

WEST COAST VETERINARIAN

SEPTEMBER 2013 | Nº12

PROPOSED
**PUPPY MILL
LEGISLATION**
A PRIVATE MEMBER'S BILL



ANIMAL HEALTH
IN NORTHERN SASKATCHEWAN

HEIR CONDITIONING
VETERINARY SUCCESSION PLANNING

**LEASING
COMMERCIAL SPACE**
WHAT TO ASK THE LANDLORD'S AGENT

AN APPROACH TO
ONCOLOGY PATIENTS
PEARLS OF WISDOM

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Reference

1. Griffin CE, Hillier A. The ACVD task force on canine atopic dermatitis (XXIV): allergen-specific immunotherapy. *Vet Immunol Immunopathol.* 2001;81(3–4):363–383.

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from the editor



COREY VAN'T HAAFF
EDITOR

This issue of *West Coast Veterinarian* is being produced after my return from the CVMA Convention in Victoria. It was amazing for me to reconnect with old friends from my days on the Council of what was then the BCVMA, and meet many new people including veterinarians, CVMA-SBCV Chapter members, industry reps, and the great people at the CVMA who, up until now, had only been voices on the other end of the phone or names on emails. Conventions such as this give us the necessary opportunity to connect as individuals in a more meaningful way.

The Board is working to bring more meaning and greater value to your membership in the CVMA-SBCV Chapter by being your voice on local issues. In this magazine, you'll read a refresher on how to keep yourselves and your staff safe from workplace injuries. Keeping safe has its own merits, of course, but an added benefit is that lower claims generally translate into lower WorkSafeBC premiums.

Animal welfare is gaining a greater profile as the general public becomes more interested in and concerned about the treatment and care of both companion and food animals. More attention on animal welfare issues can only be a good thing, as public pressure is a driving force to change the status quo. Jane Thornthwaite hopes her proposed legislation will protect dogs and cats from the horrors of puppy and kitty mills. Keep reading to learn more.

Van't Haaff

» TO THE EDITOR

Letters from members are welcome. They may be edited for length and clarity. Email us at wceditor@gmail.com.



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WCV CONTRIBUTORS



KOHARIK ARMAN, DVM, graduated from the Atlantic Veterinary College in 2007 and entered feline-specific practice in Ottawa, ON. She moved to Vancouver BC in 2009 and started working at Cats Only Veterinary Clinic where she is currently employed. She also does locum work at Vancouver Feline Hospital and North West Nuclear Medicine for Animals. Koharik is a member of the Board of Directors of the CVMA-SBCV Chapter.



SARAH CHARNEY, DVM, DACVIM (Oncology), **DACVR** (Radiation Oncology), graduated from University of Illinois College of Veterinary Medicine. She is a founding partner of Boundary Bay Veterinary Specialty Hospital in Langley, BC. She is also an adjunct professor at University of Illinois and the director of CyberKnife Radiosurgery at the Animal Specialty Center in NY.



DOUGLAS JACK is Counsel to the national law firm of Borden Ladner Gervais. He specializes in the law as it relates to the practice of veterinary medicine. A founding and charter member of the American Veterinary Medical Law Association and the only Canadian to have served as its president, he is the author of several books and published articles and a sought-after speaker at veterinary conferences.



KAILEE PRICE is a WCV student from Surrey, BC, and the CVMA-SBCV Chapter's first student liaison. Kailee communicates the Chapter's vision and current news/events to our BC veterinary students at WCV, and she also distributes our magazine to the students.



JANE THORNTHWAITE is the MLA for the riding of North Vancouver-Seymour and Parliamentary Secretary to the Minister of Education. Jane was elected to the British Columbia Legislature in 2009, and was re-elected in 2013. Animal welfare, especially the care of companion animals, has always been a concern of Jane's.



DALE WILLERTON is The Lease Coach and a commercial lease consultant who works exclusively for tenants. Dale is a professional speaker and author of *Negotiating Commercial Leases & Renewals For Dummies*.

WCV

SEPTEMBER 2013

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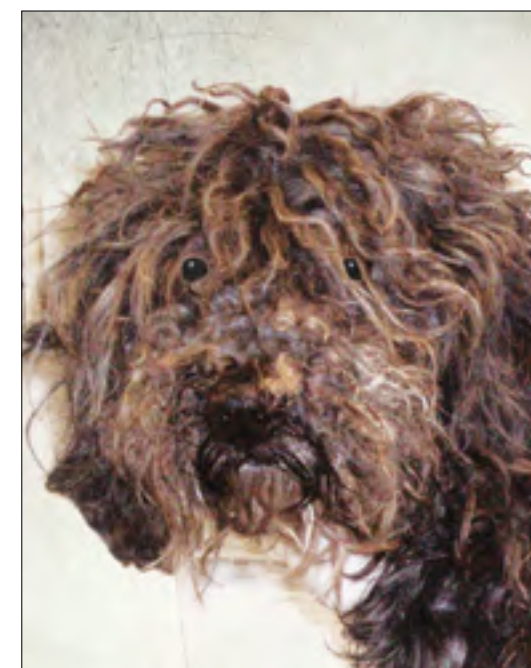
WEST COAST VETERINARIAN



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PROPOSED PUPPY MILL LEGISLATION



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HEIR CONDITIONING



september

cvma president's report

BY JIM BERRY, DVM

I was pleased to meet many of you in Victoria during the 2013 CVMA Convention, which was presented in partnership with the CVMA-SBCV Chapter. If you weren't able to join us, watch for a feature article and photos this fall in *The Canadian Veterinary Journal* (CVJ) to see what you missed.

Members of the CVMA-SBCV Chapter continue to benefit from both local and national exclusive member services. At the national level, here's an overview of what the CVMA has been working on for you lately.

Canada's Anti-Spam Legislation is new legislation intended to prohibit the sending of unsolicited commercial electronic messages (CEM) to recipients who have not consented to being sent such messages. Recipients can be defined as individuals, corporations, groups, etc. This legislation, which only applies to CEM sent within Canada, is expected to come into force some time in 2014. Until such time as the law does come into force, every organization should begin to prepare. Log into canadianveterinarians.net and visit the News section to review the fact sheet we've prepared to give you an overview of the proposed legislation. In the months ahead, we'll provide more detailed information and guidance in order to help you prepare for compliance.

If you've been reading your monthly editions of our Online from 339 eNewsletter, you may have noticed information about Partners for Healthy Pets, an alliance of veterinary organizations of which CVMA is a member. Our membership in this group provides CVMA members with online access to the educational tools and resources available in the Preventive Healthcare Toolkit on the Partners for Healthy Pets website. These tools provide practical insight on topics such as marketing preventive healthcare plans, Internet marketing and social media, communication between healthcare teams and pet owners, and developing a feline-friendly practice. To help our members navigate through the many tools available, we asked the members of our Communications Advisory Group to describe their favourite resources in the toolbox. Since April, their reviews of these tools have been

published in our monthly eNewsletter and in the CVJ. Log into partnersforhealthypets.org and register to view the resources available.

Good nutrition enhances pets' quality of life and is integral to optimal animal health. Yet it is often overlooked during routine veterinary visits. The Pet Nutrition Alliance was created to help raise awareness about the importance of proper pet nutrition, and the value of nutritional assessments for every pet, every time. The goal of this alliance is to raise awareness and help veterinary health care teams implement the AAHA

DR. JIM BERRY BECOMES 65TH CVMA PRESIDENT

Dr. Berry succeeds Dr. Jim Fairles, whose term as president officially came to an end on July 14, 2013. The CVMA wishes to thank Dr. Fairles for all his work in support of Canadian veterinarians and the CVMA.

