

Word Makeovers That End Client Confusion

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Meet Your Consultant



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What you’ll learn:

- Recognize body language that flags clients’ confusion or worry
- How to show empathy and confidence
- Word makeovers for the top veterinary vocabulary mistakes
- Scripts for everyday exam room conversations (or curbside care)
- Client education hacks that will increase understanding

BONUS: Facilitator’s guide to implement the training

Getting clients to accept your medical advice requires that your team communicates clearly. Use simple, straightforward, and easy-to-understand veterinary vocabulary. When clients are confused, they defer or decline care. Pets don’t get needed treatments. You lose revenue. It’s that clear-cut.

Recognize body language that flags clients’ confusion or worry

Clients value your soft skills: effective communication, confidence, a welcoming personality, thoughtful time management, empathy, decisiveness, and the feeling that you truly care about their pets.¹ Soft skills can be the difference between a “good” or “bad” veterinarian in a pet owner’s mind, regardless of the medicine provided, advises Dr. Andrew Heller, chief medical officer of Independent Vets, a veterinary staffing service in Philadelphia, Pennsylvania. Listening, empathizing, and ensuring clients understand you is vital, he explains.

Psychologist Albert Mehrabian’s research shows 7% of meaning is communicated through the spoken word, 38% through tone of voice, and 55% through body language.² Let’s look at body language that can disclose clients’ true feelings:³

Leaning: When a client leans toward you, she’s interested in you and what you have to say. When a person leans back, she may be bored or uncomfortable.

Rocking back and forth: This movement signals a person is impatient or anxious. Adults will rock back and forth when they’re uncomfortable to calm themselves during anxious moments.

Fidgeting: This gesture signals a person’s nervousness. Foot tapping or hand wringing can be a sign that the person is anxious or irritated. Acknowledge the body language with a question that invites discussion such as, “*You seem concerned about anesthetizing your 18-year-old cat. What are you*

worried about so I may answer your questions?” Inviting the client to express concerns shows you care about her emotions and will lead to a conversation about your anesthetic safety protocols.

Head tilting: Tipping the head to one side signifies that someone is interested and willing to hear what you have to say.

Head nodding: A client’s constant nodding may signal insecurity and fear of rejection. Constantly nodding says, “Like me. I agree with everything you say, so like me back.” Ask a clarifying question to see if he really means yes, *“Do you agree and want to proceed with treatment?”*

Slumped posture: When sad, a person tends to slump. Rounded shoulders could be a sign that this client is shouldering a burden, is depressed, or is uninterested in what you have to say.

Crossed arms: This defensive gesture shows the client feels uncomfortable and wants to protect herself. Let’s say you walk into the exam room, and the client has been waiting for 15 minutes. Never say, “I’m sorry you had to wait.” This reinforces the client’s negative emotions. **SAY THIS:** *“Thank you for your patience. I know your time is important, so let’s get started.”*

Honest hands: When a person is being truthful, the palms of the hands will be exposed, and the fingers will be extended. This shows an openness and interest in others. When you present a treatment plan, hold the paper from the side and place it on the exam table. Never stand across the table and pass the paper from the top, which may look like a fist being shoved at the client. **SAY THIS:** *“Let’s review the treatment plan that explains the steps of the procedure and our fees. I’m happy to answer questions as we review it together.”*

Surprised eyes: When a client is surprised or taken off guard, her eyes will open wide, eyebrows will raise up, and the jaw may drop, or lips may part. Imagine a client saying, “Wow, it’s how much?” Explain services before prices to eliminate surprises.

Angry eyes: An angry person will look directly at the person with whom she is angry. Eyes will appear scrunched up, and the person may be attempting to intimidate, dominate, or threaten you. Think of actor Clint Eastwood’s expression in the movie “Dirty Harry” as he says, “Go ahead, make my day.”

Physical distance: Most people prefer at least 18 inches of personal space (and 6 feet of social distancing during COVID).⁴

How to show empathy and confidence

As a veterinary professional, you can express confidence through your body language:

Put yourself at eye level. Getting on the same eye level will make the client feel more comfortable.⁵ When a client arrives and approaches the front desk, the client care coordinator should stand up to show she’s eager and ready to help.

