



ISSUE N° 63
JUNE 2026

WEST COAST

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ANIMAL SHELTERS

**NOT ALL ABDOMINAL MASSES
ARE NEOPLASIA!**

**EQUINE CODE OF PRACTICE
UPDATE: WELCOME TO THE
YEAR OF THE HORSE!**

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COREY VAN'T HAAFF
EDITOR

TO THE EDITOR

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

ON THE COVER

Characteristic perforated brood cappings of AFB disease. PHOTO BY PAUL KOZAK.

I was delighted to attend the World Veterinary Day celebration as the guest of the United South Asian Veterinary Association (United SAVA) on Saturday, April 25, and honoured to receive their trophy for distinguished service and outstanding contributions to the veterinary profession.

What impressed me immediately was that the celebration began with all veterinarians standing and repeating the Veterinarian's Oath. It was an absolute reminder of the duty of all veterinarians to use their scientific knowledge and skills for the benefit of society. It was also amazing to see the community support at this event as well as the industry partners who attended, including our friends at AVP, who distribute this magazine to practices throughout BC at no charge to the SBCV.

I was also thrilled to receive a honey bee story for this issue from the Office of the Chief Veterinarian, as they have hired Dr. Abigail Chapman as the new Provincial Apiarist. Since my move to Vancouver Island, my garden has filled not only our freezer with raspberries and apples, but has also filled my time: planting a few peach trees, checking each plant's toxicity to dogs using my subscription to the plant identifier app PictureThis, and (likely unnecessarily) feeding the 13 goldfish in our small pond. I watch for fat, fluffy bumblebees when walking through the clover and add pollinators wherever I can.

As this magazine continues to find new ways to be relevant, we introduce a new regular column from Dr. Corrina Harvey, the Acting Regional Veterinary Officer for BC at the Canadian Food Inspection Agency (CFIA). She met with the SBCV Board late last year, and it became clear that *West Coast Veterinarian* is an ideal vehicle for carrying the CFIA's messages and information to veterinarians throughout BC.

This summer, I urge BC veterinarians to take good care of each other. We've all been through some tense months, and we have much work left to do to ensure veterinarians are heard in all aspects of the protection of the public. After all, it's what veterinarians do. Just read the oath. [WCV](#)

Email: wceditor@gmail.com

WCV

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EDITOR

Corey Van't Haaff (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

Michèle Mulder (she/her)
Jasmilan Kaur Saini (she/her)

AD SALES

PU Rahman (she/her)
Email: wcvdisplayads@gmail.com
Telephone: 604.283.3073

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2. Korpivaara M et al. (2017). Dexmedetomidine oromucosal gel for noise-associated acute anxiety and fear in dogs. *Veterinary Record*, 180:356.



BETTINA BOBSIEN, BSA, DVM, DABVP (EQUINE), is a practising veterinarian with a lifelong passion for both animal care and animal welfare. She has a BSc in Agriculture and is a Diplomate of the American Board of Veterinary Practitioners, specialized in Equine Practice. She is the Chair of the Equine Code Development Committee, which is in the process of updating the current Equine Code of Practice. Dr. Bobsien is also the Vice Chair of the National Farm Animal Care Council where she represents the CVMA, and she is the Veterinary Ethics editor for *The Canadian Veterinary Journal*.



ABIGAIL CHAPMAN, PhD, started as BC's new Provincial Apiarist in early March 2026. Originally from Colorado, she completed her BSc at the University of British Columbia (UBC) in 2019. She earned a PhD in Biochemistry and Molecular Biology from UBC in 2024, where her research focused on understanding how viral infections affect honey bee queen health and reproductive potential. Following her doctoral work, Dr. Chapman served as a Postdoctoral Fellow at UBC, leading the design and implementation of a major field study within a national initiative aimed at improving the availability of locally adapted honey bee stock in Canada. Dr. Chapman has also been beekeeping since 2017 and has spent multiple seasons working in queen breeding and stock production within a commercial operation. She is excited to be a part of the Office of the Chief Veterinarian and to bring new energy to the apiculture program and its goals to manage bee health and support the beekeeping industry. Outside of work, Abigail loves to spend time in the mountains backcountry skiing, rock climbing, and exploring trails.



MARIA CHEN, MSc, grew up in cities across Norway, China, and Canada, where she became fascinated by the diverse ways human and beyond-human animals relate to one another. As Global Engagement Coordinator for UBC's Animal Welfare Program, she connects scholars worldwide to foster collaboration and knowledge exchange. As Codirector of Animal Welfare Talent Consulting (Shanghai), she runs capacity-building programs to empower professionals in China to create a better world for farm animals. Her past research explored the experiences of Chinese producers and the way frontline worker well-being is closely tied to animal welfare. Outside of work, she enjoys creating art of joyous creatures, spending time with her rats, Gossie and Jukia, and making friends across the globe.



ERIC FUNG, MD, FRCSC, is a plastic surgeon in Edmonton with subspecialty training in microsurgery. He completed medical school, residency, at the University of Alberta and his fellowship at the University of Calgary. His clinical practice is with Radius Community Health, a non-profit providing care for unhoused and vulnerable populations with a focus on wound care. He is active in the surgical innovation space and began collaborating with the Edmonton Valley Zoo through the introduction of catalytic treatment matrix for acute and chronic wound healing in animals.



LEANNE HILLIS-SCHMIDT, RVT, graduated from Lakeland College in 2004 and has spent her career working in small- and mixed-animal practice, guided by a strong appreciation for both companion animals and food animal medicine. She has over 25 years of involvement in the Canadian dairy industry, and also helped with her family's successful sheep operation until the flock was sold. For the past four years, Leanne has been a Facilities Inspector for the CVBC. She is also a sessional instructor in the Veterinary Technology program at Thompson Rivers University, where she has taught for the past three years. Leanne has previously presented at the BC Sheep Federation Conference and the BCVTA Conference. Her continuing education sessions are practical, relatable, and rooted in a genuine passion for lifelong learning, animal welfare, and strengthening the veterinary profession.



KATIE KORALESKY, MSc, PhD, is an animal welfare scientist. She uses diverse research methodologies to explore the role of policy in animal care practices, on-farm interventions to improve animal health and welfare, links between animal and human welfare, and views on biotechnology in animal agriculture. Dr. Koralesky's broad aim is to improve animal welfare through relationship building and collaboration with people who care for or about animals.



SUSAN SANDERS, PhD, DVM, graduated from WCVM in 1993. After a year at Fraser Heights Animal Hospital, she followed her passion for feline medicine to Cats Only Clinic, where she was mentored by Dr. Margie Scherk who remains a lifelong friend. She began a PhD in biology at Simon Fraser University (SFU) in 1995 while continuing to work at Cats Only. In 1997, her PhD fieldwork took her to Bamfield for three and a half years, where she began doing housecalls, boating up and down the inlet to see feline and canine patients. In 2000, Sue moved back to the mainland as Director of Animal Care at SFU while completing her PhD and gaining experience with laboratory animals. In 2001, she began contract laboratory animal veterinary services, which led to an ongoing position with Amgen BC. From 2005–2025, Sue taught anatomy, physiology, pharmacology, and epidemiology at Vancouver Island University. Sue has since retired from teaching but continues as the attending veterinarian for Amgen BC. She lives in French Creek, BC, with her husband Doug Pickard and their cat, Onyx. Sue enjoys camping, travelling, running, cycling, paddleboarding, walking, gardening, reading, and entertaining at their backyard tiki bar that Doug built last summer.



GREG TONER, CPA, CA, TEP, CLU, is the owner of VetCPA, an accounting firm exclusively dedicated to serving the veterinary community across Canada. A tax nerd with deep roots in the veterinary world, Greg has spent most of his career helping veterinarians—from new grads to established practice owners—navigate the business and tax challenges unique to their profession. When he's not geeking out over tax strategy, he's passionate about making financial confidence accessible for every veterinarian he works with.



EMILIA WONG GORDON, DVM, received her DVM from the University of California, Davis, in 2005 and obtained specialty board certification in Shelter Medicine Practice through the American Board of Veterinary Practitioners in 2020. Her early experiences in animal shelters working with animals who were surrendered due to the life circumstances of their human families have driven her career direction for over 20 years. She has worked in general practice, shelter medicine, and in-home euthanasia settings and owns Haven Veterinary Services, a practice providing mobile and consulting services to animal shelters, rescues, and access-to-care programs.



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Dear Colleagues and Friends,

As summer arrives across British Columbia, it brings with it longer days, warmer weather, and a renewed sense of energy. After the challenges and demands of the past months, this season offers us an opportunity to pause, reset, and look ahead with fresh perspective and energy.

Summer is often a time of growth—both in the natural world and within our profession. It reminds us that progress is not always immediate, but it is always possible. As veterinarians, we are continually evolving: refining our skills, expanding our knowledge, and adapting to the changing needs of the animals and communities we serve.

One of the most meaningful ways we embrace that growth is through continuing education. In the coming months, we look forward to a range of CE opportunities that will allow us not only to deepen our clinical knowledge and stay current with advances in veterinary medicine, but also to reconnect with one another. These gatherings—whether in-person or virtual—are more than educational events. They are opportunities to share experiences, exchange ideas, and strengthen the sense of community that is so vital to our profession.

In a field that can at times feel isolating or demanding, these moments of connection matter. They remind us that we are not working alone—that we are part of a dedicated, compassionate, and resilient community of colleagues who understand both the rewards and the challenges of the work we do.

As we move into this new season, I encourage each of you to embrace the spirit of energy and connection that summer offers. Take time to invest in your learning, reconnect with peers, and reflect on what inspires you in your work. The Society of British Columbia Veterinarians remains committed to supporting you—not only through advocacy and resources, but by fostering opportunities for connection and shared growth.

Thank you for your continued dedication to animal welfare, to your clients, and to one another. I look forward to seeing many of you in the months ahead, and to all that we will accomplish together. [WCV](#)

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

CVMA TESTIFIES BEFORE HOUSE OF COMMONS STANDING COMMITTEE ON HEALTH

Earlier this year, I testified on behalf of the CVMA before the House of Commons Standing Committee on Health regarding antimicrobial resistance. The purpose was to highlight how proposed Health Canada changes to the categorization of antimicrobials could have a profoundly negative impact on the veterinary profession and the health and welfare of both companion and farmed animals.

ADVOCATING FOR STUDENT LOAN FORGIVENESS

It was recently brought to the CVMA's attention that veterinarians do not qualify for the student loan forgiveness exemption available to other professionals (doctors, nurses, dentists, physiotherapists) practising in rural and remote areas after graduation. We have written to the government asking for veterinarians to be included and have added this to our key asks when meeting with Members of Parliament, Ministers, and senior government officials.

TOGETHERALL SUPPORT AVAILABLE

Togetherall expanded its partnership with the CVMA and ABVTA, thanks to support from Western Financial Group, bringing its anonymous, 24/7, clinically moderated mental health platform to everyone in the Canadian veterinary profession for free!

The **CVMA Cyberbullying and Negative Social Media Crisis Communication Support Hotline** provides immediate support whenever you need it. Call this 24/7 support hotline at 1-800-643-9380. CVMA members are entitled to up to 30 minutes of free consultation and discounted follow-up support. Non-members can access the service for a fee.

Visit the *Veterinary Health and Wellness Resources* page of our website to access Togetherall, find tools to protect your well-being, respond to online criticism, manage your practice's social media presence confidently, and more.

We are thrilled that close to 600 veterinary team members registered for the **National Tick Awareness Month** kick-off webinar that took place in March. If you missed it, there is still time to watch—a recording is available in the *Veterinary Resources* section of our website, www.CanadianVeterinarians.net.

I hope to see you in **Charlottetown, PEI**, for the CVMA Convention, from **June 24 to 28!** [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.



Tracy Fisher, DVM, graduated from the WCVM in 1997 and has practised 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.

VETERINARIANS' RESPONSIBILITIES IN COMPLETING INTERNATIONAL HEALTH EXPORT CERTIFICATES FOR PETS

BY CORINNA HARVEY, DVM

June 1, 2026: please see the new message from CFIA, BCCDC, and BC's Chief Veterinarian. tinyurl.com/CHANGErabiesTESTING

International travel with companion animals relies heavily on the accuracy and professionalism of private licensed veterinarians. As the first point of verification in the export process, veterinarians play a critical role in ensuring that pets meet all destination country import requirements and that documentation is completed correctly.

COMPLETING THE VETERINARY HEALTH CERTIFICATE

The veterinary health certificate is a legal document, and errors can result in denied entry, quarantine, or travel delays. It is important to research the import requirements for the country that the pet is travelling to. The certificates should be completed for the first country that the pet is entering.

The veterinarian issuing the health certificate must be fully licensed in their practising province.

If the pet is travelling to a country for which there is currently no negotiated export veterinary health certificate you must contact the appropriate veterinary authority or embassy of the destination country to obtain a copy of the current import requirements. The generic CFIA Canadian International Health Certificate may be used if the document meets the requirements set out by the importing country. It is available in bilingual and trilingual formats.

When completing a health certificate, veterinarians are expected to:

✓ **Conduct a full physical examination of the pet** ✓ **Complete all fields legibly, using blue ink** and ensuring no information is omitted ✓ **Avoid corrections** using white out or correction tape; if an error occurs, a new certificate must be issued ✓ **Ensure all information is consistent** across supporting documents (e.g., microchip number, vaccine dates, animal description) ✓ **Sign and date** the certificate clearly and include the veterinarian's licence number.

Veterinarians should also counsel clients on travel timelines, as some requirements—such as rabies titre testing—may take weeks or months to complete.

SUPPORTING DOCUMENTATION

The CFIA requires veterinarians to supply supporting documents to verify the information contained in the international health certificate. These requirements are specific to each country's negotiated conditions as outlined on the certificate.

Health certificate requirements may include:

- Rabies vaccination certificate
- Microchip registration documentation
- FAVN/RNATT rabies titre test results, if required
- Import permits
- Internal and external parasite treatment records
- Additional vaccination records
- Residency declarations, when applicable

Rabies vaccination certificate requirements are:

- Animal identification (age, breed, sex, colour/markings, weight, microchip/tattoo number)
- Date of vaccination
- Vaccine trade name, manufacturer, batch/serial number, and vaccine type
- Duration of immunity
- Veterinarian's name, signature, licence number, and date of issue.

All information must be legible, complete, and consistent with the health certificate.

Once the veterinarian has completed the certificate and assembled all supporting documents, the client must schedule an endorsement appointment with a CFIA veterinarian. Only original documents are accepted at this appointment. The CFIA veterinarian will review, sign, and stamp the certificate. Incomplete or inaccurate documentation may result in delays or additional fees, so veterinarians should ensure that clients understand the importance of presenting a complete and accurate package of documents.

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

Useful Links:

- Country-specific veterinary health certificates and information required for travelling with your pet: inspection.canada.ca/en/animal-health/terrestrial-animals/exports/pets
- Canadian International Health Certificate: inspection.canada.ca/en/animal-health/terrestrial-animals/exports/pets/canadian-international-health-certificate
- Contact information for CFIA District Offices in BC: inspection.canada.ca/en/about-cfia/contact-cfia/contact-cfia-office-telephone [WCV](#)



Corinna Harvey, DVM, lives with her husband and children on a ranch near Dawson Creek, BC. She has dedicated 26 years to the Canadian Food Inspection Agency (CFIA) serving the Dawson Creek District, which spans to the Alaska border. In recent years, Dr. Harvey has taken on the role

of Acting Regional Veterinary Officer for BC, working collaboratively with industry and provincial partners.

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— from the SBCV



THE FACES OF THE SBCV

BY MICHÉLE MULDER

Languages are a beautiful thing. The sheer number of different languages that exist in the world is mind-blowing. Language allows us to communicate, to impart knowledge, and to fulfill our human nature of storytelling.

Using language effectively is quite a big component of everyday life at the Society of BC Veterinarians (SBCV), and we are lucky to have the expert guidance of our writer-in-residence and editor of the *West Coast Veterinarian*. For most of the faces of the SBCV, the daily language we use—English—is a second or even third language, and quite a steep learning curve to master. We quickly learned that it is vastly different to work in a language than to use it socially among friends. That learning curve only just surpasses the learning curve we encountered when we first started working at the SBCV.