YOUR 2013-14 CVMA EXECUTIVE MEMBERS

- Dr. Jim Berry, President
- Dr. Jean Gauvin, President-Elect
- Dr. Nicole Gallant, Vice-President
- Dr. Troy Bourque, CVMA Executive Member
- Dr. Jim Fairles, Immediate Past-President
- Dr. Barry Stemshorn, Treasurer
- Mr. Jost am Rhyn, Ex-officio member/Executive Director

Nutritional Assessment Guidelines for Dogs and Cats and the World Small Animal Veterinary Association Global Nutritional Guidelines for primary patient care at every visit. Web resources for implementing the nutritional assessments are available on the Pet Nutrition Alliance website (PetNutritionAlliance.org).

Equine Canada and the National Farm Animal Care Council have released the new national Code of Practice for the Care and Handling of Equines. This document is available online at www.nfacc.ca/codes-of-practice/equine. Thank you to all members who took the time to provide input during the code development process.

Our partner Vision Research will soon be wrapping up their audit of our communications and services. Thank you to those who responded to the email survey and took advantage of this opportunity to tell us what we are doing right and where we can improve.

I look forward to serving as your national president during the year ahead. We welcome your comments and inquiries at the CVMA office. Please contact us by email admin@cvma-acmv.org or by telephone at 1-800-567-2862. Your feedback is extremely valuable to us.



Jim Berry, DVM, is a co-owner of Douglas Animal Hospital, a full service hospital for family pets in Fredericton, New Brunswick. He has special interests in rehabilitation, pain control, and orthopedics. Jim is a past-president of the New Brunswick Veterinary Medical Association and continues to serve on various committees for the association. He is Canada's representative to the World Small Animal Veterinary Association. He lives in the country with his wife and daughter. He is owned by his Boxer mix Toula, a Vizsla named Ozzy, rescue Boston terrier Moze, and Dachshund Toby.



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cvma-sbcv chapter president's report

BY MARCO VEENIS, DVM

Iwrote this report while attending the 65th CVMA Convention in Victoria, which we are co-hosting in the stately Fairmont Empress Hotel located on the Inner Harbour. The weather was great and, with 28 highly rated speakers, the quality of the CE was outstanding.

A special word of thanks should go to our very own Dr. Sue McTaggart, the 2013 Convention Chair, for creating this event.

The Summit of Veterinary Leaders this year focused on animal welfare worldwide. Despite the vast diversities that exist between different countries, it was heartening to see that veterinarians from around the world easily find common ground when dealing with issues concerning the welfare of our patients—the impact on our patients, ourselves, and the world we live in.

Topics ranged from providing basic veterinary care to the pets owned by homeless people in Canada and the positive effect such ownership has on their lives, to tracking the whereabouts of roaming cats in England in order to get a better understanding of their impact on the environment, to the decimation of white rhinos in Sub-Saharan Africa by poachers interested only in rhino horns.

CVMA hosts many meetings for various interest groups at its annual conference, and I was able to meet with colleagues from Australia, New Zealand, South Africa, Great Britain, and elsewhere to share ideas, suggestions, and experiences.

Your directors, including our newly appointed Koharik Arman, met for a Board meeting. On our agenda:

- Celebrating the official installation of our new Executive Director Corey Van't Haaff

- Enhancing our social media profile—Facebook and Twitter especially
- Planning our fall AGM and Board meeting scheduled for the November 16–17 weekend where we will offer another CE opportunity sponsored by speakers from WCVM
- Continuing our support for our equine group and its fall seminar
- Determining our ability to create an updated directory
- Outlining ideas for a strategic planning session for Directors to create communication and other plans for the immediate future; held in conjunction with the AGM.

There are many more things that need to be done, and we will keep you informed through *West Coast Veterinarian*, newsletter email blasts, and social media. I hope you all had a great summer and hope to see you in person at our AGM in the fall, details of which have been distributed by email.



Marco Veenis, DVM, graduated with distinction from Utrecht University in the Netherlands and practiced in Holland for nine years before moving to Canada in 1998. For the past 10 years he has raised his family and run a successful small animal clinic in Kelowna. Marco enjoys the daily challenges that practice presents him with and is proud to be a member of BC's veterinary community. As an immigrant and newly minted Canadian, he is grateful for the opportunities Canada has offered him and likes give back to his community by volunteering his time for organizations like the CVMA-SBCV Chapter.



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PHOTOS BY EMILY JENKINS

ANIMAL HEALTH

BY KAILEE PRICE

IN NORTHERN SASKATCHEWAN

“IT’S NOT JUST AN ANIMAL WELFARE ISSUE, BUT A PUBLIC HEALTH ISSUE”

After being immersed in the veterinary community for much of my life, it’s sometimes a bit strange imagining what life would be like without easy access to animal health care. But in May, eight veterinary students from the WCVM were given the opportunity to accompany Team North veterinary volunteer group on a trip to a First Nations community in northern Saskatchewan where the nearest veterinary clinic is a four-hour drive away.

In one busy weekend, we spayed and neutered nearly one hundred dogs and cats in the school gym and performed health exams on many more animals. It was an excellent learning opportunity for both students and the community. We were given the chance to practice physical exams, catheter placements, and surgical skills, but we also learned about the community and the different issues facing animals in the area. Two community members, one with an interest in a career in veterinary medicine, assisted with animal intakes, which really helped connect the clinic with the community. Community members were given access to veterinary health care so their pets could be vaccinated and dewormed. Many of the children were invited to observe some of the surgeries and other procedures in the clinic in an effort to spark interest in veterinary medicine and allow people to view what was happening behind the scenes.

The WCVM is working towards playing a bigger role in future veterinary service trips to northern Saskatchewan communities. The college recently received \$150,000 from the

University of Saskatchewan Provost’s Committee on Integrated Planning to support these projects and to start up a mobile veterinary clinic. This mobile clinic will be used at the Student Wellness Initiative Toward Community Health (SWITCH) community clinic in Saskatoon as well as on trips to more remote communities. Plans are in place to create a rotation in the next year for students to gain experience working in locations in the Keewatin Yatthé and Mamawetan Churchill River public health regions of northern Saskatchewan. In addition, as part of the Sci-Fi summer camps at the WCVM, northern dogs will be incorporated into presentations so that urban school-age children can learn about some of the health issues that dogs face in remote northern communities.

Laura Davenport is a second-year vet student who is helping with a project studying parasites in dogs brought to clinics as well as parasites

collected from other rural and remote regions of Saskatchewan. Davenport is working with Dr. Emily Jenkins and graduate student Janna Schurer to determine the effects of cold storage on various species of helminth eggs. They are also determining the prevalence of parasites in dogs in one of the communities in the Prairie North public health region. This summer Davenport has participated in spay and neuter clinics in both Keewatin Yatthé and Prairie North health regions. “The spay and neuter clinics were an amazing experience and it would be great if more students were given the opportunity to help out at them,” she says.

And not only are they a great learning opportunity for students, they also have a beneficial impact on the community. “It’s not just an animal welfare issue, but a public health issue,” explains Davenport. Parasitic zoonoses from dogs are an issue faced by many of these communities. Results of the studies are reported back to community members and public health authorities so that measures can be taken to protect human and animal health.

