

ISSUE N°61 DECEMBER 2025

WEST COAST

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VETERINARY
PRACTICE

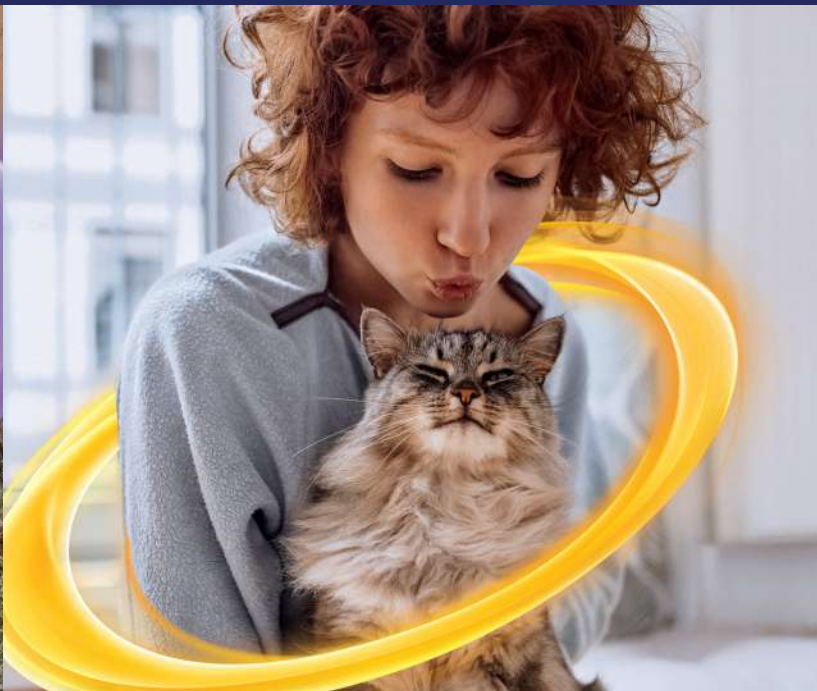
SHIFTING
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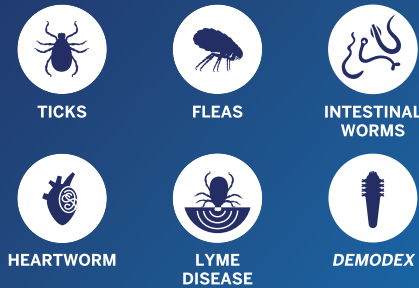
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Life forward



COREY VAN'T HAAFT
EDITOR

TO THE EDITOR

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

ON THE COVER

PHOTO BY DREW HAYS/
UNSPLASH.COM

Here's something new from me in this space—a wee call for help. The *West Coast Veterinarian* magazine needs writers. You'll be volunteering to help keep our fabulous magazine, well, fabulous. You're welcome to bring your own ideas; that's often where we get our features from. But we also have a few ideas and no one to write them. We'd love a story on early spays and what has changed. Or a comparison and exploration of WCVM students' summer work experiences in BC versus elsewhere. For some of these stories, we even have the basic research completed. But mostly, we'd love to hear from you if you're interested in volunteering through writing, keen to have your work read by colleagues and veterinarians throughout the province, and burning with desire to tell a story. We are thoughtful editors who work to make every story the best it can be, and I promise you that we respect every writer's own voice.

As I write this, we are in our final few weeks of preparation for our Fall Conference and Trade Show, which will be followed closely by our Town Hall—where we'll bring you, SBCV members, up to date on what's been happening behind the scenes, how our plan is unfolding, and how you can support what we hope will be a successful resolution of the challenges we see at the provincial regulator. Please know that we hear your comments and take nothing lightly. Every SBCV member is a CVBC registrant, and we completely respect that duality. Our work is to improve, within the limits of the legislation, the workings of the CVBC, the broken trust many of you have mentioned, and the lack of communication from the regulator on key issues.

By the time you read this, you will hopefully be on board with supporting our next steps. We are deeply grateful for the trust you placed in us when we asked you to vote “yes” for a fee increase that you may not have supported. As you will have heard by now, we continue to ask for—and work to earn—that trust every day. **WCV**

Corey Van't Haaft

Email: wceditor@gmail.com



Dr. Gillian Muir with student CVMA-SBCV Chapter Leadership Award recipient, Saylor Martian, and Dr. Tanya Neville.



Dr. Gillian Muir with student CVMA-SBCV Chapter Scholarship recipient, Madison Van Will, and Dr. Tanya Neville.

PHOTOS SUPPLIED BY WCVM

WCV

WEST COAST VETERINARIAN ISSUE 61

West Coast Veterinarian is the quarterly magazine of the Society of British Columbia Veterinarians (SBCV)



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- Cori Stephen (she/her), DVM

EDITOR

Corey Van't Haaft (she/her)
Email: wceditor@gmail.com

ART DIRECTOR

Karim Sharobim, BDes

COPY EDITOR

Beth Stewart (she/her), PhD

PUBLISHER

Society of British Columbia Veterinarians
Email: cvma-sbcv@cvma-acmv.org
Telephone: 604.406.3713
www.canadianveterinarians.net/SBCV

ASSIGNING EDITOR, PUBLISHER'S ASSISTANT

PU Rahman (she/her)

PROOFREADERS

Luana Alves (she/her)
Michèle Mulder (she/her)

AD SALES

PU Rahman (she/her)
Email: wcvdisplayads@gmail.com
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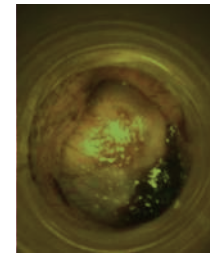


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ALEX BOO, BSc, DVM, is a practice co-owner and veterinarian at West King Edward Animal Clinic in Vancouver, BC. He attended the University of British Columbia (UBC) for his Applied Animal Biology Degree, then went on to complete a DVM Degree at the WCV in 2018. In 2021, he returned to UBC to pilot the Animal Welfare Program's upper-year undergraduate elective course "Health, Welfare and Diseases of Shelter Animals," and has been teaching as an adjunct professor for the past four years. He is an active volunteer with Paws for Hope, Rabbitats, and Community Veterinary Outreach, and delights in seeing repeat clients at these events where he can build and maintain relationships. In his spare time, Alex enjoys karaoke, making (and eating) onigiri, and more recently is learning how to dink in pickleball.



AMANDA BOOTH, BSc, DVM, MVSC, ACVIM (LAIM) but focusing only on small animals, began her studies in an advanced entry program at Lakehead University at the age of 13 and graduated at 17 years of age with her BSc, obtaining the highest average in the university and winning the Lieutenant Governor's Medal and the Dean of Science Medal. She began her veterinary studies that year at WCV in Saskatoon, graduating in 1983. Interested in pursuing a more in-depth knowledge of internal medicine, she completed an Internship and Residency in Internal Medicine at the University of Pennsylvania and the WCV and became a board-certified specialist with the American College of Veterinary Internal Medicine in 1990. Dr. Booth established Saseenos Veterinary Services in 1989 and has focused on building a team committed to medical excellence while keeping compassion for both patients and owners in the forefront. Outside of work, she spends her time spoiling her four-legged family members and training her Canadian Warmblood gelding, Red, in classical dressage.



HEATHER JAMES, DVM, is a co-owner of Ospika Animal Hospital, a DVM- and RVT-owned small animal practice in Prince George, BC. A 2007 graduate of the WCV, Dr. James also has a background in contract research, shelter medicine, and mixed animal practice, as well as working as a general practice and emergency locum. She has a strong passion for teaching and trauma-aware mentorship, which grew during her leadership roles as medical director and area medical director at multiple hospitals prior to ownership. A perpetual student at heart, Dr. James loves trying new technology, hearing new perspectives, and is most proud of her certifications in the Human Animal Bond, Trauma of Money, and Master Gardener. She shares her home life on Vancouver Island with her "Tiger Collie" (read "mutt") called Rhubarb and her husband, who is also an entrepreneur.



MEG LAINSON, DVM, has worked in various practices on the northern Saanich Peninsula since immigrating in 2006 as both an associate and a locum. She graduated from Colorado State University in 1976 and spent the next two years in zoo veterinary work. Dr. Lainson then relocated to the San Juan Islands, WA, where she began mixed animal veterinary practices on San Juan, Lopez, and Orcas Islands. Her San Juan practice morphed into a wildlife rehabilitation centre and oil spill response organization, and she spent much of the late 1980s involved in oil-spill animal cleanup, including the Terminal Island, CA; Nestucca, WA; and Exxon Valdez, AK, spills. In 2005, Dr. Lainson sold her last practice and immigrated (for political reasons) to Canada and became a citizen. A lifelong runner, Dr. Lainson began running 50-mile ultramarathons in 2003. Before moving to BC, she was active in the San Juan Island musical theatre company and in marimba bands on both San Juan and Lopez Islands. Dr. Lainson has participated in agility and nosework trials with her previous dogs, and she now enjoys Japanese Taiko drumming when she's not hanging out with her Poodle, Sammy, and her Otterhound, Lynyrd.



SUE McTAGGART, DVM, FAVD, attained her BSc in Honours Zoology from UBC and worked as a wildlife biologist on Vancouver Island for a year before acquiring her DVM degree from the WCV. She attained her Academy of Veterinary Dentistry degree in 2011 and went on to operate a dental referral practice near Victoria International Airport on Vancouver Island. She has taught dental wet-labs and lectured throughout the country for the CVMA, the WCV, the Veterinary Dental Forum, the European Veterinary Dental Conference as well as in her local area. Dr. McTaggart acquired the first veterinary cone beam computed tomography (CBCT) scanner in Canada in 2019 which has opened many new diagnostic and treatment doors. She has presented webinars and lectures over the past five years on the use of CBCT in dentistry as well as in ophthalmology, oncology and otology. Dr. McTaggart is also the copy editor for the *Journal of Veterinary Dentistry*.



MARY VON DER PORTEN, BSc, MRM, DVM, is a veterinarian living and practicing in the beautiful West Kootenays, BC. Her background is in wildlife biology, extensively exploring the natural world before cementing those passions into veterinary medicine. She holds a master's in environmental and resource management from Simon Fraser University, a BSc from the University of Victoria, and a DVM with distinction from the WCV. Mary juggles her time between rural general practice, a young family, and exploring the outdoors. She is passionate about sustainability and equality in veterinary medicine and is proud to be a volunteer for Veterinarians without Borders, part of the CVMA Sustainability Advisory Group, and a Director of the Veterinary Sustainability Alliance.

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2. Forster S, Boegel A, Despa S, et al. Comparative efficacy and safety of ilonocitinib 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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Dear Colleagues and Friends,


I hope you are all having a wonderful start to the winter season. For me, winter brings another season of hope for the Vancouver Canucks, that they may finally win the Stanley Cup! I want to begin with a sincere thank you to all who followed our advice and voted “YES” in response to our regulator’s request to increase annual fees. While no one welcomes additional costs, your support helps ensure that our regulator can continue to function effectively, uphold the standards of our profession, and safeguard public trust. This decision was not taken lightly, and your collective understanding and commitment demonstrate the strength and unity of our community.

This fall, we came together for our annual conference—what a success! It was truly wonderful to see so many of you in person, reconnecting with colleagues, sharing stories, and taking in a wealth of high-quality continuing education. Events like these remind us of the value of our shared profession by providing us with a chance to learn, recharge, and celebrate our work together.

In addition, our society hosted a townhall meeting that gave members the opportunity to raise concerns and share perspectives about our relationship with our regulator. These sessions were well-attended and full of meaningful discussion. Your voices are being heard, and as a society, we are committed to carrying your concerns forward. We will continue to build on these conversations, working with both our members and our regulator to ensure veterinary medicine in British Columbia remains strong, supportive, and sustainable.


As always, our society belongs to you—its members. Your input drives our priorities and helps us represent the profession effectively. Please don’t hesitate to reach out with ideas, topics, or concerns. Whether large or small, your feedback is invaluable as we move forward together.



Thank you for your ongoing dedication to the animals, clients, and communities we serve, and for your support of the SBCV. Together, we will continue to strengthen and protect this incredible profession. [WCV](#)



The SBCV Encourages You To Vote For Change In The 2025/26 CVBC Election

Please Vote For Dr. Doug Casey And Dr. Rob McLeod





Doug Casey, DVM, DABVS (Canine and Feline Practice), owns and operates a mobile diagnostic imaging service, providing mobile ultrasonography to general practices in the lower mainland; and is a clinical instructor at Sage Veterinary Imaging Ultrasound Academy. He has worked as an emergency clinician and medical director and believes that his current mobile practice has allowed him to hear frustration from many lower mainland veterinarians regarding their regulatory body. As past chair and member of the 2011-2018 CVBC Investigations Committee, he thinks his experience and insight positions him to be a knowledgeable, capable, understanding leader and he wants to bring those talents to the CVBC Council. Dr. Casey asks for your vote and welcomes conversations via his email: drdougcasey@gmail.com

We believe that change is required on CVBC Council. In this election, there are two vacancies. Four veterinarians are competing for your vote. We support Dr. Doug Casey and Dr. Rob McLeod for their fresh perspectives on old CVBC problems. We believe that electing two new Council members, in addition to the three newly appointed public members, offers the best hope for real, sustainable, and positive change at the CVBC.



Both Dr. Casey and Dr. McLeod have convinced us that they fully understand

- ✓ how to govern in the public interest
- ✓ the relationship between Council and staff and the flow of decision-making
- ✓ how to bring about positive change under the current legislation

Dr. Casey and Dr. McLeod expressed to us that the current narrow interpretation of the Act and the resultant CVBC-blocked communications strategy are not cost-effective, are not in the public interest, and are not respectful of BC’s veterinarians. Both Dr. Casey and Dr. McLeod are committed to listening to registrants, engaging with the profession, and leading with integrity.