Being on the same eye level is especially important when the client is angry. If the client is standing and you are seated, the pet owner is in a position of physical dominance, towering over you. Stand up and look the client in the eye. **SAY THIS:** *“I want to provide a solution to your concern. Let’s step into an exam room where we can talk uninterrupted and find a solution together.”* Walk around the front desk and lead the client to the privacy of an exam room (angry clients love drama and an audience in the public lobby).

In an exam room, don't stand over the client and look down on her. If she is seated, you can sit in a nearby stool or chair. You also could kneel. This simple change will make the interaction less confrontational and intimidating for the client.

Maintain eye contact. Looking at the client while speaking signifies confidence and establishes trust. Maintaining eye contact and nodding your head while the client speaks communicates that you're listening and are interested in what the client is saying.

Watch where you touch. You want to express compassion during emotional situations such as euthanasia. A gesture of passing tissues can show sympathy. Touching shoulders, forearms, and hands are considered safe zones, but some people will not be comfortable with any touching. Any expression of comfort should be genuine.

Empathy starts during scheduling calls. When a caller has a sick pet, your goal is to deliver care at the onset of symptoms and to encourage pet owners to seek care now rather than take a "wait and see" approach. If pet owners are worried enough to call your hospital, they should seek veterinary care now. The pet owner needs to hear your compassion and eagerness to help.

SAY THIS: *"Brenda, we want to help Heidi feel better. Let's see how we can help her today. I have an urgent care exam available at 1 or 3 p.m. Which do you prefer?"*

Express empathy to make connections with clients. Empathy is the ability to understand and share the feelings of others, meaning you can relate to or identify with the pet owner.⁶ You want every pet owner to feel heard and understood.⁷

Use a combination of body language and the right words to show empathy. Lean toward the client and make eye contact. **SAY THIS:** *"I understand you're concerned about why Max is sick. I will perform a nose-to-tail exam and discuss my findings with you. Then we'll talk about diagnostics or next steps in Max's treatment. I appreciate that you scheduled an exam when you noticed his symptoms. What questions can I answer before we get started?"*

The open-ended phrasing of "what" questions can I answer is more engaging and will start a conversation compared to the closed-ended question of "Do you have questions?" Dr. Amanda Donnelly, MBA, advises pausing after an empathy statement to encourage the client to voice her feelings and thoughts about medical care.⁸ As a result, you promote a collaborative partnership and shared decision-making. Rather than say "I recommend lab testing," use phrases that clearly communicate the next step. **SAY THIS:** *"I need to evaluate test results so I may rule out serious medical conditions such as pancreatitis and to determine the best treatment for Max. What questions do you have about proceeding with the blood work?"*

Word makeovers for the top veterinary vocabulary mistakes

Word makeover 1) Recommend

You've been trying to convince Mrs. Jones to get Yoda's teeth cleaned for six years. The client actually hears the procedure is a "recommendation" and is not medically necessary. The average dental case is \$516 [and she's not buying]. Practices suffered 30% revenue declines during COVID.⁹ You need to get revenue back and get patients the care they need now.

Ditch the word "recommend," and use "need" instead. In the American Animal Hospital Association compliance study, a team who switched from "recommend" to "need" doubled its dental compliance.¹⁰

Say THIS: “<Pet name> has Grade 1 dental disease. He needs a dental treatment now to treat the infection, reduce dental pain, and slow the progression of his dental disease [note action words of ‘now’ and ‘pain’]. As his dental disease gets worse, serious health problems will happen. Bacteria in the mouth passes through the bloodstream and can permanently damage the kidneys, heart, liver, and lungs [shares consequences of not treating]. Early treatment can help prevent painful abscesses and possible oral surgery. Because oral health impacts overall health, you will see long-term benefits [emphasizes preventive medicine]. I will have my assistant explain the steps of a dental treatment, our anesthetic protocols, and fees. What questions may I answer about my diagnosis?”