Of course, there are still things to consider such as running clinics in locations where local veterinary clinics exist but are underutilized, or what to do if a large number of surrendered animals are encountered at the clinics. However, the WCVM is taking these into account and working to create an experiential community-based learning opportunity for students to benefit both animals and people in underserved communities. The experience will provide students with an opportunity to learn both clinical skills and the value of truly being part of the community. [WCVM](#)

APPROACH TO ONCOLOGY PATIENTS

BY SARAH CHARNEY, DVM

W

ith the advent of commercially available molecular diagnostics and prognostics, veterinary oncologists have increasingly turned to their use in difficult cases. Lucy, a Labrador cross treated at Boundary Bay Veterinary Specialty Hospital

for multiple types of cancer, provides an excellent example of using molecular diagnostics and prognostics to help improve survival.

Lucy presented to her veterinarian in October 2010 for a large pharyngeal mass causing stertor. The mass was biopsied, and the histopathology report revealed a malignant round cell tumor. Malignant round cell tumors can include lymphoma, histiocytic sarcoma, melanoma, and mast cell tumor. These tumors have very different treatments and prognoses, and it is important to be able to distinguish the tumors in order to provide the most accurate prognosis and best treatment recommendations. To determine the cell of origin, molecular diagnostics were recommended.

Immunocytochemistry (ICC), immunohistochemistry (IHC), flow cytometry, and PCR for Antigen Receptor Rearrangement (PARR) are used to differentiate tumors for which histopathology is not definitive, to differentiate B-cell and T-cell lymphomas, and to determine molecular remission status.

ICC and IHC detect antigens on the cell surface or in the cell respectively, by using antibodies that bind to specific epitopes of antigens. The bound antibodies can then be detected by different methods. ICC is performed on regular cytology-prep slides and is commonly used to differentiate B-cell and T-cell lymphoma. IHC is performed on formalin-fixed tissues and can be used to differentiate tumor types. For example, IHC can be used to distinguish between types of round cell tumors such as lymphomas (CD79 and CD3), histiocytic sarcomas (CD18), and melanomas (MelanA); to differentiate carcinomas (cytokeratin) from sarcomas (vimentin); and to differentiate between sarcoma types such as hemangiosarcoma (Factor VIII) and other sarcomas.



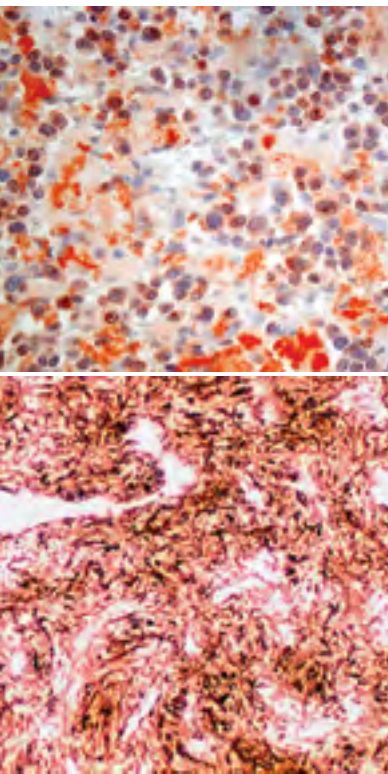
Flow cytometry involves staining live cells from a blood or lymph node sample with labelled antibodies that bind to proteins expressed on the cell surface. Different types of lymphocytes express different proteins. The cells are analyzed on a flow cytometer, which indicates how many cells of each type are present. This information determines the lineage of the cells present, and whether they are homogeneous (more consistent with neoplasia) or heterogeneous (more consistent with a reactive process).

PARR utilizes genomic DNA and PCR primers specific for B- and T-cell receptor gene segments in canine and feline lymphocytes to differentiate a monoclonal (neoplastic) lymphoid proliferation from a polyclonal (reactive) lymphoid proliferation, to determine the phenotype (B-cell versus T-cell), and to monitor for the presence of minimal residual disease in patients being treated for lymphoma. PARR can be performed on blood

samples or cells from lymph node aspirates but not on formalin-fixed tissues.

In Lucy's case, as histopathology indicated malignant round cell tumor, we requested CD3 and CD79 to test for T-cell and B-cell lymphoma respectively, CD18 to test for histiocytic sarcoma, and MelanA to test for melanoma. The tumor cells tested positive for CD3 indicating T-cell lymphoma.

Immunohistochemistry helped guide our treatment in three ways: it provided an accurate diagnosis of T-cell lymphoma, prognostic information, and information to guide treatment. Once a diagnosis of T-cell lymphoma was confirmed, we discussed the results with Lucy's owners and advised them that lymphoblastic T-cell lymphomas statistically tend to have a poorer prognosis than B-cell lymphomas, but that individual response to treatment is quite variable and can be very good. The only way



THIS PAGE (from top)
Immunohistochemistry staining for CD79;
Immunohistochemical stain for vimentin to identify mesenchymal tumors (sarcomas).
PAGE 15 Portrait of Lucy.

ONCOLOGY PEARLS OF WISDOM

- ➔ Don't say, "It's cancer; there is nothing we can do." Most cancers are treatable.
- ➔ Age is not a disease. Elderly animals can benefit from cancer care.
- ➔ Big tumors are not necessarily bad. Cytology or histopathology is required for definitive diagnosis.
- ➔ Perform three-view thoracic radiographs for staging cancer. Some lung masses can be seen on only one view.
- ➔ Steroids can complicate diagnostics and treatment. Do not give steroids until diagnostics are complete and treatment with chemotherapy has started or been definitively declined.
- ➔ In most cases, lasers should not be used to remove cancer. Lasers obscure the margins and make it impossible to tell if the cancer has been completely removed.
- ➔ If it is important enough to remove, it is important enough to get histopathology. Use separate, location-labelled containers for each biopsy.
- ➔ Eighty per cent of animals that receive chemotherapy have no deleterious side effects.
- ➔ Chemotherapy is not a contract; if not tolerated, chemotherapy can always be stopped.

“AN EXCELLENT EXAMPLE OF USING MOLECULAR DIAGNOSTICS AND PROGNOSTICS TO HELP IMPROVE SURVIVAL”

to know what the prognosis will be for a given patient is to try treatment. Lucy's owners elected chemotherapy, and Lucy was started on an aggressive multiagent T-cell lymphoma protocol. Most T-cell lymphoma protocols incorporate alkylating agents and do not contain doxorubicin as it has been shown to have relatively little efficacy for T-cell lymphomas.

Lucy's tumor completely resolved within two weeks, and she continued on chemotherapy for approximately one year. Her lymphoma remains in remission today. But her saga with cancer was not over. During treatment for lymphoma, Lucy presented with two masses; one on her left thorax and the other near the right Achilles tendon. Both masses were aspirated, and cytology revealed mast cell tumor in both sites. As the tumor on the leg would require amputation to remove, and given the history of lymphoma, a wait-and-watch approach was elected. The tumor on the leg has never progressed, but in December 2012, the mass on the thorax started acting aggressively. The mass was removed and a completely resected Grade II mast cell tumor was diagnosed.

