

ISSUE N°59 JUNE 2025

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COREY VAN'T HAAFT
EDITOR

TO THE EDITOR

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

ON THE COVER

Photo of Giant Pacific Octopus.
PHOTO SUPPLIED BY
VANCOUVER AQUARIUM.

One of the most low-profile activities the SBCV undertakes each year is advocacy for our members and the profession at large. We've done this with the folks at BC's sales tax department, garnering an explanation shared with members at that time. We've done it—and continue to do it—with our belief that dangerous dog designations should not be made without the benefit of a veterinary exam; something that, surprisingly, is not required and often not done. More surprisingly is that some involved with dangerous dog issues find veterinarians to be counter-productive, a view the SBCV disagrees with and has been vocal in opposing.

The SBCV, as most are aware, was a leading voice for BC veterinarians during the pandemic and was able to secure PPE and COVID-19 testing kits for many members. We were strong and successful advocates for the BC government increasing its funding to double the number of funded seats for BC students at WCV.

Over this past year, much of our advocacy efforts have focused on addressing continued labour market shortages, and in clarifying and gathering information from the provincial regulator.

We met with the federal Minister of Agriculture Lawrence MacAulay and impressed upon him the need for significant infrastructure funding for the creation of a National Testing Centre at WCV to permit faster credentialling of foreign-trained veterinarians. We were fortunate to have also met his chief of staff, whom we met again after the appointment of the new Minister Kody Blois, who confirmed the Minister's continued interest in addressing issues facing veterinarians. We have an additional meeting scheduled after the election (this report being written prior to April 28).

We have also met with the provincial Deputy Minister and Assistant Deputy Minister of Agriculture and Food, as we prepare for a meeting with Minister Lana Popham, to discuss concerns with the financial and related issues at the CVBC and our willingness to support the healthy delivery of regulated veterinary medicine. We heard from the Deputy Minister that there is no appetite to open the legislation (which would be required to remove the right of registrants to approve or deny a budget increase), and further, that it is in the best interests of the profession that the regulator not find itself insolvent. In that light, the SBCV Board is undertaking activities to listen to and be heard by the CVBC to determine how we might best achieve the goal of sustainable financial management of the profession.

We will report to our members as we are able to, as we are committed to transparency in all that we do. We are committed to ensuring that our members' best interests are acknowledged and that our members are fully informed of activities and challenges experienced by the regulator. We pledge to continue to work collaboratively with the regulator and to report on our activities to our members. [WCV](#)

Email: wcveditor@gmail.com

ERRATUM

On page 33 of *West Coast Veterinarian* issue 58, "Everything a BC Veterinarian Needs to Know About Artificial Intelligence," under the heading Responsible Use Guidelines and Regulatory Body Governance, inaccurate information appeared beginning with the sentence "Here in Canada, the silence of..." The author and the editorial committee regret this mistake. Although the print version contains the inaccurate information, the online version of WCV contains the corrected text, as follows:

"Here in Canada, the silence of the veterinary regulators is noticeable. I could find no mention of AI technology on the CVBC's (our provincial regulator) website and a phone call to the deputy registrar requesting information on the topic had not been returned by the time of this submission. The CVMA lists Technology and Veterinary Medicine as a priority area in its Policy and Outreach section; however, only telemedicine is specifically referenced. The CVMA does have a position statement entitled Artificial Intelligence in Veterinary Medicine dated October 12, 2023, which states, amongst other things, that scientific rigour should be observed in the development of AI technology and should be delivered to veterinarians in accordance with their provincial regulators' policies."

WCV

WEST COAST VETERINARIAN ISSUE 59

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WEST COAST
VETERINARIAN

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

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JUNE



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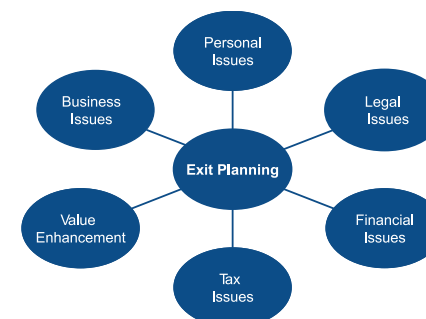
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AMANDA BOOTH, BSc, DVM, MVSC, ACVIM (LAIM) but focusing only on small animals, began her studies in an advanced entry program at Lakehead University at the age of 13 and graduated at 17 years of age with her BSc, obtaining the highest average in the university and winning the Lieutenant Governor's Medal and the Dean of Science Medal. She began her veterinary studies that year at the Western College of Veterinary Medicine (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.



MARNIE FORD, PhD, DVM, DACVO, is an adjunct professor in the ophthalmology department at the Ontario Veterinary College, where she enjoys teaching clinical practice to third- and fourth-year veterinary students. Dr. Ford graduated from the Ontario Veterinary College in 2000, following a bachelor's degree in Zoology from UBC and a PhD in Physiology from Monash University in Australia. After completing a rotating small animal internship at the University of Minnesota in 2001, she became a diplomate of the American College of Veterinary Ophthalmologists in 2006, following an ophthalmology residency at the University of Missouri, Columbia. In 2005, Dr. Ford co-founded West Coast Veterinary Eye Specialists, then in 2013 she moved on to dedicate her time to providing mobile medical and surgical ophthalmologic care across Vancouver, Vancouver Island, and the Interior. From 2019 to 2023, she worked at a busy ophthalmology specialty hospital in Australia. Alongside her role at the Ontario Veterinary College, Dr. Ford is also co-founder and developer of www.PetHealthHarbour.com, a platform dedicated to empowering pet owners with the knowledge required to promote their pets' wellness.



JEN BURKE, RVT, VTS (Anesthesia and Analgesia), has been an RVT for over 20 years, working in the emergency, surgery, and ophthalmology departments at VCA Vancouver Animal Emergency & Referral Centre. She earned her Veterinary Technician Specialist designation in anesthesia and analgesia in 2021 and is an active AVTAA academy member. She is an engaging conference speaker, lecturing on anesthesia and Hands-Free X-Rays, leading workshops, and mentoring technicians and veterinarians.



ELIZABETH R. RUSSELL, MSc, is a PhD student in the Animal Welfare Program at the University of British Columbia (UBC). She holds a BSc in Dairy Science and a minor in Sustainable Agriculture from California Polytechnic State University in San Luis Obispo. In 2021, she completed her MSc at UBC with research focused on the perspectives of Western Canadian dairy producers on calf rearing. Building on this work, Elizabeth's doctoral research explores dairy calves' performance around weaning. Her research includes data collection from commercial dairy farms with a focus on understanding interventions that promote changes in calf-rearing practices.

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Dear colleagues and members,

As we welcome summer across our beautiful province, I want to take a moment to connect with you all and share a few updates from the SBCV.

We continue to face the ongoing challenge of workforce shortages throughout British Columbia—something felt most acutely in our more remote and rural areas. These gaps put extra pressure on those practicing outside of our larger urban centres, and I want to acknowledge the incredible resilience and dedication you continue to show.

I also want to extend heartfelt thanks to our amazing SBCV support staff. As a small but mighty team, their behind-the-scenes efforts keep our organization running smoothly. Between the five of them, they speak eight languages—a reflection of their incredible talents and commitment. We couldn’t do the work we do without them.

Veterinary medicine is a rewarding profession, but it can also be stressful and isolating at times. Please remember: you are not alone. The SBCV Resiliency Program’s Peer Support for Veterinarians (PS4V) is here for you. This program provides confidential, one-to-one support from a trained SBCV veterinarian, available to assist with personal, professional, or regulatory challenges. It’s okay to reach out—we’re here to help. Go to www.canadianveterinarians.net/sbcv/resiliency-program/peer-support-4-veterinarians or use the QR code below.

We’ve also launched a new initiative: Business Briefs. This exciting program offers live sessions with business specialists, executives, and legal professionals, as well as online resources tailored for practice owners, associates, and locums. Whether you’re navigating contracts, management challenges, or financial planning, there’s something here for you.

Finally, we’re thrilled to share that the CVMA Convention will be held right here in Victoria, BC, this year! The SBCV will be hosting a hospitality suite at the convention hotel, generously supported by AVP (who also help us distribute the West Coast Veterinarian magazine). We warmly invite all members to drop by, say hello, and enjoy a complimentary drink. We’d love to see you there!

Thank you for the work you do each and every day. Our profession is stronger because of you. [WCV](#)



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

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

JOIN 2025 CVMA CONVENTION THIS MONTH IN YOUR OWN PROVINCE! VICTORIA, BC | JUNE 25-29 | REGISTER NOW!

This year’s convention promises an array of enriching experiences. Kickstart your journey with the Opening Ceremony and Awards Gala on June 25, setting the stage for days filled with learning and networking. Engage in the CVMA Summit: Access to Care and the National Issues Forum: Pathway to a Sustainable Veterinary Profession, where pivotal topics in veterinary medicine will be explored. Don't miss the Emerging Leaders Program Workshop, designed to cultivate the next generation of veterinary leaders. Beyond the sessions, enjoy ample networking opportunities, including a vibrant welcome reception and cocktail hour, allowing you to connect with peers and industry partners. Register now and secure your spot for this unparalleled blend of education and comradery in the heart of Victoria. Visit the Education and Events section of www.canadianveterinarians.net for more information.

CVMA REACHES OUT TO MINISTER OF AGRICULTURE TO ADVOCATE FOR NATIONAL TESTING CENTRE

The CVMA has urged newly appointed Minister of Agriculture Kody Blois to address Canada’s ongoing veterinarian shortage, particularly in food animal and regulatory medicine. The CVMA highlighted the risks to public health, food safety, and the economy, advocating for a National Testing Centre to triple the number of licensed veterinarians annually. Visit the Government Relations page of www.canadianveterinarians.net to read the letter.

SUSTAINABILITY SPEAKER SERIES: PATHWAY TO A SUSTAINABLE VETERINARY PRACTICE

The CVMA teamed up with the Canadian Animal Health Surveillance System to support a webinar series with Veterinary Sustainability Alliance. A comprehensive overview of the why and how of improving veterinary practice sustainability was shared. Visit the CVMA on YouTube to watch the four-part webinar series.

