

VOICE

Today's Voice, Tomorrow's Vision

- **2014 CVMA
Legislative Updates**
- **Ultimate Practice
Growth
Weekend**
- **Increasing Client
Compliance for
Dentistry**



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CVMA Events and Deadlines

April 5-6
9PetCheck
Colorado

April 11-12
BIG Ideas Forum | Spring 2014
Denver

May 30-June 1
Ultimate Practice Growth Weekend
Colorado Springs

June 27-29
CVMA CE West
Palisade

August 8
Puttin' for PetAid
Littleton



Colorado Veterinary Medical Association

Our Mission

CVMA exists to enhance animal health and welfare, promote the human/animal bond, protect public health, advance the wellbeing of veterinarians, and foster excellence in veterinary medicine through education, advocacy, and outreach.

PRESIDENT'S POST

Colorado Veterinary Medical Association

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The CVMA *Voice* is published quarterly to members and once a year to nonmembers free of charge. Information and advice presented in this publication do not necessarily represent the views of CVMA.

Deadlines for Submission

All articles, contributions, and display ads must be received in the CVMA office by the dates reflected below. For more information or to obtain a rate schedule, contact the CVMA office at 303.318.0447 or info@cvma.org.

Issue #1 — January 15

Issue #2 — April 15

Issue #3 — July 15

Issue #4 — October 15



**Peter Hellyer, DVM
President**

Our organization exists to enhance animal health and welfare, promote the human/animal bond, protect public health, advance the wellbeing of veterinarians, and foster excellence in veterinary medicine through education, advocacy, and outreach. In all of these important areas, CVMA members and CVMA staff are being productive, effective, and meeting our mission. In this post, I want to highlight some great initiatives designed to advance the wellbeing of veterinarians.

The economy has been a concern for most veterinarians since 2008, and some started to feel the pressure of declining client visits even before the recession became official. Although some members have seen an upturn in practice visits and revenues within the last year, there remains significant financial pressure on many of our colleagues. At the BIG Ideas Forum on November 1, we heard an exceptional panel discuss workforce issues and how the profession will need to absorb an ever-increasing number of new graduates. I came away from that outstanding discussion with two main impressions: 1) the workforce issues are here for the foreseeable future, and 2) there are still many opportunities for a personally satisfying and economically rewarding career in veterinary medicine. So, what is CVMA doing to help support the economic wellbeing of our members?

CVMA was one of the early supporters of the Partners for Healthy Pets, which has been reported on frequently in the *Voice*, *eVoice*, and at district visits. Partners for Healthy Pets is an unprecedented collaboration of the AVMA, AAHA, and over 100 other veterinary associations. The goals of Partners are to improve animal health and support the economic viability of the veterinary profession through an emphasis on preventive healthcare and regular veterinary checkups. If you have not visited the Partners website recently (partnersforhealthypets.org), I strongly encourage you to check out what is new. Partners has spent

the last three years developing real tools that can be used by the entire veterinary team to educate clients about the importance of preventive healthcare and annual veterinary checkups. Now that the groundwork has been laid with the veterinary profession, Partners has begun a direct to consumer campaign to educate the public about preventive care. There is a very engaging public service announcement that can be viewed on the Partners website. The message to the public is that our dogs and cats come with special care instructions: feed daily, yearly checkups, love forever. I can only imagine the various ways in which this simple message can be tweaked to educate the owners of animals other than dogs and cats about the essential role that preventive healthcare and routine veterinary visits have in the health of their animals. In addition to CVMA being an early supporter of Partners, Dr. Apryl Steele (former CVMA president) is an official spokesperson for Partners. What a great resource for our members wanting to learn more about this truly visionary program.

We all recognize that regular veterinary checkups and preventive healthcare are simply outside the reach of many economically disadvantaged people in our state. 9PetCheck, now in its fifth year, will once again educate the public about the importance of preventive healthcare and provide wellness checks and rabies vaccinations for pets of people in need. The CVMA veterinarians and their staff who participate in 9PetCheck help disadvantaged people, their pets, and serve the entire veterinary profession by getting the word out that preventive healthcare and yearly visits improve animal health. The messages from Partners for Healthy Pets and 9PetCheck are the same—the veterinarian is key to a healthy pet. How can we work together to further educate the public about preventive healthcare and the central role of the veterinarian? Are there initiatives we can start on a district or statewide level? We would love to hear from you!

President's Post continued on page 11

BRIEFINGS



Ralph Johnson
Executive Director

Like kids in a candy store,

CVMA members have a bountiful array of choices to consider. The calendar is full of options to sate your appetite—whether you hunger for personal or professional development, colleague connections, or issue exploration. Here's what's on the shelf for your perusal . . .

BIG Ideas Forum | Spring 2014

We'll be at the Warwick Hotel in downtown Denver on April 11–12 for the spring edition of BIG Ideas, which will explore the topic of "INNOVATION: The Secret to Thriving in the Changing Veterinary Landscape." Watch your email or check the CVMA website (www.colovma.org) for complete details, but suffice it to say this will be another intriguing and impactful session. Those of who have attended BIG Ideas Forums in the past may recall a dynamic session about understanding generational characteristics and preferences—conducted by a thoughtful, talented facilitator whose name is Jeffrey Cufaude. We're bringing Jeffrey back for this session on innovation, because it's an area of his expertise (he presents a highly acclaimed program on this topic for the American Society of Association Executives) and because he's so adept at leading dialog on thought-provoking topics. In addition to the morning forum, CVMA commissions and its Board of Directors will meet in the afternoon, making for a full day of idea exchange, connection and action. The BIG Ideas Forums are open to all members, and are complimentary if you register before the deadline.

Ultimate Practice Growth Weekend

The inaugural edition of the deep-dive workshop will be held May 30–June 1 at the Cheyenne Mountain Resort in Colorado Springs, and will feature Dr. Michael Warren delivering a weekend of learning customized for CVMA members. Educated as a veterinarian, Dr. Warren knows first-hand the needs of veterinary practices—and he

also possesses a phenomenal understanding of marketing. The Ultimate Practice Growth Weekend is designed for those who are serious about implementing change to grow their practice. More than just a workshop, it's a custom retreat created to feed your brain, nourish your spirit, and ignite your passion for taking your practice to the next level. Dr. Warren will help you unlock the secrets of practice growth, such as:

- Understand what your clients actually want
- Leverage technology for cost-effective growth
- "Super glue" clients to your practice
- Create strategies—instead of chasing tactics
- Think like a master marketer
- And much, much more to get you unstuck!

You can find out more and register at www.colovma.org, or call Nancy Cross in the CVMA office at 303.318.0447. You deserve success—*experience* the Ultimate Practice Growth Weekend!

District Visits

Our theme for district visits is "We're all ears!" because each year CVMA offers every veterinarian in Colorado the chance to be heard at the district visits. If you have questions about professional issues, or something you want to know about CVMA initiatives, or want to express how CVMA can be even more valuable to you, the district visit provides just the opportunity. Dr. Erin Epperly (your president-elect) and I will be touching a number of topics during the visit, including:

- Evolution in veterinary dentistry
- New tools for building veterinary visits
- Legislative changes that will impact you
- Ballot initiatives that could change the landscape
- Member surveys—some completed, more emerging
- Regulatory developments affecting your practice
- PetAid Colorado, 9PetCheck, and more!

Briefings continued on page 9

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President-elect

Dr. Curtis Crawford
Secretary/Treasurer

Dr. Sam Romano
Secretary/Treasurer-elect

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Dr. Melanie Marsden
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Mr. Ralph Johnson
*Executive Director**

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- 1 – Dr. Kimberly Radway
- 2 – TBD
- 3 – Dr. Merideth Early
- 4 – Dr. Adam Tempel
- 5 – Dr. Jenelle Vail
- 6 – Dr. Cassie Todd
- 7 – Dr. Cor VanderWel
- 8 – Dr. Dale Davis
- 9 – Dr. Kayla Henderson
- 10 – Dr. Marguerite Flett
- 12 – Dr. Randal Hays
- 13 – Dr. Connie Stapleton
- 14 – Dr. Matt Braunschmidt
- 15 – TBD
- 16 – Dr. Mark Cowan
- 17 – Dr. Leon Anderson

Student Chapter Representatives

- Fourth year – Mr. Nathaniel Vos
Third year – Mrs. Julia Herman
Second year – Mr. Kevin Lavelle
First year – Ms. Madeline Anna

* *Ex-officio, non-voting*

CVMA Ultimate Practice Growth Weekend: Discover *Your* Heavy Hitting Business Success Strategy!

Michael Warren, DVM, CGP
Managing Director, DVMelite Web Development

I can still remember clearly when I had *my* BIG breakthrough. It was right around the time I realized I was doing everything completely wrong, and that the uneasy “stuck in the mud” feeling was there for a reason.

What I discovered was this: the fundamental secret for business success is understanding the difference between *strategy* and *tactic*.



After lots of trial and error, and even more introspection, I finally realized what I had been focusing on was tail-chasing tactics that were literally wasting all of my time. An epiphany occurred: what I

should have been doing all this time was developing foundational business strategies that would drive our enterprise ahead.

So how can you determine the difference between strategy and tactics?

Well, it's not so easy to do this alone, but you're in luck—your association is a truly innovative organization! Through lots of arm twisting and “pretty pleases” CVMA has secured our commitment to share a full weekend of revolutionary, closed door, down and dirty practice-building strategies in the form of the **Ultimate Practice Growth Weekend**, May 30–June 1 in Colorado Springs.

This event will be unlike anything you've experienced before. It is your opportunity to dive into the fundamental business strategies that separate those that do “ok” from those that hit it out of the park, and it will lead to your very own breakthrough moment. The content we're covering has never been offered to practices before in a live event, so you're going to be part of something transformational.

Now back to strategies vs. tactics . . . So what exactly is the difference?

Well, a tactic is a technique used to get short or medium term success; they tend to be the “fad of the month” and very hit and miss in terms of effectiveness. A strategy on the other hand is a carefully constructed plan that leads to a long-term goal, and for the most part has remained constant over the past several hundred years.

So why is devising a rock-solid business strategy so important for you as a practice owner, associate, or support staff? Well, getting stuck in a continual cycle of trying the next new tactic means you risk working hard in your practice, but never quite realizing the ultimate business success you are looking for . . . and deserving! On the other hand, by mastering one fundamental strategy, you will bring an overarching coherence to any of the tactics that you choose to implement. Strategy first—tactics second.

So how can you determine if something is a business strategy versus a tactic? Let's take a look at some examples.

Video marketing: strategy or a tactic? The crucial question is “Will this have a profound impact on my practice in the long term? Will new clients suddenly flock to my practice because I've created some videos?” If you think carefully, the answer is very likely NO. Videos are nice . . . absolutely . . . but is it what we'll turn to for quantifiable practice growth? Very unlikely—the greatest possible gains from creating a video are short-term at best, so this is a *tactic*.

Social media: strategy or a tactic? Again ask yourself the impact question. Chances are you'll find that social media in itself will not have a profound effect on your practice—and is therefore a tactic. In order to make social media effective, you must have an underlying strategy guiding your tactical execution, and then it will have some efficacy.

Understanding how potential clients perceive your practice: strategy or tactic? Finally . . . a fundamental *strategy*. If you get this one right you'll experience the greatest impact on your practice growth, success, and value per time and money spent. A strategy like this will then dictate the implementation of the tactics like social media and video marketing. Jump into the tactics without mastering the strategies and you will be destined for that same “spinning your wheels” quandary I kept reliving those many years ago.

Focusing on a more personalized approach to communication: strategy or tactic? By now you can immediately see this is a fundamental strategy, and it's one that our clients are using with tremendous success.

If getting “unstuck” and taking your practice to the next level is even remotely on your mind, don't walk . . . *run* to register for the Ultimate Practice Growth Weekend. I have been told there are only limited seats, and this event is certainly something you will not want to miss. Join us as we pull back the covers on exciting business success topics like:

- Fundamental secrets to unlocking what potential clients (from all generations) *really* want.
- How to *leverage* technology (websites, social media, reviews, email) so they help, not hinder, your growth.
- How to become “ultra-productive” and get so much more from everything you do.
- Cost-effective ways to reach pet owners today—and it's not always so intuitive.
- How to super-glue existing clients to you so they'll stay no matter what.
- And other top-secret business strategies you just can't find anywhere else!

I look forward to meeting you and developing your strategies, identifying tactics, and creating a powerful Practice Growth Plan together! Register today!

For an outline of all of the great stuff we'll be covering over this amazing three-day practice success extravaganza please visit www.colovma.org ■

OF NOTE

Ready. Set. Accelerate Your Practice!

Serious about getting to the “Why” of your practice? CVMA’s inaugural Ultimate Practice Growth Weekend is for forward-thinking veterinarians who want to incorporate innovative ideas into reality. This intensive weekend retreat combines opportunity for strategic thinking and planning, deep-dive scenarios and discussion, interactive presentations, and time to reflect on it all! Guided by Dr. Michael Warren, who has received universal acclaim for his insights and expertise for helping others implement change to grow their practice, content presented will go beyond theoretical ideas – it will provide tools that work. This new and exciting program is not for everyone. It is for the select individuals who believe there is a better way to work and live and are ready to see just how far they can improve both.

Designed to be more than a workshop, this weekend offers a true retreat, to challenge your mind and relax the body. You can start your Saturday morning with yoga before

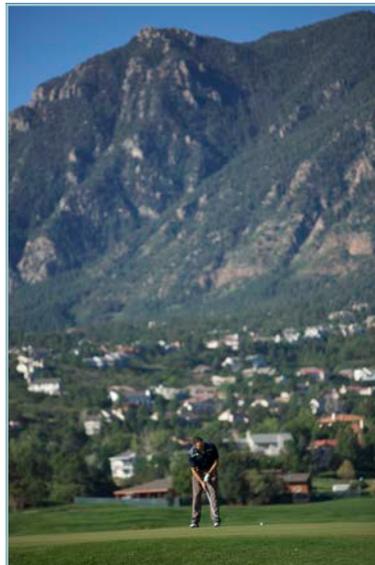
sessions begin, and Sunday offers a guided wake-up walk and stretch. Or enjoy the inviting surroundings of Cheyenne Mountain Resort and take some time to relax and rejuvenate.

