

WEST COAST VETERINARIAN

JUNE 2014 | Nº 15

DR. MIRA ZIOLO &

ONE HEALTH AT THE WRA



PAWSITIVE PRACTICE

STUDENT WELLNESS AT THE WCVM

WHO OR WHAT IS PAUL?

CURRENT THINKING IN ELBOW DYSPLASIA

ASSOCIATED VETERINARY PURCHASING

PROTECTING YOUR PROPRIETARY TURF

NON-COMPETITION AND
NON-SOLICITATION COVENANTS



CHAPTER

SBCV

CVMA-SBCV Chapter



COREY VAN'T HAAFF
EDITOR

»» TO THE EDITOR

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

»» ON THE COVER

A rescued Barred Owl at the WRA. Photo by Linda Bakker.

It's a challenge to pull together a Fall Conference that will offer every CVMA-SBCV Chapter member some food for thought, along with their 15 credit hours, but that challenge is made easier by the exceptionally helpful Board liaison Al Longair and the spirited leadership of Dr. John Basterfield with his CE committee. We have two full days planned, with lunch-and-learns both days, and classes in dermatology, ophthalmology, dentistry, soft tissue surgery, anesthesia, and imaging. As further details become available, we will announce speakers and sponsors, but for now, keep an eye on your email for registration details.

There will be a few meetings too, of course, with the CVBC registrants meeting taking place on the evening of Friday, November 7, and our own Chapter AGM on Saturday, November 8. This year, we are working with the British Columbia Veterinary Technologists Association (BCVTA), formerly the Animal Health Technologist Association of British Columbia, to present the Fall Conference and Trade Show, and BCVTA will hold its own AGM on Saturday, November 8, as well.

Almost everything done at the Chapter is done by volunteers (supported by a very part-time contracted staff person). We need volunteers, and nominations for the Board of Directors open on July 11. If you want to be part of the next three years, please visit the website and download the nomination form. It is due back in the office by August 10.

I am sad to say goodbye to Kailee Price who has been Student Liaison between the Chapter and the WCVM. Kailee has contributed so much to this magazine over the past few years, and we are sorry to see her go, but we appreciate that she needs all her available time for her final year of study. And it is with a great sense of optimism that we welcome Steven Chapman. Steven was one of several enthusiastic and interested students who applied for the position. We are excited about what the next two years may hold, and are pleased to have Steven with us on that journey. Welcome, Steven.



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

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WCV CONTRIBUTORS



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GEOFFREY HUTCHINSON, DVM, MS, DACVS, is a founder and owner of Boundary Bay Veterinary Specialty Hospital in Langley, BC. He has performed arthroscopy in clinical practice since 2005. He participated in the initial clinical release of PAUL procedure and has been an invited PAUL course instructor.



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



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



KATHRYN WELSMAN, DVM, graduated from OVC in 2007 and practiced emergency medicine in the Lower Mainland until recently moving to Clinton, BC, where she works as a locum while taking advantage of the beautiful location for outdoor activities.

WCV

JUNE 2014

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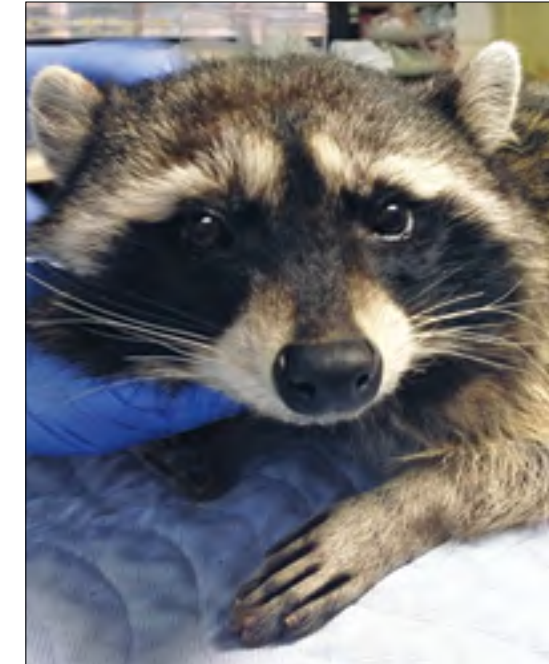
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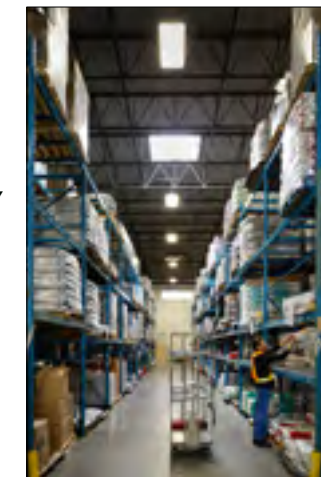
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ASSOCIATED
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PURCHASING



june

BY JIM BERRY, DVM

Antimicrobial SmartVet, a new treatment decision application from the Canadian Veterinary Medical Association, is now available for download to your Apple or Android smartphone or tablet. This app guides you through the process of selecting appropriate antimicrobial therapy for specific bacterial diseases of dogs and cats, including diagnostic steps, recommended first-, second- and third-line treatments, and recommendations for advance diagnostics and/or referral. A urinary tract infection (UTI) application is the first of a set of decision tools being built into the app. The UTI app provides an algorithm on how to manage simple and complicated UTIs, an antimicrobial treatment reference table, and supplemental resources to guide you through successful antimicrobial therapy.

The National Farm Animal Care Council recently released the NFACC Code of Practice for the Care and Handling of Pigs. Thank you to all members who provided us with feedback during the development of this code of practice. CVMA's input influenced the following requirements of the final code:

- **Castration** – CVMA recommended that all piglets castrated >10 days of age must have anesthesia and analgesia, and that by 2016, piglets castrated at any age must have appropriate pain control.
- **Herd Health Management Plan** – CVMA recommended that producers must establish a working relationship with a licensed veterinary practitioner (VCPR).
- **Euthanasia** – CVMA recommended that a written euthanasia plan be developed in consultation with a licensed veterinarian.

CVMA recently initiated discussions with Health Canada's Pesticide Management Regulatory Agency (PMRA) and the Eastern Aquaculture Veterinary Association to address an important **aquatic veterinary medicine issue**. Aquatic veterinarians have been having difficulty meeting the temporary licensing requirements for the pesticide products used to control sea lice in Atlantic farmed salmon. PMRA

was requiring these therapeutants to be used every time under "direct veterinary supervision," which was difficult to accomplish and did not contribute significantly to the efficacy or safety of the treatment. PMRA has agreed to lift the direct veterinary supervision requirement, as veterinary oversight for these pesticide products is maintained through the provincial regulatory authorities.

Offering the best variety of veterinary CE in Canada, the scientific program for the **2014 CVMA Convention** (Thursday, July 10 to Saturday, July 12) includes more than 30 highly rated speakers from Canada and the United States. Topics range from dermatology to shelter medicine, from social media to animal welfare. Each day, 36 concurrent sessions in 6 tracks—companion animal, bovine, equine, and others—will be offered, providing an opportunity to gain 18 CE hours. If you add a lab or other appropriate Wednesday session, you can earn up to 25 hours of CE during this convention.

Low staff morale, burnout, financial challenges, workplace drama, and a host of related challenges can easily make our veterinary careers less joyful. CVMA's **Emerging Leaders Program** can help you bring joy back into the workplace by teaching you how to cope with a variety of challenges encountered in veterinary practice. This unique leadership experience, which takes place on July 9, during the 2014 CVMA Convention in St. John's, is open to all members of the CVMA and the Canadian Association of Animal Health Technologists and Technicians.

Take advantage of a **complimentary one-hour business consultation** (valued at \$350) during the CVMA Convention on Saturday, July 12. This opportunity is exclusively available for CVMA members and/or their practice managers. Contact Oliver Hoffmann at ohoffmann@cvma-acmv.org to schedule your consultation.

We welcome your comments and inquiries at the CVMA office. Please contact us by email to admin@cvma-acmv.org or by telephone 1-800-567-2862. Your feedback is extremely valuable to us.



Jim Berry, DVM, holds a Bachelor and Masters in Biology and a DVM from the Ontario Veterinary College. Co-owner of Douglas Animal Hospital, a full service hospital for family pets in Fredericton, New Brunswick, Jim has a special interest in rehabilitation, pain control, and orthopedics. He is Canada's representative for the World Small Animal Veterinary Association and a past-president of the New Brunswick Veterinary Medical Association. He lives in the country with his wife, daughter, and three dogs. In his spare time, he enjoys canoeing, cycling, skiing, and running.

