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A FEW SIMPLE WORDS...

Appearance is a funny thing. It feels like just yesterday that my partner Matthew and I rolled our belongings into our Honda Civic hatchback and trekked 2000 miles across Canada from Ontario to beautiful BC. I remember starting my new job at the local Animal ER clinic, and I remember the feeling that something was missing from BC veterinary medicine. In Ontario we had both a regulatory group (the CVQO) and a member services group (the OVMA), and in BC I felt like the member services were lacking. Then, in July of 2010 I received a letter in the mail from a start up veterinary organization called the SBCV which was looking to provide some of the member services that I had been missing. I got in touch with the organization and started on as an advisory member. Within months I became involved with the WCV magazine as a contributing editor and then very recently I became one of the SBCV directors. I never dreamed I would be helping out in this capacity, and helping to get the new SBCV-CVMA chapter up and running. Each step of the way I have been proud to be contributing to this new group that I believe in, and yet in disbelief of how far I have come on this journey. And here I am again, in disbelief that I am to write an intro to this magazine - another thing I have never done before.

It will be interesting to see where the future takes our budding organization. Hopefully with the addition of new members and elected officials we will see new blood infused into the organization and positive changes made. (See George Guerry’s call to members write up on page 16). I for one cannot wait to see how BC veterinarians will influence not only this magazine, but also our society.

Lastly, I would like to send a call out to all BC veterinarians (SBCV-CVMA chapter members and non members) for contributing articles for the WCV magazine. Our dream is to fill the pages with the content our readers want to read about. Please send any suggestions for upcoming topics, submit your own articles (they can be about anything related to your experience in BC veterinary medicine from funny to academic), and of course we welcome any feedback to improve our magazine. I really hope everyone will enjoy reading this issue as much as the magazine committee has enjoyed putting it together.

Cheers to everyone, and enjoy your summer!

Sarah Armstrong DVM, WCV Chair

For more information on article submission, or anything related to the magazine you can reach us at westcoastvetinfo@gmail.com.
CONTRIBUTORS  ISSUE NO.3/2011

Dr. Sarah Armstrong
Dr. Sarah Armstrong graduated from the Ontario Veterinary College in 2007. During vet school she was a member of the student initiative Global Vets and traveled to East Africa. After successfully completing her degree, Sarah worked full-time in general practice for 2 years, focusing on exotics, dogs and cats and also worked part-time at a small animal emergency clinic. Two years ago she moved to BC and currently works at the Vancouver Animal Emergency Clinic. Sarah is also on the SBCV Board of Directors.

Dr. Jeff Groenet
A veterinarian for over 25 years, Dr. Groenet runs a companion animal practice with his wife Louise (nee. D.V.M., in Qualicum Beach, British Columbia. He employs both conventional (Western) medicine as well as complementary therapies in his integrative practice. In addition to writing for publications such as Dog's Life in Canada, AEC Quarterly and Canine.net, Jeff lectures on canine courses for veterinary assistants and those who want to take better care of their pets.

Dr. Malcolm Macartney
Dr. Macartney completed a Bachelor of Science at the University of Victoria in 1980 and then worked as a wildlife ecologist, studying forest insects, painted turtles, and amphibians throughout BC. In 1987, he completed a Master of Science (Biology) studying the ecology of newts in BC. In 1987, he attended the Western College of Veterinary Medicine at the University of Saskatchewan and completed his veterinary degree in 1991. Dr. Macartney joined Dr. David Kelby at Midnite Veterinary Services in 1991 and became the owner of the practice in 2004.

Dr. Michael Warren
Veterinarian and Managing Director of DVM Labs, Dr. Michael Warren merges the unique talents of veterinarian and web developer. This powerful combination of skills has allowed Dr. Warren to design and create products that are particularly well suited to their primary client group - veterinary practice owners, but also to their veterinarian clients. Dr. Warren envisions all aspects of online development at DVM Labs, from site design - to product relentless focus - to marketing.

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VIEW FROM THE CHAIR

We started out as a small group of individuals and have grown in to an organization with 400 members in a single year.

By Dr. Marco Veenis, DVM, SBCV Board of Directors Chair.

This is already the third issue of the West Coast Veterinarian Magazine. Few realize how much time and effort goes in to creating each issue. I would like to give credit to our Magazine Committee headed by our Editor in Chief Ms. Shannon Brownlee, our Magazine Chair Dr. Sarah Armstrong, and our Graphic Designer Mr. Matthew Costorphine for all their hard work. The West Coast Veterinarian is generating enough revenue from the generous support of advertisers that it is completely self-sufficient.