Accelerate Your Practice

Join CVMA May 30-June 1 for 16 hours of education at the Cheyenne Mountain Resort, Colorado Springs. If you want to take your practice to the next level, then you can’t afford to miss this invaluable workshop created exclusively for CVMA. The Ultimate Practice Growth Weekend is designed for those who are serious about implementing change to grow their practice.

OUR PRESENTER

Michael Warren, DVM 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 not only veterinary practice owners, but also to their varied clientele in turn. Dr. Warren oversees all aspects of online development at DVMelite, from site design to product rollout to marketing. ■

**ULTIMATE PRACTICE GROWTH WEEKEND**

May 30—June 1, 2014

LOCATION

Cheyenne Mountain Resort
3245 Broadmoor Valley Road
Colorado Springs, CO 80906

THE PROGRAM

Join CVMA for a truly unique, customized success experience! In this immersion weekend retreat, you will unlock the secrets of practice growth:

- Understand what your clients actually want
- Leverage technology for cost-effective growth
- “Super glue” clients to your practice
- Create strategies—instead of chasing tactics
- Think like a master marketer
- And much, much more to get you unstuck!

YOUR WEEKEND**Friday, May 30**

1:00-6:00 PM

Beginning the Journey/Presentations

6:00 PM

Welcome reception

Saturday, May 31

6:30 AM

Start your day with group yoga!

7:30-8:30

Continental breakfast

8:30 AM-12:00 PM

What’s Working . . . and What’s Not/Presentations

12:00-1:00 PM

Lunch

1:00-5:30 PM

Discussions, exercises, planning

Sunday, June 1

6:30 AM

Guided wake-up walk and stretch

7:30-8:30

Breakfast

8:30 AM-12:00 PM

Ultra Productivity Super Tips/ Presentations

REGISTRATION

See registration form on page 8, or visit www.colovma.org for more information and to register!

OF NOTE

REGISTRATION

CVMA Ultimate Practice Growth Weekend May 30-June 1, 2014

Name _____ Credentials _____

Practice name _____

Address _____

City _____ State _____ Zip _____

work/cell phone _____ email address _____

Additional team members _____

Please use additional paper if adding more registrants.

Registration type	# of tickets	Price	Total
CVMA member		\$795	
Additional team members		\$149	
Non-member		\$1,199	
Additional team members		\$225	
TOTAL			\$

Lunch preferences: ___ gluten-free ___ vegetarian ___ vegan lunches (please indicate number by type)
Lunch included with registration fee.

Optional activities (no charge)

Beginner group yoga with instructor Saturday, 6:30 AM _____ number attending

Guided wake-up walk and stretch Sunday, 6:30 AM _____ number attending

Payment: Visa MasterCard Discover

Check enclosed (payable to CVMA)

Card Number _____ Exp. Date _____ CVC _____

Full billing address tied to card _____ City, State _____ Zip code _____

Name as it appears on card _____ Signature / Date _____

Neither seating nor lecture notes is guaranteed for on-site registrants. Cancellations submitted in writing prior to May 19, 2014 will receive a full refund minus a \$50 processing fee. No refunds or cancellations after that date or for no-shows.

Registrations received after May 19, 2014 will be subject to a \$25 additional fee.

FAX: 303.318.0450

MAIL: CVMA, 191 Yuma Street, Denver, CO 80223

OF NOTE

Briefings continued from page 5

This year dinner and a brief presentation are being hosted by VPI Pet Insurance. Mark your calendar now to attend and watch your mail (and email) for the invite and RSVP instructions. We look forward to seeing you as follows:

Student Chapter	April 4	District 9	June 19
District 1	July 1	District 10	June 30
District 2	April 2	District 12	June 18
District 3	June 3	District 13	June 17
District 4	July 9	District 14	May 29
District 5	June 5	District 15	June 16
District 6	June 4	District 16	May 21
District 7	June 2	District 17	May 27
District 8	May 28		

CVMA CE West

Featuring 12 hours of CE in beautiful Colorado wine country, CVMA CE West will be held June 27–29 at the Wine Country Inn in Palisade—a gem nestled within the 20-acre vineyard. Robert Callan, DVM and Michael Lapin, DVM will be presenting on Antibiotic Selection in Agricultural and Small Animals—a most timely topic, with speakers who invited to share their expertise at locations around the world. CVMA CE West brings you practical information, intensive learning, and a convenient (and gorgeous!) location. I look forward to seeing you in Palisade—perhaps you and your special someone will decide to participate in the (optional) wine pairing dinner on Saturday night that Chef Marcelo Marino is planning as a special treat. Information and registration details are available at www.colovma.org—or just call the CVMA office at 303.318.0447. Special thanks to MWI and Vetoquinol as Supporting Sponsors of this program!

CVMA CE Southwest

You can obtain another 12 hours of “use it tomorrow” CE in spectacular southwest Colorado—at CVMA CE Southwest on October 4–5 at the Doubletree Hotel in Durango. It will be a great weekend of learning with top-notch speakers, connecting with colleagues, and enjoying the abundant recreational activities in Durango—and the program is designed for both small and large animal veterinarians. Dr. Dan Smeak will present “Practical Tips for Improving Surgical Patient Success” for six CE hours, and then specialists in neurology and ophthalmology will share the remaining six CE hours. This meeting is the result of collaboration with Zoetis, which is the Presenting Sponsor—and in particular Amy Bishop and Steve Wilke at Zoetis deserve our thanks for supporting this educational experience. More details will be released soon – but mark your calendar and plan to treat yourself to this program!

But wait, there’s more!

In addition to developing this variety of learning experiences, CVMA has also been hard at work on a number of professional issues. For example:

- In this issue of the *Voice* you’ll see that CVMA has developed two positions statements—one on **non-anesthetic dentistry**, and the other on **teeth extractions as surgery**.

Check out the article on page 12 for details on the evolving landscape in veterinary dentistry.

- Watch your email inbox for a survey about **domestic cat declawing**. CVMA would like to obtain your opinions about the procedure, as well as data from clinics about the number of declaws performed. The survey will probe a number of facets about declawing, such as what types of alternatives to declawing clients are counseled on, which surgical techniques are utilized, what post-surgical analgesics are used, and complication rates associated with declawing. Survey results will be reported in the *Voice*, and will inform CVMA’s development of a position statement on this issue.
- The Task Force on Collaboration has been hard at work developing a **collaboration playbook** to help explore the issues, tensions, opportunities, and benefits inherent in building a more respectful and productive relationship between the veterinary community and the animal care and control community. Colorado is fortunate to have so many positive examples of collaborative approaches that drive better outcomes for animals and foster effective business relationships between shelters and private practices. The playbook in its final stages of development, and will be available as a downloadable PDF to anyone interested in expanding the number of Colorado communities taking collaborative approaches where everyone wins. ■

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OF NOTE

Many Thanks to Our Partners!

Our gratitude to the following organizations for their generous support of CVMA, DAVMS, and PetAid Colorado in 2013.

Platinum Plus (\$35,000 +)



ANIMAL ASSISTANCE
FOUNDATION

Colorado
State
University

Gold (\$15,000 to \$34,999)

Merck Animal Health
Patterson Veterinary/Webster Veterinary

Silver (\$10,000 to \$14,999)

Heska Corporation*
IDEXX Laboratories Inc.*
MWI Veterinary Supply Co*
Zoetis (formerly Pfizer Animal Health)

Bronze (\$5,000 to \$9,999)

AVMA Professional Liability Ins. Trust
Dumb Friends League*
Oquendo Center
Simmons and Associates
VCA Alameda East Veterinary Hospital*
VRCC Veterinary Referral Center*

Copper (\$1,500 to \$4,999)

Abaxis Inc.
Animal Arts Design/Gates Hafen
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B & B For D.O.G.*
BCP Veterinary Pharmacy
Benefits & Incentives Group Inc.*
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Cat Specialist PC
CEVA Animal Health LLC
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Companion Therapy Laser by LiteCure
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Veterinary Pet Insurance (VPI)*
Virbac Animal Health
VRCC Central Veterinary Emergency
Services
Wells Fargo Practice Finance
Wheat Ridge Animal Hospital PC
Wheat Ridge Veterinary Specialists
Wheat Ridge Veterinary Specialists
Blood Bank
ZooPharm - SR Veterinary Technologies,
LLC

Other (Less than \$1,500)

Ace Grooming by Sara
AescuLight Surgical Lasers
Alpenglow/Rocky Mountain Veterinary
Cardiology
American Animal Hospital Association
AAHA
American Express Open
Animal Emergency & Specialty Center
Animal Health International
Animal Hospital Specialty Center
ANTECH Diagnostics
ASVMAE
AVMA Group Health Life Insurance
Trust Co
Canine Rehabilitation Institute & CRCG
CapitalSource Small Business Lending
Chuck and Don's Pet Food Outlet
Colorado State Bank and Trust
Colorado State University OnlinePlus
CSU - CVMBS Teaching Hospital
Dechra Veterinary Products
DemandForce, Inc.
Denver Pet Cemetery & Crematory
Diowave Laser Systems
ENT Federal Credit Union
Fortune Management
Good Day Pharmacy
Hill's Pet Nutrition Inc.
Humane Society of Boulder Valley
IAMS Company / P & G Pet Care
K9 Body Shop

K-Laser USA
Kong Company LLC
LTC Global
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Medical Engineering Development
Solutions
Meds for Vets
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Nutramax Laboratories Inc.
Novartis Animal Health US Inc.
Ready Vet LLC
Revive, Inc.
Roadrunner Pharmacy
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Rocky Mountain Veterinary Cardiology
Royal Canin Veterinary Diet
Sally Terroux Training Kennel & Classes
SCIL Animal Care Company
Sound-Eklin, A VCA ANTECH Company
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Tri County Health Department
TWC Architecture and Construction
U.S. Army Medical Recruiting
U.S. Bank Small Business Administration
VetImaging
VetMatrix, An iMatrix Company
Vetri-Science Laboratories
VeterinaryLoans.com
Vetoquinol USA
VMC
VRCC Veterinary Management Services
WB Saunder Mosby Elsevier
Western Veterinary Conference
Your Best Friend's Friend

**Support of PetAid Colorado projects included.*

In 2013, the following supported PetAid Colorado with gifts of \$1,500 and above

Alfred T. Videen Fund
American Society for the Prevention of
Cruelty to Animals
American Veterinary Medical Foundation
Animal Clinic, LLC
Anonymous
Anschutz Family Foundation
Banfield Charitable Trust
Bank of America
Beds-N-Biscuits
Cindy Lee and The Wags & Menace
Make a Difference Foundation
Colorado Department of Public Health
and Environment
Colorado Expression and Confetti
Magazine
Community Shares of Colorado
El Salon
EXDO Event Center

OF NOTE

Jay's Valet Parking, Luxury Shuttles & Pedicab Services
 Morris Animal Foundation
 Moye White LLP Attorneys at Law
 National Association of County and City Health Officials
 PetsMart
 Pets on Broadway Animal Clinic
 Tender Touch Animal Hospital
 The Anschutz Foundation
 The Barry S. Crown Charitable Trust
 The Bates Foundation & Trust
 The Center For Animal Wellness
 The Freda Hambrick Foundation, Inc.
 The Hadley and Marion Stuart Foundation
 The Melvin and Elaine Wolf Foundation, Inc.
 UMB Bank, N.A.
 University Hills Animal Hospital
 Urban Area Security Initiative
 U.S. Department of Agriculture/Smith-Lever
 VCA Antech
 Waxing the City
 White House Black Market

Safety Net Partners

And a special thanks to the following 2013 veterinary practice supporters. Cumulatively their support equates to over \$28,594.00 annually, helping make Colorado a better place for animals and people.

29th Avenue Animal Hospital
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 Urban Vet Care
 VCA Alameda East Veterinary Hospital
 VCA Park Hill Animal Hospital
 VCA Southeast Area Animal Hospital
 VetWeRx
 VRCC Veterinary Surgical Services
 West Ridge Animal Hospital

THANK YOU CVMA!

The Colorado Veterinary Hospital Managers (CVHM) group wishes to thank PetAid/DAVMS/CVMA for supporting our growing group and allowing the Central Denver members to meet at your office. We greatly appreciate your past and continued support.

For anyone interested in joining the group (managers, veterinary technicians, veterinarians, all levels of management) please join our listserv at <http://groups.yahoo.com/neo/groups/cvhm/info>. We now have three active groups throughout the Front Range, meeting monthly in Denver Central, North and Parker. The networking alone makes it worth your while!

President's Post continued from page 4

The tools created by Partners for Healthy Pets to reach out to the public and train our staff to be more effective are great, but sometimes we just need a better way to do some things in our practices. Please see Ralph Johnson's letter to learn more about the next BIG Ideas Forum on April 12 in Denver, when we will be learning how innovation can help our practice. And don't miss the Ultimate Practice Growth Weekend (see page 6) if you are looking to take your practice to the next level.

CVMA is working hard to support the wellbeing of veterinarians through numerous initiatives, such as Partners for Healthy Pets, 9 PetCheck, BIG Ideas Forums, practice performance seminars, and so much more. None of this would be possible without the support of our members, so I thank you for your continued belief that we can accomplish more together than we can alone. I look forward to hearing how these tools are working for you as well as your ideas on how else CVMA can support our members. ■

CVMA Adopts New Position Statements on Small Animal Dentistry

Randa MacMillan, DVM
CVMA Immediate Past President

During the November 2, 2013 meeting of the CVMA Board of Directors, following in-depth discussion and consensus, the board adopted two position statements relating to small animal dentistry. CVMA's actions were informed in part by deliberations at the CVMA BIG Ideas Forum | Spring 2013, where lively discussions were held about the evolving standard of care in veterinary dentistry. CVMA's actions were also taken subsequent to deliberations by the Colorado State Board of Veterinary Medicine (state board), which empaneled a working group (including CVMA representation) to formulate guidance on the risks and benefits of non-anesthetic dentistry in small animals, and on the question of whether tooth extraction is considered to be surgery. Ultimately, the CVMA board adopted the two position statements appearing below to clarify the guidance developed by the state board.

