator of gingival health and periodontal status."

### Breeds at Risk

Recognizing the risk all pets face when it comes to dental disease is important for veterinarians — but some breeds are at more risk than others. Some of the breeds identified by these specialists as greater risk for dental problems include:

- Small-breed dogs (higher risk for periodontal disease compared to large breeds, especially papillons, Yorkshire terriers and Maltese)

- Large dogs (higher risk for tooth fractures compared to smaller dogs)
- Greyhounds (relatively high risk for periodontal disease)
- Boxers (higher risk for gingival hyperplasia compared to other breeds)
- Purebred cats (higher risk for tooth resorptive lesions compared to mixed-breed cats)

"Practices should risk-assess their patients based on their breeds," Juriga said. "For example, recommending that small-breed dogs receive their first dental procedure at age 2 would be smart."

It is important for veterinarians to educate clients about their pets' particular risk factors, as well as the telltale signs of oral disease or injury, as the pets themselves will likely show no outward symptoms of dental problems. "Early recognition of disease is absolutely the key," Charlier said. "Get pets accustomed to daily brushing, and provide diets, chews, treats and water additives that are accepted by the Veterinary Oral Health Council." Regular brushing, in addition to assisting with the prevention of plaque and the control of periodontal disease, will allow owners to recognize problems as early as possible, such as fractured teeth, Charlier added.

## Bringing in the Experts

For many routine dental problems, a pet's general practitioner can provide the care and treatment needed. Depending on the veterinarian's level of dental expertise and

the pet's particular condition, though, veterinarians may want to consider referring pets with more difficult conditions to a veterinary dental specialist. Some of these conditions may include:

- Malocclusions, especially those requiring orthodontic therapy
- Impacted/unerupted teeth
- Fractured teeth, particularly those that expose the root canal
- Malformed teeth
- Mandibular/maxillary fractures
- Oral tumors, especially malignant tumors
- Feline lymphocytic-plasmacytic stomatitis (an inflamed area of a cat's mouth that frequently requires full-mouth extraction)
- Masticatory myositis (a dog's inability to open its mouth)

"We have advanced training in periodontal and oral surgery and anesthesia," Charlier stated. "We form a triad of care, which includes the general practitioner, the client and the veterinary dentist, all with the pet at the center."

## Taking a Bite out of Dental Disease

With that triad of care working together for pets' health, along with continued research and development into products and treatments, the field of veterinary dentistry continues to grow in importance. "The more we know about dental disease — in humans and in pets — the more importance [veterinary dentistry] will continue to have," Baker added.



Stephen Juriga, DVM, DAVDC, performs bone grafting and extractions on a zoo gorilla.

Veterinarians who focus on this growing area of animal health care can provide a much-needed service to owners looking for the best care for their pets. "You will find that, by offering high-quality, proactive dental services, you will build a pet owner's trust and confidence, allowing you to consistently offer the best care for their pets," Juriga noted. "The good news is that these pets are already in each practice's patient base, and dental care is going to have a significant impact in their or your patients' overall health and comfort."

"Nothing I've done in the last 30 years has made my patients feel better than work in their oral cavity," Charlier stated emphatically. "We have clients tell us all the time, 'It's like I have a brand-new pet.'" 🐾



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# A Weighty Matter

## Effectively Communicating with Clients about Pet Obesity

by Cailin Heinze, VMD, MS, Diplomate ACVN; and Deborah Linder, DVM, Diplomate ACVN

The blood and urine analyses recently ordered on a patient show azotemia in the face of low urine specific gravity. Most veterinarians feel quite at ease discussing renal disease with an owner and outlining a plan for follow-up care.

When it comes to overweight pets, however, many veterinarians do not feel as comfortable discussing the condition and associated therapeutic strategies. This may be complicated by the veterinarian or client's weight status, or the fear that the discussion may be perceived as hypocritical or judgmental.

These concerns can prevent veterinarians from having very important discussions about pet obesity with clients.

### The Right Approach

As more overweight and obese pets are seen in daily practice and more data about negative health consequences of obesity are collected each year, conversations about obesity in pets are becoming more frequent and increasing in importance.

The approach one uses when presenting therapeutic options for obese patients makes a critical difference in how the information is received and perceived by the owner.

**Present recommendations for weight loss** with the same importance as recommendations for other preventive services or treatment plans. In today's busy practices, it is not uncommon for a heartworm test to be presented to the client as critical to a pet's health, while weight loss is presented as an optional therapy.