In the traditional Grade I, II, III system, Grade III tumors are often quite aggressive, Grade I tumors are not, and Grade II tumors are somewhere in between. However, since most tumors are graded as Grade II, more information is often needed to help prognosticate. Panels using molecular tests and c-kit mutation status have been shown to be prognostic. They may look at mitotic index (high mitotic index is associated with poorer prognosis), AgNors (high AgNors tend to be associated with aggressive tumors), Ki-67 and PCNA (Ki-67 and PCNA levels are associated with active proliferation), and c-kit mutation status (mutation is associated with aggressiveness).

LIFE EXPECTANCY CHART

TUMORS WITH SURVIVAL TIMES OF THREE YEARS OR MORE WITH TREATMENT

- ➔ Acanthomatous epulis
- ➔ Infiltrative lipomas
- ➔ Mast cell tumors (Grade I and II)
- ➔ Low grade soft tissue sarcomas
- ➔ Perianal adenomas
- ➔ Small cell lymphomas
- ➔ Thyroid adenomas and carcinomas
- ➔ Transmissible venereal tumors

TUMORS WITH SURVIVAL TIMES OF ONE YEAR TO THREE YEARS WITH TREATMENT

- ➔ Apocrine gland of the anal sac adenocarcinomas
- ➔ Brain tumors
- ➔ Ceruminous gland adenocarcinomas of ear canal
- ➔ Lymphoma
- ➔ Mammary carcinoma
- ➔ Mast cell tumor (Grade III)
- ➔ Nasal carcinomas and sarcomas
- ➔ Oral squamous cell carcinomas (canine)
- ➔ Pulmonary carcinomas
- ➔ Osteosarcoma
- ➔ Salivary gland tumors
- ➔ Spinal cord tumors
- ➔ Thymomas
- ➔ Transitional cell carcinoma
- ➔ Vaccine associated sarcomas

TUMORS WITH EXTENSION OF LIFE OVER NO TREATMENT

- ➔ Hemangiosarcoma
- ➔ Oral melanomas

Prognostic panels and c-kit mutation status help guide treatment decisions such as whether to consider chemotherapy or a c-kit inhibitor such as toceranib.

As Lucy's tumor was Grade II, we recommended a prognostic panel to help determine if additional treatment was warranted. While Lucy's AgNor and Ki-67 scores were low, and there were no c-kit mutations, her KIT pattern revealed the possibility of aggressive behavior. We recommended chemotherapy with vinblastine, which was elected.

Despite treatment, Lucy's tumor returned in April 2013. The tumor was again resected, and Lucy has been started on toceranib (Palladia®). Toceranib has both direct antitumor and antiangiogenic activity. It acts mostly through inhibition tyrosine kinase activity of several members of the receptor tyrosine kinase (RTK) family, some of which are implicated in tumor growth, pathologic angiogenesis, and metastatic progression of cancer. To date, Lucy's mast cell tumor has not returned or metastasized. ^{WCV}

CONSULTING WITH A VETERINARY ONCOLOGIST

Veterinary oncologists work hand in hand with family veterinarians to provide care for patients with cancer. A veterinary oncologist will:

- Provide clients with the newest available prognostic data and treatment options and counsel the clients on the most appropriate option(s) for their pet
- Tailor a comprehensive treatment plan for each individual patient based on both the disease process itself and the overall health of the patient
- Adjust treatment protocols throughout treatment based on response to therapy and tolerance of therapeutics
- Work closely with the primary care veterinarian, other specialists including surgeons, pathologists, radiologists, and internists to provide an accurate and efficient diagnosis and comprehensive treatment and patient care

Veterinary oncologists understand that the treatment options for cancer can be confusing and that there are many misconceptions about treating pets with cancer. We will work with you and your clients to replace the misconceptions and fear with knowledge and hope.

AGM & CE WITH TRADE SHOW

CVMA-SBCV CHAPTER • SUNDAY, NOVEMBER 17, 2013

» PLEASE PLAN TO ATTEND «

CVMA-SBCV CHAPTER ANNUAL GENERAL MEETING 9:30 AM

MEETING OF CVBC REGISTRANTS 10:30 AM

LUNCH Noon

SESSION A 1:00 – 2:30 PM: Internal Medicine – Practical Advice for Everyday Practice with Dr. Casey Gaunt, WCVM Assistant Professor, Critical Care, Small Animal Clinical Sciences

BREAK AND TRADE SHOW 2:30 – 3:00 PM

SESSION B 3:00 – 4:30 PM: Oncology – A Collection of Updates on Cancers Typically Seen by Small Animal Practitioners with Dr. Valerie MacDonald, WCVM Associate Professor, Medical Oncology, Small Animal Clinical Sciences

COST (includes lunch) FREE for CVMA-SBCV Chapter members; \$135 plus GST for non-members. (This fee will be waived for those who join at the door. Membership is \$499 plus GST and will be valid for the balance of 2013 and all of 2014.)

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To register, please click <http://fallce2013.eventbrite.ca> or visit the website at www.canadianveterinarians.net and follow the instructions.

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PROPOSED PUPPY MILL LEGISLATION

ONE PRIVATE MEMBER'S BILL

BY JANE THORNTHWAITE

We have all seen horrible images of abused dogs and puppies housed in puppy mills when the SPCA raids are plastered all over the evening news. These are images that have had a profound effect on me, and many, many others.

As many British Columbians are aware, the Whistler sled dog tragedy brought to light what needed to be done to protect sled dogs. Subsequently, changes were brought about through the BC Prevention of Cruelty to Animals Act (PCAA), and by sled dog industry regulations, as a result of recommendations from the Sled Dog Task Force. Despite these strides, I felt that more could be done for all puppies and kittens.

When Christy Clark became Premier of British Columbia, she encouraged private members (MLAs who are not ministers) to propose policy initiatives on topics they are passionate about. Being a long-time animal lover, a graduate with a B.Sc. in Zoology, and someone who had fostered dreams of becoming a veterinarian, I immediately thought of helping the poor creatures who were conceived and raised in puppy and kitty mills. The Premier agreed that this was something I should pursue.

For me, the most upsetting thing about puppy mills was to see the poor puppies and canine mothers crammed into tiny cages, some without adequate food, water, or proper hygiene, and certainly without any love or respect from humans. The puppies are taken away from their mothers early and sold to pet stores (and unsuspecting shoppers), on the Internet, or through newspaper classified ads. The mothers are constantly impregnated like factory-farm animals, and they and their young live in inhumane conditions.

I was certain that if people knew how their new puppies were conceived and raised—whether purchased from a pet store, or from a newspaper classified ad, or from a posting on the Internet—they would think twice about purchasing pets from these sources, and hopefully end the demand for puppy mill dogs. I believe the same would apply to cats from kitty mills.

Beginning in May 2011, I started working to bring forward a bill which would protect dogs and cats from the abuses of unscrupulous, for-profit-only breeders. This was an enormous project, and I was lucky to have the help of a legislative assistant, a government researcher, and a caucus outreach coordinator, all of whom had

“IT WAS APPARENT THAT THE PUBLIC WAS IN FAVOUR OF TOUGHER LAWS TO PROTECT ANIMALS”

other MLAs to assist in addition to their day-to-day legislative duties.

The first step in this process was researching what other jurisdictions around the world were doing, from Ireland to New Zealand to Texas, as well as researching legislation and ideas from other parts of Canada, including Manitoba and New Brunswick. I reviewed reports and recommendations from the BCSPCA and animal welfare agencies and veterinarian associations, including the College of Veterinarians of British Columbia and the CVMA-Society of British Columbia Veterinarians Chapter and its president Dr. Marco Veenis. I consulted individual veterinarians, such as Manitoba's Chief Veterinarian, and experts at the University of British Columbia Animal Welfare Department. I also referenced British Columbia's recent updates to the Prevention of Cruelty to Animals Act and the recommendations of the Sled Dog Task Force. I did a media search of recent BCSPCA seizures from puppy mills. Finally, with help from the research staff, I was able to draft a bill.