Non-anesthetic Dentistry in Small Animals

CVMA's position statement endorses the Colorado State Board of Veterinary Medicine's policy statement regarding anesthesia-free dental cleanings. While the state board does not ban this procedure, the policy statement stresses the responsibility of the licensed veterinarian to educate the owner on the limitations of anesthesia-free dental cleanings. The Rules and Regulations attendant to the Veterinary Practice Act stipulate (in Rule I.A.3.(c)) that "If anesthesia-free dentistry is being considered as a dental treatment option, then its limited efficacy in addressing periodontal disease as compared to preventive and therapeutic dental procedures completed under the utilization of general anesthesia must be thoroughly discussed with the owner..." The state board elaborated on the issue of non-anesthetic dentistry in a separate policy statement, which CVMA wished to endorse – with the addition of a statement (appearing as the last sentence in the CVMA policy below) to address the need for administering anesthesia with oral-tracheal intubation (because this issue is not addressed in the state board's policy statement).

CVMA Position Statement on Non-anesthetic Dentistry in Small Animals

The Colorado Veterinary Medical Association endorses the Colorado State Board of Veterinary Medicine policy statement on non-anesthetic dentistry in small animals. That policy states, in part, "... to achieve the health benefit from animal dentistry, a comprehensive oral examination is necessary in order to detect visible disease, dental radiographs are utilized to identify any pathology hidden below the gum, and treatments are performed to promote oral health, including the removal of tartar below the gum line with dental instruments." Anesthesia with oral-tracheal intubation is required for these tasks to be accomplished safely and effectively.

Tooth Extraction

The CVMA Board of Directors also adopted a position statement on tooth extraction, to provide guidance in regard to delegating the

practice of dentistry. The CVMA position statement clearly indicates that tooth extraction is a surgical procedure that must be performed by a licensed veterinarian or a delegated veterinary student. The Colorado State Board of Veterinary Medicine did not support changes in Rule that would make tooth extraction a surgical procedure. Our Board of Directors felt we should take a stance on this subject and support a progressive standard of care regarding tooth extraction.

CVMA Position Statement on Tooth Extraction

The Colorado Veterinary Medical Association considers the extraction of teeth to be a surgical procedure included in the practice of veterinary dentistry (please see Rule I.A. of the Veterinary Practice Act for the complete definition of veterinary dentistry). Decision making is the responsibility of the veterinarian, with consent of the pet owner, when electing to extract teeth. Only veterinarians are qualified to determine which teeth are to be extracted. Tooth extraction should only be performed by a licensed veterinarian or a veterinary student under direct supervision. ■

It Can STILL Be an Ethical Dilemma

Rebecca Rose, CVT

You may recall reading my article "It Can Be an Ethical Dilemma" in the CVMA *Voice* issue last summer (2013:2), where I spoke to the issue of veterinary technicians and dental extractions. Now the tides have turned, so to speak, and the new dilemma may be focused on the veterinarians who choose to delegate dental extractions to their veterinary technicians.

You may ask, "How so? How has this dilemma shifted to the veterinarians?"

As you have read in Dr. Randa MacMillan's article at the left, the CVMA Board of Directors has unanimously voted to approve a position statement on tooth extractions. The CVMA board is made up of veterinarians from all over the state, offering rural, urban, and suburban representation. They felt it was time—since the Colorado State Board of Veterinary Medicine was unable to define tooth extraction as a surgical procedure within its updated rules—to create a position statement to help clarify the muddy waters.

Keep in mind, CVMA and the state board have two very different charges and roles. The CVMA exists to enhance animal health and welfare, promote the human/animal bond, protect public health, advance the wellbeing of veterinarians, and foster excellence in veterinary medicine through education, advocacy, and outreach. The Colorado State Board of Veterinary Medicine, under the Department of Regulatory Agency, Division of Professions and Occupations, states their purpose as "Consumer Protection is our Mission."

Two very different approaches, indeed, and as it should be!

The CVMA's position on tooth extraction basically states that the extraction of teeth is considered to be a surgical procedure and therefore is the practice of veterinary dentistry. In that case, since tooth extractions are surgery, only a licensed veterinarian or a veterinary student under the direct supervision of a veterinarian is allowed to perform a tooth extraction.

Dr. Randa MacMillan, CVMA's past president and member of the Colorado State Board of Veterinary Medicine's Small Animal

Continued on next page

OF NOTE

Continued from previous page

Dentistry Committee, simply states, “If a veterinary technician is scaling the calculus off a tooth and it falls out, it is common sense that the veterinary technician did not extract that tooth, it simply fell out. If one uses common sense the ‘grey areas’ of tooth extraction become more clear.”

Juliebeth Pelletier, executive director of the Colorado Association of Certified Veterinary Technicians (CACVT), generated an article for the CACVT newsletter titled “Understanding the Colorado State Board of Veterinary Medicine.” CACVT’s membership, 2000 of whom are certified veterinary technicians living in the state of Colorado, received the informative article in their December 2013 newsletter. She writes:

“According to Mr. Miskell, Program Director of the Colorado State Board of Veterinary Medicine, the deal is this . . . Currently the Veterinary Practice Act does not define dental extractions as surgery. The Colorado State Board of Veterinary Medicine, after much debate, was ultimately unwilling to define dental extractions as surgery because ‘dental extraction’ as a term has the potential to include situations that may or may not resemble a surgical procedure. Dental extraction, as a term, is then broad enough to encompass a rotten or loose tooth becoming dislodged during a routine dental cleaning,

the plucking of a loose tooth with one’s fingers, the deliberate removal of a tooth with dental extraction devices, or a major tooth extraction with the use of scalpel blades or even a dental flap, and everything in between.”

Ms. Pelletier goes on to inform veterinary technicians and non-veterinary personnel, “If it is clear that any procedure that is overtly surgical in nature is being performed by non-veterinary personnel, contact the State Board of Veterinary Medicine, or file a complaint with the State Board through the ‘File a Complaint’ tab on the Division of Professions and Occupations (DORA) State Board of Veterinary Medicine website.”

I see the tides as turning. Since your peers—your Board of Directors—have unanimously chosen to state tooth extractions are surgery. Thus, when a veterinarian opts to delegate the procedure to a non-veterinary team member, it is now the veterinarian’s ethical dilemma.

Thank you for reading this piece in its entirety. Ultimately, it is the veterinarian’s license on the line when a formal complaint is brought in front of the State Board. Before you place your veterinary technician in a compromising position by asking him or her to perform a veterinary dental extraction, ask yourself: Who is properly educated and licensed to perform dental surgery? And, even more importantly, who is liable and responsible for that procedure being done in practice? ■

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OF NOTE

Thanks to Colorado Veterinarians for Performing More Than 51,000 Spay/neuter Surgeries

Since the Colorado Pet Overpopulation Fund (CPOF) was established in 2001, more than 51,000 dogs and cats have been sterilized thanks to veterinarians practicing in underserved areas. CPOF has granted more than \$2.29 million to community coalitions of veterinarians and animal care and control agencies in areas of Colorado where the need for subsidized sterilizations is the greatest. With over 155,000 dogs and cats entering Colorado shelters in 2012, these grants are critical in reducing pet overpopulation.

The Pet Overpopulation Fund, one of 15 charitable “checkoffs” on the 2013 Colorado State tax form, receives donations from Colorado citizens when filing their state tax returns. These donations are awarded in the form of grants to community coalitions to subsidize spay/neuter surgeries for cats and dogs of qualified pet owners and to provide public education about the benefits of sterilization. CPOF awarded grants totaling \$120,000 from donations received on 2012 tax returns to the following organizations:



Ark Valley Humane Society	\$1,000	La Plata Humane Society	\$4,000
Arkansas Valley Spay Neuter Alliance	\$2,500	Montrose Animal Protection Agency	\$5,000
Ark Valley Animal Hospital	\$1,500	Peak View Animal Hospital	\$11,000
Calhan Veterinary Clinic	\$8,000	Pet Project	\$7,000
Delta County Humane Society & VMA	\$5,000	PETS of Northern Colorado	\$13,000
Eagle Valley Humane Society	\$1,500	Pueblo Animal Services	\$10,000
Fremont Veterinary Hospital	\$4,000	Rifle Animal Shelter/ Garfield County Animal Welfare Foundation	\$3,500
Ft. Collins Cat Rescue and S/N Clinic	\$2,500	San Luis Valley VMA	\$12,000
Holyoke Veterinary Services	\$4,500	Second Chance Humane Society	\$2,000
Humane Society of Pagosa Springs	\$1,000	South Park Good Samaritan	\$1,000
Krugman Small Animal Clinic	\$6,000	TLC Veterinary Clinic	\$4,000

In the 11 years CPOF has been awarding grants, more than 60 community coalitions have received funding. Guidance for submitting grant applications and other information about CPOF is available at www.ColoradoPetFund.org.

CPOF now offers two ways to help the state’s companion animals. In addition to the tax checkoff, Coloradans can now purchase the Adopt-a-Shelter-Pet license plate for their vehicles. Since the plate became available in January 2011, more than 8,650 plates have been purchased—it’s the second fastest-selling revenue-producing Group Special Use plate in the state! The cost

to purchase a plate includes an initial \$30 donation (\$25 for renewals) to benefit homeless shelter pets in Colorado. Revenues of \$376,900 from the sale of these plates have been awarded in the form of 117 grants to shelters and rescues in the neediest areas of Colorado. License plate funds can be used for spay/neuter surgery, emergency and non-emergency veterinary medical care, and microchip implantation and registration for shelter animals.

The attractive blue and yellow plate with dog and cat silhouettes in a paw print also serves to encourage Coloradans to adopt shelter pets and demonstrates the broad support for shelter adoptions among the state’s drivers. Adopt-a-Shelter-Pet license plates are available at your DMV and can be purchased at the time of your annual renewal or any time during the year. Personalized plates are also available.

Informational material and posters to publicize the Pet Overpopulation Fund, encourage the public to donate on their tax forms, and purchase Adopt-a-Shelter-Pet license plates are available by contacting info@ColoradoPetFund.org or calling 303.722.6435. CPOF is extremely grateful to all veterinarians who have displayed our posters in their clinics. The Pet Overpopulation Fund strives to educate the public not only about the importance of spay and neuter surgery in controlling pet overpopulation, but also the many health and behavioral benefits of the surgery. Thank you for your support of this initiative that is so critical in reducing the euthanasia of unwanted, abandoned and surplus cats and dogs in Colorado. ■

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Dr. Paige Garnett

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OF NOTE

AVMA Update

John Rule, DVM
AVMA Delegate

The AVMA Veterinary Leadership Conference was held in Chicago January 9–12, 2014. CVMA had a good number of members in attendance. Dr. Ted Cohn, the current president-elect of the AVMA, conducted the House of Delegates Winter Session.

The following Bylaws, Amendments, and Resolutions were considered during the Session.

Bylaws Amendment 1-2014 passed and removes some of the requirements from the member application process.

Bylaws Amendment 2-2014 was referred to the Executive Board for clarification of language. The Amendment was to put a stronger emphasis on membership in the mission statement.

Resolution 1-2014 recommended that the Executive Board initiate steps to cease the accreditation of foreign veterinary schools. This resolution was defeated.

Resolution 2-2014 requested the AVMA adopt a policy statement discouraging the feeding of jerky treats. The resolution

was referred back to the AVMA Executive Board recommending they encourage members to provide input to the Food and Drug Administration on incidents and conditions, which could be associated with pet foods and treats.

Resolution 3-2013 was not adopted. It had been carried over from 2013 and called for an AVMA policy stating that homeopathy has been identified as an ineffective practice and its use is discouraged.

Resolution 4-2013 had been deferred from a 2013 meeting in order to gather more information. The resolution granted admission of the American Academy of Veterinary Acupuncture into the AVMA House of Delegates as a constituent allied veterinary organization. The resolution passed.

There was a facilitated discussion on the proposed AVMA governance structure. This will continue to be an ongoing discussion.

AVMA still needs volunteers to serve on various councils and committees; visit avma.org for more information. Please contact Dr. Ted Cohn, Dr. Melanie Marsden, or Dr. John Rule if you are interested on serving.

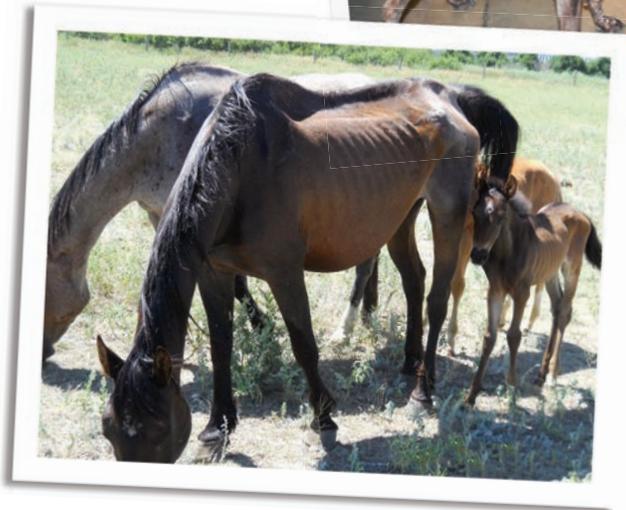
The annual AVMA Convention will be held July 25–29 in Denver this year. ■



The Colorado Humane Society & SPCA handles animal abuse and neglect cases (small companion animals and horses—not livestock) on the Eastern Plains and in southern Colorado.