For the past few months we have worked hard on behalf of our membership. We are finalizing the last details of our agreement with the CVMA and are in the process of developing the new website that will be integrated with our national partner.

Recently I attended the annual general meeting of the Alberta Veterinary Medical Association (ABVMA) and the Western Veterinary Presidents meeting on behalf of the CVMA-SBCV. The ABVMA is trying to formulate minimum standards for dentistry that include general anesthesia, but a motion to that effect did not pass. They intend to regulate AHT’s and other non-veterinarians by making them members of the ABVMA. Their intention is to give these members full voting rights, which could lead to a situation where the majority in a veterinary medical association no longer consists of veterinarians. Of course we will keep a close eye on these developments.

Our first mid-winter conference at the Silvertip Mountain Resort was a success. We have started planning for our fall conference, which will be held in the Lower Mainland in November. We are also working together with the Equine Committee to ensure continuation of the Annual Delta Fall Equine meeting that is now in its thirteenth year. At home we celebrated the new Veterinarians Act and the birth of our new regulatory body, the CVBC. We had to vote on mandatory membership in the CVMA-SBCV/CVMA partnership. This vote did not pass which means that BC is now one of the few provinces where membership in our national interest group is voluntary. For us it means that we have to devote part of our time to a membership drive and work hard to show you the benefits of becoming a member of our organization.

We started out as a small group of individuals and have grown in to an organization with 400 members in a single year. The time has come to elect officials to run for the CVMA-SBCV chapter. Dr. George Guersey (who is also on the Board of Directors) is chairing the election committee and has asked for nominees to step forward. I would like to second his request and would particularly ask the younger generation to step forward and help shape the future of veterinary medicine.

Check: Membership Categories:  
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$233.00 + $27.96 = $260.96
RETIRED - A veterinarian 65 years of age or over, residing in BC, who does not currently practice veterinary medicine.  
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POST DVM GRAD STUDIES - A veterinarian residing in BC who is enrolled in a graduate studies program of a Canadian university, college or other educational institution.  
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Membership period is January 1-December 31, 2011. An official receipt and membership card will be mailed to you.
HOW PREVALENT IS HUMAN LYME DISEASE IN CANADA?

Doug Roberts, DVM, CVMA President

In 2010, Lyme disease became a nationally reportable disease in Canada. This means that all medical professionals must report cases of Lyme disease to the Public Health Agency of Canada (PHAC) via their provincial public health system. PHAC posts information on reportable, or notifiable, diseases on its website. PHAC surveys the provinces and territories to assess the number of cases and distribution of Lyme disease in Canada. This survey does not capture all of the cases of Lyme disease in Canada, particularly those of early Lyme disease.

Recent studies suggest that the incidence of Lyme disease in Canada is increasing.

The risk for exposure to the disease is highest in regions where the ticks that transmit Lyme disease are known to be established. These regions are parts of southern and southeastern Quebec, southern and eastern Ontario, southwestern Manitoba, New Brunswick, and Nova Scotia, as well as much of southern British Columbia. Surveillance data indicate a small number of blacklegged ticks are introduced into widely separated areas of Canada by migratory birds, posing some risk that individuals in other areas may also be exposed to infected ticks.

Although rarer than Lyme disease, there are other infections

CVMA-SBCV UPDATE

The most recent update was in April 2011. I was very impressed with the topics covered and the attendee participation. The conference was well attended, with the exception of the Petyrny urban animal report, an expose on the Calgary Humane Society as a model, a review of the broader context of public health and animal health codes of conduct by PHAC. The environment was welcoming and I found it very interesting to engage with different professionals in the audience. The response to topics discussed in in-person presentations was as a group we were encouraged to chat about our neighbors: the reception area was open and free space between all sectors and let all sides hear each other's opinions. This way we were working together rather than against each other.

REACHING FOR THE SUMMIT

By Dr. Sarah Armstrong, DVM, WCVC Chair

What if we as veterinarians could collaborate with the rest of the animal world as a group, and use our minds together to advance and make improvements to animal welfare, wellness, and the animal community? That is the year we met as veterinarians, working together with industry players. We have made up of a group of “thought leaders” in the animal industry, comprised of veterinarians, animal industry leaders, pet industry leaders, animal pensioners, and shelter managers from across the country. To date, there are approximately 350 associates and alumni, and over 44,000 people invoiced in the program. The mission statement of the Summit is to “promote strategies that build healthy communities for pets and people alike, and to improve general health and well-being of all.”