PAGE 20 A rescued puppy-mill dog awaits veterinary assessment. ABOVE Filthy cramped conditions at a puppy mill.

The purpose of the bill is to establish comprehensive standards of care for those considered by the Act to be operators of dog and cat breeding premises. Under this proposed legislation, operators have a responsibility to understand and meet the welfare needs of their animals. The bill requires breeders to adopt the highest standards of husbandry, care, and handling of their animals.

After the sled dog tragedy in Whistler, it was apparent that the public was in favour of tougher laws to protect animals. I sent the draft bill to many stakeholders and obtained valuable feedback from governmental and professional organizations, private organizations such as rescue groups, and concerned individuals. I introduced the bill, Standards of Care for Breeders of Companion Animals, for first reading on April 23, 2012.

Generally, the feedback was positive, but there was a significant lobby group consisting of some breeders and the group The Right to Dock and Crop who were not supportive of the bill. They

thought that the state did not have the jurisdiction to impose regulations on their right to do business as they pleased. Many breeders, particularly in the rural areas of British Columbia, were not in favour of the bill and expressed their views by contacting their MLAs and urging them to vote against the bill.

After much thought, further consultations, and the desire to move forward rather than risk defeat of the entire bill in the legislature, I revised the bill to remove the section on surgical procedures that affected docking and cropping, and re-introduced the bill on March 5, 2013. Unfortunately, the bill did not reach second reading because that legislative session ended when the house dissolved for the 2013 Provincial Election.

In a future legislative session, I intend to approach the Minister of Agriculture, Pat Pimm, to discuss the possibility of adopting my private member's bill as a government bill. This would lead to more stakeholder consultations and substantially increase the likelihood that the bill will be passed in the legislature.



ABOVE A matted Lhasa Apso being rescued.

I only received a response from one cat breeder, so in preparation for a new bill, I will be consulting more cat breeders, private organizations such as cat rescue groups, and individuals concerned about cats. Alternatively, I may remove the references to cats from the bill and focus exclusively on dogs. I am still considering my options on this point.

I believe there is enough support from the general public, veterinarians, and animal welfare agencies to bring this bill forward again, either as a private member's bill or as a government bill. Veterinarians are doing what they can in their role as leaders in animal welfare to educate the public, and veterinarians have their own guidelines that they recommend, but we need legislation such as this bill to ensure that animal welfare agencies and the BCSPCA have the legal right to shut down puppy and kitty mills.

British Columbians have a heightened awareness of the abuses that result from puppy and kitty mills, and the recent high-profile case of the German Shepherd Dog Captain has brought animal cruelty back into the forefront. Certainly, we could all do more, and it is my understanding after talking to many veterinarians, animal welfare groups, and the BCSPCA, that there is definitely a desire and a need to do more via legislation to stop animal abuse.

I believe this bill will give animal welfare agencies the teeth to hold to account those who abuse animals, and it will also facilitate prosecution of the abusers. It will inform the public of the minimum requirements to which those who breed companion animals must adhere. Public education is also a key component, because if we can reduce the demand for animals produced in puppy and kitty mills, we will reduce the supply of these animals, and therefore reduce the abuse.

After I gave a presentation on the bill on April 23, 2013, at the Innovation Showcase of the 2013 Pacific Conference Summit for Urban Animal Strategies in Vancouver, I was invited to present at the upcoming Urban Animal Innovation conference at Lake Louise, Alberta. The animal welfare specialists at the summit believe that my bill is a good example of how to bring together experts, front-line workers in animal welfare, and government officials. This bill will be a good test of how animal cruelty solutions can be presented to elected officials in the provincial legislature. It is also an example of how an idea for animal protection can be brought to fruition with enough support, dedication, and hard work.

The public awareness raised by this bill will encourage people to ask to see where their pet's parents live before they purchase a puppy or kitten. Reputable breeders encourage people to meet their new pet's parents, and they, like the BCSPCA, interview prospective buyers to ensure their animals are going to good homes.

This bill does not affect reputable breeders because they are already doing what is required in the bill. Rather, this bill will give animal welfare agencies and the BCSPCA the legal authority to shut down puppy and kitty mills because specific requirements are written in legislation. In the simplest of terms, I am developing and bringing this bill to the people and the pets of British Columbia because it is the right thing to do. [WCV](#)

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* Mehlhorn H., Hansen O., Mencke N. *Parasitol Res.* 2001;87(3):198-207.; Mehlhorn H. *Suppl Compend Contin Educ Pract Vet* 2000;22(4A):4-8.; Mehlhorn H., Mencke N., Hansen O. *Parasitol Res.* 1999;85(8-9):625-63. See your Bayer representative for details.
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WORKPLACE SAFETY IN THE VETERINARY PROFESSION

BY KOHARIK ARMAN, DVM

The practice of veterinary medicine includes routine exposure to health hazards, so brushing up on workplace safety guidelines and reviewing practice protocols is always timely.

Major workplace hazards to consider include those outlined in the Work-SafeBC Occupation Health and Safety Regulations for health care workers, as well as a few dangers specific to the veterinary field: ionizing radiation, anesthetic waste gas and chemical exposure, animal scratch and bite wounds, electrical accidents, zoonotic diseases, and fire and emergency situations.

Thorough safety training is imperative immediately when individuals are hired, because new employees are statistically at higher risk for workplace injuries. Review established clinic safety procedures, location of fire extinguishers, and personal protective equipment use with new personnel. Take the time to point out the locations of clinic hazards and identify the specific dangers those hazards present. Corresponding warning signs must be clearly visible in these unsafe areas (radiation,

biohazards, sharps). Emergency exit signs, evacuation plans, and emergency numbers must be posted within the practice.

It is important to have a clinic safety manual with written emergency protocols available to all staff, and to ensure that everyone knows its location. Similarly, a book containing a list of hazardous chemicals and their MSDS sheets should be kept within the clinic. Chemicals such as formaldehyde, chemotherapy drugs, and liquid anesthetics can cause harm via inhalation, cutaneous absorption, and ingestion. Waste anesthetic gases (WAGs) present an invisible but

Radiation Surveyors Protection website is a useful resource.

Other work injuries that are common but frequently preventable include bite wounds and physical problems such as back strain. Safe lifting practices and proper attire are key factors. The number of personnel available to help with restraint and medical procedures is important, along with adequate space, lighting, and restraint aids such as leashes, muzzles, towels, and chemical restraint when appropriate. First Aid Kits or suitable medical supplies are useful in case of injury. Avoid clutter and surrounding

“SO BRUSHING UP ON WORKPLACE SAFETY GUIDELINES AND REVIEWING PRACTICE PROTOCOLS IS ALWAYS TIMELY”

highly dangerous hazard within most veterinary clinics on a daily basis. Functional scavenging systems are one of the primary methods of reducing WAGs exposure. Passive scavenging systems are not effective when the distance to the outside vent is greater than twenty feet, nor are they effective if the scavenging outlet is located in close proximity to the fresh air intake vent. A second important safety measure is to regularly test anesthetic equipment for leaks. Proper anesthetic induction, maintenance, and recovery protocols also help prevent excess WAGs from contaminating the clinic environment.