Average dental fees

The average dental case totals \$500, according the *AAHA Veterinary Fee Reference*, 11th ed. (includes preanesthetic exam, CBC with differential, chemistry panel with eight chemistries, dental radiographs, preoperative pain medication, 30 minutes anesthesia, IV catheter and placement, IV fluids, dental scaling and polishing, subgingival curettage, fluoride application, electronic monitoring, post-procedure pain medication, post-procedure injectable antibiotics, hospitalization, and one-week supply of antibiotics).¹¹

Word makeover 2) Drop off

Your schedule is jam-packed. A client calls about a sick dog that needs to be seen today. You say, “Just drop off your dog, and the vet will look at him.” What the client actually hears is that he can hand you the leash and go.

Replace “drop off” with “day admission.” Afterall, you wouldn’t “drop off” grandma on a hospital doorstep. “Day admission” sets clear expectations.

Say THIS: “I’m concerned that Astro is sick. Although our schedule is full, we want Astro to get the medical care he needs and can admit him to the hospital. For 15 minutes, you will meet with a veterinary nurse or assistant, who will ask you questions about Astro’s symptoms, get his vital signs, gather details to share with the veterinarian, and confirm the best phone number to reach you today. I have a day admission appointment available at 9:00 a.m. or 10:15 a.m. Which do you prefer?”

Word makeover 3) Recheck

You examine a dog today and diagnose an ear infection. You explain the diagnosis and treatment to the client. You tell her you need to recheck the ears in two weeks. Oops, what she actually hears is “If the ears don’t get better, come back.” Worse yet, she assumes the follow-up exam will be FREE. Yes, FREE.

From the client’s perspective, “recheck” sounds both free and optional. Replace “recheck” with “progress exam.” The word “progress” shows you are moving forward in resolving the medical problem. “Exam” is a professional service, which has a fee. The client now understands that follow-up care is necessary.

Tell the client, “The doctor needs to examine Yoda’s ears in two weeks. Two weeks from today will be Thursday, Dec. 3. Does this same time, 9 a.m., work for you?”

Notice how I led the client to book now by presenting the same time and day of the week as today’s appointment. Schedule the progress exam with the same veterinarian for exam efficiency.

Word makeover 4) Estimate

You get an estimate when you wreck your car and take it to a body shop for repair. You don’t get an “estimate” for a sick pet. The word “estimate” centers the conversation on price and creates the impression that “it’s all about the money.”

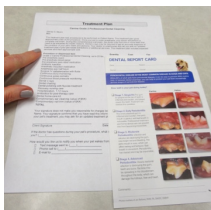
Coastal Animal Hospital in Encinitas, California, has grown its dental revenue \$30,000 each year during the last three years.¹² Doctors explain, *“Do you see this area in Fluffy’s mouth (root exposure, gingival recession, mobility, tooth fracture, etc.)? Leaving this untreated will result in (further bone loss, tooth loss, tooth root abscess, pain, infection, etc.), so let’s schedule treatment now.”*

Because technicians perform dental procedures, have them present treatment plans. Technicians can confidently answer clients’ medical questions. Dentists use the term “treatment solutions.” **SAY THIS:** *“Let’s discuss the treatment solution for your pet’s dental disease. I will review the services and fees with you, so you may decide.”* The word “decide” indicates that you want a decision.



Remove physical barriers between you and the client. Stand shoulder-to-shoulder or form L-shaped body language. Get on the same eye level as the client or invite her to stand next to you.

If you’re providing curbside care, email the treatment plan and a link to your website where the client can watch a slideshow or short video that shows the steps of treatment. Have a video chat to review the treatment plan.



Present services before prices to create perception of value for professional fees. It’s human nature to look at the price first, so cover prices with a dental report card or brochure. Point to each item on the treatment plan and use visual aids such as a dental photo book or slideshow on exam room computers. After you’ve shared photos and discussed services, reveal the price. Educating clients before showing prices helps them make informed decisions. Clients may jump to judgment if they see prices first without understanding the comprehensiveness of your dental services.

Offer financing early in conversations. Don’t wait until the end to mention patient financing. If clients assume that they can’t afford treatment from the get-go, they will stop listening.

