



WEST COAST VETERINARIAN

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250

YEARS

ISSUE NO.3
JUNE 2011

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A FEW SIMPLE WORDS...

Happenstance is a funny thing. It feels like just yesterday that my partner Matthew and I rolled our belongings into our Honda Civic hatchback and trekked 2000 miles across Canada from Ontario to beautiful BC. I remember starting my new job at the local Animal ER clinic, and I remember the feeling that something was missing from BC veterinary medicine. In Ontario we had both a regulatory group (the CVO) and a member services group (the OVMA), and in BC I felt like the member services were lacking. Then, in July of 2010 I received a letter in the mail from a start up veterinary organization called the SBCV which was looking to provide some of the member services that I had been missing. I got in touch with the organization, and started on as an advisory member. Within months I became involved with the WCV magazine as a contributing editor and then very recently I became one of the SBCV directors. I never dreamed I would be helping out in this capacity, and helping to get the new SBCV-CVMA chapter up and running. Each step of the way I have been proud to be contributing to this new group that I believe in, and yet in disbelief of how I arrived here on this journey. And here I am again, in disbelief that I am to write an intro to this magazine - another thing I have never done before.

It will be interesting to see where the future takes our budding organization. Hopefully with the addition of new

members and elected officials we will see new blood infused into the organization and positive changes made (See George Guernsey's call to members write up on page 15). I for one cannot wait to see how BC veterinarians will infuse not only this magazine, but also our society.

Lastly, I would like to send a call out to all BC veterinarians (SBCV-CVMA chapter members and non members) for contributing articles for the WCV magazine. Our dream is to fill the pages with the content our readers want to read about. Please send any suggestions for upcoming topics, submit your own articles (they can be about anything related to your experience in BC veterinary medicine from funny to academic), and of course we welcome any feedback to improve our magazine. I really hope everyone will enjoy reading this issue as much as the magazine committee has enjoyed putting it together.

Cheers to everyone, and enjoy your summer!
Sarah Armstrong DVM, WCV Chair

For more information on article submission, or anything related to the magazine you can reach us at westcoastvetinfo@gmail.com.

PUBLISHER
SOCIETY OF BRITISH COLUMBIA
VETERINARIANS

EDITOR
SHARRON BROWNLEE
EDITOR-IN-CHIEF

EDITORIAL ADVISORS
SARAH ARMSTRONG DVM
SBCV BOARD OF DIRECTORS
WCV MAGAZINE CHAIR

MARY JANE BOWIE DVM
SBCV ADVISORY GROUP MEMBER

ART DIRECTOR
MATTHEW CORSTORPINE
WWW.PRISMPATTERN.COM

PUBLICITY AND ADVERTISING
SHARRON BROWNLEE
sharry.sbcv@bell.net



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admin@cvma-acmv.org

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CONTRIBUTORS ISSUE N°3/2011



Dr. Sarah Armstrong

Dr. Sarah Armstrong graduated from the Ontario Veterinary College in 2007. During vet school she was a member of the student initiative Global Vets and traveled to East Africa. After successfully completing her degree, Sarah worked full time in general practice for 2 years, focusing on cats, dogs and exotics and also worked part time at a small animal emergency clinic. Two years ago she moved to BC and currently works at the Vancouver Animal Emergency Clinic. Sarah is also on the SBCV Board of Directors.



Dr. Jeff Grognet

A veterinarian for over 25 years, Dr. Grognet runs a companion animal practice with his wife Louise Janes, D.V.M., in Qualicum Beach, British Columbia. He employs both conventional (Western) medicine as well as complementary therapies in his integrative practice. In addition to writing for publications such as Dogs in Canada, AKC Gazette and Cattleman, Jeff teaches on-line courses for veterinary assistants and those who want to take better care of their pets.



Dr. Malcolm Macartney

Dr. Macartney completed a Bachelor of Science at the University of Victoria in 1980 and then worked as a wildlife ecologist, studying forest insects, painted turtles, and songbirds throughout B.C. In 1985, he completed a Master of Science (Biology) studying the ecology of rattlesnakes in B.C. In 1987, he entered the Western College of Veterinary Medicine at the University of Saskatchewan and completed his veterinary degree in 1991. Dr. Macartney joined Dr. David Kirby at McKenzie Veterinary Services in 1992 and became the owner of the practice in 2004.



Dr. Michael Warren

Veterinarian and Managing Director of DVM Elite, Dr. Michael Warren merges the unique talents of veterinarian and web developer. This powerful combination of skills has allowed Dr. Warren to design online products that are particularly well suited to our primary client group, veterinary practice owners, but also to their varied clientele in return. Dr. Warren oversees all aspects of online development at DVM Elite, from site design – to product rollout – to marketing.



If for some crazy reason you decide not to keep this publication, please recycle it!

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YEAR OF THE
VET

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250 YEARS YOUNG...

Celebrating the past and where we come from is one thing, but securing the future of this incredible profession is of much more significance

Here we are at the third edition of the West Coast Veterinarian and it just keeps growing. It was tough to squeeze everything into this edition, but we managed to do it in an extraordinary 68 pages.


Now that we have established a consistent format and identity, the WCV is truly becoming a recognized publication in our industry. The WCV magazine is neither journalistic in its content or a venue for educational updates. The vision of this magazine is to produce something that the veterinarians of BC will read and enjoy and be proud of the fact that it is like no other magazine in Canada. So far, your interest in the magazine is inspiring. Thank you for contacting us to be a part of WCV and have some input on the content. Please continue to email the SBCV Directors or myself with your feedback and ideas.

This magazine would not be possible without the vision of my trusty sidekick Matthew Corstorphine who is the Art Director for the WCV. Matthew gets a lot of raw material from me and puts together a visual work of art for the reader. Matthew's intense passion for creativity and his unlimited imagination is what you see on every page. I would like to extend a great big thank you to Matthew for being so dedicated to this project.

In this issue, we tackle some provocative issues, another aspect of this magazine I want to embrace. Let's confront

the challenges in front of us with eyes wide open and not fall victim to the changes ahead in veterinary medicine. The veterinary pharmacy is under threat from direct-to-consumer internet sites, veterinary conglomerates are starting to show some teeth by ramping up their activity and I don't know if veterinarians are on board as much as they need to be in the sales and marketing aspect of their business. Veterinarians have told me for years, "I'm not a sales person, I don't want to be perceived as selling something to my clients". This is a challenge. I would say that as veterinarians, you are in sales every day of your lives; you are just not comfortable with it.

Your profession is 250 years old this year and on one hand you should celebrate this incredible milestone. On the other hand there is a need to secure the future and that might require change; a concept not always embraced in the veterinary world.

We are trying to show a great deal of diversity in the magazine, much like the profession itself. We may not always cover something that you are interested in or that you agree with, but isn't that the best part of this magazine? It's yours and you have a voice. 

Sharron Brownlee, WCV Editor In Chief

JUNE 2011 NEWS

News, Updates & Issues of Concern for BC Veterinarians

CFIA UPDATE - FEDERALLY REPORTABLE DISEASES IN CANADA (AS OF APRIL 2011)



This is a list of the number of confirmed farmed herds or flocks affected by federally reportable diseases in Canada to date this year. The CFIA will continue to immediately announce any detection of reportable diseases, which pose significant health or economic risks.

Anaplasmosis

4 cases (Manitoba - Beef Cattle)

Bovine Spongiform Encephalopathy

1 case (Alberta - Dairy Cow)

Chronic Wasting Disease

2 cases (Saskatchewan - Deer)

Scrapie

2 cases (Ontario, Quebec - Sheep)

Rabies

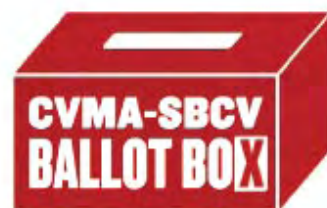
20 cases (123 cases in 2010)

Equine Infectious Anemia

23 reactors out of 63,205 tested (BC had 14 out of the 23)

VIEW FROM THE CHAIR

We started out as a small group of individuals and have grown in to an organization with 400 members in a single year.



By Dr. Marco Veenis, DVM, SBCV Board of Directors Chair.

This is already the third issue of the West Coast Veterinarian Magazine. Few realize how much time and effort goes in to creating each issue. I would like to give credit to our Magazine

Committee headed by our Editor in Chief Ms. Sharron Brownlee, our Magazine Chair Dr. Sarah Armstrong, and our Graphic Designer Mr. Matthew Corstorphine for all their hard work. The West Coast Veterinarian is generating enough revenue from the generous support of advertisers that it is completely self-sufficient.

For the past few months we have been working hard on behalf of our membership. We are finalizing the last details of our agreement with the CVMA and are in the process of developing the new website that will be integrated with our national partner.

Recently, I attended the annual general meeting of the Alberta Veterinary Medical Association (ABVMA) and the Western Veterinary Presidents meeting on behalf of the CVMA-SBCV. The ABVMA is trying to formulate minimum standards for dentistry that include general anesthesia, but a motion to that effect did not pass. They intend to regulate AHT's and other non-veterinarians by making them members of the ABVMA. Their intention is to give these members full voting rights, which could lead to a situation where the majority in a veterinary medical association no longer consists of veterinarians. Of course we will keep a

close eye on these developments. Our first mid-winter conference at the Silverstar Mountain Resort was a success. We have started planning for our fall conference, which will be held in the Lower Mainland in November. We are also working together with the Equine Committee to ensure continuation of the Annual Delta Fall Equine meeting that is now in its thirtieth year.

At home we celebrated the new Veterinarians Act and the birth of our new regulatory body, the CVBC. We had to vote on mandatory membership in the CVMA-SBCV/CVMA partnership. This vote did not pass which means that BC is now one of the few provinces where membership in our national interest group is voluntary. For us it means that we have to devote part of our time to a membership drive and work hard to show you the benefits of becoming a member of our organization.

We started out as a small group of individuals and have grown in to an organization with 400 members in a single year. The time has come to elect officials to run for the CVMA-SBCV chapter. Dr. George Guernsey (who is also on the Board of Directors) is chairing the election committee and has asked for nominees to step forward. I would like to second his request and would particularly ask the younger generation to step forward and help shape the future of veterinary medicine. 



2011 MEMBERSHIP RENEWAL INFORMATION FOR BRITISH COLUMBIA VETERINARIANS

Your annual membership fee includes membership in the CVMA and the provincial CVMA-Society of BC Veterinarians Chapter.

For information on the full value of your membership, or to JOIN OR RENEW ONLINE visit www.canadianveterinarians.net or contact the CVMA Membership Services Department at 1-800-567-2862.

To join by mail or by facsimile, send this form with payment details to CVMA, 339 Booth Street, Ottawa, ON K1R 7K1 or fax to (613) 236-9681

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HOW PREVALENT IS HUMAN LYME DISEASE IN CANADA?



In 2010, Lyme disease became a nationally reportable disease in Canada. This means that all medical professionals must report cases of Lyme disease to the Public Health Agency of Canada (PHAC) via their provincial public health system. PHAC posts information on reportable, or notifiable, diseases on its website. PHAC surveys the provinces and territories to assess the number of cases and distribution of Lyme disease in Canada. This survey does not capture all of the cases of Lyme disease in Canada, particularly cases of early Lyme disease. Recent studies suggest that the incidence of Lyme disease in Canada is increasing.

The risk for exposure to the disease is highest in regions where the ticks that transmit Lyme disease are known to be established. These regions are parts of southern and southeastern Quebec, southern and eastern Ontario, southeastern Manitoba, New Brunswick and Nova Scotia as well as much of southern British Columbia. Surveillance data indicates a small number of blacklegged ticks are introduced into widely separated areas of Canada by migratory birds, posing some risk that individuals in other areas may also be exposed to infected ticks.

Although rarer than Lyme disease, there are other infections

CVMA-SBCV UPDATE



Doug Roberts, DVM,
CVMA President

On behalf of the Canadian Veterinary Medical Association, I am very pleased to welcome BC veterinarians to the new CVMA-SBCV Chapter. There have been many changes in British Columbia over the past few months. Rest assured that as a member of the CVMA and CVMA-SBCV Chapter, we will ensure that you continue to receive all the professional support – and more – than you've received in the past. Your membership in our new CVMA-SBCV Chapter gives you access to important national and provincial services that meet your needs and programs, benefits and discounts that directly support you professionally and personally.

At the national level, here are just a few issues the CVMA has been working on for you lately:

The Sled Dog Task Force that was struck by the British Columbia government in response to the Whistler mass dog killing incident has released their report. Dr. Carol Morgan (Victoria, BC) represented the CVMA on this Task Force to bring the views of the veterinary community and the CVMA Animal Welfare Committee. The Task Force has phased its approach to initially assess the sled dog industry, its regulation, standards of care and general welfare requirements of the animals so as not to compromise potential criminal investigations.

Comments from the CVMA have been provided to Health Canada's Veterinary Drugs Directorate on a proposed Interim Notification Program for low risk veterinary natural health products used in cats, dogs and horses not intended for food. These products include homeopathic preparations, botanicals, vitamins and minerals. The Interim Notification Program is considered to be a temporary measure pending the amendment to the drug regulations to improve regulatory oversight of these products.

CVMA has voiced concerns to Health Canada's Pest Management Regulatory Agency regarding adverse reaction incident reports related to over the counter spot-on flea and tick products for cats and dogs. The CVMA is very concerned with the risks of these products given their widespread availability and the resultant catastrophic reactions that can occur with species misuse (e.g., permethrin use in cats). The CVMA continues to press for significant changes in labeling/packaging and availability (i.e., 'behind the counter') to mitigate these substantial risks.

The year 2011 marks the 250th anniversary of the veterinary profession, which is being recognized through the Vet 2011 campaign. As part of the Vet 2011 celebrations here in Canada, the CVMA's 2011 Animal Health Week campaign "Protecting the Health of All Species" (October 2-8, 2011) is being used to help promote the 'one health' message. This October during Animal Health Week, we intend to help you draw attention to the many different areas of health protection in which veterinarians are involved. Visit the Events section of HYPERLINK "<http://www.canadianveterinarians.net>" www.canadianveterinarians.net for further details.

We look forward to corresponding with our CVMA-SBCV Chapter members in the months ahead. Your feedback is extremely valuable to us. If you have an inquiry or a comment to share, please contact the CVMA office at HYPERLINK "<mailto:admin@cvma-acmv.org>" admin@cvma-acmv.org or 1-800-567-2862. Our Member Services Department will gladly assist you.



