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WEST COAST VETERINARIAN

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References: 1. Perier N, et al. *Open J Vet Med.* 2020;10(9):155-163. **2.** Perier N, et al. *Open J Vet Med.* 2021;11:289-298. **3.** Current NexGard SPECTRA® Package Insert.

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FROM THE EDITOR

COREY VAN'T HAAFF
EDITOR

TO THE EDITOR

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

ON THE COVER

Javier Ruiz Orte's canine team member in his post-race suit.
PHOTO BY KYLA JOHNSON

I've always lived in BC, so when I tell my friends it's the best place to live in Canada, I have nothing to compare it to. Still, it's an opinion I hold near and dear to my heart.

I love all things BC: the ocean, which is now especially close to my home on Vancouver Island, the abundant wildlife—from marine mammals to those creatures in the forests, all the way up to my lovely birds that fly overhead. I simply cannot get enough of the Anna's hummingbirds, white-crowned sparrows, spotted towhees, chestnut-backed chickadees, and my robins and crows, with whom I try to form personal relationships. When I'm not looking up, I am continually entertained by my goldfish in my front-yard pond, which we feed and have trained to come quickly when they see us standing in a particular spot pondside.

I am unabashedly a BC booster, loving my province and all it offers. It carries over to my work both in this magazine (stories are typically written by BC writers and are always of benefit to BC veterinarians) and at the SBCV.

Our rallying cry is to support BC veterinarians in all that they do and to provide continuing education (CE) relevant to the issues they encounter here in BC. We offer BC solutions to resiliency challenges. We offer BC information on issues like taxation, pharmacy, and regulations, including WorkSafeBC. And we provide advocacy that protects BC veterinarians. We are vigilant on this last one, typically at the forefront of scanning the veterinary landscape for its potential impact on BC veterinarians, then proactively negotiating the best solutions possible for BC veterinarians.

So, it was no surprise to me when the SBCV Board of Directors recently formalized its support of the BC-based, BC-focused, BC-beneficial group AVP (Associated Veterinary Purchasing), which has been a mainstay in our veterinary landscape for decades, providing reliable, consistent, service-oriented purchasing power to veterinarians in every community in this province. As the entire veterinary landscape experiences change, both risks and opportunities present themselves. The SBCV Board cemented its "preferred partner" relationship with AVP, which has been a consistent strategic ally, distributing print information to practitioners provincewide and providing sponsorship for some of our extensive CE portfolio, from veterinary medicine to practice management to legal and accounting knowledge.

The SBCV has been reminding members that all the money you invest in the SBCV—via memberships, CE sessions, and member programs—stays in BC, supporting the work we do for BC veterinarians. When I say it's better in BC, I mean it. WCV

Email: wcveditor@gmail.com

PHOTO BY SYEMUNA (PU) RAHMAN

MP Zoe Royer visits Canada Summer Jobs worker Chris along with SBCV staff in the Port Moody office.

WCV

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As a provincial organization, the SBCV recognizes that its members occupy the traditional and unceded lands and territories of BC's Indigenous Peoples and asks its members to reflect on the places where they reside and work.

Dear Colleagues and Friends,

As another beautiful BC summer draws to a close, I hope that each of you has found a little time to enjoy the season in whatever way fills your cup—whether that has meant hiking a favourite trail, camping under the stars, paddling on a quiet lake, tending the garden, escaping to the coast, or simply sitting outside long enough to remember what sunlight feels like after charting indoors all day.

Of course, summer in BC has come with its own familiar rituals: long ferry lineups, traffic headed in every possible direction, wildfire smoke forecasts, full campgrounds, sudden rain on the one weekend you planned to be outside, and the annual mystery of how every dog in the province seems to find a foxtail, barbecue skewer, or suspicious "snack" within a 48-hour period.

For those of us in veterinary medicine, the summer months can be especially busy. While many people plan holidays, our practices often manage heat-related illnesses, hiking mishaps, wildlife encounters, allergy flares, parasite concerns, and the occasional Labrador who has once again mistaken a family barbecue for an all-you-can-eat buffet. Add vacation schedules, staffing pressures, and extra daylight that somehow creates extra work, and it is easy to see why summer is often both joyful and demanding. For many veterinary teams, September brings its own transition as vacation plans wind down, regular routines resume, and the work of a busy summer carries forward into fall.

The work you do is extraordinary. Every day, you care for animals, support families, guide difficult decisions, and respond with skill and compassion in moments that matter deeply. It is meaningful work, but it is also hard work—and even the most dedicated among us need time to rest, laugh, and recharge.

As we head into fall, I encourage you to extend some of the compassion you so freely give to others to yourself. Take the break you have been postponing. Now that the summer rush has passed, enjoy the beach, the lake, the trail, or the backyard. Leave on time when you can. Check in on a colleague. Accept help when it is offered. And remember that no one does their best medicine when running on caffeine, granola bars, and the faint hope that the next appointment will be straightforward.

One of the great strengths of our profession is the community we share. Across BC—from the Island to the Interior, from the Lower Mainland to the North, and everywhere in between—we understand the unique joys, pressures, humour, and heartbreak of this work. We are better when we support one another.

On behalf of the Society of BC Veterinarians, thank you for your dedication, professionalism, and care. Your work makes an enormous difference to animals, families, and communities throughout this province.

I hope the months ahead bring you adventure, rest, good company, cooperative patients, appreciative clients, and ferry sailings where you actually make it on the first try. As summer winds down, may the foxtails be few, the heatstroke cases fewer, and may every Labrador in BC briefly reconsider their life choices before eating something alarming.

Enjoy the last days of summer and the beginning of fall, stay safe, and take good care of yourselves and one another. WCV

Fraser Davidson, BVSc, grew up in Vancouver and spent most of his childhood adventuring around the West Coast (mainly the Gulf Islands and Whistler). He is a dual citizen of both Canada and New Zealand, where he trained to become a veterinarian. He graduated in 2005 and spent five years working and travelling around Europe before moving back to Canada in 2010. He and his family moved to Squamish in 2017 and opened Sea to Sky Veterinary Clinic late in 2021. Dr. Davidson has two wonderful children, 11 animals, and an amazing, loving, and supportive wife.

As your CVMA President, it's my pleasure to update you on some of the CVMA's recent initiatives.

MEASURES TO IMPROVE ACCESS TO VETERINARY PRODUCTS

The CVMA welcomes the Government of Canada's commitment to reducing regulatory barriers and improving access to veterinary products as part of the new **National Food Security Strategy** announced in June. Of particular importance to veterinarians is the strategy's commitment to eliminate regulatory backlogs and accelerate approvals for seed, feed, fertilizers, and veterinary products. The government has indicated in the strategy that these measures will help speed up access to livestock vaccines for cattle, sheep, pigs, poultry, and fish, as well as probiotics for poultry that are already available in other jurisdictions. The CVMA has actively advocated for improved availability and accessibility of veterinary medications and biologics in Canada. We are encouraged by the government's recognition of these challenges and its commitment to modernizing regulatory processes, reducing backlogs, and making greater use of scientific evidence and reviews from trusted international partners.

THE LEADING EDGE FOR VETERINARIANS

Mentorship remains a key priority for supporting veterinarians across all career stages, particularly students and early-career professionals. In 2025, the CVMA launched a new pilot program, **The Leading Edge for Veterinarians**. Delivered in partnership with the Lincoln Institute of Veterinary Business, the program brings together structured online learning, interactive sessions, and peer engagement to support professional growth. From nearly 100 applicants, 54 participants were selected to reflect the diversity of the profession across geography, practice type, and career stage. Feedback from the pilot cohort was extremely positive and is being used to guide future programming. Stay tuned: we expect to expand access to the program to more members in the near future.

2026 CVMA AWARDS RECIPIENTS

We proudly recognized the recipients of the **2026 CVMA Awards** during the CVMA Convention. Honourees included **Dr. Wayne Burwash** (CVMA Humane Award); **Dr. Terry Hunt**, **Dr. Leann Benedetti**, and **Dr. Debbie Stoewen** (CVMA Distinguished Member Awards); **Dr. Lynne O'Sullivan** (CVMA Small Animal Practitioner Award); **Dawson Creek Veterinary Clinic** (CVMA Practice of the Year Award); **Dr. Steven Backman** (Merck Veterinary Award); **Dr. Enid Stiles** (CVMA President's Award); and **Ms. Kasey Keohane** (R.V.L. Walker Award). The CVMA extends its congratulations to this year's recipients and thanks them for their exceptional contributions to the veterinary profession and the communities they serve.

2025 NATIONAL ECONOMIC REPORT NOW AVAILABLE

Discover the latest economic trends affecting veterinary practices across Canada. Visit the "Business Management" section under "Veterinary Resources" on our website to access the **2025 National Economic Report** and explore national and provincial benchmarking data.

2027 CVMA CONVENTION

Thank you to everyone who joined us for the 2026 CVMA Convention in Charlottetown. With record-breaking attendance of 1,350 participants, it was the largest CVMA Convention in our history! Mark your calendar: we're bringing the **CVMA Convention** to **Winnipeg, July 7–11, 2027**. WCV

Kathleen MacMillan, BSc, MSc, DVM, DABVP (Equine), is an equine ambulatory veterinarian, Associate Professor at the Atlantic Veterinary College (AVC), and President of the CVMA. A PEI native, she grew up on a horse farm with deep roots in the province's Standardbred racing and sport horse industries. Dr. MacMillan holds an MSc in equine exercise physiology, and is a 2001 graduate of the AVC, as well as a Diplomate of the American Board of Veterinary Practitioners in Equine Practice. Before joining the AVC faculty in 2010, she worked in private practice, including six years operating a solo equine ambulatory practice in PEI. Her clinical and research interests focus on equine sports medicine, preventive medicine, and equine welfare. She is passionate about educating the next generation of veterinarians and advancing continuing education for veterinary professionals and the equine industry. Throughout her career, Dr. MacMillan has been actively involved in professional service, and as CVMA President, she is committed to advancing the profession through collaboration, advocacy, and support for veterinarians across Canada.

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SEPTEMBER

AMANDA BARKER, RVT, CVPP, BCVTA President (2025–2027), has spent 17 years in veterinary medicine, working her way from kennel assistant to RVT. She's experienced in general practice, wildlife rehabilitation, ECC, internal medicine, surgery, and anesthesia, and now co-owns and manages ORCA Orthopedic & Referral Centre on Vancouver Island. Certified in veterinary pain management, RECOVER CPR, and Fear Free, Amanda is passionate about mental health advocacy, spicy cats, and elevating care standards. She also runs a CPR training company and, outside of work, enjoys climbing, hiking, gym workouts, and life at home with her husband and two cats, Hitch and Moxie.

VICTORIA BOWES, BSc, MSc, DVM, DACPV, has been board-certified by the American College of Poultry Veterinarians since 1992. She was a diagnostic avian pathologist with the Animal Health Centre in Abbotsford for over 34 years, providing diagnostic services for all avian species, including pet birds, wild birds, and both commercial and small flock poultry. Dr. Bowes was a key player in avian influenza outbreaks in the Fraser Valley, from initial detection to industry recovery and preparedness. She has travelled extensively throughout the province delivering small flock poultry health workshops and humane euthanasia training courses for small flock owners. She co-developed the BC Poultry Health Network and "Ask a Poultry Vet" webinars. Dr. Bowes currently practises commercial poultry medicine at Canadian Poultry Consultants and has her own practice, Small Flock Poultry Health Services, which provides veterinary support to small flock owners. She is passionate about improving health care for an underserved farmed-animal sector and being a resource for her non-poultry colleagues.

ERICA GRAY GOWANS, RVT, CERP, graduated from the Thompson Rivers University (TRU) Veterinary Technology program in 2005 and is a Certified Equine Rehabilitation Practitioner (CERP) through the University of Tennessee. She serves as Chair of the Veterinary Technology program at TRU and operates her own equine rehabilitation business, Deanfield Equine Rehabilitation Services. Erica lives on a working cattle ranch near Kamloops, BC, with her husband, Jordan. Together, they have two adult sons, Colton and Wyatt. When she is not teaching, leading academic initiatives, or working with horses, Erica enjoys ranch life with her beloved horses, Annie and Jack, and their three loyal dogs, Pearl, Hank, and Rookie. Her passion for animal health, education, and equine rehabilitation is reflected in both her professional work and daily life.