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CHANGE THEIR FOOD.
CHANGE THEIR WORLD.

cvma-sbcv chapter president's report

BY MARCO VEENIS, DVM

In April, in Kamloops, I attended on your behalf the AGM of the British Columbia Veterinary Technologists Association, formerly the Animal Health Technologist Association. I spoke with Eric Stokvis, general manager of Associated Veterinary Purchasing (AVP). AVP, and Eric in particular, have been very supportive of our Society right from the beginning, distributing this magazine at no cost to all clinics in BC and sponsoring our CE events. We are grateful for their support and look forward to continuing our relationship.

Eric and I discussed the right of veterinarians to prescribe and dispense medication. We tend to take this for granted, but it is time to realize that the veterinary profession is in a unique position. In human medicine, doctors prescribe while pharmacists dispense—a separation of tasks not seen in our profession.

With the growing concern over increased antimicrobial resistance and the rising cost of veterinary pharmaceuticals, our dispensing strategies are under scrutiny. Small animal veterinarians need to realize that this is not just a food production animal issue; the legislature does not differentiate between large and small animal veterinarians. Lawmakers are concerned about the inherent conflict of interest when the same entity both prescribes and dispenses medication, as the prescriber will benefit from the sales of the drugs dispensed. Add to this the issues around the “own use importation” loophole that allows for the importation of pharmaceuticals that lack approval and oversight from Health Canada, and it is clear that the profession has a problem in the making.

This is where it pays to have a strong and unified voice, both at the provincial and federal level. And as individual practitioners, we can do our part every time we prescribe medication for our patients. We need to make sure our dispensing practices are beyond reproach and our markups reasonable. We should follow published guidelines for the extra-label drug use and follow the cascade principle as a basis for our dispensing strategies. It is time for veterinarians to show Canadians that we take seriously the privileges given to us and are already working on addressing the public's concerns.



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

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BY KAILEE PRICE

PAWSITIVE PRACTICE

STUDENT WELLNESS AT THE WCVM

We can all relate to the many stresses involved in the veterinary profession—from applying to veterinary school, to surviving the multitude of classes, to facing the challenges of practice. The emphasis has always been on learning how to diagnose and treat diseases, master clinical and surgical procedures, and develop excellent client communication skills. And that is how it should be—these are all very important and fundamental to veterinary medicine. The students at the WCVM have been putting a spin on things and are exploring ways that allow students to take a step back from veterinary medicine to practice life balance, reduce stress, and gain insights into some of the issues facing the veterinary profession.

Pawsitive Practice was started in the 2012–2013 school year. Rather than a club with an exclusive membership, it is an organization that encourages all veterinary students to participate in events and workshops and attend lectures. It was initially run by Rebecca Jackson, now fourth year, with Dr. Trisha Dowling acting as faculty advisor. This year it was run by four students in first and second year who continue to contribute ideas and put them into action, of whom one is Kristin Wiebe. “Pawsitive Practice provides a great reminder of life balance to students,” she says. “One of the goals is to run small events that help people feel better and take breaks from school life.”

This year, Pawsitive Practice offered students two mindfulness workshops. While there is already a popular third-year elective on Mindful Practice run by Dr. Dowling, space is limited, and so the two workshops offered through Pawsitive Practice allow even more students to learn about the benefits of practicing mindfulness. An event called Fitness

February was held to encourage students to be active for at least 30 minutes a day for the entire month, with prizes being awarded at the end. In the spring, “Swap Until You Drop” offered a clothing swap. In the past, zumba, yoga, and Polynesian dance classes for students have taken place weekly in the school’s cafeteria in the evenings or at lunch.

“ALLOW STUDENTS TO TAKE A STEP BACK FROM VETERINARY MEDICINE TO PRACTICE LIFE BALANCE, REDUCE STRESS, AND GAIN INSIGHTS”

Pawsitive Practice also partnered with the Veterinary Social Work Committee, made up of veterinarians and social workers at the University of Saskatchewan, to put on a couple of lunch hour talks. The first dealt with certain client communication issues such as marijuana use, and in the second, Chief Clive Weighill of the Saskatoon Police Service, addressed the issue of cyberbullying directed against veterinarians.

“So far there has been a lot of positive feedback from students regarding Pawsitive Practice,” comments Wiebe. “There has been lots of interest and great turnout at talks. It has also been nice having a connection with the Faculty of Social Work and getting exposed to information and ideas from social workers.”

Overall, Pawsitive Practice has been great at encouraging students to get involved in activities outside school and promoting general student wellness. **WCVM**

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WHO OR WHAT IS PAUL?

CURRENT THINKING IN ELBOW DYSPLASIA

BY GEOFFREY HUTCHINSON, DVM



By the time Argo, a seven-year-old Labrador, made his way to our hospital, he was already suffering from chronic debilitating elbow arthritis. Argo was a very active puppy but showed a steady decline in athletic drive after the diagnosis of elbow arthritis at the age of two. By the time of presentation, he would self-limit duration of activity and rarely attempt to run as even moderate activity brought on severe lameness. Argo was on daily NSAIDs and monthly chondroprotectants. Despite his owners' motivation to help him, they had been frustrated with the lack of definitive treatment options.

On examination, Argo had moderate to severe bilateral forelimb lameness, muscle wasting, and elbow joint effusion, discomfort, and reduced flexion. His radiographs indicated moderate to severe medial compartment osteoarthritis. The owners elected to proceed with bilateral elbow arthroscopy and PAUL procedure on Argo's most clinically lame leg.

The diagnosis of elbow dysplasia can be challenging, and historically its treatment has been limited and frustrating. In a recent conversation, another veterinarian told me, "I was taught that elbow dysplasia is not a surgical disease." However, a surgical technique that addresses the underlying cause of elbow dysplasia, the proximal abducting ulnar (PAUL) osteotomy technique combined with arthroscopy, has been shown to reduce clinical signs, often decreasing or eliminating the need for chronic non-steroidal anti-inflammatory drugs (NSAIDs).

Elbow dysplasia comprises deformities of the canine cubital joint occurring during skeletal growth and development, including fragmented medial coronoid process (FMCP), radial-ulnar incongruity, osteochondrosis dessicans (OCD), and ununited anconeal process (UAP). Elbow dysplasia is almost exclusively a problem of the humeral-ulnar, or medial compartment, of the elbow. Most dogs have some degree of bilateral disease and have initiation of pathology during skeletal maturation.

The cause of medial compartment disease has classically focused on the static model of elbow dysplasia which states that the pathology results from failure of appropriate endochondral ossification. The static model led to the idea that the fragments are the problem and the logic that removing the fragments would resolve the problem.



IMAGE COURTESY OF DR. SLOBODAN TEPIC

Conventional surgical treatment of medial compartment disease is by an open cranial-medial approach to the coronoid region of the elbow. This allows for removal of fragments that remain near the site of fragmentation, but visualization is limited for dislodged fragments or pathology that extends beyond the cranial-medial coronoid region. With the advent of arthroscopy, we have become increasingly proficient at fragment identification and removal. Arthroscopy, compared to a standard open approach, greatly improves visualization and reach, allowing pathology to be addressed and fragments to be retrieved from throughout the joint with considerably lower morbidity. With either open or arthroscopic treatment, it is best to find and remove fragments before they dislodge and destroy large swaths of cartilage. Hence, it is better to diagnose and treat dogs as early as possible as older dogs have greater osteoarthritis, and fragment retrieval alone is relatively less rewarding.

Unfortunately, although there is clinical relief from removing the fragments alone, most dogs will still have progression of osteoarthritis and will have persistence or recurrence of lameness over time. Therefore, the goal of fragment removal alone is to reduce the impact to the joint and slow the progression of osteoarthritis. As the problem starts at a young age, progression of arthritis often leads to long-term treatment with NSAIDs and chondroprotectants; the discomfort is simply managed, but rarely eliminated.