Ionizing radiation is another silent but deadly danger present in veterinary clinics. Secondary radiation exposure does not result in acute symptoms, but there are significant long-term implications. A retrospective study of registered nurses in British Columbia exposed to levels of ionizing radiation below permissible limits demonstrated higher incidences of breast cancer, lymphatic leukemia, and bladder cancer than in the regular population. Ensure that personnel are well-trained and compliant with the use of personal monitoring and safety devices. Records of radiation exposure levels for staff members must be kept for ten years, and radiation survey intervals must be no longer than three years. Safety devices such as lead barriers should be kept in good condition, and radiation-shielding self-assessments must be completed by every facility. Do not forget that the regulations for pregnant staff members are different, and if there is any uncertainty about clinic radiation safety, the

distractions, and implement proper disposal and sterilization techniques to help minimize accidents as well as cross-contamination and zoonosis.

With regard to zoonosis and contamination, a commonly overlooked safety measure in veterinary clinics is the storage, preparation, and consumption of food and beverages for human use. Food and drink items should be stored in cupboards and refrigerators separate from those containing medical supplies, and must not be prepared in a laboratory or any area that may contain biological contaminants or toxins. Food and drink should always be consumed in a safe area, ideally a designated lunchroom available to staff members.

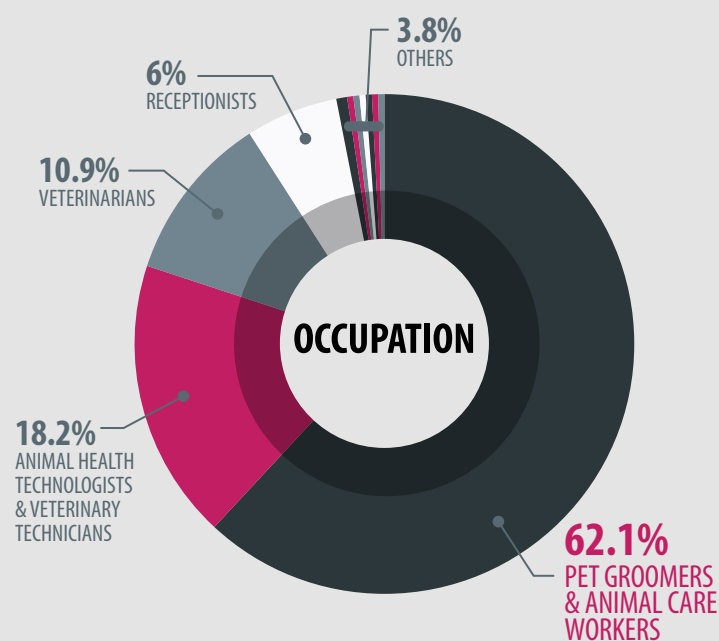
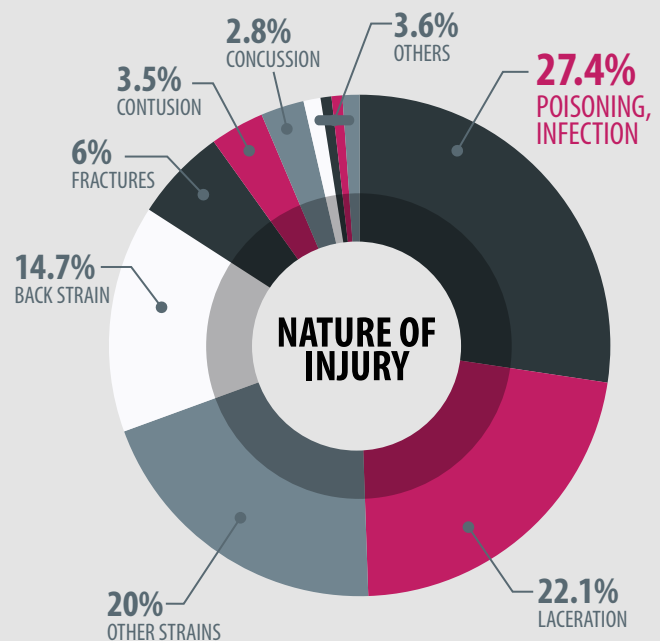
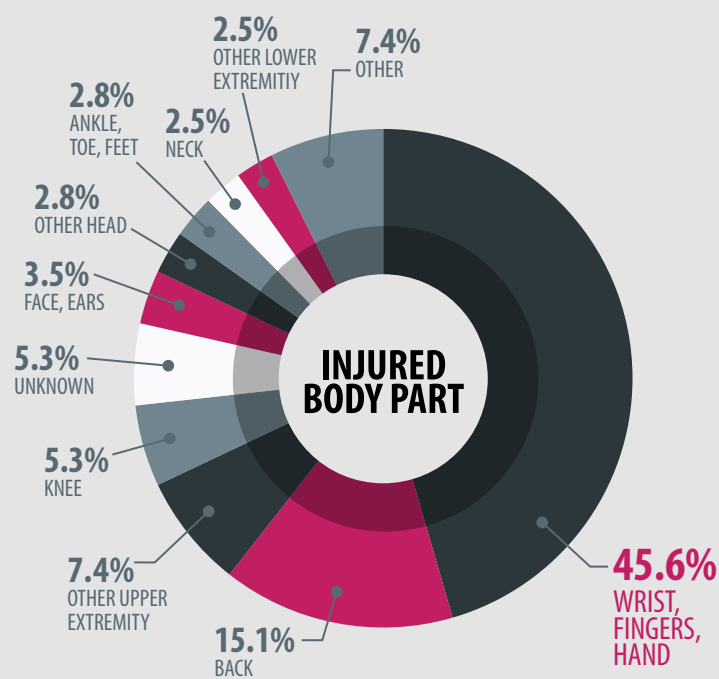
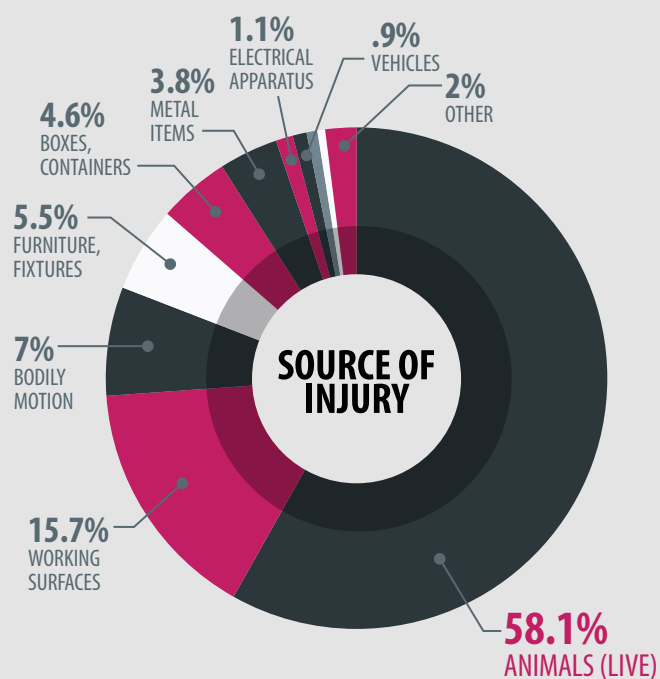
The topic of food preparation frequently brings up electrical safety issues due to the use of kitchen appliances such as toasters, microwaves, and teakettles. The demand placed upon the electrical services of veterinary clinics extends far beyond the snack prep area, and the concern for electrical safety should too. Ensure that the electrical service can handle the demand created by the clinic medical equipment. All outlets should be functional and grounded, extension cords and outlet splitters should be avoided, and defective electrical equipment should never be plugged into an outlet.