SAMANTHA HILL, MNO, is the Director of Data Strategy and Partnerships at Shelter Animals Count, a program of the ASPCA. Since joining in 2022, she has led efforts to strengthen data quality, accessibility, and reporting to support evidence-based decision-making across the animal welfare sector. Previously, and after a career in higher education administration, she worked at Best Friends Animal Society, where she developed her expertise in using data to improve outcomes for companion animals.

KYLA JOHNSON, BSc, HBORPT, DVM, is currently a small-animal locum veterinarian practising in BC and the Yukon. Upon graduating from the WCVM in 2016, she moved with her family to the beautiful North Okanagan Valley and worked for eight years at a mixed-animal practice. In what she calls her "past life before vet school," she was an outdoor guide (dogsledding, canoeing, hiking) and a musher in dogsled racing. These past experiences influence her current enjoyment of dog-powered sports, now from a veterinarian perspective.

EMILY LIEUWEN, MBA, DVM, was born and raised in Ladner, BC, before moving to Victoria to complete her undergraduate degree at the University of Victoria where she played on the varsity soccer team. Her studies then took her to Saskatoon, where she completed both her veterinary degree and a master's in business administration. Tired of the prairie winters, Dr. Lieuwen and her partner moved to Nanaimo, where she works as a small-animal locum veterinarian. Her professional interests include preventative medicine, canine and feline behaviour, and improving access to veterinary care. In her spare time, Dr. Lieuwen loves reading, writing fiction, photography, playing soccer, and exploring all that Vancouver Island has to offer.

LEXIS LY, PhD, is a Postdoctoral Fellow at the University of British Columbia's Animal Welfare Program. Her research focuses on ways to use data to support One Welfare principles in animal shelters and multispecies communities. Her work supports efforts to maintain vulnerable human–animal bonds, help animal shelter services provide equitable services, and reduce intake to shelters.

HARNEET SAINI, BVSc & AH, DVM, has called the Lower Mainland home for the past 22 years. He has been in private practice for almost 10 years and remains as excited to see his clients and patients as he was when he first began. His early interest in animals, along with the guidance and support of his parents, helped lead him to a career he continues to find deeply rewarding. Outside of work, Dr. Saini loves travelling and outdoor activities, including hiking, beach walks, and exploring new lakes and trails throughout beautiful BC. He has an adorable six-year-old Pomeranian named Bella. Every day, he strives to go home with no regrets, knowing he has done his very best to help every pet in need—the reason he became a veterinarian in the first place.

MORE THAN JUST CONTINUING EDUCATION: **BUILDING THE FUTURE OF THE BC RVT COMMUNITY**

BY EMILY CAREFOOT, RVT

From May 21 to 23, 2026, the BCVTA hosted its annual conference. This event is our chance, as BC RVTs, to come together to learn, network, and connect in person. Traditionally, we've held this event in Kamloops at Thompson Rivers University, home to one of the province's two Veterinary Technology programs. This year, we broke from tradition and headed to the Greater Vancouver area to bring the conference closer to more of our Lower Mainland RVTs.

One of our goals as an association is for our annual conference to be recognized as *the* veterinary technology conference for Western Canada. We're working toward that in a few key ways, starting with first-rate sessions featuring a diverse range of topics. This year's speakers covered cytology, exotic emergency medicine, ophthalmology, chemotherapy, and more. RVTs, like veterinarians, work across a wide range of fields, and if you're in a more specialized area, it can be tough to find continuing education (CE) that feels like it actually applies to your work. Our Conference Planning Committee evaluates all the speakers and topics to ensure that we're delivering high-quality content that reaches as many members as possible.

"...RECOGNIZED FOR THEIR ACHIEVEMENTS IN MENTORSHIP, VOLUNTEERING, AND RVT EXCELLENCE."

Of course, conferences aren't just about CE. They're about the community, and we've been putting a focus on our social events. The welcome reception featured RVT trivia hosted by CleverOrca, a live DJ, stethoscope charm crafting, and even actual tattoos! We hosted the annual RVT Market, where RVTs showcase their businesses and sell their work throughout the conference. This year's RVTs brought sea glass jewelry, delicious gem candy, mandala art, scrub caps, and more!

The AVP RVT Appreciation Dinner and Awards Gala is another highlight of the conference, as provides an opportunity to celebrate some of the incredible RVTs across BC. This year's theme was "I had nowhere else to wear this!" and BCVTA members understood the assignment with some Met Gala-level looks. RVTs were recognized for their achievements in mentorship, volunteering, and RVT excellence. This year's BCVTA award recipients were as follows:

- Animal Care Facility of the Year: Columbia Valley Veterinary Clinic
- Volunteer of the Year: Tracy Heyland, RVT
- Appreciation Award: Brynne Hagerman, RVT
- Mentorship Award: Melissa Thibaudier, RVT
- RVT of the Year: Cali Emel, RVT

I am so proud to be part of the BCVTA and one of the many people who create this space for RVTs to find kinship and connect as a community. I look forward to the BCVTA Annual Conference every year, and the 2026 conference was not just a success—it was our best conference yet! WCV

Emily Carefoot, RVT, graduated as an RVT from Douglas College in 2022. She currently works in biomedical research with a wide variety of species, including pigs, sheep, rabbits, chickens, and rodents. Previous to veterinary medicine, she earned an undergraduate degree in creative writing. Emily is the Vice-President of the BCVTA Board of Directors and brings valuable input and strong leadership to the association.

WHEN PASSION MEETS EXHAUSTION:
BURNOUT IN VETERINARY STUDENTS

BY SHAWNA WILLIAMS, BSA

Students from the WCVM Class of 2027 participating in "Christmas Carolling" in 2025.

"I'm so burnt out." These four words are bandied about on a daily basis in the halls of the Western College of Veterinary Medicine. It is well known that burnout and mental health struggles are common in the field of veterinary medicine, but the focus is typically on those who have completed their licensing and are working within the field. Students still in the classroom and clinical rotation stage are often left out of the burnout conversation, yet the feeling is, arguably, felt to varying degrees by each and every veterinary student at some point during their education.

The American Psychological Association defines burnout as "physical, emotional, or mental exhaustion" resulting from performing at a high level until stress and tension take their toll. So, what in particular is the source of veterinary students' exhaustion? Is it the classes and labs? Is it the act of studying for and taking exams? Is it the effort needed to adequately prepare for a procedure or assignment while trying to ensure healthy eating, exercise, and sufficient sleep? Could it be doing poorly on one assessment, then putting in even more effort on the next one, only to end up with no better of a grade, or perhaps even a worse one? Maybe it has something to do with a lack of balance outside of veterinary school—the friendships that get forgotten, the family gatherings that get missed, the phone calls that get left unreturned. If I had to wager a guess, it would be a combination of all of these things and more.

Students from the WCVM Class of 2027 participating in "Round-Up" in 2025, the annual slow pitch tournament at the WCVM.

Veterinary students are high achievers who inherently strive for big goals and demand a lot from themselves. They work as hard as it takes and for as long as it takes to get to where they want to be. That mentality served them well in getting into veterinary school, but the same qualities that make them uniquely suited for this profession can also predispose them to burnout. That level of perfectionism can impede a veterinary student from stopping to rest or asking for help when they need it. Many students I spoke with as I prepared this article reported feeling like rest isn't an option or feeling guilty when they finally have to rest. "Going to veterinary school has always been my dream. Now I am living that dream, and I wouldn't change it for the world, but sometimes I am just so tired," shared a BC WCVM student from the class of 2028.

The WCVM community works hard to combat burnout by providing students with many opportunities to participate in activities outside of studying and attending classes. Every month, there are events and activities that encourage study breaks. For example, September has Round-Up, October has Halloween Happy Hour, January has Winter Formal, and March has Hoedown. There are also endless opportunities to participate in recreational sports throughout the year. Participating in these extracurriculars allows students to build friendships that will support them in the harder seasons of veterinary school while also teaching them the value of making time for things outside of veterinary medicine.

Resources for dealing with burnout and other mental health struggles are available to those within the profession on the CVMA website under "Veterinary Resources" and on the AVMA website under "Resources & Tools."

A mantra that I think perfectly fits this topic is: "When you get tired, learn to rest, not to quit." Veterinary medicine is a difficult profession, but one of the most rewarding ones out there. With action taken to prevent veterinary student burnout, the future of veterinary medicine is secure. There is arguably more work to be done on this topic, and I don't have all the answers, but I can say that any effort toward supporting students will always be worth it.

To save space, the references for this article are made available on the SBCV'S website at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine. WCV

"WHEN YOU GET TIRED, LEARN TO REST, NOT TO QUIT."

PHOTOS SUPPLIED BY SHAWNA WILLIAMS

Shawna Williams, BSA, WCVM class of 2027, is originally from Fraser Lake, BC. Before beginning her journey at the WCVM, she completed a Bachelor of Science in Agriculture with a major in Animal Science at the University of Saskatchewan College of Agriculture and Bioresources. She looks forward to exploring her interest in mixed-animal general practice, with a focus on large-animal medicine and surgery.

"I'm in my _____ era."

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1. Canadian Zenrelia product label.
2. Forster S, Boegel A, Despa S, et al. Comparative efficacy and safety of ilunocitinib and oclacitinib for the control of pruritus and associated skin lesions in dogs with atopic dermatitis. Veterinary Dermatology. 2025;00:1-10.

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FROM THE CFIA

VETERINARIANS' RESPONSIBILITIES
IN COMPLETING INTERNATIONAL HEALTH EXPORT CERTIFICATES
FOR HORSES TO THE US

BY CORINNA HARVEY, DVM

Veterinarians accredited by the Canadian Food Inspection Agency (CFIA) play a critical role in assisting horse owners who travel with their horses to the US. Accredited veterinarians are responsible for completing the testing and documentation needed to ensure that the destination country's import requirements are met. This article will review the requirements and guidelines for completing the export certificates.

Veterinarians are required to be fully licensed in their practising province and have a valid Accredited Veterinarian Agreement with the CFIA. These agreements provide authorization for the duties and functions involved in testing for equine infectious anemia (EIA) and providing export inspections and certification for horses travelling to the US.

COMPLETING THE VETERINARY HEALTH CERTIFICATE

The veterinary health certificate is a legal document, and errors can result in denied entry, quarantine, or travel delays.

Health certificate requirements and guidelines:

- Choose the correct certificate. There are two ways to certify horses for export to the US: export health certificates HA1964, for individual horses for temporary or permanent entry into the US, and HA1963, for shipments of more than one horse for permanent entry. Every horse must be individually identified, and all requirements listed on the export certificate must be met. An export certificate is valid once it has been endorsed and stamped with the official export stamp by the veterinary inspector.
- Conduct a full physical examination to assess whether the horse is free from evidence of contagious disease, and determine whether the horse has been exposed to communicable disease within the last 60 days. The veterinarian must confirm that the horse has not been vaccinated within 14 days of travel. The veterinary inspection must not be delegated to a technician or another veterinarian. The accredited veterinarian who signs the export certificate must be the one who inspected the animal. The export certificates are valid for entry to the US for 30 days from the inspection date written on the certificate.
- Complete all fields legibly, using blue ink for signatures, with the veterinarian's name printed in block letters or stamped beside their signature. The descriptions and marks indicated on the HA1964 and the description indicated on HA1963 must match those indicated on the EIA test certificate, known as CFIA/ACIA 3937. The animal's white marks must be indicated in red on the export certificate and described in the appropriate sections. The physical description should include marks, scars, brands, tattoos, whorls, cowlicks, etc. The multiple-horse health certificate (HA1963) requires tag identification for the horses.
- Avoid corrections using white-out or correction tape; if an error occurs, a new certificate must be issued.
- Designate either temporary or permanent stay in the US. The time frames identified at the top of the export certificate as either temporary or permanent (i.e., 30 days or less or longer than 30 days) entry into the US begins immediately after the date of inspection by an accredited veterinarian. Horses entering the US for a stay longer than 30 days after the date of inspection by an accredited veterinarian must be declared as permanent entry, even when an intention to return to Canada later is known. Animals exported for 30 days or less after the date of inspection by an accredited veterinarian may be considered a temporary exportation, depending on the purpose of export (i.e., for racing, show, or pleasure purposes). These horses may enter without US veterinary inspection, and the certificate issued is valid for an unlimited number of importations into the US during the 30-day period, provided that the EIA test remains valid. Horses exported to the US for purposes such as a claiming race, breeding, or diagnostic testing and treatment may not be granted this temporary authorization, even if entering the US for less than 30 days.
- Individual US states' requirements should be confirmed, and owners/exporters should be informed that, in some instances, import conditions above and beyond those required to enter the country may exist. For example, certain states have established conditions more stringent than those set by the US Department of Agriculture (USDA) and additional import permit requirements may be in place for individual states (e.g., Alaska). It is the responsibility of exporters to determine whether additional requirements exist and to ensure that all import conditions set by the importing country are met.
- An evaluation of humane transport should be done by the veterinarian to assess the horse's fitness to travel, and clients should be counselled on travel timelines, transport conditions, and contingency plans. Under the current Health of Animals Regulations: Part XII, horses can be transported for no longer than 28 hours without an 8-hour rest stop with access to feed and water.