**Consider the potential differences in client buy-in** if a weight loss program is included in an estimate for a workup/treatment plan for a concurrent condition associated with obesity, such as orthopedic disease, compared to offering weight loss services alone.

**Choose an approach that caters to the client** — pet owners who are more scientifically focused

may benefit from a research-based approach ("studies have shown that...") whereas others may benefit from a more emotional approach ("Mrs. Jones, Fluffy is clearly a very important member of your family. We can help Fluffy feel even better and potentially live longer by..."). Remember, though, that this type of approach can only be chosen once you are familiar with the client's understanding of obesity (Open-Ended Questions for Better Communication, page 19).

**Involve the entire family**, if possible, as weight loss plans cannot be successful unless all family members are adherent. We have frequently had patients that were not losing weight, despite what seemed to be appropriate caloric restriction, only to find that a spouse, child, or parent of the owner present for the appointment was sneaking the pet treats or additional food on the side.

### Encouraging Acceptance

The first challenge for many owners is accepting that their pets are overweight. It is often reported, both anecdotally and in the literature,<sup>1</sup> that many pet owners underestimate their pets' body condition score (BCS), assuming the pet is a healthy weight when, in fact, it is overweight to obese. One study among pet owners showed that half of the owners who correctly identified their pets' BCS above ideal still did not consider their pets to be overweight.<sup>2</sup>

#### Understand Misconceptions

These incorrect perceptions may be rooted in denial or guilt, or may be due to the high prevalence of obesity in the general pet population.

- A recent European study<sup>3</sup> reported that many show dogs of certain breeds were overweight or obese, and the authors have had clients tell them that their breeders indicated that their overweight dogs were perfect or even underweight.
  - A simple Internet image search for certain breeds, such as Labrador retrievers and beagles, quickly demonstrates that images of healthy weight dogs are few



and far between, which can certainly alter public perception of what constitutes “normal” weights for these breeds.

- Cats do not fare any better, which is evident by the popularity of Internet memes of overweight cats and the extensive use of the term *fat cat* in the pop-culture lexicon.

#### Picture Proper BCS

Collecting a library of pictures of ideal weight (BCS, 4-5/9) dogs and cats can help teach owners what constitutes a healthy weight, as can helping them score their own pets. For puppy and kitten visits, it can be valuable to consistently reinforce to clients that the way their “trim” puppies or kittens look now is the way that they should always look and feel — emphasizing frequent palpation over the ribs and examination of the waist from above. Keeping good quality pictures of patients as they age — both side and top views — in your medical records can also help pet owners realize their pets have gained excessive weight.

#### Emphasize Health Concerns

Explain to pet owners that obesity is an important health concern — while it may not seem as urgent as other conditions, it can have long-lasting consequences, including:

- Shortened life span<sup>4</sup>
- Increased pain and mobility issues that affect quality of life<sup>5</sup>
- Higher veterinary costs.

#### Avoid Assumptions

If clients are overweight, do not assume that they are not interested in helping their pets lose weight. These clients may have had a similar discussion with their physicians, and may be more aware of the health concerns associated with obesity. In our experience, some overweight clients have been more adherent with weight loss plans for their pets than “normal weight” owners because they report that, even though they struggle with their own weight management, their pets’ weights are something they can more easily control.

#### Be Encouraging

Empathy is very important in these conversations — be clear with clients that overweight pets are common and having an overweight pet does not make them a bad pet owner.

- Stress that weight loss is not without challenges, but quality of life of pets has been shown to improve after weight loss.<sup>5</sup>
- For owners concerned that their pets have a lot of weight to lose, even weight loss as small as 6% to 8% of total body weight has been shown to produce significant decreases in subjective and objective lameness scores.<sup>5</sup>
- Having documented “success stories” with before and after pictures and testimonials from clients in a book or on a bulletin board can be helpful.