With Argo, fragments were removed from both joints, eburnated bone was debrided, and a right-sided PAUL was performed. Argo gradually returned to activity over four months with steady improvement in comfort and use of the limb. He recently returned for his one-year follow up. Argo still has moderate lameness and is receiving NSAIDs and chondroprotectants, but his owners report that he no longer self-limits his walk duration, he is willing to run off-leash, and he seems much more comfortable at rest. When asked to assess his comfort and quality of life on a 10-point scale, his owners described him as a 2/10 prior to surgery and a 7–8/10 now; they are pleased that he no longer seems to be in pain all the time. Their greatest regret is that they did not have a chance to intervene sooner.

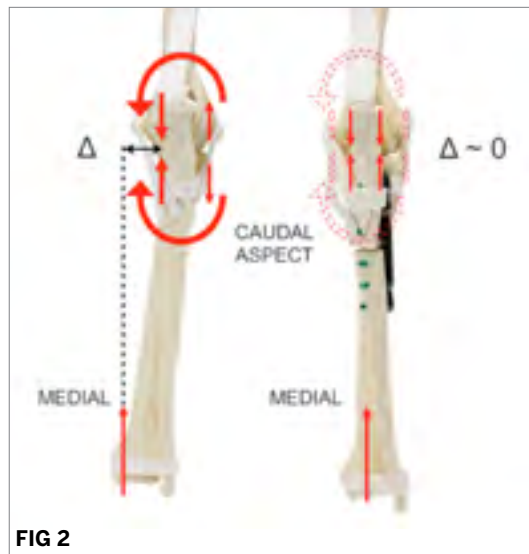


IMAGE COURTESY OF KYON PHARMA



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FIG 1 Two dogs with different forelimb conformation. The dog on the left has a narrow-based stance resulting in overload of the medial portion of the elbow joint. Joint load is represented by the black dotted lines and compared to forelimb stance (red lines). **FIG 2** Bone models demonstrating the biomechanical effect of PAUL procedure. Overloaded medial joint forces (left model) are distributed evenly across the joint (right model). **FIG 3** Proximal Abducting Ulnar (PAUL) Osteotomy with titanium locking implants on a bone model.



FIG 4 Argo's PAUL osteotomy post-operative radiographs. Note that there are significant osteoarthritic changes, but that they are almost entirely limited to the medial elbow compartment. **FIG 5** Argo's PAUL osteotomy one-year follow-up radiographs. The osteotomy has healed and remodeled well. Osteoarthritic changes remain mostly limited to the medial elbow compartment.



Recent research indicates a dynamic model may be a more accurate explanation for medial compartment disease than the static one. The dynamic model is based on the observation that dogs with elbow dysplasia usually have a narrow-based forelimb conformation that results in asymmetrical overloading of the medial elbow compartment. The fragmentation, OCD lesions, and incongruity are the symptoms of this overload rather than the primary cause. Logically then, removing fragments alone does not definitively resolve the problem because we haven't addressed the real cause—the medial compartment overload.

Because the dynamic model states that abnormal conformation is the cause of the medial compartment overload and pathology, treatment requires changing the conformation of the limb; this requires cutting and appropriately realigning the bones—an osteotomy.

The theory behind the dynamic model was originally confirmed experimentally and clinically through the development of the sliding humeral osteotomy (SHO) procedure. SHO involves cutting the humerus mid-shaft and applying a specialized plate to shift the humerus medially, thereby realigning the limb and the way the elbow loads. Although reports demonstrate a clinical benefit to this procedure, the invasiveness, technical difficulty, and potential for significant complications have largely prevented its adoption.

In 2007, the use of a proximal abducting ulnar (PAUL) osteotomy technique was introduced. This technique cuts and realigns the proximal ulna, shifting the loading of the elbow from an abnormal medial compartment overload to an even-loading across the elbow. The advantages of PAUL over SHO include reduced tissue dissection and morbidity, fewer complications, and correction of the limb conformation without cutting a weight-bearing bone. PAUL also uses a titanium locking implant which has improved fixation security and lower infection potential than stainless steel implants. PAUL is combined with arthroscopic evaluation of the elbow joint, removal of fragments, and appropriate debridement of diseased joint surfaces.

Since its introduction, PAUL has been performed by over 30 surgeons world-wide with over 1500 cases reported. Complication rates have been low, and clinical outcome has been favourable. In one report, 25 of 32 dogs (78%) showed moderate-to-great clinical improvement with reduction or elimination of NSAID use. Although 30% of the dogs in this report were older than four years with at least moderate chronic osteoarthritis, these dogs showed improvement at the same rate as younger, less osteoarthritic dogs. Fibrocartilagenous healing of eburnated bone as early as four weeks post-PAUL has been documented by arthroscopy. These and other initial reports for PAUL combined with arthroscopy suggest improved clinical expectations over fragment removal alone and offer a good surgical treatment option for dogs even with moderate existing osteoarthritis.

Although the initial results are encouraging, PAUL is not curative and medical management of the existing osteoarthritis may be necessary. In dogs with moderate arthritis, some degree of persistent lameness often occurs and peak return of function usually takes at least three to five months. As Argo's case demonstrates, although elbow dysplasia remains a prevalent and frustrating disease, the advent of arthroscopy combined with PAUL procedure promises to improve the outlook for this debilitating condition. **WCV**

ANIMAL ABUSE PREVENTION DAY

Board vice-president Dr. Sarah Armstrong attended the BC SPCA's event to raise awareness of Animal Abuse Prevention Day.

Animal Abuse Awareness Day was founded by Wade Shaw, a private citizen who wanted to honour and remember the 56 sled dogs who lost their lives in 2010.

The BC SPCA is promoting the day and asking BC to take action. They have suggested five things people can do.

- 1 Don't be a bystander—if you see an animal in distress, don't ignore it, report it.
- 2 Take responsibility for animals in your life (not just pets, but wildlife, farm animals, etc.). Learn about the five freedoms.
- 3 Speak up for animals. Talk to your MLA about this.
- 4 Teach kids that kindness counts.
- 5 Learn about the violence link (people who abuse animals are very likely to abuse humans as well).

ABOVE Harley, a former Whistler sled dog now in a happy forever home, pictured with an event guest, Candace Millen, co-founder of Operation Sled Dogs.



PHOTO BY AMY MORRIS

"The BC SPCA is really trying to help educate the public on this topic and has lots of information on their website," says Dr. Armstrong. "They believe in prevention through educational youth programs particularly. They also believe in intervention through, for example, prison programs, and animal-assisted therapy. Lastly, they promote cross reporting, aiming to have social workers also ask victims of abuse to report any animal abuse."

Dr. Armstrong says that the violence link is very real. Animal abuse is part of a circle of abuse that affects humans, and there is a strong connection between animal cruelty and other forms of abuse, including bullying and domestic abuse.

"Ninety-four per cent of child protection workers reported that they observed evidence of animal neglect during their investigations," she adds. "As veterinarians, we need to use our platform to promote animal welfare. Animal Abuse Prevention Day is a great way to promote animal welfare to our clients and help them be aware of animal abuse and the violence link." **WCV**

CVMA-SBCV CHAPTER FALL CONFERENCE & TRADE SHOW

presented with the BC Veterinary Technologists Association

The CVMA-SBCV Chapter AGM and the BCVTA AGM will both be held at the Fall Conference on Saturday, November 8. The CVBC Registrants Meeting will be held Friday evening, November 7, immediately prior to the Fall Conference.

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FEATURED FALL CONFERENCE SESSIONS

- CE – ANESTHESIA WITH DR. NANCY BROCK
 - CE – DENTISTRY WITH DR. KEVIN S. STEPANIUK
 - CE – DERMATOLOGY WITH DR. CHARLIE PYE
 - CE – MEDICAL IMAGING WITH DR. JAMES MONTGOMERY
 - CE – OPHTHALMOLOGY WITH DR. MARNIE FORD
 - CE – SOFT TISSUE SURGERY WITH DR. BRIGITTE BRISSON
- EACH DAY WILL FEATURE A LUNCH-AND-LEARN :
- CE – DISTINGUISHING TRAINING ISSUES FROM MENTAL HEALTH DISORDERS WITH DR. REBECCA LEDGER
 - CE – HOW TO USE THE CAT HEALTHY TOOLKIT TO INCREASE YOUR FELINE PRACTICE WITH DR. LIZ RUELLE

Please check www.canadianveterinarians.net/sbcv/default.aspx in July for registration details, sponsor recognition, trade show participant list, and final programming information. SBCV Chapter members receive a lower registration rate, which is also extended to their BCVTA (AHTABC) staff. Remember to book your hotel early to get the special Fall Conference rate.