It's a phenomenon that I rather dislike, and one that workplaces are saturated with—workplace acronyms. Our office's jargon is riddled with acronyms specific to our workplace. Used daily, we forget how confusing they can be. These acronyms can feel like people are talking in a different language; unless you are well versed in them, a discussion can feel like an inside joke. For this reason, I have to remind myself that I cannot assume people inherently know the meaning of the acronyms we use.

It really does not help that a lot of the acronyms of veterinarian organizations are seemingly similar. Every now and again, we receive the odd call from someone looking for another similarly abbreviated organization, or even better, actually looking for us but calling us by another name—and we are always glad to assist. However,

to my chagrin, and despite my dislike for them, I have to accept that acronyms are part of our workplace, and that we, the SBCV, will continue to be confused with the CVBC (the provincial regulator) or the CVMA (the national member service organization). And we will always be here to explain these differences, and anything else veterinarians may ask us about, with patience, good cheer, and an abundance of great care for each person who calls us. [WCV](#)



Michéle 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 BC with her husband, three children, and three pets.

GLOBAL CONVERSATIONS ON ANIMAL WELFARE: UBC AWP HOSTS VISITING PROFESSORS FROM CHINA

BY MARIA CHEN, MSc, AND KATIE KORALESKY, MSc, PhD

The mission of the University of British Columbia (UBC) Animal Welfare Program (AWP) is to improve animal welfare through research, teaching, and outreach. A recent exciting development in AWP outreach is an international collaboration with animal welfare professors from China.

This spring, the AWP hosted a three-week visit for two Chinese professors specializing in animal science, welfare, and health. The visit was organized by Maria Chen, the AWP's Global Engagement Coordinator. Through her work running the International Farm Animal Welfare Fellowship (a capacity-building program for animal welfare professionals in China), Maria has identified strong interest in and benefits of such global academic exchange.

The visiting professors' initiative aims to advance animal welfare internationally through deepening understanding of diverse animal husbandry practices, facilitating knowledge exchange and cross-cultural dialogue, and fostering new collaborations and friendships among professionals with diverse animal welfare perspectives.

In this article, we share our interview with Professors Zhong-Hong Wu and Lu Luo about their research and experiences visiting the AWP.

INTRODUCTION TO PROFESSORS ZHONG-HONG WU AND LU LUO

Professor Wu: I work at the College of Animal Science and Technology, China Agricultural University, located in Beijing. My research focuses on animal health and welfare problems that can be caused by adverse environmental factors or on-farm management. More specifically, I study thermal environment thresholds for livestock in different climatic regions, and animal welfare assessment based on animal physiology and behaviour under different rearing conditions.

Professor Luo: I work at the College of Animal Science and Technology, Nanjing Agricultural University. My work focuses on farm animal behaviour and welfare, with a particular emphasis on pigs. I was originally trained in veterinary medicine, but my interest in animal welfare began during my PhD at Wageningen University and Research (Netherlands), where I studied environmental enrichment and its effects on behaviour, affective states, and immunity in pigs. Currently, my research explores early-life socialization.

What does animal welfare mean to you?

Professor Wu: As a scientist in the area of farm animal environment and welfare, I think we can improve how animals are raised by considering the planning and design of farms, including how fresh water and food are provided to maintain full health and vigour, providing an appropriate environment such as shelter with good thermal and air quality, and a comfortable resting area with sufficient space and conspecifics. Animal welfare also involves proactive responses to animal health and disease via physiological and behavioural analysis, ensuring conditions that avoid mental suffering.

Professor Luo: To me, animal welfare is both a scientific field and a perspective that shapes how I understand human-animal relationships. I see it as a balance rather than an absolute concept, but it should neither be ignored nor idealized. Good animal welfare means providing animals not only with basic needs, but also with opportunities for comfort, positive experiences, and adaptation. Through my work, I have come to believe that education is as important as research. When people understand how animals are raised and managed, they are better able to make informed and responsible decisions.

Did you learn something surprising and interesting about animal welfare from your trip to Canada and the AWP?

Professor Wu: During my time in Canada, I had many discussions with members of the AWP. We visited two commercial dairy farms, one dairy goat farm and a livestock auction market. We also visited the BC SPCA animal shelter in Vancouver and SPCA for farm animals in Surrey. I have met many kind people who love animals and learned a lot. I also found it very interesting that UBC has a relatively large research team focusing on farm and companion animal welfare, while few scholars engaged in traditional fields related to farm animal production, such as genetics, breeding, reproduction, animal nutrition, and feed science, as well as livestock environmental engineering.

“THE VISITING PROFESSORS’ INITIATIVE AIMS TO ADVANCE ANIMAL WELFARE INTERNATIONALLY THROUGH... KNOWLEDGE EXCHANGE...”

Professor Luo: One of the most important insights I gained was how differently animal welfare is understood across cultures, countries, and even regions. Animal welfare is deeply shaped by history, socioeconomic conditions, ethics, legislation, and cultural values, and can even be quite personal. For example, in Vancouver, shelter animals are often quickly adopted, but this situation is not consistent across all parts of Canada. I attended a UBC undergraduate class on animal welfare, and we had a discussion on temple elephants in Sri Lanka, which highlighted the tension between animal welfare and cultural traditions. These experiences reinforced my view that animal welfare is not a fixed standard, but rather a context-dependent effort to improve animals' lives under specific conditions.

What can veterinarians learn from your research? How do you think your research connects to veterinary medicine?

Professor Wu: As a position expert in the China Agriculture Research System, which is a leading national institution dedicated to advancing agricultural practices through strategic scientific research and technological innovation, one of my roles is the timely identification and resolution of technical problems in production—specifically, identifying environment-related animal health risks through investigations, conducting in-depth studies, developing and promoting good management practices and environmental control technologies in the livestock industry. This work involves communication with veterinarians and technicians, which can help us understand industry issues. At the same time, I also provide training for farmers, veterinarians, and technicians in the farm sector about good rearing techniques, proper environmental control technologies, as well as improving animal welfare.

Professor Luo: My research highlights the strong link between animal welfare, behaviour, and health. We have found that housing conditions and early-life experiences can influence not only behaviour and emotional states, but also immune function and resilience. This suggests that improving the environment can be an effective strategy for disease prevention and reducing reliance on antibiotics. For veterinarians, this means that welfare should be considered an integral part of health management. By incorporating behavioural and environmental factors into their practice, veterinarians can contribute to more sustainable and preventive approaches to animal care.

For more about the UBC AWP and the visiting professors, visit awp.landfood.ubc.ca. [WCV](#)



Professors visiting a dairy farm in Agassiz.

IDEXX inVue Dx™ Cellular Analyzer. With AI built and trained by IDEXX board-certified pathologists so you get accurate results in real time.



IDEXX

I'm pleased to introduce Abigail Chapman, PhD, as British Columbia's new Provincial Apiarist. Dr. Chapman joined the Office of the Chief Veterinarian (OCV) early this spring, and will lead our Provincial Apiculture Program, which exists to support bee health through inspections, education, and access to laboratory diagnostics. As well as producing honey for people to enjoy, honey bees provide essential pollination for many of BC's crops, including blueberries, cherries, apples, apricots, and pumpkins. BC's beekeeping sector is diverse, with thousands of small-scale hobby and mid-sized beekeeping operations alongside a handful of large commercial producers. Dr. Chapman writes this issue's column from BC's Chief Veterinarian. – Theresa Burns, MSc, PhD, DVM, Chief Veterinarian

APICULTURE IN BC: WHAT VETERINARIANS NEED TO KNOW

BY ABIGAIL CHAPMAN, PhD June 1, 2026: please see the new message from CFIA, BCCDC, and BC's Chief Veterinarian. tinyurl.com/CHANGErabiesTESTING

If a beekeeper shows up at your veterinary practice, this article provides the information you need to connect the beekeeper with help and, when needed, with antimicrobials to treat disease in their colonies under appropriate stewardship.

REGULATION AND INSPECTIONS

Beekeeping is a regulated activity in BC (Animal Health Act: Bee Regulation). Anyone keeping bees (even as a hobby in their backyard) must register both the beekeeper and the apiary locations with the BC Ministry of Agriculture and Food Premises Identification System (Premises ID). Registration supports managing disease, which is a matter of significant concern in BC and across North America. Similar to what is in place for other animals, the BC Reportable and Notifiable Disease Regulation lists several bee diseases that must be immediately reported to the OCV. These can be reported using the "Submit a Report" feature on the province's Reportable and Notifiable Diseases webpage, just like for other animal species.

A network of Ministry regional apiary inspectors provides field support, including disease recognition, management advice, and inspections for the issuing of permits. Before moving bees or used equipment around or out of the province, or selling bees or equipment, a permit is required to ensure that they are free of disease. Beekeepers and veterinarians can contact an inspector directly for advice or to schedule an on-farm inspection.

DIAGNOSTICS

Through the provincial Animal Health Centre (AHC) laboratory in Abbotsford, the Ministry currently provides diagnostic services for identification of American foulbrood (AFB), European foulbrood (EFB), Nosema, and Varroa mite damage. Current resources and submission guidance are posted online, and we hope to expand these bee-specific offerings in the future. More information about how to submit samples is provided below.

EDUCATION AND EXTENSION

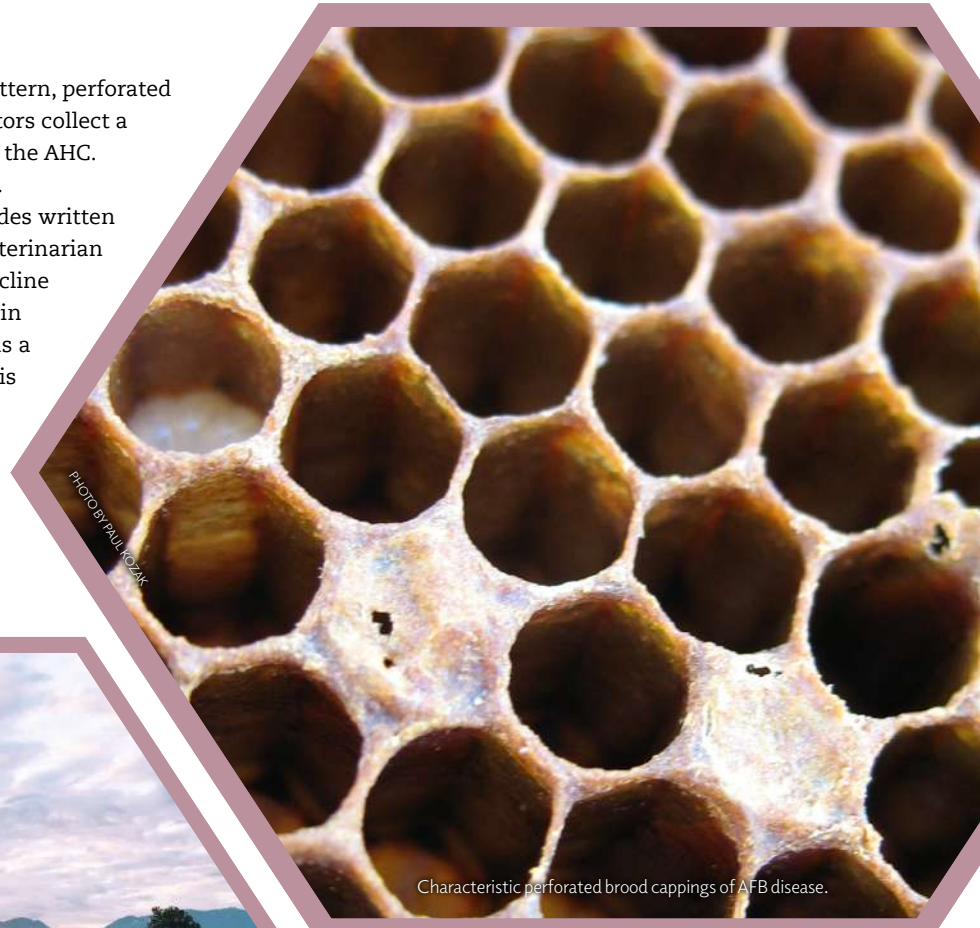
The Ministry website hosts a variety of beekeeping bulletins covering management, biosecurity, and chemical use. Stay tuned as the Provincial Apiculture Program will be updating these resources in the coming months. The program also conducts spring and fall surveys of beekeepers to monitor overwinter colony loss and production and health trends across the province. In addition, regional inspectors provide outreach at local bee clubs.

THE ROLE OF BC VETERINARIANS

Because the Provincial Apiculture Program is in place to manage honey bee disease, most veterinarians in BC will never be asked to manage honey bee cases. But you may receive requests from beekeepers for antibiotics to treat AFB, a serious brood disease caused by *Paenibacillus larvae* bacteria. Because antimicrobials require a veterinary prescription in Canada, we have a system in place that enables beekeepers to access antimicrobials without requiring that every local veterinarian be deeply versed in bee diseases.

How the process works:

1. When AFB is suspected (e.g., "shotgun" brood pattern, perforated caps, ropy larval remains), beekeepers or inspectors collect a sample and submit it for laboratory diagnosis at the AHC.
2. The laboratory confirms the presence of disease.
3. Upon confirmation, the Provincial Apiarist provides written documentation for the beekeeper to take to a veterinarian of their choice to support prescribing oxytetracycline (Terramycin/Oxytet) or, when indicated, tylosin, in line with label guidance. Oxytetracycline remains a first-line option for susceptible AFB/EFB. Tylosin is reserved for specific indications of resistant AFB and is preferentially used in fall due to residue risk if applied in spring.
4. Our provincial guidance to beekeepers emphasizes no prophylactic antibiotic use and adherence to pre-harvest intervals and product directions.



Characteristic perforated brood cappings of AFB disease.



Beekeepers in a blueberry field at sunrise.



Characteristic "ropy" larval remains of AFB disease.

TAKE-HOME MESSAGES

- Anyone keeping bees in BC is required to register as a beekeeper with the locations of the apiaries through the Premises Identification Program.
- Bee diseases regulated in BC must be reported to the Office of the Chief Veterinarian.
- Refer beekeepers to the Provincial Apiculture Program for support about disease and management practices.
- Disease-free verification through inspections and permits is required before moving or selling bees or used equipment.
- The Apiculture Program can confirm brood diseases and provide documentation for evidence-based prescribing of antibiotics by veterinarians, to be used according to the label.

Please encourage beekeepers to visit the Provincial Apiculture Program webpages for inspector contacts, how to submit samples for disease diagnostics, and practical bulletins—with additional resources to be updated in the coming months—or to contact Dr. Chapman directly (abigail.chapman@gov.bc.ca).

Bee Regulation, Animal Health Act, BC Reg 3/2015: www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/3_2015

Bees (apiculture): www2.gov.bc.ca/gov/content/industry/agriculture-seafood/animals-and-crops/animal-production/bees

Premises ID: www2.gov.bc.ca/gov/content/industry/agriculture-seafood/programs/premises-id

“ANYONE KEEPING BEES IN BC IS REQUIRED TO REGISTER AS A BEEKEEPER WITH THE LOCATIONS OF THE APIARIES THROUGH THE PREMISES IDENTIFICATION PROGRAM.”

THE ROAD TO REGULATION: CHOOSING THE RIGHT PATH

BY AMBER GREGG, RVT

Registered Veterinary Technologists (RVTs) are a critical part of the veterinary team, bringing formal education, credentialing, and clinical expertise that supports veterinarians and improves outcomes for patients and clients. As discussions about the future of RVT regulation continue, the BC Veterinary Technologists Association (BCVTA) would like to share an important perspective: meaningful regulation is worth doing properly, even when the easier path appears readily available.

Currently, the Veterinarians Act includes provisions that allow the regulatory college to create bylaws governing “certified technicians.” Under the Act, the council of the CVBC may establish bylaws related to the certification and practice standards of certified technicians (see sections 20–25 of the Act). On the surface, this may seem like a straightforward route to regulation. If the CVBC were to enact such bylaws, they would be voted on by the existing registrants of the college. While this approach may appear efficient, the BCVTA believes it does not represent true professional regulation.