24/7 SUPPORT WITH TOGETHERALL

The Togetherall platform offers the opportunity to improve mental wellness by providing and receiving support within a peer-to-peer community. This community is supported by integrated services that are safe, anonymous, and overseen by licensed clinicians, empowering members to share their experiences in an inclusive environment. Visit the Togetherall page under the Health and Wellness of Veterinarians section of www.canadianveterinarians.net for more information and to join. [WCV](#)



Timothy Arthur, DVM, is a companion animal veterinarian with a special interest in ophthalmology and wildlife medicine. He is a 1982 Ontario Veterinary College graduate who completed externships at Angel Memorial Animal Hospital in Boston and the University of Pennsylvania in Philadelphia, and after two years in practice, he established the Coxwell Animal Clinic in Toronto. Dr. Arthur has volunteered with the Toronto Academy of Veterinary Medicine, organized Toronto’s Annual Rabies clinics, sat on the College of Veterinarians of Ontario (CVO) Complaints Committee, was part of the Ontario Veterinary Medical Association working group that established a voluntary fee guide for the profession, was a council member and president of the CVO, and was a board member and president of the Toronto Wildlife Centre. He lives in a bilingual family with his son Jake, partner Jennifer, and multiple four-legged friends.

BCVTA AND THE ROAD TO RVT REGULATION

BY AMBER GREGG, RVT

The BC Veterinary Technologists Association (BCVTA) has long advocated for the regulation of RVTs in BC. BCVTA's archived records demonstrate a timeline of this work dating back to 2008. At that time, a meeting took place between the BC Veterinary Medical Association (BCVMA) and the BCVTA, indicating that foundational work had likely been ongoing prior to that point.

Since 2008, several iterations of the BCVTA Board of Directors and staff have worked tirelessly toward RVT regulation by engaging with BCVMA Council members and later CVBC Council members, government representatives, and other regulatory bodies such as the Applied Science Technologists and Technicians of BC. These meetings have largely focused on finding ways to incorporate RVTs into the existing regulatory framework for veterinary medicine.

Unfortunately, progress has often stalled for several reasons, including the dissolution of the BCVMA, lack of widespread support from registrants, turnover among Council members due to term limits or staffing changes, transitions within the BCVTA Board and staff, and a generally unclear path forward for all involved. These factors have impacted the collective capacity to maintain momentum on regulatory efforts.

In 2024, BCVTA staff attended the CVMA Convention in Calgary, Alberta, along with representatives from other provincial veterinary technologist/technician associations. At the time, the Ontario Association of Veterinary Technicians (OAVT) was working in collaboration with the College of Veterinarians of Ontario and stakeholders in the agricultural sector to modernize the legislation governing veterinary medicine.

The OAVT shared valuable insights about their process, including their strategic decision to engage Hill & Knowlton, a consulting firm with expertise in legislative reform and stakeholder relations. The firm played a key role in helping the OAVT build relationships with government and industry stakeholders, engage with the public, and connect meaningfully with OAVT members throughout the process.

As a result of the combined efforts of everyone involved, Ontario has now enacted the Veterinary Professionals Act, 2024. This modern legislation acknowledges the evolving roles of veterinary professionals, including RVTs, and allows RVTs to independently initiate certain tasks. Notably, the Act does not impose a rigid scope of practice. Instead, it empowers veterinarians to delegate responsibilities based on team needs, while recognizing the education and expertise of RVTs. This flexible approach strengthens veterinary teams, eases the burden on veterinarians, and supports adaptability to future needs.

The BCVTA has now accepted a proposal from Hill & Knowlton to support its regulatory initiative in BC. While the outcome in this province may look different from what was achieved in Ontario, BCVTA intends to leverage the firm's experience and apply key learnings to our unique context. We are encouraged by the progress in Ontario and inspired by their example of collaborative, inclusive legislative change.

As the BCVTA continues this work, it remains committed to learning from other provinces and advocating for a regulatory framework that reflects the critical role RVTs play in veterinary medicine. With momentum building and support growing, the vision of regulated RVTs in BC is closer than ever to becoming a reality.

To save space, the references for this article are made available on the Chapter's website at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine. [WCV](#)

“INSTEAD, IT EMPOWERS VETERINARIANS TO DELEGATE RESPONSIBILITIES BASED ON TEAM NEEDS...”



Amber Gregg, RVT, is the Executive Director and past President of the BCVTA. She graduated from the Thompson Rivers University veterinary technology program in 2007 and spent eight years in mixed-animal practice before gaining experience in not-for-profit management. She joined the BCVTA board of directors as Vice-President in 2020 and served a one-year term as President in 2021 before being appointed to the Executive Director position in 2022. Amber is grateful for everyone who made the BCVTA the strong and healthy organization it is today, and she is proud to work with the board of directors and members of the BCVTA to continue to advance the veterinary technology profession.

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3. Galliprant Canadian Product Label.
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Dairy calves.

PHOTO BY DUNCAN MCHUGH, UBC FACULTY OF LAND AND FOOD SYSTEMS

DAIRY CALF REARING IN BC: CURRENT PRACTICES AND THE ROLE OF VETERINARIANS

BY ELIZABETH R. RUSSELL, MSc

Historically, dairy calves were fed restricted milk allowances, weaned abruptly, and housed individually. However, research, much of it led by the University of British Columbia's (UBC) Animal Welfare Program, has demonstrated the benefits of alternative feeding and housing practices. Studies consistently show that feeding higher milk allowances (e.g., minimum 8 l/day for Holsteins), gradual weaning, and social housing (in pairs or small groups) promotes greater solid feed intake and improved weight gains before and after weaning. Canada's dairy industry is now moving toward adopting these evidence-based practices. The 2023 National Farm Animal Care Council Code of Practice for the Care and Handling of Dairy Cattle requires that calves be offered at least 20 per cent of birth weight (8 l for Holsteins) in milk or milk replacer daily from 7 to 28 days of age. As well, by April 2031, the Code requires that "healthy, thriving and compatible" calves housed indoors must be housed in pairs or groups by four weeks of age.

To support the transition to these practices, an improved understanding of current calf rearing practices on farms is needed. A recent study by myself, a PhD student supervised by Dr. Daniel Weary and Dr. Marina (Nina) von Keyserlingk, surveyed calf rearing practices (e.g., milk feeding practices, weaning protocols, and housing styles)

and methods used to assess calf growth in BC. All 437 dairy farms in BC were invited to participate in the survey, and we received complete responses from 63 farms (14.4 per cent response rate).

PRE-WEANING MANAGEMENT

Farmers reported feeding higher quantities of milk or milk replacer than previously documented, averaging 9.5 l/d, thus exceeding the required minimum 8 l/d outlined in the Code of Practice. Notably, 86 per cent of respondents reported offering more than 8 l/d. Teat feeding was common (71.6 per cent), where 13.1 per cent of farms reported feeding calves using automated milk feeders. Weaning age averaged 75.8 ± 16.3 days, with age as the most cited criterion for weaning calves. Some participants combined other criteria with age when deciding when to wean, such as health, body size, solid feed intake, and operational constraints (e.g., space within barn). Over one-third of the farms housed calves in social housing (in pairs or groups) at some point before weaning, with the remaining respondents individually housing their calves.

MONITORING GROWTH AND PERFORMANCE

One-third of farms cited having a target average daily gain for calves from birth to weaning, and over half of the participants monitored calf growth from birth to weaning, but only one participant reported using a scale to weigh calves. Some participants considered multiple factors when assessing growth; for example, one individual wrote that: "When [calves] have a nice frame and good flesh, if they don't have the BCS (body condition score) I like to see, I don't wean them yet." Other participants reported using a more general assessment of growth (e.g., "I just eyeball it").

"TO SUPPORT THE TRANSITION TO THESE PRACTICES, AN IMPROVED UNDERSTANDING OF CURRENT CALF REARING PRACTICES ON FARMS IS NEEDED."

WHAT DOES THIS MEAN FOR DAIRY FARMS IN BC AND WHERE DO VETERINARIANS FIT IN?

Our results suggest that pre-weaning rearing practices on many BC dairy farms are evolving, with many farms exceeding Code of Practice requirements for milk feeding. However, individual housing remains prevalent, and calf performance is not consistently measured. Veterinarians can play an important role in this transition and can work with clients to adopt new practices:

1. UNDERSTANDING BARRIERS AND MOTIVATIONS TO CHANGE

Farmers are influenced by both extrinsic (Code of Practice changes, dairy industry reputation) and intrinsic (values, ethical standards) motivations. Engaging clients in conversations about their motivations may uncover barriers to adoption and enable more targeted support.

2. PARTICIPATING IN "BOTTOM-UP" CHANGE

Veterinarians are well positioned to facilitate peer-to-peer learning and farmer-led initiatives that are proven strategies for industry change. Providing opportunities through workshops, focus groups, facilitating peer-to-peer learning, or other community events encourage open discussion and input.

3. PROMOTING CHANGE THROUGH MEASUREMENT AND COMPARISONS

Farmers might not have the time or resources to collect routine measurements of calves. Previous work by the UBC Animal Welfare Program has shown that benchmarking can be an effective tool for promoting behaviour change among farmers in relation to calf management. We therefore encourage veterinarians to work with their clients to facilitate the collection of routine measurements, such as calf body weight, to assess growth during the milk feeding and weaning periods and, where possible, to provide farmers with feedback through benchmarking how their calves are performing relative to other farms in their region.

To save space, information about the study described in this article is made available on the Chapter's website at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine. [WCV](#)



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— from the SBCV



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 JUVENILE CANINE

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

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

Poppy started life as a healthy bouncy female Heeler puppy. She had a normal puppyhood until she reached 10 months of age. She presented with a few days' history of lethargy, inappetence, drooling, mild stiffness, droopy ears, clear runny nose, some yellowish ocular discharge, enlarged lymph nodes, and a fever of 40.0°C. There were no other localizing signs on physical exam and the chemistry was normal, but her complete blood count (CBC) was mild to moderately inflammatory with mild neutrophilia (16.9, normal 2.9–12.7 x 10⁹/l) and monocytosis (2.11, normal 0.0–1.2 x 10⁹/l).

She was initially treated with amoxicillin/Clavulin, meloxicam injection, and Cerenia. There was no improvement after 24–48 hours, and 4Dx and lepto screens were run, all of which were negative. Doxycycline was added to the treatment, and the symptoms resolved over 7–10 days.