The two incumbents up for re-election (Dr. Michele Martin and Dr. Justin McLash) have been part of the troubled CVBC for at least the past three years. Under their governance, we’ve seen:

- ⊗ two recent warnings of insolvency despite previously healthy financial projections
- ⊗ significantly increased spending on external legal fees, in addition to three lawyers on staff
- ⊗ pursuit of at least one complaint against a registrant when the client tried twice to withdraw it (no risk to the public or animals)
- ⊗ the wasting of financial and human resources on a CVBC-initiated pre-hearing application where CVBC Council permitted CVBC to ask the BC Human Rights Tribunal, which prefers videoconferencing, to instead hold this hearing in-person. The CVBC lost that application on October 15, 2025, after partially losing yet another CVBC-initiated pre-hearing application on December 17, 2024, on the same current HRT complaint



Rob McLeod, BSc, DVM, graduated from WCV in 1990 and has practiced since then in BC, currently working as medical director for Creston Veterinary Hospital. He values the time he spends mentoring practicing veterinarians. Now, he draws on both his regulatory experience (from time served on both BCVMA and CVBC Councils) and his unique perspective as a rural mixed animal veterinarian. He is especially mindful of the challenges faced by rural, remote, and Northern practitioners, having himself been the only veterinarian available to attend to animal emergencies outside regular hours. He believes his experience as locum, owner, medical director, and with the regulatory body positions him as a solid candidate for change in this election. Dr. McLeod asks for your vote and welcomes conversations via his email: sideshow@kootenay.com



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.

2026 CVMA AWARDS—NOMINATE A DESERVING COLLEAGUE

Each year, through its awards program, the CVMA proudly recognizes individuals and teams who have demonstrated significant accomplishments, exemplary leadership, and tireless commitment to Canada’s veterinary community. Nominations for the 2026 awards are accepted until January 31, 2026. Award recipients receive complimentary registration to the 2026 CVMA Convention in Charlottetown, PE, along with other prizes specific to each award. Find more information in the “About CVMA” section of the CVMA Awards page at www.CanadianVeterinarians.net.

JOINT DEIB STATEMENT FROM VETERINARY COLLEGE DEANS AND THE CVMA

The CVMA and Canadian veterinary college deans released a joint statement in September reaffirming our unwavering commitment to advancing diversity, equity, inclusion, and belonging (DEIB) in veterinary education and across the profession. We are committed to cultivating learning and working environments that are inclusive, culturally safe, and psychologically supportive; to developing spaces where all students, faculty, staff, and community members feel welcomed, heard, valued, and supported; and to creating a true sense of belonging that empowers everyone to participate fully. We approach this work with humility, knowing that inclusion is not a one-time achievement, but a continuous process that requires listening, reflection, and action. To read the complete statement, visit the “Latest News” section on the homepage of www.CanadianVeterinarians.net.

RECORDED WEBINAR—BREAKING THE SILENCE: SUICIDE MYTHS, FACTS, AND PREVENTION STRATEGIES

The CVMA and Merck Animal Health partnered with the Association des médecins vétérinaires du Québec (AMVQ) en pratique des petits animaux, the Association des médecins vétérinaires praticiens du Québec (AMVPQ), the Association québécoise de prévention du suicide (AQPS), and the Centre for Suicide Prevention (CSP) in September to deliver English and French webinars that explored common myths and facts about suicide, who is impacted and why, and prevention best practices. Participants learned practical tips for starting conversations with individuals they may be concerned about in the workplace, at home, or in the community. View these and other recorded webinars on the CVMA’s YouTube channel. [WCV](#)



Tracy Fisher, DVM, graduated from the WCV in 1997 and has practiced small animal and exotic medicine in Regina ever since. Dr. Fisher’s special interests include avian and exotic animal medicine and soft tissue surgery. She also does small amounts of laboratory animal work for the University of Regina and wildlife rehabilitation work. Although she and her business partner recently sold their practice, Dr. Fisher continues to work there as an associate. Dr. Fisher has served on Saskatchewan Veterinary Medical Association (SVMA) committees and Council, as SVMA President (2004–2005), on the board of Prairie Diagnostic Services, and as President of the Regina Association of Small Animal Practitioners. She is the current SVMA representative for the University of Regina Senate and current Saskatchewan representative on the CVMA Council.

THE ROAD TO REGULATION: MOVING OUR PROFESSION FORWARD

BY AMANDA BARKER, RVT, CVPP

For decades, Registered Veterinary Technologists (RVTs) in BC have advocated tirelessly for regulation that reflects our education, skillset, and critical role within veterinary teams.

Today, I'm proud to say that we are closer than ever to achieving this goal. This progress is a testament to our members' persistence, the invaluable support of key stakeholders—individual veterinarians, the CVBC, and the SBCV—and the growing public recognition of RVTs' essential role.

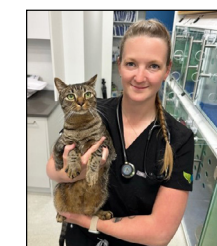
Advocacy is central to the BCVTA's mission, and the past year has been exceptionally busy in this regard. Together with Hill & Knowlton, our dedicated government advocacy group, we've consistently elevated the voices of RVTs from across the province within the veterinary industry, among policymakers, and with the public. This past June, a pivotal meeting with Assistant Deputy Minister Eric Kristianson reinforced the importance of regulation under the Veterinarians Act, a protected scope of practice, and formal accountability for RVTs. Such conversations are critical milestones, built upon years of persistent effort, thorough preparation and strong relationships.

As I write this column for the West Coast Veterinarian, a successful RVT Month (October) has just concluded. This annual nation-wide event spotlights our profession and celebrates RVTs' significant contributions. More than that, RVT Month is a chance to strengthen community connections. Through networking, sharing stories, and raising awareness, RVT Month reminds us that every conversation about our work moves us closer toward regulation.

We are also greatly encouraged by the collaborative spirit and support of the broader veterinary community. The CVBC has been a valued partner in discussions about the future of regulation, working alongside us to explore models that will strengthen our profession. While our roles are distinct, our vision is shared: to foster a veterinary system in which every team member is recognized and accountable.

The path ahead demands continued persistence, but our momentum is undeniable. With every meeting, new professional relationship, and member commitment, we move closer to achieving regulation. This endeavour is not solely about professional recognition, it's about ensuring the public can trust that every RVT adheres to standards of practice and that animals across BC benefit from the care of a regulated, empowered veterinary team.

The BCVTA is immensely proud of our progress and deeply grateful for the resilience and dedication of RVTs across BC. Regulation forms the foundation of a stronger, more sustainable future for veterinary medicine. Together, with our members, advocacy partners, and colleagues, we are taking significant steps forward every single day. [WCV](#)



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 three cats, Cougar, Hitch, and Moxie.

2026

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SBCV 2026
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Sunday, April 19;
Sunday, April 26;
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— from the SBCV





WCV | 13



Leo the male bunny is examined at a Rabbitats rabbit hemorrhagic disease vaccination clinic, which is entirely funded through community donations. It is one of many non-profits in need of regular veterinary and non-veterinary volunteers.

“WHEN STUDENTS BELIEVE THAT ANYTHING LESS THAN GOLD-STANDARD CARE IS SUBOPTIMAL CARE, THIS PRESENTS THEM WITH A DILEMMA THAT CAN RESULT IN AN INTERNAL STRUGGLE...”

Outcomes among Canadian Veterinarians” (2020), survey data from 1,403 veterinarians confirms that our profession is experiencing significant challenges involving burnout, compassion fatigue, and chronic stress. These challenges contribute to a poor state of mental health among veterinarians relative to the general population.

Discussions about mental health in our profession are becoming more prevalent, likely reflecting growing mindfulness, greater attention to resilience, and more intentional workplace cultures. Yet, we are falling short—additional factors, including staff shortages, increased litigation, corporate consolidation, workforce restructuring to address new tariffs, and an overall increased cost of care, all bear real-world implications. There may not be a golden quick-fix strategy to resolve these alarming issues, but I feel strongly that, as individuals, our small changes can positively impact our profession's overall resilience.

To explore where resilience-building can begin, I've reflected on my own experiences as both a student and an educator.

THE ROOTS OF THE RESILIENCE CHALLENGE: MY REFLECTIONS

For the past four years, I have been part of the undergraduate student learning experience at the University of British Columbia (UBC) as both a clinician and professor. Having gone through BC's post-secondary school system myself, I was already keenly aware of the under-representation of the vastness of the veterinary profession within undergraduate programs.

While typical pre-veterinary undergraduate degrees (e.g., BSc) may introduce veterinary anatomy and physiology, there is limited focus on problem-solving skills. We are rightfully taught to master the normal—only then can we recognize the abnormal. But what happens when we inevitably reach the limit of our skills and knowledge (both medically and communicatively)? And how do we address such situations?

BUILDING AND ENCOURAGING RESILIENCE IN THE NEXT GENERATION OF VETERINARIANS: WHEN AND WHERE SHOULD WE START?

BY ALEX BOO, BSc, DVM

Resilience is no longer a personal buzzword; it's a professional imperative. Each of us can play a role in nurturing resilience within our profession. My own focus has been on integrating resilience-building opportunities into the undergraduate academic journey to better prepare the next generation of veterinarians for navigating the realities of practice.

I remember the final few classes of my veterinary medicine degree at the WCV in Saskatoon and the palpable relief among my peers. It felt like a giant layer of fog was lifting—our graduating cohort had somehow made it through four years of midterms and exams, countless lectures, and of course, the North American Veterinary Licensing Exam. Tears had been shed, relationships had been made and broken, and our physical and mental health had experienced varying degrees of challenge. Yet, we were excited about our next steps and future careers.

We had all forgotten, however, about that one final meaningful gift that awaited each of us: a letter we had handwritten to ourselves on the first day of classes all those years ago.

I often think about the contents of this letter, a simple narrative of childlike eagerness—all I had wished for myself was to join my life's calling and re-engage in pet ownership. While all 78 students carefully and blissfully read through these precious time capsules, very few of us could have predicted that keeping veterinarians within the profession would become one of the biggest challenges facing our generation of graduates.

According to the article, “Prevalence of Mental Health

Furthermore, typical pre-veterinary undergraduate degrees also provide little coverage of the variety and scope of responsibilities (clinical and non-clinical) that can accompany the veterinarian profession. This limitation is perhaps most significant in the many countries where veterinary medicine is offered as a five-year, entry-level undergraduate degree in which young students are often underprepared for this serious, lifelong career commitment.

OBSTACLES TO BUILDING RESILIENCE: MY ASSESSMENT

When students believe that anything less than gold-standard care is suboptimal care, this presents them with a dilemma that can result in an internal struggle and a potential lack of satisfaction when a treatment plan is only partially followed (although, this is hopefully improving with the growing focus on the spectrum of care approach).

Also, veterinarians are taught to be problem solvers, so when something does not turn out the way we expect or when issues are not rectified immediately, something feels inherently wrong.

Additionally, while the conventional assessment methods we learn in school are valuable, the majority of them do not provide room or space to build certain fundamental skills used in everyday veterinary medicine.

And across the board, students are getting higher and higher grades, consequently becoming highly competitive veterinary school applicants. On the surface, these applicants may seem better qualified, but they may also have never experienced an academic setback, so their resilience may have never been challenged or encouraged to grow.

BUILDING RESILIENCE THROUGH UNDERGRADUATE EDUCATION: MY PLAN

In 2021, I designed an undergraduate course based on animal shelter disease, with the expertise of Dr. Sasha Protopopova (UBC Animal Welfare Program) and Dr. Emilia Wong Gordon (Haven Veterinary Services). The course embraces the problem-solving aspect of veterinary medicine, incorporates the population health component of animal shelters, and provides a taste of what a veterinary medicine degree involves.

As it is a final-year undergraduate course that revolves around problem-based learning rather than emphasizing memorization and regurgitation of details, anatomy and physiology are only reviewed when relevant. Topics covered rotate through different body systems and their associated canine/feline diseases, epidemiology, and shelter management of disease,

including outbreaks and judicious diagnostic testing.

The skills developed in the course extend beyond the classroom, with direct implications in herd health settings and for those who are interested in large animal practice and aquaculture. As you may know from experience, the solution is surprisingly not always “quarantine and isolate everything.”

Students' final project involves creating a digital infographic on a disease of choice, which needs to be easily understood by public stakeholders—emphasizing client-centered communication and the ability to present evidence-based medicine in bite-sized pieces.

Much of the course evaluation is based on case studies—real-world scenarios with varying levels of complexity. These range from evaluating an animal shelter's traffic plan during a disease outbreak to deciding what type and concentration of disinfectant to use against nonenveloped viruses, such as parvovirus.

Additional components of the course include guest lecturers from less traditional veterinary fields (disease epidemiology, shelter medicine) who offer fresh takes on what a DVM degree can offer. Also, via monitored discussion boards, students engage with controversial topics in the veterinary industry, such as raw food feeding, using their knowledge to develop and debate opinions that, for those who pursue veterinary medicine, will undoubtedly be rechallenged throughout their careers. Finally, the course concludes with a field day trip to a local animal shelter where all the concepts learned can be directly applied in practice.

Although I initially had to aggressively advertise the course to build interest, every subsequent class has filled beyond capacity without effort, suggesting a demand for more applied learning in the veterinary medicine field at the undergraduate level.

HOW WE CAN ALL NURTURE RESILIENCE

Over the past four years, I have learned that building resilience in students is not limited to the four walls of the classroom. While no single strategy can solve the challenges facing our profession, small, intentional actions can make a difference. Here are a few ways we can help strengthen resilience in future veterinarians:

- Engage in meaningful conversation with students about the cases you encounter—what makes you comfortable or uncomfortable about them?
- Emphasize client/team communication strategies—what tips have you learned over the years that help you develop trust?
- Going beyond simple laundry folding and cleaning of kennels (which, of course, have their own merit), challenge your volunteers and ask them, for example, why they think a certain disinfectant is used in hospital cleaning and not a different one. If their answers are not what you expect, stay curious and non-judgmental.
- Encourage the younger generation to start participating at an early age in outreach events (veterinary or non-veterinary). These events are not held for the purpose of garnering expressions of gratitude, which is a common misconception, but in recognition of the nature of outreach—that outreach is not a single event in time. Real relationships need to be built intentionally to develop the necessary trust that entwines a relationship.