CVMA-SBCV CHAPTER FALL CONFERENCE & TRADE SHOW

WITH THE BC VETERINARY TECHNOLOGISTS ASSOCIATION

NOVEMBER 8–9, 2014



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VETERINARY TECHNOLOGISTS
ASSOCIATION

BY KATHRYN WELSMAN, DVM



DR. MIRA ZIOLO &
ONE HEALTH
AT THE WRA



PHOTOS BY PAUL STEEVES; COYOTE PHOTO BY LINDA BAKKER



ABOVE Raccoon receiving treatment for live trap injuries. **PAGES 20-21** A raccoon, coyote, Northern Pygmy Owl, and White-throated Swift all receive successful treatment at the WRA.

PHOTO BY ANA MENDES

“VETERINARIANS SHOULD ALWAYS REMEMBER THAT THEY HAVE AN IMPORTANT SEAT AT THE TABLE WITH RESPECT TO ONE HEALTH ISSUES”

It's easy to understand how veterinarians might have difficulty conceptualizing the role they can play in One Health—an integrated approach to human, animal, and ecosystem health. In fact, the role of the veterinarian is significant. Perhaps the challenge for individual veterinarians is to look at global themes under the One Health umbrella, and then discover how those themes play out in their own backyards.

That's the thinking of Mira Ziolo, DVM, a wildlife veterinarian at the Wildlife Rescue Association (WRA) in Burnaby, who notes that although as veterinarians we understand the importance of wildlife for a healthy ecosystem, we don't always know how to help within the One Health model. Due to dwindling habitats and increasing human population, more conflicts are flaring up between humans and wildlife around the world. This relationship is the basis for her doctoral research on the interface between the mountain gorilla and humans in Rwanda.

“These types of interface conflicts also exist closer to home,” she says. “Although the cultural context may be different, the same themes arise ... right here in Vancouver”

A common example of direct human-wildlife interaction is the occurrence of bears getting into residential garbage and garbage sites, which often results in their removal by Conservation Officers, either by relocation or destruction. Improper waste management can also affect animals by poisoning them, such as eagles feeding in contaminated waste sites. In the rural areas of the province, such as ranching country, cougar attacks on livestock impact both the ranching economy and the cougar's survival. Dr. Ziolo is passionate about human-wildlife interactions both globally and locally, and suggests that by working with organizations such as the WRA, veterinarians can have a significant effect by assisting in managing these conflicts at the local level.

The WRA is a non-profit rehabilitation centre; Dr.

Ziolo considers it to be a leader in its field. It focuses mainly on local wildlife, including small mammals, and birds—ranging from hummingbirds to raptors. Typical cases brought in to the centre are often due to trauma, including road accidents, cat attacks, and window collisions. The WRA's Care Centre has in-house laboratory equipment, full surgical capabilities, digital radiographs, and a complete pharmacy. This is in addition to facilities for isolation, pools for diving birds, nurseries for baby birds, raptor pens, aviaries, special flight cages for flight rehabilitation, and designated raccoon pens.

Complementing the centre's impressive facilities are its dedicated staff and its volunteers, all of whom nurse the animals to health after the actual veterinary component is finished. The WRA has a very high success rate in its rehabilitation of injured wildlife, which is reflected in its release rate.

One such success story is that of a White-throated Swift that spent 101 days in the Care Centre. The bird was found in Coquitlam in November, hundreds of kilometers from its winter migratory grounds; it was underweight and suffering from blunt force trauma. The swift recovered and was rehabilitated within two weeks, but had to remain at the centre for a further two months while permits were processed, finally allowing it to be transported to California where it was released this February.

Dr. Ziolo is the consulting veterinarian at the WRA, and is routinely on site to help with medical and surgical cases. Of the more challenging or bizarre cases she has dealt with, a memorable one was a Canada Goose that she essentially had to perform sublingual and inter-mandibular reconstruction on, to fix an old injury that had caused its tongue to stick out ventrally.

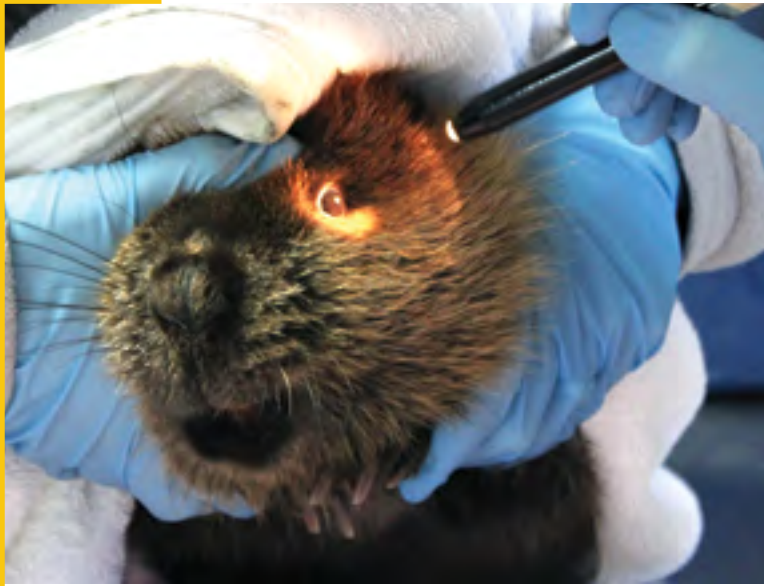
When she can't be on site, she works virtually, discussing the cases with staff, looking at photographs, and reviewing blood work or radiographs. Virtual medicine is still underused in our profession, but it might be the key to allow busy veterinarians, or

those too far from a rehabilitation centre to be on site regularly, to consider doing some wildlife work. In addition to overseeing clinical cases, she assists management and the animal care team with integrating veterinary medicine into the rehabilitation process, as well as leading staff training sessions.

Dr. Ziolo did not complete formal wildlife training, but she took advantage of many opportunities to learn on her own, such as participating in externships at the Toronto, Baltimore, and Copenhagen zoos, working as a zookeeper at the Toronto Zoo, volunteering as a field surgeon for a wolf study in Ontario, and volunteering in Africa with various veterinarians working with large predators and primates.

For many veterinarians, it is daunting to work on a species you've never studied before. “From medicine to surgery and occasional referral to specialty—the

The Wildlife Rescue Association's priority is to provide the highest quality medicine possible to its patients, but the cost of good equipment is sometimes prohibitive. For larger pieces of equipment, the WRA relies on donations in-kind from clinics and medical equipment companies. The Association is currently hoping to improve the quality of its dental care, if a clinic or group is interested in donating a working dental drill. Please keep the WRA in mind when considering the disposal of unwanted goods or equipment. “We are very fortunate to have had great supplies and equipment donated to us, and we always appreciate any high quality goods that are not used by others anymore.”



THIS PAGE Beaver receiving medical treatment; Dr. Mira Ziolo (far left) with WRA staff; oil-damaged pigeon getting a bath. **OPPOSITE PAGE** WRA Care Centre facilities.



principles are the same,” she says. “Perhaps more notable emphasis lies on relying on the knowledge and expertise of the rehabilitation staff ... they have an intimate understanding of natural history that can significantly affect case outcome.” For veterinarians interested in gaining more education or a greater comfort level in dealing with wildlife, one obvious pathway would be internship and residency. Additionally, training in eco-health or in the One Health model would be particularly valuable, as it would, she says, “sensitize you to the emerging and invaluable role of the wildlife or zoo veterinarians as stewards in an intricate web affected by many other factors and disciplines.”

If you choose not to take formal training, then you really just have to grab at opportunities that arise and identify your passions, as she has done. To be successful with wildlife, you have to always stay humble and committed, because, as she says, “You are only human, wildlife reminds you of that every day...”

Sometimes, part of the stumbling block for veterinarians getting involved with wildlife rescues isn’t the actual handling of the animals or medical skills, but instead an underlying tension between veterinarians and “rehabbers.” Although BC has a detailed accreditation process and minimum standards that must be met for rehabilitation facilities, Dr. Ziolo thinks there will always be backyard rehabbers who create part of the tension. Based on her own experience, she sees this as an under-addressed rift that is perhaps partially justified on both sides. Veterinarians, she says, are sometimes viewed as narrow-minded in wanting things their way and ignoring the very knowledgeable rehabilitation staff who know more about the natural history of the species in question. However, on the flip side, rehabbers have been pegged as bleeding hearts.