Under the current legislative framework, veterinarians retain broad authority over the delegation of veterinary tasks. The CVBC bylaws and standards indicate that a registrant may delegate procedures or treatments to an employee or another person who is not a registrant, provided the veterinarian is satisfied that the individual is competent to perform the task (see CVBC Bylaws and Professional Practice Standards). In practical terms, this means the law allows veterinarians to delegate tasks to anyone they deem capable.

Attempting to regulate RVTs solely through bylaws, while the Act itself remains unchanged, would not fundamentally alter this framework. Instead, it would formalize oversight by one profession over another without establishing independent regulatory authority, protected scope, or clear legislative recognition of RVTs as regulated professionals. From the BCVTA’s perspective, this is not regulation, it is administrative recognition within an existing system of delegation.

True regulation requires more than a bylaw. It requires legislative clarity that defines a profession, establishes accountability, and creates a structure that protects the public interest. In Canada, it is generally understood that one profession should not regulate another through internal rules alone. Regulation must be grounded in legislation that recognizes each profession’s responsibilities, competencies, and accountability to the public.

The BCVTA believes that RVTs are ready to take on that responsibility. RVTs are formally educated healthcare professionals who provide essential services to patients in a wide range of animal care settings. Regulation would ensure consistent standards for education, title protection, professional conduct, and continuing competence—elements that already exist within the profession but currently operate outside of a formal regulatory framework. Embedding these standards in legislation would provide greater accountability and transparency, ultimately strengthening public trust in veterinary care. Choosing the legislative route may take more time, effort, and resources, but it is the approach that will create a sustainable and transparent regulatory framework. It ensures that the roles of veterinarians and RVTs are clearly defined, complementary, and built on mutual respect within the veterinary team.

For this reason, the BCVTA Board is currently preparing a comprehensive summary package outlining the extensive work that has been undertaken over many years to move RVT regulation forward in British Columbia. This work reflects consultation, research, and ongoing dialogue with stakeholders across the profession.

Regulation exists to protect the public and the animals entrusted to our care. RVTs recognize the importance of that responsibility, and we are prepared to meet it. The road to regulation may not always be the easiest path, but it is the one that leads to a stronger profession and a stronger veterinary team. [WCV](#)

“...IT IS ADMINISTRATIVE RECOGNITION WITHIN AN EXISTING SYSTEM OF DELEGATION.”



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 Executive Director in 2022. Amber is grateful for everyone who has helped make the BCVTA the strong and healthy organization it is today, and she is proud to work with the board of directors and BCVTA members to continue advancing the veterinary technology profession.

MANAGING MENTAL HEALTH AND WORKPLACE STRESS FOR BC VETERINARIANS

BY STEPHANIE SWAIN

Veterinary professionals in British Columbia work in demanding environments that can expose them to high levels of mental stress. Long hours, emotional strain from treating sick or injured animals, client expectations, and difficult decisions such as euthanasia can contribute to workplace stress. Recognizing and managing these mental health challenges is an important component of occupational health and safety in veterinary practices and hospitals across the province.

IMPORTANCE OF MANAGING PSYCHOLOGICAL HEALTH AND SAFETY

WorkSafeBC emphasizes that psychological health and safety in the workplace is just as important as physical health and safety. Common psychosocial hazards include high workloads, unclear job expectations, lack of managerial support, workplace conflict, and exposure to traumatic situations. If these factors are not addressed, they can contribute to burnout, reduced job satisfaction, and long-term mental health problems. A psychologically healthy workplace helps prevent harm to workers’ mental health and promotes overall well-being through supportive management practices, safe working conditions, and open communication.

RISK-MANAGEMENT APPROACH TO PSYCHOLOGICAL HEALTH AND SAFETY

The first step is identifying workplace stressors and psychosocial risks within the practice environment. There are five categories of psychosocial hazards:

1. Interpersonal environment
2. Job design
3. Workplace conditions
4. Need for employer supports
5. Exposure to traumatic events

For veterinarians, these psychosocial hazards may appear in several ways. Busy practices may struggle with staff shortages and high patient volumes, leading to long workdays and limited recovery time between cases. Veterinarians must also manage emotionally difficult situations involving injured animals and distressed pet owners. These pressures can lead to compassion fatigue, emotional exhaustion, and chronic workplace stress if effective coping and workplace supports are not in place.

Once identified, employers and employees can work together to implement control measures, such as improved scheduling practices, better communication, and supportive workplace policies.

THREE KEY PRINCIPLES FOR PROMOTING PSYCHOLOGICAL HEALTH IN THE WORKPLACE

Leadership and workplace culture play an important role in supporting mental well-being. WorkSafeBC highlights three key principles for promoting psychological health in the workplace: leadership commitment, supportive supervisors, and worker participation. When managers demonstrate a commitment to mental health and encourage open discussion about stress and workload concerns, employees are more likely to seek support and participate in solutions.

- **Leadership commitment:** Leadership involves fostering a psychologically healthy and safe workplace. It’s important to listen and communicate openly and effectively, encouraging worker participation. Commitment can be shown through access to necessary resources, ensuring job demands are manageable, prioritizing prevention activities, and leading by example.
- **Supportive managers and supervisors:** As a direct line for workers, a manager can have a significant role in worker participation. A supportive manager exhibits good communication skills, competence, respect, empathy, and a capacity to collaborate and problem solve, and builds supportive and trusting relationships.
- **Worker participation:** Workers should be encouraged to take an active role in protecting their psychological health and safety. This includes developing self-awareness, setting appropriate boundaries, asking for help when needed, and taking part in workplace initiatives designed to improve well-being.

Veterinary practices can also support mental health by implementing practical strategies. These may include encouraging regular breaks during long shifts, providing access to employee assistance programs or counselling services, and offering peer support systems for staff who experience emotionally difficult cases. Training staff to recognize the signs of burnout and mental fatigue can also help ensure early intervention before issues become more serious.

In conclusion, managing mental health and workplace stress is an essential part of occupational health and safety for veterinarians in BC. By identifying psychosocial hazards and fostering supportive workplace cultures, veterinary practices can help protect the well-being of their staff. Supporting mental health not only benefits veterinary professionals but also helps maintain high-quality care for animals and clients across the province.

AgSafe’s Certificate of Recognition (COR) program encourages workplaces to assess risks before injuries happen. COR is a formal acknowledgement of health and safety management systems that meet industry standards. For more information about AgSafe visit www.AgSafeBC.ca. WorkSafeBC. 2025. Managing psychological health & safety. www.worksafebc.com/en/health-safety/create-manage/managing-psychological-health-safety. [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.

WHEN TWO WORLDS CONVERGE: LESSONS FROM A BEAR, A BURN, AND A COLLABORATION

A PLASTIC SURGEON REFLECTS ON WHAT WILDLIFE REHABILITATION TAUGHT HIM—
AND WHAT HE COULD OFFER IN RETURN.

BY ERIC FUNG, MD, FRCSC

EDITOR'S NOTE:

Dr. Fung advised us that he used AI (Claude) to help organize and refine his writing and he recommended including this disclaimer. Although *West Coast Veterinarian* does not encourage the use of AI for its content and is developing a limiting policy on its use, we felt comfortable proceeding given the originality, value, and veterinary relevance of this story.

In late December, a young black bear cub was found with deep burns to her face, ears, and all four paws. She had likely been hibernating beneath a slash pile near Dawson Creek, British Columbia. Volunteers transported her first to Prince George, then onward to Smithers, where she came under the care of Angelika Langen, manager and co-founder of the Northern Lights Wildlife Shelter (NLWS).

Her name is Valkyrie.

I do not typically treat bears; I am a medical doctor. More specifically, I am a plastic surgeon with subspecialty training in microsurgery; my focused practice is wound care and reconstructive work. But through a string of connections who recognized a potential bridge between disciplines, I found myself on a call with Angelika and Dr. Helen Schwantje, a wildlife veterinarian based in Victoria. Not long after initial introductions, I was consulting with the team virtually, discussing adaptations needed to use new wound care technology in animals—and thinking about toddlers.

That cognitive leap, from pediatric burns to *Ursus americanus*, turned out to be the most useful thing I brought to the table.

THE CENTRAL TENSION OF WILDLIFE BURNS

Burn care in the human setting follows well-established protocols: decades of evidence, dedicated burn centres, infrastructure most clinicians take for granted. In wildlife rehabilitation, almost none of that exists—and not for lack of effort or expertise.

The reasons are structural. Funding is limited. Species diversity is enormous. Animals arrive from remote locations days or weeks post-injury, with wounds already colonized and past the window for optimal intervention. But these logistical barriers are not what makes wildlife burn care fundamentally different from human burn care.

What makes it different is a tension that has no analogue in human medicine: the primary goal is always a return to the wild. Every clinical decision must be weighed against that objective and against the competing imperative of minimal handling.

This tension runs through everything. The immediate priorities in acute burn management—like identifying the percentage of total body surface area (%TBSA), assessing for inhalational injury, and providing fluid resuscitation—are already difficult in humans. Laryngoscopy, intubation, and prolonged sedation are rarely achievable outside a hospital setting. Intravenous access can be tenuous. Titrating fluids to prevent renal injury while avoiding pulmonary edema, which is something we monitor in burn units with indwelling catheters and serial investigations, must instead be inferred from observation: urine colour, water uptake, species-specific signs, and behavioural cues. These are clinical skills refined over years of deliberate observation—the kind of expertise that does not transfer easily through textbooks.

Dressing management compounds the problem. Burn wounds generate high volumes of exudate that, if poorly managed, become a medium for colonization and perpetuate wound breakdown through elevated matrix metalloprotease activity. Dressing changes need to be infrequent to minimize handling and sedation. But how do you keep a dressing dry, clean, and intact on a recovering bear cub who has opinions about her bandages? Manuka honey is widely available and useful for modulating inflammation and colonization, though not always sufficient. Dermal substitutes like acellular dermal matrices and cod-skin dressings may be unavailable or cost-prohibitive.

WHAT I FOUND WHEN I ARRIVED

By the time I was introduced to Valkyrie's case—roughly two and a half weeks post-injury—the team had already established a solid management framework. The institutional knowledge at Northern Lights around burn management is sophisticated. Angelika, Dr. Schwantje, and the entire team had a deep understanding of expected healing trajectories. They could recognize when things were off, knew how far to push intervention, and when to step back—all with minimal access to advanced diagnostics compared to hospital care.

My role was not to bring superior knowledge. I can't imagine how a human surgeon could. It was to offer a set of external eyes, relying on the team's expertise for the nuance, and to draw on hundreds of human burn cases of experience to offer one thing in particular: the confidence to act.

“THEY COULD RECOGNIZE WHEN THINGS WERE OFF,
KNEW HOW FAR TO PUSH INTERVENTION, AND WHEN
TO STEP BACK...”



The original burn.



Valkyrie's nose after treatments.

PHOTO SUPPLIED BY ANGELIKA LANGEN



Valkyrie's left ear.



Valkyrie's healed ear after a complete burn excision of the tip.

“MY OWN ENTRY INTO VETERINARY MEDICINE BEGAN WITH A CASE AT THE EDMONTON ZOO, HAVING TAGGED ALONG OUT OF CURIOSITY.”

VALKYRIE'S EAR

One of the first things I introduced was catalytic treatment matrix (CTM), a topical catalyst that supports wound healing by modulating the biochemical reactions involved in inflammation and cellular proliferation in the local wound environment. In my outpatient practice, CTM paired with a silver-impregnated silicone foam allows me to extend dressing intervals from every one to two days to as long as seven.

For Valkyrie, we adapted the approach: CTM as the primary contact layer, with gauze for absorbent mass, secured with cling and vet wrap. For the face and ears, where physical bandaging was impractical, CTM combined with petroleum jelly as a barrier layer provided workable protection.

The experience of treating burns in young children prepared me for this collaboration more than anything else in my practice. With toddlers, as with wildlife patients, you cannot control what happens to the dressings between changes. You minimize handling, optimize your materials so the dressing does the work between visits, and develop a tolerance for imperfect conditions in service of a good outcome.

Valkyrie's left ear became the clearest demonstration of what a shared clinical perspective can accomplish.

The tip had sustained a deep burn with cartilage involvement. Unlike the other affected areas, the wound was not progressing by the second dressing change. From a reconstructive standpoint, a non-healing burn wound with exposed cartilage carries real risks: chondritis and contracture of the pinna. Functionally tolerable in a bear, perhaps, but a wound management failure we could avoid.

Being there online with the team provided the confidence to perform a complete burn excision: removing approximately two to three millimetres of tissue from the tip of the ear, converting a struggling deep burn into a clean acute wound, and clearing any compromised tissue. By the next dressing change, the ear had closed over the exposed cartilage, managed with nothing more than CTM and petroleum jelly.

This case highlights a broader clinical point: the power of complete burn excision for smaller deep burns. Sometimes we wait too long for burns to heal, leading to infection, hypertrophic scarring, and contracture. If there is sufficient skin laxity, it is sometimes best to convert a burn wound into a surgical wound—turn a burn scar into a line scar.

THE NETWORK THAT DOESN'T KNOW IT EXISTS

When the choice is between attempting something and allowing an animal to die, the barrier to trying drops considerably. When that attempt is made with intention and honest reflection, the result is a kind of knowledge that is rare even in well-resourced environments—knowledge that is adaptable, hard-won, and difficult to replicate through any other means. The collaboration between Angelika and Dr. Schwantje is exactly that—a demonstration of what is achievable with far less than we assume is necessary.

The knowledge transfer from this experience has not been unidirectional. Being reminded of the clinical power of direct observation, learning new techniques, and thinking carefully about dressing fixation on anatomies very different from the human form—these are things I have brought back to my own practice.

My own entry into veterinary medicine began with a case at the Edmonton Zoo, having tagged along out of curiosity. A mutual connection led me to Angelika and to Dr. Schwantje.

There is a large cohort of physicians in Canada—surgeons, intensivists, wound care specialists, dermatologists, and anesthesiologists—who would want to help with cases like Valkyrie's. The barrier is not willingness. It is awareness. We do not know that the opportunity exists.

I am not unique among physicians in believing that knowledge and procedural skill should not be gatekept behind a title or a postcode. If you are a wildlife professional reading this and wondering whether a specialist in your area might be willing to take a call: ask. If one is not collaborative, try the next. Over time, a reliable network across parallel fields can be built through exactly this kind of informal, case-by-case connection.

From one physician who has helped with one case, you will find another.

Valkyrie will return to the wild. Her burns healed. The knowledge from her care lives on in the team that managed her—and, I hope, in what you've just read.

Update from Angelika Langen, manager and co-founder of the NLWS: Valkyrie is set to be released back into the wild in June. Her healing has been extraordinary, and we are so very pleased with the outcome. NanoSALV has become a staple for us at NLWS and has already been successfully used on other injuries. WCV



Valkyrie's paws when I got involved in her case.



Photo taken April 25, 2026, shows Valkyrie's extraordinary healing.



“SHELTER INTAKE IS A ONE HEALTH ISSUE, BECAUSE HUMAN STRUGGLES ARE THE MAIN DRIVERS.”

A team of veterinarians and RVTs works together to treat a canine patient at a free clinic in a supportive housing building in Surrey.

PHOTO SUPPLIED BY PAWS FOR HOPE ANIMAL FOUNDATION

ANIMAL SHELTERS: A VITAL PART OF BC'S SOCIAL SAFETY NET

BY EMILIA WONG GORDON, DVM

Imagine a practice where almost none of your patients have owners. Every day, hundreds of animals enter shelters and rescue centres in BC. Each one has a unique story. Some are lost and quickly reunited with their families. A common theme for those who stay is that they once had a person and a place to live, but precarious human circumstances led them to a shelter instead. Every week, our mobile shelter medicine practice sees new patients who are in shelters because their caregiver was evicted, could no longer pay for their care, had insurmountable health or life challenges, or passed away and there was no one else who could take them.

Veterinarians working in or with shelters also see animals who are part of animal protection cases as well as animal control cases, including dogs seized after incidents of severe aggression. All these animals are part of a legal system that is bigger than all of us, with care that requires specific stages and documentation.

Animal shelters are places of hope and heartbreak, passion and professionalism. Here, the messiness of daily community life intersects with legislation, bylaws, policies, and considerations around animal health and behaviour in an institutional setting.