REACHING FOR THE SUMMIT

By Dr. Sarah Armstrong, DVM, WCV Chair

What if we as veterinarians could collaborate with the rest of the animal industry as a group, and use our minds together to advance and make improvements to animal wellness, welfare and the animal community? The answer is we can. Collaboration within the animal industry is already being achieved by the Summit for Urban Animal Strategies. The Summit is a program that is organized by Petlynx Corporation along with industry players. It is made up of a group of "thought leaders" in the animal industry, comprised of veterinarians, animal welfarists, pet industry leaders, animal breeders, and shelter managers from across the country. To date, there are approximately 350 associates and alumni, and over 44,000 people involved in the program. The mission statement of the Summit is "to promote strategies that build healthy communities for pets and people and recognize those who achieve success". Their vision is "to gather executive level thought leaders who can advance the state of the art in urban animal strategies". The Summit was created in June 2005. In September 2010 they came together again at the Can-West conference and decided that a task force needed to get together annually to do this and they needed to get all the stakeholders together at that time. The year of the first Summit was 2006. To date there have been 7 of them with good representation across the board.

Currently, this group comes together 5 times a year across Canada. The first meeting is the National Summit and is held in October of each year and attended by the Summit's alumni. The alumni is comprised of the head of the CVMA, head of PIJAC Canada, the head of the Canadian Kennel Club, and the head of the Canadian Federation of Humane Societies, etc. It is from this national meeting that the alumni members create the year's ideas for new strategies. This year the focus will be on animal health and wellness in the community. The remaining 4 meetings are held provincially in April in Toronto Ontario, Halifax Nova Scotia, Red Deer Alberta, and Vancouver British Columbia. The provincial groups are comprised of up to 100 participants in that region nominated by the alumni. The group represents varying sectors from the veterinary community, animal control/enforcement, the animal welfare sector (SPCA/humane societies/rescue organization), and from the animal services field (breeders, industry, etc). The Summit's provincial meetings are divided into 2 parts; The morning session is used to give presentations on topics by top speakers. The afternoon session uses an "open spaces" technique. Open spaces is where the groups divide themselves up into smaller groups based on topics presented in the morning session, and have brainstorming discussions. This is where "the year of the cat", and more recently the CKC's "breeder codes of practice" was developed.

The Summits also have online access to their members to continue their brainstorming sessions on their wiki space. This way, new ideas and information sharing can continue even after the Summits have ended.

Lastly, the Summit has a yearly awards presentation. They reward alumni and associates in areas such as

animal homing, animal shelter, responsible breeding, and community collaboration among other things.


The most recent summit was in April 2011. I was very impressed with the topics covered and the attendee's participation. This year the topics covered were highlights from the Petlynx urban animal report, an expose on the Calgary Humane society as a model, a review of the breeder codes of practice by the CKC, and national codes of conduct by PIJAC Canada. The environment was very welcoming and I found it very interesting to hear the different perspectives in the audience in response to topics discussed. In between presentations we as a group were encouraged to chat to our neighbors about the topics covered. In this way we were forced to go up to strangers in the room and share our opinions and perspectives. I met some great contacts that day. The general feedback that the Summit gets from its participants is positive as seen by their online video confessionals.

Often times as a veterinarian isolated to the veterinary industry, I feel like we are always battling with groups such as breeders and the pet store industry. The Summit environment was pleasant as it allowed free speech between all sectors and let all sides hear each other's opinions. This way we were working together rather than against each other.

Aside from all of the positive things that I took away from the Summit, one of the things I did notice that was missing from this Summit in Vancouver was a lack of veterinarians. The meeting was comprised of about 50 individuals and I was the only veterinarian in attendance. Judi Cannon, Program Manager from Summit, told me that this was "a trend they have seen across the Nation", and that "the lowest represented groups in animal industry involved in the Summits are veterinarians". I was astonished with this fact as I feel we, as veterinarians need to be involved in some of this brainstorming and offer our professional opinions. I spoke with Larry Evans, President of Petlynx Corporation and he told me that "it's been tough to recruit veterinarians in BC, and it has been more difficult in BC as opposed to other provinces".

Now that BC has a member services group representing them, I am hoping that the SBCV will be able to collaborate with the Summit for future meetings and help to recruit its members to attend such meetings.

We as veterinarians cannot make changes to animal welfare, and promote animal health alone. We must do it collaboratively within the entire pet animal industry. It is through organizations like the Summit that animal welfare, and health protocols will change.

To become involved in the next Summit for Urban Animal Strategies, check out their website: www.tsuas.com, or contact the SBCV for more information. 

I would like to thank the CVMA, and the Summit for allowing me to participate in the April Summit in Vancouver, and to Larry Evans from Petlynx Corporation, and Judi Cannon from the Summit for speaking to me about the organization.

that can also be contracted from blacklegged ticks. These include *Anaplasma phagocytophilum*, the agent of human granulocytic anaplasmosis; *Babesia microti*, the agent of human babesiosis and Powassan encephalitis virus. The precautions outlined above will also help to protect individuals from these infections.

OBITUARY
DR. ALLAN JOHN LORD
BONNELL, DVM
1928-2011



BONNELL, Dr. (DVM) Allan John Lord Age 83, after a short but valiant battle with cancer, died peacefully on Sunday, May 15th, surrounded by the love of his daughters Sherry Crowder (Tim) of Kamloops, B.C. and Kim Parker (Trevor) of Sidney, B.C. and his brother Michael Bonnell (Karen) of Bracebridge, Ont. He will be greatly missed by grandsons John & Robert Parker of Sidney, B.C., and granddaughters Brook McAusland (William) and Meghan Cassidy (David) both of Kamloops, B.C. He is also mourned by his 4 great grandchildren, as well as his brother-in-law Michael Whitehead and sister-in-law Joyce McCowan of Victoria, B.C., as well as many nieces, nephews and cousins from Canada, U.S. and the U.K. We would like to thank the doctors, nurses and volunteers of the Saanich Peninsula Hospital, Palliative Care Unit for their excellent and loving care of Alan during his stay, and for those who wish, a donation to this facility would be greatly appreciated by the family.

AUGUST 25TH GOLF TOURNAMENT

There is nothing quite like a leisurely game of golf on a summer afternoon, particularly if you have ducked out of work to enjoy the game. So be sure to book the day off and join us for a fun tournament with great prizes and BBQ dinner.

Registration information will be available in July but here's what you need to know:

- Meadow Gardens Golf Course, Pitt Meadows BC
- Thursday, August 25 - Tee off times 11 am - 12:30
- Texas Scramble format, 4 person teams

Contact:

Dr. John Twidale email: horsedoctor@telus.net
ph) 604-930-8090



October 31 & November 1

40th ANNUAL DELTA EQUINE SEMINAR

For 40 years this great little conference has been a 'must attend' event for equine practitioners from BC to Manitoba to California. Same location and the same friendly faces but always something new and useful to take home and put into practice. Registration materials will be available in August.

INFO:

Delta Town & Country Inn, Delta BC

Speakers:

- Dr. Debra Sellon, WSU Equine Infectious Diseases
- Dr. Joanne Hardy, Texas A&M Equine Emergency and Critical Care

Contact: Dr. John Twidale email: horsedoctor@telus.net
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October 31 - November 1

CVMA-SBCV CHAPTER FALL CONFERENCE

Top quality veterinary CE, close to home. Join your colleagues at the first CVMA-Society of BC Veterinarians Chapter Fall Conference for a well rounded education program and relaxed social events at a cost effective price. Unless your practice is perfect, you can't afford to miss featured speaker John Tait, DVM, MBA - "Top 10 Practice Management Mistakes and How to Correct Them". Program updates and registration information will be available at www.canadianveterinarians.net

INFO:

- Sheraton Vancouver Guildford Hotel, Surrey, BC

CONTACT:

Conference Manager Ilona Rule
EMAIL: CVMA-SBCV@cvma-acmv.org
or phone 250-652-6384



SBCV ELECTION

Before Christmas, the membership voted to pursue an alliance with the CVMA rather than attempting to 'go it alone' with very limited resources.

Dr. George Guernsey, DVM
SBCV Board of Directors

The SBCV is still a distinct entity with our own budget and the freedom to focus on BC member services. While we have many advantages in being associated with our large national organization, there are also advantages for the CVMA in that they can now be more relevant in our daily lives. To date our workload has been easing off as we move forward in developing this relationship. Our communications with snail mail, e-mail, and on-line capabilities are better than they have ever been for BC veterinarians. Importantly, our Directors insurance needs are covered under the CVMA policy. Our requirement for a local office with concurrent staffing has essentially been eliminated. The West Coast Veterinarian magazine is ours alone and is impressive. I think we are progressing toward being a lean, mean machine that has a great future in a unique relationship with our National body.

To date, your SBCV Directors have been acting in a volunteer capacity. The Society must now

conform to its bylaws and move forward with elected officials. Currently of the 5 Directors, 3 have indicated they will stand for election. The bylaws allow for 13 Directors - one immediate past president, six elected and a further 6 appointed members of regional representation on the Council. It is early days to deal with regional representation, but we must have a full slate of elected officers (6) to be effective, and to share the load. Nomination forms must be received at least 90 days prior to our AGM (which will be in October or November).

We require more input. The really demanding work is behind us. It is important that interested SBCV members consider allowing their name to stand for election and email me at guernseyvet@shaw.ca with your answer or questions as soon as possible.

YEAR OF THE VETERINARIAN

By Sharron Brownlee, WCV Editor in Chief

1761

2011

When I realized that 2011 was World Veterinary Year, I felt compelled to acknowledge the profession that I have been involved in for 27 years. At the age of 13, a veterinarian by the name of Dr. George Grieve gave me my very first job in a vet clinic to help pay off our vet bill. Our cat had

been hit by a car and we could not afford the surgery. Dr. Grieve made a deal with me that if I came after school to clean cages, he would apply \$3.15 per hour towards the bill until it was paid off. After 3 months, he notified me that the bill was now down to zero and I was off the hook. He then handed me a cheque for every penny that I had earned and offered me a part-time job. I have worked in a lot of different capacities within this industry, but I will never forget the way I got into it and I have great pride in my field of employment. I feel so lucky to work within a community that still garners so much respect from the general public. Every profession has its cynics and naysayers, but I will make a mass generalization and say that most people

think highly of veterinary professionals and trust them explicitly.

This edition of the WCV, celebrates a very significant milestone in the history of this profession. But it also makes us ponder where this profession is headed and what are the challenges in moving forward. We take a look at where it all began and what the future may look like and ways to keep up with those changing times. Take some time to celebrate just how amazing this profession is and be thankful to be a part of it. We may not be in the most lucrative profession, but its rich in rewards and few people can make that claim.

The Past...

Claude Bourgelat, Equerry And Instructor

Claude Bourgelat was the son of a distinguished citizen of Lyon. In 1740, when he was 28 years old, he received his warrant as Grand Equerry of France and was made Director of the Lyon Academy of Horsemanship. The Academy at that time was a school where young noblemen learned the equestrian arts and swordsmanship, together with mathematics, music and 'elegant manners.'

Four years later, he published his first work: the 'Nouveau Newcastle ou Nouveau traité de Cavalerie,'

(A new Treatise on Horsemanship). This original, instructive publication which put forward a new approach to horsecraft quickly brought him considerable recognition, some even going so far as to call him from then on the 'First Equerry of Europe.'

Bourgelat, The Man Of Science

Bourgelat took an active part in the scientific affairs of France during the second half of the 18th century. The publication of the 'Elémens d'hippiatrique' (the 'Elements of Horsemanship') raised him to the forefront of the writers of the time. His superlative scientific methodology made him outstanding. He had acquired this through his association with surgeons in Lyon; while learning to carry out dissections with them, he reviewed the anatomy of the horse.

Because of this work, he was called to be a corresponding member of the Academy of Science in Paris. Diderot and d'Alembert then asked him to work in collaboration on the Encyclopaedia, for which he was to write all the 'articles on horsemanship and farriery, and their related crafts'. After rectifying the contributions of preceding writers, he signed the first of some 250 articles in 1755. Because of these works, Bourgelat extended his acquaintances beyond the circle he knew in Lyon. He won the friendship and sometimes the support of Malesherbes and Voltaire.

Bourgelat and Henry Bertin

When Henri-Léonard Bertin was the Administrator of the region of Lyon from 1754 to 1757, he and Bourgelat

became close friends. Henceforwards Bertin gave Bourgelat his influential, unflinching support. In 1761, the government of Louis XV wished to promote the prevention of cattle disease, the protection of grazing land and the training of farmers. Bertin became the agent of this agricultural reform initiated by the King. He proposed that a veterinary school should be founded in Lyon, and that the director should be Bourgelat.

Two years later, Bourgelat was designated 'Director and Inspector General of the Lyon Veterinary School and of all such schools which exist or which shall exist in our Kingdom', and 'Commissioner General of the Royal Horse-Breeding Establishments'.

In 1765, Bertin gave his consent to the founding of the school in Alfort. He can therefore be considered as the co-founder of the veterinary profession.

Lyon In The 18Th Century

It was at this time that the Hôtel-Dieu, like a temple to Medicine, was built as we still see it today. There, Claude Pouteau led the team of surgeons with whom Bourgelat would study Anatomy.

The Academy, which Bourgelat directed, was situated at the 'Remparts d'Ainay', near St. Martin's Basilica. Today >>>

GENEALOGY OF THE FIRST VETERINARY SCHOOLS

BOURGELAT, THE INVENTOR OF COMPARATIVE BIOPATHOLOGY



LYON 1761

Claude Bourgelat

KOBENHAVN 1774

Founded by Peter Christian Abilgaard

HANNOVER 1778

Founded by Giovanni Adamo Kersting

MILANO 1791

Founded by Giovanni Batista Volpi

TORINO 1769

Founded by Giovanni Brugnone

SKARA 1775

Founded by Peter Hernquist

MODENA 1780

Founded by Luigi Marie Misley & Vincenzo Veratti

LONDON 1792

Founded by Benoit Vial De Saint-Bel

ALFORT 1766

Founded by Honoré Fragonard

DRESDIN 1780

Founded by Christophe Friederich Weber

MUNCHEN 1790

Founded by Anton Will

NAPOLI 1798

Founded by Igniazio Dominelli

PADOVA 1774

Founded by Guiseppe Crus

KARLSRUHE 1784

Founded by Ernst Jaccob Vierordt

MADRID 1792

Founded by Hipolito Estevez

BUDAPEST 1784

Founded by Sandor Tolnay

BOURGELAT, A FRENCH BARRISTER, OBSERVING THAT CERTAIN MALADIES WERE DEVASTATING THE FRENCH HERDS, FORSOOK THE BAR AND DEVOTED HIS TIME IN SEEKING OUT A REMEDY FOR THE THEN PEST, WHICH RESULTED IN HIS FOUNDING A VETERINARY COLLEGE IN LYON IN 1760.



outbuildings in a ten-hectare park. The new school opened its doors in October 1766. The School of Alfort displayed three different curricula: the classic one for the future veterinarians, similar to Lyon, the curriculum for the inspectors of the stud farms and finally a specific teaching intended for the military veterinarians. It is still today the location of the Alfort Veterinary School, the oldest school in the world remaining on its original site.