EQUINE INFECTIOUS ANEMIA TESTING REQUIREMENTS AND GUIDELINES

- All horses (except foals born after their dam was tested and are accompanying their dam) must test negative on an officially approved test for EIA within the 180 days before entry to the US.
- An EIA test result from a US laboratory used to import a horse into Canada meets the requirements of Article 5 of the HA1964 export certificate, as long as the test is still valid and the laboratory form contains signatures from a veterinarian accredited by the USDA and a laboratory technician.
- An EIA test certificate (CFIA/ACIA 3937) that has an inaccurate description or diagram of the horse and does not match the description on the export certificate cannot be used.
  Additionally:
  - An accredited veterinarian is not authorized to modify any information on an EIA test certificate once test results have been recorded.
  - To certify a horse in this situation, the accredited veterinarian may, at the owner's request, re-sample the horse for testing and wait for the new result before export certification may be completed.
  - In situations in which a horse's appearance has changed since the completion of the EIA test certificate (e.g., the horse has acquired a significant scar or cryotherapy marks or has been gelded), consult with the CFIA district veterinarian.
- EIA-accredited veterinarians are authorized to collect blood samples for EIA testing and submit them only to CFIA-approved EIA laboratories listed in Module 3.3 Laboratories.
  - Before taking the blood sample, advise the owner of the following:
    - The consequences of a final positive result.
    - A non-negative screening result will require further testing to be completed at the National Reference Laboratory, and final results can take up to 10 days from the time of the original sample submission.
    - The equine must not be moved from the current premises until final results have been reported.
    - Their personal information is collected by the CFIA under the authority of the Health of Animals Act for the purpose of supporting the control of EIA in Canada.

USEFUL INFORMATION

Most of the information below can be found at inspection.canada.ca:

- Accredited Veterinarian's Manual.
- Valid export certificates; if a certificate is not found, contact the local CFIA district office:
  - Multiple (permanent) HA1963 (amended 2019-07-17)
  - Single (temporary or permanent) HA1964 (amended 2019-07-17)
- State requirements: consult the applicable state agriculture department's website for clarification of any rules or regulations.
- Ports of entry into the US: animals requiring veterinary inspection must enter at a designated port of entry, where facilities for animal unloading and inspection exist. Inspections must be scheduled in advance with the USDA Veterinary Services Field Operations Port Services.
- Contact information for CFIA district offices in BC.
- Disease notification updates, also available by email subscription.
- Health of Animals Regulations – Humane Transportation.

COMPLETING THE VETERINARY HEALTH CERTIFICATE

Accredited veterinarians may choose to transmit certificates for endorsement to the CFIA district office according to the regular method (personal or sealed-envelope delivery) described in Module 4.1 of the Accredited Veterinarian's Manual or electronically, provided the following conditions are met:

- Accredited veterinarians must first inform the district veterinarian of their intention to send a certificate by email and must provide the sending email address.
  - Only email addresses associated with the issuing accredited veterinarian will be accepted.
  - The health certificate must be scanned in colour to allow for white markings (i.e., red ink) to be identified.
  - A faxed copy (black and white) is not acceptable.
- Certificates received electronically must be printed in colour on legal-size paper.
- Certificates received electronically must bear an original CFIA stamp and an original signature from the CFIA veterinary inspector. The owner requires the originals to present to the USDA when crossing the border.

RETURN AND ENTRY TO CANADA

Horses can return to Canada accompanied by the Canadian HA1964 export certificate if they return within 60 days of the date of entry to the US. For return entry into Canada, CFIA will accept a photocopy of the export certificate.

There must be proof of the date of entry to the US. This may be in the form of a USDA import inspection certificate (Veterinary Services [VS] Form 17-30) or a customs stamp. Alternatively, as a last resort, the certificate's date of endorsement can be used as the last day in Canada.

It is important to note that if horses have visited or transited any states with current disease-related Canadian import restrictions (e.g., equine piroplasmosis, vesicular stomatitis, or New World screwworm), the horses will be subject to additional requirements for their return to Canada.

Veterinarians play an indispensable role in the movement of horses to the US and Mexico. Their diligence protects animal health, supports public health, and ensures compliance with international regulations. By providing accurate documentation, verifying all requirements, and guiding clients through the process, veterinarians help prevent travel complications and contribute to the safe and successful transport of horses to the US and Mexico. WCV

Corinna Harvey, DVM, lives with her husband and children on a ranch near Dawson Creek, BC. She has dedicated 26 years to the Canadian Food Inspection Agency (CFIA) serving the Dawson Creek District, which spans to the Alaska border. In recent years, Dr. Harvey has taken on the role of Acting Regional Veterinary Officer for BC, working collaboratively with industry and provincial partners.

THE BC SMALL FLOCK POULTRY HEALTH NETWORK,
SMALL FLOCK POULTRY MEDICINE, AND YOUR PRACTICE

BY VICTORIA BOWES, BSc, MSc, DVM, DACPV

The BC Poultry Health Network (BCPHN) was started in 2023 with the goal of providing a trusted disease risk communication tool for non-commercial small flock owners who were peripheral to the well-developed highly pathogenic avian influenza (HPAI) emergency communications structure between regulatory agencies and the BC commercial poultry industry. The BCPHN was co-developed by Matthew Smith, MCP, Clayton Botkin, OHM, PAg, and me, one of the five American College of Poultry Veterinarians (ACPV) board-certified poultry veterinarians actively practising in BC. Our long-standing and respected reputation among the small flock community was gained over the last 15 years through the delivery of more than 150 dedicated poultry health workshops to a variety of urban, rural, and remote BC communities.

The ongoing strategy for the Network is to encourage membership by providing credible, science-based poultry health and disease risk information to a sector that often struggles to find adequate veterinary support for its flocks. That void is currently being filled by well-intended but often detrimental, unlawful, and ineffective online peer advice. Many of the treatment presumptions, misinterpretations, and extrapolations are becoming doctrine through continued repetition, without the counterbalance of scientific and veterinary insight. In recognition of this, the Network has developed a public website for small flock owners to find health-related infographics, factsheets, bi-monthly bulletins, and 22 recorded webinars. Between August 2023 and July 2025, members were invited to attend a monthly, live "Ask a Poultry Vet" session, in which specific questions were answered and discussed. To date, there have been over 35,000 visits to the website.

There are a multitude of reasons why non-poultry veterinarians are reluctant or unwilling to accept small flock clients, but the most important one is lack of familiarity or confidence. Numerous online educational resources exist for veterinarians wanting to learn more about small flock poultry medicine, much of which is driven by client requests. The Ontario Animal Health Network (OAHN) and the Western Canadian Animal Health Network (WeCAHN) both provide recorded webinars specifically for veterinarians. Similar training modules are available on the Poultry Extension website (poultry.extension.org/webinars/past-webinars). The BCPHN website now provides a dedicated resource page for veterinarians (www.bcpoultryhealthnetwork.ca/resources-for-veterinarians), including recorded webinars on the role veterinarians can play in small flock poultry health and poultry diagnostics, as well as important learning resources. There are also a downloadable small flock medicine diagnostic key and a small flock intake template that captures relevant information to support the establishment of the veterinarian-client-patient relationship.

PHOTO SUPPLIED BY VICTORIA BOWES

Dr. Bowes explaining the anatomy of the hen's reproductive tract during a BCPHN necropsy workshop.

Pet poultry, or individual sick or injured birds in a flock, are best served by a veterinary practice that can provide the full spectrum of health support, such as imaging, anesthesia, surgery, and analgesia. The clinical approach will be similar to that for any other pet avian, with consideration of medication withdrawal times related to residue avoidance in eggs.

The small poultry flock relies on the basic principles of population medicine. Beyond its own inherent value, the individual bird also has value as a representative of the flock. Medications are generally formulated based on daily water consumption and delivered through the drinking water to treat the entire flock at the same time. Other medications may require individual dosing. Disease prevention strategies address restricting bird movements in and out of the flock, biosecurity practices, and flock health management. Valuable insight related to husbandry and flock dynamics as they relate to health cannot be gleaned from the presentation of a single flock member to a veterinary practice, making site visits critical.

An example of a downloadable poster for veterinary practices welcoming small flock clients, found in the "Resources for Veterinarians" section of the BCPHN website.

If this already feels overwhelming, take a breath. Help is out there. Some poultry specialty practices, such as Small Flock Poultry Health Services, offer a direct veterinarian-to-veterinarian consultation service. Canadian Poultry Consultants (CPC), a commercial poultry practice in Abbotsford, has established the Small Flock Pharmacy at CPC, where medications licensed for use in poultry have been repackaged into smaller, more convenient sizes for non-commercial flocks. Due to the repackaging, even non-prescription medications must be scripted.

The Network website (www.bcpoultryhealthnetwork.ca), social media, and distribution list have become valuable resources for communicating with BC small flock owners, whether in times of emergency, such as proximity to an HPAI detection, or about an upcoming poultry health-related event, such as a humane euthanasia training workshop in their area. As the Network grows, its membership becomes more representative of the scope of small flock ownership across the province. We are now able to poll members for feedback on information and training needs, local poultry events, and, most recently, attitudes about access to veterinary services for their flocks. The answers revealed a recognized need for help finding a veterinarian for their flock, and a surprisingly positive willingness to pay for veterinary services. The Network is currently developing a public-access roster of BC veterinarians who are willing to see small flock poultry and the services they offer.

"IF THIS ALREADY FEELS OVERWHELMING, TAKE A BREATH. HELP IS OUT THERE."

The BCPHN will continue to promote and encourage its members to work with their local veterinarian, and it will continue to support BC veterinarians seeking practical poultry health advice.

Funding to develop the BCPHN was generously provided by the BC Ministry of Agriculture and Food through the Farmed Animal Disease Program, and the Humane Poultry Euthanasia Training sessions are supported by the Food Security Emergency Planning and Preparedness program. Both programs are delivered by the Investment Agriculture Foundation.

The project to develop a strategy to enhance veterinary services for small poultry flocks was funded by the Government of Canada and the Province of BC through the Agriculture Workforce Development Initiative. The Initiative is delivered by the Investment Agriculture Foundation of BC. Opinions expressed in this article are those of the author and not necessarily those of the Government of Canada or the Province of BC. WCV

One of the infographics found in the "Resources for Veterinarians" section of the BCPHN website.

DR. PAVITAR BAJWA | 1961-2026

Provided by Bhupinder Johar, DVM, and Sohal Gill

IN MEMORIAM

It is with profound sadness that we announce the passing of Pavitar Bajwa, DVM, on June 4, 2026.

A graduate of Punjab Agricultural University, Ludhiana, class of 1986, Dr. Bajwa served with dedication as a Veterinary Officer in Punjab, for eight years until 1995. He then immigrated to Canada to pursue a new chapter in his life and career.

In 2002, he fulfilled his dream by opening Surrey Animal Hospital, which quickly became one of the most respected veterinary practices in the community. Through his exceptional skill, compassion, and unwavering commitment to animal welfare, he earned the trust and gratitude of thousands of pet owners.

For decades, Dr. Bajwa devoted his life to caring for animals and actively supported numerous pet welfare organizations. His kindness, humility, and genuine love for every animal made him much more than a veterinarian—he was a trusted friend, a compassionate healer, and a pillar of the Surrey community. His patients could not speak, but their wagging tails and the gratitude of their families spoke volumes about the lives he touched.

Although Dr. Bajwa is no longer with us, his legacy of compassion, integrity, and selfless service will continue to inspire all who knew him. The countless animals he healed and the families he comforted will forever remember him with gratitude and affection.

He is survived by his devoted wife, Sohal, and his two sons, Prince and Gurtaj, who were his greatest pride and joy.