Poppy was apparently back to normal for about six weeks, but then re-presented with the same symptoms, a fever of 40.5°C, weakness, lethargy, and increased neutrophils (27.7), bands, and monocytes (2.40). On this occasion, she also had mildly increased globulins (47, normal 24–40 g/l) and a mild increase in ALP (335, normal 5–160 U/l). Her C-reactive protein was elevated at 96.1 mg/l (normal 0.0–10.0). She was generally stiffer and more painful moving this time.

Because she was significantly sicker, she was hospitalized at the emergency/specialty practice with IV fluids and started on cefazolin and Baytril. Thoracic radiographs were normal. Abdominal radiographs showed some gas pocketing but no obvious obstruction. The fever did not initially improve, and there was a question about possible salmon poisoning disease; doxycycline was added. The owners also agreed to an abdominal ultrasound, exploring the possibility of an internal abscess. The ultrasound was unremarkable except for a generalized abdominal lymphadenopathy. Lymph node aspirates showed a caseous lymphadenopathy.

Poppy again improved on the antibiotic. Her CBC three weeks later had returned to normal, and the owners reported she was back to her normal self.

Six weeks later, Poppy crashed again with a 40.1°C fever, neutrophilia (18.1), bands, monocytosis (1.9), and the same symptoms of stiffness, lethargy, inappetence, and just not seeming herself. Her C-reactive protein at this time was again markedly elevated at 92 mg/l. This time, she also had a history of suspected aspiration of water while swimming in the ocean, and there were some increased lung sounds and a cough; her chest radiographs showed some cranial lung consolidation. She was treated with Baytril and improved. The fever resolved, and follow-up radiographs showed apparent resolution of the presumed aspiration pneumonia, but she was still not quite herself—slightly withdrawn, lethargic, and showed some generalized stiffness. Her CBC returned to normal again, except for mildly increased lymphocytes and eosinophils.



Poppy, a juvenile Heeler.

“SIX WEEKS LATER, POPPY CRASHED AGAIN WITH A 40.1°C FEVER, NEUTROPHILIA (18.1), BANDS, MONOCYTOSIS (1.9), AND THE SAME SYMPTOMS OF STIFFNESS, LETHARGY, INAPPETENCE, AND JUST NOT SEEMING HERSELF.”

Due to the apparent response to antibiotics, there was concern for the possibility of a focus of infection somewhere not easily identifiable, but Poppy returned to being clinically normal for a couple more weeks. On consultation with internal medicine colleagues, it was decided to continue with Baytril for a longer period and recheck her bloodwork monthly, unless her condition indicated otherwise.

Poppy did continue to do well clinically in terms of appetite and energy, but she would intermittently show some itchiness and stiffness.

Bloodwork was repeated five weeks later while still receiving Baytril, and though she was doing reasonably well clinically, she still had increased neutrophils (25.5), high normal monocytes (1.2), and her C-reactive protein was improved but still increased at 41.2.

At this point, discussion among internal medicine colleagues was that, with other potential causes ruled out, and with the stiffness and negative tick panel, suspicion of underlying immune-mediated disease was growing, and immune-mediated polyarthritis was considered an increasing possibility. Obviously, the concern was that if there was some lingering infection that could not be localized, then immunosuppressive treatment might have negative consequences. It was discussed with the owners that, ideally, arthrocentesis would be performed in an attempt to further localize and characterize the cause of the inflammatory response, but this procedure was declined at that time due to financial constraints.

A recheck of Poppy's CBC in August showed that despite her fairly normal clinical signs (though her energy level was still reduced), her neutrophils (21.2), bands, and monocytes (3.21) remained significantly increased. The persistent increase in inflammatory markers created a difficult situation. Ultimately, the decision was made to start a prednisone trial that month, based on a presumptive diagnosis of immune-mediated disease.

Poppy started on prednisone 2 mg/kg BID. Almost immediately, her energy and attitude improved dramatically. The only issues were the significant prednisone-related side effects (polyuria, polydipsia, polyphagia) and weight gain. The prednisone was tapered down to 0.5 mg/kg twice daily, but symptoms recurred when the dose was further tapered. Bloodwork was rechecked in December (it had been recommended to repeat earlier but the owner did not book until December). At that time, the neutrophils (11.5) and monocytes (1.0) were finally normal, and the C-reactive protein had also decreased to normal (0.4 mg/dl). She was doing well, and we were finally able to spay her without incident.

Poppy has done very well, but her increased appetite secondary to prednisone has led to weight gain, which the owners are having trouble controlling.

To allow a further reduction or elimination of prednisone, Poppy was started on leflunomide 2 mg/kg SID in March. So far, we have been able to reduce the prednisone to 0.25 mg/kg once daily and the slow taper is ongoing.

Poppy presented a very challenging case, as can so many immune-mediated patients where the exact diagnosis is not easy to obtain. We hope to successfully eliminate the prednisone over the next month or so and will then try a slow, careful taper of the leflunomide. We hope she will go on to live a long and happy life. **WCV**

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VANCOUVER AQUARIUM VETERINARIAN THE WORK OF DR. MARTIN HAULENA

BY SBCV STAFF

“I think I kind of remember being as young as seven years old where I wanted to work with dolphins,” says Martin Haulena, DVM, one of the lucky few who knew what he wanted to be when he grew up. At first, he thought he wanted to be a marine biologist—until he learned the difference between marine biologists and veterinarians. While marine biologists study marine environments and the species living within them from a distance, veterinarians work with these animals directly from a clinical and health perspective. “When your whale is sick, you’d call the veterinarian, not the marine biologist—much to George Costanza’s chagrin,” Dr. Haulena adds.

In the years since then, Dr. Haulena received his DVM degree from the University of Guelph (1993), worked at Links Road Animal Clinic in Toronto, completed a master’s degree (1999) in conjunction with a clinical internship at Mystic Aquarium in Connecticut, and was board-certified by the American College of Zoological Medicine with a subspeciality in Aquatic Animal Health (2007). After completing his education, Dr. Haulena worked at the Marine Mammal Center in Sausalito, CA, for just over nine years—during which time he appeared on the TV show, *New Breed Vets with Steve Irwin*. He joined the team at the Vancouver Aquarium in 2006, where he has been for the past 19 years.

As Director of Animal Health and Research at the Vancouver Aquarium and Executive Director of the Vancouver Aquarium Marine Mammal Rescue Society (VAMMR), he does everything from serving as head veterinarian for research projects and supervising students to handling “all that great administrative stuff that directors do—time sheets and expense reports.”

The Vancouver Aquarium and VAMMR are closely connected but operate as separate entities. VAMMR is an independent registered charity that works in partnership with the Vancouver Aquarium, a for-profit entity owned and operated by Herschend Enterprises. One way these entities are linked is through their staff: most of the folks with roles at VAMMR are also Vancouver Aquarium employees. This overlap allows the non-profit to operate with minimal overhead costs, ensuring that donations go directly to VAMMR programs, such as its disentanglement initiatives.

Throughout his career, Dr. Haulena has worked with a wide variety of animals, from domestic and terrestrial species to the marine species he works with today. “Anything weird, I’ve worked with it, probably,” he remarks. Although, even after 31 years in veterinary medicine, he still encounters days when he works with a species he’s never worked with before. Despite the variety of species he’s worked with, he doesn’t have favourites—though he alludes to having an unofficial list of the “coolest” animals he’s worked with, including Cinco the California sea lion.

Cinco, the only California sea lion at the Vancouver Aquarium, was rescued on May 5, 2017—Cinco de Mayo—at Vancouver’s Spanish Banks. He had been shot in the head, the bullet shattering his teeth and severing his optic chiasm, leaving him blind. The VAMMR team rescued Cinco by bringing him to the VAMMR Rescue Centre where he was assessed and treated with the help of an ophthalmologist and dentist. Due to these conditions, Cinco was unable to be released into the wild. This large, blind, adult California sea lion now calls the Vancouver Aquarium home. According to Dr. Haulena, “He’s the nicest sea lion you’ve ever met.”

Because Cinco is blind, the team at the Vancouver Aquarium has adapted how they communicate with him. The trainers taught Cinco to take directions by following the sound of a target pole (essentially a stick with a ball attached, which has rocks inside that rattle when shaken). Using this rattling target pole, the staff can communicate different commands to Cinco, such as “come here,” “go over there,” and “lay down” on this side or that side. “He’s so smart,” Dr. Haulena says. “Everyone loves him so much and he just loves his life, which is so great.”

As Cinco’s experience shows, the VAMMR and Vancouver Aquarium teams try to provide the same level of care you would expect from any small-animal practitioner. They do everything—anesthetic, surgeries, MRI, CTs, lots of imaging, endoscopy, laparoscopy, you name it. Since the species they work with vary from regulars to first-time encounters, Dr. Haulena’s team employs a comparative medicine approach when working with a new species. In these cases, they identify a species as similar as possible—one they already know a lot about—and adapt that knowledge to the new species’ biology and physiology. Even when working with the most unusual species, they never work in a vacuum; there is always a network of people to ask questions and use as resources.

ALL PHOTOS SUPPLIED BY VANCOUVER AQUARIUM AND VAMMR



Entrance to Vancouver Aquarium.

Although the level of care does not change when treating different species, the logistics of how the care is provided can vary greatly depending on the species' physiology, natural history, biology, and behaviours. For example, compare care for a sea otter who weighs 35 kg versus care for a male sea lion who weighs about 1,000 kg. Transportation and manipulation of these species vary greatly—more logistics and horse-like manipulations are required when rescuing or working with a sea lion, while a sea otter is easier to pick up and place in a kennel or on a plane. Which isn't to say that rescuing sea otters is a cakewalk. For one, warns Dr. Haulena, they can be "quite bitey." They also rely on a perfect hair coat for insulation rather than blubber. This perfect coat keeps them nice and warm in the water, but as soon as you take them out of the water and start transporting them, a flip happens—they don't have ways to dissipate heat other than being in water, so they are very prone to overheating. "Sea otter thermal regulation is a big issue, so you have to have contingency plans for that."

Dr. Haulena explains that one must also be very cautious about shaving a sea otter in care. He or his team will typically manipulate the hair coat instead of shaving it when doing invasive surgeries due to the importance of this coat for the sea otter's health. Sea otters are also impeccable groomers, so this needs to be considered when doing a surgical incision because they will go to the site and groom it. In contrast, sea lions will probably leave a surgical site relatively untouched. They rely on their heavy layer of blubber, which keeps them quite insulated, but not nearly as well-insulated as sea otters.