Dr. Ziolo emphasizes that these are often just perceived reputations and what is truly lacking is simple communication on both sides. Veterinarians are in an



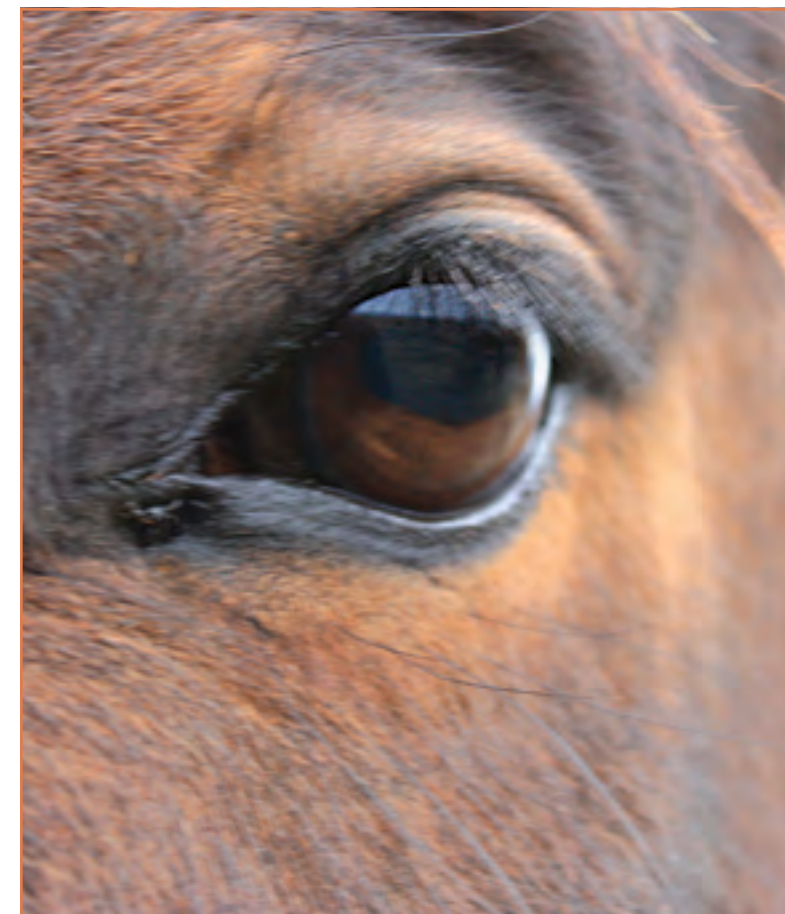
PHOTO BY PAUL STEEVES

ideal position to help build or mend bridges between these two groups. The WRA leads by example in this regard; the centre actively integrates veterinary medicine and rehabilitation activities. To further this work, she and the WRA staff have put together an information package of general information on legalities and protocols for wildlife management as well as specifics for triage and stabilization of common cases. This information is available through the centre (www.wildliferescue.ca). Dr. Ziolo also says it isn’t just veterinarians and rehabbers who should work

together; good working relationships are needed with the Ministry of Forests, Lands and Natural Resources, the Conservation Officers, and other wildlife facilities to get the best management of human-wildlife conflicts.

Veterinarians should always remember that they have an important seat at the table with respect to One Health issues, both locally and globally. There are many ways to be involved in managing local human-wildlife conflicts, by using clinical skills or assisting with policy development and public education. However, it is important to remember that there are many other very interested and educated parties who sit at the same table.

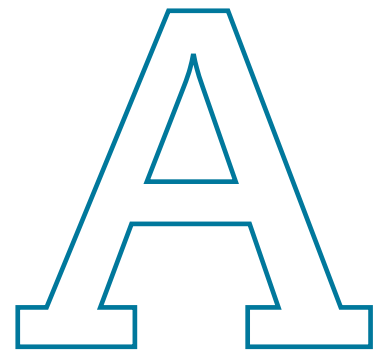
“Only together can we work to build a healthier interface,” says Dr. Ziolo. If, like her, you are interested in delving into the world of wildlife, consider a visit to the WRA, or request their information brochure. Information on other similar facilities is available through the Wildlife Rehabilitation Network of BC’s website (www.wrnb.org). [WCV](#)



ANNUAL DELTA EQUINE SEMINAR

NOVEMBER 3 & 4, 2014
TOWN AND COUNTRY INN, DELTA, BC

Organized by the Equine Committee of the CVMA-SBCV Chapter, the 43rd Annual Equine Seminar at the Town and Country Inn, Delta, BC, will feature Dr. Nicholas Frank, Tufts University, speaking on Endocrine Disorders of the Older Horse, and Dr. Hal Schott, Michigan State University, speaking on Fluid Therapy, Weight Loss, Urinary, and Hepatic Diseases. Flyers will be emailed or mailed and distributed via AVP in June, and registration brochures will be mailed in August.



ssociated Veterinary Purchasing (AVP), on a day-to-day basis, provides veterinarians in BC with convenient one-stop shopping, offering well-priced, accurate, and expedient services. AVP is a veterinarian-owned buying and distributing group that purchases veterinary medical supplies and delivers them to clinics within British Columbia.

In fact, the majority of veterinary clinics order most of their inventory from the sole source of AVP. Within 24 hours of a clinic placing an order, supplies from multiple vendors arrive at the door, neatly packed, itemized, and consistently complete. Rarely does the busy clinician stop and think about the process necessary to make this happen.

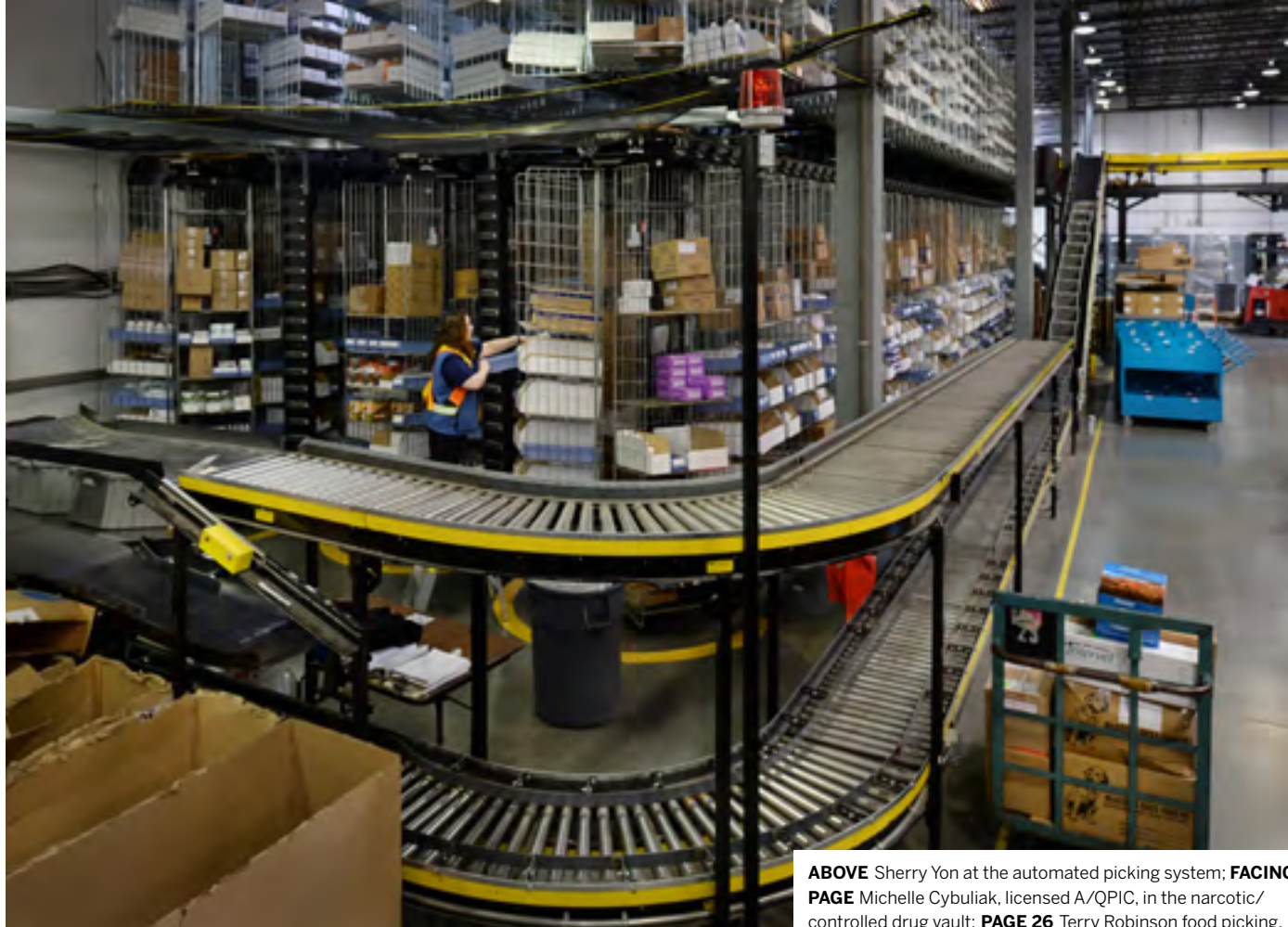
With the exception of those who have practiced veterinary medicine for 32 plus years, most veterinarians in British Columbia do not know what clinic life was like prior to the existence of AVP. Inventory maintenance is essential to clinical practice, and it is important that veterinarians, clinic owners, and associates alike have an understanding and appreciation of AVP's role with regard to inventory management.