#### Wait, If Necessary

To prepare for pet owners’ responses to a weight loss discussion:

- Assess owners’ perceptions of their pets’ weights and knowledge of health concerns



## Open-Ended Questions for Better Communication



In one study on pet obesity prevalence,<sup>1</sup> owners often used narratives or personal stories to explain their pets’ weight status. When asked open-ended

questions, these owners:

- Responded with **historical information**, such as *the pet was previously much more overweight and seems thin in comparison now*
- Described **personal or emotional components**, for example, *acknowledging that he or she felt guilty denying food to the overweight pet when it acted hungry.*

Encouraging an owner to describe his or her pet’s weight and the perceived consequences of excess weight helps ascertain the owner’s knowledge and perceptions and identify potential challenges to weight loss. Open-ended questions the clinician can ask include:

- What are your thoughts on your pet’s current weight?
- At this weight, how would you describe your pet’s quality of life?
- If your pet’s weight has increased/decreased, how does your pet act now as compared to before?
- Have you had discussions with other veterinarians or veterinary technicians regarding your pet’s weight?
- If your pet has been on a weight loss plan before, what strategies were successful versus unsuccessful?

- Determine owners readiness for change (described in detail elsewhere)<sup>6</sup>
- Recognize that some clients may not be ready to make immediate changes or accept that their pets are overweight.<sup>6</sup>

With hesitant clients, some may benefit from reading material, such as client handouts or a list of trusted websites, while others will need to discuss the issue multiple times yet will still hesitate to make changes. Eventually these clients may be willing to make some changes, especially if faced with a pet health issue, such as a cruciate tear requiring surgery or a diagnosis of diabetes.

## Putting a Plan Into Action

### 1. Diet History

Once the client and veterinarian recognize that weight loss is needed, the first step toward developing a plan is obtaining a thorough diet history that includes all foods, treats, and supplements that the pet receives as well as who feeds the pet, access to other sources of food (e.g., owner feeds stray cats), and the makeup of people in the family. An example of a diet history form is available at <http://wsava.org/nutrition-toolkit>.

### 2. Feeding Plan

Once this information is collected, a diet and feeding plan can be designed. To avoid client confusion, or undue focus on a goal weight rather than the process of weight loss, we recommend concentrating on BCS and a goal rate of loss rather than a final goal weight. Clients can be taught to score their own pets, calculate the rate of weekly weight loss, and compare it to the goal rate (typically 0.5% to 2% of original body weight per week).

These approaches are discussed in-depth in the article **Treatment of Obesity: Current Research & Recommendations**, published in the September/October 2013 issue of *Today's Veterinary Practice* and available online at [tvjournal.com](http://tvjournal.com).

### 3. Human-Animal Interaction

Beyond the standard weight loss plan of calorie restriction and physical activity, successful weight management requires an understanding of human-animal interaction, such as using strategies that allow pet owners to maintain their current relationships with their pets.

These strategies may include:

- Discussing a compromise for non-negotiables — food items that owners are likely to give their pets regardless of instructions — that allows them to be included in the weight management plan.
- Asking the owner to describe the pet's feeding arrangements and who in the family feeds the pet — information that helps develop a weight management plan that fits into the existing family structure and capitalizes on the owner-pet relationship that already exists.

### 4. Follow-Up & Monitoring

In our experience, the two factors that best predict weight loss success are:

- Frequent weight checks



## Basic Tenets of Weight Loss



While the in-clinic form — **Developing Protocols for Obese Animals** (September/October 2013 issue; available at [tvjournal.com](http://tvjournal.com)) — outlines the more detailed mechanics of a weight loss plan, here are some basic tenets to keep in mind:

- For systemically healthy, but overweight, pets that can be fed a diet with appropriate nutrient concentrations (such as a veterinary therapeutic weight loss diet), an ideal rate of weight loss is 1% to 2% of original body weight per week.
- For pets with systemic disease in which weight loss is still appropriate or those that cannot eat a diet formulated for weight loss (lower nutrient to calorie ratio), a more conservative rate of 0.25% to 0.5% of original body weight per week is recommended.
- If a pet does not meet the above goals at the 2-week recheck, the caloric intake (including treats) should be adjusted by 5% to 20% based on whether the pet lost more than the goal rate, maintained weight, or gained weight.
- If healthy animals are losing 3% to 4% of body weight initially, we do not recommend increasing caloric intake unless this rate of loss is documented at more than 2 consecutive bi-weekly weigh-ins; rapid initial weight loss followed by a plateau is common.



- Appropriate adjustment of calories based on whether weight loss goals are met.

At each recheck, it is important to assess the owner's thoughts on progress and adjust the plan if reasons other than calorie intake are affecting its success. Adherence is more likely if plans are tailored to owners' relationships with their pets and/or family dynamics. As weight management progresses, relationships and dynamics may change; assessing owner input helps address or avoid barriers to success.