In addition to the challenges of providing care to different species, the execution of a successful rescue involves many moving parts.



Release of animals after rescue.

"A lot of our animals are coming from rather remote places," explains Dr. Haulena. "They're difficult to get." A recent rescue performed by the VAMMR team occurred at the north end of Vancouver Island, which took one day to get there, one day to rescue the animal, and one day to return. Adding to the challenge, animals move, so there is always the chance they will be gone by the time the team arrives.

And "team" is key—each rescue is a team effort, requiring many people and a good network to successfully execute every rescue mission. VAMMR works very closely with Fisheries and Oceans Canada for rescues and disentanglement missions, local experts on the ground (such as local fisheries officers who know the lay of the land), other non-profits (such as the Marine Education & Research Society) who assist with coordination and monitoring of the animal, and whale watching and natural-history-type companies that provide tours. "Those guys are really invaluable sources of information," explains Dr. Haulena. These entities help the team monitor the animals to be rescued to understand their behaviours and patterns before the team makes the trek, which allows them to plan better. Private entities, such as property owners, also play a vital role.

"We don't have endless resources so we have to plan things as best we can."

The ability to execute these rescue missions and provide the care these animals need to survive and live happy, healthy lives are important parts of the work VAMMR and the Vancouver Aquarium does but are not the only ways the Aquarium contributes to the community. With 73 years of caring for an array of aquatic species with an assortment of conditions, the Vancouver Aquarium has contributed to a significant amount of research that directly impacts the field of aquatic veterinary medicine, improving the capability of today's veterinarians to provide care for these species.

Take Sitka the Steller sea lion, for instance, who was in the Vancouver Aquarium's care for 27 years as part of a UBC collaborative research program. After Sitka passed away, Dr. Haulena asked a major UBC collaborator how many papers Sitka's participation had contributed to. They responded, "It's just under one hundred published, peer-reviewed journal articles [and] twelve graduate student theses she was a part of."

"That work directly influenced the management of western Aleutian endangered Steller sea lions," Dr. Haulena explains. "That was the whole reason those animals came into the Aquarium and came into that program, including [the] open water program."

Sitka is just one of many whose contributions directly impact the animals and their environments. There are even studies carried out in collaboration with colleagues in the human medical field. "It just goes on and on and on—there's lots of stories."

The rescue centre, with all its clinical cases, is an "unbelievable resource for training folks," Dr. Haulena says. Much time is spent training veterinary technicians and veterinary students in various externship and preceptorship programs. Graduate students come and learn different things about marine species. The Vancouver Aquarium also hosts a one-year program for qualified new veterinarians who want to go down the road of specialization. "That program has been hugely successful," Dr. Haulena says. "Most of the folks are still doing similar work that have come through that."


Aquariums also provide a place for the public to come—especially with their families—to engage with and learn about aquatic life and the value of animals as individuals, groups, and parts of the whole ecosystem. Visiting the Vancouver Aquarium and learning about the many species that make up different aquatic ecosystems establishes a sense of stewardship for the future and inspires the next generation of veterinary professionals who may continue the legacy of the Vancouver Aquarium teams.

“ANYTHING WEIRD, I’VE WORKED WITH IT, PROBABLY.”

“[Visitors are] certainly having a great day, but also learning something,” Dr. Haulena says. “We have members say, ‘Oh my gosh, I learn something new every time I come in.’”

Tourists also love to visit aquariums. Aquariums attract tourists to the cities where they are located, generating revenue not only for the aquariums, but for other local businesses, too. They also provide jobs for local populations, further bolstering the cities’ economies. The Vancouver Aquarium, for example, has over 200 employees.

Ultimately, facilities like the Vancouver Aquarium, with veterinary teams like the one headed by Dr. Haulena, are vital sources of information for improving the care provided to aquatic species—thus benefiting the mammals themselves.

If you would like to support the work of the Vancouver Aquarium Marine Mammal Rescue Society, visit www.vammr.org to learn more. 



Rescue involving disentanglement.



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Friday, November 7, 2025

6:00 pm: Round Table: Building or Buying A Veterinary Practice with Dr. Elizabeth Bellavance, Dr. Fraser Davidson, Dr. Sarah Armstrong, Greg Toner, and Kevin Ponte. Generously sponsored by TD.

Saturday, November 8, 2025

8:00 am: Soft Tissue Surgery and Diagnostic Imaging with Dr. Koji Aoki and Dr. Alexandra Belotta. Generously sponsored by VetStrategy.

1:00 pm: Pain Management and Arthritis with Dr. Conny Mosley. Generously sponsored by True North Veterinary Diagnostics.

Saturday, November 8, 2025

TRADE SHOW

From 9:00 am to 3:00 pm

Sunday, November 9, 2025

7:30 am: Wonky Back Ends: Neurological or Orthopedic with Dr. Greta VanDeventer and Dr. Liz Meiman. Generously sponsored by Associated Veterinary Purchasing - AVP.

1:00 pm: Delegation of Care to Animal Health Technologists with Dr. James Sudhoff. Generously sponsored by Associated Veterinary Purchasing - AVP.

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OPHTHALMOLOGY AND ANESTHESIA

BY JEN BURKE, RVT, VTS (Anesthesia and Analgesia)

An eight-year-old male neutered French Bulldog presented to the ophthalmology department with chronic, refractive secondary glaucoma and permanent blindness in the right eye. The owners elected enucleation to preserve comfort since the eye was permanently blind.

He also had moderate brachycephalic obstructive airway syndrome with increased upper respiratory sounds and mild to moderate stertor. To avoid anxiety during hospitalization, he received gabapentin and trazodone three hours prior to admission, allowing adequate time for the sedation to take effect. He was not on any other medications, and his owners reported that he had received meloxicam for previous surgeries and had done well on it. We planned to send him home with meloxicam postoperatively.

Panting and excitement in brachycephalic patients can lead to upper airway swelling and edema. We planned to begin his surgery right away to avoid these complications. Despite the oral sedatives given at home, he was still anxious and difficult to restrain. In keeping with our fear free practice, I chose to sedate him prior to placing an IV catheter. I administered 0.2 mg/kg methadone subcutaneously (SC) in the Governing Vessel 20 spot, located between the ears on the dorsal midline of the head. This method is less painful and gives faster sedation than the intramuscular route. After eight minutes, I was able to place an IV catheter and collect blood for an in-house chemistry panel.

Brachycephalic dogs have an increased incidence of gastroesophageal reflux disease and are thus at greater risk of aspiration pneumonia. To avoid nausea, vomiting, and regurgitation, I administered maropitant and metoclopramide SC prior to surgery. The blood panel was normal, and the packed cell volume and total solids were 54 per cent and 6 g/dL, respectively. I brought him to the surgical prep area and administered 100 per cent oxygen by mask prior to induction. Preoxygenation can postpone the time to desaturation in case of apnea during induction of anesthesia. This is especially important for brachycephalic breeds, who may deal with persistent respiratory obstruction and chronic levels of hypoxia due to their conformation abnormalities. After five minutes of preoxygenation, I induced anesthesia with 1.5 mg/kg alfaxalone IV and used a laryngoscope to visualize his oral cavity. I attempted to place a 7.5 mm endotracheal tube (ETT) but could not advance it past the larynx. Brachycephalic breeds have 33 per cent smaller tracheas compared to dolichocephalic breeds of the same size. In this case, I worried the ETT cuff (high volume, low pressure) was too bulky. I reintubated with a 7 mm ETT of a different brand with a more compact cuff. Again, I reached a point past the larynx where the tube could not be advanced. I measured the tube and found the tip placement was appropriate (between the larynx and thoracic inlet) and tied it in place.

For the procedure, I set Isolyte fluids at 5 ml/kg/hr, isoflurane at 1 per cent, and placed him on a Hallowell ventilator for better control of his anesthetic plane. Initially, his blood pressure (BP) was 104 mmHg on the doppler, but after 10 minutes it had fallen to 80 mmHg. Systolic blood pressure during anesthesia should ideally be greater than 90 mmHg. Noting trends in vital parameters, however, is more important than individual measurements. In a healthy patient, a BP drop early on in anesthesia likely indicates relative hypovolemia and inhalant-induced vasodilation. I gave a 5 ml/kg fluid bolus over 10 minutes and started a dopamine constant rate infusion at 7 mcg/kg/minute for ongoing BP support. The BP increased to 110 mmHg, his heart rate (HR) was 68 bpm, and he remained stable for surgical prep.

For further analgesia, I performed a retrobulbar and eyelid block with bupivacaine, buprenorphine, and epinephrine. By adding buprenorphine, this block provides over twenty hours of analgesia, versus just six hours with only bupivacaine (see RETROBULBAR BLOCK).

The patient's vitals remained stable, and we moved to the operating room. Once there, the patient was bucking the ventilator, indicating a light anesthetic plane. I gave alfaxalone IV and increased isoflurane to 1.25 per cent for the duration of surgery. He remained stable with mean arterial pressure (MAP) between 68–78 mmHg and a heart rate of 70–82 bpm. Once surgery was complete, I turned off the inhalant, disconnected him from the breathing circuit, and used the flush valve to rapidly remove isoflurane from the circuit. I reconnected him to the circuit and provided 100 per cent oxygen, allowing the active scavenge system to dispose of the waste anesthetic gas.

RETROBULBAR BLOCK

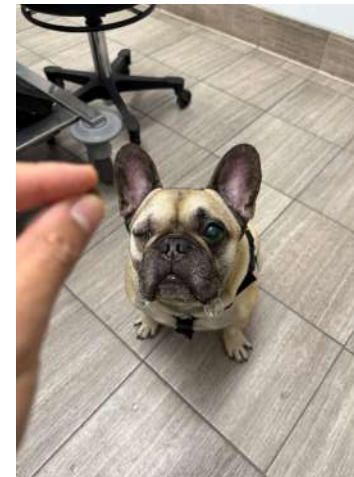
Local anesthetics: bupivacaine 0.5 per cent (cat: 0.5 ml; dog: maximum 2 ml); do not exceed toxic dose.

Optional adjuvants: buprenorphine 0.003 mg/kg and epinephrine 0.1 ml.