A tour of the AVP facility revealed technology, equipment, and a family-like environment that cultivates dedication throughout the entire AVP team, and the astounding finesse with which the operation runs, providing a clear picture of what AVP actually is: an organization that lifts a significant amount of non-medical work from the shoulders of veterinarians and clinic managers, and an agency more impressive than anything I could have imagined.

ASSOCIATED VETERINARY PURCHASING



BY KOHARIK ARMAN, DVM
PHOTOGRAPHY BY JASON BROWN



ABOVE Sherry Yon at the automated picking system; **FACING PAGE** Michelle Cybuliak, licensed A/QPIC, in the narcotic/controlled drug vault; **PAGE 26** Terry Robinson food picking.

AVP is a group purchasing organization (GPO) and distribution centre. In order to appreciate AVP's value to BC's veterinary profession, the core functions of cooperative buying groups must be understood. GPOs are intermediaries between supply vendors and GPO member businesses, and their primary purpose is to bargain with vendors to secure the best supplier rates available. Large corporations routinely purchase supplies in discounted mass quantities, which small businesses cannot do. Group purchasing organizations, however, can obtain the same mass quantity discounts from vendors; collectively they can order larger numbers of supplies. They consolidate the negotiating strength of individual member businesses, leveraging the power of group purchasing to receive discounts that typically fall within the range of 10 to 20 per cent. Member businesses are thus provided purchasing access to supplies at the lowest prices available: there is strength in numbers. Funding for GPOs comes from membership dues that are customarily charged in the form of one-time fees, annual or monthly rates, or transactional percentage fees.

The benefits of GPO memberships to participating businesses are multifaceted. The discounted rates at which member businesses can obtain their supplies

result in cost savings that can then be passed forward to their clientele and consumers. Lower prices keep member businesses competitive within their markets.

These opportunities are essential to the profitability and survival of small independent businesses that must contend with the cost advantage prices offered by large corporations. In addition to creating a more level playing field, GPOs save businesses the time, staff resources, and costs associated with price negotiations and order placements with multiple individual vendors.

A sector of GPOs, such as AVP, are referred to as GPO distributors. Not only do they source supplies and secure preferred pricing terms on behalf of their members, but they also serve as supply distribution companies which purchase, stock, and deliver inventory to their members. This allows member businesses to both place and receive single orders. Unpacking one large shipment received from a central GPO distributor warehouse is more efficient than unpacking, sorting, and stocking multiple orders from multiple vendors.

Furthermore, expedient delivery by GPO distributors such as AVP allows member businesses to carry smaller inventories, and this frees up physical space within premises, minimizes spoilage of products that can expire, and decreases the overheads associated with the carrying costs incurred by larger inventories. A further benefit of GPO membership is that annual profits are distributed to shareholders in the form of rebates and dividends; for a veterinary-owned purchasing group this means that surplus cash is paid to the organization's member clinics.

In conjunction with the aforementioned advantages common to

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UNPACKING ONE LARGE SHIPMENT RECEIVED FROM A CENTRAL GPO DISTRIBUTOR WAREHOUSE IS MORE EFFICIENT THAN UNPACKING, SORTING, AND STOCKING MULTIPLE ORDERS FROM MULTIPLE VENDORS

member businesses of GPO distributors, AVP member clinics receive additional rewards that are specific to the veterinary profession as it is structured in British Columbia and throughout Canada. Unlike veterinary GPOs in the United States, veterinary cooperatives were established in Canada prior to the formation and proliferation of corporate GPOs and distributorships: associations not owned by veterinary member clinics. The United States has developed an oversaturated market that has caused the bankruptcy of some GPOs, infighting among competing distributorships, and cost variations between organizations.

Historically in Canada, the five established affiliate veterinary purchasing groups serviced only those clinics within their particular geographical regions; incentive for competition between Canadian GPOs never arose, and cooperative relationships between the organizations were formed. Drug markups were set at 12 per cent and food markups at 12 per cent originally and now 18.5 per cent across the country. The consistency of pricing among Canadian GPOs contributed to the stability of the veterinary profession in Canada. However, the climate of the veterinary distributorship business in Canada is changing. Centre de Distribution et Medicament de Vétérinaire (CDMV), a private corporation established in Quebec, now offers products and services across the country and solicits business in provinces with veterinary-owned collectives.

As the economic landscape of the veterinary profession in Canada has shifted and evolved, AVP has remained loyal to its demographic of veterinarians in British Columbia, but has successfully grown and advanced in step with the changing clinical requirements of its members within the province.

AVP was established in 1982 by a cooperative of approximately 18 veterinary shareholders in BC

as a small purchasing and distribution group. Orders were placed by submitting hardcopy paper forms, or by telephone, and just 15 years ago the group owned only 2 computers. Now, it carries an extensive inventory and experiences full turnover every 27 days. AVP dedicates 55,000 square feet of warehouse space to stock the supplies needed to service the veterinary clinics of British Columbia, uses 80 computers, and employs 3 fulltime IT specialists.

AVP is currently owned by 365 veterinary shareholders, uses the latest technology available, and did \$94 million in product sales in 2013. Thirty years after AVP's conception, the majority of orders are now completed online, at approximately 66 per cent. Clinics can also place their orders directly

through their veterinary software if they use AVImark or ClenTrax, the two companies with which AVP currently works. Orders placed by phone account for 4 per cent, and fax orders, 30 per cent. General Manager Eric Stokvis estimates that such a significant number of orders are faxed to AVP, rather than sent through clinic software, because clinics frequently do not purchase clinic support programs with their software systems, and as a result they do not receive the software updates necessary to submit orders directly from their software systems to AVP.

The purchasing technology used by AVP, jBASE, is the most sophisticated inventory management system available in the country. jBASE is used in over 70 countries worldwide and evolved from Pick Operating System, a program designed and used by the U.S. Army. Veterinary clinics' orders are submitted to AVP through the jBASE database, and are then processed through Nova—a highly computerized and automated carousel, chute, and conveyor belt system that cost AVP more than \$1M to implement four years ago. The investment has been a valuable aspect of AVP's expansion and has increased efficiencies in recent years. An automated inventory management system means that staff costs are decreased, orders are streamlined and checked repeatedly for mistakes, and AVP is able to provide a greater level of service to the continually increasing demands of the veterinary profession in British Columbia.

In addition to the impressive technology used to process orders and sort, scan, package, and deliver inventory, the AVP warehouse incorporates specialized storage units, including the large narcotic vault with restricted access and various levels of security in place, a closely monitored and controlled fridge for vaccines and other items requiring cool storage, and large metal racks for bulk disinfectant supplies and pet food. The facilities are open for tours so that you can see for yourself the sophistication of the technology placed at the service of the veterinary industry in BC.

The bottom line is that AVP is an organization dedicated to improving and facilitating the work of veterinarians within BC. The group works hard on behalf of the profession, and is able to return profits to member businesses.

And if all this wasn't enough, there is one last service that AVP provides that you are benefitting from right now—it is AVP who delivers *West Coast Veterinarian Magazine* to all veterinary clinics in British Columbia. [WCV](#)



THE DUTY OF VETERINARIANS TO REPORT CRUELTY

[SEPTEMBER 2013 CVBC NEWSLETTER]

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hen the PCA Act was passed in 2011 (and revised in 2013), it obliged BC veterinarians to report instances where they suspect an animal is in distress in contravention of the PCA Act. The PCA Act also included immunity from legal proceedings or damages in regards to compliance with this new reporting requirement.