This family prays for his eternal peace and for their own strength during this difficult time. Though he has left this world, his kindness, generosity, and dedication will live on forever in the hearts of those whose lives he touched.

PHOTO SUPPLIED BY SOHAL GILL

Dr. Pavitar Bajwa.

BEHIND THE SCENES AT

LA GRANDE ODYSSÉE ROYAL CANIN 2026 ANNUAL SLED DOG RACE

BY KYLA JOHNSON, BSc, HBORPT, DVM

Two thousand four hundred paws. Forty-three thousand two hundred digits (give or take a few dew claws). This is the number of extremities and toes that need examining before hitting the snowy trails of the French Alps of the iconic La Grande Odyssée (LGO) dogsled race. Of course, a thorough veterinary exam of all body systems—nose to tail—ensures each canine athlete is fit to tackle the 400 km of mountainous terrain over 12 days of stage racing.

In January 2026, LGO held the 22nd edition of this major dog sport event. Fashioned after the celebrated Tour de France road cycling race that weaves through the Auvergne-Rhône-Alpes mountain passes, LGO prides itself on being "the most demanding stage race in a unique alpine setting in the world."

As the lone Canadian veterinarian, I joined one Belgian and ten French veterinarians on the *équipe de santé animaux*—LGO's veterinary team. Like the mushers (human competitors driving the dogsleds), our group was a mix of veterans and rookies, led by our *chef de l'équipe*, Dr. Caroline Didier, a 10-year race veteran and anesthesia-analgesia specialist at Toulouse Université in her "real" job.

It takes a village to smoothly execute these elite sporting events, and it was satisfying to be an integral part of this community. Over 16 days of volunteering, I was awed by the canine and human athletes racing up to 48 km daily or 1,330 m of elevation. Knowing that I was helping these athletes perform at their best and, most importantly, stay healthy was a source of pride.

PHOTO BY BENOIT DIACRE

Sebastien Moix during Stage 7B: Val Cenis to Col du Mont Cenis.

THE FIELD HOSPITAL

The variety of medical cases included the usual maladies that present to any veterinary practice but were heavily dominated by injuries and illness caused by the high physical demands of the sport. Fortunately, LGO has one of the most complete diagnostic toolkits of any dogsled event in the world. At our disposal were biochemistry, CBC, and blood gas machines, as well as ultrasound and mobile radiograph units. Of course, these high-tech apparatuses needed to be kept warm—but more on those logistics later.

Aside from this equipment, we had a full-fledged, well-stocked field hospital. After experiencing races in Alaska, Yukon, and Northern Saskatchewan, where the checkpoints can be quite remote, staffed with one veterinarian, and equipped with only the essentials to stabilize and treat, LGO's veterinary setup was impressive. On just Day 1 of racing, a dog received surgery for a bite wound. Yes, it was on a folding table in a thin folding tent, with a generator running a heater, and headlamps were used for surgery lights, but it nevertheless involved general anesthesia and a deep wound repair with all the appropriate medications and monitoring.

Most commonly, the stress of a multi-day sporting event creates numerous cases of "stress diarrhea," also known as acute hemorrhagic diarrhea syndrome. Next in line are minor muscle ailments, anorexia, lacerations, and cracked paw pads or paw webbing. Some of the rarer occurrences at the LGO included a dog seizing despite treatment and a suspected gastric dilatation-volvulus (GDV), for which it was invaluable to have that radiograph unit to rule it out.

An interesting case presented itself midway through the event. After one stage, I was the first to examine a severe right-hind lameness with specific medial thigh swelling and bruising. While my fingers performed the diagnostics, my brain confirmed, thanks in part to that long-ago first-year anatomy lab, that the abnormal lump of swollen soft tissue was the gracilis muscle. As I reported the discovery in my limited French, the owner revealed with exasperation that this poor dog had suffered the exact same injury on the left leg the previous year, with MRI and surgery to treat it. What are the chances? Well, perhaps good if there exists some predisposition. In any case, that dog was obviously no longer racing, was given stronger medications, and was referred for a repeat MRI-surgery combination. Yes, there were some cases beyond the capabilities of our deluxe field hospital.

These advanced capabilities are possible with generous sponsors, including Antech, but also with the type of race—definitive stages hosted in ski resorts, with starts and finishes always at road-accessible parking lots. Our transitory veterinary clinic-in-tents was constructed daily, adjacent to the mushing teams' parking. Meanwhile, the massive blood machine (requiring a minimum of four people to load and unload) and radiograph and ultrasound units were dropped off at a heated indoor location, such as the local tourism office.

DOPING REGULATIONS AND HOMEOPATHIC MEDICINES

Interestingly, despite the advanced diagnostic capabilities of our equipment, we had major limitations when it came to prescribing or allowing common medications.

In the shadow of the Tour de France's infamous doping scandals and numerous doping revelations in equine competition, the regulations for dogsled sports in France (under EU regulations) are vague yet strict. Rules for approved veterinary drugs and test parameters exist but are specific only to equestrian sports.[1] One would assume the equine data could be extrapolated to dog sports, but there is a lack of exact scientific testing on canine metabolism and excretion. The fuzzy bottom line is that any drug with "systemic absorption" is not allowed. This broad statement leads to the LGO veterinary team disallowing any drugs at all to ensure no trace amounts lead to a positive test.

This complete ban came as a total surprise to me, after my experience with North American races and at least the use of omeprazole pre-race to prevent gastritis and/or ulcers. Because of these regulations, many herbal and homeopathic medicines are used during the LGO. From our day of pre-race briefing and preparation, I had scribbled notes of French homeopathic herbs in my notebook: *alchemille*, *ortie*, *rhodiole*.

"...THAT DOG WAS OBVIOUSLY NO LONGER RACING, WAS GIVEN STRONGER MEDICATIONS, AND WAS REFERRED FOR A REPEAT MRI-SURGERY COMBINATION. YES, THERE WERE SOME CASES BEYOND THE CAPABILITIES OF OUR DELUXE FIELD HOSPITAL."

PHOTO BY BAPTISTE ALONGO BRAISSAND

Maren Loftsgard and team climbing the Col du Mont Cenis.

Dr. Kyla Johnson performing a pre-race physical exam in Aussois.

PHOTO BY LAURE PICARD

Written beside each was a mix of French and English notes on the different applications—a crash course on homeopathic medicine. Of course, all traditional drugs were available in our supply but were reserved for those who would no longer be racing and needed the "stronger" stuff.

CONSTANT MICROCHIP CHECKS

With tight regulations for drug use and detection, as well as a ban on mid-race substitutions, it is imperative that the identity of the dogs be confirmed at multiple points. At the event's initial pre-race veterinary checks, the veterinary team verified all vaccine paperwork and microchips. Based on my experience, France appears to have stricter regulations in general for required vaccines and the transport of dogs.

By extension, it was also the veterinary team's responsibility to scan and verify every single dog's microchip pre- and post-race. This time-sensitive task was both exhilarating and slightly stressful. At the starting line, the sled dogs were howling and leaping with excitement, oblivious to your attempts to find a chip. At the finish line, up to five teams could arrive simultaneously, all while the paper microchip lists were being covered in flurries pelting down.

When tasked with microchip scanning, it was an excellent test of my French number skills. One veterinarian would scan and read the last three or four digits while another checked the number off the list. Finally, several days in, I was thinking in French and no longer had to translate the numbers in my head.

VETERINARY TEAM TASKS

Aside from the microchip-checking duo, there were numerous specific tasks doled out to the veterinary team members pre- and post-race. Up until one hour before the start of each day's race, any of us could visit a team to check on "problem dogs" noted on that day's whiteboard checklist, compiled from the previous evening's post-race rounds.

An important role at the finish line was observing the teams' arrivals and briefly checking in with the musher. Any observed or musher-noted dog issue would be relayed via walkie-talkie to the *véto au camion* (veterinarian at the truck). This veterinarian would simultaneously create a triage list of dogs (again, on the whiteboard) that needed post-race exams and, from the waiting pool of remaining team veterinarians, would assign one to that team once they arrived at their vehicle.

Further cold weather effects meant that there were no digital records: lists of dogs and a blank medical record book for each team were printed ahead of the event and filled out by hand. Checklists and whiteboards that were updated constantly ensured that all 300 dogs under our care during each stage were accounted for. Digital scans of these documents (i.e., photos with our phones) were compiled in a WhatsApp group to ensure complete record-keeping.

DOG CARE AWARDS

The care of these canine athletes is truly outstanding. The musher-dog bond is exemplified time and time again throughout the race as trust echoes back and forth between human and canine. To appreciate the mushers' prioritization of their animals' well-being, the veterinary team has another important job—choosing and awarding Dog Care Awards. A bib is awarded daily, with the awarded musher wearing it for that day's stage. At the race's closing ceremony, an overall Best Dog Care Award is presented to the musher who consistently exemplifies exceptional care and attention for their animals.

For the veterinary team, this meant finding time during our busy schedule of pre- and-post-race veterinary checks—setting up and tearing down the field hospital and transporting ourselves to and from each venue—to gather for a group discussion (thankfully, often over an espresso or a pint) on where we had seen examples of excellent dog care. For the culminating "Best" award, we used a points system to evaluate each musher on a variety of attributes, including not just the dog–musher relationship but inter-musher and musher-veterinarian relationships as well. Once again during these discussions, my French was challenged, but I contributed as best I could.

FRENCH CULTURE

I was mentally prepared to be immersed in the frenetic dogsled race vibe, fantastic vistas of the French Alps, and nuances of *la belle langue*, but volunteering at LGO was also an indoctrination into another surprising aspect of French culture.

Dance parties were spontaneous and everywhere—yes, there would be karaoke in the evening with *bière pression* (draft beer) and cheese, always a big block of cheese to cut off a hunk for whoever needed a snack. But aside from the

"UP UNTIL ONE HOUR BEFORE THE START OF EACH DAY'S RACE, ANY OF US COULD VISIT A TEAM TO CHECK ON "PROBLEM DOGS" NOTED ON THAT DAY'S WHITEBOARD CHECKLIST..."

evenings, these same songs that everyone knew would spontaneously be played in the veterinary tent, at the starting line, and in the café. Additionally, there was accompanying choreography to each song that everyone knew and participated in. As an Albertan at heart, I felt it harkened back to line dancing, and I happily expanded my learning to include these songs and dances.

FRENCH LANGUAGE

Meanwhile, my French expanded by leaps and bounds. If you are considering volunteering at this race, you definitely need a good grasp of the French language.

I was fairly confident with my conversational skills in French (hello, Level 99 in Duolingo!), but still, there were many moments of language learning. Whether it was realizing I only knew the Québécois word, not the Parisian one, or that "charger" means both to load up and to electrically charge (when everyone else was loading equipment into our cargo vans, I was looking around for where we were going to plug it in). Radio can mean both radiographs (rads) and radio (walkie-talkie), which led to more confusing conversations. Even shorthand for medical records is different and not as common among French veterinarians ("What is this little triangle for, Kyla?").

PHOTO BY KYLA JOHNSON

Drs. Caroline Didier and Catherine Noels in the surgery suite repairing a laceration.

Finally, by Day 10, I felt confident enough to do an exam and consultation for a French team on my own and entirely in French. And that is when I finally learned the word for "lungs," even though I had been auscultating them for over a week. Throughout the race, I found my niche with some of the international mushers (e.g., Norwegian, Italian) who spoke English well but not French. It truly was a multicultural affair.

IT IS ALWAYS THE PEOPLE (AND DOGS)...

Before my LGO volunteer experience commenced, I had assumed the most memorable part of the experience would be the chance to visit multiple ski resorts and witness firsthand this incredible international event. In the end, as with many of my family's experiences in our year of world travel, it is not the sights or tastes that win out, but the relationships and connections made with people and, happily this time, with dogs as well. WCV

[1] Fédération Équestre Internationale, *Equine Anti-Doping and Controlled Medication Regulations 2025* (2025).

THE FACES OF THE SBCV

BY SYEMUNA (PU) RAHMAN, BArch, MAS

A few months ago, I went home to Bangladesh, on my first trip back since coming to Canada. I found myself seeing familiar streets with new eyes. Same roads, same tea stalls, same corner shop that's been selling the same snacks since I was a kid. Same dogs sleeping in the same spots outside the market or houses, as if they had not moved once in all the years I'd been gone. Growing up, I never really looked at any of it. It was just background noise, like the sound of rickshaw bells or the constant honks of traffic. You stop noticing the things you grew up around.