Present monthly payments. When pet owners hear the monthly amount and know they don’t have to come up with all of the money up front, they will listen to your diagnosis and treatment presentation. Consumers use financing on everything from mattresses to dishwashers. Clients may not know that financing is available for veterinary care. If financing isn’t available, 43% of pet owners would decline procedures due to cost.¹³

When a client says, “I can’t afford it,” acknowledge the pet owner’s’ concerns and share financial solutions. **SAY THIS:** *“I understand you’re concerned about the cost of your pet’s dental procedure, which is \$900. We offer ____, a payment plan for approved clients that has six months of deferred interest. Your monthly payment will be \$150. You can apply in less than 5 minutes on your smartphone. Let me show you how.”*

Dental disease will get worse and more expensive to treat over time. Will clients want to pay \$1,200 in six months instead of \$900 today because they delayed procedures? Financing can provide immediate care that’s best for patients’ health.

Here are third-party providers who provide financing for veterinary clients:

- CareCredit, www.carecredit.com/practices/veterinary/
- Scratch Pay, <https://scratchpay.com>
- Vet Billing, www.vetbilling.com
- Wells Fargo Health Advantage, https://retailservices.wellsfargo.com/wfha_veterinarians.html

Ask for a commitment to schedule treatment today. Ask closing questions such as:

- *“What questions can I answer about your pet’s dental treatment?”* This phrasing is more effective than a yes-or-no choice of “Do you have any questions?”
- *“When shall we schedule your pet’s dental treatment? We have Dec. 1 or 2 available. Which do you prefer?”* Known as the yes-or-yes option, present the next two available procedures days to lead the client to book now.

Word makeover 5) Wellness test

A client visits with her 8-year-old Golden Retriever. You want to perform blood work and urinalysis as a preventive screen. If you try to sell a “wellness test” to a client with a pet that appears healthy, you may fail.

Use benefit statements and the term “early detection screen.” Clients are familiar with this term in human medicine and understand the importance of early detection. Nurses should introduce screening at the beginning of exams. Use age analogy charts because people know they get diagnostic screening at certain milestones such as mammograms starting at age 40 and a colonoscopy beginning at 50. Download a dog age analogy chart at www.pethealthnetwork.com/dog-health/dog-checkups-preventive-care/how-old-your-dog-people-years and a cat chart at www.pethealthnetwork.com/cat-health/cat-checkups-preventive-care/how-old-your-cat-people-years.

SAY THIS: *“Just like people, your dog’s health will change as he ages. Your 8-year-old Golden Retriever is 55 in human years. Because pets age faster than people, changes may happen quickly. Our early detection screen will identify changes early. Think of this screen as an internal physical exam that lets us see inside to check the health and function of organs. Our early detection screen is the most comprehensive and affordable. This includes your dog’s annual heartworm/tick screen, intestinal parasite screen, thyroid function, and urinalysis to determine hydration and kidney function. I will collect blood and urine samples now, and you will have results during today’s exam / tomorrow.”*

Explain the cost of tests up front so pet owners don’t get sticker shock at checkout or argue with client care coordinators over charges. **SAY THIS:** *“Our early detection screen is \$152, which includes the heartworm/tick screen, a value of \$48. Shall I collect your dog’s samples, or do you want to talk with the doctor?”* Rather than the yes-or-no choice of “Do you want to do the test?” the nurse offered yes-or-yes choices of sample collection or talking with the doctor. After the veterinarian performs the physical exam and asks history questions, he may find health concerns that validate the need to do an early detection screen.

Word makeover 6) I’m taking your pet in the back.

During curbside care, clients’ fears may be heightened when you take their pets into your hospital while they wait in their cars. They can’t see or hear you...or could they? At Russell Ridge Animal Hospital in Lawrenceville, Georgia, Dr. Brad Miller and his team have clients download an app to video chat during curbside care. They can watch Dr. Miller perform the exam, explain findings, and discuss necessary treatments. Watch the team demonstrate how it happens in this YouTube video: <https://www.youtube.com/watch?v=sEmGhOSvOLw&feature=youtu.be>.

If you’ve welcomed clients back into your hospital, explain where you are taking the pet and what will happen. Let’s say a client brings her senior dog to your veterinary hospital for a checkup. The technician discusses the need to perform an early detection screen. Once the client agrees, the technician explains that she will collect blood and urine samples. The phrase “in the back” may cause the client to worry about what will happen behind closed doors where she is not allowed.