Bourgelat, The Pioneer Of Professional Ethics

Without ever having taught or practised, Bourgelat bent his energies to the administration of the veterinary schools, down to the smallest detail. He drew up many sets of regulations. The good conduct of the students was one of his priorities. He aspired to make honest, educated men of them, and repeatedly underlined the good that the country could expect from them. A quotation taken from the 'Rules for the Royal Veterinary Schools', which could opportunely be used as an introduction to our modern Code of Practice, reveals the ethical preoccupations of this visionary founder of the veterinary profession: 'Securely anchored in honorable principles which they have prized and of which they have seen examples in the schools, they will never stray from them; they will distinguish between rich and poor; they will not put too high a price on talents which they owe only to the beneficence of the King and the generosity of their country. In short, they will prove by their behaviour that they are all equally convinced that riches lie less in the goods one possesses than in the good one can do.'



only the doorway remains at 17 rue Bourgelat, now the offices of the Mérieux Foundation. Its first students were admitted in February 1762.

As Bourgelat felt some concern about the financial future of his institution, he expressed the wish that it might be given yet more official recognition. Bertin, however, waited for the school to prove its worth. Won over by the first instances of the students' success in preventing epizootic diseases, Bertin requested the King to bestow on the institution a further token of confidence.

On June 3rd, 1764, the Royal Council of State decreed that the Lyon institution be given the title 'Royal Veterinary School'. It would later become the 'Imperial School', before becoming the National School.

Paris Veterinary School, Bourgelat's Final Creation

Bourgelat hoped to create other veterinary schools in the French provinces but also wanted to spread his ideas across the borders. In 1765, Bertin ordered him to create a school in Paris. The new school was set up in Alfort, located just at the junction of the rivers Marne and Seine. The estate included a castle and its

1

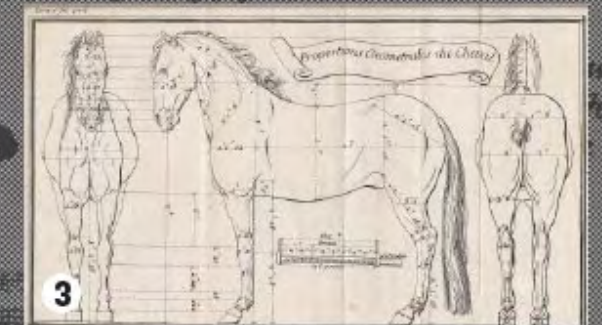
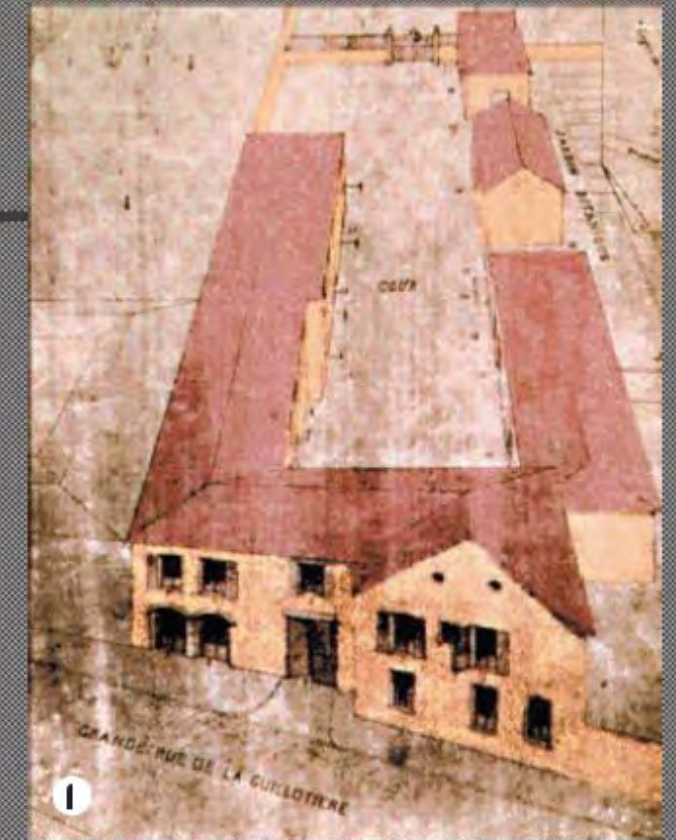
Early drawings of Guillotier's school. After some alterations, the School was able to open its doors in February 1762.

2

The premises comprised two buildings which overlooked a large courtyard. The south side of the courtyard was closed by a porch which gave onto the street; the north side opened onto a large meadow. The dissecting room and a large stable for 28 horses bounded the courtyard to the west.

3

Plate anatomical Claude Bourgelat.



TAKE ALL COMERS WITH UN-SPLIT HOOVES

Dr. Bob Moats recants his experiences with a candid view of life as an equine practitioner in BC

By Dr. Bob Moats, DVM
Photos Courtesy of Clover Valley Vet Service
Intro By Dr. Mary Jane Bowie, SBCV Board of Directors

Since my licensure in BC almost three decades ago, there has been a significant change in the profession of veterinary medicine. The norm now stretches far beyond species specialization. For example... equine- repro, sports, colic... feline- no dogs allowed in this hospital...exotics- only if you have feathers... or alternatively, only if you have scales...rehab for ACLs... advanced imaging where Cat Scans are no longer humorous but a commonality... tests and more tests... specialists in surgery, dermatology, critical care, emergency facilities... Many of our colleagues have changed with the times, sought more answers and then adjusted their compasses. These are our mentors. These are also practitioners whose family values and community involvement stretch well beyond vet med.

How fortunate we are in choosing to embrace this fellowship... "Ah yes...that sounds familiar, that is what I went through too".

In this vein, my thoughts turned to Drs. Bob Moats and Marian Dobson whom I first met 28 years ago, in 1983. Here they were, a husband and wife team practicing equine medicine and surgery in BC on par with what I

had come from at WCVM the year before...and they were passionate about it!

Over the years I have spoken with many people who have sought council with the Moats/Dobson team... students... new grads...new to the province vets...small animal practitioners with a horse knowing little about equine medicine and surgery. The M/D team have been and remain supportive in every sense of the word.

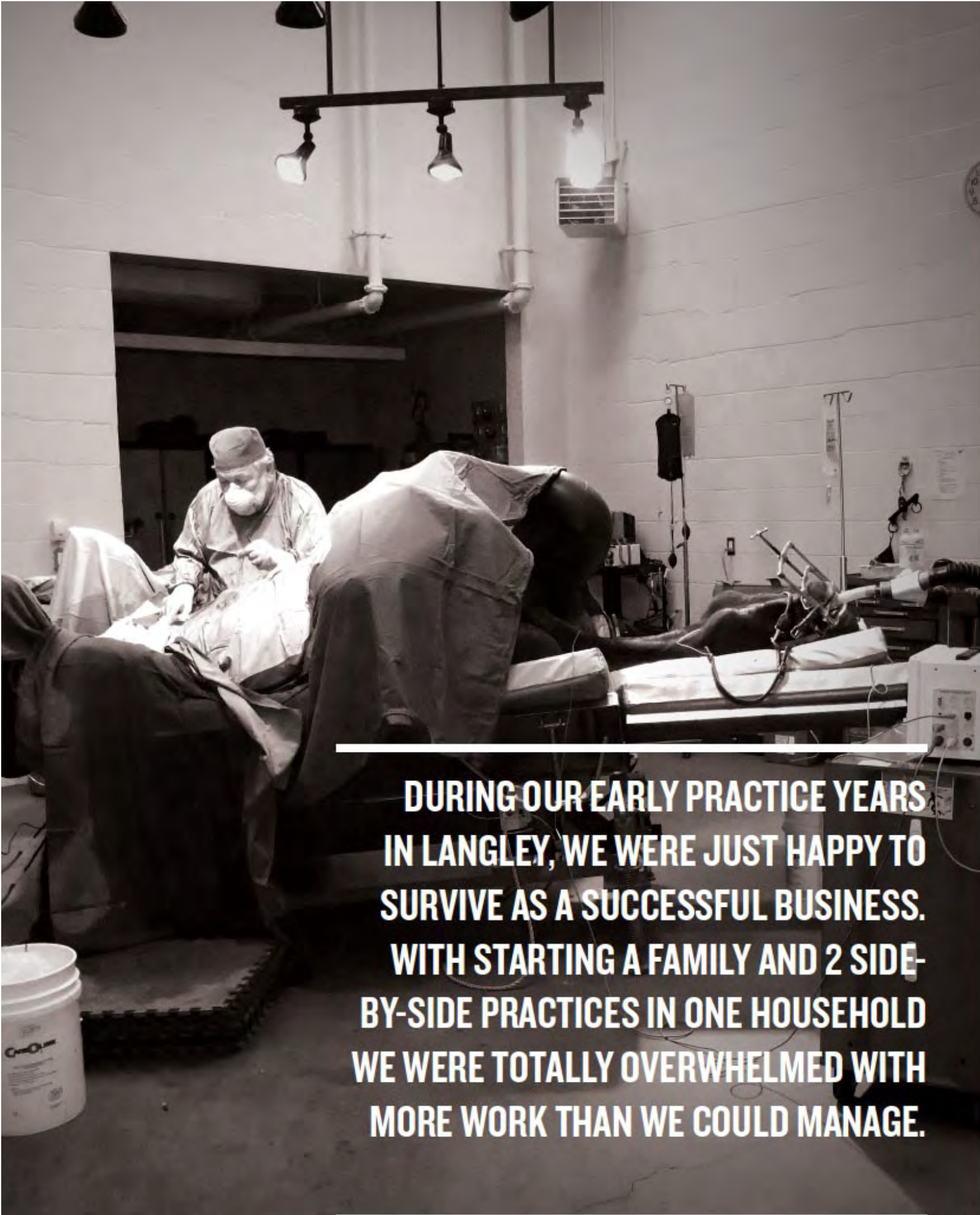
And if you "Google" Bob Moats be prepared to not only read about his veterinary exploits, but also his input for his Langley community or links to YouTube where he can be seen pitching his points to the city council.

Thank you Bob for sharing your thoughts with the WCV magazine and thank you to Marian and Marie for adding your perspectives.

In the words of Marian Dobson: Being able to share our dreams of veterinary practice together has been exciting and rewarding. We have shared the joys of building a practice, successes of colic surgeries, and advances in ultrasound, radiology and anesthesia. Bob's dedication to veterinary medicine and work ethic have been inspiring. We have shared the joy of having our children participate in our practice. In summary, we are "soulmates sharing a labour of love."

Marie gives her thoughts: Growing up, I was blessed with amazing parents. I didn't realize it at the time (especially when their so called "life lessons" bordered on what I considered to be child slavery) but I won the parent lottery in every way possible. Both my parents are equine veterinarians, and own their own business, and so they had the luxury of being parents first and professionals second. From the time I was eating solid





**DURING OUR EARLY PRACTICE YEARS
IN LANGLEY, WE WERE JUST HAPPY TO
SURVIVE AS A SUCCESSFUL BUSINESS.
WITH STARTING A FAMILY AND 2 SIDE-
BY-SIDE PRACTICES IN ONE HOUSEHOLD
WE WERE TOTALLY OVERWHELMED WITH
MORE WORK THAN WE COULD MANAGE.**

food until the day I went to Kindergarten, most of my time was spent being Daddy's little sidekick, riding around from farm to farm in his big red truck. Before I was old enough to walk, my Dad would substitute a horse's hay net for a jolly jumper and leave me happily dangling in a stall while he would hustle around the barn giving vaccinations and floating teeth. As soon as I could talk, I told my Dad I wanted to help him, so he quickly pacified me by letting me hold his soap bottle. This kept me satisfied for about 2 months, until I realized that holding the soap wasn't really helping. Before anyone knew it, I was helping my parents with procedures and surgeries in their clinic. And so began the childhood dream of becoming a veterinarian just like my parents. I spent countless hours as a child; teenager and adult helping them nurse sick horses back to health. And while this didn't end up becoming my career, the time spent learning from my parents, both about veterinarian medicine, but more importantly, about life, I will always label as irreplaceable.

*Bob at the start of a colic surgery.
Surgical colic incidence is sporadic and
unpredictable.*

During our early practice years in Langley, we were just happy to survive as a successful business. With starting a family and 2 side-by-side practices in one household we were totally overwhelmed with more work than we could manage.

Although we had always felt that children must come first, the sudden sale of Brookwood VH in 1982 was the result of our eldest child Bill (4 yrs. old at the time), telling us he didn't want a veterinarian for a mommy and a daddy because veterinarians didn't play with their children. From that point on Marian was a mom first and a veterinarian second.

Fortunately for us, that monumental change along with the inclusion of our children in the operation of our practice until they left university leaves us with the warm glow of their approval of our efforts. They tell us that the considerable responsibility that they were given during these younger years made them feel trusted. Marian and I had worried ominously that they would feel like galley slaves and resent it, lucky for us, this was not so.

We know that we have had an important impact on their approach to life in that as adults they work hard but not 24/7 like their parents. Our son Bill, who is now 32 yrs. old, is an electronic engineer. We are equally proud of our daughter Marie who at age 31 is a teacher.

Our philosophy of equine hospital practice has always been to "take all comers with un-split hooves". When cases are beyond what we feel capable of managing, we do as we always have and refer patients to WSU Veterinary College in Pullman, Washington. During our early years in the 80's, colic surgery was a big deal and our success rate was somewhat higher than we expected. I believe it was due mostly as a result of good luck and critical evolutionary technique changes. It was also a direct result of long and short distance mentoring by learned people in this field. One of the most prolific and brutal teachers was our own "personal graveyard", and the ability and determination to establish protocols to prevent repeated mistakes. We also routinely send unsuccessful cases to Animal Health Centre in Abbotsford for academic post mortems, which add to the accuracy of critical self-evaluation. The overall success rate in colic surgery has risen sharply in the last 30+ years and remains a staple of our practice.

A BRIEF HISTORY

DR. BOB MOATS

ONE OF THE MOST PROLIFIC AND BRUTAL TEACHERS WAS OUR OWN "PERSONAL GRAVEYARD", AND THE ABILITY AND DETERMINATION TO ESTABLISH PROTOCOL'S TO PREVENT REPEATED MISTAKES.



We both started our studies at Western College of Veterinarian Medicine, University of Saskatchewan

VET SCHOOL

1970

Graduation from WCV

GRADUATION

1974

May 1976 moved to Langley opened Clover Valley Vet Service an ambulatory equine practice

RELOCATION

1976

Built the first Clover Valley Veterinary Hospital in Port Kells Industrial Park in North Langley. In 1982 we sold Brookwood. In 1980 I also had my first colic surgery

CLOVER VALLEY

1980

I opened the 2nd Clover Valley Hospital on #10 Hwy, Langley

RE-BIRTH

2009

1969

MET MARIAN

I met Marian Dobson (my bridgetobe) in pre-vet classes at the University of Saskatoon

1972

MARRIAGE

Marian and I were married

1974-76

EMPLOYMENT

Employed at Olson Animal Hospital small animal/equine practice in Prince George BC

1977

BROOKSWOOD

Opened Brookwood Veterinary Hospital a SA practice...we shared staff and office space

2007

DEMOLITION

Notified by Township of Langley of expropriation. A new bridge was being built and we had to go



1

In the early 80's Dr. Ed Wiebe began doing all of his thoroughbred surgery at our clinic. In the late 90's he built his own clinic and Marian has continued to administer his anesthetics for him there.