If you or your clients suspect animal cruelty or neglect in your area, please call the Colorado Humane & SPCA at (800) 249-5121 or make an anonymous tip through Crime Stoppers at (720) 913-STOP (7867).

For more information, visit coloradohumane.org.



OF NOTE



Hit the Green in Support of PetAid Colorado!

Summer seems a long way off right now as snow covers the peaks and the powder is plentiful. But in true Colorado fashion, the seasons will change quickly and soon it will be time to think about fun in the sun. If golf is one of your favorite fair-weather pastimes, then mark your calendar and join us at the Puttin' for PetAid Golf Tournament.

Last year's tournament was such a success that the Denver Area Veterinary Medical Society (DAVMS) is once again hosting the event in 2014. Golfers and pet lovers alike are invited to play for a cause on Friday, August 8 in Littleton beginning at noon. A silent auction and banquet dinner will follow the golf tournament with proceeds benefitting PetAid Colorado, the healthcare safety net for pets.

The goal is to raise \$40,000 to support the services PetAid Colorado provides to underprivileged pets, as well as increase awareness about PetAid Colorado's four programs, which include

PetAid Animal Hospital, Disaster Services, Home Outreach, and Care Grants.

Fees to participate in the tournament vary based on the group size and include golf, lunch, and dinner. Groups of four can register for \$600 and individual golfers can participate for \$150. If you register by May 15, save \$20 off the individual rate, and save \$100 off the foursome rate! If golfers do not have their own group, they can be placed with others for team golf adventure. Mulligan cards are also available at \$20 for two.

Boxed lunches will be available during registration, which begins at noon and ends at 12:45 PM. Tee off time will be at 1:00 PM. After hitting the green, participants are invited to a silent auction and banquet buffet at 6:00 PM.

Individuals interested in supporting PetAid without participating in the golf tournament have options as well. Parties that solicit \$1,000 for the organization will be entered to win a prize. Boxed lunches will be available to non-golfers for \$10 prior to the event, and those interested in attending the banquet dinner can do so for \$15.

For more information about Puttin' for PetAid participation and sponsorship, or for information about PetAid Colorado programs, visit www.petaidcolorado.org. ■

Registration Form:

Contact Name: _____ Company Name: _____
 Address: _____ City State Zip: _____
 Phone #: _____ work cell home Email Address: _____

Purchase Selection:

<input type="checkbox"/> Tournament Sponsor [†]	\$ 10,000 = \$ _____
<input type="checkbox"/> Gold Sponsor [†]	5,000 = \$ _____
<input type="checkbox"/> Hole Sponsor [†]	1,500 = \$ _____
<input type="checkbox"/> Foursome Scramble [†] <i>Register by May 15 and SAVE!</i>	600 500 = \$ _____
<input type="checkbox"/> Individual [†] <i>Register by May 15 and SAVE!</i>	150 130 = \$ _____
<input type="checkbox"/> Mulligan Cards (2)	# of cards _____ x 20 = \$ _____
<input type="checkbox"/> Additional Lunch Box	# of lunches _____ x 10 = \$ _____
<input type="checkbox"/> Additional Banquet Dinner	# of tickets _____ x 15 = \$ _____
<input type="checkbox"/> Donation to PetAid Colorado to help underprivileged pets	= \$ _____
Total Purchase: \$ _____	

[†] Includes box lunch and dinner for each registrant.

Method of Payment:

Check Enclosed (Please make payable to PetAid Colorado or PAC)
 VISA Mastercard American Express Discover

Name on card: _____ CCV#: _____
 Credit Card #: _____ Exp.: _____
 Contact Signature: _____

Please send invoice. An invoice for your commitment will be mailed to you at a later date with payment due by August 1, 2014.

Please return this form through one of the below options:

Email: TamaraFox@petaidcolorado.org • Fax: 303.318.0450 • Mail: PetAid Colorado, 191 Yuma Street, Denver, CO 80223

OF NOTE

Veterinary Peer Health Assistance Program: Ten Things Veterinarians Need to Know

Caitlin Kozicki, NCC, LPC, CAC III, CPS II, CEAP,

Director Nursing Peer Health Assistance Program

Donna Strickland, MS, RN, PHMCNS-BC, CSP,

Clinical Services Director

Katherine Garcia, MA, CAC III, Case Manager Veterinary Peer Health Assistance Program

Several studies have found that substance use disorders are more highly stigmatized than other health conditions (Rao et al. 2009), despite the science that this is a disease of the brain. The relationship between stigma and substance use disorders can manifest differently from that of other stigmatized health conditions, thereby complicating efforts to build social acceptance of people with substance use disorders (SAMHSA 2013). This disease is chronic, progressive, and life-threatening. It is not a moral issue. It is not that someone is bad and needs to get good. It is that someone has a disease and needs treatment and support to get well. Treatment for substance use disorders is as effective as treatment for high blood pressure, asthma, and diabetes.

The Colorado State Board of Veterinary Medicine (SBVM) has contracted with Peer Assistance Services, Inc. (PAS), a non-profit organization, since January 2013 for the services required in the Colorado Veterinary Medicine Practice Act (12-64-124). Here are ten things you should know about the Veterinary Peer Health Assistance Program (VPHAP).

1. A portion (\$80 every two years) of veterinary license fees pay for the VPHAP.
2. The VPHAP provides a continuum of services statewide to licensed veterinarians, academic veterinarians, technicians, and veterinary students who may be experiencing physical, emotional, psychiatric, psychological, or drug or alcohol abuse problems that may be impacting their ability to practice safely.
3. The VPHAP provides veterinarians with the opportunity to address and improve their health, while continuing to pursue their practice safely.
4. Veterinarians can call us *confidentially* to discuss their situation or a concern about a colleague, and to obtain information about the requirements of the VPHAP and how to access services.
5. Veterinarians may self-refer to the VPHAP, or may be referred by others, including the SBVM, employers, treatment providers, family, and friends.
6. Veterinarians can participate in the VPHAP prior to experiencing work performance issues and prevent action from the SBVM. This type of self-referral could allow a veterinarian to remain unknown to the SBVM.
7. In the instance of a complaint to the SBVM and subsequent investigation, appropriate action is determined. Such action may include a determination that a stipulation may be offered to a veterinarian who has violated the Veterinary

Practice Act and is struggling with a substance use, mental health, or physical issue. In general, the veterinarian would be asked to sign the stipulation with the SBVM, thereby agreeing to participate with the VPHAP.

8. The VPHAP provides presentations throughout Colorado at **no cost** to the community (e.g., veterinarians, veterinary students, human resources, risk managers, staff within clinic or hospital). Presentations focus on the scope and impact of substance use and mental health issues in the workplace as well as strategies for what supervisors/managers and healthcare professionals can do. Risk factors, signs and symptoms, and the effects on health, wellbeing, and employment are reviewed. Presentations on stress management, compassion fatigue, sleep, dealing with change, and nutrition and mental health are available.
9. Veterinarians in the VPHAP are most often employed in their profession.
10. The VPHAP was created in statute with the mandate to protect the public and assist veterinarians with health issues affecting their practice.

If you have any questions or concerns at all, please call us confidentially at 303.369.0039. ■

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2014 Legislative Watch

As this is being written, the Colorado General Assembly is about a third of the way through the 2014 legislative session. CVMA is once again active at the legislature in monitoring, supporting, or opposing those bills that affect animal health and welfare as well as the practice of veterinary medicine in Colorado. Below are summaries of several bills CVMA is following in 2014 and the position the association has taken on each. You can also follow the progress of these bills on the CVMA website by selecting “Legislative Affairs” under the Issues/Advocacy tab and then clicking on CVMA Legislative Agendas.



Pre-veterinary Emergency Care for Dogs and Cats (SB14-039) – Support

Status: Senate Third Reading Passed March 3.

SUMMARY: The bill allows an emergency medical service provider at the scene of a human emergency to provide stabilizing care to a cat or dog at the scene of the emergency, to the extent the provider has received commensurate training and is authorized by the employer to provide the care, with the intent that the animal is subsequently treated by a veterinarian. The bill defines pre-veterinary emergency care (e.g. bandaging or administering oxygen or fluids), and allows emergency medical service agencies to voluntarily opt in to providing such care and developing policies for the circumstances under which the care may be provided. The bill clarifies that when the requirements of the bill are followed by an emergency medical service provider in rendering pre-veterinary emergency care then such action is not considered a violation of the veterinary practice act. This bill, sponsored by Senator David Balmer of Aurora, was developed by CVMA as a result of two years of work by the Task Force on Pre-veterinary Emergency Care (chaired by Dr. Apryl Steele), and is supported by the Emergency Medical Services Association of Colorado. Dr. Steele presented testimony on behalf of CVMA to the Senate Health and Human Services Committee; please visit the CVMA Legislative Agenda section of the CVMA website to read the testimony.

Veterinary Technicians Deceptive Trade Practices (SB14-101) – Support

Status: Senate Third Reading Passed February 18.

SUMMARY: The bill establishes as a deceptive trade practice under the Colorado Consumer Protection Act the use of the titles certified veterinary technician or veterinary technician specialist

followed by a specialty designation, or the abbreviations for those titles if the person does not possess the specified education, has not passed the designated examination, or has not been certified in the designated specialty. CVMA was successful in persuading the bill sponsor, Senator John Kefalas of Fort Collins, to amend the bill during its hearing before the Senate Health and Human Services Committee to eliminate the definition of a veterinary technician as one who had graduated from an AVMA-accredited program in veterinary technology. Dr. Randa MacMillan presented testimony for CVMA that advocated for a more flexible approach based on education, experience, and on-the-job training: “This flexible approach needs to be preserved because in many communities throughout Colorado the talent pool we call the workforce does not contain individuals who have graduated from an accredited program in veterinary technology. The workforce reality is that veterinarians must often provide on-the-job training for the workforce available in their community—and the further reality is that many individuals trained on the job have effectively, efficiently, capably and compassionately fulfilled their responsibilities as veterinary technicians.” Please visit the CVMA Legislative Agenda section of the CVMA website to read the full testimony. As this bill continues its journey through the Senate and then to the House, CVMA will work to maintain the amended version.

Protections for Individuals with Disabilities (SB14-118) – Support

Status: Introduced in Senate; Assigned to Judiciary January 27.

SUMMARY: The bill conforms several definitions related to discrimination based on a disability (discrimination) to the federal Americans with Disabilities Act of 1990, including changing the term assistance dog to service animal. The fine for discrimination in places of public accommodation, housing, and/or violations of the rights of an individual with a disability who uses a service animal or a trainer of a service animal is increased to \$3,500. Penalties are added for a person who causes harm to a service animal or service animal in training or a person who owns an animal that causes harm to a service animal or service animal in training. The bill makes conforming amendments.

Civil Immunity for Volunteers at Emergencies (SB14-138) – Support

Status: Senate Third Reading Passed February 17.

SUMMARY: Current law provides limited immunity for volunteer firefighters who provide services at the scene of an emergency. The bill extends the immunity to community volunteers and their organizations.

Regulation of Continuing Professional Education (HB14-1136) – Monitor

Status: Introduced in House; Assigned to Education January 16.

Under existing law, the division of private occupational schools in the department of higher education regulates private occupational schools and the education programs they provide. The bill exempts a continuing professional education program from regulation if the program is approved by the applicable Colorado professional licensing entity for maintenance or renewal of a professional license and the organization that provides the course qualifies under federal law as a nonprofit corporation. Also, the

Continued on next page

GOVERNMENT AFFAIRS

Continued from previous page

program must be consistent with the purposes or requirements of the organization that provides the program.

Prohibit Greyhound Racing (HB14-1146) – Monitor

Status: Sent to the Governor February 28.

SUMMARY: Under current law, greyhound racing is permitted in Colorado. The bill prohibits greyhound racing in Colorado but maintains the practice of wagering on greyhound races that are held at race tracks in other states and are simultaneously broadcast at race tracks in Colorado.

Sunset Pet Animal Care Facilities Act (HB14-1270) – Support

Status: House Committee on Ag, Livestock, and Natural Resources; Refer Amended to Finance February 24.

SUMMARY: Regulatory agencies in Colorado undergo periodic review by the Department of Regulatory Agencies, Office of Policy Analysis, and one of the agencies reviewed for legislative consideration in the 2014 General Assembly was for the Pet Animal Care Facilities Act (PACFA). The bill continues the PACFA program, and therefore the licensure of pet animal facilities by

the commissioner of agriculture (commissioner), for 5 years, until 2019 (sections 1 and 2). It also:

- Authorizes the commissioner to deny, revoke, or refuse to renew the license of any entity if any officer, principal owner, or other person in a position of control over the entity has been convicted of animal cruelty or animal fighting, and requires denial or revocation of a license after a second offense (sections 8 and 9);
- Directs the commissioner or the commissioner's designees to report to law enforcement agencies and the bureau of animal protection any instance of suspected animal abuse that is discovered in the course of an investigation, and grants qualified immunity for a report made in good faith (section 7);
- Allows the commissioner to specify, by rule, written disclosures that must be given concerning rabies vaccinations and the origin and medical history of a dog, cat, or ferret (section 6);
- Amends definitions related to small canine breeding operations to resolve potential conflicts (section 3);
- Repeals certain existing exemptions for nonhuman primates (section 5); and
- Increases the existing cap on license fees from \$350 to \$700 (section 4). ■

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Update on the FDA's Veterinary Feed Directive

Sara Ahola, DVM

Colorado Department of Agriculture; Animal Health Division

In December, the FDA announced a proposed rule change to the Veterinary Feed Directive (VFD). How does this proposed rule change impact you and what does it mean for veterinarians involved in production animal medicine? Below is a summary of the key points for veterinarians, pharmaceutical companies, and private producers.

This proposed rule change was published December 11, 2013 and open for public comments through March 11, 2014. The FDA will now finalize the rule changes and update the VFD. It is important to know that until the new changes are made official, the VFD remains unchanged. Below is a brief summary of the proposed rule as of the date of this writing and how it would be implemented under the proposed changes. If you need more detailed information, please see the resources at the end of this article.