**Weight Checks.** For cat and small dog owners, especially when the owners work long hours or the pets are anxious about travel, having the client purchase a baby scale can be invaluable for increasing convenience and, thus, compliance. For larger dogs, placing a scale in the reception area where it is easily accessible for clients, and keeping a list of local pet supply stores that have scales and extended hours can be very helpful.

**Calorie Adjustment.** A detail-oriented owner can be provided with a graph that outlines what the pet's ideal rate of weight loss should be at points throughout the weight loss plan, and the owner can make changes in the amount of food given based on the whether the pet's weight fits within the goals set. These clients may only require monthly check-ins.

Other clients may do best with weekly check-ins, and may need extensive help adjusting intake as well as emotional support in order to meet their pets' weight loss goals.

#### 5. The Team Approach

Designating a specific technician as the contact point for clients can ensure consistent support and also help bond clients to a practice. Any client whose pet is on a weight loss plan should be contacted by a member of the practice team at least monthly.

## In Summary

Implementing a successful weight loss plan for a pet not only requires understanding the medical components of weight loss, but also the key components of client communication, which include:

- Choosing a discussion approach based on your relationship with the client and knowledge of the client and pet.
- Helping the client accept that his or her pet is overweight or obese.
- Developing a weight loss plan that addresses goals for weight loss and effective follow-up and communication with the practice team. 🐾

BCS = body condition score

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# Obesity Prevention & Treatment: Communication Tips

- Don't be afraid to bring it up — obesity is a medical condition, just like kidney or heart disease. However, compared to other chronic conditions, it can often be successfully treated.
- Use open-ended questions to understand the client's thoughts and beliefs about obesity as well as evaluate how the client believes a weight loss program is progressing.
- Be empathetic — assure clients that their experiences are common and that many pet owners, even veterinarians, don't notice that their pets are gaining weight until they are already overweight.
- If weight loss is critical to the pet's health, communicate this information to the client with the same gravity you would use for other significant health concerns.
- Start the conversation early and continue it often — teaching new puppy and kitten clients about BCS and weight control

helps emphasize the importance of the condition and makes later discussions, if needed, easier.

- Make the client part of the weight loss plan by asking about perceived challenges, and adjust the plan to best reflect the client and pet's individual needs.
- Adapt the plan to the client's lifestyle — family dynamics, work schedules, and other factors can contribute to poor adherence if not taken into account.
- Use visual aids — easy computer graphs of weight loss and pictures before and during weight loss can help keep clients motivated.
- Start a support group — if practice facilities and format allow, setting aside a time for clients with pets on weight loss plans to meet and discuss successes and challenges can help clients realize that they are not alone and maintain motivation.

# INSTRUMENTS OF TERROR

by Sally J. Foote, DVM, CABP-IAABC

Last week, as I was holding a spoon of baby food that an anorexic cat was finally eating, my tech laid the ear thermometer on the floor next to me. The cat took one look at the thermometer, stopped eating, turned away and crept to the back of the cage as I stayed motionless with the baby food. I asked her to remove the thermometer, and, when she did, the cat came right back up to me eating the baby food.

So what was happening here? The thermometer was an anxiety trigger to this cat. That one item — an ear thermometer — was enough to shut this cat down. How often have you had a happy dog suddenly snarl and become agitated just before an injection is given? Very likely, this dog saw the syringe, and

that triggered the aggression. That dog remembered the pain and irritation that the syringe injection gave.

When I present to veterinarians and technicians, some of the audience acknowledge the trigger effect of our equipment. They too have had an episode like the one

I had with the cat. Others cannot believe that something so innocuous as a thermometer could set off that much anxiety. These instruments are triggers. They are items or settings that predict for the pet what is coming next, which may be unpleasant, so the pet begins to stress. These are some of the most common triggers that I see (and my Facebook friends have added!)

- Stainless-steel topped tables
- Small room syndrome – the close quarters of an exam room
- Syringe and needle attached
- White coat/smock/scrubs – especially on the DVM
- Thermometers
- Otoscope
- Stethoscopes
- Nail trimmers
- Electric trimmers

Here is the challenge: How do we perform our work, needing to use these instruments and avoid setting off fear, aggression and anxiety? Here are a few tips that have helped reduce the anxiety and aggression we see from patients.