At our practice, we also do a significant amount of foal intensive care. We have a custom-built waterbed incubator for that purpose. Current economic reality has taken a big bite out of the continental broodmare industry so there are fewer foal cases, although they are very labor-intensive they are also very rewarding.

We have a low caseload of ASIF orthopedic repair, most of which are non-catastrophic fractures in racehorses that carry a good prognosis for repair. We only occasionally repair catastrophic long bone fractures. It is in large part due to the basic nature of horses in most cases, rendering these fractures unrepairable within minutes of their occurrence.

The balance of our practice is farm service ambulatory calls and routine surgery and medicine cases. The most common and frequent procedures include cryptorchid and

hernia repair, as well as fractured splint bone removal, and cystic calculi removal.

When expropriation began in 2007 all of the professional advice was to quit and cash out. We both wanted to be veterinarians from the age of 10 years. In our early years we dreamed of clinical equine practice but never believed it could happen. Our thinking was and still is: We have been living our impossible dream... Why would we ever quit?

I really like Mark Twains quote: "if you pick a job that you love, you never work a day in your life." Our practice motto that we print on our client bills is "It's never too far and never too much trouble for a good and loyal client".

In summary, our entire practice and our lives are built around a love of family and our profession. We have three trade secrets... honesty, loyalty and toil.

Retirement in the near future?

When we are asked about our retirement plans we have 2 replies:

1. We are on the Gilray plan. (The late Dr. Gilray practiced until very near 80 yrs. of age)

2. We tell them that our clinic is our recreation and retirement property. And to us... it is.

It is so noted on the website that "We are dedicated veterinarians who enjoy what we do therefore we provide 24/7/365 day emergency service to our clients."

I include the "Moats beatitudes" except for the first one borrowed from Mr. Carlisle they are all Moats originals and most assuredly did not come from the bible. Beware, these items run the significant risk of making young veterinarians everywhere cringe.

1. *Blessed is he who has found his work, let him ask no other blessedness*

2. *Blessed is he who hurries when he has nowhere to go because something might come up*

3. *Blessed is he who hustles while he waits the good lord put 24 top quality hours into every day and he wants us to use each one of them as well as he can*

Some of the above may be responsible for my lifestyle that has no style. 🐾

1

Marian monitoring anesthetic for an orthopedic surgery. Blood pressure, ECG, temperature, pulse ox, anesthetic gases and blood gases are monitored regularly.

2

Bob and Donna, our veterinary assistant, examining a horse's eye with a mycotic ulcer of the cornea and preparing to place a subpalpebral lavage system.

3

Bob, with Marie assisting, beginning a pelvic flexure enterotomy. The large colon is exteriorized on the colic tray ready for evacuation.

4

Bob and Marian ready to leave the home garage with his 'n hers matching bowtie boxes.



2



3



4

STAYING CONNECTED

The Importance of a Web Presence for Veterinarians

By Dr. Michael Warren, DVM

Whether its visiting blogs to gather tips and advice, browsing social media forums for cute animal stories, or searching for a local veterinarian on Google, the internet has fast become the number one source of information for the majority of pet owners. In fact, at least initially, whether a company has a brick-and-mortar presence seems to matter less to consumers these days than if they have a suitably engaging web presence.

Before ever stepping foot into your actual clinic, prospective clients will have probably visited your website innumerable times (calculating your location, checking out your services, giggling at the photos in your 'pet gallery') making a website the practice's virtual "front door" and a portal that, if developed properly, can lead clients directly to you.

But is having a website really that important? Let's consider the following:

- More than 62% of American homes own pets, 38.2 million cats and 45.6 million dogs.
- Of that 62% that own pets, more than 59% are using social media
- 38% of all pet owners go online for pet-specific information
- 256,000...that's the average number of all online conversations per month relating to pets and veterinarians
- 70% of those conversations are happening

- on blogs
- 27% of pet owners have YouTube accounts for their dogs, and 14% have Facebook profiles for their canine companions
- 55% of pet parents who infrequently visit the vet use the Internet to address pet health issues
- 31% of cat owners are more likely to be engaged on social networking sites than the average U.S. adult; dog owners are 15% more likely

Although the above numbers do pertain to the US in particular, one can only assume that the statistics for Canadian pet owners and their use of the Internet is the same or greater as Canadians are typically more online savvy than our US counterparts.

The fact that pet owners rely on the web for many of their pet related needs also strongly suggests that all veterinary practices now require a cohesive web strategy if they hope to attract and retain their share of the local market. Despite this reality, veterinarians as a group are still underutilizing the power of the web, and have yet to take full advantage of the marketing and practice building potential it can yield. Many practices do not possess a web presence beyond having a staid and static homepage, one that often translates to little more than a digital brochure. Although this is definitely a start since every practice needs at the very least a website, there is still a ways to go before achieving a compelling web presence that will effectively engage clients.

In the wired world, a business's web presence is one of the primary indicators of value and quality that consumers consider. Clients will assess, via their experience at your website and other related platforms, what sorts of benefits they are likely to derive should they make you their animal care provider of choice.

By creating an effective web presence you can offer clients (future and current) useful value enhancements such as the following:

- A point of contact between themselves and their animal healthcare provider – and one they can access from anywhere
- A constant stream of relevant information by request or through an online newsletter
- A site that is fun and engaging to visit
- A medium for learning by gaining access to trustworthy pet related resources
- The ability to book appointments and request to fill prescriptions online
- A medium for learning about new offers and special events through your blog and email announcements
- A way to refer friends and acquaintances
- A mechanism for demonstrating the value of the services you offer
- A means of building a trusted relationship with a professional who shares in their passion for their pets

In this economic climate people want that little bit extra when purchasing a good or service, and an effective and engaging website is a veterinarians best way of offering their clients those value added features.

>>>

BEFORE EVER STEPPING FOOT INTO YOUR ACTUAL CLINIC, PROSPECTIVE CLIENTS WILL HAVE PROBABLY VISITED YOUR WEBSITE INNUMERABLE TIMES...



How a Beautiful and Engaging Website Creates Value

A sharp and engaging website is the foundation for any businesses online presence. As such, every practice owner must honestly assess the quality of their online presence, starting with their website.

Ask yourself the following:

- Does my website reflect the prestige of my profession?
- Does its technology match the high tech equipment in my clinic?
- Does my website tell me anything useful about my online visitors, such as where they are coming from and what information they find most valuable?
- Does it instill trust, credibility and authority to its viewers?
- Does it communicate the same quality and high standards I demand in my own practice?
- Does it properly showcase all that my staff and practice have to offer?
- Does it create for a prospective client an expectation of superior service in return for their investment of time and money?
- Does it command the attention my practice deserves?
- And perhaps most importantly, is it achieving its minimum objectives of raising my visibility, differentiating us from other service providers, thus spurring more client visits and door traffic?

You've spent enough time on the Web to recognize the difference between sites that merely occupy space and those that truly command your attention, so how you answered these questions will help you fully appreciate the overall utility of your website.

If you have determined that your site may be somewhat letting you down, the good news is there are some fairly straightforward principles that will help make the jump from the less than optimized site you may have to the compelling website you really do need:

- Visual appeal and a logical design
- Crisp, professional appearance in a simple layout
- Simple, intuitive navigation
- High quality, engaging, continuously updated content
- Explicit description of services
- Use of trusted logos from professional associations and industry affiliations
- High resolution photos that depict the "human-animal bond"
- Optimized graphics for maximum page loading speed
- Interactive tools and resources for engag-

- ing your visitors
- Social media integration
- Clear contact information

It should be noted that next to the homepage, the two most visited pages on a veterinary practice website are the "Contact Us" and "About Us" pages (in that order). What we can infer from this data is that clients want to know primarily how to contact you and who you are. Make sure your veterinarians and staff has detailed personal profiles, transforming your practice from a cold medical centre into a hospital of compassion and caring.

Make Your Web Presence Felt with Social Media

Now, let's move on to social media. Some of the most active communities in social networking are comprised of pet owners. According to the Veterinarian New Media Usage Study, cat owners are 31 percent, and dog owners 15 percent, more likely to use social media sites compared to the average adult. And when they are not visiting with friends on popular social networking sites like Facebook, pet owners often gather at sites such as Dogster.com, mycatspace.com and petizens.com, all of which are devoted to owners and their animal companions.

To capitalize on the activity buzzing on these sorts of sites, there is no doubt that a social media strategy should be a central element of every veterinarian's online presence. On its own, social media can be a boon to your practice for the purpose of building your reputation and visibility. However, when it is used in the context of a complete web strategy, social media becomes the engine that drives interested visitor traffic to your website, and, ultimately to your office.

Having an effective online presence in the form of an engaging website and a robust online presence is hugely important to veterinarians these days. In fact, for the savvy practice owner it should be the cornerstone of your promotions and marketing efforts, and should truly convey the great service your hospital can offer to the public.

It is important to end this article by stressing that creating a successful online presence does not have to be an expensive proposition. Done correctly, it can actually lead to lower overall marketing costs, and it will pay for itself with the first incremental increase of revenue that it generates. The trouble with website development often lies with practices embarking down the wrong path initially and spending more time and money than they ever planned. To avoid frustrating and disappointing results it is important to do your research and find web professionals that you trust and are confident will provide you with a good product such as advice, websites and marketing strategies the first time around. 🐾

ACCORDING TO THE VETERINARIAN NEW MEDIA USAGE STUDY, CAT OWNERS ARE 31 PERCENT, AND DOG OWNERS 15 PERCENT, MORE LIKELY TO USE SOCIAL MEDIA SITES COMPARED TO THE AVERAGE ADULT.

Work



Rest



Play



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MEXI-CAN VET PROJECT

Putting passion back into practice life.

By: Malcolm Macartney, DVM,
McKenzie Veterinary Services, Victoria, BC

Do you ever feel that as a veterinarian, you aren't really making a difference in the world around you? Maybe you do your work every day, get lots of thanks from your clients for helping their pets and yet feel that it's just not that satisfying or fulfilling anymore? Or you think you just need a break from the usual? Well, you are not alone. After nearly twenty years of practice and owning a busy eight-vet small animal hospital for the past 5 years, I found last year and honestly for the first time in my career, feeling like my mojo for my profession was slipping. I still loved being a vet and yet the challenges, excitement and reward of doing the same thing for 20 years somehow weren't quite inspiring me anymore. I felt a loss of passion that seemed hard to rekindle.

An opportunity to create something different arose for me as a result of a request from a client for donations of surgical, medical and hospital supplies for a free dog and cat sterilization clinic where he volunteered while wintering in Mexico. He encouraged me to get involved and suggested that I take a working holiday (I must have looked exhausted and probably was, but isn't it a veterinarian's normal state of being?). Eventually, this led to emails to the founder of Jaltemba Bay Animal Rescue (www.jaltembabaylife.com) and

before long, I had been invited and agreed to fly down to Puerto Vallarta. In February 2010, I joined a team consisting of another veterinarian and two AHT's from my practice to participate in a free spay/neuter clinic in Guayabitos. We stuffed our luggage with surgical and hospital supplies, antibiotics, flea and tick products, and all things required at a spay/neuter clinic for about 100 animals. Our accommodation was a beautiful beachfront villa and we were able to spend a few days unwinding and exploring before starting the clinic. The setting for the actual clinic was perfect; everyone we met treated us like visiting royalty. What's not to like about this picture so far?

Soon we found ourselves swept up in the excitement and enthusiasm around this 3½ daylong community event. Our role went beyond assisting the Mexican Veterinary M*A*S*H (Mobile Animal Surgical Hospital) from PEACE Mexico to perform marathon days of surgery. They perform 50 to 70 surgeries a day accomplished by 4 vets and two anesthetic techs. We were also asked to make house calls to treat dog's sick with Ehrlichiosis, to euthanize pets with advanced

1 SPAY & NEUTER, REPEAT

Our role went beyond assisting the Mexican Veterinary M*A*S*H (Mobile Animal Surgical Hospital) from PEACE Mexico to perform marathon days of surgery. They perform 50 to 70 surgeries a day accomplished by 4 vets and two anesthetic techs.

2 THE TEAM FROM VICTORIA

Dr. Macartney with members of the volunteer team

3 VOLUNTEERS & TICKS

Volunteers helping in every facet, sometimes with tasks as simple as removing ticks from strays. It soon became a favourite past time amongst them.



THE ALMOST CERTAIN FUTURE FOR STRAYS, ESPECIALLY YOUNG ANIMALS, WAS TO FALL VICTIM TO DISEASE, MALNOURISHMENT OR INDISCRIMINANT POISONING BY THE AUTHORITIES OR BUSINESS OWNERS

transmissible venereal tumors, to treat skin diseases such as mange, which is called sarna in Mexico, and administer treatment for internal and external parasites. For us, becoming quick and close friends with new community of committed animal lovers was extraordinary. The Mexican Veterinary M*A*S*H team was professional and skilled at surgery and anesthesia. A post partum, 25 kg bitch spay took Dr. Anthony Garcia Carrillo, the head Mexican veterinarian, about 15 minutes to perform and he politely took all the "ugly" spays so that we "gringo vets" got the easier ones. To run these clinics efficiently takes about 30 dedicated volunteers to perform such tasks as patient intake, rounding up strays in outlying villages, doing pre-anesthetic exams, prepping for surgery, sterilizing instruments and recovering animals after surgery. Tick pulling was a big part of what the "recovery area" volunteers had to do. Many of the volunteers had been doing their same roles since Jaltemba Bay Animal Rescue started these clinics in 2005 and for them this community event is the highlight of their wintertime in Mexico and definitely not to be missed. For each of us it was a life changing experience that was over all too soon. We returned exhausted but determined to return to help at the next clinic in the fall.