Key points of the VFD

1. Medically important antibiotics may not be used for production purposes (e.g. growth promotion or improvement of feed efficiency).
2. Use of medically important antibiotics for disease *prevention* is allowed; its use must ensure animal health. This assumes a specific pathogen has been identified that will cause problems within that production unit unless the antibiotic is used.
3. All use of medically important antibiotics in food producing animals should be under veterinary supervision or oversight.
4. No extra-label use is allowed. The VFD issued by the veterinarian must state this in writing. Animal Medicinal Drug Use Clarification Act (AMDUCA) requirements would still apply and the VFD does not over-ride AMDUCA.

The VFD only covers antibiotic use in food-producing animals and includes aquaculture systems, such as fin fish and shrimp. It regulates the use of antibiotics in feed or water only and does not include parenteral use. The list of VFD drugs essentially includes all antibiotics used in production animal medicine except ionophores, carbadox, bacitracins, and flavomycins. However, if one of these four is used in combination with a VFD drug, then the product is covered under the VFD (e.g. bacitracin-chlortetracycline combination).

The rule change also removes the restriction of VFD drugs under a discrete veterinary-client-patient relationship and gives more flexibility to the individual veterinarian. To paraphrase, the proposed change reads:

A licensed veterinarian may issue a VFD for animals under his or her supervision or oversight in the course of his or her professional practice which is in compliance with all applicable veterinary licensing and practice requirements.

This statement would replace the veterinary-client-patient relationship requirement, thus it puts the onus on the veterinarian to comply with their state and other licensing agencies in the



issuance of the VFD and allows more flexibility beyond a VCPR. Professional and state licensing boards would determine the criteria for veterinary professional conduct.

In December, the FDA also released the document *Guide for Industry 213* directed towards pharmaceutical companies. In this, the FDA asked drug companies to voluntarily change the labels on their antibiotics. Labelling changes will include removing any use for “production purposes” and changing access to these drugs from over the counter to Veterinary Feed Directive use only. Drug companies have 90 days to reply to the FDA as to their intention of compliance. The FDA approves labelling of all drugs and is confident drug companies will comply. While GFI 213 is voluntary, the FDA has signaled it will pursue further regulatory action if drug companies do not comply.

It is important to note that while drug labelling changes are voluntary at this point, compliance with the VFD rule is not. Veterinarians and producers must comply with the VFD, and this includes small non-commercial producers as well. Currently records are required to be kept for two years, but the proposed rule change reduces that to one year. Records must be kept by the feed distributor, the veterinarian, and the producer and may be transmitted electronically.

For more detailed information on the proposed rule change, please see the links provided by the University of Illinois at <http://nutrition.ansci.illinois.edu/AntibioticsWebinar>. A one hour CE webinar is also available at this site. ■

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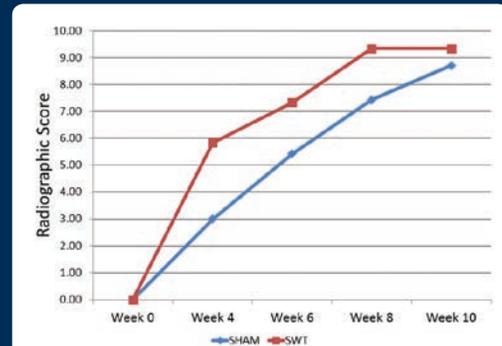
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HIGH-ENERGY FOCUSED SHOCK WAVE THERAPY ACCELERATES BONE HEALING: A BLINDED, PROSPECTIVE, RANDOMIZED CLINICAL TRIAL*

Duerr F, Palmer R, et al. Colorado State University, Dept. of Clinical Sciences

- Randomized, blinded, prospective clinical study of client-owned dogs (12 dogs, 13 stifles) presenting for surgical treatment of naturally occurring cranial cruciate ligament disease
- Following standard Tibial Plateau Leveling Osteotomy (TPLO) procedure:
 - Shock Wave Therapy (SWT) group received 2 treatments immediately post-operatively and at time of suture removal (*VersaTron4Paws* high-energy, focused electrohydraulic device)
 - Sham control group did not receive SWT treatment
- Results:
 - SWT group had significantly more advanced healing at week 4 ($p < 0.05$) compared to Sham group
 - At 6 and 8 weeks, more advanced bone healing scores in SWT group approached statistical significance ($p = 0.08$ and $p = 0.06$, respectively) compared to Sham group
 - At 8 weeks, all SWT dogs had healed osteotomies (score > 9), but less than half of the Sham dogs were considered healed



Radiographs were evaluated for osteotomy healing (0-10) during a single session by a Board-Certified Radiologist blinded to group and time point

*Presented at the 2014 World Veterinary Orthopaedic Congress.

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SCIENCE UPDATE

Zoonosis Update and 2013 Summary

Jennifer House, DVM, ACVPM, MPH
State Public Health Veterinarian
Colorado Department of Public Health & Environment
(CDPHE)

Another Record-breaking Year for Rabies

For the second year in a row, the number of confirmed rabid animals in Colorado has topped previous records. Colorado State University and CDPHE laboratories were able to confirm rabies virus in 191 animals during 2013. The positive animals were 102 skunks, 70 bats, 7 foxes, 3 raccoons, 4 horses, 4 domestic cats, and 1 cow. The skunk variant of the virus has continued to spill over into our domestic animals and is anticipated to continue that trend in 2014. The number of exposures that need to be managed also continued to increase. During the 2013 year, 53 humans, 214 domestic animals, and 13 exotics had known or strongly suspected exposures to rabies. This is a good reminder that domestic animals should stay current on their rabies vaccines and any interaction with high-risk wildlife should be discouraged.

The Colorado Rabies Resource Guide was last updated in November 2012 and is available to current CVMA members on the association's website at www.colovma.org. This guidance continues to be a valuable resource to assist with the management of rabies and rabies exposures. Included in the guidance documents are policies, example ordinances, algorithms for exposure, instructions for laboratory submissions, and phone numbers for various health departments, animal control, and wildlife personnel around the state.

Updated Laboratory Policies for Rabies Testing at CDPHE

With the increase in skunk variant rabies and spillover into domestic animals, CDPHE has had to re-evaluate the rabies testing protocol. To manage limited funds and ensure that the laboratory can continue to provide timely and efficient testing, a fee for service is being reinstated. Currently CDPHE will continue to waive the testing fee (no cost to the submitter) in the below situations only:

- Domestic animals involved in a human bite that become ill, die, or sustain a terminal injury during the 10-day post-bite observation period,
- Feral cats or dogs that are too aggressive to safely quarantine for 10 days,
- Wild carnivores or bats involved in human, domestic pet, or livestock exposure, or
- Wildlife exhibiting neurological symptoms or strange behavior.

Specimens meeting these criteria do not need pre-approval and will be tested at no cost to the submitter. Prior approval (from the local health department or CDPHE) to waive the testing fee is required for any exceptions to these criteria. Those submitting animals that do not meet the criteria will be charged a fee for service. If you are unclear whether your specimen should be tested or not please consult CDPHE at 303.692.2700. The full testing policy, in addition to the most recent updates on rabies in Colorado including specimen submission guidance and data tables, is available on the CDPHE rabies webpage at <http://1.usa.gov/1czYxIn>.

West Nile Virus Update

Rabies was not the only zoonotic disease that had a major appearance during 2013. Last year's mosquito season resulted in Colorado's fourth highest year for cases of human West Nile Virus. There were a total of 320 reported cases including 7 deaths among residents of 30 counties in Colorado. Of those cases, 71.9% had West Nile fever, 15.6% had meningitis, and 12.5% progressed to encephalitis. In addition to the human cases we also saw equine cases of WNV. A total of 13 cases were submitted from Delta (1), El Paso (1), Larimer (5), Montezuma (1), Morgan (1), Rio Blanco (1), and Weld (3) counties. For additional information on West Nile virus in Colorado, please visit the CDPHE webpage at <http://1.usa.gov/LfneOT>.

2014 Zoonoses Annual Conference

The 39th annual zoonosis conference is rapidly approaching. This one-day conference will be held in Aurora on Thursday, April 10. Co-sponsors for the event are Aurora Animal Care Division, Tri-County Health Department, and CDPHE. Veterinary continuing education units (CEU) will be offered. The agenda will include cross-cutting zoonotic disease topics for the mixed audience of public health officials, animal control officers, animal health officials, wildlife officials, and veterinarians.

Registration, agenda, location, and map for the conference are available at <http://apps.auroragov.org/EventRegistration/> (select Animal Care at the bottom). ■

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SCIENCE UPDATE

Non-Neoplastic Lesions of Equine Skin in the Central United States

Paula Schaffer, DVM, PhD, CSUVDL Postdoctoral Fellow
Colleen Duncan, DVM, MSc/PhD/DACVP/DACVPM,
CSUVDL Pathologist

Geography, climate, season, pathogens, and vectors, as well as host-factors, can all affect non-neoplastic skin disease, and in veterinary dermatology, several well-known geographic and seasonal trends exist. While some non-neoplastic equine dermatologic conditions have been reviewed on the east and northwestern coasts, no data are available regarding types and distributions in horses of the central United States or central Canada, a unique geographic environment distinct from both those areas. Our study was designed to retrospectively review a decade of skin biopsies from non-neoplastic equine skin conditions submitted to CSU's Veterinary Diagnostic Lab in Fort Collins, as well as the University of Saskatchewan's Prairie Diagnostic Services. We found:

Non-neoplastic lesions comprised nearly 35 percent of total equine cutaneous biopsies submitted to CSU and PDS in the 10-year period evaluated. That incidence contrasts with 88 percent of total submissions received by Cornell University in a 2001 study. Non-neoplastic lesions could be more common in the Northeast; however, it may be higher numbers of equine practitioners selectively submit biopsies there. A 2005 Oregon State study found 8.7 percent of submissions to that school were non-neoplastic nodular and proliferative lesions. Again, it is difficult to compare our data to those, since that study specifically evaluated only nodular and proliferative non-neoplastic lesions.

Overall, skin biopsy submissions were more common in spring, summer, and fall than in winter. All types of inflammatory lesions were more common in spring, summer, and fall relative to winter, but eosinophilic biopsies appeared to have the most striking seasonal trend. Several factors may influence that variability: Cyclical presence of biting insects such as mosquitoes and culicoides, and obscuration of lesions by thicker winter hair coats and winter blankets. In addition, riding activity may be lessened in the winter and therefore lesions may be observed less frequently.

This study was funded through Cappy's Equine Dermatology Research Fund, established in honor of Mary Lou Lane's horse, Cappy, to help support research related to diagnosing equine dermatology problems. For details, visit advancing.colostate.edu/cappysfund. ■

Reference

Schaffer PA, Wobeser B, Dennis MM, Duncan CG. Non-neoplastic lesions of equine skin in the central United States and Canada: a retrospective study. *Can Vet J*. 2013 Mar; 54(3):262–6.

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Etiology	CSU	PDS	Total / %
Unknown	563	347	910 / 50.8%
Eosinophilic syndromes	359	158	517 / 28.8%
Eosinophilic	209	91	300 / 16.7%
Eosinophilic granuloma	150	67	217 / 12.1%
Bacterial	49	12	61 / 3.4%
Benign cyst	51	8	59 / 3.3%
Autoimmune suspect	22	34	56 / 3.1%
Fungal (non-dermatophyte)	34	10	44 / 2.5%
Granulation tissue	21	21	42 / 2.3%
Dermatophytosis	11	25	36 / 2.0%
Suspect hypersensitivity	22	5	27 / 1.5%
Foreign material	4	6	10 / 0.6%
Parasite	5	3	8 / <0.5%
Solar elastosis	5	0	5 / <0.5%
Photosensitivity suspect	0	4	4 / <0.5%
MEED suspect	0	2	2 / <0.5%
Calcinosis circumscripta	0	2	2 / <0.5%
Amyloid	0	1	1 / <0.5%



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IN PRACTICE

Preventive Care Plans: Paving the Path Toward Optimal Pet Health (Part II)

Veterinary Pet Insurance

In the first half of this article that appeared in last issue of the CVMA *Voice*, John Albers, DVM, principal of Albers Veterinary Strategies and former executive director of the American Animal Hospital Association (AAHA), discussed preventive pet healthcare, and how veterinarians can improve the health of our nation's pets by emphasizing preventive care. In that same article, Carol McConnell, DVM, MBA, vice president and chief veterinary officer at Veterinary Pet Insurance (VPI) highlighted how preventive care plans enable pet owners to say "Yes" to veterinary recommendations.

The value of preventive pet healthcare to the profession, pet owners, and pets is a movement that is gaining momentum in our profession. In fact, it looms large enough to have inspired VPI to build a full-service, comprehensive program to support veterinarians that want to offer preventive care plans to their clients.

VPI's new P&WS (Preventive and Wellness Services) program supports practice owners every step of the way. According to McConnell, "We have several dozen practices now in line to participate in the P&WS program."

The P&WS program includes extensive advice to practice owners as they develop their preventive care programs, customizable preventive care plan templates, staff training on the program, practice-branded marketing materials, and a software system for client enrollment and program tracking. VPI also provides all back-end payment processing services and customer service, so the practice is not burdened with monthly payment issues. Additionally, the P&WS web-based software includes a feature where clients can create their own online account, so they can view their pet's preventive care plan status at any time.

VPI's program is specifically designed to counter obstacles that cause hesitation for veterinary owners when they think about starting preventive care plans in their practice. "With more than 100 of our VPI employees having worked in a veterinary practice, we understand small animal preventive care protocols, practice flows and what motivates veterinary staff," said McConnell. "As a financial services company, we also understand business, and the importance of a practice's financial health."