This time was different. This time, I stopped and actually looked.

I noticed that one dog near my parents' house had a limp, favouring one leg when she walked. Another dog, a few streets over, clearly had someone in the neighbourhood looking out for her, with a little bowl set out by their gate and a routine for when she showed up and when she got fed. I kept thinking about what people could do better to help those stray dogs.

A few years ago, none of this would have affected me that much. I would have walked right past all of it, the way I had for most of my life. I thought about this even during Eid al-Adha, one of our biggest religious festivals, when we sacrifice cows, as we always have. I used to feel bad for them, but this time I felt something more, a kind of heaviness as I watched it, and that feeling stayed with me for days.

"IT WAS JUST BACKGROUND NOISE, LIKE THE SOUND OF RICKSHAW BELLS OR THE CONSTANT HONKS OF TRAFFIC. YOU STOP NOTICING THE THINGS YOU GREW UP AROUND."

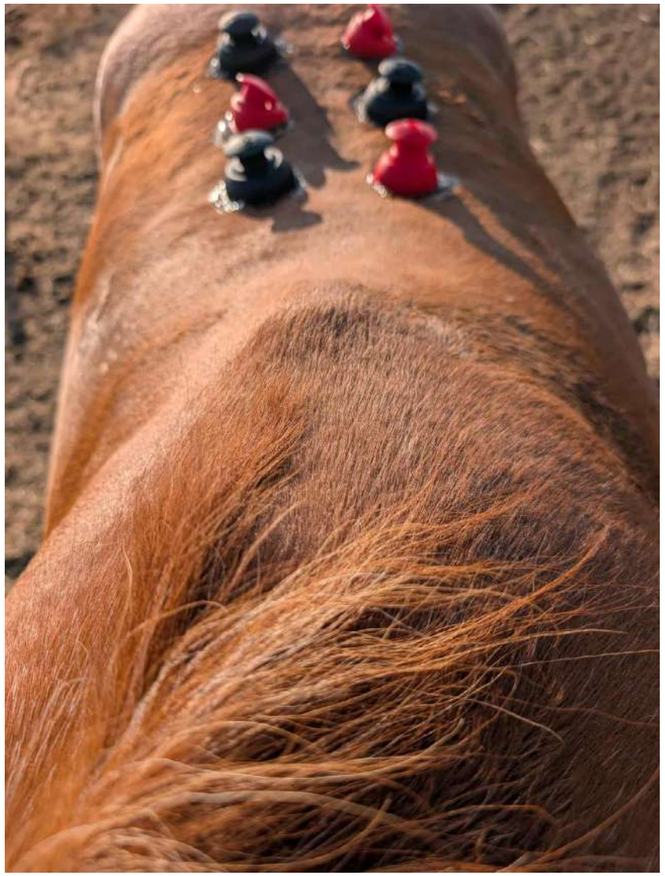
I have been working at the SBCV for a while now, mostly behind the scenes, supporting events and logistics. I'm not a veterinarian; I don't treat animals. I don't even have a background in animal welfare. I mostly just make sure that veterinarians get where they need to be and that things happen when they're supposed to happen. But through this work, I've had the opportunity to attend many discussions about welfare standards and animal care—the kinds of things that keep our members up at night professionally.

I didn't think any of it would change my perspective or affect me in any meaningful way. I was wrong. It has changed how I feel about things. It has made me realize how important care is, whether it's for humans or animals. It has made me think about how we could have done things differently. All of this—being surrounded by so many amazing people and working here with the SBCV—has shaped me in ways I did not expect. WCV

Syemuna (PU) Rahman, BArch, MAS, holds a Master of Administrative Science from Fairleigh Dickinson University in Vancouver, BC, and a Bachelor of Architecture from Ahsanullah University of Science and Technology in Bangladesh. Since transitioning her career to Canada, she has developed a passion for lifelong learning, leadership, and creating a positive impact through effective communication and collaboration. Her interests include exploring innovative approaches to organizational excellence. In her free time, she loves travelling, exploring new cultures, and discovering new places with her husband.

EVERY STRIDE MATTERS:
MY ROLE AS A CERTIFIED EQUINE REHABILITATION PRACTITIONER

BY ERICA GRAY GOWANS, RVT, CERP



Myofascial release therapy using cupping on Buddy Sr.

"EVERY HORSE IS UNIQUE, WHICH IS WHY I BELIEVE SUCCESSFUL REHABILITATION BEGINS WITH A THOROUGH DIAGNOSIS AND A COLLABORATIVE, TEAM-BASED APPROACH..."

I live with my husband on his family's cattle ranch, along with our extended family, including my mother-in-law, father-in-law, brothers-in-law, sisters-in-law, and nephews. Although our two adult sons have left the ranch to pursue their own goals and adventures, the ranch remains the heart of our family life. My love of horses began at a young age, when I spent countless hours with my grandfather helping move cattle between pastures, assisting with calving, and caring for the animals. Those early experiences instilled in me a deep appreciation for ranch life and sparked a lifelong passion for horses, animal welfare, and veterinary care that continues to shape both my personal and professional life today.

Our horses are primarily ranch horses, and we also share our home with several hardworking ranch dogs. After graduating from Thompson Rivers University (TRU) as an RVT in 2005, I went on to earn my Certified Equine Rehabilitation Practitioner (CERP) designation from the University of Tennessee.

Today, I serve as Chair of the Veterinary Technology Program at TRU, while also operating my private practice, Deanfield Equine Rehabilitation Services. My interest in equine rehabilitation grew through caring for my own ranch horse, Jack, and the teaching horses at TRU. As these horses entered their senior years, I became increasingly aware of the importance of comfort, mobility, and effective pain management in maintaining a good quality of life. They inspired me to pursue advanced training so I could help horses remain comfortable, active, and able to enjoy the work and lives they love. My work in veterinary technology education and clinical rehabilitation complement each other, allowing me to bring current clinical experience into the classroom while helping me prepare the next generation of veterinary professionals to provide compassionate, evidence-based care.

As a Certified Equine Rehabilitation Practitioner, I work with a variety of patients, including young horses, senior horses, ranch horses, companion horses, and sport horses. Whether I am helping an aging horse move more comfortably, supporting recovery from injury, or assisting an equine athlete in returning to work, my goal is always the same: to improve the horse's comfort, function, and overall well-being.

Equine rehabilitation is a specialized field focused on restoring and maintaining physical function, mobility, and comfort following injury, illness, surgery, or the effects of aging. Every horse is unique, which is why I believe successful rehabilitation begins with a thorough diagnosis and a collaborative, team-based approach involving the veterinarian, farrier, horse guardian, and rehabilitation practitioner. I spend time evaluating movement, posture, strength, range of motion, and overall comfort, while also listening to owners and learning about their horse's daily life. Together, we develop practical rehabilitation plans tailored to each horse's individual needs.

Annie standing on the Sure Foot Pads for balance and muscle training.

Checking Jack's range of motion to assess the effectiveness of his treatments.

Rainbow on the balance pads performing a flexion exercise to improve balance and muscle development.

One of the most important lessons I have learned is that successful rehabilitation requires looking at the whole horse. Age, fitness level, nutrition, housing, workload, and overall health all influence a horse's ability to recover and thrive. Equally important is recognizing that healing involves not only physical recovery but also mental and emotional well-being. Horses that feel safe, comfortable, and engaged often respond more positively to rehabilitation programs.

Giving back to the horse community is also important to me. Whenever possible, I volunteer my time with local horse clubs, providing workshops on therapeutic exercise and equine wellness. I enjoy sharing practical knowledge horse owners can use to help their horses stay healthy, active, and comfortable throughout their lives.

One of the most rewarding aspects of my profession is seeing the positive impact rehabilitation can have on both horses and the people who love them. One memorable case involved a miniature driving horse suffering from acute laminitis. Through a comprehensive rehabilitation program focused on pain management and mobility, she was able to return comfortably to work and enjoy another year of quality life with her guardian. While she was eventually humanely euthanized after a severe recurrence of her disease, helping to provide that additional year of comfort and enjoyment was incredibly meaningful.

Just as special was the relationship I built with her guardian. Together, we celebrated every success and worked through every challenge. Today, I continue to care for her new horses—a wonderful reminder of the trust and connection that can develop through this work.

What continues to inspire me most is the remarkable resilience of horses and the difference that thoughtful, compassionate care can make. Every horse deserves the opportunity to be comfortable, active, and able to enjoy life to the fullest. I feel incredibly fortunate to play a small role in helping horses and their families achieve that goal. Seeing a horse move more freely, feel more comfortable, and reconnect with the activities they enjoy is what inspires me every day. WCV

PHOTOS SUPPLIED BY ERICA GRAY

CVMA PRACTICE OF THE YEAR AWARD WINNER

DAWSON CREEK VETERINARY CLINIC

“GROWTH HAS BEEN DRIVEN BY A COMMITMENT TO SUSTAINABILITY, PROGRESSIVE VETERINARY MEDICINE, AND MEETING THE EVOLVING NEEDS OF THE COMMUNITY.”

PHOTO SUPPLIED BY TRINA SLUGGETT

Dawson Creek Veterinary Clinic has been a cornerstone of veterinary care in the Peace Region for over four decades. Established in 1983 in its current location by Barry Ross, DVM, it has grown from a small mixed animal practice into one of the largest practices in northern Alberta and BC.

Mike Ross, DVM, joined the practice in 2000 after graduating, beginning the ownership transition in 2002. In 2003, Zoë Ross, DVM, joined, and together they purchased the practice in 2004. In 2019, Christa Harder, DVM, previously an associate veterinarian at the practice, became a partner.

Growth has been driven by a commitment to sustainability, progressive veterinary medicine, and meeting the evolving needs of the community. What began as a 9-person team with 3 veterinarians has grown to 45 employees, including 9 veterinarians and 11 RVTs, with another veterinarian joining soon.

Recognizing facility limitations, the practice invested in a new, purpose-built companion animal hospital in 2014, expanding to six exam rooms, a dedicated dental suite, dual-surgery capabilities, and increased boarding capacity. In 2025, a new large animal facility was completed, significantly expanding on-site large animal medicine to include a padded induction/recovery stall, a surgery suite, hospitalization stalls, an isolation stall, and haul-in cattle facilities, including a hydraulic chute/tip table.

Dawson Creek Veterinary Clinic is equally committed to people. In 2020, the practice established an on-site daycare to support staff families and improve childcare access within the community. The practice also prioritizes mentorship and veterinary education, earning the 2024 University of Calgary Faculty of Veterinary Medicine (UCVM) Award for Excellence in Clinical Teaching and hosting many students on external rotations from WCVM and UCVM every year.

Today, Dawson Creek Veterinary Clinic remains focused on delivering exceptional veterinary care while building a sustainable, innovative, and people-centred practice. WCV

POST-PANDEMIC DECLINES IN STERILIZED DOGS ENTERING US SHELTERS

BY LEXIS LY, PhD, AND SAMANTHA HILL, MNO

Veterinary professionals and animal welfare organizations play a central role in managing companion animal populations. Access to timely spay and neuter services directly influences community animal population dynamics and the flow of animals through shelters. In North America, animal shelters may require animals to be altered prior to adoption, which can increase the length of stay for animals awaiting surgery. Spay and neuter surgeries can also reduce shelter intake by decreasing the general population of dogs and cats and reducing unwanted behaviours associated with intact animals.

During the COVID-19 pandemic, spay and neuter surgeries were reduced as veterinary services prioritized urgent and emergency care. Until recently, the downstream effects of these disruptions on shelter populations had not been well characterized. Researchers from the University of British Columbia's Animal Welfare Program, Shelter Animals Count, and the University of Florida examined trends in the sterilization status of dogs entering shelters between 2019 and 2023 to assess changes before and after the pandemic in the US.

"FURTHER ANALYSIS SHOWED THAT MULTIPLE DOG AND INTAKE CHARACTERISTICS AFFECTED THE ODDS OF A DOG BEING PREALTERED AT INTAKE."

DECLINES IN PRE-STERILIZATION AT INTAKE

Analysis of over 1.1 million dogs from 256 organizations in the US showed that the proportion of dogs sterilized prior to intake decreased from 33 per cent in 2019 to 22 per cent in 2023. The largest decrease was between 2019 and 2020, a 4 percentage-point drop. Although the percentage of dogs prealtered at intake decreased year over year in post-pandemic years, lower dog intake numbers partially offset the total number of unaltered dogs admitted. In 2019, 185,138 dogs were admitted unaltered, while 173,314 dogs were admitted unaltered in 2023. This decline aligns with documented pandemic-related reductions in spay/neuter capacity, particularly in high-volume and low-cost spay/neuter clinics. The continued decrease in pre-sterilization rates suggests that these service gaps have not fully resolved, resulting in a higher proportion of unaltered dogs entering shelters.