1. Hiding these triggers is a first step. Be creative. When you have drawn up the vaccines, keep the syringes hidden under a paper towel or piece of paper. Hold the



thermometer palm-down so the pet cannot see it. Cover your table with a beach towel to hide the stainless steel. Use a towel or blanket as a hood or a calming cap (from the Thundershirt company) over the pet's (dog or cat) face so it cannot see what is happening.

2. Reduce pain and discomfort when using these instruments. Use lidocaine cream around the rectum, and wait a few minutes before using a fecal loop or rectal thermometer. Smaller-gauge needles (25ga for most injections) reduce pain during injection. Give pain relief before a procedure, such as oral buprenex.

3. Reduce the anxiety the pet is feeling. Try the pheromone products early and often. Adaptil may take five to 15 minutes to help reduce anxiety. Give the client a bandana to put on his or her dog so it is taking effect in the waiting room and during history taking. Spray felihway on a

paper towel to rub on the door of the carrier and on the exam table. Offer food reward, verbal praise and petting that the pet enjoys throughout the steps of the exam and treatment.

Whatever steps you take with a patient to reduce anxiety, record it in the record. This will save staff time and improve every visit for that pet. It is essential that the doctor is a part of stress reduction for this pet.

Technicians can take the lead by suggesting that they remove their lab coats or hold the syringe so the pet cannot see it. Tell your doctors what you notice when the pet became tense and that you want to try reducing anxiety by removing a trigger or two and see the effect. Some of us doctors get so engrossed in doing the tasks of diagnosis and treatment that we don't pay attention to what may be triggering the patient's anxiety. We can't see how the animal is responding as we bend

over to look in an ear or are at the rear of an animal.

Doctors — be open to changing a few things for the benefit of your patients and your staff. Everyone wins when we decrease fear in the veterinary clinic. 🐾

*Source: Dr. Sally J Foote, DVM, CABC-IAABC, owns Okaw Veterinary Clinic, Tuscola, Illinois. She also often writes and speaks about animal behavior. To learn about her Bella Behavior Systems or to contact her, visit [www.dr.sallyjfoote.com](http://www.dr.sallyjfoote.com).*



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# Rapid Growth Seen for Pet Health Insurance

by Ken Niedziela, Veterinary Practice News

The rising cost of veterinary services and Walmart's likely entry into the market should help push U.S. sales of pet health insurance toward the \$1 billion mark by 2020, the market research firm Packaged Facts stated in a new report.

The Rockville, Md., firm predicted enormous potential for an industry that started in 1980 with Veterinary Pet Insurance (VPI) of Brea, Calif., a company that today is fighting to maintain an estimated 47 percent market share amid growing competition.

U.S. sales of pet health insurance were expected to reach \$536 million in 2013, which would represent a 16 percent jump in one year, Packaged Facts reported.

Among the reasons for the spike, and a 12 percent increase the previous year, are post-recession consumer optimism, greater competition and rising support from veterinarians, Packaged Facts added. Pet owners learn about insurance most often from a veterinarian or clinic staff, who reveal to clients a means to help pay for a growing menu of costly procedures such as pacemaker implantations, radiation therapy and CAT scans, according to the report.

Younger veterinarians tend to be more enthusiastic about pet health insurance, the report's authors, George Puro and David Lummis, stated.

"Resistance to pet insurance on the part of veterinarians will likely diminish due to the greater receptiveness of younger generations of veterinarians intent on providing the best health care possible, combined with the direct economic pressure pet owners will increasingly feel when it comes to footing the bill," they wrote.

Growing awareness of pet insurance can only help sales, Packaged Facts found.

One likely promoter is Walmart, which in October 2012 began selling policies at more than 300 stores across Canada. The report called the entry of the world's largest retailer into the U.S. pet insurance market "only a matter of time."

Such a move "should rapidly increase pet insurance penetration at the value end of the market while driving North American consumer awareness of pet insurance even higher," according to the report.

The report found a 2 percent insurance penetration rate among U.S. dog and cat owners, a number that pales in comparison to 25 percent in the United Kingdom and 50 percent in Sweden.

The report may underestimate the market's potential growth, said industry veteran Jack Stephens, DVM, who started VPI before leaving to launch Pets Best Insurance of Boise, Idaho.