Designing and pricing plans, altering the practice's cash flow, and training practice staff to adopt a more focused preventive healthcare mindset can be a big change for a practice, and a little scary. "That's where VPI's experienced veterinary technicians can help," McConnell added. For example, some practices may choose to offer a discount to clients when preventive care services are bundled into a plan, while other practices elect to not discount at all—they promote the monthly billing convenience as their plans' primary feature, finding that it is a sufficient inducement for their clients. Similarly, a certain practice might want to focus on offering their preventive care plans only to new clients, only existing 'C' clients, or only clients with geriatric pets.

There are several decisions that go into figuring out how to be successful offering preventive care plans. "With our pet healthcare

and practice knowledge, VPI partners with veterinarians to develop customized preventive care programs that make a difference for clients, patients and practices," McConnell said. "Our goal is to support veterinarians through this change as the profession moves towards a more wide-spread acceptance of preventive care programs."

During the upcoming 2014 CVMA District Visits with Dr. Erin Epperly and Ralph Johnson, a VPI P&WS representative will provide an overview of P&WS and highlight how this comprehensive program helps veterinarians create and implement customized preventive plans, and train practice staff how to manage them successfully. For more information about VPI's P&WS program, call 888.681.3345 or visit www.VPIPaws.com. ■



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CVMA Performance Analytics

Three proven benchmarking tools that can help you improve practice performance:

- Practice Diagnostic Report
- Client Satisfaction Survey
- Personalized Fee Guide

CVMA Performance Resources

Three effective ways to boost the performance of your people, build volume and value, and improve your personal and practice financial health:

- CVMA Certified Veterinary Assistant
- VetMed Resource
- DVM Financial Health

As we kick off 2014, we want to remind you of these great resources and encourage you to take full advantage of all they offer you and your practice.

The personalized **Practice Diagnostic Report (PDR)** provides useful and unique management statistics about your business and will show you what areas in your hospital are successful and what areas need attention. Your report will also provide comparisons to the average and top-performing practices in the nation by examining five key areas of practice management, including scheduling, client statistics, human resources, expenses, and fees. This analysis has enabled practices that use this diagnostic tool to increase net profit by tens—and sometimes even hundreds—of thousands of dollars.

The **Personalized Fee Guide (PFG)** is the culmination of two decades of research into veterinary fees, incomes, and client surveys. This simple tool allows you to quickly develop a fee guide specific to your practice—it is not reliant on neighboring practice charges, or on the economics of your area—and comes with all the support you need to start making real changes to your revenues. There is very little research needed on your part. (See page 27 for a detailed article on how the PFG works.)

If you received or purchased either of these tools as part of your 2014 CVMA membership, we encourage you take the time to fill out and return the information required to provide you with both the PDR and the PFG. It takes just a little of your time to gain significant, proven results that can help you increase your

bottom line and grow your practice. If you have questions about how the process works, contact CVMA at 303.318.0447. You can also visit www.colovma.org for details and sample surveys and results for the Practice Diagnostic Report, Personalized Fee Guide, and the Customer Satisfaction Surveys. ■

“Benchmarking is a commonly used method to evaluate businesses. My interest in the Practice Diagnostic Report was to access a reliable benchmarking program. As a small practice owner, I didn't think I could access such a program or afford a practice evaluation, which had been quoted to me for \$10,000–20,000. I found the CVMA Practice Diagnostic Report to be straightforward and it did not require a great deal of time. I use Avimark, so most of the required information was readily available through the practice software.

The results were useful in two ways. Although most of my fees were in line with expectations, I gained the confidence to increase the fees approximately 5% across the board. Secondly, I am ready to look for an exit strategy and the diagnostics will be a useful marketing and pricing tool. Most importantly, I believe the report pointed to some growth areas that will be of interest to a prospective buyer.”

Tom Parks, DVM
Yuma, CO



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IN PRACTICE

CVMA Practice Analytics: How the Personalized Fee Guide Works

Darren Osborne, MA

OVMA Director of Economic Research



The Personalized Fee Guide is the culmination of two decades of research into veterinary fees, incomes, and client surveys. We have blended the research from all three areas of study into a very simple tool that allows you to quickly and easily

develop a Personalized Fee Guide specific to your practice. The Personalized Fee Guide is not reliant on what your neighboring practice charges, or on the economics of your area. There is very little research needed on your part. We start with the fee guide you have now and show you the impact of various fee increases on your bottom line. Along the way we help you increase your fees in a manner that is more agreeable to your clients and your staff.

Based on your list of fees provided from the survey, we make up a complete Personalized Fee Guide on the assumption that each fee from a specific area of the practice (the anchor fee) is representative of all the fees in that area. For example, we use your exam fee as the anchor for exam fees; it sets the tone for all the fees in the exam section. We use the dental prophylaxis fee to set all your dental fees, and the non-elective surgery fees are the anchor for all your surgical procedures.

We have been researching veterinary fees for two decades and have also done a lot of work on relative fees. Relative fees explain the relationship between fees. For example, if your exam fee is X then we know your recheck fee should be Y. We recommend that you audit all of your fees when you get your new Personalized Fee Guide. Problems can arise when the anchor fees from your survey are uncharacteristically high or low, and are not a good representation of the area. For example, if you charge a lot for a CBC but less for all other lab procedures, lab fees will be unnaturally high. When this occurs, we can make changes to override the algorithm for any area.

The key component of the Personalized Fee Guide is the research we have done into the perceived sensitivities surrounding fees. When you get your new Personalized Fee Guide, you will notice from the front page that the fees in different areas increase by different amounts. For example, the fees for examinations might go up by four percent while diagnostic fees go up by 7.5%. This is based on our research that shows veterinarians and staffs are reluctant to raise fees in one area, but are likely to raise fees in another. We don't have to default to the lowest common denominator; we play both sides by increasing the "easy" ones aggressively and holding back on the sensitive areas.

At the end of the day, we are trying to provide you with a Personalized Fee Guide that will improve your professional income but stimulate the demand for veterinary medicine.

We do not look into the economic status of your clients, nor do we worry about how much your neighboring practices are charging. Our research shows that (within the parameters we have studied) there is no relationship between fees and incomes. That research also shows us that there is no economic relationship between the fees in different clinics.

Our model is based on the assumption that your Personalized Fee Guide is the best starting point for improving fees. You provide us with a sample of fees and we will provide you with a detailed Personalized Fee Guide along with a projection of how it can improve your net income. It is simple, fast, and comes with all the support you need to start making real changes to your revenues. ■

CVMA has partnered with the Ontario Veterinary Medical Association—which has, for more than 20 years, undertaken cutting-edge management studies of veterinary practices in Canada—to provide CVMA Performance Analytics that are part of our economic and personal wellbeing initiative for Colorado veterinarians. Darren Osborne is the OVMA Director of Economic Research.



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Increasing Client Compliance for Dentistry

Edward R. Eisner, AB, DVM, DAVDC



This year, I'm celebrating my 50th year of private practice. After owning an AAHA-accredited general practice for 33 years, I now practice specialty dentistry exclusively at Animal Hospital Specialty Center in Highlands Ranch. While serving on the Colorado State Board of Veterinary Medicine for eight years, I listened to 2,500 veterinary consumer complaints. I have learned what clients want and deserve. Here are some insights.

Take a team approach. The team consists of client service representatives, technicians, and doctors. At Animal Hospital Specialty Center, we offer specialized, advance-level services. Although our fees are higher than at most general practices, we offer a good value for the services offered. When my dental team and I greet a client, we are confident that we can help because we are very good at what we do. We present a united team focused on delivering exactly what the patient needs.

Never stop learning. The value of your service is found in the breadth of your knowledge. If a practitioner has only two rule outs for an observed pathology, the client will be less likely to be given an accurate, definitive diagnosis than one from a doctor who may be thinking of three or six possibilities. Our diagnoses are derived from our personal knowledge base. A well-read veterinarian is more likely to provide a more accurate definitive diagnosis and, because of it, a more successful treatment in a shorter time. This benefits the client and patient.

Enjoy spending time with clients. I admit my own dental cases. Admission appointments are a team approach so the client receives value. My two certified technicians alternate duties of greeting, anesthesia, and assisting, which reduces their fatigue. My technicians gather information from clients such as the reason for presentation, medical history, and client treatment preferences. They also perform a brief dental exam, ascertaining if our preferred

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IN PRACTICE

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treatment coincides with clients' preferences. Then it is my turn. My technician primes me with info, and then I perform a limited examination and confirm or clarify the diagnosis and preferred treatment. I quietly give my technician instructions as to which standard plan (among the 400 we have entered in our computer) and any appropriate modifications. She leaves to prepare a treatment plan/estimate, while I verbalize what the client will be seeing shortly, reinforcing the message with before-and-after photographs of similar cases. I explain the reasons for my choice of treatment, answer questions (other than price), and establish a mutually agreeable treatment plan. I have not talked about cost—I've talked about what the pet needs. I also release my own patients rather than having technicians do exit consultations. Having clients see the doctor at discharge adds value and communicates that I care.

Be proud of your fees. I am not ashamed of the cost of veterinary medicine. Once my technician returns to the exam room with the treatment plan, I go over the fees line-by-line with my client. I have not raised my specialty dental fees since the economic crisis of 2008, but our hospital administrator has adjusted associated ancillary fees such as laboratory tests, intravenous fluids, and catheters, which I welcome. My clients have not expressed concerns about laboratory or other individual fees.

If my fees are higher than nearby colleagues, I do not disparage them for not charging enough or even perhaps charging what they are worth! I present my treatment plan/estimate conservatively (read as HIGH) so it gives me wiggle room. I'd rather have the long financial conversation before I perform services, instead of afterwards when clients might refuse to pay their bills. I cite papers that I have published and studies that I have performed. For the past 35 years, my success record for root canal therapy is 96%. It does not rule out complications, but it demonstrates a great deal of success.

I explain to clients that sevoflurane anesthesia is expensive, but it is the safest and the best. Although there is always risk with anesthesia, I have not lost a dog to anesthesia in more than 35 years. I have lost five cats. All five cats were 7 years old or younger and seemingly healthy. Four of the cats had undiagnosed cardiomyopathy. The fifth cat had undiagnosed mastocytosis. The procedure and anesthetic recovery was unremarkable, but an hour later, as I stood before its compartment, it had a massive anaphylactic attack. We were able to resuscitate the cat three times but it finally succumbed and died. Those five cats were among thousands of anesthetic patients.

I tell clients about the three-person team of a veterinarian and two certified technicians that we employ for efficiency and safety. I emphasize the importance of their pet to us along with the care that we will take. We perform four-handed dentistry—my two hands and my technician's two hands, which is most efficient and reduces anesthetic time. The third person (second technician) has the sole job of anesthetic safety, monitoring with an ongoing written log documenting parameters such as EKG, BP, oxygen content of the blood, body temperature, and intravenous fluid rate, etc. The three of us have been a team for more than 10 years. I owe much of my "good luck" to their skill and experience.

I justify my recommendations to my clients and they are rarely declined. ■

Bad Attitudes and Behaviors to Avoid

"I don't have time for my clients. That's what my technicians are for."

Don't keep clients waiting in exam rooms or for return phone calls.

Avoid a tentative tone of voice or speech mannerisms that could communicate a lack of self-confidence or hint at dishonest or unnecessary recommendations.

Beware of negative body language on presentation. Don't fold your arms across your chest. Don't look anywhere but at your client when you are talking to them. Use terms and explanations they understand. Talk slow enough for non-medical pet owners to comprehend information or ask for an explanation. Do not dismiss or ignore their questions. Listen to their concerns.

Profiling clients is dangerous. We usually are not aware if a client has had a family medical crisis, marital disaster, family emergency, occupational crisis, or credit card catastrophes. Never assume what clients will want. Tell them what medical advice you have to offer with self-confidence, your assessment, and what the animal needs. Do not judge clients by the cars they drive. They may be material rich and paper poor, or vice versa.

"I know it's just a (dog/cat/ferret) . . ."

"This is really expensive . . ."

Good Communication Techniques to Use

"Fluffy needs treatment [today, now, as soon as possible]." Tell it as it is.

Communicate the desire to help, as quickly, efficiently, and inexpensively as possible.

Semantics are important. Words in the treatment plan/estimate should be in easily understood terms. For example, list "surgical monitoring" rather than the terms pulse oximeter and electrocardiogram.

I present my own treatment plans. I stand straight, speak up, and look my client in the eye. I handwrite explanatory notes on the computerized treatment plan/estimate to reinforce communication and understanding, and to be sure clients relay my message correctly to family members at home.

Poor part of town? Don't prejudge your clients. They love their pets. Let them decide what they can afford.

Dr. Eisner is chief of dental services at Animal Hospital Specialty Center, an AAHA-accredited referral hospital in Highlands Ranch, CO. He is co-author of the textbook Veterinary Dental Techniques and has published more than 70 professional articles and book chapters. He is a diplomate and past president of the American Veterinary Dental College, past president of the Academy of Veterinary Dentistry, past president of the Colorado State Board of Veterinary Medicine, and is currently president of the Peter Emily International Veterinary Dental Foundation and chair of its Veterinary Dental Advisory Committee that oversees its Veterinary Dentists Without Borders program. Dr. Eisner also is a member of the Small Animal Dentistry Committee for the Colorado State Board of Veterinary Medicine.

Creating the Client Experience for Dentistry

Wendy S. Myers

Communications Solutions for Veterinarians

Although your team recommends the best medical care for pets, sticker shock may prevent some clients from accepting dental treatments. The average dental case totals \$427, according to the 2013 *AAHA Veterinary Fee Reference*, 8th edition.¹ To get more clients to accept dentistry, we must communicate its value.

“Clients want optimal dental care—a higher quality service,” says Dr. Ed Eisner, Diplomate AVDC, at Animal Hospital Specialty Center in Highlands Ranch. “We must offer competence, service, and value for dentistry. When we communicate value, clients will appreciate our dental services, pay their bills, tell friends, and return for annual or semi-annual dental care.”

Here’s how you can create a great experience for dentistry that makes clients smile.