INCREASES IN LENGTH OF STAY

Although total shelter intake in 2023 remained below 2019 levels, length of stay increased across groups, regardless of sterilization status or intake type. In 2019, prealtered dogs stayed in shelters for a median of 10 days, while unaltered dogs stayed in shelters for a median of 12 days. In comparison, in 2023, prealtered dogs stayed in shelters for a median of 15 days, while unaltered dogs stayed in shelters for a median of 18 days. As such, unaltered dogs experienced a slightly larger increase (6 days) compared with prealtered dogs (5 days). These longer stays are likely influenced by constraints in both in-shelter and community veterinary capacity, which can delay sterilization and, in turn, adoption readiness. Delays may be compounded by pandemic-related backlogs, staffing shortages, and increased demand for veterinary services, all of which have been documented in the post-COVID period.

FACTORS ASSOCIATED WITH STERILIZATION STATUS

Further analysis showed that multiple dog and intake characteristics affected the odds of a dog being prealtered at intake. For example, senior dogs (over seven years old) had higher odds of being prealtered compared to adult dogs (between five months and seven years old), while juvenile dogs (between eight weeks and five months old) had lower odds. The largest decrease in prealtered percentage between 2019 and 2023 occurred in the adult group of dogs (13 per cent), which may represent dogs that were born just prior to and during the COVID-19 pandemic. This supports the idea that fewer animals had access to sterilization services during the COVID-19 pandemic and, as a result, may be more likely to enter animal shelters and rescues as adults.

Across all years, dogs that entered as strays were less likely to be altered compared with owner-surrendered dogs. These differences likely reflect disparities in access to veterinary care, with stray dogs more often originating from populations with limited or inconsistent access to preventive services. However, both groups saw parallel declines over time. For dogs that entered as strays, the percentage that were prealtered decreased from 25 per cent in 2019 to 16 per cent in 2023. For owner-surrendered dogs, the percentage that were prealtered decreased from 45 per cent in 2019 to 33 per cent in 2023. This suggests that pandemic-related disruptions to spay/neuter availability affected a broad range of communities.

IMPLICATIONS FOR VETERINARY SERVICES

Overall, the decline in the proportion of pre-sterilized dogs entering shelters reflects broader disruptions in access to veterinary care and highlights the interconnected nature of access to care and population-level outcomes for dogs. Addressing these challenges will likely require a combination of strategies, including the expansion of low-cost spay and neuter services, support for high-volume surgical programs, and more targeted efforts to improve access to care in underserved communities.

Veterinary professionals are well-positioned to contribute to these efforts through clinical service provision, collaboration with animal welfare organizations, and expert leadership within communities. Improving access to sterilization services prior to shelter entry has the potential to improve efficiency within shelter systems, reduce length of stay, and support more positive outcomes for animals and the communities in which they live.

To save space, the reference for this article is made available on the SBCV'S website at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine. WCV

PHOTO BY 12PHOTOSTORYUNSPLASH.COM

SBCV'S DELEGATES TO 2026 CVM

BY EMILY LIEUWEN, MBA, DVM

For as long as I can remember, I have wanted to own a veterinary practice. Yes, you read that right. Back then, I dreamed of painting the walls purple and filling reception with treat dispensers, like in the bulk section of the grocery store. My vision has changed over the years, but one thing has remained constant: the desire to build something of my own.

As a student working in veterinary practices, I made it a point to ask practice owners about their ownership experiences. The same message came up again and again: veterinary school had prepared them exceptionally well to care for animals, but not necessarily to lead a team or run a business. They spoke about the difficulties of learning things like change management, conflict resolution, and leadership through trial and error. So, when I discovered the combined DVM-MBA program at the University of Saskatchewan, I didn't hesitate.

That degree was just the beginning. Since graduating, I've intentionally sought out opportunities to learn what makes veterinary practices thrive. Working both as an associate and a locum veterinarian has allowed me to experience a wide range of practices, leadership styles, and team cultures. I realized early in my career that strong patient outcomes depend on healthy, supported veterinary teams. When people feel empowered, equipped, and valued, they can do their best work—for patients, clients, and the greater community. When they don't, the effects ripple far beyond the individual. Talented people leave. Patients wait longer for care. Teams struggle and fall apart. Such stories are so common that it can be easy to see these challenges as a failure of our profession. Instead, I see them as an opportunity to better support the incredible people who make this profession what it is.

Along this journey, I've met remarkable people who care deeply about their patients, their clients, and their communities. I've also seen firsthand just how difficult leadership can be. Most practice owners and managers don't lack passion or commitment—they are balancing enormous demands with limited time, resources, and leadership training. All around me, I saw people doing the very best they could with what they had, and it made me wonder what could be possible if they had more.

"...STRONG PATIENT OUTCOMES DEPEND ON HEALTHY, SUPPORTED VETERINARY TEAMS."

This is why I applied to the CVMA Emerging Leaders Program.

One of the biggest takeaways from the program wasn't a particular strategy or framework. It was the people. Spending time with like-minded individuals from across Canada reminded me that I'm not the only one asking these questions. Time and time again, I saw people who were deeply committed to building healthier workplaces and stronger teams. In conversations with my colleagues, I was reminded that meaningful change doesn't happen in isolation. Across the country, there are people who are already working toward a more sustainable future for our profession. People who spend every day in the trenches yet are still able to dream of something more. People I hope to keep learning from.

That little girl dreaming of a purple veterinary practice didn't know what leadership meant yet. She only knew she wanted to build a place where people and animals were well cared for. Every step I've taken—from pursuing an MBA to participating in the Emerging Leaders Program—has been part of preparing myself for that responsibility. My hope is to build something that gives people permission to imagine a different way of doing things—one where all veterinary professionals have the skills, knowledge, and support they need to succeed. Because when we all have more, just imagine what we can accomplish together. WCV

A EMERGING LEADERS PROGRAM

BY HARNEET SAINI, BVSc & AH, DVM

A veterinarian's job is to provide their patients with the best care possible, using their knowledge and abilities to the fullest. Thoughts of becoming an independent owner and having my own practice had always been there, but the reality of what is involved in becoming an owner and what ownership entails never truly occurred to me until I had my own practice. I became a practice owner in 2022, and I would like to think I have done a decent job of managing both the medical side and the management side of the practice. But still, questions lingered: What more can I do to help it grow and be more efficient? How can I help my patients and clients to the best of my abilities?

I had to learn things on the fly and adapt quickly. Some issues that came up in daily practice were managed swiftly because it was simply the right thing to do, but other issues were more nuanced, requiring critical thinking and diplomacy. Having no prior leadership experience before becoming a veterinarian started to show in my daily practice, and I eventually hit a wall in knowing what to do next.

This is where I am thankful that the CVMA has a program to help veterinarians like me navigate these challenges and develop as better leaders. At the time, I was looking for guidance on what to do next, and that is when I saw the email for the Emerging Leaders Program. I am sincerely thankful for the guidance I received during the program. Rob Marr was an engaging and thoughtful facilitator throughout the seminar; he kept us all involved, asked thought-provoking questions, and brought both humour and energy to the presentation.

My "Eureka!" moment came from a single slide during the presentation that featured a quote about leadership. It went something like this: "Embedding the capacity for greatness in the people and practices of an organization, and decoupling it from the personality of a leader." This quote has stuck with me every day since.

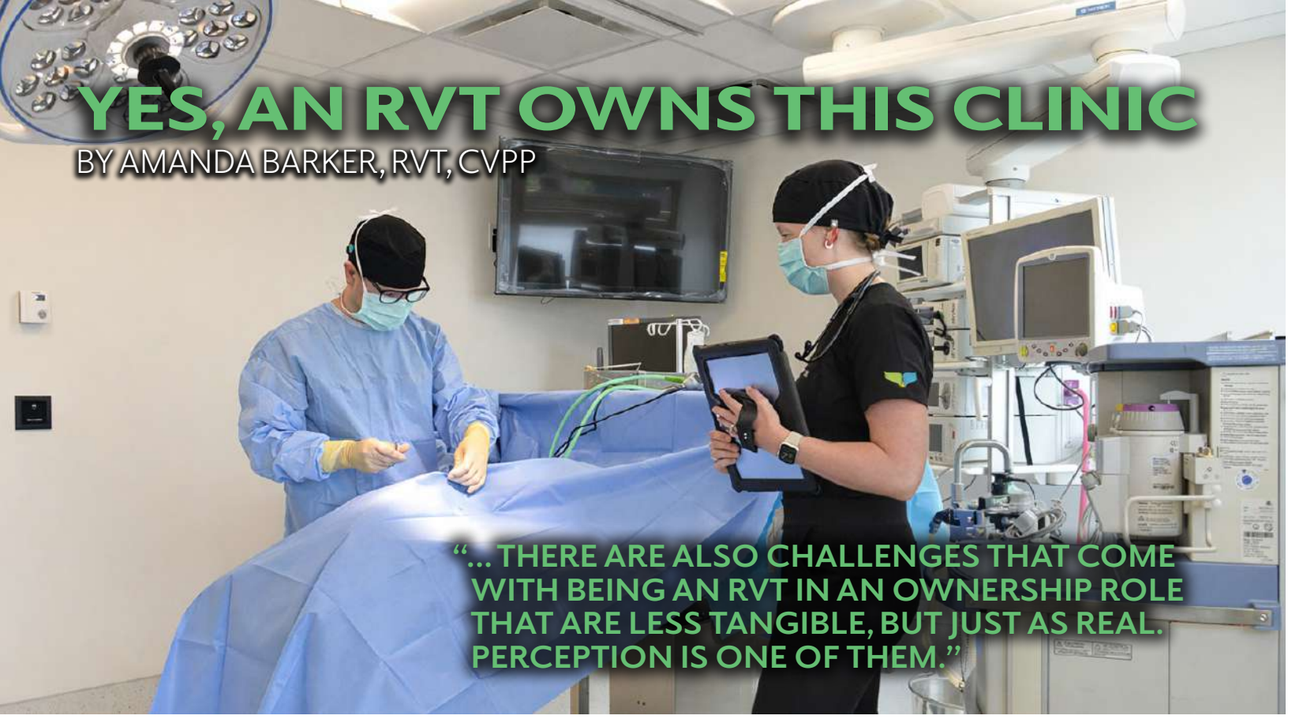
Naturally, I am not a confrontational person, which has served me well personally. However, I realized I was letting that trait negatively affect how I managed my practice. I worked hard to create a culture in which everyone felt safe and was willing to learn and excel in their fields of expertise. But I also let things slip a little when they weren't working as intended, staying quiet for too long and allowing those issues to impact the practice. By embracing this quote and decoupling my personal relationships with my staff and manager from business operations, I was able to clearly communicate my concerns. I could share my thoughts on how to make changes and, more importantly, why we needed to make those changes to be more efficient and grow the business together.

I could write several more pages on what I learned and how I plan to implement that knowledge. My growth as a leader is still a work in progress, but I want to continue growing as a leader every day, using the knowledge I gained to instill confidence in my team so we can work together to provide the absolute best service possible. I believe that dedication is what sets us apart from the rest, and I wholeheartedly stand by it. WCV

"BUT STILL, QUESTIONS LINGERED: WHAT MORE CAN I DO TO HELP IT GROW AND BE MORE EFFICIENT?"

YES, AN RVT OWNS THIS CLINIC

BY AMANDA BARKER, RVT, CVPP



A surgical procedure in progress at ORCA Orthopedic & Referral Centre for Animals.

Let's get one thing straight: I'm not a veterinarian. I didn't go to veterinary school. I can't diagnose, prescribe, or perform surgery. But I co-own and operate a veterinary surgical referral hospital, and it's one of the most rewarding and challenging decisions I've ever made.

For decades, ownership has largely been considered a veterinarian's domain. Whether explicitly stated or quietly reinforced through culture, the assumption has been that only DVMs have the credentials, knowledge, or authority to lead a practice. But ownership isn't about a degree. It's about vision, leadership, and a willingness to take on risk in pursuit of something better.