Not long ago the animal populations in the three small

towns along Jaltemba Bay were like those in many rural areas of Mexico. There were large numbers of strays on the streets, farms and beaches, malnourished nursing mothers with parasite ridden kittens or puppies were a common sight begging for food at the beachfront restaurants and scrounging for food in garbage cans. The almost certain future for strays, especially young animals, was to fall victim to disease, malnourishment or indiscriminant poisoning by the authorities or business owners. It was the poisoning of a rescued street dog that had been adopted by Lin Chimes, a retired Canadian educator from Nanoose Bay, which made her determined to form Jaltemba Bay Animal Rescue and raise the money and organize community involvement for the first sterilization clinic in 2005. Since then, approximately 2500 dogs and cats have been sterilized in Jaltemba Bay and the local long-time residents told us that the difference that has been made is very noticeable. Beyond the reduction of unwanted puppies and kittens, they

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EACH SPAY AND NEUTER CLINIC COSTS ABOUT \$1200 (CDN), JUST TO COVER THE SALARIES AND EXPENSES OF THE PEACE MEXICO M*A*S*H TEAM TO COME TO TOWN. THAT MEANS A SPAY OR NEUTER CAN BE DONE FOR ABOUT \$12 EACH.

have made big strides in improving the welfare of strays and pets. They have fostered better pet care by providing access to basic veterinary care, sterilization, and education about responsible pet ownership. Jaltemba Bay Animal Rescue organizes two sterilization clinics each year, in February and November, but the PEACE Mexico M*A*S*H team performs clinics every week in a different town along the coast of the states of Jalisco and Nayarit.

On a second trip in November 2010 just a tech assistant and a close friend accompanied me as part of the team. At that clinic, a record number of 210 spays or neuters were performed, but more important for me was reconnecting with so many friends that was made at the previous clinic. I felt like I was "in the zone" just loving being a part of something that is making a difference. Being in a dry tropical climate with friendly people, great beaches, tasty food and cervezas was definitely a treat after months of rain on the west coast. These clinics are a lot of hard work but it is the kind of work that you feel great about doing. For that clinic, I was also able to commission the representatives of various veterinary supply companies to donate products for which we were grateful. It made a major contribution to the success of that clinic.

It was during the November clinic that I decided that I could take on a bigger role. I made a commitment to supply the surgical supplies and medicines for two clinics per year and participate in the Jaltemba Bay Clinics for as long as I am a practicing vet. At the same time, I was approached by an American, Anna Embry, who organizes the clinics in Lo de Marcos, a small town south of Jaltemba Bay, to help out their efforts. After speaking with her, I ended up becoming committed to providing supplies for her two clinics as well. Each spay and neuter clinic costs about \$1200 (CDN), just to cover the salaries and expenses of the PEACE Mexico M*A*S*H team to come to town. That means a spay or neuter can be done for about \$12 each. Some of the villages are very poor and unable to afford anything, so for them the fee is waived by PEACE Mexico. By bringing in extra supplies and providing more trained manpower it is possible to perform twice the number of surgeries that are usually done. Finally, on each of our trips we return home with 3 to 6 dogs for adoption by families in Canada. We generally have a waiting list for families wanting the dogs and we suggest an adoption fee of \$250 (to cover, vaccinations, deworming, testing for tick-borne diseases, blood panels, transport etc). When you do the math, you can see that the adoption fees from just five dogs when donated directly back to PEACE or JBAR, can provide funding for yet another clinic.

I decided to create the Mexi-Can Veterinary Project this winter with a goal of continuing my clinic's involvement but also to share our experiences and invite others in our community to contribute and participate. There are so many ways for individuals or groups to contribute: through donations of cash or supplies or by directly participating. In my practice reception area we displayed a video slide show explaining the Mexi-Can Vet Project. Having the slide show



TO RUN THESE CLINICS EFFICIENTLY TAKES ABOUT 30 DEDICATED VOLUNTEERS TO PERFORM SUCH TASKS AS PATIENT INTAKE, ROUNDING UP STRAYS IN OUTLYING VILLAGES, DOING PRE-ANESTHETIC EXAMS, PREPPING FOR SURGERY, STERILIZING INSTRUMENTS AND RECOVERING ANIMALS AFTER SURGERY.

(go to www.mckvets.ca and follow the link) generated enough monetary donations in two weeks from just 12 generous clients to cover the costs of another clinic. Many of the clients that donated to the project have been to Mexico and have seen first-hand the challenges that the animals face. Other generous clients have donated leashes, collars, towels and discarded supplies from local hospitals. Prior to our latest trip in April 2011, where 6 people from my practice assisted at a clinic at La Penita, I made requests to our veterinary suppliers for assistance and very quickly received offers for help with donations. Some of the company reps not only donated substantial amounts of product; they personally expressed a desire to come down to directly participate in the next clinic in November 2011. I sent letters and posters to other veterinary clinics in my area and received useful supplies. As well, some local veterinarians and AHT's have expressed interest in being involved in upcoming trips. I recognize that for many people a working holiday is no holiday, especially when the beach is beckoning. But I also know that there may be many veterinary professionals who would also really enjoy this experience.

Based on the experiences at the first clinic I recognized that this would be a great team building opportunity to offer the vets, techs and receptionists at my practice. In retrospect, I realized that the greatest enjoyment I received came from watching my co-workers having such a blast and being caught up with the same enthusiasm. I try to empower each of them to have a specific role in preparing for the trip and for fund raising for the clinic supplies that we still have to purchase beyond the company donations. To fund the cost of air travel for everyone on the team I allocate a portion of rebate money received from our veterinary food, vaccine or drug supply companies. Being involved with the Mexi-Can Vet Project is possible for any veterinary clinic that wants to contribute to what we are doing in Jaltemba Bay. However, PEACE Mexico (www.peacemexico.org) is currently creating a program where individuals or groups, such as veterinary clinics, school groups

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THERE ARE SO MANY WAYS FOR INDIVIDUALS OR GROUPS TO CONTRIBUTE: THROUGH DONATIONS OF CASH OR SUPPLIES OR BY DIRECTLY PARTICIPATING.

or anyone can "adopt a sterilization clinic" held in any of the towns PEACE Mexico visits. "Adopting a clinic" could occur through donations of money to fund the clinic or by sending some supplies or contributing your time and skills (even if you don't want to do surgery at a clinic). It is possible for your clinic and employee's to create your own opportunity to be involved in Mexico.

Imagine taking a holiday in a beautiful tropical area and having an amazing experience that leaves you feeling like you really made a difference in the lives of people and pets in that place. My involvement has definitely helped to restore my mojo. It has added an extra dimension to the community work done by our veterinary practice and enlivened the work environment. 🐾

I encourage anyone who is interested in learning more about this opportunity to contact me (mckvets@shaw.ca), check out our website (www.mckvets.ca) and those of the organizations in Mexico.

Saludos!

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AMPHIBIANS UNDER THREAT

Scientists first began to notice a decline in the numbers of amphibians, especially frogs, almost thirty years ago.

Since then it's become obvious that something is very wrong – entire populations and even species of frogs seem to be disappearing, even from apparently pristine areas. The Global Amphibian Assessment that was released in 2004 found that almost one third (32%) of the amphibians were of conservation concern.

Data by: BC Frogwatch Program

As of 2004, amphibians were the most threatened vertebrate group in the world, compared to even birds (12%) and mammals (23%), which had a lower proportion of threatened species.

Scientists now think that the frogs' declines are not caused by any single factor but by a multitude of causes, including habitat loss, pollution, ozone layer depletion (increased UV), and disease. It is distressing because all these factors have to do with human activities. Even the diseases may have been spread by the introduction of exotic species to different ecosystems by people. It is important for us to learn more about these declines and to do our best to try to reverse them.

The Infectious Diseases

The two emerging infectious amphibian diseases of current concern are chytridiomycosis, caused by *Batrachochytrium dendrobatidis* (Bd), and a suite of illnesses caused by ranaviruses in the family Iridoviridae. Emerging infectious diseases are defined as those that are recently recognized,

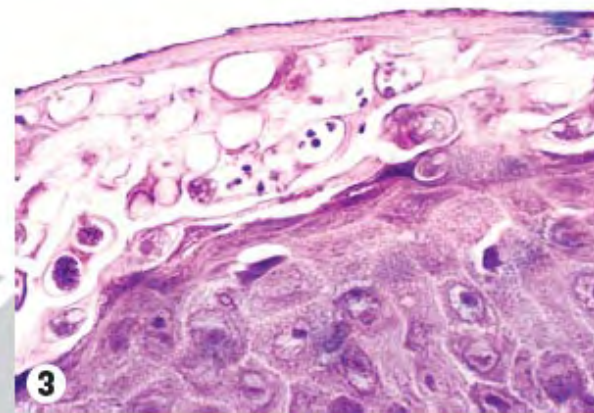
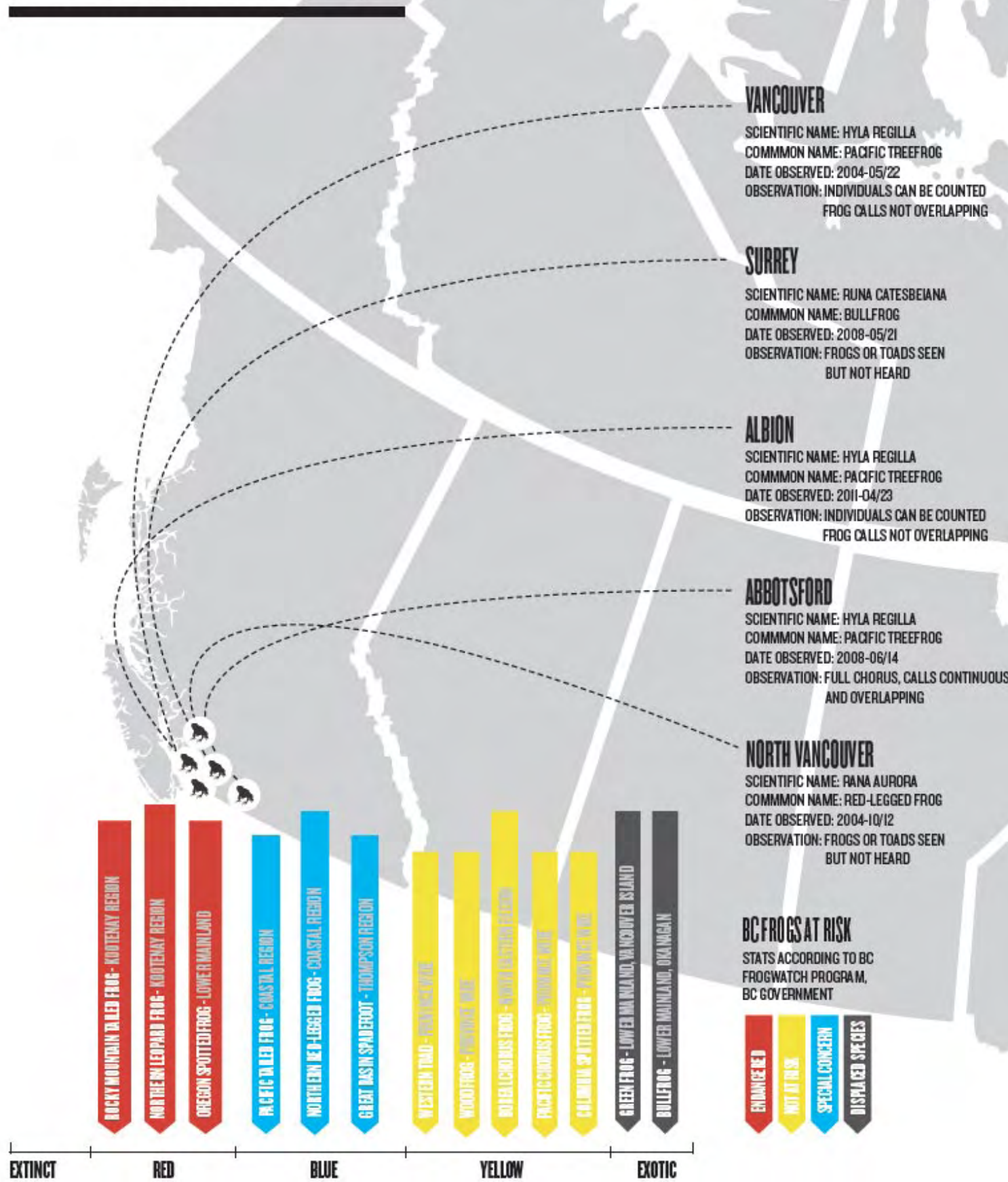
new in a population, or rapidly increasing in incidence, virulence or geographical range. Although ranaviruses are associated with many individual amphibian mass mortality events, direct evidence of disease-induced amphibian declines is stronger for chytridiomycosis.

Infectious diseases have long been observed in amphibian populations, but the pathogenic chytrid fungus (*Batrachochytrium dendrobatidis*) has been identified as having severe impacts upon amphibian populations around the world. Chytrid, a deadly fungal disease, has caused the extinction of many frog species and is predicted to continue to spread in Central America causing a "death wave". Although the disease was only reported recently, it appears that it may have been responsible for amphibian declines dating back to the 1970's. The fungus invades the surface layer of an amphibian's skin, causing the skin to become resistant to oxygen and water, preventing the amphibian

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BC FROGWATCH



1

The Columbia Spotted Frog is currently on the secure species list for BC. This native frog is found province wide.

2

Zoospores of *B. dendrobatidis*, which are typically 3-5 µm in size, have an elongate-ovoidal body with a single, posterior flagellum (19-20 µm long), and possess a core area of ribosomes often with membrane-bound spheres of ribosomes within the main ribosomal mass. A small spur has been observed, located at the posterior of the cell body, adjacent to the flagellum, but this may be an artifact in the formalin-fixed specimens.

3

Laboratory studies suggest that the fungus performs poorly above 28 °C (82 °F), and that exposure of infected frogs to high temperatures will kill the fungus. This may explain why chytridiomycosis-induced amphibian declines occur primarily in cool regions, like mountain chains where the cloud cover is apparently more abundant than in the warmer jungle regions.

from being able to breathe or drink. Chytrid fungus is probably transferred by direct contact between amphibians or through exposure to infected water. There is no known cure or control for chytrid fungal infections.

Are BC Frogs at Risk?

In March of 2010, a study was published outlining the researchers findings on chytrid disease on a particular species of frog. Excerpts below explain the findings. (Full abstract can be viewed at www.ncbi.nlm.nih.gov/pmc/articles/PMC2846871/pdf/1472-6785-10-6.pdf)

We monitored the prevalence of Bd for four years in the Northern leopard frog, *Rana pipiens*, which is critically imperiled in British Columbia (BC), Canada. The prevalence of Bd initially increased and then remained constant over the last three years of the study. Young of the year emerging from breeding ponds in summer were rarely infected with Bd. Some individuals cleared their Bd infections and the return rate between infected and uninfected individuals was not significantly different.

The BC population of *R. pipiens* appears to have evolved a level of resistance that allows it to co-exist with Bd. However, this small population of *R. pipiens* remains vulnerable to extinction.

The goal of this study was to determine whether *Batrachochytrium dendrobatidis* is threatening British Columbia's endangered population of *Rana pipiens*. From this conservation perspective, the most important result in this study was that the prevalence of Bd in *R. pipiens* increased significantly from 2003 to 2005 and then remained stable over the next two years.

Surveyors first noticed frogs with chytridiomycosis-like symptoms in 2000 suggesting that the prevalence of Bd increased from 2000 to 2005 (Doug Adama, personal observation). Although it is difficult to establish causation, we cautiously suggest that Bd caused the 50% decline in the BC population of *R. pipiens* between 2000 and 2005, but that the prevalence of Bd has stabilized since 2005.