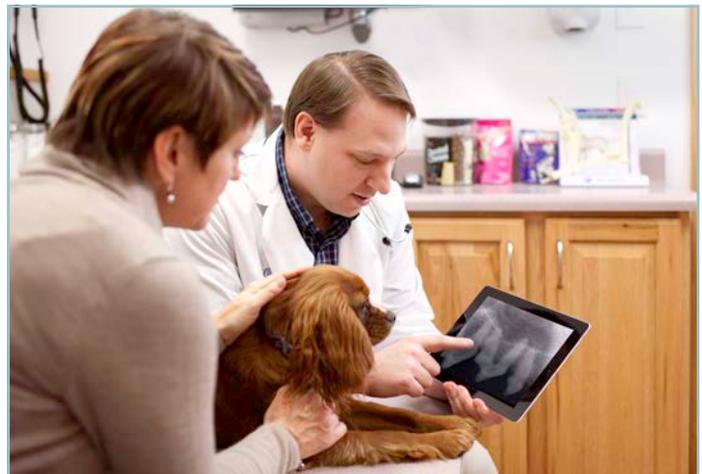
Create photo books or slideshows. Most pet owners have never seen an animal’s dental procedure from start to finish. To make a photo list, use your dental treatment plan template as a guide. Match the order of your photos to the order of the procedure. For example, your first picture would be of a veterinarian performing an oral exam and assessing the pet’s grade of dental disease. Be sure that photos are kid-friendly because children will want to see the images you’re showing to their parents. Take a photo of a smiling technician in your in-clinic lab to demonstrate preanesthetic testing—don’t show a jugular blood draw on a patient (scary!).

Professionally print your photo books. Create dental photo books using websites such as Shutterfly, Walgreens, or Costco. Place photo books in each exam room and your lobby. Use photos books when presenting dental treatment plans to clients. For a digital option, create slideshows on digital photo frames, tablets, or exam room computers. When computers hibernate, set your slideshow to be the screen saver.

The American Animal Hospital Association (AAHA) offers a book to use in exam room conversations, *Healthy Mouth, Healthy Pet: Why Dental Care Matters* (www.aahanet.org). Dr. Jan Bellows, Diplomate AVDC, of All Pets Dental Clinic in Weston, Florida, has a series of five smile books that can be viewed on his website at www.dentalvet.com. Veterinary Information Network members can download his books at no charge at www.vin.com.

Describe anesthesia safety protocols. “Once an animal reaches age 10, more clients are afraid of anesthesia,” says Kathy Pershing, CVT, a dental technician at Animal Hospital Specialty Center. “I explain that three people are actively involved in the pet’s dental procedure: two certified veterinary technicians and Dr. Eisner. We also use sevoflurane, monitoring equipment, and warming blankets.”

Present service first, price last. When recommending dental treatments, avoid saying “estimate,” which centers on price. Instead, say “treatment plan” to emphasize needed medical care. Stand at the end of the exam table, forming L-shaped body language, or position yourself shoulder-to-shoulder with the client. This is collaborative body language, compared to a



Share dental x-rays with clients to show value for professional services. IDEXX I-Vision Mobile™ Application allows you to show radiographs on tablets and iPads as well as email them to clients or specialists.

confrontational posture of talking across the table with a physical barrier between you and the client.

Because clients need to understand service first, cover prices with an educational brochure such as Virbac’s dental report card (brochure #VP028) or preanesthetic testing brochure. Explain each item, pointing to the left column that lists medical services. After you’ve shared photos and discussed medical services, reveal the price. Educating clients before showing prices helps them make informed decisions. Clients may jump to judgment if they see the price first without understanding the comprehensiveness of professional dental care.

Schedule admission appointments. Avoid using the term “drop off,” which implies the admission process takes seconds. Schedule a 15-minute admission appointment with a technician or veterinarian. In the privacy of an exam room, you can have the client sign consent forms, collect contact phone numbers, answer questions, and explain when you will call following the procedure. If technicians admit patients, make sure a veterinarian is available in case the client has additional questions.

When client care coordinators make confirmation calls, they would explain fasting instructions and then tell clients, “Your dental admission appointment is scheduled for 7:45 to 8:00 AM with a technician, who will spend 15 minutes reviewing the consent form, answering your questions, and getting phone numbers where we can reach you on the day of the procedure. Please allow at least 15 minutes for your pet’s admission to the hospital. If you have questions, please call us at 555.555.5555.”

Give clients your business card. During the admission appointment, give clients business cards of the veterinarian and technician who will perform the procedure. This instills confidence and communicates your professionalism. A technician would say, “We will call you after 1:00 PM when we have finished your pet’s dental procedure. If you have questions before then, here’s my business card and the doctor’s.” Clients also may use the business card if they have questions about home-care instructions

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IN PRACTICE

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after the patient is discharged. Watch my video on using business cards at www.YouTube.com/csvets.

Use a dental consent form. Once the pet is under anesthesia, a comprehensive oral exam and dental x-rays may reveal additional care. In addition to the anesthesia consent form, have clients sign to authorize additional dental services if necessary. Always call to update the client on any additional services and prices. If you can't reach the pet owner, this consent form tells you whether to perform all necessary dental procedures, add services up to a specific dollar amount, or if the client declines any unforeseen dental procedures.

Text clients after dental patients are awake. Add this statement to your anesthesia consent form: "How would you like to hear from us when your pet wakes from the procedure?" Then list text, email, or phone call. If a complication occurs, always call the client. Expect up to half of clients to choose text notification.

Never use a practice cell phone to text clients because you can't print the text to document it in medical records. Another danger: Clients may expect you to answer the practice's cell phone 24/7. Google Voice and Gmail Chat offer free texting services that time and date stamp conversations, which you could print for paper medical records or save as PDFs in electronic medical records. Gmail Chat also allows you to attach photos. Dental technicians would log into Google Voice or Gmail Chat as patients are recovered to update clients and remind them about discharge appointments.

Take before-and-after dental photos. Few clients look at the back of their pets' mouths. Photos often show dramatic improvements and communicate value for dental services. Incorporate photos and x-ray images into discharge instructions.

Provide a dental report card. "Write a pictorial case summary report with photos and x-rays," advises Dr. Eisner. "Create a template in Word so it's easy to format and revise." In addition to showing value, a dental report card helps family members who were not present understand the procedure. See my book, *The Veterinary Practice Management Resource Book & CD*, for a dental report card (www.csvets.com/books/).

Share dental x-rays. The 2013 AAHA Dental Care Guidelines for Dogs and Cats recommend taking radiographs of the entire mouth, which are necessary for accurate evaluation and diagnosis. Intraoral radiographs revealed clinically important pathology in 28% of dogs and 42% of cats when no abnormal findings were noted during initial exams.² AAHA also offers a dental radiology poster to help educate clients about the importance of dental x-rays (www.aahanet.org).

Discharge first, pay last. Clients need to understand all of the services that were performed before they see the final bill. During discharge, explain the procedure and potential complications such as vocalization, bleeding, coughing, or signs of pain to watch for at home. Discuss any prescribed antibiotics and medication for inflammation and pain. Also demonstrate home-care products.

When you offer a product in the exam room, it's medicine. When it's sold at the front desk, it's retail. Because a dental diet may be part of ongoing therapy, bring the therapeutic diet into the exam room.

Tell the client, "Because your pet was treated for dental disease today, he needs to eat this therapeutic diet to maintain his oral health. Let me explain how to transition to the new food and also tell you how much to feed." Put a prescription label on the diet, which has the pet's name, how much to feed, and where to get refills.

"Release consults can be delegated to well-trained staff, but clients are even more impressed if the doctor takes time to explain what was done," Dr. Eisner advises.

Call clients after dental patients have been discharged. Depending upon the discharge time, call the pet owner later that evening or the next morning. Ask about the pet's condition, ability to give dispensed medications, use of home-care products, and answer questions.

In dental group codes in your practice-management software, automatically turn on a callback for one day later. Whenever this service is invoiced, a callback will be generated. Have the technician who performed the procedure call the client. The employee already has a face-to-face relationship with the client, knows details of the procedure, and can answer questions the client may have. Just as you use doctor ID codes to track production, create staff ID codes so each employee who delivered care for a specific patient is linked to that medical record. This will keep callbacks organized and give staff accountability.

Send dental reminders. Whenever an invoice is generated, a reminder for a follow-up oral assessment will automatically follow. Link reminders to dental group codes. Get dental reminders in my book, *The Veterinary Practice Management Resource Book & CD* (www.csvets.com/books/).

Dental reminder intervals

Service	Reminder cycle
Grade 1 dental treatment	12 months
Grade 2 dental treatment	9 months
Grade 3 dental treatment	6 months
Grade 4 dental treatment	3 months

Because optimal service doesn't just happen, plan a staff meeting to develop a strategy of how your team will deliver A+ dental services and increase client understanding and perception of value. "Don't think 'My clients won't pay more,'" advises Dr. Eisner. "You need to show more value." ■

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Wendy S. Myers owns *Communication Solutions for Veterinarians* and is a partner in *Animal Hospital Specialty Center*, a 10-doctor AAHA-accredited referral practice in Highlands Ranch. She helps teams improve compliance and client service through consulting, seminars, and webinars. You can reach her at wmyers@csvets.com or www.csvets.com.

Behavior Wellness Ten Years Later

Suzanne Hetts, PhD, CVJ and Dan Estep, PhD
Certified Applied Animal Behaviorists

It's hard to believe that 2014 marks ten years from when our article about incorporating behavior wellness practices into the veterinary practice appeared in the *Journal of the American Veterinary Medical Association* (Hetts et al. 2004). Up until then, the only other reference we'd seen made to that term came from Dr. Tom Catanzaro, who has been well known in the veterinary practice management field for probably three decades. But "Tom Cat" as he's known, hadn't really fleshed out the parameters of behavior wellness or the behaviors we might expect from behaviorally healthy dogs, cats, or other animals.

We've recently noticed the behavior wellness term used more and more, but not seen anything as comprehensive as the program we proposed back in 2004. Because of this, we thought it worthwhile to revisit ways that veterinarians can more easily and regularly monitor behavior health.

Inquiring about a pet's behavior patterns can be thought of as an early detection tool. Early detection typically results in better outcomes for most any medical condition, and the same holds true for behavior problems. In our behavior consulting practice, we would routinely have clients tell us that manifestations of the problem began long ago, but they did not recognize the significance of the behavior changes they observed.

Consider downloading our free Dog Behavior Wellness Evaluation tool at www.SensibleDogTraining.com (there's a link at the bottom of the dog tool for a cat evaluation as well). We recommend asking clients to complete the evaluation about their pet every four to six months. That allows you to regularly monitor a pet's behavior patterns, and easily pick up on any changes in owners' answers by quickly scanning the columns and comparing the current evaluation with previous ones.

The evaluation document should provide more information than questions that can be easily answered "yes" or "no" (Do you have any concerns/questions about your pet's behavior?). A client may answer no, even though their dog or cat may be showing early signs of problems.

If owners check "sometimes" or "never" for any behavior listed on our evaluation, you can discuss the potential problem with them and make whatever recommendations are appropriate.

Client Compliance

As with any recommendation or plan for a medical problem, client compliance is always an issue. To increase client compliance, veterinarians might consider implementing the same follow-up procedures for behavior recommendations that they use with medical ones. For example, we routinely receive a follow-up call or postcard from our veterinarians after any of our pets undergo a procedure or receive treatment for an illness. If you make a behavioral recommendation, whether it's a referral to someone, or specific instructions for training or behavior modification plans for owners to implement at home, follow up to check on progress with that same phone call or postcard.

A second possibility is to borrow a few basic ideas that are tried and true in the world of sales and marketing. After all, what we all are really doing is selling clients on doing what we want them to do. Marketing 101 tells us that there are specific reasons why people buy items they don't need. The most common reasons are

to save time, save money, avoid pain/discomfort, or to make life easier or more convenient. How can you use these desires to motivate people to follow through with behavior recommendations? Here are some talking points that you can try with your clients:

- The cost of a behavior consultation will be far less than if your dog/cat continues to soil/be destructive and you end up having to replace your couch or your carpet. (save money)
- I'll bet it's embarrassing when guests are over and your dog is being a pest and barking at everyone. Wouldn't it be nice to enjoy your guests and not have to yell at your dog or isolate him when friends are over? (avoid pain, make life easier)
- Rather than spending all that time searching the internet for do-it-yourself information about your pet's behavior, let's have you schedule an in-home visit with XYZ whom I trust and other people have had great results with. The money you spend will be more than worth the time you are wasting seeking information that won't help you. (save time, save money, make life easier)
- I am really frightened for you and your family. I'm afraid your dog is going to hurt you, your child, or someone else unless you do something about his behavior. I know you don't think he would ever bite anyone, but I've seen dogs behaving like yours is now and they did end up biting people. Let's get a behavior consultation scheduled for you today. (avoid pain)

Next Steps

We'd like to see the assessment of behavior health be as commonplace as the routine assessments of medical health that happen during every non-emergency appointment. Back in 2004, a study from a few years prior found that only 11% of veterinarians thought it was their responsibility to initiate conversations about a pet's behavior (Patronek and Dodman 1999). At the same time, back then, 89% of owners who adopted a dog from a shelter believed it would be helpful to have an office visit just to discuss their pet's behavior (Patronek 1996).

Although we've not seen comparable data from more recent studies, we're convinced that today's veterinarians are much more aware of and much more knowledgeable about behavior and behavior issues. And we're also convinced the need for good behavior education for pet owners hasn't declined. Dr. Ilana Reisner, a veterinary behaviorist, and her colleagues demonstrated that even taking five minutes to provide new adopters information about housetraining increases housetraining success (Herron et al, 2007).