Like many RVTs, my career started on the floor. I worked my way through general practice, emergency, and specialty medicine, building a foundation in anesthesia, critical care, and patient management. Over time, I stepped into leadership roles—managing teams, developing protocols, and supporting hospital operations—and I began noticing patterns. I saw incredible medicine being practiced in environments where teams were stretched thin. I saw talented professionals burning out. I saw gaps not just in patient care, but in how we supported the people delivering that care.

At some point, the question shifted from *"Why is it like this?"* to *"What would it look like if we did it differently?"* That's when ownership became less of a distant idea and more of a practical next step.

The reality, however, is that there is no clear roadmap for RVTs pursuing ownership. Unlike veterinarians, we are rarely positioned with a defined path to practice ownership, and access to financing can feel like a significant barrier. For me, the process began with partnership and planning. Building a hospital requires more than clinical expertise; it also requires business strategy, financial literacy, and a willingness to navigate uncertainty. Identifying the right partners who shared the same vision and values was one of the most critical steps in the process.

From there, the scope of what we were building became very real, very quickly. Securing financing, managing start-up costs, navigating leases and construction, purchasing equipment, developing systems, hiring a team, and establishing referral relationships all happen simultaneously. It is complex and, at times, overwhelming.

One of the earliest challenges we faced was navigating delays in our hospital build. Like many start-ups, our timeline shifted due to permits and construction variables that were largely outside of our control. Based on the information we had at the time, we made the decision to hire our team in advance of opening, anticipating that we would be operational shortly after their onboarding. Instead, we found ourselves with a fully staffed hospital nearly four weeks before we were able to see our first patient.

From a business perspective, this was not insignificant. We had payroll going out with no revenue coming in, and there was a very real sense of pressure to wait, to scale back, or to minimize the impact.

Instead, we chose to lean in.

We used that time intentionally, focusing on team building, training, and collaboratively setting up the hospital from the ground up. Protocols were developed together. Workflows were tested and refined. The team had the opportunity to build relationships and establish trust before the pace of clinical work began. Looking back, while it was a financial stretch in the short term, it was one of the most valuable investments we made. By the time we opened our doors, we weren't just a group of individuals; we were a cohesive, aligned team ready to deliver the level of care we had envisioned.

That experience reinforced something I've come to understand about ownership: not every challenge is something to avoid. Sometimes, it is an opportunity to build something stronger than what you originally planned.

Experiences like this also highlight the financial realities of ownership. Ownership requires a level of transparency and planning that can feel unfamiliar at first. Start-up costs are significant, and profitability takes time. Cash flow management becomes just as important as clinical decision-making. For RVTs, this can feel particularly daunting, given that we are not traditionally positioned within the financial structures of ownership. But with the right support, guidance, and willingness to learn, it is not out of reach.

Beyond the financial considerations, there are also challenges that come with being an RVT in an ownership role that are less tangible, but just as real. Perception is one of them. There are still moments when people assume the owner must be a veterinarian, when financial or leadership conversations are directed elsewhere, or when I am introduced as "the manager" rather than the owner. While those moments can be frustrating, they also highlight why visibility matters. The more we normalize RVTs in leadership and ownership roles, the more we shift what is possible within the profession.

But those same moments have also reinforced something I've come to believe strongly: being an RVT is not a limitation in ownership—it's a strength.

I understand the workflow of a hospital at a granular level. I know what it's like to be elbow-deep in the trenches, managing cases, supporting patients, and working within a team dynamic. I know how to spot burnout before it torches a team, but I also know that protecting a team from it doesn't always mean eliminating the workload. Sometimes, it means absorbing more of it yourself.

Leadership, in that sense, isn't always glamorous. There are moments when supporting your team means longer hours, harder decisions, and carrying a weight that isn't always visible. At times, it can be exhausting. And if you're not careful, it can come at the expense of your own capacity.

But it also means having the awareness to recognize those patterns and the responsibility to build systems that don't rely on that kind of trade-off long-term. Because sustainable leadership isn't about sacrificing yourself indefinitely; it's about creating an environment where no one has to.

That said, this is much easier said than done. It is something I'm still actively working on. Building a truly sustainable environment, not just for the team but within ownership itself, is an ongoing process. It requires reflection, adjustment, and a willingness to acknowledge when something isn't working yet.

This perspective shapes how I lead, how we structure our schedules, how we approach anesthesia and patient care, and how we support our team's well-being. It allows us to build systems that work in practice, not just on paper.

This perspective doesn't just shape leadership; it directly influences how decisions are made at the patient and client level. In many veterinary settings, financial and operational decisions are influenced by layers of approval or broader corporate policies. As owners, we have the ability to make those decisions in real time, based on the specific needs of the patient, the client, and our team.

That might look like approving additional staffing or overtime to support a complex surgical case, or working creatively within a client's financial constraints to ensure their pet still receives a high standard of care. These decisions are not always easy, and they must still be grounded in sustainability and fairness. But having the autonomy to weigh those factors ourselves, rather than defaulting to rigid structures, allows us to practice in a way that aligns more closely with our values.

Amanda Barker, RVT, CVPP, performing a pre-surgical assessment on Kevin.

For me, that has been one of the most meaningful aspects of ownership. It's not just about building a hospital; it's about creating an environment where thoughtful, compassionate decisions can happen in real time.

If you're an RVT considering ownership, my advice is this:

- Start with your "why." Ownership is challenging, and your vision needs to be strong enough to carry you through the difficult moments.
- Find the right partners—people who complement your strengths and share your values.
- Invest time in learning the business side of veterinary medicine, even if it feels outside your comfort zone.
- Be prepared for uncertainty, because growth rarely happens without it.
- And perhaps most importantly, take up space. You belong in these conversations, even if the profession hasn't fully caught up yet.

My practice isn't just a hospital; it's a reflection of what I believe this profession can be. A place where high-level medicine and team well-being are not mutually exclusive. Where leadership is collaborative, and systems are built with intention. And where an RVT can stand at the helm, not as an exception, but as part of a broader shift in what veterinary leadership looks like.

Because ownership doesn't belong to a single title. It belongs to those willing to build something better. WCV

PHOTOS SUPPLIED BY AMANDA BARKER

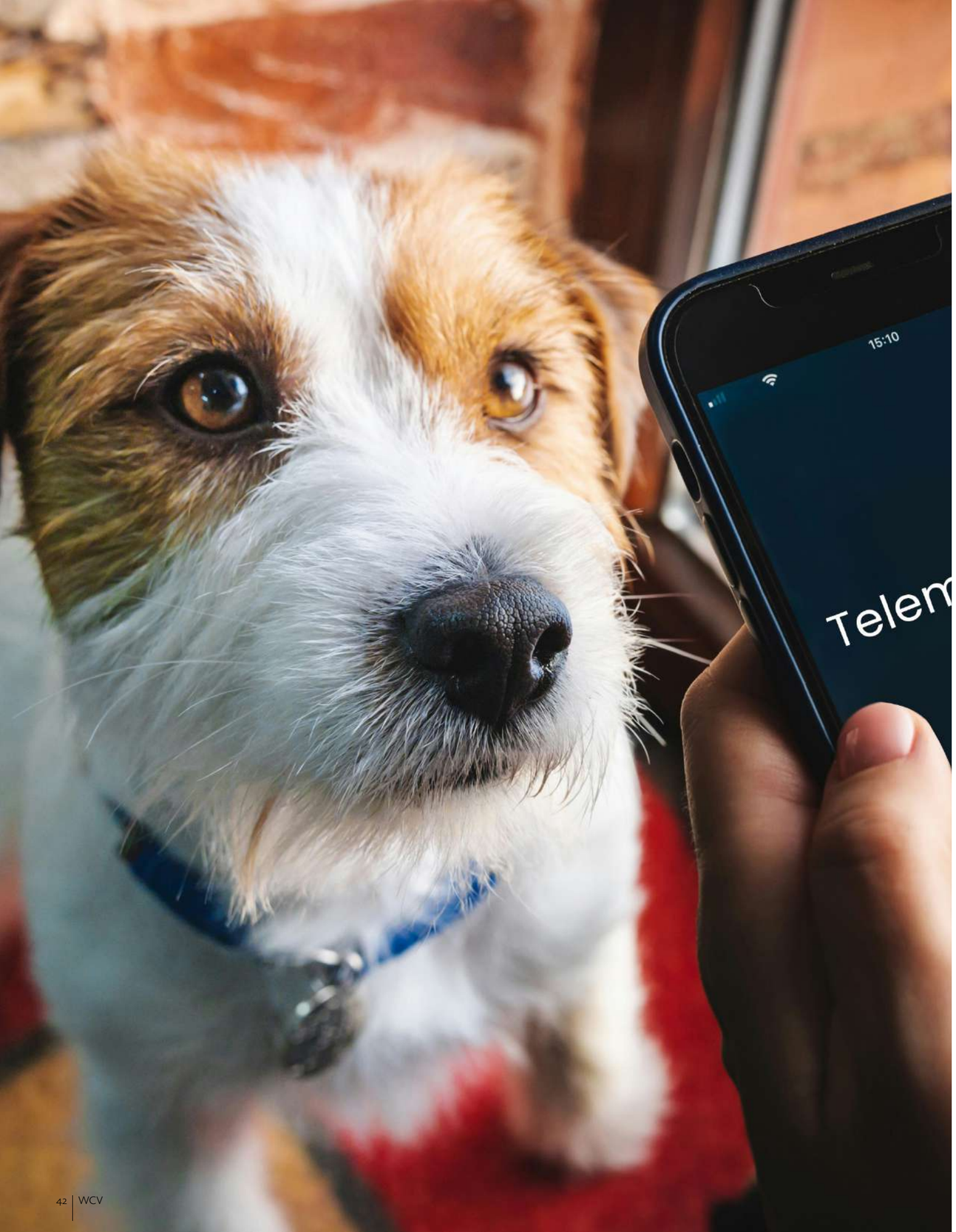


PHOTO BY MARIA NOVOSELETSKAYA/UNSPLASH.COM

WHO IS REALLY ANSWERING THE PHONE?

THIRD-PARTY TRIAGE, VIRTUAL CARE, AND THE CVBC

BY SCOTT NICOLL, BA, MA, LLB, AND JOEL FRIESEN, BA, LLB, LLM

Veterinary practices are increasingly turning to third-party providers to help manage after-hours calls and client communications. Often, these services are marketed as "tele-triage" or "telehealth" solutions that promise to improve access to care while easing pressure on busy practices. There is nothing inherently problematic about that. However, in BC, the line between triage and the practise of veterinary medicine is a meaningful one. A service that merely sorts urgency is permissible under the CVBC framework; a service that diagnoses, recommends treatment, or otherwise practises veterinary medicine is often not. Before outsourcing any services, practices should understand where that line is drawn.

This distinction is crucial because there is no shortage of companies eager to assist veterinary practices manage the telephone. Some promise after-hours support. Some offer tele-triage. Some provide chat-based access to "pet health professionals." Some are software vendors. Regardless, calling something "triage" does not make it so. Substance wins over branding every time.

From a practice-management perspective, the appeal of triage services is obvious. Veterinary practices are busy. Emergency capacity is strained. Staff are exhausted. Clients expect rapid answers. A well-run triage service can sort urgency, direct urgent cases to care, and reduce clients' temptation to substitute search-engine results for professional guidance.

The legal problem begins when a service that is sold as "triage" functions as telemedicine. A layperson may think of these terms as interchangeable. They are not. The CVBC states that anyone practising veterinary medicine in BC, including through telemedicine, must be a CVBC registrant, full stop. That distinction determines whether a practice is outsourcing telephone support or the unauthorized practice of veterinary medicine.

THE LIMITS OF TRIAGE

The CVBC describes telemedicine as the actual practice of veterinary medicine at a distance using technology. It includes advice, diagnosis, and treatment communicated between a veterinarian and an animal owner. Telemedicine carries the usual professional baggage: a veterinarian-client-patient relationship (VCPR) (or appropriate steps to establish one), informed consent, patient evaluation, and records that meet CVBC standards.[1]

Tele-triage is different. The CVBC defines it as the timely electronic assessment and management of animal patients, primarily to identify whether emergency care is required. It is about urgency: should this animal be seen now, and by whom? It is not a backdoor into diagnosis, prescribing, or treatment planning. The CVBC guidance is blunt on that point: tele-triage cannot be used to make a diagnosis, develop a treatment plan, or provide medical advice beyond determining whether after-hours veterinary attention should be sought. A VCPR is not required for tele-triage and cannot be established through tele-triage.[2]

That distinction is where much of the risk lives. "Your dog may be in respiratory distress and should be seen immediately" is triage. "This sounds like kennel cough; monitor overnight and give honey" is a diagnosis and treatment advice.