Materials: a 1.5-inch slightly curved 22-gauge needle, sterile gloves, and a surgically prepped site.

Contraindication: neoplasia and retrobulbar abscess.

Palpate the inferior eyelid at the orbital rim, enter halfway between the lateral canthus and the mid-lower eyelid. Direct the needle along the floor of the orbit, then redirect dorsally. A slight pop may be felt as the needle pierces the orbital fascia. Aspirate prior to injection, then inject slowly. If resistance is felt, or if blood is in the syringe, draw back and redirect.



The patient, a male French Bulldog.



Retrobulbar block administered to another patient.

While cleaning his surgical site he was stimulated and woke up suddenly, so I gave alfaxalone IV to allow for a calmer recovery while we finished cleaning. I moved him to the recovery area, still intubated, and provided flow by oxygen. I kept him in sternal recumbency to allow his lungs to inflate fully. I weaned him off dopamine, ensuring his BP remained normal while he woke up. His vitals were stable, and his oxygen saturation (SpO2) was 99 per cent on flow by oxygen. He was hypothermic at 36.3°C, so I covered him with blankets while I remained at his side. Once he was moving his head and swallowing on his own, I attempted to extubate him. He coughed a few times, and I noted blood-tinged fluid in his ETT. He rapidly desaturated, his SpO2 dropping to 81 per cent, and he became cyanotic. I gave 25mg alfaxalone IV, reintubated with a 6.5 mm ETT, and moved him to the emergency department.

I connected him to a multiparameter monitor and provided flow by oxygen. I monitored his vitals: he was stable with an elevated HR of 130 bpm, MAP 84 mmHg, respiratory rate of 16 brpm on his own, end-tidal CO2 43 mmHg, and SpO2 100 per cent. More blood-tinged fluid was noted in his ETT, so I used a 10 Fr red rubber feeding tube attached to a suction pump to clear his tube. A small amount (< 1 mL) of foamy fluid was retrieved. He then became very anxious, suddenly awake, and coughing frequently. I gave 0.1 mg/kg methadone IV and 1 mcg/kg dexmedetomidine IV for sedation to allow for a slower recovery.

He was extubated once lifting his head and responding to his name. Once extubated, he tried to get up and walk. He was moved to a kennel and his SpO2 dropped to 90 per cent off oxygen. Loud upper respiratory sounds were auscultated, and he was very anxious, changing positions frequently. I provided mask oxygen and gave 0.15 mg/kg dexamethasone IV to reduce inflammation and airway swelling. After 15 minutes, his breathing sounds were normal. After another 10 minutes, he was able to maintain SpO2 at 97 per cent without oxygen supplementation. He stabilized and was discharged to go home later that day. Since he received a steroid injection, we sent him home with prednisone instead of meloxicam.

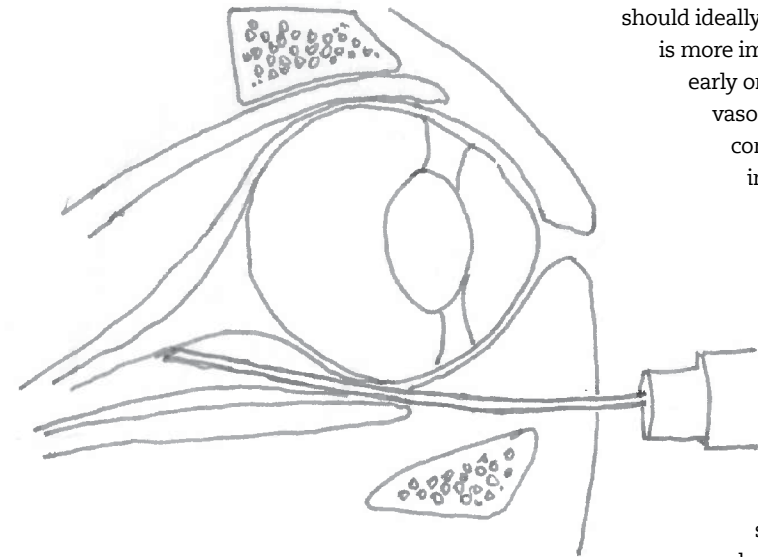
Pain management in this case was very helpful to the outcome. A retrobulbar block can be performed by trained RVTs, providing multimodal analgesia and decreasing the inhalant requirements for surgery.

Careful monitoring during the procedure allowed the RVT to alert the DVM when blood pressure started to trend abnormally, before reaching critical levels. Diligent postoperative monitoring was crucial for this patient's successful recovery. Patient monitoring needs to continue even after extubation, especially in breeds at high-risk for respiratory obstruction. An RVT can alert the veterinarian of slight changes in the patient status, before bigger problems develop. Once the patient showed desaturation, I knew securing an airway was essential, and was able to do so immediately by being prepared, bringing sedation, a laryngoscope, and extra ET tubes to the kennel during recovery.

Together, the RVT and the DVM can ensure the patient has a safe and pain-free anesthetic journey.

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

ALL PHOTOS SUPPLIED BY JEN BURKE



Retrobulbar block.



Anesthetic machine.

WORKPLACE RISKS IN BC'S VETERINARY INDUSTRY

BY WENDY BENNETT, MBA, CRSP

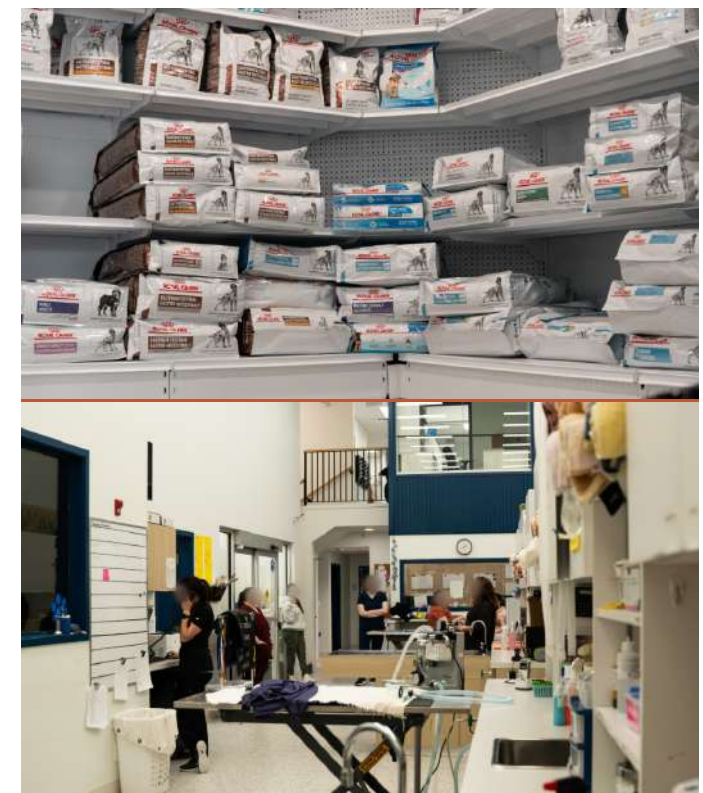
Veterinary professionals in BC play a crucial role in animal care, but the nature of their work presents inherent risks. Each year, the industry contributes approximately \$3 million in assessments to WorkSafeBC, underscoring the financial impact of workplace injuries.

INJURY STATISTICS AND COSTS

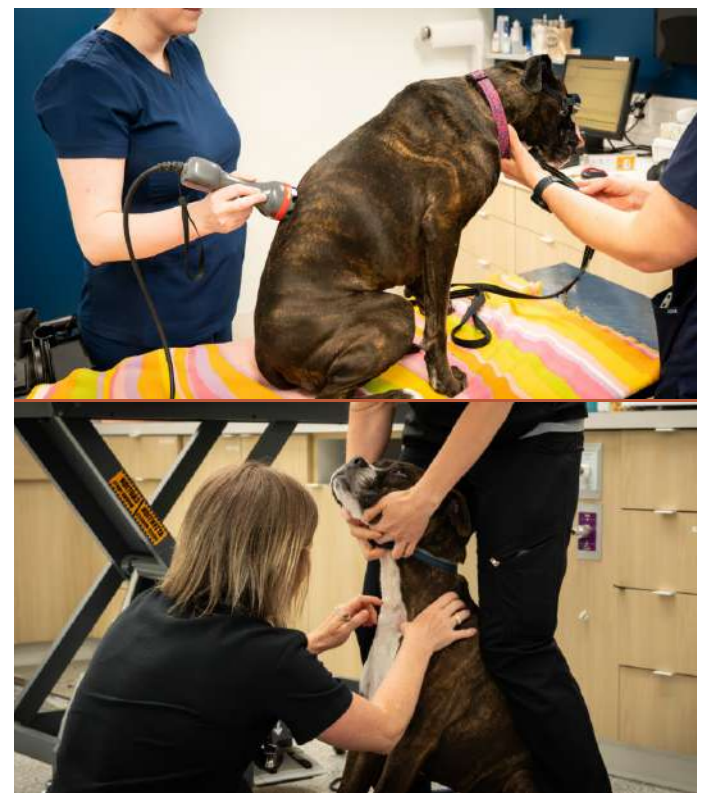
The occupations of individuals making injury claims in this classification (unit 763032—Veterinary Hospitals and Veterinary Services) include veterinary technicians, animal health technologists, veterinarians, receptionists, pet groomers, animal care workers, and administrative officers. Between 2018 and 2023, the industry averaged 127 injury claims per year, leading to 2,801 lost workdays annually. As expected, the primary source of injuries was animal-related incidents (68 per cent of cases). The most common nature of the injuries was laceration (43 per cent), followed by strains and sprains (28 per cent), which should come as no surprise to those working in the field. The third most common injury was concussion (12 per cent). While concussions only accounted for 12 per cent of claims, they represented 30 per cent of total claim costs—a clear indication of their severity and financial impact. Over the last five years, WorkSafe injury claim costs paid to workers in the veterinary sector averaged about \$1.127 million per year.

Source of injury	% of number of claims	% of claim payment
Animals, animal products	68%	58%
Floors, walkways, ground surfaces	7%	7%
People	7%	11%
Containers	4%	6%
Instruments, equipment	3%	1%
Furniture, fixtures	2%	3%
Cases, cabinets, racks, shelves	1%	13%
Other	8%	2%

TABLE 1: Veterinary Hospital or Veterinary Services (763032) industry claim analysis—count of claims versus cost of claims, 2019–2023 (WorkSafeBC Statistics).