THE LAST FIVE YEARS

Much has changed in the past five years since shelter medicine was last featured on the cover of *West Coast Veterinarian*. The last article explored COVID-19-related changes in sheltering, including empty shelters due to a surge in adoptions and fostering. We optimistically thought that lasting, transformative changes in the shelter sector might be possible, but sadly, this did not happen. Shelters are once again full, and some veterinarians in Canada report that business is slowing, alongside a steep increase in encounters with clients struggling with the costs of care. The number of animals that enter shelters (lost, given up by owners, or through legal action) and exit shelters (through adoption, reunification, fostering, transfer, or euthanasia) is directly related to broader socioeconomic conditions. And there is reason to be concerned.

Data from the US and Canada over the past five years show that after an initial dip in shelter intake, levels approached or returned to pre-COVID levels within a few years. Though this varies geographically, shelters are, in general, not taking in more animals than they did pre-COVID. In contrast to popular narratives online, animals acquired during the pandemic are not being returned to shelters or abandoned out of “convenience” at higher-than-usual rates. However, animals that do come in are staying longer, and certain types of animals (such as rabbits and large dogs) are lingering in shelters for concerning lengths of time. When the average length of stay increases, it means that more animals are at the shelter on any given day, which increases financial costs, staff workload, and the risk of behavioural deterioration and disease outbreaks.

Shelter intake is a One Health issue, because human struggles are the main drivers. The UBC Animal Welfare Program recently analyzed 10 years of BC SPCA intake data across the province, encompassing approximately 100,000 animals. The study found that 83 per cent of cats and 73 per cent of dogs surrendered by their guardians came into shelters for “human” reasons (e.g., housing, guardian health, or financial limitations).

There is a misconception that people who bring animals to the shelter are irresponsible or “don’t care” about their animals. Yet, anyone who has worked in a shelter has experienced the familiar scenario of a heartbroken family coming in, often with children in tears, because they’ve lost their housing. Studies in other parts of North America confirm that up to 88 per cent of people who bring animals to a shelter for surrender do not want to be separated from their pet, and around 80 per cent report being attached to the animal they are giving up. Most people struggle with the decision for a long time and experience deep feelings of sorrow, guilt, and failure. In many cases, these families experience a crisis that acts as a tipping point. And concerningly, people who have relinquished a beloved pet to a shelter may be less likely to obtain an animal in the future.

Despite all the challenges facing shelters, our field remains resilient and committed to serving as a safety net for animals—and people—who need us.

WHAT'S NEW, WHAT'S NEXT? COMMUNITY SUPPORT SERVICES

As the sheltering field moves into the future, community support services will remain vital to keeping animals out of shelters and with their people. Pet food banks, free and low-cost clinics, veterinary financial assistance programs, and programs that offer free boarding or fostering during a crisis enable families to stay together or to be reunited after a temporary crisis. These programs are operated by sheltering organizations as well as animal welfare non-profits focusing specifically on community support and advocacy.

Several BC organizations offering such programs report a huge rise in requests in 2025 and 2026, from increased funding requests to steady growth in the amount of donated food pet owners seek. The sad reality is that, as Sarah Jones, Executive Director of Langley Animal Protection Society, explains, “the need is highest when the funds are lowest.”

Recent research reveals the extent to which pet caregivers are struggling financially. Last year, PetSmart Charities of Canada-Gallup released results from a survey of 2,000 Canadian dog and cat owners, showing that 50 per cent had skipped necessary veterinary care in the past year; the top reasons were cost and distance from services. In February of this year, they released a follow-up survey of 369 veterinarians across Canada: 96 per cent reported client finances as a limiting factor in delivering recommended care. When clients decline care, it takes an emotional toll: 98 per cent of vets expressed concern over the pet's condition worsening, and 91 per cent and 81 per cent respectively reported concern about the toll on the pet's family or their own practice teams. A 2024 study of 2,500 Canadian dog and cat owners found that 18 per cent struggled to access preventive care, 12 per cent could not access sick care, and 8 per cent were unable to access emergency care.

Colleagues in general practice sometimes express concern that non-profit veterinary practices are “unfairly” competing for the same clients. While studies in Canada are limited, research from the US found the opposite for low-cost spay/neuter programs, where most clients had not seen a veterinarian in a full-service practice within the past year and had annual incomes below \$30,000. An economic modelling study found that the presence of both a low-cost practice and a full-service practice in a community enables more pets to be served, and that lower prices at low-cost clinics lead to higher profits at full-service clinics due to market segmentation.

When up to 50 per cent of our neighbours cannot access veterinary care through our existing system, it's no coincidence that shelters fill up. It's time to collectively rethink our care models and be open to non-traditional ways to fund and deliver care, like pop-up wellness and outpatient clinics. Hosted by non-profits in supportive housing buildings and other community service hubs, these clinics show that people make extensive sacrifices for their animals, but many still cannot access veterinary care anywhere else. We should never mistake a lack of resources for a lack of love. Every pet deserves healthcare.

WHAT'S NEW, WHAT'S NEXT? IN-SHELTER CARE

There are new resources and trends relevant to veterinarians working with shelters and rescues or interested in animal welfare. In 2022, the Association of Shelter Veterinarians (ASV) released the second edition of the *Guidelines for Standards of Care in Animal Shelters*, covering everything from housing to transport to medical and behavioural care for cats and dogs. In 2025, ASV released the *Guidelines for Humane Rabbit Housing in Animal Shelters*, the first of its kind with evidence-based recommendations for primary enclosures of 11–45 square feet—substantially larger than what shelters (and pet stores as well as some private homes) have traditionally provided. Also in 2025, the CVMA released an updated *Code of Practice for the Care of Domestic Cats*, which aligns closely with published shelter recommendations and applies wherever cats are kept, including shelters and veterinary facilities. These resources are essential reading for veterinarians helping to plan spaces for housing animals.

Current trends in shelters include large dogs staying longer (which leads to increased risk of behavioural concerns), while undersocialized cats and dogs continue to enter shelters. The phrase “behaviour medicine is medicine” applies well to shelters. Some animals enter the shelter with pre-existing behaviour problems, but the shelter environment can pose a huge challenge. Animals are separated from familiar caregivers, their social, behavioural, and physical choices are restricted, and the sounds, sights, and smells can be scary.

In the past, we often normalized fear, anxiety, and frustration—walking past a cat hiding and flattened in their litter box, or a dog spinning repetitively in their kennel. Now we know that these are “welfare emergencies” that must be mitigated through environmental and behaviour management, enrichment, psychopharmacology, and behaviour modification. There is widespread belief among veterinarians that shelters are such stressful places that animals “can't learn,” making training and behaviour modification seem not worth it. This is untrue—animals are always learning, and fear-reducing medication can help.

Recent Canadian studies on undersocialized and highly fearful cats' journeys through shelter systems have debunked the belief that such cats cannot be successfully treated and adopted. The studies show the opposite—that 80–90 per cent of these cats can be treated successfully with medication and standardized behaviour modification protocols, and adopters keep them and love them.

A few tips we've learned from our shelter behaviour caseload include always viewing the animal in their shelter or foster environment (via telemedicine if in-person is either not possible or would alter their behaviour) and using medications not as a last resort, but as close to intake as possible when clinically indicated. We mostly use short-acting medications (gabapentin, pregabalin, clonidine, trazodone) along with oral transmucosal and injectable medications as needed for situational use; long-acting selective serotonin or serotonin-norepinephrine reuptake inhibitors are used early in complex cases where a prolonged stay is anticipated.

Remember that medication should be tailored to the clinical diagnosis and should never be the sole intervention; veterinarians treating these cases should collaborate with shelter staff to implement and track behaviour modification and adjust plans based on progress. Kim Monteith, Manager of Behaviour and Welfare at the BC SPCA, shares that veterinarians can help by being “specific on the ‘why’ for meds,” and by recommending that shelters involve humane trainers early for cases that require support to establish a behaviour plan.

A very small percentage of dogs (typically fewer than 2 per cent) entering shelters have a history of or potential for very serious aggression directed at people or other domestic animals. Dog bites are a serious public health risk, and veterinarians in general practice may be asked to euthanize these dogs. These dogs generally do not have a good prognosis for future safety, and fulfilling these requests in general practice is always more humane than them ending up in the shelter.

For animals in shelter care, humane housing and care protocols and appropriate behaviour diagnosis, management, and treatment are necessary and can be transformative.

“IN THE PAST, WE OFTEN NORMALIZED FEAR, ANXIETY, AND FRUSTRATION—WALKING PAST A CAT HIDING AND FLATTENED IN THEIR LITTER BOX...”



This cat entered the shelter with multiple other undersocialized cats from a hoarding case in early June 2024. Due to severe fear at intake, he had to be sedated for an intake examination. He was placed on gabapentin and a standardized behaviour modification (b-mod) plan (www.baileyheagan.com/resources).



He made limited progress on his initial plan, and continued showing signs of severe fear, including hiding (as pictured in his box) and hissing at staff during approaches. He was switched to pregabalin and continued on the b-mod plan.



The dose of pregabalin was increased several times while the b-mod plan was continued. He began making significant progress, playing with staff and gradually seeking out interaction and touch.



In late August, he was made available for adoption and was adopted in September, where he was weaned off the pregabalin over three weeks. In October, the adopter sent this note: “He has no anxiety or anything like that. He's shy, but that's normal because he's just settling in. I'm super proud of him for really trying hard after only being here for just over a week. He's a very amazing and brave little guy.”


PHOTOS SUPPLIED BY BC SPCA SURREY

HELP KEEP ANIMALS WITH THEIR FAMILIES AND SUPPORT ANIMALS WHO ENTER SHELTERS

Shelters are a small but vital part of the larger community safety net for vulnerable animals in BC. Many veterinary teams in BC already support shelter and rescue animals and community access-to-care initiatives, and this work will become even more crucial as people in BC struggle with escalating costs of living, placing more animals at risk of entering shelters. There is a growing body of shelter medicine knowledge that has direct relevance to veterinary practices. Sharing and integrating this knowledge across practice settings can help veterinarians better support animals in shelters while also improving outcomes for animals in the community, helping to keep them with their families.

In general practice settings, for example, veterinarians can offer spectrum-of-care approaches and alternate payment options to clients in crisis, or partner with non-profits that offer funding support for owned animals. Employers and individuals can also offer in-kind donations and volunteer support to community outreach initiatives. Veterinarians providing direct support to shelter animals should be familiar with evidence-based treatment protocols and guidelines, including those for behavioural conditions.

The overall strength of our safety net relies on this knowledge exchange and continued collaboration between individual practitioners, organizations, and other community entities.

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

KEY RESOURCES

- "Bridging Training and Treatment: A Behaviorist's Advice on Using Medications to Support Shelter Animals": www.petprofessionalguild.com/barks/barks-magazine-blog/bridging-training-and-treatment-a-behaviorists-advice-on-using-medications-to-support-shelter-animals/
- *The Association of Shelter Veterinarians Guidelines for Standards of Care in Animal Shelters*, 2nd ed.: jsmcah.org/index.php/jasv/issue/view/2
- *The Association of Shelter Veterinarians Guidelines for Humane Rabbit Housing in Animal Shelters*: jsmcah.org/index.php/jasv/article/view/149
- *CVMA Code of Practice for the Care of Domestic Cats*: canadianveterinarians.net/media/4kucgetu/code-of-practice-for-the-care-of-domestic-cats.pdf



Timed feeder with a handmade chute aimed into a shelter kennel, set up on a wine rack and secured with a bungee cord. The feeder has an audio feature, and staff recorded a message calling the dog to the feeder, which was used to administer clonidine (in treats) to a shelter dog prior to staff arrival in the morning.

PHOTO SUPPLIED BY VANCOUVER ANIMAL SERVICES

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PRIMARY CARE FOURTH-YEAR ROTATION

BY SHAWNA WILLIAMS, BSA

Fourth-year clinical rotations have long been the standard format of veterinary education, but this year with the class of 2027, Doctor of Veterinary Medicine students at the WCV are blazing a trail for a brand-new rotation: the primary care rotation. This rotation will roll out with the increase to the number of weeks of clinical rotations that North American DVM students are required by the American Veterinary Medical Association (AVMA) to complete in order to graduate. This revision to requirements states that a minimum of 40 weeks of clinical practice must be completed in the fourth year of the DVM program, which is an increase from the 32 weeks previously required of students in the WCV program.

The WCV created the primary care experience rotation to meet the requirements of the AVMA and to help support students in developing important skills in veterinary practice. This rotation is designed to take place in what was traditionally the summer break for veterinary students between their third and fourth year of study (May-August). The goal of this rotation is to allow students to gain more hands-on experience in practices outside of the Veterinary Medical Centre at the WCV that provide initial and ongoing care for small animals, horses, and farmed animals. In other words, general practices that serve as "first opinion" and do not handle specialty or referral medicine. Students will focus on cases that present for common health conditions, general surgical procedures, and wellness and preventive medicine. Emergency cases should ideally be part of the student's caseload, but cannot be the only type of cases seen by the participating practice.

"EVERY STUDENT IN THE CLASS OF 2027 WAS EFFECTIVELY MATCHED WITH A PRACTICE SUITABLE TO THEIR INTERESTS."

The first round of these rotations received impressive buy-in and support from veterinary practices across western Canada. Practices were invited to apply to take on at least one student for a four-week period. Students were encouraged to either contact practices directly to bring them into the loop or apply to match with practices from an approved list provided by the fourth-year committee and associate dean of clinical programs at the WCV. This allowed students to seek out practices in preferred fields and locations. Every student in the class of 2027 was effectively matched with a practice suitable to their interests.

When this rotation was first announced, many students had concerns. There was uncertainty among the class of 2027 as to what would be expected of students and what would be considered acceptable experience within this rotation. Many

students voiced the opinion that while four weeks in one place may prove more educational than only two weeks, as in other rotations, it still did not necessarily replace the experience they believed they would get if they had the opportunity to spend the entire summer at one practice. As the time for the primary care rotation approaches, the overarching feeling of students is now one of excitement and open-mindedness, with just a hint of nerves. "I am looking forward to returning to BC for my primary care rotation this summer, and I hope to now be able to get more hands-on experience with surgeries that I was previously not allowed to partake in due to BC's rules around student participation in vet clinics," shared a BC student (class of 2027) in response to a question about their goals for the experience.

I, myself, have chosen to return to northern BC to complete my four-week primary care rotation with Dr. Cori Stephen and her team at Nechako Valley Animal Health Services in Vanderhoof. I am looking forward to gaining clinical experience in a mixed-animal practice in a rural setting and advancing my skills in veterinary medicine that will serve me when I enter the workforce after graduation. If you are reading this as the owner or manager of a veterinary practice, and you think your practice would be a good fit for this new primary care rotation program, or you would like to learn more about being involved in the future, please visit wcv.usask.ca/students/dvm-program/primary-care.php. When you choose to support the education of future veterinarians, you are supporting the future of the profession. 