SAY THIS: *“I’m going to take your pet to the treatment area where another technician and I will collect the blood and urine samples. While I am with your pet for a few minutes, I’ll let you read*

the brochure about our early detection screen. You’ve made a great choice in doing early detection testing for <pet’s name>.” The phrase “treatment area” is more professional and accurately describes what occurs in the heart of your hospital. Describing that you’ll be working with another technician demonstrates teamwork. Praise clients’ decisions to do early detection testing.

Word makeover 7) No problem

A pet owner says, “thank you,” and you reply, “no problem.” Even when cheerfully delivered, “no problem” comes with baggage. Customer service experts agree that the phrase implies the client or his request is a problem.¹⁴ If I thank you for your kindness or service, why are you mentioning problems?

We have seen a change in our verbal culture that “no problem” has come to mean “you’re welcome.” Because “no problem” can negate the gratitude, try a different response such as:

- “You’re welcome.”
- “I’m appreciate the opportunity to help you and your pet.”
- “I’m happy to help!”

Word makeover 8) We can’t see your pet today.

During COVID, many pet owners are working from home and are with their pets 24/7, so they’re more observant and act faster when something seems amiss. Many practices are seeing 40% of appointments as sick patients compared to 20% before the pandemic.

Add more urgent care slots. Because clients call every morning with sick patients that need to be seen today, plan for them in your daily schedule. Pre-COVID, I advised blocking three urgent care slots per doctor per day for same-day sick patients. During COVID, you may need double the number of urgent care slots. Because hospitals typically see higher volumes of sick patients on Mondays, Fridays, and Saturdays, add more urgent care slots on certain days of the week.

Always separate doctors’ urgent care slots by an hour, or you’ll cause a traffic jam in the treatment area. Block urgent care appointments about every 90 minutes.

Doctor 1 urgent care slots	Doctor 2 urgent care slots
9:00 a.m.	10:00 a.m.
10:30 a.m.	11:30 a.m.
12:00 p.m.	1:00 p.m.
1:30 p.m.	2:30 p.m.
3:00 p.m.	4:00 p.m.
4:30 p.m.	5:30 p.m.

Just as urgent care centers charge different fees than physicians’ offices, your veterinary hospital may choose to charge different exam fees based on the reason for visit. The American Animal Hospital Association *Veterinary Fee Reference* reports an average 20-minute preventive exam is \$45.20, a 30-minute sick patient exam is \$50.33 (10% higher), and a 20-minute progress exam is \$36.18.¹⁵ An emergency exam during business hours is \$63.96. Because an urgent care exam will be 30 minutes and is a same-day service, I advise charging an exam fee between your preventive and emergency exams such as \$55.

Clients will have higher expectations when seeking and paying for urgent care. A veterinarian who is seeing more urgent care exams during COVID shared that clients began to complain about the higher fee even though they could see a doctor the same day. I explained that his team needs to create perception of value and to take two actions:

1. Have CSRs set expectations up front. Focus on the medical care first, and then explain the additional fee. **SAY THIS:** “I’m concerned <pet name> is sick [shows empathy]. Although our

schedule is full today, we want to get <pet name> the medical care he/she needs. We can offer an urgent care exam. When you arrive, a veterinary nurse/assistant will get your pet's vital signs, ask about symptoms, and communicate this information to the doctor. You may need to wait <time>, so you may want to bring a book or tablet. The doctor and nurse/assistant will work together to prioritize your pet's care. Our urgent care exam fee is \$XX. We have an urgent care exam available at 9 a.m. or 1 p.m. Which do you prefer?"

2. Have your nurse/assistant do an initial intake assessment immediately upon the client's arrival. This makes the client feel a priority and justifies the fee. The nurse also gets the patient's vital signs upon arrival in case what the client thinks is "ain't doing right" is actually a medical emergency. The nurse would explain, *"I will get your pet's vital signs and ask you about symptoms. I will communicate this information to the veterinarian so we may prioritize your pet's care. After I speak with the veterinarian, I will update you on when we will be ready to begin the urgent care exam."*

Word makeover 9) Sorry for the wait.