WHEN TO REPORT

Veterinarians are expected to be able to identify when an animal may be in distress pursuant to the PCA Act, and when the situation requires reporting due to a failure on the part of the person responsible for the animal to act to relieve that distress or because the person responsible is purposefully causing that distress. If both those factors are present, the veterinarian must report this to the BC SPCA.

There are a number of articles and websites, including the Canadian Veterinary Medicine Association website, to assist veterinarians when they suspect instances of animal cruelty, neglect, or abuse.

The PCA Act requires veterinarians to report a belief that an animal may be in distress if that belief is based on "reasonable grounds." Such "reasonable grounds" could be gathered in situations including, but not limited to, the following:

- Presentation of non-accidental injuries
- Conflicting or unrealistic explanations of how injuries occurred
- Delays in obtaining veterinary care or treatment for problems

- Physical signs of neglect (such as severely matted hair, untrimmed nails/hoofs, malnourishment, infected wounds, or presence/smell of excrement)
- Refusal to treat when an animal is suffering or in pain

CLIENTS' REFUSAL TO TREAT

There will be situations where treatments recommended by a veterinarian may be declined by a client due to cost. To ensure there is no conflict of interest, veterinarians should report clients who decline recommendations and/or refuse to consent to treatment of their animal(s) if:

- Lack of treatment will cause distress to an animal
- The client has indicated that he/she will not seek treatment for the animal elsewhere
- The client refuses to consent, despite the veterinarian's offer to make financial arrangements that are mutually agreeable.

If a client indicates that they will seek a second opinion and the veterinarian has, in good faith, reason to believe that this will not in fact take place and the animal will remain in distress, this should be reported to the BC SPCA.

Veterinarians may provide clients with a "Notice of Duty to Report" document to assist in explaining their duty in cases where the client refuses to treat an animal and the animal remains in distress. [WCV](#)



PROTECTING YOUR PROPRIETARY TURF

NON-COMPETITION AND NON-SOLICITATION COVENANTS

BY DOUGLAS C. JACK

In recent years, more and more judicial scrutiny has been applied to the enforceability of non-competition and non-solicitation covenants contained in employment agreements. Generally speaking, the courts are taking a dim view of contract provisions that attempt to limit competition in the marketplace. With such a trend, veterinary practice owners need to carefully consider how they are to protect their interests in the face of a departing employee leaving to establish a competing practice. Having taken the risk of starting the clinic, endured the sleepless nights of wondering if there would be sufficient revenue to make payroll, and invested in growing the client base, it seems reasonable that a practice owner might expect the law to offer some assistance in ensuring that an associate cannot leave the practice only to benefit from the former employer's efforts. On balance, it would appear that appropriate protections can be implemented so long as the form and content of the written documents are clear and unambiguous.

RESTRAINT OF TRADE

A non-competition covenant is simply an employment contract term wherein a departing employee agrees that he or she will not, in a veterinary context, be engaged in a veterinary setting within a specified geographic area for a specific time subsequent to the departure from the current employment. Sometimes such covenants extend not only to the actual practice of veterinary medicine, but also to the offer of any sort of financial support to a competing clinic within the proscribed geographic area. According to common law

principles, such a covenant is in restraint of trade and, as such, would be unenforceable in the court unless the terms of the covenant are reasonable. It is this notion of reasonableness that seems to be attracting the attention of the courts.

In 2009, the Supreme Court of Canada reinforced the view that in order for a non-competition covenant to be enforceable it must be unambiguous in terms of the temporal and geographic limitations. In *Shafroon v. KRG Insurance Brokers (Western) Inc.*, the Court reviewed a covenant of a former employee not to compete in the insurance business for a period of three years within the Metropolitan Municipality of Vancouver. One month after leaving employment, the employee obtained a new position in the insurance sector in Richmond, and the employer commenced proceedings to enforce the covenant. At trial, the court held that the covenant was ambiguous in that it could not be determined whether or not Richmond was within the Metropolitan Municipality of Vancouver; however, the British Columbia Court of Appeal reversed the decision commenting that both the temporal and geographic restrictions were sufficiently certain. The Supreme Court of Canada then reversed the Court of Appeal decision restating the view that such covenants were presumptively unenforceable unless they were limited in terms of reasonable duration, geographic reach, and the scope of the covenant. In this case, the Court held that the geographic limitation was ambiguous and thus struck down the provision, leaving the employee to actively compete in the new position.

In order to benefit from an enforceable non-competition covenant, the employer must seek an appropriately drafted provision that is reasonable in the circumstances. To this end, it would appear that previously accepted time restrictions have now been compressed; geographic radii must be shortened; the scope of the covenant must be narrowed. For instance, while such a covenant might have been drafted as prohibiting the "practice of veterinary medicine," the scope might be narrowed to "companion animal veterinary medicine" to permit the employee to seek out large animal or equine opportunities. One might consider an exception for the former employee to be engaged in temporary locum positions. In specialty practices, perhaps limiting the scope of the restricted practice is appropriate; for

instance, a former employee of an avian practice may be able to practice in a general small animal clinic. In addition, it would seem appropriate to have the employee acknowledge the reasonableness of the covenant within the employment agreement to avoid conflict at a later date. In undertaking such strategies, the enforceability of the covenant will be enhanced.

NON-SOLICITATION COVENANTS

Similarly, non-solicitation covenants are often sought from employers so that a departing employee cannot solicit the clients of the employer. Such covenants are often remarked upon by the courts as being a more acceptable substitution for a non-competition covenant. The solicitation of clients in a professional context is also an ethical issue; in fact the bylaws under the Veterinarians Act (BC) specifically references the prohibition on solicitation of clients by former employees of a clinic. Section 115(b) of the Bylaws relating to the Code of Ethics states that a member who has left employment with a practice shall not by any express statement made directly to any person, or through marketing, solicit the clients of the former practice or employer. As such, recourse to the College may be an option if such a breach were to occur.

One might also consider the use of a non-solicitation covenant in the context of valued laystaff of the clinic; the current practice owner can be quite compromised if the associate veterinarian departs with invitations to the receptionist and head technician to join him or her in the new competing practice.

SALE OF PRACTICE CONSIDERATIONS

Non-competition and non-solicitation covenants are also common in practice sale agreements; that is, the Purchaser will inevitably seek such covenants from the Vendor as a means of demonstrating good faith in the transaction relating to the transfer of the goodwill value. The courts seem to take a more liberal view of such covenants in the sale context as the Purchaser is paying an amount that can be attributed to the notion that the Vendor will not be competing directly post-closing.

The law on these issues continues to evolve in an environment where active competition is preferred; as such, current veterinary practice employers are well advised to approach this aspect of employment contracts with caution. [WCV](#)

Thirteen veterinary student teams compete for an Easi-Scan ultrasound BCF Technology, Easi-Scan designer, announced the competitors in their competition for veterinary medicine students to win an Easi-Scan for their university. Meet the competition at <http://bit.ly/1qqfv1e>. Online voting determines winner. Follow your team, support your alma mater, or simply cheer for the best—follow the competition on Facebook: www.facebook.com/bcfttechnology.northamerica.

IDEXX has announced a significant addition to its leading line of point-of-care instruments, the Catalyst One™ Chemistry Analyzer. With the same reference laboratory-quality results and real-time work flow as the high-throughput, multiple-patient Catalyst Dx® Chemistry Analyzer, the new Catalyst One™ Chemistry Analyzer offers practices unprecedented speed, simplicity and clinical insight in a single-patient work flow. See the complete story at idexx.com.

Animal Shelters across North America Continue Placing Shelter Pets in Forever Homes with over \$45,000 in Donations from Trupanion Trupanion has donated over \$45,000 to non-profit animal shelters across the U.S. and Canada since the 2013 launch of its Shelter Support Program. Trupanion, a medical coverage provider for pets, launched the Shelter Support Program in March 2013 in service of their mission to financially support shelters and promote finding forever homes for pets in need. Over the past year, the company partnered with an increasing number of animal shelters across North America through their program.