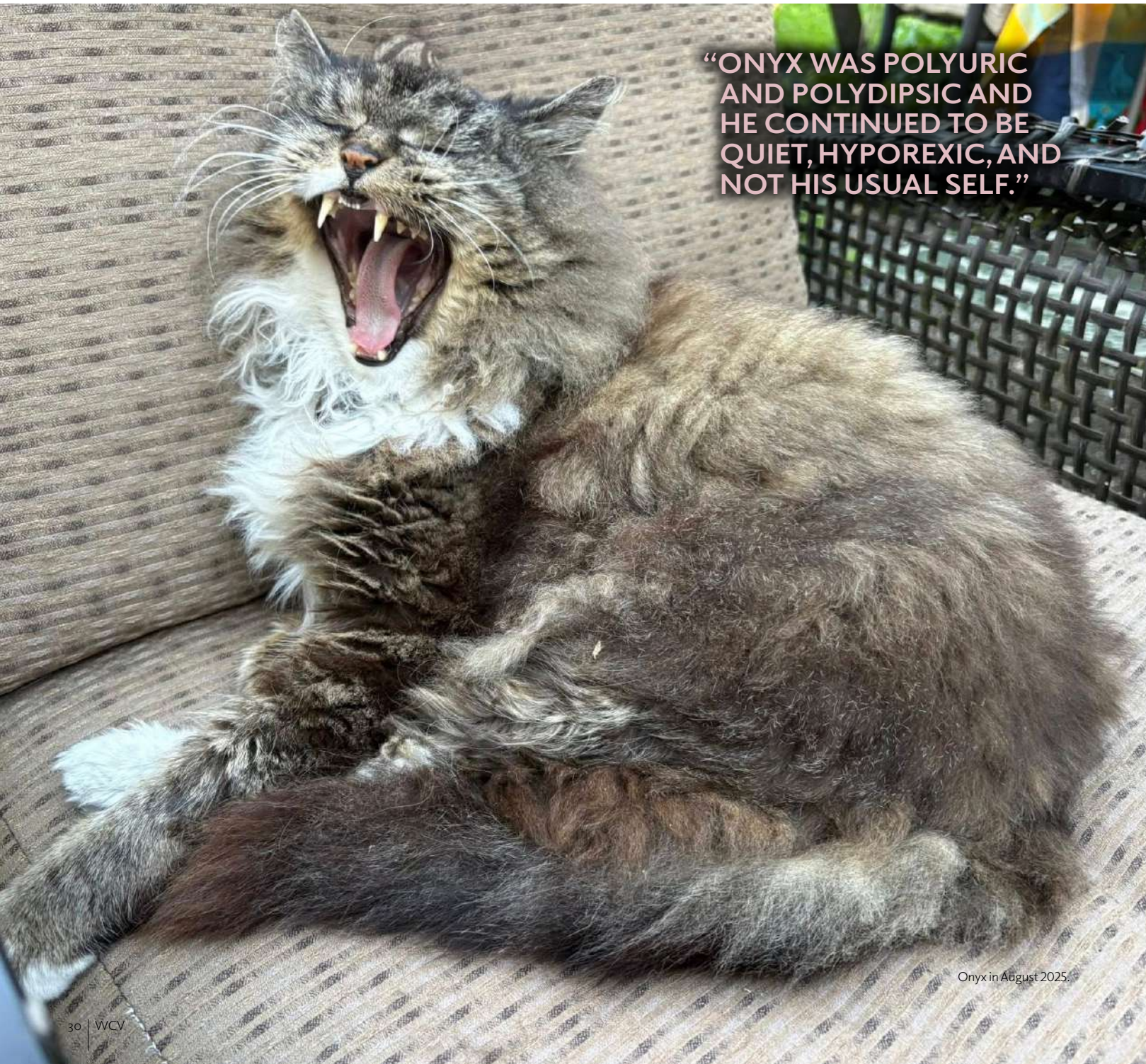


Shawna Williams, BSA, WCV class of 2027, is originally from Fraser Lake, BC. Before beginning her journey at the WCV, she completed a Bachelor of Science in Agriculture with a major in Animal Science at the University of Saskatchewan College of Agriculture and Bioresources. She looks forward to exploring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

ONYX'S FGESF JOURNEY: NOT ALL ABDOMINAL MASSES ARE NEOPLASIA!

BY SUSAN SANDERS, PhD, DVM

This is the story of my cat, Onyx, who was diagnosed with feline gastrointestinal eosinophilic sclerosing fibroplasia (FGESF) in 2025. I share Onyx's history, diagnosis, and long-term treatment to increase awareness about FGESF to help ensure that it is always on the differential list when cats present with abdominal masses alongside intermittent hyporexia and weight loss.



“ONYX WAS POLYURIC AND POLYDIPSIC AND HE CONTINUED TO BE QUIET, HYPOREXIC, AND NOT HIS USUAL SELF.”

Onyx in August 2025.

WHAT IS FGESF?

FGESF is a relatively recently recognized inflammatory disease. While most cases affect the gastrointestinal (GI) system, cases have been reported in the mediastinum and in one case involving the retropharyngeal and mandibular lymph nodes; thus the more accurate term may be FESF. The etiology is not yet fully understood, but potential triggers may include diet hypersensitivities, GI bacterial or parasite infections, ingestion of hair, fungi, or plant material, and more recently that TGF- α 1 may initiate fibroblast proliferation and deposition of fibronectin and collagen. A genetic predisposition has been considered due to some breeds being overrepresented, which in my opinion could have implications for siblings of cats diagnosed with FGESF. There appears to be no specific age of diagnosis, with cats ranging from the very young to seniors. Male cats and some long-haired breeds, such as Ragdolls, do seem to be more predisposed. However, FGESF also occurs in short-haired breeds, and, to date, there is no single signalment linked to FGESF. Any cat presenting with an abdominal mass could have FGESF; thus, FGESF should always be on the differential list.

The most common clinical signs of FGESF include hyporexia, anorexia, vomiting, diarrhea, lethargy, and weight loss. However, not all cats show all clinical signs, and there is much overlap with other GI conditions, such as GI neoplasia, pancreatitis, and inflammatory bowel disease (IBD). Bloodwork can be unremarkable, and only 25–50 per cent of cats show a peripheral eosinophilia. In Onyx's case, his globulin level was elevated and he had mild, regenerative anemia at the time of diagnosis (see Table 1 in reference document; link at article end), which has been seen in other cases. Diagnosis with bloodwork alone is not possible; FNAs may provide diagnostic clues but can be inconclusive, and thus biopsy of the mass and associated lymph nodes is necessary for a definitive diagnosis.

Some cats have bacteria associated with lesions on histopathology. Some cats have discrete abdominal masses while others have diffuse regions of inflammation. Some mass locations are operable while others are not, and a mass at the ileocecal junction (ICJ) is often considered risky for long-term complications such as GI bacterial infections, short bowel syndrome, and cow-pie-consistency stool if the ICJ is removed. There is also some consideration that chronic eosinophilic enteritis (CEE) may be a precursor to FGESF and that cats with eosinophilic dermatitis conditions may also be susceptible to developing FGESF. Lastly, there is a suggested genetic link such that diagnosis in one sibling may warrant screening diagnostics and potentially prophylactic treatment for their sibling(s).

I had not heard of FGESF prior to Onyx's diagnosis. It was mentioned as a less likely differential in the CT scan report and as a potential differential by Onyx's surgeon, Dr. Bernard Séguin, during the initial phone consultation with VCA Central Victoria, BC, and by my friend and colleague, Margie Scherk, DVM, DABVP (Feline), who sent me many papers to read the night before his surgery (which also informed this article).

CASE HISTORY

Onyx is a domestic long-haired, part Maine Coon, neutered male cat whom we adopted in September 2018 at the age of eight, along with his sibling, Abby. Onyx was 14.5 years old at the time of his diagnosis.

Mid-January 2024: Onyx was hyporexic for one week and had an erosive lesion on the tip of his tongue. This lesion resolved within a few days, and bloodwork done on January 21 was unremarkable (see Table 1 in reference document; link at article end). His body weight (BW) was 6.76 kg on February 8.

March 26, 2024: Onyx had routine dental hygiene performed, and an egg-sized subcutaneous mass was removed from his left lower flank (confirmed lipoma) at Harbour City Animal Hospital in Nanaimo, BC. After this anesthetic, he had several episodes of coughing, vomiting bile/foam, continued hyporexia, and was presumptively diagnosed with post-operative esophagitis.

April 23, 2024: Onyx was re-examined (BW=5.99 kg) and was prescribed omeprazole (7.5 mg PO SID) and sucralfate (250 mg 3x/day) for a month. Sucralfate helped, but omeprazole prompted vomiting immediately and was discontinued after three days. At this time, nothing was palpated in his abdomen.

May–December 2024: Between May and mid-July, his BW fluctuated (5.94–6.26 kg) and his energy was relatively normal. Abdominal X-rays in June showed suspected thickening of intestinal walls (at the upper end of normal). I elected not to pursue an abdominal ultrasound at that time. By the end of July, his BW was down to 5.85 kg, and he had several days with decreased appetite. I treated him with mirtazapine (3.75 mg PO every 72 hours), and his BW returned to 5.94 kg by mid-August. He continued to gradually lose weight again during the fall and by mid-December his BW was 5.44 kg. Throughout the fall, he allowed me to pick him up and did not show any abdominal discomfort, but I was not routinely palpating his abdomen. His behaviour changed mid-December to being very quiet, and the hyporexia was more pronounced.

Early January 2025: Onyx was polyuric and polydipsic and he continued to be quiet, hyporexic, and not his usual self. I palpated his kidneys, which felt to be normal sized and non-painful, but I did not palpate his abdomen at that time. In retrospect, wish I had. I gave mirtazapine again at 3.75 mg every 72 hours, which increased his appetite. He briefly gained weight (5.31 kg to 5.40 kg), but then started to lose weight again despite mirtazapine and increased food intake.

January 22, 2025: Dr. Sandie Landa at Harbour City Animal Hospital immediately found a large mass in his cranial abdomen. I had not given gabapentin out of concern about Onyx's relatively fragile state, so drawing blood was postponed in lieu of getting a radiograph to check for other masses in the abdominal and thoracic cavities (Image 1). At this point, the working diagnosis was intestinal neoplasia (adenocarcinoma, leiomyoma, lymphoma). I was referred to the Orthopedic and Referral Centre for Animals (ORCA) in Nanaimo for abdominal ultrasound and consideration of surgery was initiated with a plan to collect blood at the time of the ultrasound.

January 23, 2025: Dr. Tim Preston at ORCA advised a CT scan to inform whether surgery was feasible and to best assess the mass.

January 29, 2025: Onyx was scheduled for a CT scan with a plan to draw blood for in-house processing just prior to him being

PHOTOS SUPPLIED BY SUSAN SANDERS



IMAGE 1: Radiograph showing a large intra-abdominal mass (January 29, 2025, at Harbour City Animal Hospital).

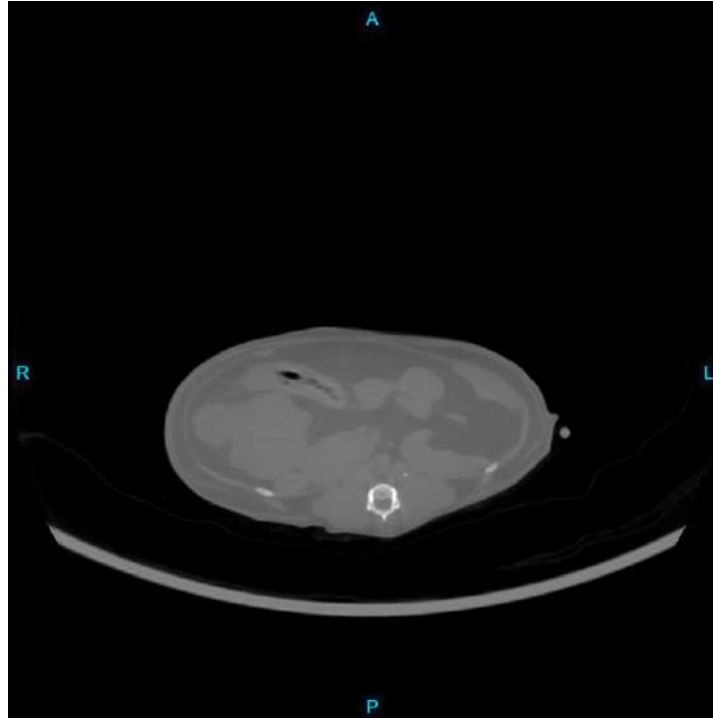


IMAGE 2: CT view (head) of the intramural intestinal mass (January 29, 2025, at ORCA).

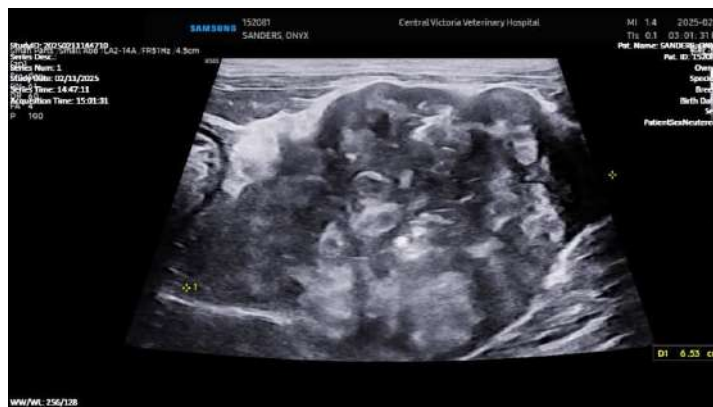


IMAGE 3: Ultrasound image of Onyx's mass.

anesthetized for the procedure. The in-house IDEXX bloodwork revealed anemia with hematocrit at 22 per cent, low hemoglobin, elevations in blood urea nitrogen (BUN), creatinine, and globulin, and USG was 1.016 (Table 1). The CT scan proceeded and revealed a large mass located at the ileocolic junction, but no actual obstruction of the lumen (Image 2) (full report in reference document; link at article end).

Onyx was then referred to Dr. Séguin, veterinary oncology surgeon, at VCA Central Victoria because he would need a blood transfusion pre-operatively if the surgeon felt the mass was operable. It was also anticipated that he would need significant ICU-level post-operative care, which could be best provided at VCA Central Victoria. During the phone consultation with the surgeon on February 3, FGESF was part of the potential differential list.

February 11, 2025: Onyx underwent an abdominal ultrasound and fine needle aspirations (FNAs) of the intestinal mass and mesenteric lymph nodes under general anesthesia, which was performed by Dr. Mason Wanamaker. Onyx handled this anesthetic well and the slides from the FNAs were digitally scanned and sent for a stat read, which gave us answers by early evening to decide whether to proceed with surgery. At this point, Onyx's BW was down to 5.26 kg, with some of that weight attributed to the large mass. The ultrasound report confirmed an ulcerated ileal mass (at the ICJ) with regional severe lymphadenopathy and peritonitis and suggested that FGESF be considered, while the FNA report indicated findings consistent with FGESF and recommended histopathology for definitive results (full report in reference document; link at article end).

DECISION TO PROCEED TO SURGERY

The last aspirate from one of the enlarged mesenteric lymph nodes gave the most information, showing high numbers of eosinophils and spindle cells (most likely fibroblasts). Large cell lymphoma was not ruled out, but much of the cytology supported an inflammatory process. We discussed treating medically with prednisolone, but there was collective concern that it might be the inflammatory cell response preventing perforation in one region of the mass. The mass was non-obstructive, but it had a diverticulum pouch where there was risk of perforation. Medical management without resection risked precipitating perforation, and the mass was causing discomfort and greatly impacting Onyx's quality of life. After the phone consultation with the surgeon and his team, and a concurrent consultation with Dr. Scherk, the decision was made to take Onyx to surgery the next day.

February 12, 2025: Onyx was blood typed (Type A) and received a blood transfusion from Calvin, a sweet donor cat, prior to the resection and anastomosis surgery. Onyx did well during surgery and the surgeon

successfully resected the entire mass and four greatly enlarged mesenteric lymph nodes *en bloc*. The mass was 7.0 cm at the time of surgery, and a portion of the ileum and colon also had to be removed (Image 4). Two liver biopsies from the right medial liver lobe were performed, as his liver was enlarged with pinpoint hyperemic foci (Images 4, 5, 6).

In the immediate post-operative period, Onyx was hypotensive and hypothermic, but within five hours of awakening his vital signs had returned to normal, thanks to the meticulous attention he received from VCA Central Victoria criticalist, Dr. Elise Boller. I visited him at 8:30 pm and he looked good and even wanted a little food. By morning, less than 24 hours post-op, he was up and moving well and again wanting food. He started on small amounts of Hill's Biome canned food, received a vitamin B12 subcutaneous injection (250 mcg), and was maintained on intravenous fluids until 5:00 pm when he was discharged to my care. He was also receiving buprenorphine sublingually (0.02 mg/kg) every 8 hours, which continued for five days, then an additional seven days at every 12 hours.

Histopathology results indicated that FGESF was confirmed and the excision was complete, with margins being free of the lesion (full report in reference document; link at article end).