A mid-day emergency has exams running late. A waiting client keeps checking her watch because she arrived on time for her dog's 4 p.m. appointment and it's now 4:20 p.m.

Instead of "I'm sorry for the wait," say *"Thank you for your patience."* This replaces the negative words of sorry and wait with positive ones of thanks and patience. Say this proactive phrase even when the client hasn't been patient because you want to reward the behavior you want.

Provide updates every 15 minutes. This communicates that you appreciate the client's patience and are staying in touch with the medical team for the latest updates. **SAY THIS:** *"<Client name>, thank you for your patience. I know you have been waiting for 15 minutes. I checked with the technician and doctor, and we should be ready to see you in 10 minutes. Can I bring you water or coffee? We appreciate your patience while our team is caring for another patient. I will update you in 10 minutes, so you have the latest information."*

Word makeover 10) Please hold.

A client service representative answers an average of 600 calls per week at a veterinary hospital.¹⁶ During COVID, call volumes have more than doubled at practices.¹⁷ Front-desk teams are struggling to answer the onslaught of calls to schedule the three-month backlog of checkups and elective procedures, refill medications, and curbside arrivals.

Have clients text (not call) when they arrive for curbside appointments. You can cut 30 calls per doctor per day when you switch out the "Call us when you arrive" sign for "Curbside appointment? Text this: ARRIVED, your name, your pet's name, parking spot #." Reply to confirm the arrival and explain you'll text again when your nursing team is ready to get the patient in the client's car.

Follow five Golden Rules when placing callers on hold:

1. Explain why you need to place the caller on a brief hold (callers can't see your chaos).
2. Ask permission.
3. Listen for the answer because the caller's pet may be having a medical emergency.
4. Reassure the caller you'll return quickly.
5. Show appreciation for the caller's patience.

When you need to initially place a caller on hold, **SAY THIS:** *"Welcome to <Your Veterinary Hospital>. This is <name>. I'm finishing helping another client/caller and will help you next. Is your pet having a medical emergency, or are you able to hold?"*

The word “finishing” sets expectations that the caller’s hold time will be brief. Use the phrase “medical emergency” rather than “emergency” because some high-maintenance clients may assume that scheduling exams or refilling prescriptions are “emergencies.”

When picking up a holding call, reintroduce yourself. **SAY THIS:** *“Thank you for your patience. This is <name>. How may I help your pet today?”* Avoid saying, “Thank you for holding” or “sorry for the wait,” which reinforces that the caller has been waiting.

Client education hacks that will increase understanding

Tell clients to record home-care demonstrations. Psychologists’ research shows 65% of people are visual learners and 15% are tactical learners who must “do” tasks before they understand them.¹⁸ After the veterinarian has explained the diagnosis, have a veterinary nurse or assistant demonstrate how to clean the ears and apply ointment.

To be a better teacher and ensure that care happens at home, ask the client to pull out her smartphone and record a video as you clean the left ear. Verbalize your how-to instructions so they’re captured in the recording. Now she has the video for reference at home and can text it to other caregivers. Next, tell the client, *“I will now have you clean the right ear, so you feel comfortable doing it at home. I’m happy to answer questions as you do it.”*

Create a YouTube channel. It’s free, and you can create playlists by categories such as preventive care, dentistry, parasites, and more. Host your how-to videos on YouTube but also put video links on your practice website. YouTube is the second largest search engine after Google (and Google owns YouTube), so you want pet owners who are searching for “How do I...?” to find your practice. Having a video library is especially helpful during curbside care.

You serve as translators so pet owners can comprehend complex medical information and make informed decisions. Identify which phrases you’ll makeover to improve client understanding and compliance.

Which goals will you implement from this training?

1. _____
2. _____
3. _____

Helpful resources	Link
Blog: Phone Frenzy? 7 Ways to Cut Call Volume	https://csvets.com/phone-frenzy/
Video: Overbooked and can’t see sick pets? Here’s the solution	https://www.youtube.com/watch?v=j_oWxml2qyc

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