The CVMA has voiced concerns to Health Canada’s Pet Management Regulatory Agency regarding adverse reaction incident reports related to the counter spot-on flea and tick products for cats and dogs. The CVMA is very concerned with the risks of these products as they make their way into the hands of the public, and the resultant catastrophic reactions that can occur with severe cases (e.g., sensitization in use in cats). The CVMA continues to press for significant changes in labeling, packaging, and availability (e.g., behind the counter) to mitigate these substantial risks.

The year 2011 marks the 250th anniversary of the veterinary profession, which is being recognized through the Vet 2011 campaign. As part of the Vet 2011 celebrations here in Canada, the CVMA’s 2011 Animal Health Week campaign “Protecting the Health of All Species” (October 2-8, 2011) is being used to help promote the ‘one health’ message. This October during Animal Health Week, we intent to help you draw attention to the many different areas of health section in which veterinarians are involved. Visit the Exeter section of HYPERLINK “http://www.ca/vetprofessional/protectingthehealthofallspecies/” HYPERLINK “http://www.ca/vetprofessional/protectingthehealthofallspecies/”.

We look forward to corresponding with our CVMA-SBCV chapter members in the months ahead. Your feedback is extremely valuable to us if you have an inquiry or a comment to share, please contact the CVMA office at JF@CAVMA.COM or admin@cvma-avmg.org or 1-800-SBCV-2862. Our Member services Department will gladly assist you.

animal housing, animal shelter, responsible breeding, and companion animal welfare.

The central theme of the conference was “Animal Welfare: The Summ unsum.” The conference was well attended, with the exception of the Petyrny urban animal report, an expose on the Calgary Humane Society as a model, a review of the broader context of public health and animal health codes of conduct by PHAC. The environment was welcoming and I found it very interesting to engage with different professionals in the audience. The response to topics discussed in in-person presentations was as a group we were encouraged to chat about our neighbors: the reception area was open and free space between all sectors and let all sides hear each other's opinions. This way we were working together rather than against each other.

As a result of my research, I have noticed that there are still a few “islands” of practices that are not necessarily aligned with the principles of animal welfare. This is particularly true in the area of companion animal welfare. Organizers are well encouraged to chat about our neighbors: the reception area was open and free space between all sectors and let all sides hear each other's opinions. This way we were working together rather than against each other.

I would like to thank the CVMA and the Summit for allowing me to participate in this event. I look forward to continuing the conversations and learning more about this important topic.
that can also be contracted from blacklegged ticks. These include Anaplasma phagocytophilum, the agent of human granulocytic anaplasmosis; Babesia microti, the agent of human babesiosis; and Powassan encephalitis virus. The precautions outlined above will also help to protect individuals from these infections.

OBITUARY

DR. ALLAN JOHN LORD
BONNELL
1928-2011

BONNELL, Dr. (DVM) Allan John Lord Age 83, after a short but valiant battle with cancer, died peacefully on Sunday, May 13th, surrounded by the love of his daughters Sherry Crowder (Tim) of Kanata, Ontario, and Lisa Parker (Trevor) of Sidney, B.C., and his brother Michael Bonnell (Karen) of Bracebridge, Ont. He will be greatly missed by his grandchildren John & Robert Parker of Sidney, B.C., and granddaughters Brook & Meghan Cassidy (David) both of Kamloops, B.C. He is also mourned by his 4 great grandchildren, as well as his brother-in-law Michael Whitehead and sister-in-law Joyce McCoozan of Victoria, B.C., as well as many nieces, nephews and cousins from Canada, U.S. and the U.K. We would like to thank the doctors, nurses and volunteers of the Saanichton Peninsula Hospital, Palliative Care Unit for their excellent and loving care of Alan during his stay, and for those who wish, a donation to this facility would be greatly appreciated by the family.

AUGUST 25TH GOLF TOURNAMENT

There is nothing quite like a leisurely game of golf on a summer afternoon, particularly if you have docked out of work to enjoy the game. So be sure to book the day off and join us for a fun tournament with great prizes and BBQ dinner.

Registration information will be available in July but here's what you need to know:
- Meadow Gardens Golf Course, Pitt Meadows BC
- Thursday, August 25th – tee off from 11 am – 12:30
- Texas scramble format, 4 person teams

Contact:
Dr. John Twiddle email: horsedoctorstilbury.net
phone: 604-980-3999

SBCV ELECTION

Before Christmas, the membership voted to pursue an alliance with the CVMA rather than attempting to ‘go it alone’ with very limited resources.