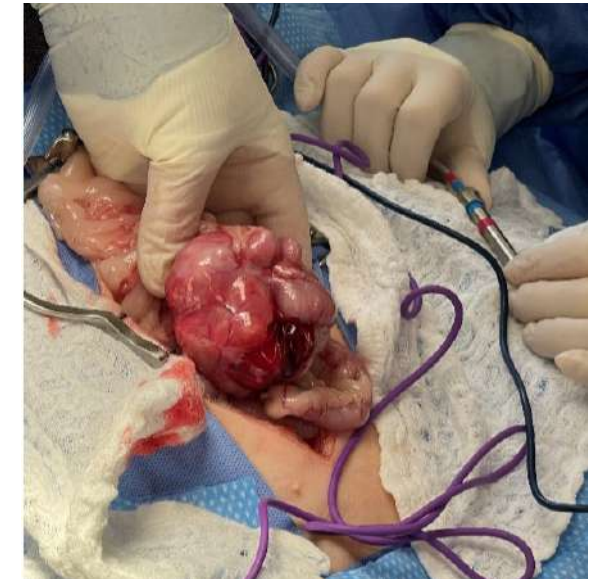
POST-OP CARE AND MEDICAL MANAGEMENT

Onyx continued to recover well at home, and I removed his sutures at 14 days post-op. He was placed on Clavamox 62.5 mg PO BID for four weeks. However, he did not tolerate it well as it increased the amount of loose stool, and I discontinued it after 10 days. Onyx continued to receive vitamin B12 injections, which I had actually started pre-surgery—once a week for four weeks, then once every two weeks for a month, and then once a month. He continues to get 250 mcg of vitamin B12 every month. He was prescribed Provable probiotic but would not eat his canned food well when it was mixed in, so he has FortiFlora instead, to which he was already accustomed.

Prednisolone was started at three weeks post-op to allow sufficient time for the anastomosis and incision to heal, and he started at 5 mg PO q 12 hours for three weeks, then 5mg PO in the morning and 2.5 mg PO in the evening for two weeks, then 2.5 mg PO q 12 hours for two weeks, then down to 2.5 mg PO SID in the morning. He has now been on 2.5 mg prednisolone every morning since early May 2025 and will remain on this dose for the rest of his life, provided he does not develop diabetes mellitus. His medical management was overseen by Dr. Erin Langwith, Harbour City Animal Hospital, who continues to be his primary care veterinarian. Fortunately for Onyx and me, Dr. Langwith has experience treating another cat with FGESF and has consulted with Dr. Michael Linton for best practices. We are very grateful for this.

May 15, 2025: After 10 days at 2.5 mg PO SID, Onyx had his abdominal ultrasound recheck performed by Dr. Donna Markland, Island Mobile Paws Veterinary Services. It showed no recurrence at the resection site, no other masses, no enlarged lymph nodes, and resolution of jejunum thickening. His liver also looked normal. Onyx's kidneys had architectural changes and bilateral pelvic dilation consistent with renal disease. His adrenal glands were small which is consistent with the chronic prednisolone used to treat his FGESF.

“IN THE IMMEDIATE POST-OPERATIVE PERIOD, ONYX WAS HYPOTENSIVE AND HYPOTHERMIC, BUT WITHIN FIVE HOURS OF AWAKENING HIS VITAL SIGNS HAD RETURNED TO NORMAL...”



IMAGES 4, 5, 6: The 7 cm mass removed from Onyx's ICJ by Dr. Séguin, plus a segment of colon and ileum; four greatly enlarged mesenteric lymph nodes were associated with the mass (February 12, 2025, at VCA Central Victoria).

For many cats diagnosed with FGESF, a hydrolyzed protein diet is helpful and is often recommended, but Onyx is very finicky about texture and would not eat it long-term. Instead, he eats a mixture of Fancy Feast, Whiskas, Royal Canin 12+ canned food, Delectables Bisque, Churu/Tiki Cat/CatIt/Delectables paste, Temptations, Urinary treats, Metabolic treats, CatIt treats, and Bonkers cat lollipops. He also has access to free feeding of a mixture of dry food (Royal Canin 12+, Royal Canin Gastrointestinal, and Hill's S/O). He has done very well on this combination so far and is now up to a

TAKE-HOME MESSAGES

- Not all abdominal masses are neoplasia.
- Imaging (X-ray, CT scan, abdominal ultrasound) is essential to characterize the mass and identify any other masses, enlarged lymph nodes, or thickened intestinal regions.
- FNA, or biopsy (which is best for diagnostic value), of the affected tissue and associated lymph nodes is essential for diagnosis.
- Surgical resection plus medical management can provide a good quality of life.
- Do not discontinue prednisolone, and taper to the lowest dose very gradually. I have not attempted to reduce beyond 2.5 mg PO daily for Onyx for fear of recurrence and based on advice from Dr. Langwith who has prior experience with another male cat.
- Some cats may need additional immunosuppressants such as cyclosporine or chlorambucil to suppress recurrence of masses and/or intestinal wall thickening.
- Cats whose prednisolone dose is reduced or stopped usually relapse and may then need a higher dose of prednisolone and additional medications.
- Some cats respond well to only prednisolone and may not require surgery. This is valuable information in cases where the mass is not operable (e.g., proximal duodenum, attached to pancreas, risk of compromising vascular supply to remaining bowel) or when the cost of diagnostics is out of reach.

WANT TO KNOW MORE?

- www.thevpg.co.uk/fgesf-16-years-on-what-do-we-know: A webinar released on March 26, 2026, by the Veterinary Pathology Group.
- www.fgesf.org: A highly informative website by a collective of veterinary specialists and the parent of a FGESF cat. The website was founded by Jill Fox in honour of her cat, Remy, who was diagnosed in 2016 with FGESF. He did well with surgery and medical management but sadly lost his life to colon cancer in 2023. Jill continues to maintain and update this website and is a great resource for cat parents. Dr. Michael Linton and Dr. Petra Černá are the veterinary specialists. Jill Fox also founded the Facebook page FGESF - Feline Gastrointestinal Eosinophilic Sclerosing Fibroplasia Support. I was fortunate to find this website and the Facebook group shortly after Onyx's surgery and diagnosis and Jill and other members of the group were (and still are) very supportive to me, especially in the early stages of navigating his post-operative care when I knew very little about FGESF.

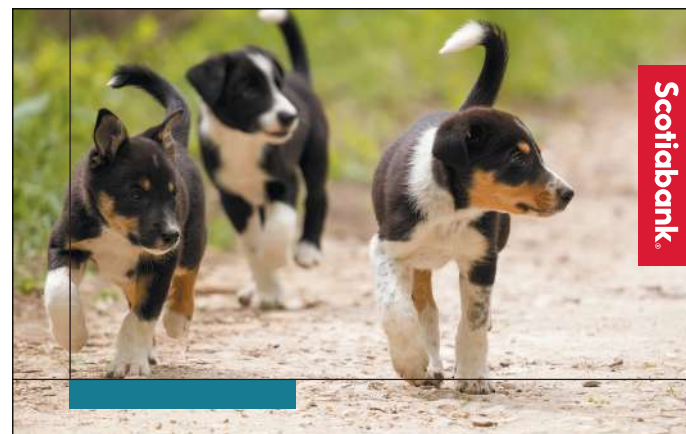
To save space, the table, reports, references, and acknowledgements for this article are made available on the SBCV's website at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine. **WCV**

rather chunky 8.30 kg, with a body condition score (BCS) of 7/9.

Because Onyx lost his ICJ, I was warned that his bowel movements (BM) may never become fully formed again. Fortunately, within a couple of weeks of surgery his BMs went from pudding consistency to mostly fully formed with just some looseness at the end of each BM.

At the time of publication, Onyx is more than 15 months post-op, and he continues to do well. He will be 16 on August 18th, 2026, and you bet we are having a party for him.

- Monitor periodically for steroid-induced diabetes mellitus. I check free-catch urine samples for glucose approximately once a month using Multistix 10SG strips and have a PetTrackr glucometer for checking blood glucose if concerned.
- Prednisolone tablets can be crushed to a fine powder and given in a small amount of Churu or other food that the cat is particularly fond of to avoid having to physically administer the pill. Transdermal gel is also available and potentially chewable tablets.
- Vitamin B12 injections – start with weekly and then taper to once a month.
- A hydrolyzed protein diet is recommended but not all cats will eat it (such as Onyx).
- Chronic enteritis may be a risk factor for FGESF (Onyx had suspected intestinal thickening as early as June 2024).
- Siblings should be evaluated as they may also be at risk of developing FGESF.



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bcenizal@alphasciencelabs.com
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WHAT DO YOU SEE WHEN YOU LOOK IN THE MIRROR: PRACTICE OWNER, ASSOCIATE, OR SPECIALIST?

BY GREG TONER, CPA, CA, TEP, CLU



Take a moment. Step away from the exam room, the appointments, and the endless stack of charts. Find a quiet corner and ask yourself a question that most veterinarians never truly sit with: when you look in the mirror, who do you see?

Do you see someone driven by the art of medicine—the joy of diagnosis, the satisfaction of a perfect surgical outcome, the bond formed with a patient over years of care? Or do you see someone who lies awake thinking about staffing models, overhead ratios, and whether there is a better way to run a veterinary practice? Both visions are valid, leading to deeply fulfilling careers. But confusing one for the other—or worse, never asking the question at all—is one of the most common and costly mistakes that veterinarians in BC make.

Such decisions are not simply financial but instead are deeply personal. And the sooner you get honest about who you are, the sooner your career starts working for you instead of the other way around.

THE ENTREPRENEUR IN THE WHITE COAT

Practice ownership is not for everyone; that's fact, not criticism. Owning a veterinary practice means accepting that you are no longer just a clinician. Instead, you are a business owner, an employer, a marketer, a landlord negotiator, a compliance officer, and a financial strategist—all before lunch.

Veterinarians who thrive as practice owners tend to share certain traits. They are energized—not exhausted—by solving operational problems. They think naturally about systems: how to schedule more efficiently, how to reduce supply costs without sacrificing quality, how to attract and retain excellent staff in a competitive labour market. They are comfortable with financial ambiguity and can hold two truths simultaneously: this month was difficult, and the long-term trajectory is strong.

If you find yourself frustrated when workflows are inefficient—not because they affect patient care, but because you can already see a better system—that is a signal worth paying attention to. If you read your year-end financial statements with curiosity rather than dread, and you catch yourself calculating what a second location might look like, ownership may be in your DNA.

Be honest with yourself about risk tolerance, too. Practice ownership requires capital, often significant capital, and the income uncertainty of the early years can be genuinely stressful. BC's real estate and leasing costs are among the highest in Canada. If financial unpredictability keeps you up at night and erodes your quality of life, ownership could become a source of chronic anxiety rather than pride. That matters.

THE CLINICIAN AT HEART: THE CASE FOR THE ASSOCIATE PATH

There is a persistent mythology in veterinary culture that working as an associate is a stepping stone, something you do while you figure out the real goal. That mythology is both inaccurate and harmful.

Being a skilled, experienced associate veterinarian is not a consolation prize. In the right practice environment, with a fair compensation structure and clinical autonomy, an associate can build a profoundly rewarding career—one that stays rooted in medicine rather than management. If what you love is the work itself, protecting that love is not a failure of ambition. It is wisdom.

Ask yourself honestly: when ownership comes up in conversation with colleagues, do you feel genuinely excited, or do you feel a quiet dread that you quickly suppress? Do you leave administrative tasks until the last possible moment or even actively avoid them? Are your most fulfilling moments in the clinic when you crack a difficult diagnosis or comfort a distressed family—not when you review the month's revenue summary?

If so, the associate path—chosen deliberately, negotiated well, and pursued with professional pride—may serve you far better than a practice ownership journey undertaken out of obligation or social pressure. The key is to pursue it intentionally: seek contracts with strong compensation, protected scheduling, and clinical autonomy. A well-compensated associate in British Columbia can earn an excellent income without the liability exposure and administrative burden that come with ownership.

THE SPECIALIST: DEPTH OVER BREADTH

Some veterinarians look in the mirror and see neither the entrepreneur nor the generalist. They see a surgeon. A dentist. A specialist for whom the full complexity of a discipline is more compelling than the broad sweep of general practice.

There are many growing fields across British Columbia, driven by an increasingly sophisticated client base with higher expectations and greater willingness to invest in advanced care. Specialists who build referral reputations can command strong incomes, deep professional respect, and the particular satisfaction that comes from mastery. If you feel most alive in the operating theatre—if the technical challenge of a complex procedure energizes you in a way that a full day of wellness appointments simply does not—that instinct is telling you something important.

The path to specialization demands significant additional training and delayed earning—costs that are real and not to be minimized. But for the right person, they are an investment in a career that feels genuinely aligned with who you are. The question is not whether specialization is prestigious. The question is whether the depth of focus it requires would feel like freedom or confinement.

THE QUESTIONS WORTH SITTING WITH

Regardless of where you are in your career—newly graduated, a decade into associate work, or approaching the point where ownership is a real possibility—the following questions are worth genuine reflection:

- When I imagine my best professional day five years from now, what does it look like?
- Am I energized or drained by managing people and solving operational problems?
- Do I have the financial resilience and risk tolerance that practice ownership requires?
- Is there a clinical area where I would trade breadth for mastery?
- What does success actually mean to me? And am I pursuing that, or someone else's version of it?

There are no correct answers. There is only your answer, and the clarity that comes from being willing to ask.

THE MIRROR DOESN'T LIE

BC's veterinary profession is evolving rapidly. Consolidation is reshaping the ownership landscape. Compensation structures for associates are improving as practices compete for talent. Demand for specialized services is growing in urban centres from Vancouver to Kelowna to Victoria. The opportunities are genuinely broad—but only if you pursue the right one for who you actually are.

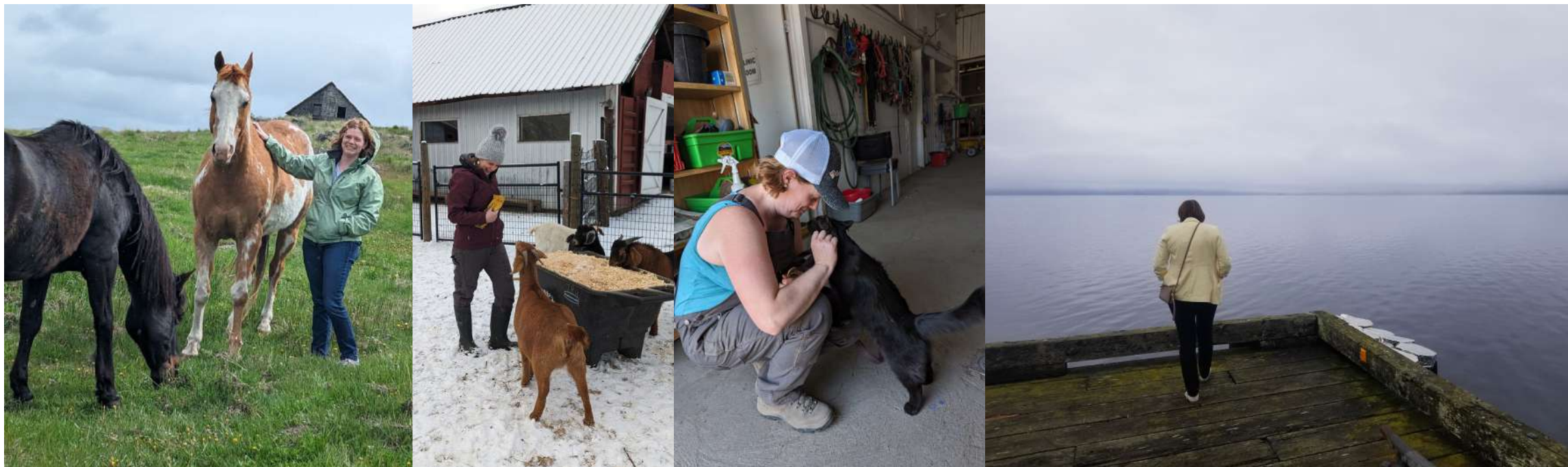
The veterinarians who build the most satisfying careers are rarely the ones who chose the most prestigious path. They are the ones who chose honestly—who looked clearly at their own strengths, temperament, and values, and then built a professional life around that truth.

So go ahead. Look in the mirror. Take your time. What you see matters more than you might think. **WCV**

“REGARDLESS OF WHERE YOU ARE IN YOUR CAREER...THE FOLLOWING QUESTIONS ARE WORTH GENUINE REFLECTION...”

FROM PATIENT CARE TO PRACTICE STANDARDS: THE EXPANDING ROLE OF RVTs

BY LEANNE HILLIS-SCHMIDT, RVT



RVTs play diverse roles across the veterinary profession, impacting many aspects of animal care and welfare.