"I actually think it will be larger by 2020," Dr. Stephens said. "All indications are that increased competition is opening up new channels and greater exposure."

VPI President Scott Liles pointed to two reasons for the low insurance penetration rate.

"First, many pet owners either don't believe anything bad is going to happen to their pets, or they don't fully understand the costs associated with comprehensive veterinary care," Liles said. "Second, I believe we as an industry need to do a better job of listening to what the customers and veterinarians want, and then providing solutions to those needs. That's what we've done with [preventive and wellness services]."

Liles questioned VPI's standing in the report, saying the company has a higher market share, 53 percent, followed by Hartville Group's ASPCA at 10 percent and Trupanion at 9 percent.

Packaged Facts, which compiled statistics from sources both inside and outside of the industry, pegged the numbers at 47 percent for VPI and 9 percent each for ASPCA, Trupanion and Fetch Inc.'s Petplan.

Kristen Lynch, executive director of the North American Pet Health Insurance Association, an industry trade group, said veterinarians play a key role in the industry's future and could do more to promote coverage.

"We understand that they have many competing priorities ... and ethical considerations in promoting products in their clinics," Lynch said. "We maintain that this obstacle can be overcome if veterinary clinics provide their clients with information on multiple pet insurance companies and feature a range of products."

Among other findings in the Packaged Facts report:

- About 1.86 million pets in the United States and Canada are insured.
- Four of the oldest companies — VPI, Hartville, Pethealth and Canada's Western Financial — have a combined 64 percent share in North America, down from 94 percent in 2005.
- PetPremium, which was launched in October, is the 13th company marketing pet insurance in North America. The Durham, N.C., insurer gained instant attention by amassing 325,000 Facebook fans, a number that easily surpasses VPI's 190,000 and those of all other competitors.
- 23 percent of dog owners who did not have pet health insurance were not even familiar with the policies. Twenty-eight percent of uninsured cat owners had the same response. 🐾

Source: Reprinted from Veterinary Practice News. Posted: December 30, 2013, 4:10 p.m. EST [www.veterinarypracticenews.com/vet-cover-stories/rapid-growth-seen-for-pet-health-insurance.aspx](http://www.veterinarypracticenews.com/vet-cover-stories/rapid-growth-seen-for-pet-health-insurance.aspx).

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# Veterinary Employment Contract Legal Issues

by Charlotte Lacroix, DVM, JD

High turnover among veterinary associates is caused principally by the failure of practice owners and employees to properly articulate their respective expectations and negotiate and document the employment relationship. Time and effort invested up front will help avoid mismatched expectations, misunderstandings and separation down the road.

**Can the practice even afford another full-time veterinarian?** Management consultants estimate that a small animal practice vet needs to produce 3,000-4,000 transactions annually and collect a minimum of \$180,000-\$250,000 gross income (excluding OTC product sales) to be worth his salary

## I. WHAT IS AN EMPLOYMENT CONTRACT?

A contract is a set of bargained for promises between two or more people, where one party promises to do X in exchange for another party's promise to do Y. Courts require that an enforceable promise meet certain conditions. For example, the parties must be of age (no minors), of sound mind, and not under duress; there must be no fraud or mutual mistake over an important aspect of the transaction, and the deal must not be so one-sided as to be "unconscionable."

### Consideration

To distinguish binding promises from charity or gifts (you can't sue Santa Claus because he didn't give you enough presents last year), the law requires that the party to whom the promise is made give "consideration" for the promise in the form of a benefit to the promisor and/or detriment to the promisee. Thus, Dr. Newgrad promises to work 50 hours per week in consideration for an

annual salary of \$48,000 (i.e., a benefit to Newgrad and detriment to Oldguy). Oldguy promises to pay such salary to Newgrad in consideration for Newgrad's labor (benefit to Oldguy and detriment to Newgrad). Consideration exists for each promise which is therefore enforceable.

### Avoid Oral Contracts

Oral contracts generally are binding only if their performance lasts less than a year, because the law assumes that the parties' recollections of what was agreed to become unreliable over time, increasing the tendency to remember events in a self-serving way. Few disagreements are less productive than the "you promised X," "I don't remember X but you promised Y" litany. Prevent such wasteful bickering by always insisting on a written contract, regardless of its term.

## II. CONTRACT FORMATION

Legal theory provides that a contract is formed once an offer is accepted. Real life usually is a lot messier.