Kamloops Veterinary Clinic.



A large dog patient at Kamloops Veterinary Clinic.

IDENTIFYING WORKPLACE RISKS

While a career in veterinary medicine is rewarding, it has some hazards due to the unpredictable nature of animals. While low-stress handling training and certifications exist to minimize distress, workplace environmental setups also play a critical role in injury prevention. Consider these risk scenarios:

- Handling large animals: If a 30–50 kg animal rears up suddenly, a worker could be struck under the chin or fall backward, potentially leading to a concussion.
 - Equipment placement: Emergency reactions to unpredictable movements can increase tripping hazards or accidental collisions with equipment.
 - Off-site locations: If an animal reacts unexpectedly, a worker could be injured unless they have a clear escape path, such as an open gate with an unobstructed route.
- Situational awareness can dramatically reduce injury risks. A few extra seconds spent evaluating environmental safety could prevent months of recovery from a preventable injury.

THE ROLE OF COR

BC's veterinary sector can benefit greatly from pursuing a Certificate of Recognition (COR)—a formal acknowledgment of health and safety management systems that meet industry standards. The role of COR:

- Proactive hazard identification: COR encourages workplaces to assess risks before injuries happen.
- Financial advantages: Organizations with COR certification may be eligible for WorkSafeBC premium discounts.

“A FEW EXTRA SECONDS SPENT EVALUATING ENVIRONMENTAL SAFETY COULD PREVENT MONTHS OF RECOVERY FROM A PREVENTABLE INJURY.”

AgSafe is proud to deliver the COR program to the veterinary sector in BC, helping professionals build safer workplaces and reduce financial strain from workplace injuries. For more information about AgSafe services or to contact one of our health and safety representatives, visit www.AgSafeBC.ca where you can find links to follow us on Facebook, Instagram, and LinkedIn, and to sign up for the newsletter, Dirt on Ag. [WCV](#)



Wendy Bennett, MBA, CRSP, is the Executive Director of AgSafe, the COR Certifying Partner for BC's agricultural and veterinary industries. AgSafe offers employers a Certificate of Recognition (COR) for their health and safety programs.

TRIGGER STACKING:

TAKING CARE OF OUR PETS, OUR PATIENTS, AND OURSELVES

BY MARNIE FORD, PhD, DVM, DACVO

“No, he’s really a nice dog, I don’t know why he’s being so snappy,” or “She’s never scratched anyone before, how odd!” These are the types of comments I often hear after a patient has just lashed out unexpectedly. It’s a moment that leaves me wondering what caused the shift, and of course I always take it personally. We’ve all experienced those uncharacteristic explosions—whether from our pets, our colleagues, or ourselves—that occur following a seemingly innocuous event. Understanding why these outbursts happen can help us avoid them or at least manage them better.

A series of small irritants, each quietly siphoning a small amount of patience from a finite reservoir, can build up over time. Then, a tiny thing—a pen that won’t write—pushes you into a complete rage. Anybody witnessing this overblown response to a seemingly minor offence perpetrated by a pen would think you had completely lost your mind. Similarly, for a patient, an otherwise innocent pat on the head results in a painful bite that “came out of nowhere.” To them, though, it isn’t sudden at all. It’s the last straw of a long stack of stressors simmering under the cloak of normal behaviour that finally tips the balance.

WHAT IS TRIGGER STACKING?

Trigger stacking refers to a phenomenon where multiple stressors or scary situations occur within a short time span, resulting in a large reaction to an otherwise minor stressor. This concept is widely recognized in dog training but is also applicable to humans and other animals. Trigger stacking occurs when triggers happen back-to-back without an opportunity to recover or refill your coping reservoir.

What kind of triggers can there be? These are highly variable between all animals, including people, and influenced by both internal factors (hormone changes, health, prior experiences) and external factors (weather, noise, temperature, other animals/people, etc.). The interplay of internal and external factors helps us understand how triggers work. When multiple factors combine, they lower one’s overall threshold, making it easier for a reaction to be triggered. Individually, certain triggers might not lead to an attack, but when these triggers pile up, they push an individual’s system to its limit, surpassing their threshold and setting off an attack. This threshold isn’t fixed—it fluctuates based on many variables both individually and between individuals.

For people, common triggers might include sleep disruptions, bad weather, a speeding ticket, a dog that won’t stop barking, or a phone ringing incessantly. When these things pile up without time to recover, a broken pen might be the straw that breaks the camel’s back, leading to a complete meltdown.

For a dog or cat, the build-up of triggers might look like this: they’re interrupted from a nice nap, put into a crate, driven in a car on a different route than when they drive to the park, forced to deal with barking dogs in the waiting room, and then placed on the exam table. After all that, a simple needle prick or temperature check can feel like the final straw. Broken down like this, there is nothing sudden in the mind of the patient who “suddenly” loses it!

While we often don’t stop to consider why we just pulverized the pen, taking a moment afterward to reflect can help us understand what happened. “Self (I say), I think the frustration from being late, getting a ticket, stepping in a puddle, and getting a paper cut left me with no patience for that stupid pen.” In the heat of the moment, it’s tough to pull ourselves back, but with time and practice, we can get better at it.



“HOW DO WE MANAGE THESE ESCALATING REACTIONS BEFORE THEY REACH A TIPPING POINT?”

MANAGING TRIGGER STACKING

Understanding how triggers stack is one thing, but how do we manage these escalating reactions before they reach a tipping point? To handle trigger stacking, we need to tap into our inner resources—our emotional intelligence, resilience, self-awareness, and coping strategies. This can range from practicing mindfulness to simply getting more sleep or taking regular breaks. We can’t always control the external stressors in life, but we can recognize when they’re building up and take steps to prevent our reactions from boiling over.

This isn’t always easy, and I’m definitely not perfect at it myself. But a little self-awareness and patience can go a long way in preventing those outbursts that seem to come out of nowhere. The good news is, while we can’t control everything around us, we can control how we respond. By understanding our own triggers and those of our pets, we can better manage the emotional cost, either by avoiding certain situations or by pairing them with coping strategies. For example, if constant noise is a trigger during the day, you might reduce its impact by keeping the kennel room door closed, turning down phone ringers, or adjusting their tones. Taking breaks more often, eating a more nutritious lunch, or getting more sleep the night before can also help keep your emotional reserves intact. Similarly, for your pet, you can reduce their exposure to triggers by changing the route you take to the park, followed by a fun activity or treat. If they’re due for a veterinarian visit, maybe stop in just for a weigh-in and give them a treat afterward or even use anti-anxiety medication if necessary to help them stay within their coping zone (below their threshold).

IT’S A PROCESS

Recognizing your unique triggers is a gradual process that requires patience and self-awareness. If you know how trigger stacking works, you might be able to catch yourself before things escalate or at least improve your ability to warn those around you of an impending explosion. I find myself telling those around me when I need a break that “I’m getting stacked.” Take a moment to pause, reflect, and give yourself a little grace. These reactions are normal, and they happen to everyone. The key is recognizing them and managing them effectively, which will improve your enjoyment of work, productivity, and mental health. [WCV](#)

CVMA PRACTICE OF THE YEAR AWARD WINNER

BOUNDARY BAY VETERINARY SPECIALTY HOSPITAL



“THE HOSPITAL IS CONTINUALLY EVOLVING TO MEET THE DEMANDS OF COMPLEX VETERINARY MEDICINE.”

Boundary Bay Veterinary Specialty Hospital (BBVSH) has been named the 2025 recipient of the Canadian Veterinary Medical Association (CVMA) Practice of the Year Award. This national honour recognizes a veterinary practice that exemplifies the highest standards in patient care, team-based service, innovation, community involvement, and professional leadership. BBVSH has served the Metro Vancouver and British Columbia veterinary community for more than 15 years. From its beginnings in 2009 with just four staff, the hospital has grown to more than 180 team members and now operates out of a custom-built, advanced facility in Surrey, BC. As an independent, family-owned practice, BBVSH remains grounded in a collaborative model of care, guided by a shared mission: to support pets, their families, and the referring veterinary community through teamwork and service.

The hospital is one of only two VECCS Level 1 certified emergency and critical care facilities in Canada and operates as a VetCOT Level II Trauma Centre, providing 24/7 care through a fully integrated team model. BBVSH also prioritizes continuing education for the veterinary community, offering free RACE-approved CE sessions that have reached more than 800 professionals across the province in the past five years.