As a Facilities Inspector, I travel to parts of BC that I might otherwise never see.

“...RVTs CAN APPLY THEIR CLINICAL EXPERTISE IN BROADER CONTEXTS TO SUPPORT THE PROTECTION OF THE PUBLIC, ADVANCE STANDARDS, AND STRENGTHEN THE VETERINARY PROFESSION.”

Like many Registered Veterinary Technologists (RVTs), I entered the veterinary profession to work directly with animals. I expected a career rooted in patient care, client support, and continual skill development. What I didn't expect was that those same career expectations would take me into a very different role as a Facilities Inspector with the College of Veterinarians of British Columbia (CVBC). Now I help to uphold the crucial practice standards behind the care of animals by visiting veterinary facilities across BC. This role has reinforced the breadth of the RVT scope and our essential contributions not only to traditional clinical practice, but to the entire veterinary profession.

I graduated from Lakeland College in Alberta in 2004 and found myself in BC's Lower Mainland shortly thereafter. Most of my career was spent in small- and mixed-animal practices and on various dairy farms. Eventually, I moved to the Okanagan where I have been practising ever since. I was fortunate to spend much of my time with exceptional veterinary teams, but a few years ago I began looking for a different way to contribute to the veterinary profession. This desire led me to apply for the position of Facilities Inspector with the CVBC. This role involves evaluating veterinary facilities to ensure compliance with the accreditation standards within the CVBC bylaws. I have found that I can rely on my years of clinical experience in a different sector to support the profession, protect the public, and enhance animal welfare. It had never crossed my mind to work in the regulatory sector, but now that I do, I don't see myself leaving anytime soon.

Practice inspections are done as part of the CVBC process of facility accreditation. Every practice facility in BC must meet the relevant practice standards and be accredited by the CVBC to offer veterinary services. Schedule D Standards are the overarching accreditation standards with which all accredited facilities must comply. The purpose of the Schedule D standards is to “ensure every veterinarian has, maintains, and uses facilities, equipment, and supplies which are capable of delivering veterinary care with the scope of their practice, at a level equal to the generally accepted accreditation standards as determined by their peers, for veterinary medicine in BC.” Schedule D objectives include the “protection of the public by ensuring public safety; consideration of public expectations; protection of patients by ensuring patient welfare including comfort and safety; definition of clear, uniform, and defensible standards; provision of reasonable flexibility in the means of meeting standards; and susceptibility to effective enforcement.”

The standards reflect the CVBC mandate of the protection of the public, patient, and staff safety; these are the minimum standards the public can expect when they enter a facility. Every facility needs to demonstrate that they meet the applicable standard in serving the interests of patients and human protection. Inspectors are continually assessing the facility for public, patient, and staff risk, thereby maintaining the public's trust and confidence in the veterinary profession.

During an inspection, I evaluate practice facilities for compliance with Schedule D. This includes a visual assessment of the facility itself, focusing on patient care areas, as well as spaces the public accesses. The equipment used in the facility is reviewed to ensure that it supports the intended scope of practice and has been serviced according to the standards. Medical records are reviewed to ensure that all required information is documented in accordance with the minimum standards outlined in Schedule D, with additional feedback provided on areas that may not meet the Professional Practice Standards (PPS).

A review of the storage, handling, and documentation of controlled drugs is done, as this is a major consideration for public and staff risk. Veterinary professionals are uniquely privileged to have direct access to ordering controlled drugs, which allows optimal care that aligns with animal welfare. Management of these drugs according to the bylaws and standards is critical. The inspection often includes collaboration with registrants and their staff, and inspectors will answer and clarify any recommendations. Ultimately, it is up to the Designated Registrant to ensure they are always compliant with the standards. Much of my role is to facilitate communication between veterinary facilities and the CVBC. I gather information for the CVBC and the Practice Facility Accreditation Committee to make decisions based on public protection, as per the CVBC mandate.

The role of the RVT continues to evolve; however, challenges remain, such as visibility, recognition, and full utilization of their scope of practice. Despite their advanced training, the contributions of RVTs are not always fully understood or leveraged across all practice settings. This can lead to the underutilization of critical skills that support patient care and practice efficiency and may contribute to attrition when RVTs are unable to perform to the full extent of their training and skills.

At the same time, there has been meaningful progress for RVTs over my twenty-year career. RVTs have expanded their roles across the profession, including regulatory work. My position as a Facilities Inspector demonstrates that RVTs can apply their clinical expertise in broader contexts to support the protection of the public, advance standards, and strengthen the veterinary profession. The position of Facilities Inspector allows RVTs to use a different array of skills and to practice within their scope, and it creates opportunities for growth within the veterinary field.

Elevating the RVT profession requires a shared commitment. Veterinarians play a key role in recognizing and utilizing the full scope of RVT competencies, fostering collaborative team environments where each professional practices to their highest level. As the profession continues to grow, greater awareness and intentional integration of RVT capabilities will be essential. RVTs who can practice to the extent of their training and skills not only support veterinary teams, but also enhance patient care, improve practice outcomes, and reinforce the strength and sustainability of the profession overall. These contributions extend far beyond clinical practice. I encourage RVTs to explore diverse, non-traditional career pathways where their skills can be applied in new and impactful ways. [WCV](#)

EQUINE CODE OF PRACTICE UPDATE: WELCOME TO THE YEAR OF THE HORSE

BY BETTINA BOBSIEN, BSA, DVM, DABVP (Equine)

The Year of the Horse began on February 17, 2026. Of note, this is the Year of the Fire Horse, which occurs only once every 60 years and is associated with energy, passion, and rapid, transformative change. This year promises to be true to the Chinese calendar for equine welfare, with a myriad of initiatives, advances, and opportunities for real-time, on-the-ground advances.

The theme of change is well represented by the recent World Horse Welfare conference titled “Through the Horse’s Eyes.” The sentience of equines is not in doubt, and their excellent memories for both other equines and humans, as well as places and experiences, are well recognized.

This Year of the Fire Horse will see the completion of the National Farm Animal Care Council (NFACC) update to the 2013 *Code of Practice for the Care and Handling of Equines* (Equine Code). NFACC is a collaborative partnership of diverse stakeholders created to share information and work together on farm animal care and welfare (with more than 50 partner organizations). It serves as the national lead for farm animal care in Canada. NFACC provides the process for developing codes of practice for the care and handling of farm animals, as well as assessment programs (Animal Care Assessment Framework).

The Equine Code provides a foundational framework for equine care, serving as a reference for both standards and enforcement across Canada. It establishes the requirements and recommended best practices to support fundamental obligations for and continuous improvement in equine care and welfare outcomes.

The Equine Code update process involves first assembling the Code Development Committee and conducting a top-of-mind survey with equine owners and the Canadian public. The Code Committee includes veterinarians, producer representatives (from feedlot, donkey, and racing sectors, as well as Canadian Sport Horse and Cheval Québec), animal welfare advocacy associations (Humane Canada), provincial animal protection enforcement authorities, provincial and federal government representatives with responsibilities in animal welfare, technical experts, and a researcher (Scientific Committee Chair).

The next step is to assemble the Scientific Committee, which determines the priority welfare issues with the Code Development Committee. The Scientific Committee begins drafting its report, while the Code Development Committee begins drafting the new code. The Scientific Committee’s report is then presented to the Code Development Committee, where it undergoes peer review. When the code draft is completed, it is released for public comment.

The Equine Code has just undergone a 60-day public comment period, with robust engagement. There were over 700 respondents, and 57 per cent of that national and international participation came from BC. This active participation reflects BC horse owners’ deep interest in horse welfare and was facilitated by outreach efforts by both the BC Horse Council and the BC SPCA. After all, equine welfare advocacy and leadership in BC are nothing new—the BC SPCA was founded in 1895 to help protect the welfare of workhorses during a building boom.

The updated code features 70 new requirements (on top of the initial 127), and new content on humane training, pain recognition, young horse development, and transportation. In addition, there are entirely new sections on both biosecurity and disaster preparedness. After the Code Development Committee carefully considers the public comments and makes adjustments, the final version of the Equine Code is slated for release early in 2027.

Highlights of the changes being made to the code include an overall acknowledgement of the potential long life of a horse and their needs throughout that lifetime. The Five Domains model has replaced the Five Freedoms—in essence, accepting that every horse in our care deserves a life worth living. The changes also recognize that horses feel pain, and that it is the caregiver’s responsibility to alleviate that pain promptly and to avoid causing pain whenever possible.

The updated code reflects an updated attitude toward horses—for example, the old adage “no foot, no horse” has been removed. Although quality and appropriate farrier and hoof care are critical to equine comfort and health, the saying implies that a horse’s only value is in their physical service to humans. Horses deserve as good a life as we can provide, regardless of their value or physical ability. In addition, horses serve humanity in many less-physical ways, including therapy work, learning assistance, and as extraordinarily long-lived companion animals. Another common saying that was deleted, “Make the right thing easy and the wrong thing hard,” can imply that it is acceptable to make things “hard” (e.g., physically punish or overwork) when a horse doesn’t understand what is being asked of them. A horse’s failure to understand cues or direction may well be caused by limitations in the trainer’s skill or training knowledge.

If horse sport is to survive long-term, we as an industry need to address our social licence to operate issues head-on by optimizing equine welfare. We have seen in BC how equine industries can be ended with the literal stroke of a pen. As veterinarians, we have a unique opportunity to evaluate, educate, and improve horse welfare.

Despite much work on progressive welfare standards, the following words by Professor Emeritus Dr. David Fraser are worth careful reflection when we consider the lives of animals in our care: “We need to focus on the ‘human dimension’ of animal welfare. Current animal welfare standards tend to emphasize the environments where animals are kept, but actual welfare outcomes remain highly variable. We now need more emphasis on how animal welfare is influenced by human factors such as the skill, attitudes, attentiveness, empathy, consistency, and perhaps personality of animal caretakers.”



Our relationship with a horse can last for decades.



Horses can form deep attachments to people.



Connection with horses can be deeply supportive in equine assisted mental health and learning programs.

FROM THE UPDATED CODE: A SELECTION OF NEW AND REFINED REQUIREMENTS

SECTION 2 – Facilities and Housing

- During periods of high precipitation there must be an ongoing mud management plan implemented.
- Newly formed groups must be monitored daily at minimum and interventions made as necessary. (This is interesting, given the trend to keep horses in herds rather than individually.)
- New arrivals must have access to feed and water, especially in situations where other horses may prevent access.
- Ensure fencing for stallions is safe and strong enough to contain them.
- Stalls must have a depth of bedding sufficient to absorb urine, prevent sores, and encourage the horses to lie down. Bedding must be non-toxic.
- Leaf blowers must not be used while horses are in enclosed facilities.
- In muddy conditions, horses must have access to a well-drained area, on which they can stand and lie down, that offers relief from mud in the pasture/yard.
- Horses must have access to shelter (constructed or natural) that protects them from the harmful effects of extreme weather conditions. The shelter(s) must be large enough to accommodate all horses in a given area at the same time.
- If blankets are used, the condition of the horse beneath the blankets must be examined at least weekly and frequently enough to recognize changes in body condition and keep the horse free from ill effects.

SECTION 3 – Emergency Preparedness (new section)

- An emergency telephone list must be readily available for the horse owners, managers, farm hands, caretakers, and emergency crews.
- Facility-specific emergency plans must be prepared for emergencies such as fires, equipment or power failures, extreme weather events, and evacuations. The procedures must be written and communicated to all horse owners, managers, farm hands, caretakers, and emergency crews.
- A map of the barn or facility and its surroundings must be drawn and kept readily accessible for emergency crews.
- If the systems cannot be run manually, an alternative method or power source must be available to run critical systems (e.g., watering system, ventilation, feeding).
- Owners or caretakers must have enough feed and safe, clean, and palatable water to meet the needs of their animals for at least 72 hours.

In light of the recent fire and flood events in BC, these new requirements (and more) are a welcome addition.

SECTION 4 – Feed and Water

- Snow is not an acceptable sole source of water for horses.
- Feeding practices must allow for natural feeding posture and must not negatively impact health.
- Horses that do not have access to pasture or continuous hay supply must be fed, at minimum, twice daily.

SECTION 5 – Health Management

- Establish a working relationship with a practising veterinarian (veterinarian-client-patient relationship or VCPR). If not possible due to animal location or lack of veterinary service providers, establish a health management plan, including a euthanasia plan.
- Comply with vaccination requirements to attend or participate in shows or events.
- Any person responsible for a horse must be able to recognize the common causes and behavioural indicators of pain.
- Horses that are in pain must receive appropriate management changes or treatment without delay.
- Horses must be sound and healthy to work or compete.
- Horses that become sick or lame during work must be removed and appropriate care provided.
- Medications/substances/therapies that are prohibited by the sport or that mask signs of pain must not be used or used only in accordance with the rules of the sport.
- Equipment must not be used to mask behaviours that are as a result of pain.

SECTION 6 – Loose Horse Management (formerly “Feedlot Management”)

- Facilities must be designed and have equipment available to effectively and humanely handle horses that are not halter trained.
- Handling equipment must be designed specifically for horses and cannot be used in a manner that will cause them injury or undue stress.
- Stallions must be segregated from mares at feedlots, intermediary sites and rescues.
- Ensure feed and water is easy to find as new arrivals will not be familiar with its location and may only be familiar with natural water sources.
- Monitor new arrivals at least twice daily to ensure they are healthy and are eating and drinking.
- If a mare appears to be pregnant, an examination by a veterinarian is needed so that plans can be made to segregate her for foaling or re-homing.
- Individuals or organizations who take custody of a malnourished or emaciated horse (BCS <3 for horses; BCS <2 for donkeys) must consult with a veterinarian before beginning a feeding program to prevent refeeding syndrome, which is a life-threatening condition.
- A dry lying or standing area must be available in each pen.

SECTION 7 – Husbandry

- If a horse begins to display stereotypic behaviour, the owner/caregiver must take steps to identify and address the underlying cause of the problem.
- Horses confined to tie stalls must be tied in such a way that allows them to lie down in a normal sleeping posture.
- Effective for horses branded after January 2029: Pain control must be provided unless prohibited by regulatory requirements.
- Restraint of horses must never cause avoidable injury or pain. (Reworded.)
- Electric prods must only be used to assist the movement of horses when animal or human safety is at risk or as a last resort when all other humane alternatives (e.g., flags) have failed. They must only be used by suitably trained personnel. (Reworded.)

Notably, consensus was not reached about reworking the current wording (2013) of the following turnout requirement:

- Horses must have some form of exercise or turnout unless under stall rest for medical reasons or severe environmental conditions make this temporarily impossible.

Agreement has been reached that turnout and exercise are not the same thing. The challenge is crafting a requirement that protects and advances horse welfare while recognizing current facility limitations, industry needs, and owners’ concerns about turnout injuries. Refinement of this requirement will hopefully be achieved with input from the public comment period.

SECTION 8 – Exercise and Training

- Whips, spurs, and bits must only be used to give light cues and not be used to inflict pain through excessive force and frequency for discipline or encouragement. (Some horse sports may be impacted by this change.)

SECTION 9 – Reproduction Management

- When natural breeding methods are used, stallions/jacks must be selected with an appropriate body weight and size for the physical development and size of the mare/jennet.
- Mares and jennets that are in the last 10 per cent of their gestation periods or have given birth during the preceding 48 hours must not be transported, unless on the advice of a veterinarian for care or treatment.
- Mares and jennets must be moved to the place of foaling prior to active labour.
- Weaned foals must be kept in the company of other equines, such as other weaned foals or older, calm horses.
- Mares and jennets close to foaling must be observed at least twice a day for health, well-being, and signs of foaling. Frequency of monitoring of mares/jennets needs to increase as foaling becomes imminent.

SECTION 10 – Transportation (new section based on the federal Health of Animals Transport Regulations)



“CURRENT ANIMAL WELFARE STANDARDS TEND TO EMPHASIZE THE ENVIRONMENTS WHERE ANIMALS ARE KEPT, BUT ACTUAL WELFARE OUTCOMES REMAIN HIGHLY VARIABLE.”

Most horses thrive in a stable herd environment.

PHOTO BY BETTINA BOESEN

CUT OUT THIS PAGE IF YOU WISH TO SAVE IT.