Dr. George Guerney, DVM
SBCV Board of Directors

T
he SBCV is still a distinct entity with our own budget and the freedom to focus on BC member services. While we have many advantages in being associated with our large national organization, there are also advantages for the CVMA in that they can now be more relevant in our daily lives. To date our workload has been easing off as we move forward in developing this relationship. Our communications with small and large, e-mail, and on-line capabilities are better than they have ever been for BC veterinarians. Importantly, our Directors insurance needs are covered under the CVMA policy. Our requirement for a local office with concurrent staffing has essentially been eliminated. The West Coast Veterinarian magazine is ours alone and is impressive. I think we are progressing toward being a lean, mean machine that has a great future in a unique relationship with our National body.

To date, your SBCV Directors have been acting in a volunteer capacity. The Society must now conform to its bylaws and move forward with elected officials. Currently of the 5 Directors, 3 have indicated they will stand for election. The bylaws allow for 3 Directors - one immediate past president, six elected and a further 6 appointed members of regional representation on the Council. It is early days to deal with regional representation, but we must have a full slate of elected officers (6) to be effective, and to share the load. Nomination forms must be received by at least 90 days prior to our AGM which will be in October or November.

We require more input. The really demanding work is behind us. It is important that interested SBCV members consider allowing their name to stand for election and email me at guerneygeorge@sbcv.net with your answer or questions as soon as possible.
When I realized that 2011 was World Veterinary Year, I felt compelled to acknowledge the profession that I have been involved in for 27 years. At the age of 12, a veterinarian by the name of Dr. George Greene gave me my very first job in a vet clinic to help pay for my guitar. Our car had been hit by a car and we could not afford the surgery. Dr. Greene made a deal with me that if I came after school to clean cages, he would apply $3.15 per hour towards the bill and it was paid off. After 3 months, he notified me that the bill was now down to zero and I was off the hook. He then handed me a cheque for every penny that I had earned and offered me a part-time job. I have worked in a lot of different capacities within this industry, but I will never forget the way I got into it and how proud I am in my field of employment. I feel so lucky to work within a community that still garners so much respect from the general public. Every profession has its critics and naysayers, but I believe our customers and say that most people think highly of veterinary professionals and trust them explicitly.

This edition of the WCV celebrates a very significant milestone in the history of this profession. But it also makes us ponder where this profession is headed and what are the challenges in moving forward. We take a look at where it all began and what the future may look like and ways to keep up with these changing times. Take some time to celebrate just how amazing this profession is and be thankful to be a part of it. We may not be in the most lucrative profession, but its rich in rewards and few people can make that claim.

The Past...
Claude Bourgelat, Equine and Instructor

Claude Bourgelat was the son of a distinguished citizen of Lyon. In 1746, when he was 28 years old, he received his warrant as Grand Equerry of France and was made Director of the Lyon Academy of Horsemanship. The Academy at that time was a school where young noblemen learned the equestrian arts and horsemanship, together with mathematics, music and elegant manners.

Four years later, he published his first work, the "Nouveau Cours d'Équitation de Couronne," which became an instant success. Throughout his career, Bourgelat emphasized the importance of proper training and exercise for horses, and his teachings were highly regarded by the nobility and wealthy horse owners of his time.

Bourgelat, The Man Of Science

Bourgelat took an active part in the scientific affairs of France during the second half of the 18th century. His interest in the "Élémens de Chirurgie" (the "Elements of Horsemanship") made him a leader in the forefront of the writers of this time. His scientific methodology made him outstanding. He had acquired this through his association with surgeons in Lyon while learning to carry out dissections with them. He reviewed anatomy of the horse.

Because of this work, he was called to be a corresponding member of the Académie des Sciences in Paris. Diderot and D'Alembert then asked him to work in collaboration on the Encyclopédie, for which he was to write all the articles on horsemanship and veterinary science, and related crafts. After rectifying the contributions of preceding writers, he signed the first of some 250 articles in 1758. Because of these works, Bourgelat obtained his acquisitions beyond the circle he knew in Lyon. He won the friendship and won the support of Stalnembeers and Voltaire.