At the core of these suggestions lie the values that nurture resilience: kindness, curiosity, and compassion. Being kind, curious, and compassionate toward the next generation of veterinarians strengthens the wellbeing of this profession that can be as challenging as it is rewarding. [WCV](#)

WCVM STUDENTS ATTEND OEPS IN LEXINGTON, KY

BY SHAWNA WILLIAMS, BSA

For several years, the WCVM has sent a group of students from its Equine Club to the annual Opportunities in Equine Practice Seminar (OEPS) in Lexington, Kentucky. This year, ten lucky WCVM equine enthusiasts attended OEPS 2025, August 29–31. With a respectable equine population in BC, it is no surprise that many BC students jumped at the opportunity of an educational trip to the “Horse Capital of the World.” I am thrilled to report that I was one of those with the privilege to go on the trip.

The idea behind OEPS is to provide veterinary students from across the US and Canada who have an interest in equine practice with insight into the various fields open to them upon completion of their DVM program. Attendees toured the esteemed Kentucky farms, veterinary practices, and the famous Keeneland Racecourse. Speakers at each tour stop shared insightful stories about the experiences that led them to their respective careers in equine medicine. Attendees found the speeches both inspiring and informative.

A major highlight was the wet lab experience. Students were split into small groups and given opportunities to practice hands-on skills with live horses, cadavers, or realistic models with oversight from highly trained equine clinicians. The wet labs offered included: how to perform an in-depth colic workup, tips and tricks for equine dentistry, proficiency with various forms of ultrasonography used by an equine clinician on a daily basis, and how to perform a thorough lameness exam. Wet labs gave students the chance to work on their clinical skills in a supportive environment. This was mine and several other attendees’ favourite part of the weekend. “My favourite part of OEPS was my lab. I was in the equine dentistry wet lab, and they did an excellent job providing hands-on experience. I got the opportunity to try new equipment for cleaning and evaluating teeth and learned tips and tricks for performing an oral exam and dental radiographs,” shared Hanna Wadlegger (WCVM class of 2027, BC).

On top of fun experiences and extensive learning, the weekend also allowed for valuable networking with future colleagues, students, and practices willing to support future professional development opportunities. Representatives from veterinary practices from many areas of North America were set up in booths ready to speak to students about externship and internship opportunities. There is no doubt that every WCVM student left Kentucky with connections that will serve them well down the road in their professional development as veterinarians. Every evening was rounded out with some laid back fun, including a dinner at Rood & Riddle Equine Hospital on the Saturday night and dinner at Hagyard Equine Medical Institute the following night. “The dinners were super fun, and I enjoyed getting to meet clinics from around the States and vet students from other colleges,” shared Hanna Wadlegger (WCVM class of 2027, BC).

Attendees from the WCVM gave rave reviews of the OEPS trip. Horizons were broadened and students were inspired to think limitlessly about careers in equine medicine. Kasey Keohone (WCVM class of 2027, SK) shared, “My favourite part about OEPS was seeing equine medicine in a larger capacity. I think we often forget how much can be done as many of the hospitals around us do not have the same capacity as the largest hospitals. Seeing the ability to manage more complicated cases and the individuals who are more specialized within equine medicine definitely gives you a better appreciation for the profession.”



The OEPS attendees from the WCVM class of 2027 at the seminar venue, Marriot Griffin Gate Golf Resort and Spa (Lexington, KY).

“SPEAKERS AT EACH TOUR STOP SHARED INSIGHTFUL STORIES ABOUT THE EXPERIENCES THAT LED THEM TO THEIR RESPECTIVE CAREERS IN EQUINE MEDICINE.”

Continuing education trips are valuable assets for veterinary students, and the OEPS trip is a great example highlighting that fact. WCVM students are lucky to receive an education that supports such opportunities. I encourage all veterinary students to take advantage of opportunities to attend labs, tours, and events outside of their core curriculum during their studies. I also encourage other industry representatives to continue their support of these opportunities. Supporting student development strengthens the development of future BC clinicians. [WCV](#)



Shawna Williams, BSA, WCVM class of 2027, is originally from Fraser Lake, BC. Before beginning her journey at 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.

PHOTOS SUPPLIED BY SHAWNA WILLIAMS

INTRODUCING THE NEW ONLINE FORM TO REPORT REPORTABLE OR NOTIFIABLE DISEASES IN BC

BY THERESA BURNS, MSc, PhD, DVM

The Office of the Chief Veterinarian (OCV) in BC is responsible for responding to detections of provincially regulated diseases (those listed under BC's Reportable and Notifiable Disease Regulation). The BC Animal Health Act requires reporting at the time of suspicion of a provincially reportable or notifiable disease. Although everyone has an obligation to report, we rely on veterinary professionals as our primary eyes and ears across the province. Historically, reports were submitted to the OCV via email or phone, which made it difficult to track previous submissions and monitor disease trends. As a result, responses to new detections often lacked the broader context of disease trends across the province.

For example, with frequently detected diseases such as John's disease, we could not reliably assess whether case numbers were increasing year-over-year, or whether the disease was more prevalent in cattle versus sheep. This lack of contextual data limited our ability to develop evidence-based provincial response plans.

To address this, the OCV transitioned in mid-2024 to an online reporting form that links to a centralized database, replacing the previous email or phone reporting method. This new tool offers the following benefits:

1. **Standardized reporting** across all submissions means that every report follows the same structure, regardless of who submits it. This consistency ensures that key information, such as species affected, clinical signs, location, and dates, is uniformly captured. It reduces ambiguity and makes it easier to compare cases across time and regions, which is essential for accurate surveillance and decision-making.

2. **Improved data quality for trends monitoring** is achieved through structured fields and built-in guidance within the online form. Reports are prompted to include critical epidemiological details, which minimize missing or inconsistent data. As part of the OCV's ongoing response planning, we also routinely monitor disease trends. For example, tracking the detection of Salmonella species in food animals allows us to proactively develop targeted response plans.
3. **Faster and more efficient access to information** for response activities is a major advantage of the centralized database. Our staff can quickly retrieve relevant reports, filter by disease or location, and access uploaded documents such as lab reports or medical records. This streamlined access enables timely follow-up and coordination, especially in urgent situations where rapid response is crucial to containing disease spread.
4. **Streamlined data management** makes it easier for the team to extract, analyze, and visualize information. Reports can be aggregated automatically, exported for statistical analysis, or integrated into dashboards for routine monitoring. This reduces the need for manual data handling and enhances our ability to generate evidence-based response plans and communicate findings to stakeholders.

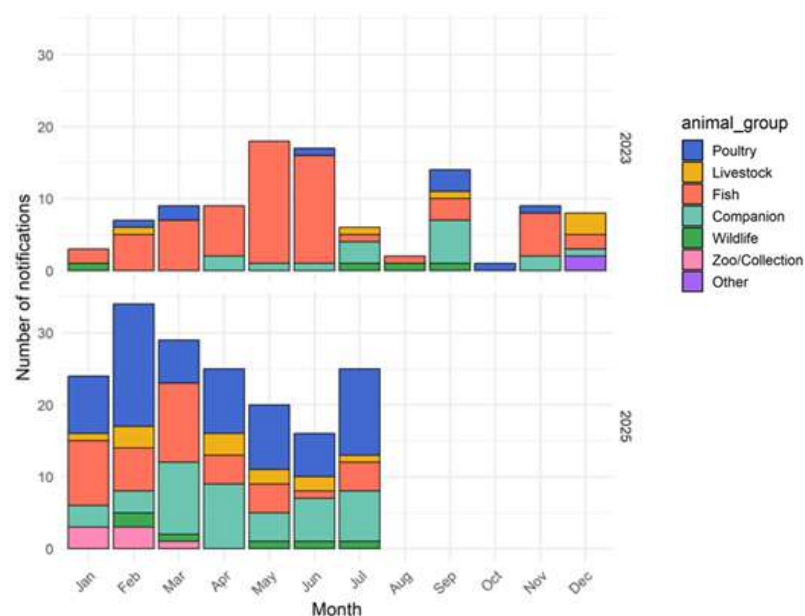


FIGURE 1: Number of submissions received by the OCV per animal group, 2023 and 2025 (as of July).

Anyone who has reasonable grounds to suspect that a reportable or notifiable disease has occurred must submit a report to the Chief Veterinarian within 24 hours.

Procedures and information requirements for submitting a report are described in the [Reportable and Notifiable Disease Regulation](#).

Submit a Report

FIGURE 2: The online form is accessible on the OCV website ("Reportable and Notifiable Diseases," Government of British Columbia).

The online form is accessible via the OCV webpage "Reportable and Notifiable Diseases" by clicking on the "Submit a Report" button (Figure 2, above). When submitting a report, please complete the fields as thoroughly as possible. For example, entering the date when clinical signs were first observed (or, if unavailable, the date of sample collection) in the "Date Noticed" field provides essential epidemiological information that helps guide the scope and urgency of the OCV's response. A file upload feature is available to attach relevant documents such as lab reports, medical records, or other supporting materials directly to the report.

There is also additional information on the online form for the most up-to-date protocols in less common situations. In cases of suspected foreign animal diseases (e.g., African Swine Fever), it is important to submit the report via the online form and follow up with a phone call to the OCV for immediate attention.

Since the launch of the online form, we have observed a significant increase in notifications compared to 2023. For example, while most reports in 2023 were related to fish, the 2025 data show a broader distribution across multiple animal categories (see Figure 1, previous page).

The OCV greatly appreciates the effort that submitters put into their reports. Your contributions help us protect BC's animal populations from both established and emerging health threats. Over the coming years, using the quality data we are now able to compile, we plan to do more reporting about regulated diseases in BC. If there is trend data about a specific regulated disease or syndrome that you want to learn more about, please let us know. And as always, veterinarians with concerns about cases that may involve a regulated disease or syndrome are welcome to reach out to the OCV team at Chief.Veterinarian@gov.bc.ca for guidance and advice.

Reportable and Notifiable Disease Regulation, Animal Health Act, BC Reg 7/2015. Retrieved October 27, 2025, from www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/7_2015

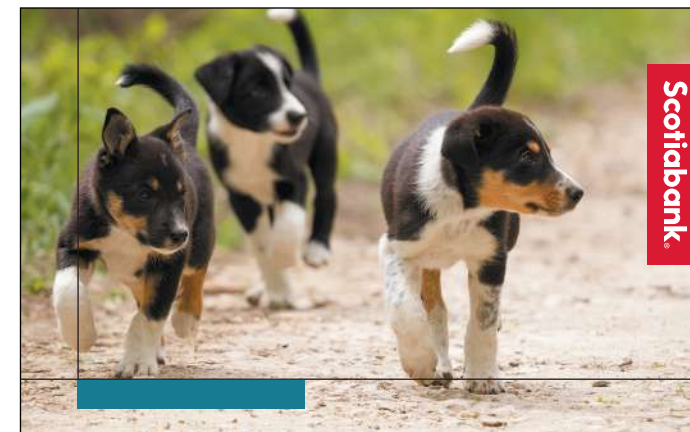
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Theresa Burns, MSc, PhD, DVM, is the chief veterinarian of BC, and is the former director of CAHSS. She is a veterinary epidemiologist and has experience working as a practising veterinarian in mixed, equine, and small animal practices. She received DVM and MSc degrees from the Western College of Veterinary Medicine and a PhD in epidemiology from the University of Guelph. Over her career,

Dr. Burns has had the opportunity to use methods from multiple disciplines to collaborate on complex issues at the interface of human, animal, and environmental health in Canada and in other countries. She is interested in understanding systems and stakeholder perspectives to develop real-world solutions to complex problems.



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West Coast Veterinarian's "A Year in the Life" is a four-part column written by one veterinary specialist about one topic that has four distinct life phases. Through the course of the year, each instalment highlights how this topic affect animals at a certain life stage and what veterinarians should know about how to treat it. This year's focus is canine internal medicine.

INTERNAL MEDICINE IN THE SENIOR CANINE

BY AMANDA BOOTH, BSc, DVM, MVSc, ACVIM (LAIM)

Dr. Booth's practice focuses only on small animals.



When a dog's file is four inches thick, you know she's lived an interesting life. Mindy was rescued from my client's daughter, who was unable to care for her. At the time, this six-year-old intact female Chihuahua cross weighed just 1.6 kg, with a body condition score (BCS) of 2.5/9, and had recently weaned a litter of pups. While visiting her daughter, my client saw that Mindy was in dire shape—and in danger of imminent death. She wasn't eating, was severely underweight, and was severely dehydrated. Initial bloodwork at the emergency practice showed ALT, ALP, and GGT levels too high to measure, with bilirubin at 65 umol/L (normal 0–15). She also had a moderate neutrophilia and mild monocytosis and presented with diarrhea. Her clotting profile was normal.

Mindy was treated with IV fluids, IV cefazolin, and supportive care, and she rebounded reasonably well. She was transferred to our practice, where fluids and antibiotics were continued and liver support medications (Hepato Support, EFA supplement, and vitamin E) started. Once Mindy was somewhat stabilized, abdominal ultrasound was performed, revealing nonspecific liver changes. The gall bladder had some sludge but showed no definitive changes to indicate surgery. We consulted our local surgeon about whether exploratory surgery would be appropriate to further evaluate the gall bladder and obtain liver biopsies, but Mindy was so frail that the significant risk of anesthesia in a dog so small and ill was considered to outweigh the potential benefit of pursuing a definitive diagnosis. Because there was no evidence of gall bladder obstruction, ursadiol was added to her treatment protocol.