To learn more about the numerous ongoing threats to BC's frog populations and everything that you can do to minimize impact on their habitat, visit www.naturewatch.ca/english/frogwatch.

AN ALTERNATIVE APPROACH

Acupuncture is an ancient art. Historical evidence suggests that the Chinese used acupuncture in animals as far back as 3000 BC.

By Dr. Jeff Grognet, DVM, BSc(Agr)

Acupuncture was reportedly “discovered” when soldiers noticed that their lame horses walked soundly if they were hit by arrows at distinct points. Practitioners then mimicked this effect by inserting needles made of wood or bone, and later, metal.

The Chinese believe good health depends on the balanced flow of energy (Chi) through the body in channels called meridians. If energy flow is smooth, the body is healthy. Conversely, if there is an imbalance or blockage, there is disease.

For example, if energy flow is blocked in a dog’s vertebral column, the dog suffers back pain. He will also have radiographic changes of arthritis such as excess bone accumulation (what the Chinese call Boney Bi). Inserting needles into specific acupuncture points relieves the blockage of energy, alleviating pain.

Besides its application in the management of arthritis, acupuncture is also used to speed healing, reduce vomiting, alleviate diarrhea, hush a cough, quash epileptic seizures, and improve heart function.

Researchers have tried to examine acupuncture from a Western point of view. Acupuncture needles are inserted into specific anatomic locations called acupoints that have an abundance of microscopic nerves and blood vessels. It is not surprising that the insertion of a needle into one of these sites causes stimulation of the nerve endings and possibly microtrauma, which in turn stimulates blood circulation.

Besides increasing blood supply to the areas treated, acupuncture promotes the release of endorphins (morphine-like chemicals that act as the body’s natural painkillers) and boosts immunity by inciting the action of infection-fighting white blood cells. Acupuncture also increases oxygenation to the stimulated area, and causes contraction or relaxation of muscles in defined areas of the body.

Unfortunately, these measurable effects can’t explain the diverse actions

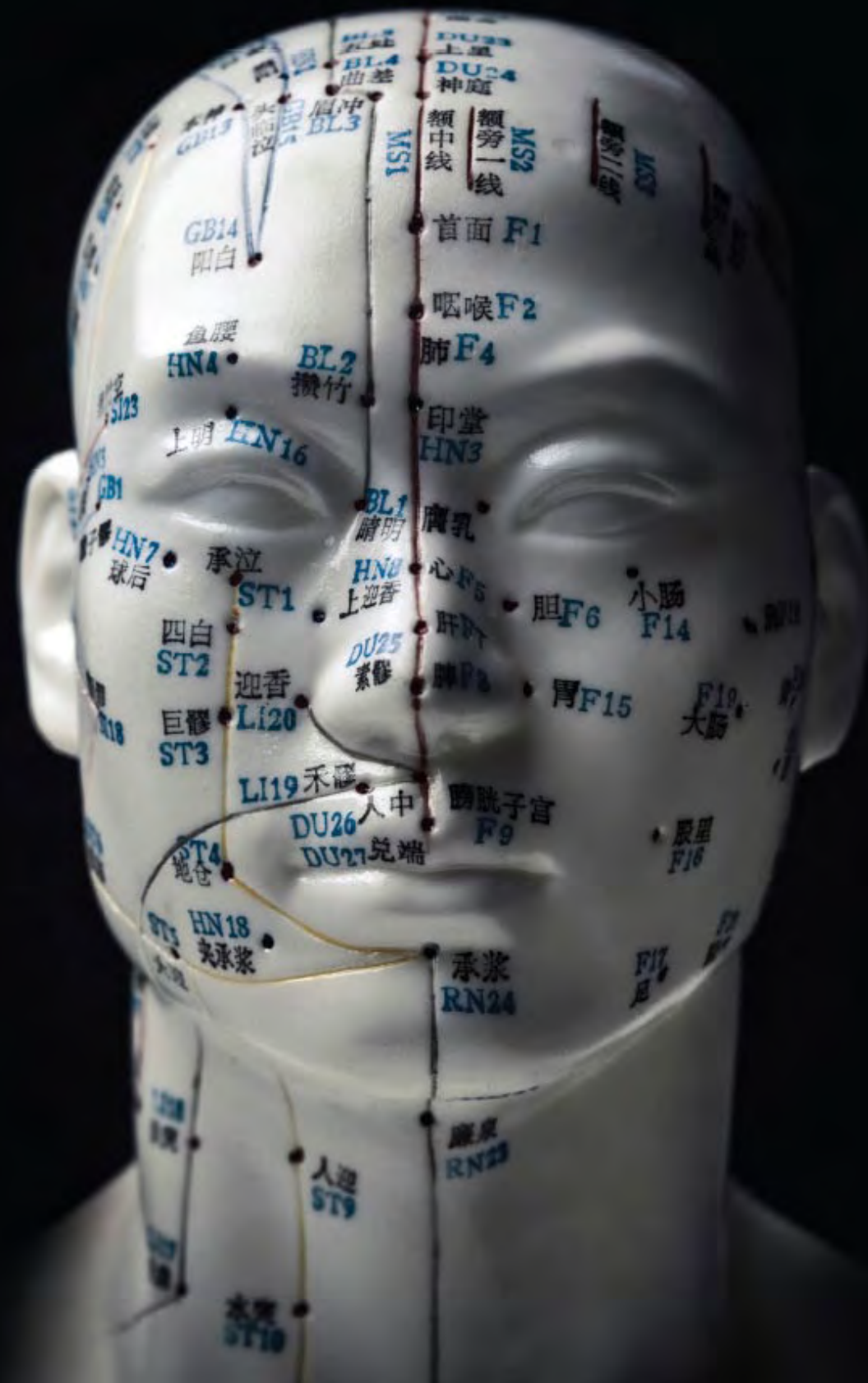
of acupuncture. There is no “logical” explanation for improvement in bladder control or how nerve function to an atrophied limb gets better. However, the healing effects of acupuncture are easily explained from a Chinese medicine view, on which the theory of acupuncture is founded.

Acupuncture needles, which are made of stainless steel, come in varying lengths and diameters. The length of needle used is based on the location of the point being stimulated, the depth of fat, and the size of the animal. They range from 13 centimeters (or less) to over 40 centimeters.

The “art” of acupuncture is the ability to treat the points, which will re-harmonize the patient. An acupuncture “prescription” is developed from an understanding of disease from a Chinese perspective. The prescription is not static. When the disease and symptoms change, needle locations also change.

Acupuncture points can be stimulated by other techniques besides dry needling. Laser beams have been used, particularly in animals that will not allow needle insertion. Electroacupuncture involves the stimulation of needles with a micro current after they have been inserted. This amplifies the effect of the needles.

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COMMON ACUPUNCTURE TREATMENTS

The International Veterinary Acupuncture Society:

It is always good to keep in mind that there are still a variety of conditions and illnesses that must be treated with drugs and/or surgery. The use of acupuncture in conjunction with drugs and/or surgery can immeasurably improve your companion animal's chances for a rapid and complete recovery.

GV14

IMMUNE ENHANCING

GV-14 Location: On the median plane between the spinous processes of the seventh cervical and the first thoracic vertebra. Indication: Fever, immunodeficiency, epilepsy, cervical spondylosis, bronchial asthma.

BL22

ENDOCRINE DISORDERS

BL-22 Location: At the tip of the transverse process of the second lumbar vertebra. Indication: Gastric and abdominal disorders, vomiting, endocrine disorders.

BL15

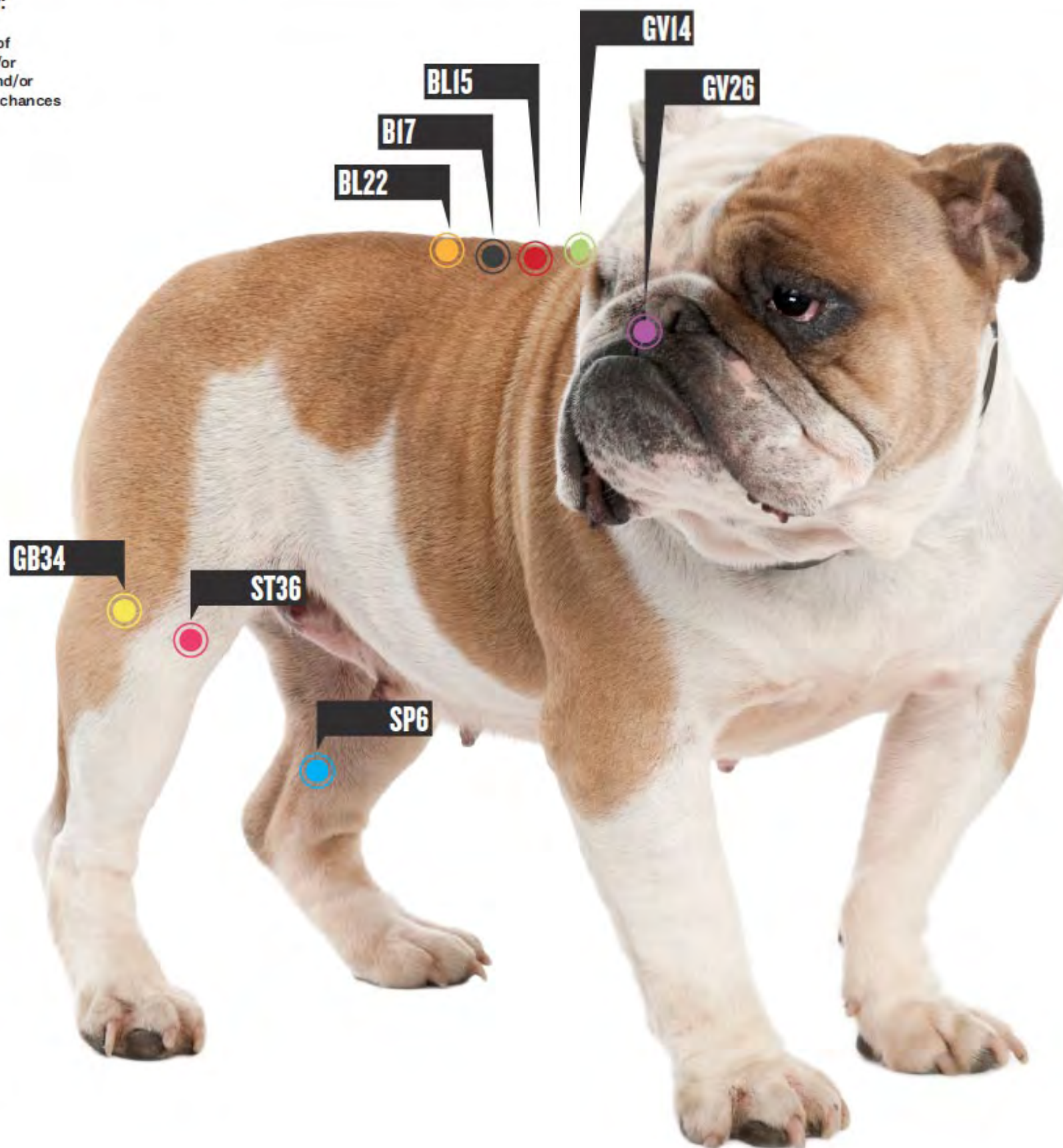
HEART DISORDERS

BL-15 Location: At the fifth intercostal space. Indication: Heart disorders, syncope, epilepsy.

GV26

ANESTHESIA

GV26, is a useful acupuncture point for all veterinarians. Often called a resuscitation point, GV26 is particularly useful during anesthesia. An acupuncture needle (or a 22 or 25 g needle) is inserted in the location in the picture. Advance the needle and peck at the bone. It is used to stimulate breathing and boost heart rate.



B17

BLADDER

Bladder 17, Diaphragm Transporting, (Bl17) is a powerful acupoint that enhances the flow of blood throughout the body. Cardio-vascular health is the key to all the biomechanical functions of the body. Good blood and energy circulation means that all the tissues receive nourishment so that healthy cells can form while lactic acid and toxic substances are removed. It is the continuous flow of replenishment and removal that makes for the strengthening and building of muscles, tendons, and ligaments.

ST36

STOMACH

Stomach 36, Leg Three Mile, (St 36) is used for many significant purposes. As the Master Point for the gastro-intestinal system, St36 is very important in converting food substances into refined, bio-absorbable nutrients to be circulated in the blood. St36 is known for its ability to contribute to a dog's overall physical endurance because it promotes energy throughout the body. Keeping an active dog safe by offering proper physical conditioning and energetic balancing with acupressure will add to so many more years of sharing fun and frolic – Happy Ball Throwing!

SP6

SPLEEN

Spleen 6, Three Yin Meeting, (Sp6) is often used to nourish the muscles and other soft tissues of the forelimbs and especially the hindquarters. Good muscle tone is dependent on nutrient rich blood. Sp6 is known for its ability to enhance the circulation and nourishment of the blood.

GB34

GALL BLADDER

Gall Bladder 34, Yang Hill Spring, (GB 34) is used to facilitate the flexibility of tendons and ligaments. Tendons and ligaments are like the new, young branches on a tree; when the wind blows, they must be flexible and bend or they will snap and break. By maximizing the flexibility and strength of ligaments, the flexibility and weight-bearing capacity of the joints increase.

Gold beads can also be implanted into specific acupuncture points while patients are anesthetized. The goal of this therapy is to provide a sustained positive effect through continual stimulation of the treated points.

Frequency of acupuncture treatments depends on the disease. In an acute case of disk disease, daily or every other day sessions may be indicated. A dog with chronic arthritis secondary to hip dysplasia may need once weekly treatments initially, but as he responds, the frequency of sessions is reduced.

There is negligible risk with acupuncture because sterile needles are used and a competent acupuncturist knows what areas of the body to avoid. The only "side effect" (in a small percentage of patients) is a temporary worsening of the condition. This is considered a natural reaction, which occurs while the body is being energetically rebalanced.

Some animals do not respond to acupuncture (just as some people don't respond). The most common reason is that these patients don't relax during treatment. Being anxious, stressed, or negative while receiving acupuncture can negate its beneficial effects.

Acupuncture location GV26, is a useful acupuncture point for all veterinarians. Often called a resuscitation point, GV26 is particularly useful during anesthesia. An acupuncture needle (or a 22 or 25 g needle) is inserted in the location indicated on the diagram on the previous page. Advance the needle and peck at the bone. It is used to stimulate breathing and boost heart rate.

Meridians and Qi Flow

Maps of acupoints show that they are located on networks of energy channels called meridians. Each meridian is tied to a specific organ system defined by Chinese medicine, which is functional, not anatomic. Some meridian names are familiar such as lung, bladder, heart, and small intestine. Other meridians have distinctly Chinese origins such as governing vessel and triple heater.