Ultimately, it's everyone's responsibility to ensure that the clinic setting is a safe and fun workplace so that the focus can remain on helping animal patients rather than creating human ones. [WCV](#)

INJURY STATISTICS

MEASURE	2008	2009	2010	2011	2012
Injury Rate - 763032	1.6	1.2	1.3	1.3	1.8
Injury Rate - All of BC	2.9	2.3	2.3	2.3	2.3
Non-HCO Claims	58	45	52	53	77
Serious Injury Claims	15	8	8	9	20
Person Years	3,641	3,809	3,914	4,016	4,185
Total Claim Costs Paid	\$279,569	\$323,119	\$317,103	\$360,903	\$604,703
Total Workdays Lost	1,379	1,457	1,045	1,766	1,706
Employers	448	453	466	482	491
Assessable Payroll	\$111,860,458	\$118,799,979	\$126,405,268	\$132,347,221	\$139,005,655
Assessment Amount	\$921,543	\$782,595	\$894,744	\$799,477	\$662,977

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CVBC-SBCV CHAPTER ANNUAL GENERAL MEETING AND CE

Sunday, November 17th, Sheraton Vancouver Guildford Hotel, Surrey, BC.

9:30 AGM

10:30 CVBC Registrants Meeting followed by lunch

1:00 CE and Trade Show

Email notices have been sent; if you need another copy, please email the office. For more detailed information, see page 18.

CHAPTER NEWS

EQUINE SEMINAR 2013

The Equine Chapter of the CVMA-SBCV Chapter will hold its 42nd Annual Fall Equine Seminar on Monday and Tuesday, October 28 and 29, at the Town and Country Inn, Delta, BC.

Dr. Lisa Fortier, Cornell University, will speak on Regenerative Therapies, and Dr. Stephen White, UC Davis, CA, will speak on Dermatology.

For further information, please contact Dr. John Twidale at 604.930.8090 or by email: horsedoctor@telus.net.

CVMA NEWS



Animal Health Week 2013 September 29 – October 5 “Their Health Is In Your Hands”

Animal Health Week is a national public awareness campaign organized by the Canadian Veterinary Medical Association and hosted by veterinarians across Canada. Each year, during the first week of October, veterinarians and veterinary hospitals across

Canada promote animal health and responsible animal ownership as part of the Animal Health Week celebrations. This year, the spotlight is on the benefits of preventive health exams for pets and other animals.

INDUSTRY NEWS

Boehringer Ingelheim (Canada) Ltd. is pleased to announce the launch of ULTRA™ Duramune® in Canada. The first ever ULTRA low-volume canine injectable vaccine line offers an ULTRA comfortable injection with 50% less volume and up to 75% less extraneous protein per dose, which will enhance patient comfort by allowing for a lower volume injection achieved through innovative improvements to the vaccine manufacturing process.

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Virbac Corporation has announced that Fiona J. McLellan has been named general manager, Virbac Canada, Inc., effective immediately. McLellan has been serving as the director of Virbac Canada since joining in July 2010. As general manager, she will continue to oversee all Canadian Sales, Marketing, Regulatory Affairs and Veterinary Services operations.

www.virbac.com

Trupanion announced several policy enhancements based on data and direct feedback from pet owners and the veterinary community. Trupanion policyholders, subject to regulatory approval, will see the following improvements in coverage: Hip Dysplasia will be covered for all pets as part of the core policy coverage, and the additional health care rider is enhanced to include 17 modalities.

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If you have any industry news, please send it to wcveditor@gmail.com for consideration. Thank you.



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LEASING? COMMERCIAL SPACE

TEN QUESTIONS FOR VETERINARIAN TENANTS TO ASK THE LANDLORD'S AGENT

BY DALE WILLERTON

As a veterinarian tenant, you will want to prepare yourself for lease negotiations with a commercial landlord or his agent. As an educated entrepreneur, you must ask plenty of questions regarding leasing a preferred location, as doing so better assures that you will achieve your maximum potential and will not be taken advantage of.

We have been consulting with commercial tenants and veterinary clinic doctors since 1993. These are a few recommended questions that all tenants must ask during the negotiating process for either a new or a secondary location.

1 Who is the landlord? Will you be dealing with a large institution, a bank, or a small, independent, Mom and Pop landlord? Depending on your opponent, you will use a different negotiating approach or strategy.

2 How long has the landlord owned the property? A long-time landlord will have gained a wealth of knowledge and experience regarding the property. Typically, a long-time landlord will also retain interest in continuing to own the property and have more realistic rent expectations. Conversely, a new landlord may have a high mortgage and may look to tenants to help cover that cost through high rents.

3 Where is the landlord physically located? A local landlord is often more accessible, making any dealings prior to and following signing the lease easier. Meeting the landlord in person during the leasing process is desirable for the tenant—don't let the agent keep you and the landlord apart.

4 Is the property manager local? Ensure that your property manager is readily available to deal with any concerns you may have. Property managers may well look after multiple sites (not always in the same city or town) and cannot remain at one location on a full-time basis.

5 What is the building's history? An older building may require further upkeep and maintenance, which tenants pay for in Common Area Maintenance (CAM) charges. If there has been a high turnover of tenants in the past, for any reason, this should raise a red flag for you. Also, has a similar-use tenant previously leased space within the property and either closed the business or moved elsewhere within the past 10–20 years?

6 Who is doing the leasing for the property? If you know who you are dealing with, you can better prepare for negotiations. Is this a big leasing brokerage, a real estate agent, or the son of the landlord? Real estate agents must follow a code of conduct; however, they often can only share what the landlord has told them. A less than reputable landlord doing his own leasing may tell you anything to get you to sign.

7 Who were the two most recent tenants to move in and when? Your own representative may proactively approach these tenants and ask them how their lease negotiations went. If the leasing agent claims he or she has only recently acquired the listing and does not know, push for the details.

8 Who were the last two tenants to move out? When and why did they move out? Did they move across the street, or did they close? As before, you will want to speak to these former tenants and ask for more details about their reasons for leaving as well as their opinions of the landlord, property manager, and the property itself.

9 Who is the property's biggest tenant (the anchor tenant)? How secure is this anchor's tenancy? The anchor tenant(s) typically attract the most traffic to a property, so you will want to confirm they will be staying. Tenants in a local strip mall were recently caught unaware when the grocery anchor tenant moved out. Despite having a long-term lease, national retailers can often move their businesses but continue to pay the rent, thus preventing any competitor from moving in.

10 Is the building for sale? Building owners looking to sell their building will have different motivations with prospective tenants. Also, consider that you may like the current landlord but dislike the new landlord.

You may feel uncomfortable asking the landlord's listing agent or property manager these questions; however, as a tenant, you have every right to know the entire picture. We strongly recommend that you type out these questions as a worksheet and refer to them before negotiating or renegotiating begins. [WCV](#)

The author acknowledges the assistance of Jeff Grandfield in writing this article.