The Animal Health Technologists Association of British Columbia has changed its name to the British Columbia Veterinary Technologists Association. This change was made to align with the more common term of Veterinary Technologist in use across North America, as well as to increase public awareness and recognition of Registered Veterinary Technologists in BC. With this change, all members of the BCVTA (formerly AHTA of BC) will now be known as Registered Veterinary Technologists and should use the following initials of RVT. The website address has also changed to www.bcvta.com.

Modern Veterinary Therapeutics announces that the Veterinary Drugs Directorate (VDD) has approved Cloprostenol Veyx™ (cloprostenol injection—250mg/mL) in Canada. The ability of Cloprostenol Veyx™ to shorten the life span of the corpus luteum makes it efficient for multiple therapeutic indications, including treating certain clinical conditions which delay breeding, manipulating the estrous cycle to better fit specific management practices, and inducing abortion. For controlled

breeding, the luteolytic action of Cloprostenol Veyx™ can be used to schedule estrus and ovulation for animals in order to control when cycling cows or heifers can be bred.

CAT HEALTHY PREVENTIVE HEALTHCARE PROTOCOLS FOR CATS

The majority of cats aren't getting the care they need. Cat Healthy (www.cathealthy.ca) can help. Cat Healthy is an initiative led by Dr. Liz O'Brien and is moving forward with Canada's only feline specialists and supported by the veterinary industry. The goal of this program is to improve the quality and desirability of cat care by giving veterinary clinics the tools to provide a comfortable, low-stress clinic experience for cats and their handlers.

- Why aren't cats getting the care they need?
- There are 25 per cent more cats than dogs in Canada, yet less than 40 per cent of veterinary visits are for cats.*
- Cat Healthy means removing barriers to veterinary visits
- Fifty-eight per cent of cat owners say their cat hates going to the vet, and 38% say just thinking about a vet visit is stressful. These are elements of "feline resistance"—a problem that a majority of clinics do not address.*
- Cat Healthy means better care and a better clinic experience
- Cat Healthy was initiated to provide information, tools and tactics to make your clinic more comfortable for cats and their handlers. Improving the experience of veterinary visits will encourage increased cat visits.
- Being Cat Healthy will increase confidence in visiting your clinic
- When cat owners become aware your clinic is making an effort to make a cat's visit a pleasant experience, they will be more inclined to take their feline friend for regular check-ups to ensure they are happy and healthy.

*All statistics are from research collaboration by Bayer Animal Health, Brakke Consulting, and the National Commission on Veterinary Economic Issues (NCVEI).

THE BURNS LAKE VETERINARY CLINIC is a well-established mixed animal practice (90% small, 10% beef with huge potential for equine) in north-central B.C. The current long term owner wishes to retire and is motivated to sell at a very reasonable price to the right person who will maintain vet services for the community. Burns Lake is a small, caring and very supportive community now boasting a new sawmill, hospital, and rec centre. For more information and pictures, please visit our website, burnslakevetclinic.ca/for-sale or contact Dr. Lois Martin at blvet@telus.net or at 250-692-7476.

ANDERSON VETERINARY CLINIC in beautiful Penticton is looking for a full time, and possibly a part time registered Animal Health Technologist to join our team. We are a modern, well equipped, busy, three veterinarian 95% small animal / 5% mixed animal practice. We offer a friendly and supportive work environment, competitive wage and many benefits (medical/dental, continuing education allowance, three weeks paid vacation, uniform allowance etc.). Please forward your resume in confidence to drcruickshank@andersonvet.ca

To place a classified ad in West Coast Veterinarian please contact Inga Liimatta at ingal@telus.net. Deadline for ad submission is August 5, 2014 for the Fall issue.

CLASSIFIED ADS

CANADIAN VETERINARY MEDICAL ASSOCIATION | CONVENTION | JULY 9-12, 2014
canadianveterinarians.net



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JUNE 2014

CE AT UNIVERSITY OF CALGARY FACULTY OF VETERINARY MEDICINE

Basic Small Animal Surgery: June 2–6;
Basic Small Animal Anesthesia: June 9–13;
Small Animal Emergency Procedures:
June 19–20.
<http://www.vet.ucalgary.ca/node/1488>

JULY 9–12, 2014

2014 CVMA CONVENTION

A New Discovery Down Every Lane

Online registration is open for Canada's only national multi-species CE event, offering more than 108 hours of continuing education. The City of Legends, St. John's, Newfoundland and Labrador, awaits you as the destination for the Canadian Veterinary Medical Association's annual convention, presented in partnership with the Canadian Association of Animal Health Technologists and Technicians (CAAHTT). Experience this unique four-day convention which offers 25 hours of CE and features a strong scientific program, including 34 speakers from Canada and the United States. With sessions focusing on small animal, equine, bovine and ruminant medicine, in addition to animal welfare and business management issues, there is something of interest for everyone. Specialized workshops, including a Level 2 dental lab and an orthopaedic lab, are also available. Find out more about these sessions and more in the 2014 CVMA Convention Preliminary Brochure, online in the Events section of CVMA's website (canadianveterinarians.net).

AUGUST 2–6, 2014

35TH ANNUAL ASSOCIATION OF AVIAN VETERINARIANS CONFERENCE & EXPO

New Orleans, LA
www.aav.org

SEPTEMBER 12, 2014

PERINEAL URETHROSOTOMY

Kitchener, ON
www.focusandflourish.com

SEPTEMBER 13, 2014

SIMPLE FRACTURES

Kitchener, ON
www.focusandflourish.com

SEPTEMBER 10–13, 2014

SVMA CONFERENCE

Saskatoon, SK
www.svma.sk.ca/events

SEPTEMBER 16–19, 2014

39TH WORLD SMALL ANIMAL VETERINARY ASSOCIATION CONGRESS (WSAVA 2014)

Cape Town, South Africa
www.wsava2014.com

OCTOBER 24–25, 2014

CRUCIATE EXTRACAPSULAR REPAIR

Kitchener, ON
www.focusandflourish.com

OCTOBER 25–28, 2014

CANWEST VETERINARY CONFERENCE

2014
Fairmont Banff Springs Hotel in the heart of Alberta's beautiful mountain parks.

NOVEMBER 3–4, 2014

ANNUAL DELTA EQUINE SEMINAR

Organized by the Equine Committee of the CVMA-SBCV Chapter, the 43rd Annual Equine Seminar at the Town and Country Inn, Delta, BC, will feature Dr. Nicholas Frank, Tufts University, speaking on Endocrine Disorders of the Older Horse, and Dr. Hal Schott, Michigan State University, speaking on Fluid Therapy, Weight Loss, Urinary, and Hepatic Diseases. Flyers will be emailed or mailed and distributed via AVP in June, and registration brochures will be mailed in August.

NOVEMBER 7, 8, & 9, 2014

CVMA-SBCV CHAPTER FALL CONFERENCE & TRADE SHOW

In conjunction with the British Columbia Veterinary Technologists Association (BCVTA)
River Rock Casino Resort, Richmond, BC

Friday November 7

CVBC Registrants Meeting

Saturday November 8

Fall Conference and Trade Show (Plus CVMA-SBCV AGM and BCVTA AGM)

Sunday November 9

Fall Conference and Trade Show

NOVEMBER 8, 2014

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www.focusandflourish.com

NOVEMBER 9, 2014

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NOVEMBER 14, 2014

FEMORAL HEAD OSTECTOMY

Kitchener, ON
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NOVEMBER 15, 2014

MEDIAL PATELLA LUXATIONS

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www.focusandflourish.com

NOVEMBER 21–22, 2014

INTRODUCTION TO REHABILITATION

Kitchener, ON
www.focusandflourish.com

2015 CONFERENCES

JANUARY 29–31, 2015

ONTARIO VETERINARY MEDICAL ASSOCIATION CONFERENCE

Toronto, ON

JUNE 2015

WCVM CONFERENCE AND 50TH ANNIVERSARY CELEBRATIONS

Saskatoon, SK

JULY 16–19, 2015

CVMA 2015 CONVENTION AND AGM

Calgary, AB

TBD

2015 LIVESTOCK CARE CONFERENCE

Edmonton, AB
<http://www.afac.ab.ca>

SCIL Veterinary Excellence offers new online ultrasound courses (vetnovations.com)

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Veterinary Information Network

www.vin.com

International Veterinary Information Service

www.ivis.org/home.asp

University of California, Davis

www.vetmed.ucdavis.edu/ce

Lifelearn

www.lifelearn.com

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