Mindy continued to have a very poor appetite and was extremely frail. Financial constraints initially precluded a follow-up ultrasound, and her liver enzymes continued to be extremely elevated. She was ultimately started on prednisolone as a last resort due to a poor response to other treatments, to which she responded very well, with the liver enzymes and bilirubin

“THE OWNERS AGREED TO ANOTHER ULTRASOUND AT THAT TIME, WHICH IDENTIFIED A GALL BLADDER MUCOCELE, WITH SUSPICION OF RUPTURE OR IMMINENT RUPTURE.”

gradually improving to almost normal levels. A year later, Mindy's bloodwork showed a normal total bilirubin of 1.3 umol/L (normal 0–5.13), ALT 316 IU/L (was initially >3000 IU/L; normal 18–121), AST 74 IU/L (normal 16–55), ALP 104 IU/L (5–160), GGT 25 IU/L (0–13), and her resting bile acids were only mildly increased at 25 umol/L (normal 0–7). She was on prednisolone 1.25 mg every other day and had gained weight to 2.5 kg (from 1.6 kg on first presentation) and had a BCS of 5/9. By 18 months after initial presentation, all of Mindy's bloodwork tested normal, except for a very mild increase in ALT at 135 IU/L.

She remained stable clinically and on clinical pathology for another 6 months, while on liver support medications and low-dose prednisolone. However, she then presented “not quite right,” with a pickier appetite and lower energy. Repeat bloodwork at that time showed a recurrence of increased liver enzymes and bilirubin—AST 142 IU/L, ALP 1984 IU/L, GGT 72 IU/L, and bile acids 63.6 umol/L.

The owners agreed to another ultrasound at that time, which identified a gall bladder mucocele, with suspicion of rupture or imminent rupture. Although the prognosis was guarded because Mindy was so tiny and, despite improved weight and BCS (2.6 kg and 4.5/9, respectively), she was still quite frail, the owners chose to proceed with surgery for the gall bladder mucocele. Surgery was challenging, and there were problems maintaining stable anesthesia, but Mindy—the fighter that she was—survived. An esophageal feeding tube was placed postoperatively (the significance of which became apparent later). She remained under 24-hour care for three to four weeks after surgery and had some issues with regurgitation around the feeding tube.

Ultimately, Mindy rebounded and did well, though she was unable to eat solid food for the remainder of her life due to esophageal stricture, presumably secondary to the reflux. Fortunately, the owners were very committed to her wellbeing and were willing to home cook and purée her food.

Once she recovered from her gall bladder surgery, Mindy's rebound was remarkable—her liver parameters decreased to normal and she felt better than she ever had, making it possible to completely wean her off the prednisolone, though the owners continued Hepato Support long term. She was kept on cisapride to reduce her reflux tendency, and her diet was closely controlled to avoid foods that would obstruct her esophagus. Mindy did extremely well for almost 10 years after her cholecystectomy. At the age of 15, she required a major dental procedure, but again rebounded very well. She developed arthritic pain by 12 years old,

which was controlled initially with Cartrophen, but later required meloxicam then Librela to keep her comfortable.

In 2024, when Mindy was 17 years old, her housemate (and son) passed away, and his loss deeply affected her. She became quite anxious for several months, and during that time, she also seemed to develop some cognitive decline. The owners felt that her hearing had deteriorated, potentially contributing to her decline, so a referral to the neurologist was pursued. Brainstem auditory evoked response (BAER) testing, however, was normal, ruling out major hearing loss and raising suspicion that she had suffered a small stroke. MRI was discussed but not performed, feeling that it would unlikely change her options. Treatment was therefore supportive.

In January 2025, at the age of 18, Mindy developed urinary incontinence. Urinalysis and culture ruled out infection, but her urine was diluted (USG 1.018) and her bloodwork showed a mildly elevated creatinine for the first time at 141 umol/L (normal 44–133) and elevated BUN at 24.9 mmol/L (normal 3.2–11.0). Due to her esophageal stricture, Mindy had been fed a homecooked, blenderized Balance.It diet for many years, so the recipe was switched to one designed for early-stage renal disease. The owners were willing to manage her incontinence (likely secondary to polyuria/polydipsia, combined with age-related sphincter weakness) with diapers, though the option of trying phenylpropanolamine for symptomatic relief was discussed. Mindy remained stable for the next few months but then developed anorexia, vomiting, and diarrhea. She was presented to the emergency hospital, where abdominal ultrasound was performed. Unfortunately, multiple problems were identified, including a mass on the right kidney, possible renal carcinoma, pancreatitis, and diffuse hepatic changes consistent with inflammatory hepatopathy.

Due to her advanced age and the multiple problems, it was decided that humane euthanasia would be the kindest option for Mindy.

Though Mindy is no longer with us, she was a testament to the fact that even with a tiny patient—who at the age of six was deathly ill and would not have seen her seventh birthday without extremely committed owners—it can be worthwhile to pursue all avenues. Mindy lived a very long and, for the most part, very happy life, giving her owners 12 extra years of joy despite all odds.

Mindy is still missed by all who knew her. For someone so small, she taught all of us the power of determination and the will to live. [WCV](#)



“YOU KNOW YOU’RE
DOING IT RIGHT IF YOU
HAVE A HEALTHY DOSE
OF UNCERTAINTY ABOUT
YOUR CAPABILITIES.”

BUYING A VETERINARY PRACTICE: THE STEPS WE DON’T TALK ABOUT (BUT SHOULD)

BY HEATHER JAMES, DVM

Last year, when I decided the next phase of my career would be practice ownership, I knew little about the process. I had friends who had built beautiful new hospitals from scratch, but very few who had bought existing ones. People often describe ownership as a labour of love. I argue that the mechanics of buying are a labour of labour—and knowing that makes it deeply rewarding.

This labour entails more than the physical work of running a practice and providing medical care. It looks like setting up relationships with an accountant, a lawyer, a banker, and a financial planner, ideally ones who understand the veterinary profession and how hospitals run. There are spreadsheets, loan applications, leases, and licenses. But there’s also work that we, as DVMs and RVTs, are uniquely gifted to do: the human work rooted in collaboration, meaning, and compassion. Below are steps that I think deserve just as much attention as the formal business plan.

COLLABORATION OVER ISOLATION

You’re better off figuring out what you can do in collaboration compared to what you can do alone. We all know we’re better clinicians when an RVT is by our side. A road trip is better with a friend. Workouts are easier with a gym buddy. Yet somehow, as owners, we feel pressure to go it alone.

I chose a partnership with an RVT/CVPM so we could each take the reins for different steps. The balance of medical expertise and operational know-how kept us both grounded. I am lucky enough to have both a spouse who is an entrepreneur and a close friend who has run her own businesses. Self-employment is a ride, sometimes a nauseating one, and having someone to hold onto (literally and metaphorically) makes all the difference.

If you don’t have a formal partner, assemble a small advisory circle—a DVM or RVT mentor, a business friend, a financial advisor, and someone who knows the local community. This group won’t sign legal documents, but they will keep you honest, curious, and less isolated. When I couldn’t write a business plan, these people handed over templates and experience, literal maps that saved me hours of stress.

ACKNOWLEDGE THAT IMPOSTER SYNDROME IS PROOF YOU’RE GROWING

You know you’re doing it right if you have a healthy dose of uncertainty about your capabilities. There’s no possible way you’re going to feel completely equipped or competent when the adventure is brand new. There’s also a good chance you are doing things differently than the people who taught you in the past.

When that doubt crept in for me, I reached out for mentorship—from other veterinarians as well as a financial planner who reassured me that no one feels ready the first time. Learning to sit with discomfort is part of the process. Ownership asks us to work out new muscles, mainly courage, delegation, and decision-making. These aren’t things that we were taught in veterinary school, but they are critical now.

Even after the dust had settled from the sale, I found great benefit in hiring a leadership coach. This allowed me to better understand myself and my past, what I value, how I want to be there for others, and what I want for myself in the long term. From this, I was able to design a trauma-aware, decolonized mentorship program that will continue to help others and give me more meaning in what I do. Coaching gave me language and bravery; it’s also the reason I can share my story openly and write pieces like this.

Remember to keep reaching out and be open to others reaching out to you. Notice and celebrate wins. Reframe mistakes and things that did not go so great as learning experiences.

MAKE AN ACTUAL LIST OF YOUR TRANSFERABLE SKILLS AND EXPERIENCES

Use this list to argue back at your inner critic. When I looked back at the evolution of my career there was more than I remembered:

- I have stayed up late at night scared and tired, yet dedicated to a cause.
- I have worked in close collaboration with people I admired and some who didn’t fit so well with me.
- I have experience with uncomfortable conversations around costs.
- I am very capable of learning something new every day. In fact, if I told “new-grad me” some of the skills I’ve gained, she’d think I was pretty amazing.
- I’m good at staying on schedule.
- I’m great at setting expectations with clients.
- I’m perpetually improving at having hard conversations with clients and listening to what they need.

- I practiced full-time throughout the pandemic and handled what came with that.
- I have mentored multiple new veterinarians and RVT students.
- I have written hundreds of protocols.
- I have stepped into roles that scared me.
- Even when I thought errors and failures would finish me, I made it through.

Aside from those we gain throughout our careers, we accumulate skills and experiences outside of work that are also incredibly helpful. Remember, these are some of the things that got you through that terrifying veterinary school entrance interview. My years of volunteering, carrying out research studies, and creating art are useful to me daily.

All of these items can be flipped into ownership strengths. Maybe you're great at problem solving, or at calming clients in crisis, or at making practical, fast decisions. Be your own cheerleader, not your critic.

GET REAL ABOUT MONEY (AND YOUR MONEY STORY)

I'll be honest, the hardest parts of ownership have almost always been around money. Not the spreadsheets, but the emotions attached to each line item. While budgeting, inventory, and profit and loss reports can be learned, I found myself tripping over deeper patterns when it came to things such as pricing, wages, discounts, and ethics of care.

Your money story comes from life, family, relationship, and cultural experiences. It becomes a deeply ingrained set of beliefs that then change how you behave and feel around financial decisions and conversations. My own story has resulted in financial avoidance and fawning behaviours. As an associate, this is manageable; as an owner, it's a problem.

One example of a troublesome financial behaviour is how I navigated estimates and billing with pet owners. Historically, I would find the lowest cost option, offer freebies, and still feel terrible about the cost, then hand the estimate to anyone else to review with the pet owner and run far, far away. Now, not only do I perform work that costs money for pet owners, but I also have a part in setting fees. I mentor staff on how to have those conversations, and I resolve disputes about money. Of course, I wish we could all do this for free. I also want to pay staff better and keep my business viable. I've sought out strategies to no longer fear money conversations: spectrum of care and a team approach in which pet owners are integrated into care decisions. It's no longer me against the client; it's me and the client against the medical condition. Once we find that shared ground, it gets easier.

Learning how to work through this has been and still is an expedition, one where I have to listen deeply to my own voice as well as my community. I've stopped listening solely to people who ran hospitals in a different era or who base decisions on "how it's always been done." Instead, I seek perspectives from outside the profession, invite friends to challenge me, and constantly ask *why* I do what I do.

DEFINE THE DIRECTION

Think about how you want your business to evolve—for yourself and for the kind of culture and impact you want for the profession as a whole. I think this is perhaps the most important part of ownership, especially now, with what we've all been through over the past five years.

**“I WANTED
TO INCREASE
ACCESS TO
CARE AND
ROOT MYSELF IN
COMMUNITY...”**

It was important to me that I create a culture of learning, collaboration, and psychological safety. I wanted to increase access to care and root myself in community, while reimagining how veterinary professionals are treated and compensated. I also wanted to offer pet owners options that fit their circumstances rather than a one-size-fits-all approach.

Ownership gives you a unique kind of power: you shape the experience of your team, the quality of care in your community, and the future direction of the profession. Every morning, I ask myself, “What relationship do I want with veterinary medicine?” and “Am I being a good steward for my profession?” Those questions guide hiring, clinical protocols, scheduling, and decisions about which local partnerships we pursue.

CHOOSE HOW TO TAKE UP SPACE

The world is crowded. Rents are high, utilities are expensive, the internet is noisy, and other businesses are encroaching on our profession. Everyone seems to have an opinion on how to do the work of a veterinarian, even if they aren't a veterinarian.

I've chosen care options with less overhead and redesigned my space to use it wisely. I've made my hospital a safer and calmer experience for pets and their families. I'm making decisions that help the care team do their best work.

The great thing about being an owner is the ability to decide how (or if) to show up online. One thing I know about myself is that I don't have the chops to aggressively compete with others or go online as yet another veterinary medicine influencer. My philosophy has always been to show people who I am and what I do best and let that stand for itself. Our profession, and the online space, desperately needs authenticity and humanity. We also need these things to create safe, supported, sustainable careers for those who work with us. I'm grateful to those who love showing up online in this way.

ONE FOOT IN THE PAST, ONE FOOT IN THE FUTURE

The legacy of a hospital is strong. Whether you see it as an advantage or a challenge, the work of the previous owner and care teams, as well as their relationships in the community, are a gift and a responsibility. The reason I had a full schedule on day one was because of that legacy.

Respecting that history while communicating your vision is an art. I make space to speak about those who came before me, to thank them publicly, and to be transparent about my plans. I also try to build bridges with other practices, not walls. I imagine a profession in which colleagues collaborate rather than compete—there are big barriers to this, but I believe we can change the culture by modelling it.

THE PRACTICAL STUFF

This one caused me more stress than I anticipated: get every password, contract, floor plan, and account number before the handover. It's easy for a previous owner to hand over keys and walk away, but you can't do much when you're hunting down a lab portal login or the Facebook admin account.

Here's a compact handover checklist I wish someone had given me:

- ☐ Administrative access (electronic medical records, lab portals, social media, website hosting)
- ☐ Financial documents (payroll vendor, outstanding invoices, point of sales details)
- ☐ Legal and contracts (lease, service contracts, supplier agreements)
- ☐ Physical infrastructure (floor plans, equipment manuals, maintenance histories, warranties)
- ☐ Human resources details (employee files, benefits info, job descriptions, human resource manuals)
- ☐ Community relationships (supplier contacts, local referral vets, shelter partnerships)
- ☐ Brand assets (logos, imagery, domain details, marketing materials)
- ☐ Standard operating procedures (intake flow, surgery prep, inventory protocols, cleaning schedules)

Ask for digital copies and save them in a secure, backed-up place before you close the sale. Also negotiate a transition period with the seller. Time to ask questions while they're still available is priceless.