### Offer

An offer can be oral or written (e.g., employer advertisement in a professional journal, on a bulletin board or mailed to the applicant). Typically, the prospective employee will ask for clarification and wish to change

the terms of the original offer by making a counter-offer. The employer counters such counter-offer with his own counter-counter-offer. This confusing and frustrating process continues until either the parties reach an agreement or, realizing they can't make a deal, go their separate ways.

### Acceptance

Legally, the contract is formed as soon as the offer is accepted. This can be a trap for an impulsive party who accepts an offer, but who later (like Columbo) asks for "just one more thing." After acceptance, it's too late and the other party can sue for damages if the impulsive party doesn't perform his or her obligations under the originally accepted offer.

Ideally, an accepting party will clearly indicate his acceptance to the offering party, at best by signing an employment agreement or acknowledging acceptance in writing on the offer. More difficult to prove, but still unambiguous is an oral "I accept" or words to that effect.

### Avoid unclear contract formation situations.

Courts have created the so-called "action in reliance" (promissory estoppel) doctrine to find enforceable contracts even when one of the parties thought no contract existed. Courts have found valid contracts in cases where an:

- employer knew or should have known that the employee had acted "in reliance upon the offer" such as incurring expenses to move to the job location, searching for lodging thereat, and informing other employers they no longer are job applicants; and
- employee made the last offer or counter-offer, and such employee knew or should have known that in reliance thereon, the employer ceased advertising for the position,



informed candidates that the job was filled, or bought new equipment or hired additional support staff in anticipation of the employees arrival. Accordingly, a party considering an offer should not talk or act in a way it knows or should know will lead the other party to believe that such offer was accepted and should make sure that the other party is not taking action "in reliance" on anything it did or said.

### III. CONTRACT TERMS

Assuming that the offer, counter-offer, counter-counter offer, etc. ballet results in the bliss of acceptance, the employment contract terms contain the nuts and bolts of the "meeting of the minds" of the parties. Following is a list of the main questions addressed in a proper employment agreement:

#### 1. How Long?

Is there a fixed term (period) of employment (six months, one year, two years, or is it "at-will" (i.e., the contract continues until a party decides to terminate it)? Is the term automatically renewed on the expiration date?

#### 2. Work Schedule

How many scheduled hours per week must the employee work, and beyond the schedule, how many additional hours will employees actually spend phoning clients, performing diagnostics, interpreting laboratory work, overseeing patient care, etc. What is the schedule for any required emergency work? Is it equitable?

#### 3. Duties

What are the associate's responsibilities? May employees decline (without penalty) to perform procedures they deem ethically wrong? How much emergency duty is required?

#### 4. Compensation

Is compensation a fixed salary or commissions based on the revenue generated by the employee and collected by the practice, or is it a hybrid system under which the employee earns the higher of a base salary or a percentage of generated (and collected) revenue (a.k.a. percentage based compensation)? How are production bonuses calculated? Is there a performance bonus and if so what are the evaluation criteria? what is it based? Is emergency work paid extra? How much?

- National starting salary information is published at least annually in the *Journal of the AVMA*.
- See also the latest biennial edition of the American Animal Hospital Association's *Compensation and Benefits — An In-Depth Look* and the AVMA's *Economic Report on Veterinarians and Veterinary Practices*.
- Two periodicals, *Veterinary Economics* and *Veterinary Hospital Management Association Newsletter*, also regularly publish helpful articles.
- **Pay attention to deductions.** What will be deducted from employee compensation? Some employers deduct not only the employee's portion of payroll taxes but also the employer's share.

#### 5. Employee Benefits

Practices usually offer at least some of the employee benefits described below to their employees. The cost of many benefits (such as health, professional, and disability insurance, qualified retirement plans) are tax deductible business expenses to the employer and are not included in the employee's income, resulting in a savings to the employee of 25 to 40%. Not taking advantage of this juicy gift from Uncle Sam is wasteful. On the other hand, employees must realize that the practice probably can't afford all the benefits they desire. One leading veterinary management consultant has calculated that small animal veterinary employers cannot afford to allocate more than 23 to 27% of the collected income generated by an associate veterinarian to pay his or her salary and benefits (due to lower overhead, the range is 28 to 32% for large animal practices).