We hope our free evaluation tools will make it easier for you to incorporate behavior health assessments into more of your appointments. Let us know how they work for you and how we can help your efforts. ■

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BIG Ideas Forum Explores Supply-side Economics in Veterinary Medicine: Part II

In the last issue of the CVMA *Voice*, we shared with you summaries of the presentations given on Saturday, November 2, at the BIG Ideas Forum | Fall 2013 session in Colorado Springs. CVMA welcomed more than 70 attendees to explore Supply-side Economics: Is anyone driving this bus? CVMA gathered a panel of six top veterinary professionals from a diverse range of settings to help make sense of these complex influences on the profession and delve into questions about supply-side economics:

- Doug Aspros, DVM, Veterinary practice owner and volunteer extraordinaire
- Andrew Maccabe, DVM, MPH, JD, Executive Director, Association of American Veterinary Medical College
- Valerie Ragan, DVM, Director, Center for Public and Corporate Veterinary Medicine, Virginia-Maryland Regional College of Veterinary Medicine
- Christine Hardy, DVM, MBA, MPH, Senior Director Student Services, CSU-CVMBS Professional Veterinary Medicine Program
- Dean Hendrickson, DVM, Associate Dean, CSU-CVMBS Professional Veterinary Medicine Program
- Jeff Klausner, DVM, MS, DACVIM, Senior Vice President, Chief Medical Officer, Banfield Pet Hospital

Question, Answer, and Comment Session

Once all the presentations were finished, Dr. Hellyer posed a few questions to the panel and the attendees to begin a dialog. Below are some of the questions and responses.

Does anyone (e.g. organized veterinary medicine, veterinary colleges, and private practices) have responsibility to assure that there are jobs for veterinary graduates?

Maccabe – The *New England Journal of Medicine* article, “Are We in a Medical Education Bubble” is alarming. Debt-to-salary ratio in veterinary medicine has been steadily increasing and veterinary medicine leads the list, followed by optometry and dentistry. To put it in context, there are two markets: the market for veterinary medical education, which remains quite robust with 2.1 applicants per seat nationwide on average, and the market for veterinary medical services (the demand side). These two markets function independently, although most of the time they are in alignment. The colleges are obligated to provide students with information on financial costs of education.

Klausner – The colleges have no incentive to reduce costs; as long as education is heavily subsidized (e.g. loans) the schools have no incentive to reduce costs. Why are several schools building new specialty hospitals, when that business is moving away from the schools in today’s landscape? Until the fire gets hot, the schools just don’t have an incentive to be more innovative. What are we really doing to get costs out of the system?

Hendrickson – Wouldn’t it be cool if CSU could be the first school to reduce tuition? We need to be looking at whether what is charged is really what it costs to educate the veterinary student.

Hardy – There’s almost a hazing process in the profession where in order to be admitted to veterinary school they have to have some experience, which is typically in a small animal clinic where they clean cages and do menial tasks. This creates a mindset of being undervalued. We need to rethink this process. We need diverse students in the pipeline who can go out and serve diverse needs.

Maccabe – The two new U.S. schools (Midwestern in Glendale, CA with 100 seats and Lincoln, TN with 85 seats) will accept students in the Fall of 2014; this won’t change significantly the ratio of applicants to available seats; GPA and GRE scores are up in the applicant pool, though of course there are other measures relevant in admissions.

Ragan – Virginia-Maryland modeled admissions after a medical school model that assesses the ability to perform academically (i.e. academically sound, not necessarily the highest GPA) and also assesses communications, ethics, critical thinking, problem solving skills, team work, etc. through multiple mini-interviews. Regarding increasing debt load, check out StudentScholarshipSearch.com; it’s great, but it doesn’t include veterinary medicine. Why not? Why aren’t we making scholarship opportunities visible, why aren’t we (including stakeholders) creating more scholarship funding?

Aspros – We have produced a monoculture of veterinary students, but it isn’t just about recruitment (although it is), but it’s also a result of admissions decisions.

Hardy – Veterinarians tend to be and feel more isolated than other professions; even the view of euthanasia is different, where in veterinary medicine it is seen as a humane way to end suffering. We need to talk about wellness, not stigmatize it. On applications we look for obstacles the individual has overcome because it can be very telling of their future ability to overcome professional challenges.

Klausner – It is a moral imperative of the schools to be sure their graduates have the skills, knowledge, and competencies to be successful. Secondly, the schools need to think about how they can eliminate costs in education in order to reduce graduate debt. Third, we need to work on the health of practices. Partners for Healthy Pets is an important strategy that can help practices on the revenue side and help get clients in the door.

Aspros – It’s been difficult for me to understand how colleges are comfortable with the number of graduates who don’t feel confident to go to work in the field that they’ve prepared for over four years, and who feel they need additional education. The impact of which is another year of increasing debt and a year of reduced opportunity to earn real professional compensation; we need to work at both ends of this problem.

In your estimation, are we seeing the end of the golden age of veterinary medicine or is the future of veterinary medicine bright and why?

Aspros Not sure there has ever been a golden age, it depends on which age you’ve been in! There always have been changes, dislocations, winners and losers, and painful adjustments. Always,

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CVMA NEWS

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we've advanced the profession. Hopefully we're going to make *this* age a golden age, but it'll take work, foresight, and flexibility to make that happen.

Klausner – This is the greatest profession on earth that provides wonderful opportunities. There's no reason to think the future will be different; we just need to roll up our sleeves and get to work on the problems.

Ragan – The golden age is what we make it. Today is a golden age for some veterinarians and not for others. To me, every day is the golden age, despite having bad days! We're driving this profession, each our own part; we can either think big, think about what drives you, and think where your passion is, and make it happen. The only one who can drive what happens in your life is your own self. We need to think about self responsibility, the pathways to get from here to where you want to go.

Hendrickson – The golden period is what you make of it. Never feel like you're in a dead end spot, there are new and different things you can do in the broad profession of veterinary medicine.

Hardy – Came to the profession as a second career, and certainly didn't come to it because I thought there were limited opportunities! We are experts at diagnosing the problem and dealing with change. We already have the skills, we just need to work together to do something about the issues. The more we can have people have wide eyes open about the possibilities in the profession, the better off we will be. Price is only an issue in the absence of value, and each of us has a responsibility to create value.

Maccabe – It's a golden age for some, platinum or bronze for others, and even sand for some, it's what we make of it. Creative destruction occurs in every sector of society; sometimes it happens slowly, and sometime more abruptly, which is probably what veterinary medicine is facing. What's important is resiliency, adaptability, understanding the role you can play as a veterinarian. What is the future of this profession? It's each of us until we exit, and each of the students coming in. We all are ambassadors for the profession; you have a choice every day in how you present the face of the profession. ■

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Welcome New CVMA Members!

Please help us welcome these new CVMA members to the association.

Teresa Katie Borys DVM

VCA West Los Angeles Animal Hospital
Kansas State University ~ 2013

Mark Cushing

Tonkon Torp LLP

District 1

Lorna Hamilton

Pet Kare Clinic

District 2

Robert H Cawthron DVM

Aspen Grove Veterinary Care
Texas A&M University

Jaime L Cawthron

Aspen Grove Veterinary Care

Elizabeth Denise Jobe DVM

Advanced Animal Care of Colorado
University of Georgia ~ 2012

Ciaron Mullaney

Advanced Animal Care of Colorado

District 3

Garrett Donald DeVries DVM

Mary Camp Egan DVM, MPH, DACVPM
Humane Society of Weld County

District 4

Joseph Michael Menicucci DVM

Fort Morgan Veterinary Clinic PC

District 5

Andrew Wright Boal DVM

Longs Peak Animal Hospital PC
Ross University School of Veterinary
Medicine ~ 2011

Brooke Lynne Fowler DVM

Aspen Meadow Veterinary Specialists

Kelly Nicole Monaghan DVM

Aspen Meadow Veterinary Specialists

Benjamin Garrett Nolan DVM

Aspen Meadow Veterinary Specialists

Sophie Aviva Michal Pines DVM

Rachel Lynn Stawski DVM

VCA All Pets Animal Hospital
2013

Josh Vaisman Hospital Administrator

Boulder's Natural Animal

Maggie Mae Vandenberg DVM

Aspen Meadow Veterinary Specialists

JacLynn Vealey

Coal Ridge Animal Hospital

Katherine Jane Von Waldburg DVM

Alpine Hospital For Animals

Kristin Kathleen Vyhna DVM

Coal Ridge Animal Hospital

District 6

Stephanie Adamson

Gentle Touch Animal Hospital

David Altiero

CapitalSource Small Business Lending

Ruth W Andrews VMD

Andrews Veterinary Services LLC
University of Pennsylvania ~ 2006

Nick Ballard

Castle Pines Veterinary Clinic

Stephanie Dawn Blackstone DVM

Caring Hands Veterinary Hospital & Hospitality
Suites PC
Iowa State University ~ 2010

Jennifer Campbell DVM, DACVECC

Animal Emergency & Specialty Center

Sareena Thuy Hong Enloe DVM

GoldenView Veterinary Hospital

Ariel Brooke Fagen DVM

Wheat Ridge Animal Hospital PC
2013

Katherine Garcia MA/CAC III

Peer Assistance Services

Adam Ross Grochowsky DVM

Animal Emergency & Specialty Center

Gretchen Marie Hageman DVM

VRCC Veterinary Emergency & Critical Care
Hospital

Stacey Hamilton CVT

Loving Family Animal Hospital

John Hardcastle

GoldenView Veterinary Hospital

Heather Elizabeth Hergert DVM

PetAid Animal Hospital
Washington State University ~ 2013

William Doniphan Hope DVM

University of Missouri ~ 1975

Carlene Krogh CVT

Tender Touch Animal Hospital

Jennifer L Leslie DVM

Pinnacle Veterinary Relief LLC
Virginia-Maryland Regional ~ 2000

Elizabeth A Maxwell DVM

Wheat Ridge Animal Hospital PC

Jennifer McKernan

Pets on Broadway Animal Hospital

Kelly Motichka

Parker Center Animal Clinic

Patrick Smithson Moyle DVM

Wheat Ridge Animal Hospital PC
2013

Ali Nathe

Broadview Animal Clinic

Deborah Heron Prichard DVM

Evans East Animal Hospital PC

Erin Lynn Reiter DVM

Wheat Ridge Animal Hospital PC
2013

Davin Ross Ringen DVM, MS

Animal Care Center of Castle Pines PC
Kansas State University ~ 2007

Alexander Crown Robb DVM

Wheat Ridge Animal Hospital PC
2013

Joanna Catherine Rudosky DVM

Wheat Ridge Animal Hospital PC
2013

Ronald Sholar

STRUCTURE

Manal S Soliman DVM

Mississippi Animal Hospital
1990

Susan Hildegard Stadler-Morris DVM

Table Mountain Veterinary Clinic
Colorado State University ~ 1991

Stacie Caitlin Summers DVM

Wheat Ridge Animal Hospital PC
2013

Frank William Swartzel DVM

VRCC Veterinary Emergency & Critical Care
Hospital

Charlotte Elizabeth Thiessen DVM

Wheat Ridge Animal Hospital PC
2013

Dana Tamar Waldbaum DVM

Pets on Broadway Animal Hospital
Tufts University ~ 2008

Jenny Weston CVT, LVT

29th Avenue Animal Hospital

Continued on next page

CVMA NEWS

Continued from previous page

Yuliya Zyablykh DVM

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District 7

Justine Debra Boschee DVM

*Animal Emergency Care Center North
Ross University School of Veterinary
Medicine ~ 2013*

Amanda Clark CVT

Timberview Animal Hospital

Angie Fountain

Northgate Animal Hospital

Vickie L Harvey

Fillmore Veterinary Hospital

William Lance Mayfield DVM

Healthy Pets Animal Hospital

Zana Ryan

East Springs Animal Hospital

District 12

Karen Anka Nollet DVM

*Bayfield Animal Hospital
University of Wisconsin ~ 2013*

Donald Paul Thompson DVM

Elk Park Animal Hospital

District 13

Amanda Prosser

*Alta Vista Animal Hospital
dba Aspen Leaf Animal Health*

District 15

Mercy Golden Wemhoff CVT

Redstone Veterinary Hospital

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CVMA NEWS

2013 Colorado State 4-H Veterinary Science Award

Denise Crawford, President, CVMA Auxiliary
Project coordinator for the 4-H Veterinary Science Fair award

A major emphasis of the CVMA Auxiliary is the promotion of the veterinary profession in Colorado. The Auxiliary hosts the Shirley Clark Projects Auction each year at the CVMA convention to raise funds for various projects that support this goal. Through the generous bidding and contributions of members like you, we are able to fund several worthwhile endeavors, including sponsoring the top prize in the 4-H Veterinary Science category at the Colorado State Fair.

We are pleased to introduce the 2013 Colorado State 4-H Veterinary Science winner, Malorie Stephens. Her project focused on poisonous plants and sheep. Please enjoy her essay on how the 4-H Veterinary Science program has influenced her and her enthusiasm for veterinary medicine.

Vet Science to Me!

I started the Veterinary Science project in 4-H when I was in 6th grade. My sister was involved in the Veterinary Science Project before me and enjoyed it. I decided to give the project a whirl. By being more involved in this project I thought it could help me decide what I want to do with my life. Turns out by participating in this project it has made me want to be a veterinarian even more. I have been pretty successful and have won awards in this project over the years. For the past three years, I have gone to state with my projects and have placed pretty well. These projects have helped



me learn more about the animals I show and raise such as knowing how to age a horse by its teeth, the most common ticks in Colorado, and the most common poisonous plants to sheep in Colorado. These projects and the veterinary science books have taught me a lot about animal health and have helped me decide what I want to do in my future.

I am now a freshman at Eagle Valley High School; I am a senior in 4-H and will be participating in the Veterinary Science project again this year. I also plan to participate in other 4-H projects such as the horse project, Freedom Riders Drill Team, and raising beef and lamb. For my future, I plan to graduate from EVHS and hope to get accepted to Colorado State University to continue my studies to become a veterinarian. Through the Veterinary Science 4-H Project I have had the opportunity to shadow at a local clinic. I have not yet determined the area of study that I desire. I know the direction I am choosing will be difficult with lots of studying and hard work, but I believe you can do anything as long as you put your mind to it. ■



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