CVBC guidance states that tele-triage in BC can occur only under delegation from a CVBC-registered veterinarian in an active class of registration, working at an accredited practice facility and within the scope of that registration. If a non-CVBC veterinarian or non-registrant is involved, the client must be told at the outset who that person is, the practice facility involved, and the veterinarian under whose delegation the person is acting.[3] Labels are not determinative. Whether a service is tele-triage depends on what is actually being delivered and whether that service operates within the CVBC framework.

> **“WHETHER A SERVICE IS TELE-TRIAGE DEPENDS ON WHAT IS ACTUALLY BEING DELIVERED AND WHETHER THAT SERVICE OPERATES WITHIN THE CVBC FRAMEWORK.”**

THE CAUTIONARY TALE

A 2024 consent resolution by the CVBC illustrates the risks that can arise when the distinction between tele-triage and the practice of veterinary medicine becomes blurred.

In this matter, the designated registrant of a veterinary practice had arranged for after-hours calls to be redirected to a third-party teleservice provider. When a client sought emergency care for a deteriorating dog, the client repeatedly reported the animal’s worsening condition but was never able to speak with a veterinarian from the practice. The dog later died.

The practice’s website described the third-party provider as offering telehealth emergency services. However, those services were in fact being provided by individuals who were not authorized to practise veterinary medicine in BC. As part of the consent resolution, the designated registrant admitted that the practice had delegated telemedicine responsibilities to a non-CVBC registrant.

The matter was resolved by consent, with a reprimand, a $500 fine, and an order to pay 50 per cent of the College’s investigation costs.

The lesson is straightforward. Outsourcing does not transfer regulatory responsibility. If a third-party provider crosses the line from triage into the practice of veterinary medicine, the practice remains responsible for ensuring that those services comply with CVBC regulations.

UNAUTHORIZED PRACTICE IS NOT A BRANDING ISSUE

You will already know that the Veterinarians Act (the “Act”) defines “veterinary medicine” broadly. It includes diagnosis and treatment of animals for the prevention, alleviation, or correction of disease, injury, pain, defect, disorder, or similar conditions. It also includes advice about those matters, regardless of whether that advice is given for payment.[4] The Act makes it abundantly clear that “we did not charge the client” is not the safe harbour a registrant might otherwise hope it is.

The Act also provides that a person who is not a registrant must not perform, offer to perform, or imply that they are entitled to perform, in BC, any act within the statutory definition of veterinary medicine.[5] The CVBC’s guidance on unauthorized practice says the same thing in plainer language: unauthorized practice includes performing, offering to perform, or implying that one may perform an act within the definition of veterinary medicine, whether done for a fee or not.[6]

Veterinary services are rendered where the animal is located. Veterinarians treating animals, groups of animals, or herds in BC must be licensed in BC; those who treat BC animals without active CVBC registration are engaging in unauthorized practice, regardless of any jurisdiction in which they may be otherwise be licensed.[7]

This is where a third-party service can create hidden risk. A veterinarian licensed elsewhere may be competent. That does not necessarily mean they can provide veterinary services for animals in BC.

THIRD-PARTY PLATFORMS ARE PERMITTED, BUT THIRD-PARTY PRACTICE IS NOT

Official guidance explicitly allows registrants to rely on third-party companies that provide software or web interfaces facilitating public access to veterinary services. Those arrangements, however, are subject to important limitations. Clients must be able to choose the veterinarian. Fee-splitting should be avoided. Veterinary services must be provided only by veterinarians affiliated with an accredited practice facility. And the third-party platform is not itself an accredited facility.[8]

Veterinary services delivered through telemedicine must be provided at or through a CVBC-accredited practice facility. Clients and patients seen by telemedicine are clients and patients of that veterinarian’s practice facility. Veterinarians connecting with new clients through a telemedicine platform should do so with the awareness and support of the practice owner and designated registrant.[9]

Who is the veterinarian? Where are they licensed? Which accredited facility are they affiliated with? Who owns the client relationship? Where are records kept? What happens if the animal deteriorates? Who audits calls and follows up? A surprising number of vendor contracts answer those questions vaguely, if at all.

AFTER-HOURS WORDING CAN CREATE EXPECTATIONS

The words on your practice’s website and voicemail matter. Under Part 4 of the CVBC Bylaws, a registrant must provide information to clients that clearly states the facility’s regular hours and whether the facility provides after-hours or emergency care beyond regular hours.[10]

If a facility does not regularly provide, or temporarily cannot provide, emergency care beyond regular hours, it must provide information that clearly states the facility is closed and when it will reopen, and directs clients whose animals need after-hours emergency care to contact other facilities. If the facility names a specific receiving registrant or facility, the registrant must ensure in advance that the named receiving facility is willing and able to provide emergency services and that an after-hours agreement documents the arrangement.[11]

This creates obvious risk for practices that rely on third-party services to manage after-hours communications. Speaking as a lawyer, the safest course is to provide only general information directing clients to seek emergency veterinary care, rather than identifying a specific provider whose availability cannot be guaranteed. While that approach is far from ideal for clients or their animals in distress, it reflects the regulatory reality: when a vendor’s service intersects with the regulatory obligations of a BC registrant, the practice—not the vendor—bears the regulatory risk. That makes careful due diligence essential before adopting any telehealth or after-hours service.

These problems rarely begin with a complaint. They begin when a practice assumes a vendor’s marketing language accurately reflects the legal and regulatory reality. Before signing with a telehealth vendor, veterinary practices should work through the following checklist.

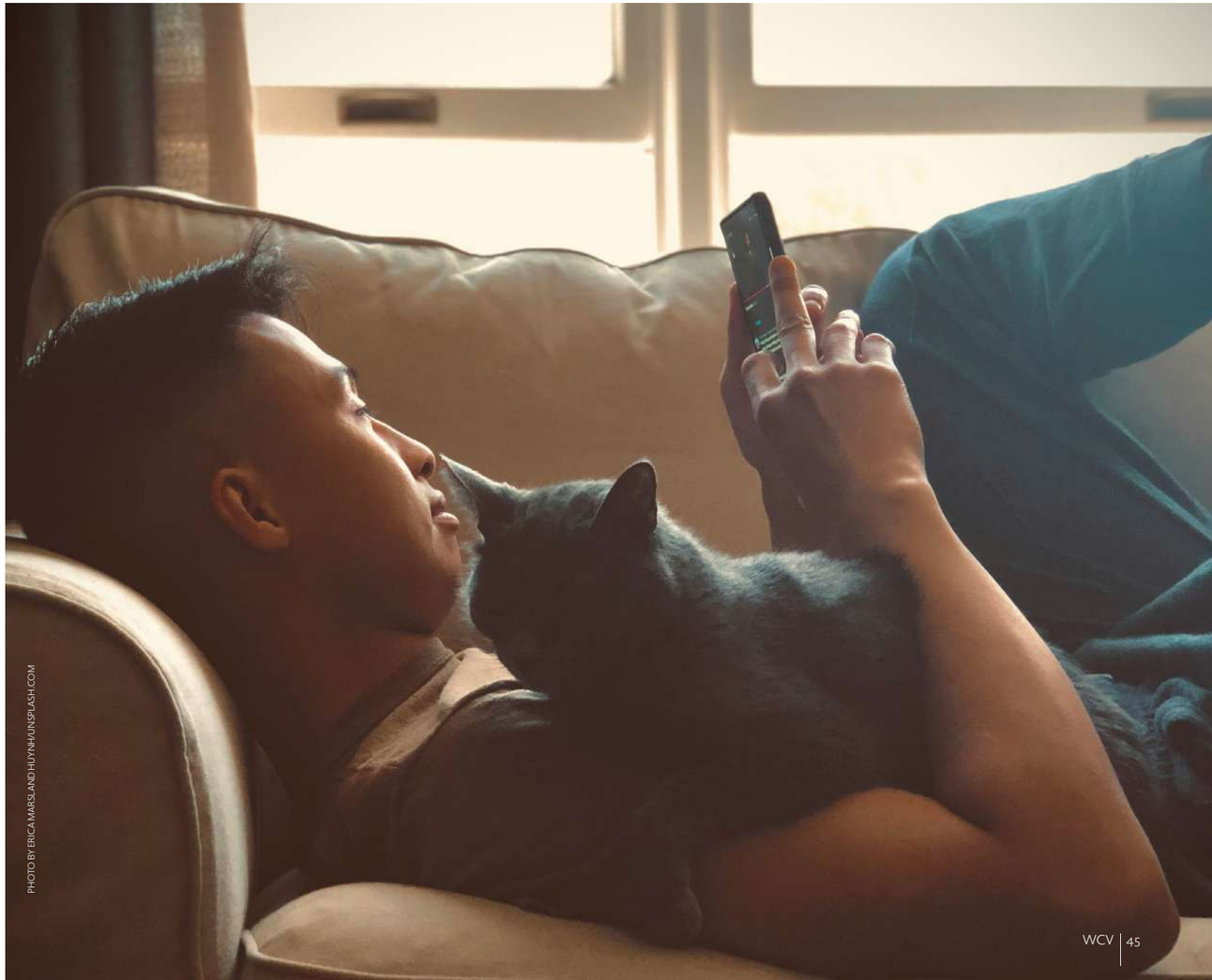


PHOTO BY ERICA MARSLAND ON HUYNHUNSPLASH.COM

A DUE DILIGENCE CHECKLIST

First, classify the service honestly. Is it administrative messaging, tele-triage, telemedicine, software, or some combination?

Second, identify every person who may communicate with BC clients. Are they CVBC registrants? If not, what are they permitted to say?

Third, build the delegation structure before the first call. The agreement should identify the responsible CVBC registrant, accredited facility, triage protocol, escalation triggers, documentation requirements, and quality-assurance process.

Fourth, fix the client-facing language. Avoid implying that non-registrants provide veterinary telemedicine. Avoid calling a triage line an emergency service unless it is connected to emergency veterinary care. Make it plain and obvious what services are being provided.

Fifth, check insurance and fees. The CVBC telemedicine guidelines advise veterinarians to ensure malpractice coverage extends to virtual care platforms, including tele-triage and telemedicine.[12] The CVBC also cautions veterinarians against fee-splitting in third-party arrangements.[13] Carefully review the arrangement to determine the fee structure for the vendor.

Finally, document the decision-making. Record why the vendor was selected, what due diligence was done, what safeguards were adopted, and how the practice will monitor compliance. If a complaint arises later, contemporaneous notes will be of far more assistance than anything done after the fact.

THE TAKEAWAY

Third-party triage and virtual-care services are useful. They help clients, reduce pressure on staff, and direct urgent cases to care more quickly. Used properly, they can be part of a thoughtful, modern practice. Used carelessly, they can become a regulatory headache for your practice.

Veterinary medicine is allowed to evolve. The CVBC's materials make clear that telemedicine is not prohibited. They also make clear that existing duties remain. The veterinarian remains responsible.

Use triage services if they help your practice. Use virtual care if it is clinically appropriate. But do not confuse convenience with compliance. Before the call is forwarded or the website link goes live, know who is speaking for your practice and exactly what they are allowed to say. WCV

[1–3] CVBC, *Guidelines for the Use of Telemedicine in Veterinary Practice*.
[4] Veterinarians Act, s. 1.
[5] Veterinarians Act, s. 46.
[6] CVBC, *Unauthorized Practice and Injunctions*.
[7–9] CVBC, *Frequently Asked Questions: Guidelines for the Use of Telemedicine in Veterinary Practice*.
[10] CVBC Bylaws, pt. 4, s. 213–215.
[11] CVBC CVBC Bylaws, pt. 4, s. 215.
[12] CVBC, *Guidelines*.
[13] CVBC, *Frequently Asked Questions*.

Scott Nicoll, BA Hons, MA, LLB, is a senior lawyer based in British Columbia with more than 30 years of legal experience. Called to the bar in 1994, he has extensive expertise in regulatory law, governance, professional discipline and regulation, and First Nations governance. Scott regularly advises professionals and their associations on matters involving professional accountability, business practices, regulatory compliance, and emerging technologies. He has written and presented extensively on topics at the intersection of law, professional regulation, and his AI alter-ego has an interest in how artificial intelligence is reshaping professional practice.

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