FIND THE JOY AGAIN

Before I chose self-employment, I found myself running fast for the sake of running fast. I'd drifted away from the values that drew me to veterinary medicine in the first place and wasn't taking advantage of my creative side or listening to my inner direction.

There is, despite the hard work, a lot of joy in ownership. I got to design a new logo, help craft online content that actually speaks to my values, and write job ads that aren't boring. I've watched team members grow into roles they didn't think they could fill and heard clients express relief when we offered a flexible plan that kept their pet at home instead of sending them many hours away to an emergency clinic.

There are still late nights and tough days; that won't change. But there's also a deep satisfaction that's hard to describe. It's the steadiness of waking up and building something that aligns with who you are and the future you want for our profession. **WCV**



PHOTO BY KIT (FORMERLY CONVERTKIT)/UNSPLASH.COM

RETHINKING EAR DISEASE IN VETERINARY MEDICINE

BY SUE McTAGGART, DVM, FAVD

“...I SOON BEGAN NOTICING MIDDLE EAR PATHOLOGY VISIBLE ONLY ON THE THREE-DIMENSIONAL CBCT SCANS.”

Six years ago, when the first veterinary cone beam computed tomography (CBCT) scanner arrived in Canada, my eyes were opened (Image 3). Being focused on dentistry, I initially concentrated my use of the scanner on dental pathology, but I soon began noticing middle ear pathology visible only on the three-dimensional CBCT scans. Various forms of ear disease appeared repeatedly and could not be ignored.

So, when a four-year-old chocolate Labrador Retriever, who had been crying out in pain nightly, was referred for root canal therapy on a fractured tooth—but continued to cry out after the tooth was treated—I referred the dog to a dermatologist. The plan was for the dermatologist to diagnose and treat what our images indicated was an opacified middle ear (Image 2, Image 4). During the dog's dental anesthesia, we had also noted a bulging left tympanic membrane (Image 1). After examining the dog, the dermatologist referred the case to a surgeon for a total ear canal ablation (TECA). Following the surgery, the dog stopped crying, but permanently lost hearing in that ear.

Histology revealed that it was a polyp (a non-cancerous growth) that could have been diagnosed with CBCT and oto-endoscopy and treated using a tympano-meatal flap, a minimally invasive technique known as trans-canal endoscopic ear surgery. While human ENT practitioners routinely use this approach, the veterinary profession is only beginning to adopt it as a less invasive alternative to complete ear canal removal. However, practitioners must remain aware of the complications that frequently arise from the more commonly practiced, less-invasive procedure known as myringotomy. Ear diseases can progress from minor issues to end-stage conditions as a result of repeated myringotomies.

IMAGE 1: Clinical view of the patient's bulging left tympanic membrane.

PHOTOS SUPPLIED BY SUE McTAGGART



IMAGE 2: Four-year-old patient receiving TECA for a polyp.



IMAGE 3: CBCT reveals previously hidden pathology.



IMAGE 4: Density in the left middle ear revealed by CBCT.

“SADLY, I CANNOT THINK OF ANY VET SCHOOL I CAN REACH OUT TO IF I HAVE EVEN A BASIC QUESTION ABOUT EAR CONDITIONS OR TREATMENT OR ANY TECHNIQUES TO PERFORM SURGERIES.”

The photo group in Image 5 illustrates just a few of the many cases with such complications that Dr. Munir Kureshi has encountered in his practice over the past two years. According to Dr. Kureshi, these ears would have fared better if they had been left alone, which emphasizes the need for education about ears, their diseases, and appropriate treatments.

Much to my surprise and joy, after voicing my frustrations, I was invited to join a new group called vENT (veterinary ear, nose, and throat). The group was formed by a dermatologist to support the profession in diagnosing ear, nose, and throat disease and to discuss better treatment options. A significant deterrent for practitioners—including dermatologists and surgeons—is the need for specialized equipment such as CBCT scanners and endoscopes, as well as training in their use for diagnosis and treatment in small animals.

vENT, which I jokingly call “veterinary Ear Nerds Together,” communicates primarily via a listserve email system. The group will meet in person for the first time at the University of Victoria, June 13–14, 2026, and will also provide lectures and wet labs for veterinarians. The ringleaders of this new group include:

- **Dr. Mike Canfield**, a board-certified dermatologist from Florida, who, several years ago, was the recipient of the first CBCT unit made for animals by Xoran. He began combining CBCT with otoendoscopy, CO2 surgical laser, and cryosurgery to save more ears. Dr. Canfield has organized seminars and labs to, as he puts it, “raise the bar” in veterinary medicine and teach new skills. Dr. Canfield will be overseeing the seminar in Victoria next June.
- **Dr. Munir Kureshi** of California shares Dr. Canfield’s passion and enthusiasm for ears, and the two often collaborate on cases. Dr. Kureshi trained under a human ENT practitioner in England, learning to diagnose and treat ear conditions using CBCT and endoscopic examinations. Reflecting on his experience, Dr. Kureshi says:



IMAGE 5: Photos of diseased tympanic membranes seen by Dr. Kureshi over the past two years.

“It is interesting how dentistry evolved in veterinary medicine. When I started as a veterinarian, old Dr. Brown would tell pet owners that when dogs get old their teeth would get infected and fall out. According to him it was a natural aging process. At the most, he would chip off thick tartar with his thumb nail, get some gauze and Ajax and polish teeth. You probably hear how much pet’s quality of life changes after proper dental work. It is the same comment I hear when ear problems get treated. It all starts from the ground up. Teaching institutions need to educate the students, and once the concept of proper ear care becomes routine and pet owners understand quality of life includes not only good diet, vaccines, and exercise, but that dental and ear care are equally important, then we might not have to educate owners as much. Dentistry is a step ahead of otology. To treat anything, you need to know what you are treating, and it is the same with ears. Ear anatomy and physiology is hardly taught in veterinary schools, let alone education about ear diseases, techniques to handle varieties of conditions, etc. Sadly, I cannot think of any vet school I can reach out to if I have even a basic question about ear conditions or treatment or any techniques to perform surgeries. All roads lead to either infection, allergies, or TECA. There is so much more than that with diseased ears. In my practice, all three make up less than 5 per cent of the diagnoses. I remember a comment made after our course was presented in Vegas. A participant said they learned a lot more about the ears in two days than what was available in four years of vet school. I am so glad that Sue and Mike are working on putting an educational event together. Hopefully it will be a yearly event by vENT down the road. We have a long way to go, and I am so glad we are starting at last.” Dr. Kureshi will also be lecturing and teaching at the Victoria event in June.

- **Professor Mahmood Bhutta**, or “Mood,” a human ENT surgeon specializing in otology at the university hospitals in Sussex, England, has lectured internationally and initially got the ball rolling by mentoring Dr. Kureshi. Regarding the automatic performance of TECA, Mood emphasizes, “Remove the disease, not the organ.” He has committed to helping vENT move forward with teaching and mentoring veterinarians at the Victoria event.

The dedication and expertise of this group—composed of veterinary and human specialists, as well as general practitioners with special knowledge—demonstrates a passion and concern for discovery and treatment of ear disease. Their work serves to truly “raise the bar” (and my pride) in our beloved veterinary profession.

To learn more or register for the June 2026 seminar, contact us at deanparkpet@shaw.ca and visit www.entvets.org. **WCV**

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WHY YOU SHOULD UNDERSTAND CONCUSSIONS IN BC'S VETERINARY WORKPLACES

BY STEPHANIE SWAIN

WorkSafe BC statistics of the veterinary classification reveal that 75 workplace concussion claims were made between 2019 and 2023. While these accounted for 12 per cent of the total claims, their associated costs were 30 per cent of the total payments, reflecting the seriousness of concussions compared to other workplace injuries.

Concussions can have serious consequences in veterinary workplaces, where physical activity, animal handling, and unpredictable environments increase the risk. In BC, veterinary professionals must be equipped with knowledge and protocols to effectively understand, prevent, identify, and manage concussions.

UNDERSTANDING CONCUSSIONS

A concussion can result from a forceful blow to the head or body or a sudden jolt of the neck and head, causing the brain to shift or move within the skull. In veterinary settings, risks include:

- Slips, trips, and falls in wet or cluttered areas or from an elevated surface
- Falling objects from shelves or equipment
- Being knocked over while restraining or moving an animal

PREVENTION STRATEGIES

Preventing concussions starts with proactive safety measures such as:

- Clearing walkways and workspaces to reduce slip and trip hazards
- Using a proper step stool for tasks that require extra height (never stand on a chair, which can easily tip over)
- Training staff on animal behaviour and safe restraint techniques
- Maintaining equipment and facilities to prevent falling objects or structural hazards

IDENTIFYING CONCUSSIONS

The Concussion Awareness Training Tool (www.cattonline.com) is a valuable resource that offers an assessment tool and an online course, enabling both workers and employers to access evidence-based guidance for effectively recognizing, responding to, and managing concussions in the workplace.

Prompt reporting of suspected concussions is critical. Early medical assessment (ideally within 72 hours) has been shown to improve recovery outcomes.

RETURN-TO-WORK RESPONSIBILITIES

When a person has a work-related concussion, WorkSafeBC may refer them to their network of Early Concussion Assessment and Treatment (ECAT) providers in the initial weeks following their injury. Returning to work after a concussion is a shared responsibility—both employers and workers are legally required to work together to ensure the worker's safe and timely return to work following a workplace injury. This includes sharing relevant information, participating in planning, and making reasonable efforts to accommodate recovery. Early, collaborative planning improves outcomes and reduces long-term disability risks.

FINAL THOUGHTS

Concussions impact workers in BC's veterinary sector. By prioritizing prevention, becoming aware of the symptoms and signs, and supporting recovery, veterinary workplaces can protect their teams and ensure safe, sustainable practices.

AgSafe's Certificate of Recognition (COR) program encourages workplaces to assess risks before injuries happen. COR is a formal acknowledgment of health and safety management systems that meet industry standards. For more information about AgSafe, visit www.AgSafeBC.ca.

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



Stephanie Swain is the Certificate of Recognition (COR) Program Manager at AgSafe BC. She grew up in the Fraser Valley, surrounded by the diverse agriculture of the area. Stephanie has a background in Marketing and Hospitality Management from Douglas College, which led her to Conference Service Management. Over the years, she coordinated numerous health and safety conferences and events, which made her familiar with various associations like AgSafe BC. In 2015, Stephanie joined the team at AgSafe BC as the COR Program Administrator. While maintaining and helping to develop the COR Program, she has really enjoyed the interaction with all the different sectors of the agricultural industry and learns something new about health and safety every day.

PHOTO BY ANNA STORUL/JINSHI.COM

SHIFTING LANDSCAPES: INCORPORATING ENVIRONMENTAL SUSTAINABILITY INTO YOUR PRACTICE AND AN INTRODUCTION TO GREEN CLINIC CERTIFICATION

BY MARY VON DER PORTEN, BSC, MRM, DVM

Traversing the post-fire landscape.



The mountain bluebirds brought my family joy every spring when they returned to make their nests in the West Kootenay valley near our home. The arrival of these bright blue creatures felt like a rare and intimate communion with nature—a quiet reminder of the beauty of the environment they chose to visit. This honour ended with the forest fires of 2024, which scorched much of the valley, shifting the lush, forested landscape we knew into ash and blackened trees. Thanks to the efforts of wildland firefighters, many structures were saved and the spread slowed, and for that I’m grateful. Yet I continue to mourn the loss of the great nesting habitat and the many wild animals I have yet to see return.

As a veterinarian who spends every day protecting and caring for animals, losing the wildlife I hold dear has been a sorrowful experience. With large areas of the forest razed to the ground, local communities of people and animals await regrowth in a decades-long test of patience and resilience. This personal experience of wildfire and climate-related loss is the reality of climate change in BC.

Many of you share this firsthand experience with climate change directly affecting daily life. Whether it was the atmospheric river flood in BC’s Fraser Valley, the wildfire that jumped expansive Okanagan Lake, the heat dome that resulted in massive aquatic species loss, the decimation of Lytton by wildfire, or any of the multitude of other extreme weather events, you may feel the loss alongside me. I regularly wonder what our province will be like for my children and grandchildren and what will happen to the wildlife and natural habitats we treasure. The decline of

stable ecosystems stemming from the burning of fossil fuels and associated heating of the earth’s atmosphere, has long been predicted by climate scientists and observed by Indigenous knowledge holders. That thought, alongside the overnight status of my latest splenectomy patient, keeps me up at night.

However, my climate anxiety motivates me to make positive change, and I truly believe that as a veterinarian I can be part of a solution that slows carbon emissions, plastic pollution, and habitat destruction. I see veterinarians as a key part of this positive and, frankly, exciting effort to minimize the extent of climatic heating and environmental degradation. Veterinary teams are action-oriented and committed to leaving a positive legacy. Together, we can envision a future where wildlife thrives in natural habitats, where the air is clean to breathe, and where fresh water still invites a summer cannonball. Green changes will also save your practice money, help with staff retention, and be good for your patients and the earth.