Meridians conduct Qi (pronounced "chee"), which is a life-sustaining vital energy force. This energy flows throughout the body and regulates body functions. If Qi flows in a harmonious manner, the body is in balance and the animal is healthy.

Qi flow can be disrupted by chronic illness, poor nutrition, exposure to toxins, poor rest, inappropriate exercise, and genetic weakness. From a Chinese perspective, Yin and Yang are not in balance.

In general, a shift toward Yin is evidenced by underactivity while an excess of Yang is seen as overactivity. Practitioners of Traditional Chinese Medicine (TCM) can determine which is in excess or which is lacking, and then use specific acupoints to correct the imbalance. Western practitioners are trained to diagnose illness by determining the presence of disease in a specific organ system by using examinations, blood tests, radiographs, and other tests. Treatment is not instituted until a specific diagnosis is made.

In TCM, practitioners aren't interested in the cause of the disease. They consider the body as a whole and search for imbalances. A prescription of acupoints is then chosen to correct that specific disharmony. 🐾

BENEFITS

MUSCULO-SKELETAL

This is the area most commonly treated with acupuncture in western medical practice. Quite a few veterinarians limit themselves to the treatment of arthritic disorders or muscular injuries, ignoring the many other conditions and illnesses, which can benefit from acupuncture.

GYNECOLOGICAL

All female reproductive conditions are acknowledged to respond to acupuncture treatment including anestrus, metritis, dystocia, retained placenta, agalactia, mastitis and mesalliance.

HORMONAL

Almost all of the hormonal systems can be affected, including all of the pituitary functions, thyroid and parathyroid functions, and adrenal functions. It is also possible to normalize blood sugar levels.

NEUROLOGICAL

Anxiety, epilepsy and behavioral disorders have all responded well to acupuncture treatments.

DERMATOLOGICAL

The skin can tell us if our pet is getting proper nutrition and how well they're disposing of waste through the respiratory, digestive and urinary systems. If an acupuncturist can keep these organs and systems in good condition this will be reflected in the skin.

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FELINE PANCREATITIS: NOT AN EASY DIAGNOSIS...

A look at some of the more recent studies and at the sensitivities and specificities of some of the diagnostic tests available.

By Dr. Sarah Armstrong DVM,
SBCV Board of Directors, WCV Chair

I remember 14 years ago when I was a kennel attendant working in a small animal practice, one of the vet's I was working with was worrying about his feline patient having pancreatitis. I remember his frustration at the disease's vagueness, and the inadequacy of testing. I think he flipped through some old textbooks and ended up giving subcutaneous fluids an injection of enrofloxacin and discharging the patient.

We've certainly come a long way from then in terms of understanding the disease's pathology and having improved methods of testing. Feline pancreatitis was initially described in 1989; it is characterized in acute and chronic forms and has been well described. Chronic cases appear to be more prevalent in cats than in dogs as does concurrent disease. Concurrent diseases that appear to be well associated with feline pancreatitis are cholangiohepatitis, IBD, and hepatic lipidosis. Pancreatitis is also a common contributing factor to insulin resistance in diabetic cats.

The prevalence of feline pancreatitis is still unknown. In one study prevalence was found to be 67% based on necropsy findings in a particular population of cats. Forty-five percent (45%) of those cats identified with histopathologic findings consistent with pancreatitis were apparently healthy. This probably means that there are a lot of cats with chronic pancreatitis that we may not be diagnosing, as chronic cases may not show any clinical signs. Chronic forms (associated with fibrotic changes)

were a more common finding than acute forms (neutrophilic inflammation) in the same study.

The cause of feline pancreatitis still remains unclear. Over 90% are idiopathic, and the remaining cases may have possible contributing factors such as; blunt trauma, severe dehydration/shock, infectious agents (toxoplasma, virulent calicivirus, FIP), and drugs (L-asparaginase).

Clinical signs are also vague: In a retrospective study looking at cats with confirmed pancreatitis on necropsy, 100% were lethargic, 97% were anorexic, 92% were dehydrated, and only 25% had abdominal pain, and 35% were vomiting.

Testing for feline pancreatitis has improved. The gold standard remains pancreatic biopsy, which is a fairly invasive test. The current recommendation is ultrasound imaging in conjunction with the spec fPLI (feline pancreatic lipase immunoreactivity) along with clinical judgment.

Dr. Jorg Steiner and Dr. David Williams at the Gastrointestinal Laboratory at Texas A&M University originally developed the feline pancreatic lipase immunoreactivity (fPLI) test which was an assay. From that assay, IDEXX along with Dr. Steiner and Dr. Williams, developed the Spec fPLI (feline pancreas specific lipase immunoreactivity) in the fall of 2008, and is now offering a bedside SNAP fPLI test as well, similar to the canine SNAP cPL test.

The overall specificity of the Spec fPLI is 92% (100% in healthy cats, and 67% in symptomatic cats). Its sensitivity is 100% in moderately to severely affected cats, and 54% with mild pancreatitis. This means that with this test we are probably doing a good job of catching the severely affected cats but may be missing some of the milder cases. Based on its high specificity, the fPLI is best at ruling out disease.

However, there is concern that the test may miss acute necrotizing pancreatitis (ANP) in patients that have such a heavily autolysed pancreas that there is nothing left to leak out. Based on the above varying sensitivities and specificities the test may have questionable ability to monitor.

The newly released IDEXX SNAP fPLI Test uses the same monoclonal antibody and recombinant antigen technology as used in the laboratory Spec fPLI Test and is looking promising. It has similar sensitivities/specificities based on preliminary testing. The way the SNAP fPLI works is similar to the canine SNAP cPLI test. It is a subjective test using a control blue dot versus the patient's blue dot of varying intensities that is then compared to the control. Its results are based on the established normal reference range of the SPEC fPLI 0-3.5 ug/L. Anything below 3.5 ug/L shows up as a normal test, anything between 3.5-5.4 ug/L may or may not be pancreatitis and shows up as a mild positive, and anything over 5.4 ug/L is considered consistent with feline pancreatitis and shows up as a strong positive. The agreement between the Spec fPLI and the SNAP fPLI is highest in the > 5.4 ug/L range at 100% agreement. Its agreement drops to 92% in the middle range. It should be mentioned that IDEXX does not recommend basing your diagnosis of pancreatitis on the results of this test alone. There is also some speculation that in the years to come it may be a test that is included in a feline panel (similarly to how T4 is included in geriatric screens).

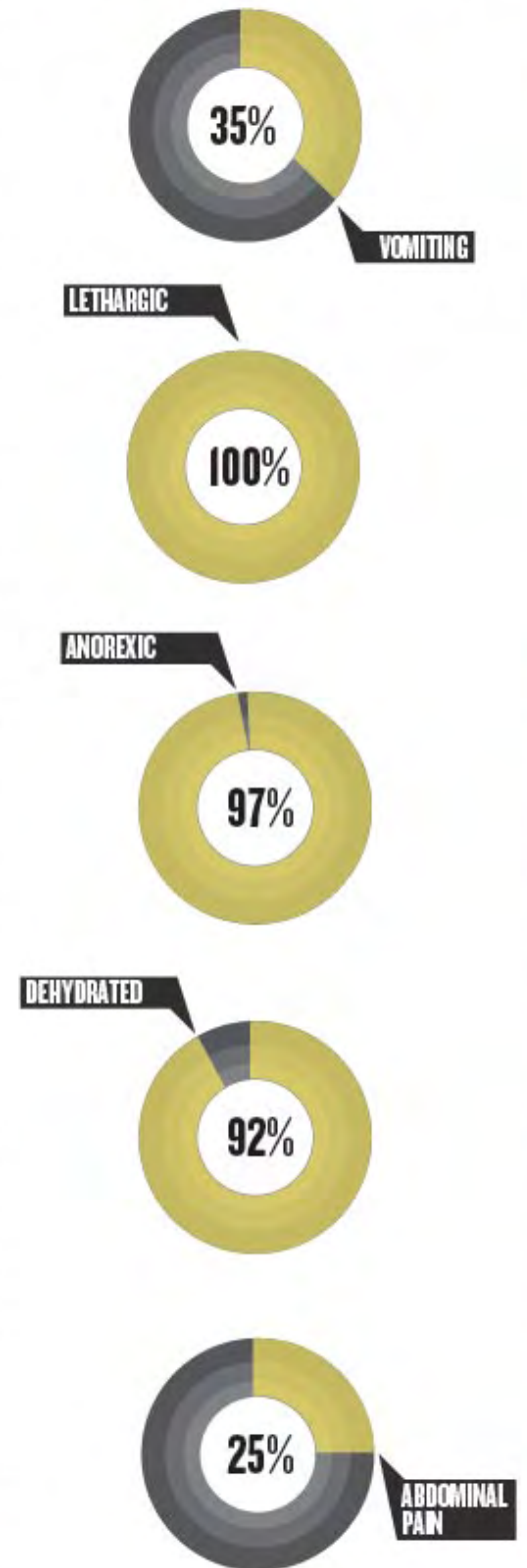
Treatment for feline pancreatitis has not had any current breakthroughs and remains similar to what was described previously. Treatment is modeled off human medicine examples and consists of intravenous fluids, rehydration, analgesia and nutritional support. Cats should not be NPO'd (nil per os) for more than 24 hours. If they are still nauseous despite anti-emetics, partial parenteral nutrition (PPN) or placement of a feeding tube is warranted. Additionally, cobalamin support should be instituted in cases where there is a documented deficiency based on blood analysis.

More research is definitely warranted in terms of better understanding the underlying etiologies of feline pancreatitis, and in improving testing and trending methods. Until then, we as clinicians need to rely on history taking, physical exam findings and the tests available to us.

I would like to thank Jane Robertson from IDEXX reference laboratories for talking to me about feline pancreatitis and the statistics for IDEXX's testing methods. I would also like to thank her for putting me in touch with some of the more pertinent studies on this topic.

A RETROSPECTIVE CASE STUDY LOOKING AT CLINICAL SIGNS

Hill RC, et al. J Vet Int Med 1993; 7: 25-33



THE VETERINARY PHARMACY-INSIDE JOB OR PHARM IT OUT

There are speculations circulating that the veterinary pharmacy may become a thing of the past.

By Sharron Brownlee, WCV Editor in Chief



IF THE BURGEONING INTERNET PHARMACY BUSINESS CONTINUES TO BECOME MORE VISIBLE, VETERINARIANS MAY FIND THEMSELVES IN AN INTERESTING PREDICAMENT. TO KEEP THE PHARMACY BUSINESS IN-HOUSE, WILL THE PRACTICE MARKUP PROTOCOL NEED TO BE ADJUSTED?

The presence and proliferation of the Internet veterinary pharmacy here in Canada has created some of this buzz and now I understand why. I have spent a few months researching this business and how and why it is gaining ground. There is evidence to support the theory that within the next 5-10 years, veterinarians will no longer be prescribing pharmaceuticals from their in-house pharmacy.

I often hear from veterinarians that they cannot buy certain drugs as cheap as the pharmacies are selling them. I know there is occasion to believe that this is because the practice markup is too high, but I can see instances where this is in fact a true situation. Pharmacies often sell the same drug that veterinarians prescribe, for less than the list price from the buying groups. This does not always refer to a generic or compounded drug, but simply the human form of the veterinary formulation.

As consumers continue to evolve and ask questions, every profession comes under a certain amount of scrutiny. But pharmaceuticals have often been a bone of contention between the veterinarian and the client. It is common practice to have clients ask if they can get the prescription filled at their pharmacy or if there is a lower cost alternative. Television programs and the Internet have undoubtedly muddied the waters. Now we have the almighty Internet Pharmacy to contend with and this locomotive is gaining speed.

Currently, there are five popular companies peddling veterinary drugs on the Internet, some of which contain products that aren't even licensed in Canada. Products that are sold through the Canadian veterinary practice with names that we are familiar with are being sold with names that we are not familiar with. Instead, they are sold under a different name but are listed on the Internet with our familiar name in brackets. Some of them that require a prescription here in Canada are available OTC on the Internet.

HOW DOES THIS HAPPEN?

The Internet products that get into the hands of your clients have come under great scrutiny in the veterinary profession. But there are some facts that you may not like. They are not always expired and re-stickered products, they are not always foreign products re-directed to Canada, and it is not accurate to say they are always counterfeit products. These products can get into the hands of the Internet pharmacies because someone in Canada has ordered them from their buying group and redirected them for a fee to the Internet companies. Like it or not, it is a fact. Some human pharmacies are also having a crack at this and ordering product directly from veterinarians at cost plus a fee and selling the products to the public.

I am definitely not saying that the majority of products are coming from licensed veterinarians because I cannot prove that, but it is apparent enough that certain pharmaceutical companies have started to become more vigilant. Tracking codes and computer programs that look at current buying habits versus previous years sales data are starting to become a part of business. It has to be asked... Is this the way of the future?

The answer is maybe. This is a lucrative business for the Internet companies and if they are able to get product then they will sell it. Right now, there is little that the pharmaceutical companies can do, as there seems to be a lack of governance in this particular area of the veterinary business. I contacted Health Canada and the College of Pharmacists of BC for an answer, but as of printing, I have had no response.

If this burgeoning Internet pharmacy business continues to become more visible, veterinarians may find themselves in an interesting predicament. To keep the pharmacy business in-house, will the practice markup protocol need to be adjusted? Will it be worth it to handle drugs if you are not making 100% on the markup? Will the veterinary community form their own Internet pharmacy business to combat the non-veterinary companies? These are all questions that may need to be answered sooner rather than later.

This is a simmering issue and cannot be ignored by veterinarians or the governing bodies. I would encourage you to familiarize yourselves with the Internet pharmacies so you are not caught unaware. Also, take a look at your markups and see if there are some areas to improve on. Maybe looking at profit per pill instead of straight markup on some of the chronic medications might be a solution to keep meds in-house instead of scripting out. Some profit is better than none, right?

THERE ARE SOME THINGS TO DISCUSS WITH YOUR CLIENTS:

1. These products are not being sold into the Internet pharmacies by the pharmaceutical industry
2. Internet companies for the most part seem to be selling legitimate products, but there are no guarantees from the pharmaceutical companies if anything goes wrong with their pet
3. There is a risk of poorly handled product making its way to the market through the Internet pharmacies. There is no guarantee that storage and handling of the products meet set standards
4. No guarantee of the viability of the product once out of the hands of the veterinary distribution channel
5. Counterfeit product is a possibility, they need to consider consequences
6. Expired and relabeled products have been suspected to be sold through Internet pharmacies
7. The costs are fairly similar to the veterinary practice if you consider the shipping charges and prescription fees
8. Your veterinary practice will and should charge a prescription fee to write one for an Internet pharmacy
9. There are sometimes dangers associated with incorrect usage of certain products without supervision of a veterinarian
10. Clients are not always aware of contraindications and compromise their veterinary care when they don't involve their veterinarian with the purchase of pharmaceuticals



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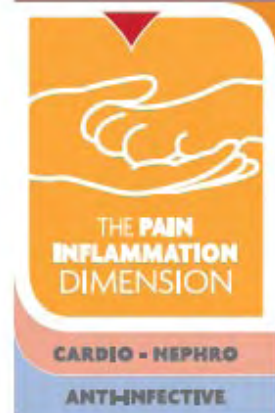
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AN INSIDE LOOK

Looking at a viable, minimally invasive alternative to conventional surgery for a multitude of situations

Words by Dr. Eugene Gorodetsky, DVM
Intro by Sharron Brownlee,
WCV Editor in Chief

Dr. Eugene Gorodetsky has been working at the Vancouver Animal Emergency Clinic for the past 12 years. Over that period of time he developed an interest in endoscopy and has spent the last 7-8 years turning this interest into a veritable full time business. It currently comprises about 80-90% of his workload. We asked him to give us some insight into this interesting facet of veterinary medicine and enlighten us with some of his personal experiences.