- **Health Insurance.** Does the employer offer health insurance? If not, what does the employer do when he gets sick? If so, what kind of medical plan is it (e.g., fee for service, HMO, PPO)? What about pre-existing conditions, vesting, eligibility, deductibles and co-payments?
- **Disability Insurance.** Employees at age 25 have a 58% chance of becoming disabled for more than three months (with an average disability duration of three years), so employees need disability insurance to protect their greatest asset: the ability to work. If the employer does not offer disability insurance, employees are well advised to get it on their own (after asking, of course how the employer, protects himself or herself against disability).
- **Professional Liability Insurance.** Do employers pay the premiums on the employees' professional liability insurance?
- **Retirement Plans.** Has the employer established a retirement plan for the employees? (Profit sharing plans are the most common type of retirement plan offered by veterinary practices.) When do employees become "vested" or "eligible?" If the employer does not offer a retirement plan, employees will need to save on their own (and that means more than just the annual IRA contribution).
- **Vacation.** One week? Two weeks? More? How many consecutive days may be taken? How much advance notice must be given? May unused vacation days be carried forward to next year? How are vacation days paid for percentage compensated employees?
- **Sick Leave and Disability.** Does the employer offer paid sick leave? Disability



*Negotiating and drafting an employment contract can be long, painful and complicated.*



leave? After how long can disabled employees be terminated? May unused sick days be carried forward?

- Continuing Education. How many CE leave days are granted and are they paid? To what extent do employers reimburse CE expenses?
- Association Dues. Are national, state and/or local veterinary association dues reimbursed?
- Veterinary License Fees and DEA Registration. Are these fees paid by the employer? Should the employee register with the DEA so she is permitted to prescribe and order controlled substances (rather than just administer them under the supervision of a DEA licensed veterinarian)?
- Relocation (Moving) Expenses. Most corporate and government employers provide some form of moving expense. Sometimes a "signing bonus" or short term loan can cover all or part of these costs.
- Vehicle Allowance or Mileage Payments. Employees using their personal vehicles for practice business should be reimbursed for a pro-rata portion of their insurance, general maintenance, registration and inspection fees, fuel, repairs, depreciation, and lost opportunity costs.

#### **6. Performance Evaluation**

Will the employer provide written and/or oral performance evaluations? How often? Will these be used to modify compensation?

#### **7. Non-Competition**

Many employers require their employees to sign non-competition clauses (also called restrictive covenants) forbidding terminated employees from competing with the employer. Such clauses must be limited in time (e.g., three years after termination) and geographic area (e.g., 15 air-miles from the practice) to be enforceable. The precise limits on the scope of such clauses vary from state to state. From the employer's perspective, this is the most important reason to have a contract. Without a non-compete, employers cannot protect the goodwill they have worked so hard to build.

#### **8. Termination**

Does the contract have a specific term (e.g., "this agreement will expire after one year") or is it employment "at-will", in which case, either party can terminate the relationship at any time, for any reason? Contracts with no term are deemed to be "at-will" in most states. If there is a term, then an employee leaving or an employer firing before the term would constitute a breach unless the contract provides otherwise.

Most contracts which provide for termination before the expiration of the term require that the terminating party give advance notice (e.g., 30 days) to the other party. Such contracts usually also contain a list of situations (e.g., suspension of the associate veterinarian's license) permitting the employer to fire the employee at any time without notice (a.k.a. termination "for cause"). Employees should make every effort to leave their employer on good terms even if they are not requesting a reference. The veterinary industry is quite small, and an employee's reputation can easily suffer through casual conversation among colleagues.

### **IV. LAWYER REVIEW**

Negotiating and drafting an employment contract can be long, painful and complicated. It therefore makes as much sense to seek professional help in this endeavor as it does to take a pet to a qualified veterinarian when it is sick. Lawyers are expensive, of course, just as much as veterinarians. 🐾

*Source: Charlotte Lacroix, DVM, JD, is a veterinary attorney and CEO of Veterinary Business Advisors, Inc. in Flemington, New Jersey, which provides expert business and legal advice and consultation to veterinarians and their attorneys nationwide. She can be reached at her office at (908) 823-4607 or through her website at [www.veterinarybusinessadvisors.com](http://www.veterinarybusinessadvisors.com).*

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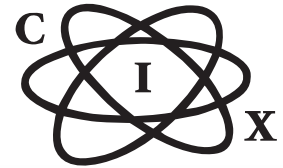
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*As you think about future options for your practice, please consider VetCor.*



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