Like many early- to mid-career veterinarians, I work for a corporate group. When I came to them years ago and asked to create a sustainability plan, I was given a license to recommend changes that would make our practice both more environmentally responsible and more financially efficient to operate. It sounds simple, but challenging people

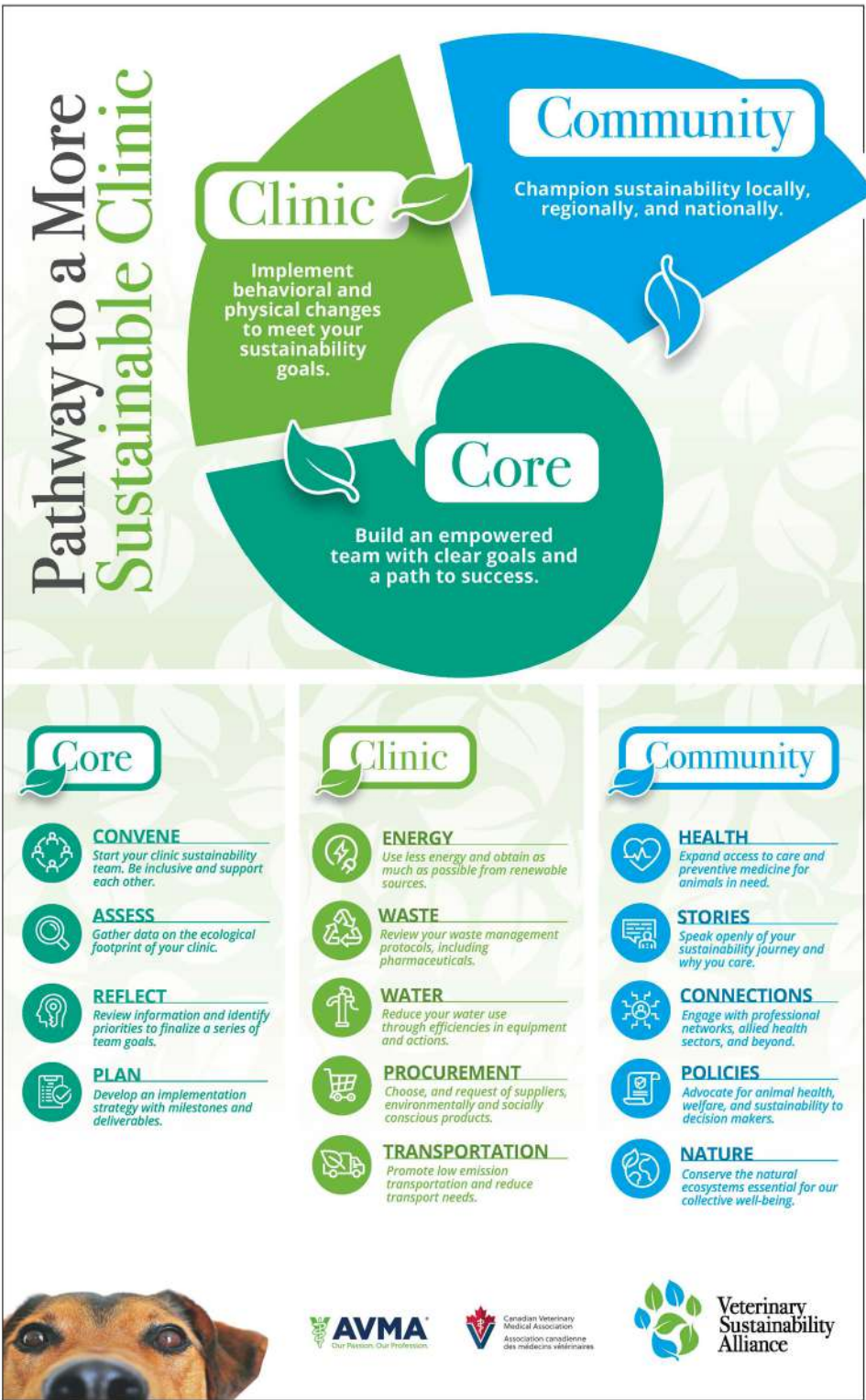


IMAGE 1: “Pathway to a More Sustainable Clinic.”

for veterinary teams is the “Pathway to a More Sustainable Clinic” (Image 1). Created by the VSA for the CVMA and AVMA, the Pathway offers a practical entry point for any practice to envision its greener future. The model is simple, effective, and applicable to any type of practice, be it corporate or private, small or large animal, mobile or a referral specialty. It also allows for creativity, originality, and leadership—all skills veterinary teams inherently excel at.

The Pathway’s three main steps:

1. Core: Create your team and design your unique plan for action.
2. Clinic: Create green change that will work in your practice.
3. Community: Share what you’re doing with others—your clients and team members will love it!

to change habits can be shockingly difficult. Change from status quo is hard at all levels of practice—from kennel staff to management. For corporate and management teams, financial savings can be an effective incentive, and when paired correctly, cost savings and carbon reductions align well. Through trial and error, in my effort to support the cleanest, greenest practice possible, I discovered a key ingredient for success: a willing team to lead the changes. Like slowing climate change, this work can’t be done alone.

On my journey of environmental advocacy in veterinary medicine, I came across the CVMA’s “Green Practice” document. Already a decade old by the time I discovered it, I was nevertheless impressed and inspired. The document’s menu of “go green” options were very helpful. Since the creation of that resource there has thankfully been a small explosion of organizations supporting veterinary practices in making environmentally responsible changes (see Appendix). Furthermore, the CVMA has made environmental sustainability initiatives a priority for 2025, a critical step toward ensuring veterinarians are societal leaders at this time of climate crisis. As an aspiring “green” veterinarian, I’ve found partnership as a CVMA Sustainability Advisory group member and more recently as a Director with the Veterinary Sustainability Alliance (VSA)—a cross-border team of Canadian and American experts advancing effective climate solutions for veterinarians. I’m inspired to keep supporting this work and to continue finding ways to help veterinarians be leaders in this area.

For those thinking about being part of this change, a helpful guide

I'm also pleased to introduce the coming "Green Paw Certification Program," created by the VSA—an evidence-based certification program that provides the resources and checklist you need to go green. Now you can receive public acknowledgement for your environmental improvements and capacity for change. Changing how we practice day to day is a challenge, but other certification programs, such as American Animal Hospital Association accreditation and Fear Free certifications, have made a significant impact in veterinary medicine in Canada. Similar to those programs, Green Paw is based on peer-reviewed science and offers impactful solutions.

Starting this winter, veterinarians will be able to apply for Green Paw status, which recognizes the environmentally responsible work they do. Become Green Paw Certified! The actions of individual veterinarians have impact beyond the carbon reductions and money saved—your leadership in sustainability will make ripples within the profession.

From a practical standpoint, here are some of my favourite changes you can implement at your practice, which save both money and resources:

- **Go reusable:** Reusable gowns, caps, drapes, wraps for packs, and other such items last longer and can be safely sterilized to maintain impeccable hygienic standards. Your garbage and plastic output will drop dramatically, and the cost of washing them is well worth it.
- **Turn down your anesthetic gas—or better yet, turn it off:** With effective sedation, pain control, good local blocks, and an efficient surgeon, very little inhalant gas is often needed. Inhalant anaesthetic gases, such as isoflurane and nitrous oxide, have a global warming potential (potency as an agent of climate change) hundreds of times higher than that of carbon dioxide.
- **Make building changes:** Switch to LED lights, heat pumps, low-flow taps, and even hand dryers. Buildings are responsible for a large amount of carbon emissions. While we're lucky in BC to rely primarily on hydro power, reducing energy use still lowers carbon output and saves on operational costs in the long term. There are also many subsidy programs out there—check with your power supplier for information.
- **Reconsider your purchasing decisions:** Make environmentally friendly choices when you purchase products, such as choosing peroxide-based cleaning products and eco soaps, and avoid excessive bleach and chlorhexidine use. Ask your supplier to send reusable bins with each order and reduce deliveries whenever possible.

It would be easy for me to stop pushing green practice initiatives and resign myself to enjoying more bike rides in my free time, but I desperately want to be part of the solution. The precious mountain bluebird may not return to nest near us for some time, and I hope it finds another intact forest habitat in the meantime, but while I was preparing this article, I heard the call of a nighthawk for the first time since the fire. It was building its nest on the rocky slopes and enjoying the smorgasbord of insects from the burnt trees. Hearing this bird brought me both joy and resolve. Like the creatures we love, we also can be resilient—we can make the most of the future we have before us, whatever may come.



The author finds creative, carbon-free solutions for commuting to work with her little dog.

“ASK YOUR SUPPLIER TO SEND REUSABLE BINS WITH EACH ORDER AND REDUCE DELIVERIES WHENEVER POSSIBLE.”

Organizations leading in sustainability efforts in veterinary medicine:

Veterinary Sustainability Alliance. Find free resources, a carbon calculator, and the Green Paw Certification program and sign up for our newsletter: www.veterinariansustainabilityalliance.org

CVMA. If you're a member, you're already part of the change. Check out CVMA's sustainability goals: www.canadianveterinarians.net/about-cvma/latest-news/cvma-sustainable-veterinary-practice-initiative. And get four hours of free Continuing Education on the topic, created by VSA and CVMA: www.canadianveterinarians.net/about-cvma/latest-news/recorded-webinar-sustainability-speaker-series-1-let-s-talk-environmental-sustainability-veterinary-medicine.

Vetsustain. A UK-based organization with great courses to enhance your sustainability know-how: www.vetsustain.org.

AVMA. Check out its "Climate Change and Related Sustainability Issues" policy: www.avma.org/news/avma-adopts-new-policies-climate-change-certificates-veterinary-inspection.

World Veterinary Environmental Alliance. A global organization pooling resources and building partnerships for easy access and collaboration to promote change: www.vfca.global.

Vets for Climate Action. An Australian-based organization advocating for climate action and promoting sustainability in veterinary care: www.vfca.org.au/newsletter?splash=1.

EcoVeto. A French-based organization with excellent resources in French: www.ecoveto.org. [WCV](#)

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THE FACES OF THE SBCV

BY MICHÉLE MULDER, LLB

As with many things in veterinary medicine, it's the behind-the-scenes diagnostics that reveal the real story. A peek inside the SBCV laboratory—aka office—might give you some interesting insights.

I sit at a desk in the SBCV office with an open mind and a bit of curiosity in my heart. My belief is that we are only as strong as we are diverse, and the unique life experiences we bring from our lives before coming to work at the SBCV (and for some of us, our lives before arriving in Canada) have shaped our place of work into the multifaceted member-focused organization we are today.

Our "we" is a small, bright, and beautiful heterogeneity of people from four continents, speaking a combined seven languages, rooted in multiple cultures, and sharing one common goal: to serve our members to the best of our ability. Here at the SBCV office, differences are celebrated, origins are respected, and along the way, a unique office culture has developed. We share food experiences and enjoy learning about each other's cultural and religious special days. "Payday" has been retired as a term—the word itself turns out to be, let's just say, a little "breezy" in Portuguese. Due to a citrus mix-up, the fruit formerly known as an orange now goes by malta. No passport needed, but lunchtime discussions can take you from Cape Town to São Paulo, reaching Dhaka before the break is over.

The lab results of the SBCV office indicate that we have far more in common than what makes us different. And our biggest commonality is a shared commitment to serving our members—who we are only strengthens that resolve. [WCV](#)

“LUNCHTIME DISCUSSIONS CAN TAKE YOU FROM CAPE TOWN TO SÃO PAULO, REACHING DHAKA BEFORE THE BREAK IS OVER.”



Michèle Mulder, LLB, is the administrator of the Society of BC Veterinarians. She graduated from the University of Pretoria with a law degree and relocated to Canada in 2019. She lives in the lower mainland of British Columbia with her husband, three children, and three pets.

50 YEARS IN PRACTICE

BY MEG LAINSON, DVM

Dr. Lainson makes the acquaintance of her new eight-year-old Poodle rescue.

It's a freezing February morning in northern Colorado in 1974. I am a third-year veterinary student (one of the few women in my class) on my beginning rotation, learning to palpate breeding cows for pregnancy. The warmest place in the barn is inside the rectum of the cow in front of me. I take a break to search for the only restroom in the building, which I easily locate by the sign on the door: "MEN."

Listing the ways the veterinary profession has changed since that cold morning in 1974 would amaze the newbies and elicit an "oh, yeah..." from the older ones. In those days, the drug shelves held comparatively few medications to those of our current pharmacies. The shelves held big bottles of injectable Keflex (cephalexin, approved in 1969), trimethoprin-sulfa, pen/strep (penicillin/streptomycin), gentamycin (poor kidneys!), Vetalog, and dexamethasone. Panalog was the all-purpose skin ointment on hand. Anesthesia for cats was xylazine/ketamine IM for surgeries and, eventually, methoxyfluorane gas machines (horrid for veterinarians and staff to inhale). For dogs, IV pentothal was the only available induction agent, and post-procedure pain control wasn't even a consideration. There were no parvo or feline leukemia vaccines; those diseases had yet to be identified.

Nor were there MRIs, CTs, or automatic radiographic processing (lucky you if you never had to deal with a darkroom and a dip tank). And no Veterinary Information Network!

We have, of course, evolved significantly in 50 years. Cats are no longer considered just barn-dwelling, rat-killing machines, dogs are not routinely tied outside by their collars, and many food animals have become pets. Our profession has caught up to the human medical system and, in some ways, has surpassed their ability to improve the lives of their patients. Also, women now outnumber men in veterinary school classes.

My path to becoming a veterinarian started when, as an eight-year-old, I read a paperback book called Circus Vet, which inspired



Days in the life of a wildlife, zoo, and mixed animal veterinarian.

me to become a zoo veterinarian. I was undeterred by the prevailing opinion that "girls can't do that."

Twenty years after reading that little book and working unwaveringly to overcome obstacles, I graduated from Colorado State University in 1976. I spent three years in zoo work but soon realized that the role of the veterinarian in zoos was in its infancy, not very well respected, and the welfare of the animals was too often overwhelmed by politics. I was at a loss about my next steps, then the chance to travel to Venezuela to study a little-known bird species, the Northern Screamer, moved my compass toward wildlife medicine and rehabilitation.

Then, in 1980, I began working for an orca whale research organization on San Juan Island, Washington, which introduced me to the horrors of oil spills and human contamination of the marine environment. An island resident urged me to start a badly needed large animal practice, so I got my Washington license and opened a mixed animal practice, alongside doing animal shelter and wildlife rescue work. As the need grew, my veterinary team developed a wildlife rehabilitation centre and an oil spill defence organization. We also worked with an international oil spill rescue and response organization along the west coast, assisting in several large spills, including the Exxon Valdez spill in Alaska, treating seabirds and marine mammals.

In the mid-1990s, I backed off from wildlife and oil spill work to concentrate once more on domestic animal medicine. When President George Bush invaded Iraq, I knew I had to leave the US—I would neither financially nor morally support a war that I could not condone.