Bourgelat and Henry Bertin

When Henri-Léonard Bertin was the Administrator of the region of Lyon from 1764 to 1767, he and Bourgelat became close friends. Hence forwards Bertin gave Bourgelat his influential, unfailing support. In 1761, the government of Louis XV worked to promote the preservation of cattle diseases, the protection of grazing land, and the training of farmers. Bertin became the agent of this agricultural reform initiated by the King. He proposed that a veterinary school should be founded in Lyon, and that the director should be Bourgelat.

Two years later, Bourgelat was designated "Director and Inspector General of the Lyon Veterinary School and of all such schools which exist or which shall exist in our kingdom," and "Commissioner General of the Royal Horse-Breeding Establishments." In 1765, Bertin gave his consent to the founding of the school in Albert. He was therefore considered as the co-founder of the veterinary profession.

Lyon In The 18th Century

It was at this time that the Hôtel-Dieu, like a temple to Medicine, was built as we still see it today. There, Claude Forot and led the team of surgeons with whom Bourgelat would study Anatomy.

The Academy, which Bourgelat directed, was situated at the Temple d'Alma, near St. Martin's Bastille. Today...
GENEALOGY OF THE FIRST VETERINARY SCHOOLS
BOURGELAT, THE INVENTOR OF COMPARATIVE BIOPATHOLOGY

LYON 1761 - Claude Bourgelat
KOBENHAVN 1774 - Founded by Peter Christian Abgaard
TORINO 1769 - Founded by Giovanni Brugnone
SKARA 1775 - Founded by Peter Martini
HANNOVER 1778 - Founded by Giovanni Adamo Kreime
MODENA 1780 - Founded by Luigi Mario Melly & Vincenzo Veratti
MILANO 1791 - Founded by Giovanni Batista Volpi
LONDON 1792 - Founded by Benoît Vital De Saint-Bel
ALFORT 1766 - Founded by Horace François
DRESIDIN 1780 - Founded by Christoph Benedikt Weber
MUNCHEN 1790 - Founded by Anton Will
NAPOLI 1798 - Founded by Ignazio Dominelli
PADOVA 1774 - Founded by Caesare Cane
KARLSRUHE 1784 - Founded by Ernst Jacob Vanroek
BUDAPEST 1784 - Founded by Sándor Telléry
BOURGELAT, A FRENCH BARRISTER, OBSERVING THAT CERTAIN MALADIES WERE DEVASTATING THE FRENCH HERDS, FORSOOK THE BAR AND DEVOTED HIS TIME IN SEEKING OUT A REMEDY FOR THE THEN PEST, WHICH RESULTED IN HIS FOUNDING A VETERINARY COLLEGE IN LYON IN 1760.

only the doorway remains at 17 rue Bourgelat, now the offices of the Mercantile Foundation. Its first students were admitted in February 1783. As Bourgelat felt some concern about the financial future of his institution, he expressed the wish that it might be given more official recognition. Berthin, however, hoped for the school to prove its worth. Won over by the first instances of the students' success in preventing epidemic diseases, Berthin requested the King to bestow on the institution a further solemn of excellence. On June 3rd, 1764, the Royal Council of State decreed that the Lyon institution be given the title Royal Veterinary School. It would later become the Imperial School, before becoming the National School.

Paris Veterinary School, Bourgelat's Final Creation

Bourgelat hoped to create other veterinary schools in the French provinces but also wanted to spread his ideas across the borders. In 1763, Berthin ordered him to create a school in Paris. The new school was set up in Auffret, located just at the junction of the rivers Marne and Seine. The estate included a castle and its outbuildings in a ten-hectare park. The new school opened its doors in October 1764. The School of Auffret displayed three different curricula: the classic one for the future veterinarians, similar to Lyon, the curriculum for the inspectors of the stud farms and finally a specific training intended for the veterinary veterinarians. It is still today the location of the Auffret Veterinary School, the oldest school in the world remaining on its original site.

Bourgelat, the Pioneer of Professional Ethics

Without ever having taught or practised, Bourgelat bent his energies to the administrative of veterinary schools, down to the smallest detail. He drew up many sets of regulations. The good conduct of the students was one of his priorities. He aspired to make honest, educated men of them, and repeatedly underlined the good that the country could expect from them. A quotation taken from the Rules for the Royal Veterinary Schools which could opportunely be used as an introduction to one modern Code of Practice reveals the ethical preoccupations of this visionary founder of the veterinary profession:

"Secrecy must be observed in the principles which they have praised and of which they have been exemplars in the schools. They will never stray from them. They must distinguish between virtuous and impious, between strict and lenient. Their behaviour must be that of all equably convinced that riches lie less in the goods one possesses than in the good one can do."
TAKE ALL COMERS WITH UN-SPLIT HOOVES