Veterinary medicine is not my first profession; in the past I've done many weird and wonderful things. These past occupations have included electrical engineering, army service (Senior Sergeant of Soviet Special Guard Forces), singing/performing, gardening and working for the SPCA. Veterinary medicine, however, seems to be my permanent grown up job, and if I can help it; I'll keep working as a veterinarian till I retire. I currently visit clinics in the Lower Mainland, on Vancouver Island and the BC Interior to perform various endoscopic procedures.

Translated from the Greek language, endoscopy means "looking inside". Endoscopy is one of the most useful tools for diagnosis and treatment in small animal medicine. It affords the clinician a minimally invasive method to examine many of the body cavities and orifices. Endoscopy has been around for a long time, but in my opinion, it remains a modality that is vastly underutilized by our profession. For the vast majority of practitioners, if a dog has swallowed a golf ball, the knee-jerk-reflex is to perform surgery rather than to scope it out.

I routinely examine the upper GIT (oesophagus, stomach and proximal small intestine), lower GIT (rectum, colon +/- ileum), nasopharynx, nasal turbinates +/- sinuses, larynx, trachea and bronchi as well as vagina, urethra and urinary bladder. Endoscopy allows for relatively easy collection of samples such as brushing for cytology or culture, broncho-alveolar lavage under direct visualization, through-the-scope FNA as well as biopsy sample collection.

Diagnosing and retrieving foreign bodies is certainly the most entertaining aspect of endoscopy. Over the years I have removed a multitude of objects from dogs, cats, ferrets, lizards and birds. Cats usually ingest predictable things such as needles, thread, hair elastics, condoms, earplugs and occasionally a toy mouse. In dogs however, the sky is truly the limit as to what they can and will eat. The most common foreign bodies include rocks, coins, balls, fishhooks, plastics of various kinds, socks, different types of underwear and hygienic products. Dogs with greater imagination prefer beer bottle caps, leashes, collars, meat skewers, gloves or Christmas ornaments. And the true gourmands go for diamond rings, brooches, tips of the garden hose, doorknobs, rubber duckies, light bulbs and Mr. Potato Head's tongues or toupees. Just in case you are wondering, this list is not a product of my imagination; this is a sampler of what I have personally removed endoscopically.

One's ability to remove different types of foreign objects comes down to the availability of proper instruments as well as training and experience. You may ask can any foreign body be removed using endoscopy? My success rate is well above 95% for gastric FB's. Basically, if it goes down, it must be able to come back up. There are of course exceptions, but these are few and far between, about one out of 50 objects cannot be removed. When the object has moved into the small intestine in many cases it is still possible to retrieve

it, but the success rate goes down significantly. Quite often I encounter foreign bodies in the nasal cavity – either in the nostrils or in the nasopharynx. Occasionally I diagnose something interesting like nasal mites or lungworms, but usually it is plant matter. Very rarely one finds a tracheal foreign body; so far I have only had five cases of tracheal FB's: a small rock, a nut, a twig, a cherry pit and a piece of pinecone.

As with any other modality, endoscopy has its limitations. When full thickness biopsies of the stomach or small intestine are required – that would obviously necessitate a laparotomy as it is only possible to acquire mucosal biopsies via the scope. Fortunately the majority of GI problems (including IBD, PLE, lymphangectasia and most small cell LSA) are associated with the mucosal layer thus making endoscopic biopsies useful and practical. I decided not to bother discussing the advantages of surgery because after all, this is an endoscopy-focused article.

One of my most memorable cases was a Boxer pup that inhaled a cherry pit and promptly went into acute respiratory distress. I started the procedure and visualized the FB, which was in the distal trachea. As I tried to get the basket around it, the pit kept moving further down the bronchus. To rectify the problem I ended up advancing a balloon past the FB, inflating the balloon and pulling the cherry pit back into the trachea where I managed to get a basket around it and finally remove it. The radiographs were repeated and on the repeat film it was noticed that there was a gastric FB, a rock. We decided to go after it with the endoscope and managed to remove the

rock with some difficulties, as the stomach was full of ingesta. I saw this pup at the emergency clinic later for an allergic reaction, but he was doing very well after the endoscopy.

Foreign bodies are fun, but the most common use of endoscopy should be for the diagnosis of chronic conditions – GI cases, noses and lungs. Every veterinarian can think of a dog with suspected IBD or a cat with nasal discharge or a coughing dog that does not respond to the symptomatic treatment. For these scenarios as well as for many others, endoscopy can offer direct examination of the affected area as well as sample collection. In many older or compromised animals the owners will be opposed to surgery, but will agree to have their geriatric pet scoped.

Endoscopy is not a solution to all problems, but in many cases it is an effective and less invasive alternative to surgery. For those of us who have lived through any surgical procedure, the memories of pain associated with healing are enough to avoid any future surgeries unless absolutely necessary. I am certain our patients would agree.

*Do not hesitate to call me to discuss your cases.
604-828-1892 or gorod@shaw.ca*



1

Dr. Eugene Gorodetsky uses his skill and expertise to perform a number of non-invasive procedures



2

Not all patients are conventional, here Dr. Gorodetsky handles a young fox about to undergo a procedure

THE CORPORATIZATION OF VETERINARY MEDICINE

We are all familiar with Corporate America, but Corporate Canada...?

By an anonymous veterinary business expert

When you talk to veterinarians about corporate veterinary medicine, most conjure up images of evil hospitals run by guys in pin-stripe suits where money is king and the veterinarian plays the role of the court jester. In actual fact, most veterinarians in Canada are professionally incorporated. Like their counterparts in the other health care professions, veterinarians, physicians and dentists incorporate; not to gain access to public finance or to lessen personal liability; they are incorporated to simply save tax. This is not scary to the average veterinarian; the corporate veterinary medicine that scares the average veterinarian is the giant corporate raider who gobbles up veterinary hospitals from town to town as they sweep across the country. In Canada, there are two key corporate consolidators that own practices across Canada, but relatively speaking, they aren't that giant.

In the United States, more than five percent of all veterinary hospitals are owned by the giant corporate consolidators. That means for every 20 veterinary hospitals, at least one is part of a bigger conglomerate. Of all the players in the United States, Banfield is the biggest with 770 hospitals. Affiliated with PetSmart and Mars Corporation, Banfield made a foray into Ontario in the nineties with a couple of PetSmart hospitals. They wrestled with the regulators over non-veterinary ownership and retreated back to the United States after a few years.

In addition to Banfield, Veterinary Centres of America (VCA) and National Veterinary Associates (NVA) are also big players. They own 540 and 150 hospitals respectively around the United States. In the specialty referral business, BrightHeart owns nine larger veterinary referral hospitals including Western Veterinary Specialist and Emergency Centre in Calgary, Alberta; the same Calgary Alberta that is the home to Canada's largest corporate consolidators, Associate Veterinary Clinics (AVC).

In Canada, we have one specialty referral hospital owned by the US giant, Brightheart, 40 hospitals owned by Associate Veterinary Clinics out of Calgary, Alberta and nine owned by Vet Strategy from Toronto Ontario. AVC owns hospitals in British Columbia, Alberta and Ontario, while Vet Strategy

owns hospitals in Ontario and Alberta. There are some other smaller players and alliances forming but so far, they have yet to break out beyond their own provincial borders. As far as national corporate consolidators go, they only make up 50 hospitals combined. If corporate consolidators were as prevalent in Canada as the United States, we would have more than three times that at 171.

Relatively speaking, corporate consolidators should be flying under the radar in Canada but their small numbers of hospitals are attracting a lot of attention. One out of every one hundred veterinary hospitals in Canada is owned by a corporate consolidator. In the United States, the figure is one in twenty. Their Canadian numbers are small but they have been attracting a lot of attention because most of their growth has come in the last few years. So why is Canada so far behind the United States? Are we behind or ahead?

The big corporate vet hospitals got everyone's attention in the late nineties when they made their unsuccessful attempt to break into the Ontario market. Provincial regulations prevented anyone who was not a veterinarian from owning any kind of veterinary facility and this hobbled the PetSmart model which linked the hospital and pet store – both in name and literally linked with a door from one to the other. PetSmart Veterinary Hospitals in Canada bowed to the provincial regulations by appointing a licensed veterinarian who owned all the hospitals and employed all the associates in each of the PetSmart Hospitals. For a variety of reasons, PetSmart left Canada and retreated back to the United States after they sold all their hospitals to their associates, many of whom still own and operate the hospitals with the PetSmart name but have no direct affiliation with PetSmart or the new parent company, Banfield.

This first glimpse into the big corporate giant's house scared a lot of veterinarians because they saw for the first time, someone who was not afraid to take on the regulators. Instead

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of complying graciously with the regulations, the big corporate giants waved around their lawyers and threatened to change the regulations to fit their model. Veterinarians thought, if the regulators can't stop them who can? In the end, the regulators did stop them when they refused to bend their rules simply to fit the corporate giants structural model.

After PetSmart left, the only corporate practice that was discussed was professional incorporation by individual practitioners and veterinary clinics, which filed for Professional Corporation to get a break on their taxes. Then in 2007, Associate Veterinary Clinics, who had been buying (and selling) practices in Alberta for decades purchased a practice in British Columbia making them the first bona fide national veterinary practice in Canada. Shortly after acquiring practices in British Columbia, they started purchasing practices in Ontario and embarked on what looked like a very aggressive growth strategy. Then they hit a bump in the road; the worldwide financial crisis hit and their growth came to a grinding halt. They were slow to grow for two years but appear to be back on track and have purchased 8 practices in the last 6 months.

Associate Veterinary Clinics work with a corporate model that focuses on... fun? According to their website, their pitch to veterinarians interested in selling their practice includes the promise of fun times. "At Associate Veterinary Clinics, we truly believe that the growing network of veterinary practices within our group are family. We strive to always treat our people fairly and to have a lot of fun together." Lifestyle issues appear a lot in the literature with promises for a better life for veterinarians and staff. In a nutshell, the Associate Veterinary Clinic model espouses a better career with them because they will look after the management and presumably manage it better than you can. For many veterinarians this is truly a better solution because many veterinarians do not like to manage their practice and it would not be much of a reach to consider that a stable of MBAs (AVC has 6) will manage a veterinary practice better than one veterinarian with very little business training and even less time. Stephan Horsky, MBA, VP of Operations from AVC admits the model is simple. "We look for successful practices, pay a fair price for them and run them the same way they have always been run so they continue to be successful." Throw in some economies of scale with purchasing discounts and some management synergies and you have yourself a corporate consolidator. This model appears to be working; Associate Veterinary Clinics was awarded the Ernst and Young Entrepreneur of the Year Award in 2009 and was named one of Canada's 50 Best Managed

Companies for 2010.

Vet Strategy offers much of the same promises to veterinarians wanting to sell their practice. Like Associate Veterinary Clinics, they offer that they will not change the individuality of the practice but they promise that they can manage better than you can. "We work with our veterinarian partners to acquire ownership in veterinary hospitals, and then help in the management of these practices. This allows the veterinarians to focus on practicing first-rate medicine, and allows the clinic's staff, clients and patients to benefit from experienced business operators and managers."

Vet Strategy believes that they can tap the hidden or underutilized potential in their newly acquired clinics. Their explanation of their model suggests that the staff in most hospitals are walking around with their head full of ideas that go unrealized. Vet Strategy explains their model on their website, "We find that the best ideas for practice improvement come from within the practices themselves. Most hospitals have staff who have been with the practice for years, and have many ideas they've been waiting to try. The first step in our process is always to act on the great ideas the staff already have." They make life sound pretty darn good if you sell to them. So why do they only have one percent of practices in Canada. Why don't more practices sell to Associate Veterinary Clinics and Vet Strategy? If you believe their literature, you can't lose if you sell to them.

One reason corporate consolidators are not bigger is because they got off to a slow start in Canada. They started ten years behind their US counterparts and then the economic events of 2009 which dried up virtually all the credit in North America brought everything to a grinding halt. The flurry of activity in the last few months, which saw six hospitals being sold to either Associate Veterinary Clinics or Vet Strategy, suggests they are back on track. T e n

CAN

Calgary, Alberta is the home to Canada's largest corporate consolidators, Associate Veterinary Clinics (AVC).

NUMBER OF CLINICS

Associate Veterinary Clinics 40
Vet Strategy 9
Brightheart 1


USA

In the United States, more than five percent of all veterinary hospitals are owned by the giant corporate consolidators.

NUMBER OF CLINICS

Banfiled 770
VCA 540
NVA 150

years ago, when a veterinarians wanted to sell their practice, the conspicuous move generally involved a deal with their associate and many sellers financing the deal themselves because the banks were reluctant to cough up the money. In fact, many practice owners will look to hire an associate purely to create a buyer for their practice sometime down the road. This has all changed with corporate consolidators. Today, when a veterinarian wants to sell their practice, corporate consolidators (both real and self acclaimed) work their way into the deal and can bid up the price well beyond the original asking price. This is great for the practice owner but in some cases, the corporate bidding wars push the price beyond the limits of what an aspiring associate wanting to purchase the practice can afford to pay.

Today, one in a hundred veterinary hospitals is owned by corporate consolidators in Canada but give it time. With a disproportionate number of veterinarians wanting to sell their practices and seemingly limitless financial resources available to corporate consolidators who get stronger with every purchase, the only people who won't be selling to the giant corporate consolidators are the ones the consolidators leave behind. 

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1. SPIEX, J.-R. et al. GRANDMANGE. Efficacy and safety of the amoxicillin/clavulanic acid combination in the treatment of peritoneal infectious disease (2003) Vetoquinol, données internes.
2. SPIEX, J.-R. et al. GRANDMANGE. Efficacy and safety of the amoxicillin/clavulanic acid combination in the treatment of skin and soft tissue infections in cats (2003) Vetoquinol, données internes.
3. HEURTIN, A. et R. OLLIER. Palatability evaluation of amoxicillin and clavulanic acid tablets in cats (2014) Vetoquinol, données internes.

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