I had often visited Victoria and had fallen in love with the friendliness and peaceful atmosphere of Vancouver Island. British Columbia needed veterinarians, so with more licensing and permanent residency paperwork, I became a Canadian veterinarian in 2006 (and a Canadian citizen in 2014). I went to work for a progressive and well-equipped mixed practice on the Saanich Peninsula with wonderful staff and a busy schedule—an abrupt change from my sleepy, rural small-island practice in Washington. The changes in drug names, availability, and labeling were just different enough to be frequently challenging.

Returning home to the Saanich Peninsula after a three-year job with another wildlife rehabilitation centre in the US, I settled into locum work just in time for the pandemic and all the related challenges we remember. Since moving to Vancouver Island, I've worked in several of the local small animal veterinary practices where I've enjoyed comparing and learning from their different practice philosophies and treatment regimes. I'm now a permanent contractor in a lovely private practice, with talented staff and friendly clients, making it a joyful place to work.

The three issues within the profession that have surprised and sometimes disappointed me over the years have been the persistence of surreptitious gender and racial discrimination, the corporate absorption of private practice, and the rise of anti-science beliefs and AI use among the client population.

There are still salary, position, and credibility disparities between men and women and between white professionals and professionals of colour. The gender inequities persist despite the prevalence of women in the profession (many of whom still suffer from imposter syndrome). Professionals of colour, however, remain a very small percentage of the veterinary population, which makes me sad.

As with many professions, large corporations have been gobbling up the private veterinary hospitals. Those companies, I feel, are no more evil than their ilk whose mission is to make the biggest profit possible for their shareholders, placing quality care and

PHOTOS SUPPLIED BY MEG LAINSON

employee welfare as lower priorities. Consequently, these corporate-owned practices have huge turnovers, which make staff-client relationship-building impossible. I know private practices that have had the same receptionists, technicians, and assistants for 20 years, and the feelings of trust engendered by that consistency cannot be replaced by corporate profits. At the same time, the high cost of veterinary education makes it difficult for young veterinarians to build new private practices.

We are all well aware of the anti-vaccine and anti-science movements that gained unprecedented momentum around the COVID-19 pandemic and traction in all scientific fields, including veterinary medicine. Obviously, this is frustrating for practitioners trying to give good medical advice to their patients but is equally dangerous for both pets and their owners. Just as diphtheria, polio, and smallpox may make a human resurgence, so can parvo, rabies, distemper, and tetanus among our companion animals. Furthermore, Chat GPT gives veterinary advice to clients—sometimes with wrong information—yet is presumed to be a higher authority. Veterinary “street cred,” it seems, is diminishing.

In the 50 years that I’ve been in the profession, there have been amazing advancements in recognition, diagnosis, management and treatment of disease, and quality of life (and death) for all species. For me, the personal joy I get from helping a patient heal from or live with their medical issues (thus also helping the client) has constantly reinforced my sense of purpose, which I gladly continue to accept. From the sweetheart pinto mare who degloved both front legs and healed beautifully in two months; the Arab mare who impaled a stick into her forehead, then had a bad ketamine reaction that led to somersaults down an incline; a nunnery pig whose umbilical hernia we reduced, and who was later served to us in a meal by the nuns; the elephant seal who grabbed a worker’s belt buckle and shook him like a rag doll; a euthanasia where two trumpeter swans flew overhead the moment the dog’s heart stopped; all the parvo puppies who started wagging their tails; the sweet, last, deep breath of a beloved companion we gently assisted from this life; to the broken, orphaned, and ill wild animals who finally swam, flew, or ran off into their habitat, fit and whole. These are the nutrients of that yummy buffet that has sustained me for my lifetime of service to them. The grateful and tearfully happy faces of their human caretakers have been the dessert of that opulent meal.

Despite the threats from mega corporations, anti-science movements, and rising education and veterinary care costs, the decision to pursue my mission—formed when I was just eight years old—remains the best decision I have ever made. I have always been proud of my profession, with all its challenges, disappointments, accomplishments, heartbreaks, joys, exhaustion, and highs. That is what has made practicing veterinary medicine both worthwhile and a privilege. My hope is that there is a mass of young people with similar aspirations and values who will find their way to the diverse roles yet to be discovered in veterinary medicine. For all of you who come after me, my advice is this: hold to your truths, know that you deserve to be in your profession, take good care of yourself, and serve your patients and clients to the best of your ability. That will be good enough. [WCV](#)

EMERGING LEGAL FRONTIERS FOR BC VETERINARIANS, PART 1

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

“The press, the machine, the railway, the telegraph are premises whose thousand-year conclusion no one has yet dared to draw.”—Friedrich Nietzsche, Premises of the Machine Age (c.1878–1880), 278.

Do not turn the page just yet. This is not a dissertation on the political philosophy of Nietzsche (whose particular brand of philosophy Bertrand Russell once described as “merely a sophisticated form of the doctrine of the gangster”). This article and the one that will follow are instead an attempt to raise your awareness of the potential pitfalls that will almost inevitably accompany the gradual adoption of artificial intelligence (AI) in the practice of veterinary medicine. AI is transforming the landscape of perhaps every profession, and the rate of that transformation is only increasing. The regulation of how AI is incorporated into the practice of professions will also inevitably trail behind the pace of implementation of that AI. The phrase “wild west” could be used by the more melodramatic observers amongst us. This two-part series attempts to raise your awareness so as to allow you to most effectively guard against those aforementioned pitfalls that may arise.

To that end, I thought I might put some of those four years of undergraduate political philosophy to work and trot out a reflection of Nietzsche’s about the unforeseeable impact of technology on our contemporary understanding. More than one hundred years ago (in 1880), Nietzsche reflected on what was then the “new technological age” brought about by “the press, the machine, the railway, and the telegraph.” He called those inventions the premises of a transformation whose full conclusions “will take a thousand years to unfold—changes in human life, thought, and society so vast that no one yet dares to imagine them.” Never one for understatement, Nietzsche observed that those advances would not only improve life but would “reshape humanity’s tempo, values, and ways of perceiving the world.” The faster communication and the mass production of information and goods they would bring would alter “the structure of culture and even of thought itself.” The pace of technological change was an epochal force whose consequences were beyond contemporary understanding. As tempting as it may be, I will resist suggesting to you here that the adoption of AI into your practice as a veterinarian is going to change the structure of thought itself. I will, however, go so far as to suggest that you should not underestimate the potential for fundamental change to the way in which you practice veterinary medicine, certainly in the long term. Nietzsche’s more general premise that it is impossible to ascertain the full extent of the scope of change that new technology will bring—in our case, the manner in which AI will change how our professions are practiced—is likely a more accurate

assessment of the potential impact of AI on our society than it was regarding the effects of the railway and telegraph on his.

AI is very obviously no longer a thing of science fiction. Clarke and Kubrick’s HAL 9000 now lives on every computer with an internet connection. This article is occasioned by the observation that AI is transforming how professions, including veterinary medicine, are being practiced around the world. From AI-assisted diagnostic imaging and predictive health analytics to automated record-keeping and client communication tools, veterinary practices are increasingly experimenting with new technologies that promise faster workflows, improved diagnostic accuracy, and better patient outcomes.

Yet this rapid adoption comes unsurprisingly with new professional, ethical, and legal challenges. Regulatory guidance is still emerging in most jurisdictions, including BC. Veterinarians like all other professionals must balance the benefits of innovation with their professional responsibilities—in your case, your responsibilities under the Veterinarians Act, the bylaws and standards of the College of Veterinarians of BC (CVBC), as well as the more broadly applicable Personal Information Protection Act (PIPA).

Across the English-speaking world, veterinary regulators and professional bodies are beginning to publish guidance on how veterinarians should use AI responsibly. Notable examples include the Canadian Veterinary Medical Association’s (CVMA) 2023 Position Statement on AI, the College of Veterinarians of Ontario’s (CVO) practical guide on AI-enabled medical devices, the American Association of Veterinary State Boards’ (AAVSB) 2025 white paper on regulatory considerations for AI in veterinary medicine, and the Royal College of Veterinary Surgeons’ (RCVS) 2024 AI Roundtable report in the United Kingdom. Academic and clinical commentary is also growing, including coverage in the Journal of the American Veterinary Medical Association (Appleby & Basran, 2022), a comprehensive peer-reviewed review in The Canadian Veterinary Journal (Bellamy, 2023), and AI adoption discussions by the Veterinary Council of New Zealand (VCNZ).

Taken together, these sources offer a clear message: AI can enhance veterinary care, but it cannot replace the veterinarian. Professional responsibility, informed consent, data governance, and active oversight remain non-delegable duties.

This article, as noted above, is the first part of a series that summarizes the key guidance from each of these jurisdictions and professional bodies and provides practical recommendations for veterinarians in BC adopting AI tools in their practices. These articles will explore global governance principles, examine jurisdictional guidance in detail, situate these within BC’s legal and regulatory landscape, and provide an implementation roadmap and checklist tailored to local practice realities.

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FROM A LAWYER

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GLOBAL PRINCIPLES ON VETERINARY AI GOVERNANCE

As AI tools enter clinical veterinary settings worldwide, professional organizations and regulators have begun to articulate foundational principles to guide responsible use. Despite jurisdictional differences, there is striking convergence across English-speaking countries on the key themes that should inform veterinary AI adoption. This section summarizes these global principles, distilled from regulatory statements, white papers, roundtables, and academic commentary, and sets the stage for the jurisdiction-specific guidance explored in the subsequent section. I want to expressly thank my articulated student, Joel Friesen, for his very excellent work in bringing these sources together here, all while simultaneously studying for his bar exams. I am confident this article is the result of more of his hard work than mine.

THE VETERINARIAN REMAINS RESPONSIBLE

Notwithstanding the apparent promise of the AI born from the imaginations of Messrs. Clarke and Kubrick, all regulatory bodies are unanimous on this point: AI is a tool, not a decision-maker. Veterinary professionals retain full accountability for any clinical decisions informed by AI systems. The RCVS, in their AI Roundtable report, states plainly that any action to regulate veterinary professionals’ use of AI must note that veterinary professionals are ultimately responsible for clinical decision-making and the delivery of care. Similarly, the AAVSB’s 2025 white paper emphasizes that veterinarians must never assume that AI is accurate and need to be able to justify their medical decisions with their own professional judgment. The CVMA echoes this in its 2023 Position Statement on AI, where it states that veterinary practitioners could be liable for any errors that occur from relying on AI. I will go out on a limb here and say that you should assume that you will be liable, at least as a joint defendant.

TRANSPARENCY AND INFORMED CONSENT

This is a big one, so to speak. Clients must be informed when AI tools are used in their animals’ care. This includes explaining how the AI tool contributes to decision-making, its limitations, and the fact that the veterinarian retains ultimate responsibility. I was recently in the dentist chair when the oral surgeon asked me for my consent to use an AI tool to record our conversation during the consultation treatment. Not merely to record my voice, but to make notes about my questions, my comments, and any issues that he should remember to follow up on with me at my next visit. I must say that as a patient, I certainly appreciated knowing he was using such a tool. If anything, it made me feel more confident in my treatment with him, so I provided that consent.

The AAVSB white paper instructs veterinarians to disclose AI usage and to receive informed consent from clients just as the dentist did in my case above, explaining the benefits, risks, and limitations of AI (the dentist omitted this piece). Though the AAVSB also states that it may not be necessary to inform clients of AI use for routine, administrative tasks, my advice is to make it an unwavering practice to do so, certainly until the use of AI in such circumstances becomes much more common place. This principle aligns closely with the legal doctrines governing informed consent in both human and veterinary contexts, which emphasize disclosure of material information and reasonable alternatives.

DUE DILIGENCE

This is another significant piece. All major guidance documents urge veterinarians to critically evaluate AI vendors and tools before adoption. How you do that as a professional who may or may not have the skillset to do so effectively, is another matter. The CVO, in a published statement of AI use in veterinary medicine urged veterinarians to assess how AI would assist them in their practice by asking vendors what dataset the AI was built from and trained on, data security practices, and what biases may be present. Similarly, the AAVSB white paper states that all AI has an inherent risk of bias based on the data the AI was trained on. This should become a priority

ask to your association, the very same one that publishes this magazine. Have them provide some direction and assistance on this front, as the evaluation of these tools should not be left to individual practitioners who will often lack the training to make that evaluation appropriately.

ONGOING MONITORING AND HUMAN OVERSIGHT

AI systems are not static. Their performance may degrade over time or simply fail in some cases. As a result, regulators emphasize ongoing monitoring and human oversight. In an article by James E. C. Bellamy (2023) in The Canadian Veterinary Journal, Bellamy states that it currently is not clear how liability will be assessed when AI fails in a veterinary practice. Is the AI product liable? Or the veterinarian? Or are both jointly liable? Bellamy states that there is no clear answer right now and that liability for the use of AI should be determined before AI becomes adopted in veterinary practice. The AAVSB, on the other hand, offers a clear statement that the veterinarian, as a member of a regulated profession, is responsible, and therefore liable, for any AI they use. While these principles provide a foundation for integrating AI into veterinary practice responsibly, regardless of jurisdiction, I reiterate my comments above: you will be a joint defendant at the very minimum. If I were acting for a patient in a circumstance where negligence involving the use of AI resulted in harm to their animal, I can assure you that the veterinarian would be the primary defendant named along with the AI provider. You would be joint defendants. To that end, as an aside, make sure your insurance covers you for such a claim or, at the very least, your defence costs.

In the next section, we explore how these principles are expressed through specific regulatory and professional guidance in international jurisdictions.

FOREIGN JURISDICTIONS

Where the regulatory landscape is evolving quickly and local rules are still in their infancy, it is helpful to look at how other jurisdictions are approaching the challenge of regulating the incorporation of AI into veterinary practice. Approaches in other jurisdictions may show the future of regulation locally or, at least, the potential for the same. It may also simply be instructive with respect to best practices, whether they become the proverbial law of the land locally or not.