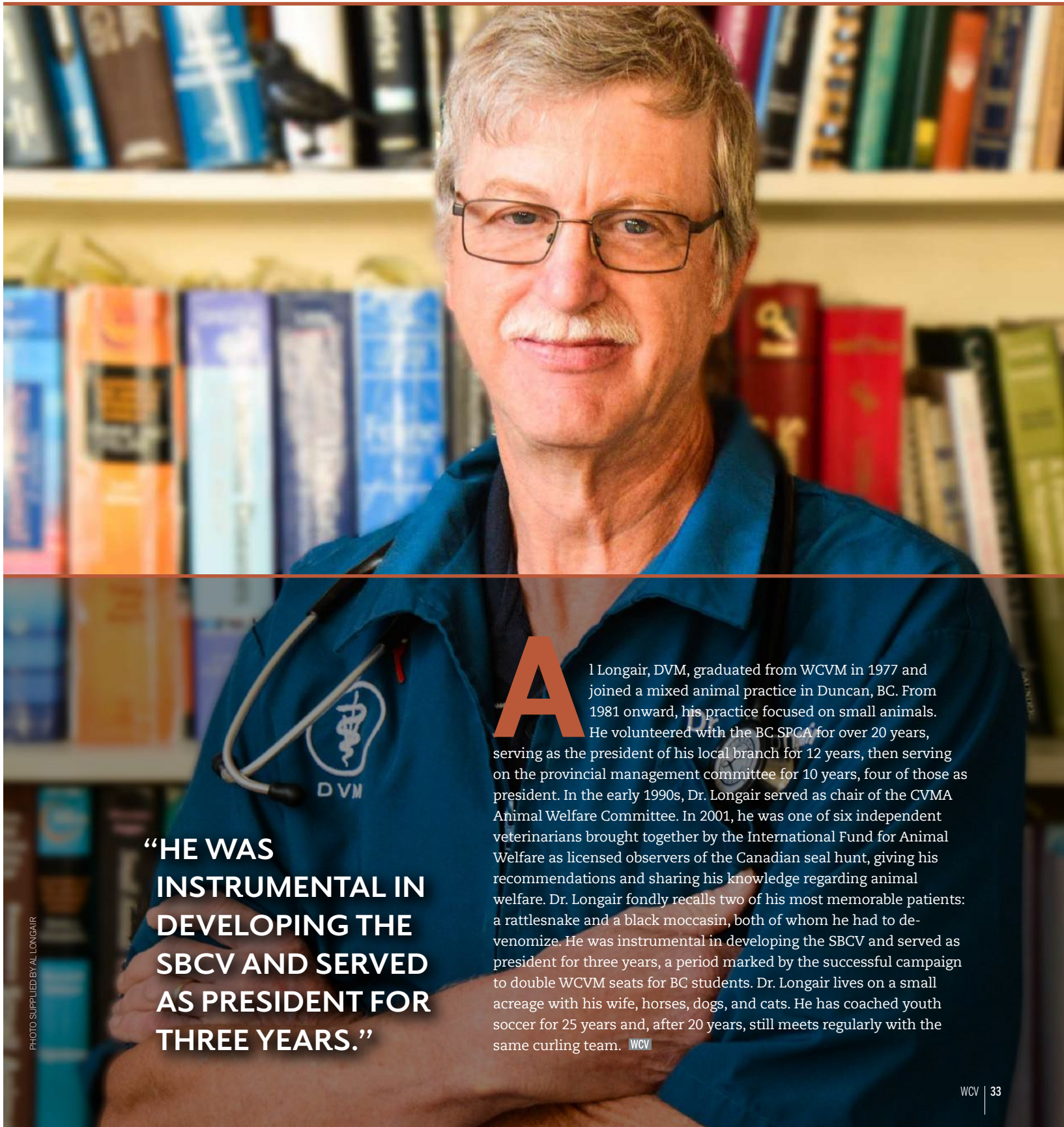
The hospital is continually evolving to meet the demands of complex veterinary medicine. From advanced in-house diagnostic imaging and minimally invasive surgery to their blood bank that supports critical transfusion needs, BBVSH stays current with the tools and techniques expected of a high-level specialty and emergency centre.

BBVSH maintains strong community ties through partnerships with rescue and service organizations such as TinyKittens and Ned's Wish. Its collaboration with HERODAWGS—an organization that supports the mental health of health care workers and first responders through pet therapy—underscores BBVSH's commitment to the well-being of both therapy animals and the people they assist.

The 2025 Practice of the Year Award acknowledges not only clinical excellence but also the values BBVSH embodies—collaboration, service, and a commitment to the well-being of animals and their families. **WCV**

CVMA DISTINGUISHED MEMBER AWARD WINNER

AL LONGAIR, DVM



“HE WAS INSTRUMENTAL IN DEVELOPING THE SBCV AND SERVED AS PRESIDENT FOR THREE YEARS.”

Al Longair, DVM, graduated from WCV in 1977 and joined a mixed animal practice in Duncan, BC. From 1981 onward, his practice focused on small animals. He volunteered with the BC SPCA for over 20 years, serving as the president of his local branch for 12 years, then serving on the provincial management committee for 10 years, four of those as president. In the early 1990s, Dr. Longair served as chair of the CVMA Animal Welfare Committee. In 2001, he was one of six independent veterinarians brought together by the International Fund for Animal Welfare as licensed observers of the Canadian seal hunt, giving his recommendations and sharing his knowledge regarding animal welfare. Dr. Longair fondly recalls two of his most memorable patients: a rattlesnake and a black moccasin, both of whom he had to de-venomize. He was instrumental in developing the SBCV and served as president for three years, a period marked by the successful campaign to double WCV seats for BC students. Dr. Longair lives on a small acreage with his wife, horses, dogs, and cats. He has coached youth soccer for 25 years and, after 20 years, still meets regularly with the same curling team. **WCV**

WCVM HOSTS 2025 SCVMA SYMPOSIUM WITH GREAT SUCCESS

BY SHAWNA WILLIAMS, BSA

Western College of Veterinary Medicine (WCVM) hosted the Students of the Canadian Veterinary Medical Association (SCVMA) Annual Symposium on January 16–18, 2025. Every year, the Symposium is hosted by one of the veterinary schools in Canada. This event gives students a chance to connect with other veterinary students, learn from professionals in the field of veterinary medicine, and engage in fun activities with their peers. Approximately 180 students attended this year's Symposium, hailing from all Canadian veterinary schools: University of Calgary Faculty of Veterinary Medicine, Faculté de Médecine Vétérinaire, Ontario Veterinary College, Atlantic Veterinary College, and WCVM. The weekend kicked off with a welcome mixer at Louis', a popular pub on the University of Saskatchewan campus, where students had the chance to meet and network with colleagues while enjoying delicious appetizers and fun activities.

On the second day, the Symposium offered a variety of lectures and wet labs with instruction from WCVM faculty and special guests. With topics spanning small animals, large animals, emergency medicine, exotics, pathology, and more, there was something for everyone no matter their interests. As Kayla Williams (WCVM class of 2028) shared, "I found the experience very interactive and interesting. I was able to attend various exotic animal lectures and labs which are not normally emphasized in the curriculum at school." Guest speaker Dr. Chris Bell of Elders Equine in Cartier, Manitoba, gave a presentation on learning while in practice, business, and everyday life that was well received by participants. In another popular lab, this one by WCVM's own Dr. Chris Clark, students learned the ins and outs of bovine toe amputations. The day finished off with more social fun at the Cattle and Caddies Mixer. Students also had the chance to take part in the evening student session at the Western Canadian Bovine Practitioners Conference, also happening in Saskatoon at the same time. That session centered around practice management tips and offered students the ability to network with those in attendance.

In addition to labs and lectures, students had the opportunity to participate in educational tours in the Saskatoon area. Before lunch on Saturday, attendees could choose to visit the Livestock and Forage Centre of Excellence, Saskatoon Forestry Farm, Remai Modern, Western Development Museum, or Wanuskewin Heritage Park. After lunch, the tour opportunities were the WCVM Teaching Hospital and Rayner Dairy Barn, Vaccine and Infectious Disease Organization, or WCVM Small Animal Rehabilitation Unit.



Fiona McNichol (WCVM 2027), Ella Parcels (WCVM 2027), and Logan Vaitkus (WCVM 2026) practice ultrasound skills during a wet lab.



CPR saves lives!



Students taking in a calving wet lab.

“SYMPOSIUM GAVE ME THE OPPORTUNITY TO FORGE VALUABLE CONNECTIONS AND GAIN IMMENSE KNOWLEDGE IN THE FIELD OF VETERINARY MEDICINE...”

To wrap up a fun and educational weekend, the SCVMA presented the Starlight Gala—a formal closing dinner held at the elegant Remai Modern, an art museum in Saskatoon. Attendees were treated to a delicious three-course meal and presentations from guest speakers, including WCVM's own Dean, Dr. Gillian Muir. The night was rounded out with live music by local band Sask Steel. The Gala received thumbs-up all around. "My favourite part," Mackenzie Newlands (WCVM class of 2026) disclosed, "Was hearing from the amazing speakers we had. The food was also incredible!"

Across the board, the weekend was a great success. Attendees reported gaining valuable connections and knowledge in the field of veterinary medicine. "Symposium gave me the opportunity to forge valuable connections and gain immense knowledge in the field of veterinary medicine that will undoubtedly benefit me in the future," shared Neva Dalinghaus (WCVM class of 2026). The Symposium's planning committee, speakers, sponsors, participants, and everyone else who had a hand in bringing the event to fruition should be proud. The next Symposium is set to take place January 15–17, 2026, at the Ontario Veterinary College in Guelph. [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

CASE COMMENT: YOUR DUTY TO COOPERATE DURING AN INVESTIGATION OF YOU BY YOUR REGULATOR

BY SCOTT NICOLL, BA, MA, LLB

At the risk of stating the obvious, veterinarians in British Columbia are both businesspeople and regulated professionals. Most of my prior columns in this space have dealt with issues you face in the former role. This column relates to an issue you may face in the latter role. This column is a review of a March 2025 decision of a hearing panel of the CVBC's Discipline Committee regarding your duty to cooperate during an investigation into your conduct and specifically your obligation to attend an interview when requested to do so (CVBC File No. 23-012). While you may never need to apply the information in this column in your own practice, consider this column a little of Benjamin Franklin's (or so we think) ounce of prevention.

FACTS

There are two different complaints at issue in this decision, one of those rare instances where two for the price of one is not the deal you want. The first is the original complaint for which the veterinarian refused to attend an interview. The second is a subsequent investigation by the College into that refusal. The first complaint relates to allegations by the owner of Archie, a dog and patient of the veterinarian that is the subject of the complaint. The veterinarian was alleged in this first complaint to have permitted unqualified staff members to treat little Archie. When asked to attend an interview regarding this complaint, the veterinarian refused to do so for reasons I will set out below. This refusal resulted in a new allegation that the veterinarian's refusal amounted to professional misconduct. The College alleged that the veterinarian's failure to cooperate in the investigation was a contravention of the Veterinarians Act (the "Act"), constituted professional misconduct, and was a violation of your Professional Standard "Registrant Cooperation During Investigations and Accreditations" (the "Professional Standard").

The veterinarian was represented by legal counsel throughout. Unsurprisingly, the veterinarian denied he failed to cooperate. Chief among the reasons he gave in support of this contention is that he claimed to have cooperated by offering to respond in writing to the College's questions rather than participate in an interview. Interview requests in the course of a professional conduct investigation are typical. The veterinarian's position in this case, however, was that an interview was neither appropriate nor necessary (again, more on this below). The College reiterated their request in response to the veterinarian's refusal to attend the interview and pointed out that his legal counsel could be present for the same, as they always do. They also noted the veterinarian could later object to any subsequent inappropriate use of the questions and answers arising from the interview.