“
AS A
TENANT,
YOU HAVE
EVERY
RIGHT TO
KNOW THE
ENTIRE
PICTURE
”



HEIR CONDITIONING

A Five-Step Template For Veterinary Succession Planning

BY DOUGLAS C. JACK, LL.B

“ONE HOPES THAT THE SUCCESSION PLAN IS APPROACHED ON A VOLUNTARY BASIS AFTER THOUGHTFUL CONSIDERATION OF THE PROCESS AS OPPOSED TO AN INVOLUNTARY PLAN ARISING FROM THE PREMATURE DEATH OR DISABILITY OF THE CURRENT OWNER”

No doubt most practitioners are aware that the baby boomers have come of age; the demographics of the veterinary profession are such that many current practice owners are nearing, or have arrived at, the point of arranging for the transfer of their clinics to the next generation of the profession. One hopes that the succession plan is approached on a voluntary basis after thoughtful consideration of the process as opposed to an involuntary plan arising from the premature death or disability of the current owner. Certainly, the notion of developing a careful plan will result in the smoothest and most taxation-efficient approach. The difficulty is that it would appear that most current practitioners do not have a written succession plan; rather, they believe that they will be in a position to merely sell the practice to a willing purchaser without difficulty; unfortunately, contrary to that hope, the demographics show that there are many practice owners who all wish to sell their practices at the same time. Special attention must be given to this aspect of the business-cycle—as much time must be devoted to the transition of the practice as was spent on establishing and maintaining it to this stage.

What follows is a proven five-step process of developing and implementing a veterinary practice succession plan. Understanding each of the steps and proceeding with them in the correct order will make the succession of your practice more efficient and successful.

STEP ONE INFORMATION

The initial step is to fully understand all of the aspects of your practice. Gather together your financial statements for the past number of years, policies of insurance, copies of previous tax returns, practice agreements (employment contracts, premises leases, equipment leases, lists of equipment), and any other relevant information that will assist you in dealing with both the purchaser and your professional advisors. In addition, it will be important for you to consider your succession objectives—at what age do you want to retire? How much money will you need in retirement? Do you want to continue in the practice in some capacity for a few years post-closing? These critical concerns all need to be addressed.

STEP TWO IDENTIFICATION

The next step is to identify the heir apparent to your practice. In many cases, a usual protocol is to determine whether or not one of your existing associates wishes to purchase the practice. Very often an internal transaction meets many of the objectives of the parties, including the purchaser's ability to fund the purchase and the vendor's desire to remain in the practice for a period of time. If an associate is not identified, then a sale to a third party may be in order—generally, merely letting the practice community know that you wish to withdraw from practice will spread the word quickly to potentially interested parties. Once an interested party is identified, it is important to ensure that the objectives of the purchaser coincide with those of the vendor.



STEP THREE DISCUSSION

Next, engage your professional advisors (accountant, financial planner, lawyer, valuator, insurer, and banker) to first review the objectives which have been established and then, working together, present you with options as to the mechanisms and structures that will meet your objectives. This may involve a form of share purchase agreement which contemplates the transfer of a portion of the practice with subsequent transactions taking place over a number of years.

STEP FOUR INSTRUCTION

Armed with the options provided by your advisors, you now determine which process you wish to embark upon and provide instructions to your advisors to proceed, acknowledging that you've now prioritized your objectives with the purchaser.

STEP FIVE IMPLEMENTATION

The final stage is to implement the plans that have been so carefully considered to this point. It is at this stage that the sale agreement is prepared and reviewed, the purchaser arranges his or her financing, and the transaction is completed. This may involve a new shareholders' agreement to govern the relationship between the former and new owners of the clinic if you elect to stay with the practice for a period of time.

Without question, the development of an appropriate veterinary practice succession is an important step in your success as a professional. By adopting a strategic approach to this important topic, it is likely that you will maximize the wealth that you've created and enjoy the fruits of your labours. **WCV**

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Vet Advantage Magazine Nov/Dec 2012, Vol:4 Issue:6

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To place a classified ad in West Coast Veterinarian please contact Inga Liimatta at ingal@telus.net. Deadline for ad submission is November 1, 2013 for the Winter issue.

veterinary continuing education

* OCTOBER 28–29, 2013 ANNUAL DELTA EQUINE SEMINAR

Delta, BC

Organized by the Equine Committee of the CVMA-SBCV Chapter, the 42nd Annual Equine Seminar at the Town and Country Inn, Delta, BC, will feature Dr. Lisa Fortier from Cornell University speaking on Regenerative Therapies (Stem Cells, etc.) and Dr. Stephen White from UC Davis speaking on Equine Dermatology.

OCTOBER 5–6, 2013

OCTOBER 5 BASIC ABDOMINAL ULTRASONOGRAPHY

OCTOBER 6
ADVANCED ABDOMINAL ULTRASONOGRAPHY
Calgary, AB
www.canadianveterinaryimaging.com/training/small-animal-training/details/150-basic-abdominal-ultrasonography

OCTOBER 5 & 6, 2013

TWO-DAY BASIC ULTRASOUND

Vancouver, BC
www.scilvet.com

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OCTOBER 6, 2013

2013 CANADA WEST SYMPOSIUM

Vancouver, BC
www.canadawestvets.com/vets/seminars

OCTOBER 13–15, 2013

2013 LEMAN CHINA SWINE CONFERENCE

China
www.lemanchina.umn.edu

OCTOBER 19–20, 2013

ANESTHESIA FOR VETERINARIANS AND TECHNICIANS

Walnut Creek, California
www.nancybrockvetservices.com

OCTOBER 19–22, 2013

CANWEST VETERINARY CONFERENCE

Banff, AB
www.canwestconference.ca

NOVEMBER 1–3, 2013

ECHOCARDIOGRAPHY → DOPPLER

Georgetown, ON
www.canadianveterinaryimaging.com/training/small-animal-training/details/145-echocardiography-doppler

NOVEMBER 13, 2013

MRI IN VETERINARY MEDICINE: What the Family Veterinarian Should Know

Calgary, AB
www.cavm.ab.ca/ce_calendar.html

NOVEMBER 17, 2013

ADVANCED ABDOMINAL ULTRASOUND

Vancouver, BC
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See CVMA-SBCV Chapter fall CE

on page 18.

NOVEMBER 23, 2013

FEMORAL HEAD OSTECTOMY

Calgary, AB
www.focusandflourish.com

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MEDIAL PATELLA LUXATION

Calgary, AB
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DENTAL RADIOLOGY AND POSITIONING

Vancouver, BC
www.scilvet.com

DECEMBER 6–7, 2013

CARDIOLOGY SMALL ANIMAL TRAINING— PUTTING IT ALL TOGETHER

Georgetown, ON
www.canadianveterinaryimaging.com/training/small-animal-training/details/147-cardiology-putting-it-all-together

DECEMBER 8, 2013

BUSINESS & LEGAL CONSIDERATIONS IN VETERINARY PRACTICE

Calgary, AB
www.cavm.ab.ca/ce_calendar.html

DECEMBER 8–13, 2013

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www.vetmed.ucdavis.edu/ce

Lifelearn
www.lifelearn.com

LOOKING FOR VETERINARY CE EVENTS AROUND THE WORLD TO COMBINE LEARNING AND TRAVEL?

Check the calendar for events large and small at www.vetagenda.com

If you wish to publicize your Continuing Education event in *West Coast Veterinarian*, please email the following details to wceditor@gmail.com with CE Event in the subject: date, location, title of event, website for further details.

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