You will see that while the global principles on veterinary AI governance are increasingly consistent, each jurisdiction has developed its own distinct approach to policy, guidance, and professional expectations. Below, Joel summarizes the major regulatory and professional publications from the United States, the United Kingdom, and New Zealand that we think may be helpful to understanding the evolving landscape of veterinary AI governance.

UNITED STATES

In 2025, the AAVSB released its white paper, “Regulatory Considerations of the Use of Artificial Intelligence in Veterinary Medicine.” Currently, this white paper is one of the most comprehensive regulatory frameworks available, offering both a detailed structure for understanding the role of AI in veterinary practice and regulatory guidance for its adoption. A key aspect of the paper is its classification of AI tools based on their use within veterinary medicine, distinguishing between AI applications used for

administrative functions, decision-support functions, and decision-making functions (à la HAL). Each category is subject to different levels of regulatory oversight, reflecting the varying degrees of impact and responsibility associated with these tools.

The white paper introduces a risk stratification model of sorts, which assesses AI applications based on their level of clinical impact and the degree of autonomy they possess. The closer an AI tool comes to performing or influencing core veterinary medical tasks (diagnosis, treatment, monitoring, prescribing), the higher the potential clinical impact and so the greater the regulatory/risk oversight—as stated in the paper, “The less human involvement in a veterinary practice, the greater the risk.” The model emphasizes that regulators and licensees should evaluate how the AI tool might influence patient outcomes, safety, and standard of care. The degree of autonomy refers to how freely the AI tool operates without human intervention or oversight (i.e., making decisions or actions with minimal human input)—the more autonomous, the greater the potential risk. This statement of risk both underscores that, although AI may assist, the responsibility remains with the veterinarian/licensee and implies a sliding scale: from simple support tools (low autonomy) to systems that diagnose or treat with little human input (high autonomy). So, while the paper does not present a formal public matrix of clinical impact, it suggests that risk increases when both clinical impact is high and autonomy is high.

In practice, a veterinarian or regulator should assess what kind of clinical decisions or actions this AI will influence (i.e., impact), and how much human oversight or control remains (i.e., autonomy). If an AI tool is high-impact (e.g., diagnosing disease) and highly autonomous (e.g., making decisions or offering treatment without human review), it requires greater scrutiny, transparency, informed consent, data protection, and possibly regulatory intervention. For a low-impact, low-autonomy AI tool (e.g., scheduling, basic administrative assistance), the white paper suggests standard oversight and compliance with veterinary practice acts. For a high-impact, high-autonomy AI tool (e.g., autonomous treatment recommendation system), the white paper suggests the following: enhanced transparency to clients (informed consent); clear data governance, record-keeping, and documentation of AI decisions; and ensuring licensed veterinarians retain ultimate responsibility for outcomes.

As with so many guidelines produced in the United States in the professional regulation field, this framework by the AAVSB has the potential for broad international adoption.

UNITED KINGDOM

In 2024, the RCVS held a high-level AI Roundtable and published a report of its findings. While less prescriptive than the AAVSB white paper, the RCVS report is influential in shaping current discourse. It emphasizes the need for clear professional responsibility and stresses that veterinarians should still be liable if AI was used.

NEW ZEALAND

The VCNZ has begun exploring AI governance through consultation documents and professional development initiatives. The VCNZ notes that any use of AI in veterinary

practice should align with ethical standards, enhance the veterinarian’s expertise and judgment, and never replace the veterinarian’s judgment in any capacity.

Additionally, the VCNZ states that veterinarians should be transparent with clients about the role of AI in any decision-making process and should ensure AI recommendations are in the best interest of any animal receiving treatment.

These initiatives illustrate that jurisdictions with smaller veterinary regulatory infrastructures can still take meaningful steps toward AI governance by outlining how AI may be used by veterinarians and how its use should be guided by the veterinarian’s judgment and disclosed to clients.

Together, these documents provide a rich body of practical and regulatory guidance. Until AI-specific regulations are published for BC veterinarians, you can look to these jurisdictions for tested models to inform your own policies, risk management practices, and clinical protocols.

APPLYING THESE PRINCIPLES IN BC

While, as of the date of writing, BC has not yet issued AI-specific regulations or practice standards for veterinarians, the existing legal and professional duties governing veterinary practice provide your framework for permissible AI use, until more specific and tailored guidance emerges. You must apply your well-known existing obligations (Veterinarians Act, the bylaws and standards of the CVBC, provincial privacy legislation, and tort law) to your use of AI tools.

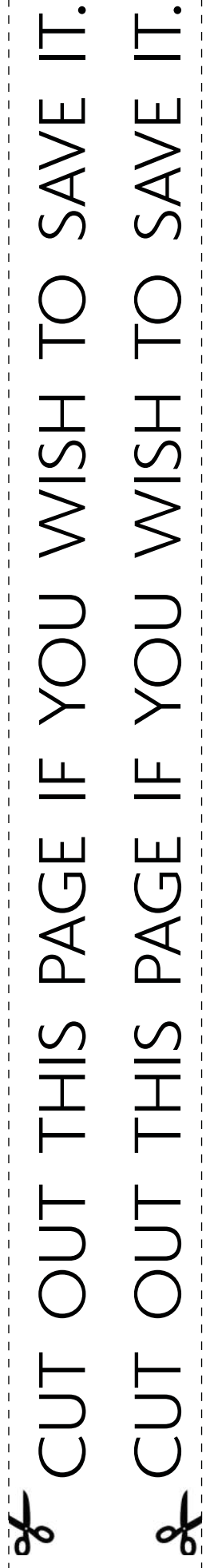
STATUTORY AND REGULATORY CONTEXT

You already know that the Veterinarians Act establishes the CVBC’s authority to regulate the veterinary profession, set standards of practice, and enforce discipline in BC. Although the Veterinarians Act does not mention AI (nor was it drafted with digital tools in mind), its broad language on professional competence, accountability, and the scope of veterinary services applies equally to clinical decisions made with or without AI assistance. If a veterinarian relies on AI in a way that falls below the accepted standard of care, existing disciplinary powers already apply, despite the current lack of specific regulations in the Veterinarians Act pertaining to AI.

CVBC BYLAWS AND STANDARDS

Again, as you know, Part 4 of your CVBC Bylaws and Professional Practice Standards outlines comprehensive requirements related to veterinary competence, informed consent, record-keeping, and confidentiality. Although these standards do not explicitly address AI, they establish a regulatory foundation that is obviously relevant to AI governance within your practice. Your bylaws mandate that veterinarians exercise independent clinical judgment and maintain professional competence across all areas of your practice. Uncritical reliance on AI tools without appropriate professional oversight will likely constitute a breach of this obligation. Existing standards on informed consent also already require you to provide clients with all material information necessary for making informed decisions. Just as my dentist did, you too should consider it a professional requirement for you to inform your clients when you intend to implement AI into your treatment of their animal who is your patient.

In terms of record-keeping, you are also already required to maintain complete and accurate documentation of clinical decisions. When AI systems are utilized, this obligation extends to recording the outputs of these systems and the veterinarian’s clinical interpretation. Presumably, the hope is that implementation of such tools will only make that obligation easier to comply with. The point is to ensure transparency and support future defensibility of your care decisions, as prior articles in this space have made clear. Of course, any AI system that processes client or patient information must operate in accordance with existing confidentiality requirements. Veterinarians remain accountable for ensuring that these obligations are upheld, including managing the risks associated with third-party vendors and data handling. Again, you should obtain assistance (from your association or elsewhere) with evaluating the effectiveness of any potential tool and the tool’s compliance with the applicable standards in BC.



Collectively, these existing standards reflect key principles of global AI governance. Fortunately, the CVBC's current regulatory framework aligns with emerging best practices for the ethical and responsible integration of AI in veterinary medicine. You should nonetheless attempt to remain informed of best practices elsewhere while AI and the regulation of it within your profession evolves.

PRIVACY AND DATA GOVERNANCE UNDER PIPA

In BC, you know that information collected in the course of your veterinary practice is typically subject to PIPA, which governs the collection, use, and disclosure of personal information by private organizations. Organizations subject to PIPA are required to obtain informed consent for the collection, use, and disclosure of personal information. This means that individuals must be clearly informed about what personal information is being collected, the purposes for its use, and to whom it may be disclosed, allowing them to make a meaningful choice about their participation. I will go a step further and suggest to you that they should be informed about how that information is collected in this case. In addition, the use and disclosure of personal information must be limited to purposes that a reasonable person would consider appropriate under the circumstances. Organizations are also obligated to make reasonable security arrangements to protect personal information against unauthorized access, collection, use, disclosure, or disposal. Hence the importance of you confirming that any tool you are using is in compliance with that requirement. For example, if you type any identifying information into a query in ChatGPT, do you know what it does with that information? Can anyone else searching for information on your client retrieve any information about your client that you may have entered into the search engine? Do you know how to tell ChatGPT not to record the information you are entering into it? You need to know this if you are using such tools. Your failure to know this may cause you to breach your privacy and record-keeping obligations.

Veterinary medical records generally contain personal information of animal owners, such as names, addresses, phone numbers, and sometimes payment details or sensitive contextual data. While animal medical data itself is not personal information, AI systems often store, transmit, or link this data to owner information. We understand one such example is the cloud-based radiology AI platforms that

require uploading images associated with client records. The CVO's (p. 4) AI guidance offers a model for BC veterinarians: before using cloud-based AI tools you should ask vendors meaningful questions to determine data security and to determine who owns any data inputted by a veterinarian into the AI program. Again, this is the sort of scrutiny that should be conducted on behalf of the profession as a whole by an organization such as your association.

TORT LIABILITY AND THE STANDARD OF CARE

You know that in addition to regulatory obligations, as a veterinarian in BC you are subject to civil liability in negligence. Where a claim arises, the courts will assess whether you met the standard of care expected of a reasonably prudent practitioner in similar circumstances. If you uncritically follow an AI recommendation that turns out to be wrong and harm results, a court may find that you breached the standard of care if your reliance was unreasonable. Conversely, appropriate use of AI—with critical evaluation, documentation, and oversight—may be viewed as consistent with evolving professional standards, particularly if AI tools are widely adopted and validated. As AI tools become more prevalent, the standard of care will evolve, likely incorporating expectations that veterinarians understand and appropriately supervise AI outputs. This is analogous to the adoption of radiographic interpretation software or advanced laboratory diagnostics in previous decades.

CONCLUSION

AI is reshaping longstanding professions the world over; veterinary medicine is no exception. While local regulations haven't yet addressed AI comprehensively or directly, existing professional, ethical, and legal frameworks provide a template you can draw from as you confront the advantages and challenges of integrating AI into your practice. The key and most short-hand takeaway from both international and domestic guidance is already clear: AI can support—but never replace—your professional judgment, accountability, and ethical obligations as a veterinarian. We have sought in this first article to outline the global principles and regulatory context that will guide AI integration in your practice. In Part Two, we will turn from theory to practice, presenting an implementation roadmap for your practice. We will examine the practical challenges, regulatory gaps, and risk-management strategies involved in bringing AI tools into your daily clinical use—ensuring that innovation proceeds hand-in-hand with professionalism, transparency, and client trust. So, stay tuned for our exciting next installment...we know your AI chatbot already is.

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



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, and 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.



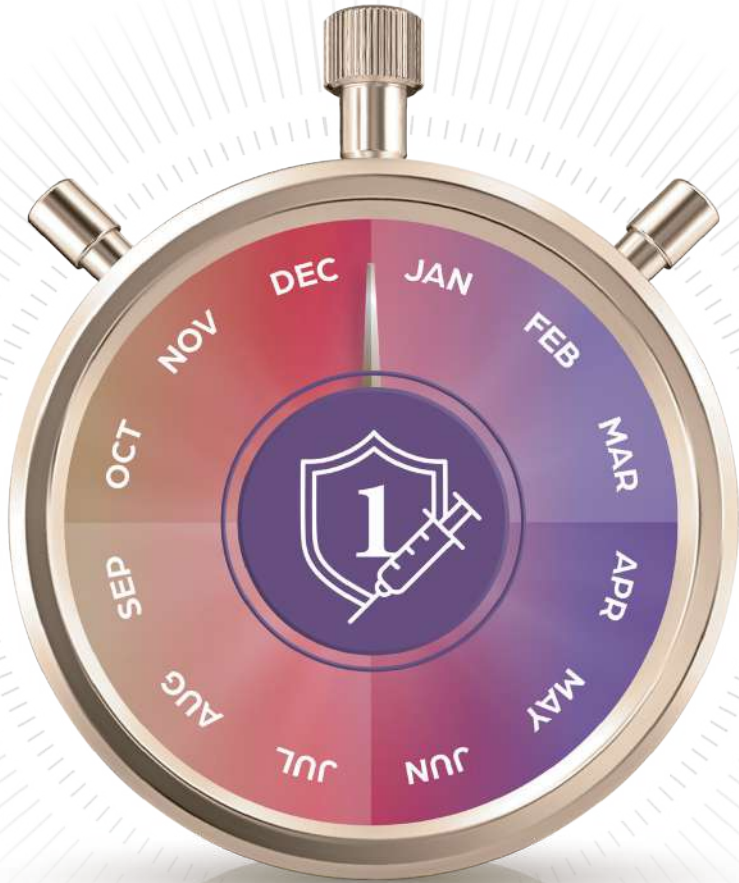
Joel Friesen, LLB, LLM, is an articling student based in British Columbia. He holds an LLB from Queen's University Belfast and an LLM from the Peter A. Allard School of Law at the University of British Columbia. Prior to commencing his articles, Joel worked as a Court Clerk at the Supreme Court of British Columbia and volunteered with the Artists' Legal Outreach, providing accessible

legal information and support to creators and emerging artists. His legal interests include intellectual property, entertainment law, and technology law, with a particular focus on the evolving legal challenges posed by digital innovation. Joel has written extensively on the regulation of artificial intelligence across multiple jurisdictions, exploring how legal frameworks can adapt to emerging technologies and their impact on creative and professional industries.

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