VOLUNTEER OR VOLUNTOLD? WHEN DOES A VOLUNTEER BECOME AN EMPLOYEE IN BC VETERINARY PRACTICE?

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

There is no shortage of people eager to spend time in a veterinary practice. Many seek exposure to the profession to determine whether they want to pursue a career in animal medicine, while others, already committed, aim to strengthen their résumés as much as possible before applying to veterinary school. This motivation is well-founded: admissions are highly competitive, with veterinary programs receiving anywhere from four to ten applications for every available seat.¹

In such a competitive field, offering volunteer opportunities can be both generous and mutually beneficial. Volunteers gain meaningful exposure to the profession, while practices benefit from an extra set of hands that does not demand a paycheque. British Columbia employment law, however, has a habit of interrupting good intentions with awkward questions and potentially significant consequences.

For veterinarians, practice managers, and hospital owners, the central issue is this: when does a volunteer stop being a volunteer and start being an unpaid employee? The distinction is not without difference, because the BC Employment Standards Act (“Act”) looks beyond labels to the substance of the work. The takeaway, and with apologies to the Bard, is that an employee by any other name would smell...like an employee. Calling someone a “volunteer” does not shield you from an Employment Standards Tribunal finding that they are, in reality, an employee entitled to wages and statutory protections.

LABELS ARE EASY. LEGAL CLASSIFICATIONS ARE NOT.

One of the challenges for any business, including veterinary practices, is that BC law does not offer a tidy, standalone definition of “volunteer.”² The legislation instead relies on broad definitions of “employee” and “work.” Under the Act, an “employee” includes not only a person entitled to wages for work performed for another, but also a person the employer allows to perform work that is normally done by an employee, and a person being trained for the employer’s business. “Work,” in turn, means the labour or services an employee performs for an employer.³

The result is that a person may still be an employee notwithstanding that everyone involved believes and acts on the assumption that they are a volunteer. The oft-noted legal maxim first noted by the learned Justice James Whitcomb Riley of the US Supreme Court is often cited in support of such deductive reasoning: “If it looks like a duck, swims like a duck, and quacks like a duck, then it probably is a duck.”⁴ That same logic will be applied to any attempt to reclassify an employee as a volunteer.

That risk is especially relevant in a for-profit setting such

as a private veterinary practice. If an unpaid individual is restocking exam rooms, cleaning kennels between patients, answering phones, entering file information, restraining animals for treatment, assisting with inventory, or covering the front desk while staff attend to patients, the arrangement can start to resemble ordinary employment very quickly. Those are operational tasks. Once a practice begins to depend on an unpaid person to keep the day moving, the legal footing becomes much less comfortable.

A genuine volunteer relationship is more likely to be found where the person is there primarily to observe, learn, or gain exposure to the profession. The role is narrow. The duties are limited. The schedule is irregular. Most importantly, the practice is not relying on that person for day-to-day operations.

“Just helping out” can cover a lot of tasks in a veterinary practice, especially when the volunteer demonstrates competency or propensity for the tasks assigned. Mission-creep inevitably starts to occur in such situations, and soon you find you are relying on your volunteer for tasks that you could just as easily have assigned to an employee. Shadowing appointments and limiting their interactions to observation is one thing. Quietly, gradually, and informally taking on tasks such as kennel support, supply restocking, or covering the front desk is quite another. The further the role moves toward productive labour, the more legal risk follows. This will typically be an insidious and barely noticeable evolution of roles, one that you often only become aware of once they are no longer there.

THE MORE ESSENTIAL THE ROLE, THE SHAKIER THE FOOTING

A useful rule of thumb for the profession is this: the more a practice would miss the person if they stopped showing up, the less comfortable the word “volunteer” becomes.

In the case of *Safari Pets & Aquatics Ltd. (Re)*, the BC Employment Standards Tribunal found that a high school student who attended a pet store over spring break was a volunteer, not an employee. The student had approached the store seeking experience and possible future employment. He was introduced to the owners through a family friend who worked there part-time, and the store's manager understood that he was coming in on a voluntary basis during the break. The manager's evidence was that the student "came and went" as a volunteer, could not be relied on to attend, and was shown tasks as a learning opportunity. The store did not treat him as an employee until after spring break, when he was specifically called in for shifts and paid for that work. Although the student later said he felt taken advantage of and had hoped to be hired after only a couple of days, he acknowledged in cross-examination that he had been a volunteer during the spring break period. On those facts, the Tribunal held that the mutual understanding during the relevant period was that he was a volunteer, not an employee.⁵ While the case does not establish a single decisive factor, it does suggest that short-term, irregular, learning-oriented placements, especially where the business does not depend on the person's attendance, are more likely to be treated as true volunteering.

The reverse is where the pitfalls arise. If the person has a regular schedule, performs core operational tasks, fills staffing gaps, or is trained like a new hire, with or without the expectation of later becoming paid staff, the arrangement starts to look less like mentorship and more like unpaid work. For veterinary teams, that means the safest volunteer roles are those that remain clearly educational and non-essential. Shadowing? Safer. Becoming unpaid support staff every weekend? I hope the answer is obvious: much less so.

THE BURDEN OF PROOF IS NOT MET BY GOOD INTENTIONS

Many practices bring in unpaid helpers for the right reasons. They want to mentor students, support future professionals, or offer a realistic glimpse into clinic life. All are laudable and admirable reasons for making volunteer positions available. And none of this is problematic in and of itself. The profession and the public both benefit from you making these opportunities available.

Good intentions, however, do not a volunteer make. The unfortunate reality is that, notwithstanding the best intentions, disputes can and do arise. When such a dispute arises, you will bear the burden of proof to show that the individual truly volunteered freely, without an expectation of compensation, and without functioning as unpaid labour.⁶ Volunteer arrangements should therefore be structured carefully.

Practically speaking, veterinary practices that want to reduce that risk should do at least four things. First, define the placement in writing before it begins, with the document stating plainly that the role is unpaid, voluntary, educational, and observational in nature. Second, identify

the tasks the person may do. Third, keep the schedule ad hoc and limited rather than regular and shift-like. Fourth, ensure a staff member remains responsible for supervision so that the volunteer is never functioning as a substitute for paid labour. In practical terms, a volunteer role should not read like a job description with the salary line missing.

MINORS CAN ADD ANOTHER LAYER OF COMPLEXITY

This issue becomes even more important when the volunteer is a young person, as is often the case in veterinary settings. In BC, the legal analysis is more precise than simply asking whether someone is a "minor." Although a minor is generally anyone under the age of 19, the Act imposes special child-employment rules for those under 16. A child under 14 generally cannot be employed without the Director's permission. A child who is 14 or 15 is limited to "light work" without a permit, and even then, only if a parent or guardian gives written consent that the employer keeps on file. Children under 15 are also subject to hour restrictions: they cannot be required to work during school hours, may work no more than 4 hours on a school day, 7 hours on a non-school day, 20 hours in a week with five school days, or 35 hours in a week when school is not in session.⁷

More importantly for veterinary practices, children under 16 cannot be employed in hazardous work. The provincial guidance on what is not "light work" includes lifting, carrying, or moving an item or animal where there is a risk of injury, and working with or being exposed to hazardous chemicals or materials.⁸ In a veterinary practice, those restrictions are not theoretical. They can be engaged by animal handling, restraining, lifting, using disinfectants and cleaning products, interacting with medications, and other routine clinical tasks. Before allowing anyone under 16 to "help out," a practice should assess not only whether the placement is truly voluntary, but also whether the proposed duties are permissible at all.

Though not legally required, it is strongly recommended that you communicate clearly with parents or guardians in writing about what their minor will be doing as a volunteer. Written documentation can outline whether the student is only observing, what limited tasks they may assist with, and the general risks associated with animals, medical equipment, and a fast-moving clinical environment. This also helps ensure transparency with parents or guardians and may reduce the likelihood of misunderstandings about the nature of the role or the student's expectations.

THE WorkSafeBC WRINKLE

There is another issue that should be firmly on the profession's radar: injury coverage. Ordinary volunteers in a private veterinary practice will often fall outside the usual WorkSafeBC compensation scheme. However, the Workers Compensation Act allows certain unpaid participants, such as persons in specified vocational, training, or approved work-study programs, to be treated as workers in some circumstances. This matters because if they are injured in the course of their volunteer activities, there is nothing preventing them from suing you for damages if their injuries resulted from your negligence. You need to understand very clearly with your insurance broker what limits on coverage

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you have for such eventualities. You do not want to be found liable for a teenager's significant lifelong disability resulting from your negligence without enough insurance coverage. Insurance is an important consideration. Make sure you are satisfied with your coverage.

The logical corollary to the sufficiency of insurance protection is that supervision and safety orientation matter. If you do those sufficiently, you significantly reduce your chances of having to rely on your insurance limits. Young people in a veterinary practice pose a risk that older people with perhaps more developed life experience and skills (and, dare I say, common sense?) do not. The hazards inherent to any animal care facility are obviously no less dangerous to a volunteer than a paid employee. The difference is that the former can sue you if they are injured due to your negligence, and (because of the Workers Compensation Act) the latter cannot.

FORMAL WORK-STUDY PLACEMENTS ARE DIFFERENT

This would not be an article about how the law applies to your professional practice if there were not at least one important exception to the general principle. This article, you will be glad to know, does not disappoint. Students participating in an approved secondary-school work-study or work-experience program *may be covered* under WorkSafeBC through deeming provisions that treat them as workers of the Crown for compensation purposes. A similar exception may apply to post-secondary students in approved practicums provided that the placement falls within a recognized program structure. If a student is considered a worker of the Crown, they can access workers' compensation benefits, rather than being an ordinary volunteer outside the compensation scheme. That is why formalized educational placements can present a clearer legal and risk-management framework than ad hoc volunteer arrangements. The general rule is that ordinary volunteers are often outside the scheme; the exception is that some approved school-based placements may fall within it. The structure of the placement therefore matters.

THE TAKEAWAY

For veterinary practices in BC, the takeaway is that volunteer roles need to be narrow, thoughtful, and unmistakably different from employment. Before the volunteer begins, you need to know exactly what their position is and is not. Write it down. Have the volunteer read it, initial it, and agree in writing not to deviate from it. Ensure the written role description addresses, at the very least, whether the role is primarily for learning or observation; whether the duties are minor and non-essential (correct answer = yes); whether the schedule is *ad hoc* or regular (correct answer = *ad hoc*); whether paid staff would normally be doing this work (correct answer = no); and whether you could operate the same way without the role fulfilled (correct answer = yes). Your risk of misclassification rises with each wrong answer to those questions.

Veterinary medicine thrives on mentorship. Our intention is not to dissuade you from your continued commitment to the same. Our intention is that you approach this function with the appropriate lens. Use volunteers. Do not, however, permit them to become employees, at least not without becoming aware of the choice you are making. We hope this helps you make that decision in a more informed manner. [WCV](#)

¹MacDonald, M. (2022, June 15). The quest for more vets: How universities are responding to a country-wide shortage. *University Affairs*.

²*Shawnee Venables (Re)*, 2018 BCEST 11 (CanLII), paras 27, 28.

³Employment Standards Act, RSBC 1996, c. 113 s. 1.

⁴Astute observers of the law will know, of course, that James Whitcomb Riley (1849-1916) was actually an American poet and not a Justice of any court. But he should have been, given both his obviously significant deductive abilities and his affinity for waterfowl. Neither is the phrase a legal maxim of any kind. But, again, it should be.

⁵*Safari Pets & Aquatics Ltd. (Re)*, 2001 CanLII 61341 (BC EST).

⁶*West Vancouver Notes & Crafts Society (Re)*, 1997 CanLII 25921 (BC EST).

⁷Employment Standards Act, RSBC 1996, c. 113 s. 9; Employment Standards Regulation, BC Reg 396/95.

⁸Employment Standards Regulation, BC Reg 396/95, section 45.24.



Scott Nicoll, BA (Hons), MA, LLB, is a senior lawyer based in British Columbia with more than 30 years of legal experience. Called to the bar in 1994, he has extensive expertise in regulatory law, governance, professional discipline and regulation, and First Nations governance. Scott regularly advises professionals and their associations on matters involving professional

accountability, business practices, regulatory compliance, and emerging technologies. He has written and presented extensively on topics at the intersection of law, professional regulation, and his AI alter-ego has an interest in how artificial intelligence is reshaping professional practice.



Joel Friesen, BA, 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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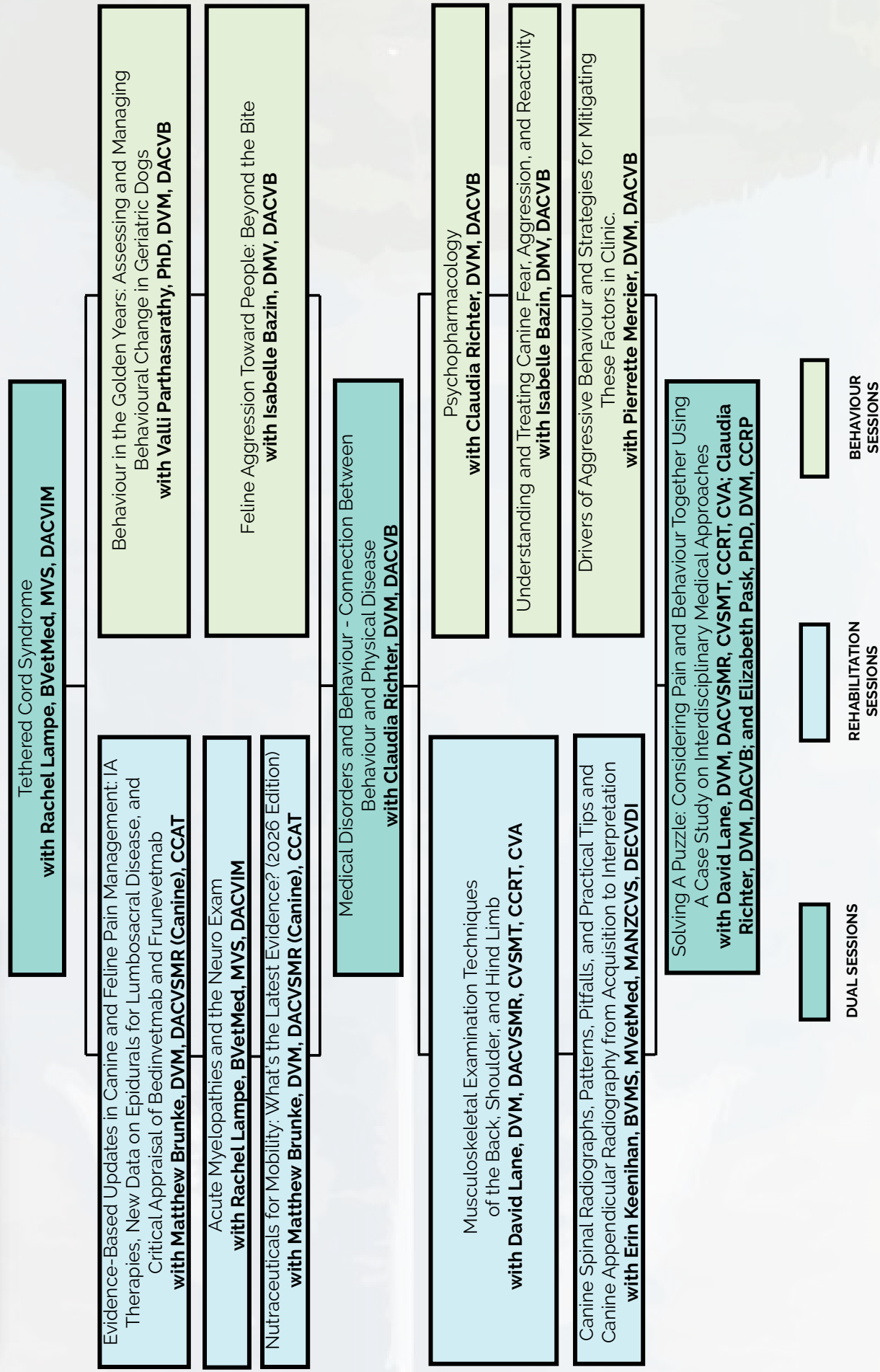
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