The veterinarian continued his refusal notwithstanding the College's response. He would not agree to an interview and insisted his willingness to provide responses to questions in writing was sufficient cooperation with the College's investigation to meet his professional obligations. Predictably, a new citation alleging professional misconduct as a result of the veterinarian's failure to cooperate with the investigation was then issued by the College. As noted above, this represented a second and separate investigation from the circumstances involving little Archie.

To be clear, the veterinarian was now the subject of two separate investigations: the first for the alleged treatment of Archie by unqualified staff members and the second for failing to cooperate in the first investigation. The College then advised the veterinarian of the requirement for the veterinarian to attend an investigative interview respecting the new citation. Unsurprisingly by this point, the veterinarian also refused to attend the investigative interview in respect of the second citation. Unlike the response to the request for an interview regarding Archie's circumstances, however, the veterinarian advised the College he was not well enough to attend this interview due to recent dental surgery and the effects of painkillers he was taking as a result of the same. The veterinarian again reiterated his request that any questions be put to him in writing only. No interview was performed.

Notably, the veterinarian did not dispute his refusal to attend the interviews. His position was that he was not required to attend. He maintained the College could have obtained any information they sought in writing. He also argued that the investigation into the first complaint had resulted in restrictions upon his practice pending the outcome of the investigation and following inspections of his two practices. He said this fact meant that the College was in an "adversarial position" with him, that they were "building a case" against him and, as such, the investigation was neither neutral nor objective. He said this was yet another reason he was justified in refusing to attend an interview.

He also said that the large volume of information already in the possession of the College as a result of the investigation, including his patient notes and records regarding Archie's treatment, also made the interview unnecessary. He argued there was no need of further information from him.

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CUT OUT THIS PAGE IF YOU WISH TO SAVE IT.

Lastly, he said that he expected questions to be put to him about discrepancies in the information already provided and that, too, was a reason for him not to attend an interview. He said it was "an improper purpose" of the interview to "attempt to reconcile certain parts of the evidence that appeared to be in conflict." I will return to this point later.

THE ISSUE

The question in this decision that is important to you is: are you required to attend an interview in the course of an investigation into your professional conduct? You will be unsurprised to learn the short answer is "yes." The longer and (I hope) more interesting answer is why.

THE ANALYSIS

I preface this next section of this case comment with an observation garnered from approximately 20 years of defending professional registrants in BC. You need to understand that if you are the subject of a professional conduct investigation by your regulatory College, the playing field is not level. The courts in Canada interpret the powers of regulatory bodies broadly, and BC is no exception. The protections afforded by any rights you may have in this process come late in the process and not in any significant measure during the investigation stage. You are not without protections, but they are ones typically provided by experienced counsel who understand the limited entitlement to protection that you are afforded during the investigation stage and the options actually available to you. The courts consider the public protection mandate of your regulatory Colleges to be critically important and have almost always considered the weight of that imperative to be greater than the importance of protecting the rights of the registrants to increased protections during the investigative process. Justitia's scales will appear distinctly lopsided when these two competing interests are set upon them...and your interest will be the one high in the air and furthest from the ground. Understanding how to work effectively with this reality is important.

BROAD POWERS

The panel began its analysis in this case with the recognition of that "broad" nature of the investigatory powers of your College. They noted that self-regulated professionals are required to cooperate in investigations, even if they believe the investigation to be unfounded or improper, something they reiterate later in the decision: "The registrant cannot impose conditions upon the regulator." The panel then cited an appellate court decision from Alberta for the principle that one of the "key functions" of professional regulatory legislation is to ensure that professionals abide by their professional codes of

conduct created to protect the public. Being able to rely on the cooperation of registrants is "crucial" to achieving that purpose, regardless of the registrant's perceived relative merit of the investigation. In short, it matters not what you think about the investigation. Your duty is to cooperate until its conclusion.

DOES DUTY INCLUDE ATTENDING INTERVIEW?

The panel then considered whether the duty to cooperate included attending an interview. The panel noted that the aforementioned Professional Standard stipulates your attendance at an interview if requested during an investigation. The panel noted that while not a bylaw of the College, the Professional Standard nonetheless relies on the Act and on s. 207 of your bylaws and requires you to "be familiar with and adhere to procedures and rules as may be approved by the council." The panel went on to characterize your duty to cooperate with an investigation as "mandatory." They found the obligation to be both broad and "interpreted liberally and in a manner that is consistent with the obligation of the College to protect the public." Accordingly, it is not open to you to set conditions on the conduct of an investigation. A registrant does not have the right to "direct or control the investigation, nor should the investigator be required to debate the steps in the investigation or be subject to conditions imposed by the registrant." They said it is "clearly" in the public interest to fully investigate and resolve matters that may put the public at risk: "An interview provides an early opportunity for the investigator and the registrant to have a full and frank discussion about what happened and to take steps to correct any problem found to exist."¹ Accordingly, it is not open to you to demand to have questions put to you in writing. You must participate in an interview when requested to do so.

It is significant that the panel also said as apparent justification for the above finding that "speaking directly with a registrant" enables the College to receive "a first-hand explanation of what happened," and that the registrant is given "an early opportunity to clarify facts and to explain the course of conduct that gave rise to the complaint. It may be that the registrant's explanation of the facts will result in an early resolution of a complaint."² They go on to cite as justification that the safety of the public is thereby enhanced. They say, although without express reference to any evidence on this point, the "primary purpose" of these types of interviews is not to obtain admissions from the registrant to support a planned strategy for the conduct of the discipline proceeding but, instead, to determine the facts of the case.³

USE OF INTERVIEW

It is significant that these interviews are not conducted under oath, a fact that is ignored by the panel in response to the veterinarian's concerns about how his answers may be used in other proceedings. The fact that these interviews are not conducted under oath in no way diminishes your obligation to always tell the truth in these interviews. The relevance of the interviews not being conducted under oath is that it limits the ways any statements made may be used later. Specifically, they cannot be used as prior testimony under oath for the purposes of impeachment.

Lastly, the veterinarian in this instance did not help his case when, despite claiming to be medically unfit to attend the interview due to dental surgery, he was shown to have worked at his practice on the proposed interview date, including performing surgery.

“IT IS SIGNIFICANT THAT THESE INTERVIEWS ARE NOT CONDUCTED UNDER OATH, A FACT THAT IS IGNORED BY THE PANEL IN RESPONSE TO THE VETERINARIAN’S CONCERNS ABOUT HOW HIS ANSWERS MAY BE USED IN OTHER PROCEEDINGS.”

THE PANEL’S DECISION

- In summary, the panel found:
- You must cooperate with an investigation of a complaint, including attending an interview if requested to do so.
 - It is not acceptable for you to demand that questions be put in writing or be answered by your counsel.
 - It is not acceptable for you to refuse to attend an interview relating to a complaint because of any interim order made respecting your practice during the investigation.
 - You commit professional misconduct by failing to cooperate with an investigation and specifically by failing to attend an interview as requested.

WHY THIS IS IMPORTANT TO YOU

This decision reinforces something that is hopefully already largely understood: When you are requested to attend an interview in the course of an investigation into your professional conduct by your regulatory College, you should assume you are required to do so. This case may be appealed but until it has been overturned by a court, this is the law. The real opportunity presented by this decision, however, is to serve as a reminder about the nature of the investigative process and your role within it.

The importance of this decision is that it is a cautionary tale. Investigative interviews are serious professional events for which you should be prepared. They can pose a risk to you personally. Your ability to manage that risk will depend significantly on your level of preparation for it. Your preparation for them should not be attempted on your own, and you should not attend such interviews without legal counsel.

The purported primary purpose of these interviews, given by the panel (above), is to have you provide your version of the facts relevant to the complaint. That is fair, so far as it goes. You should also assume the investigator has already spoken to any complainant and any witnesses and has a thorough working knowledge of the facts before they begin their interview of you. They have already reviewed any records relevant to the case, including patient records, etc. They have already scrutinized the facts and documents for areas of concern and for what they want to put to you as questions, including questions relating to potential wrongdoing on your part.

You should be prepared by your legal counsel on how to respond to their questions and, just as importantly, how not to respond. The assertion by the panel in this case that these interviews represent an opportunity for you to have a full and frank discussion with the investigator is correct. It is an opportunity for exactly that. It is also something you should not do. You are required to attend and to answer the investigator’s questions truthfully. That is what you should do, and only that. You are not required to give a statement.

You are not obligated to answer questions that are too general or that ask you to “exhaust your memory” about an event. Those types of questions are frequently asked by investigators, and they are improper and should not be answered. They should elicit only a request from you to make the question more specific and focused so that you may know how to answer it properly.

My practice is to have my clients engage in a role-playing exercise after they have watched a professionally prepared video using professional actors who demonstrate how and how not to answer such questions. A common mistake is to answer a question you are not asked because you failed to listen carefully to the question. Another is when you begin by answering the question you were asked, but go on to provide additional information that you were not asked about. This only provides the questioner with additional avenues of questioning they did not even know to ask about until you told them. Open-ended questions that lack sufficient specificity or questions that require speculation or that ask you about facts you do not have direct knowledge of are improper and should not be answered. There are multiple types of questions you legitimately and properly should not answer, and multiple types of answers you should not give. I strongly suggest you prepare diligently with your legal counsel for any such interview.

You should absolutely assume the intent of the interview is to collect information about the relevant facts of the case. You should also be aware that this may include facts not in your interest. The altruistic language of this decision regarding the purpose of such interviews notwithstanding, during the course of any investigation into your professional conduct, the College is not your friend and neither should it be. It is your regulator. It is there to protect the public interest, not your interest. Do not be lulled into any other understanding of the process. You and your legal counsel will be the only ones in that interview room protecting your interests. Your job is to tell the truth. Your counsel’s job is to ensure any questions posed are relevant, fair, and appropriate.

As always, nothing in this column is or is intended as legal advice. Please consult your legal counsel if you have any questions arising herefrom. **WCV**

¹I will come back to the assertion that the interview is your opportunity for a full and frank discussion of the facts of the case. The College hopes you will engage in the same. That does not mean you should.

²They do not say, of course, that it may also result in the complete opposite. Again, more on that below.

³While this may, or may not, be the primary purpose of such interviews, it is most certainly not the only purpose.



Scott Nicoll, BA, MA, LLB, is a member of the Law Society of British Columbia and a partner at Panorama Law Group. He acts for professionals, including defending professionals who are the subject of complaints to their professional colleagues.

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Just Natural Science™

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