Dr. Bob Moats recounts his experiences with a candid view of life as an equine practitioner in BC

By Dr. Bob Moats, DVM
Photos Courtesy of Clover Valley Vet Service
Intro By Dr. Mary Jane Bowie, NBVC Board of Directors

Since my licensure in BC almost three decades ago, there has been a significant change in the profession of veterinary medicine. The norm now stretches far beyond species specialization. For example, equine reps, sports caths, feline no dogs allowed in this hospital... etc. etc. only if you have feathers... or alternatively, only if you have scales... rehab for ACLs... advanced imaging where CAT scans are no longer humorous but a commonality... tests and more tests... specialists in surgery, dermatology, critical care, emergency facilities...

Many of our colleagues have changed with the times, sought more answers and then adjusted their compasses. These are our mentors. There are also practitioners whose family values and community involvement stretch well beyond veterinary.

How fortunate we are in choosing to embrace this fellowship. "Ah yes...that sounds familiar, that is what I went through too?"

In this vein, my thoughts turned to Drs. Bob Moats and Marian Dobson when I first met 28 years ago, in 1985. Here they were, a husband and wife team practicing equine medicine and surgery in BC on par with what I had come from at WCVH the year before...and they were passionate about it!

Over the years I have spoken with many people who have sought council with the Moats/Dobson team... students... new graduates... in the province... small animal practitioners with a horse knowing little about equine medicine and surgery. The M&D team have been and remain supportive in every sense of the word.

And if you "Google" Bob Moats he prepared to not only read about his veterinary exploits, but also his input for his Langley community or links to YouTube where he can be seen pitching his points to the city council.

Thank you Bob for sharing your thoughts with the WCVH magazine and thank you to Marian and Marie for adding your perspectives.

In the words of Marian Dobson: Being able to share our dreams of veterinary practice together has been exciting and rewarding. We have shared the joys of building a practice, successes of colic surgeries, and advances in ultrasound, radiology and anesthesia. Both our dedication to veterinary medicine and work ethic have been inspiring. We have shared the joy of having our children participate in our practice. In summary, we are "endurers sharing a labour of love."

Marie gives her thoughts: Growing up, I was blessed with amazing parents. I didn’t realize it at the time (especially when there is called "life lessons" bordered on what I considered to be child slavery) but I won the parent lottery in every way possible. Both my parents are equine veterinarians, and own their own business, and so they had the luxury of being parents first and professionals second. From the time I was sitting solid...
During our early practice years in Langley, we were just happy to survive as a successful business. With starting a family and 2 side-by-side practices in one household we were totally overwhelmed with more work than we could manage.

Although we had always felt that children must come first, the sudden rise of Brookswood Vet in 1983 was the result of our eldest child Bill (4 yrs old at the time) telling us he didn’t want a veterinarian for a mom. I was helped by my parents with procedures and surgeries in their clinic. And so began the childhood dream of becoming a veterinarian just like my parents. I spent countless hours as a child, teenager and adult helping them care sick horses back to health. And while this didn’t end up becoming my career, the time spent learning from my parents, both about veterinary medicine, but more importantly, about life, I will always label as imreplaceable.
A BRIEF HISTORY

DR. BOB MOATS

We both started our studies at Western College of Veterinary Medicine, University of Saskatchewan.

VET SCHOOL

1970

Graduation from WCVM

1974

May 1976 moved to Langley opened Clover Valley Vet Service an ambulatory equine practice

RELOCATION

1976

Built the first Clover Valley Veterinary Hospital in Port Kells Industrial Park in North Langley. In 1982 we sold Brookeswood. In 1980 I also had my first colic surgery.

CLOVER VALLEY

1980

I opened the 2nd Clover Valley Hospital on #10 Hwy, Langley

REBIRTH

2009

1969

MET MARIAN

I met Marian Dobson my future wife in vet classes at the University of Saskatchewan

1972

MARRIAGE

Marian and I were married

1974-76

EMPLOYMENT

Employed at Olson Animal Hospital small animal/equine practice in Prince George, BC

1977

BROOKESWOOD

Opened Brookeswood Veterinary Hospital a SA practice, we shared staff and office space

2007

DEMOLITION

Notified by Township of Langley of expropriation. A new bridge was being built and we had to go

ONE OF THE MOST PROLIFIC AND BRUTAL TEACHERS WAS OUR OWN “PERSONAL GRAVEYARD”, AND THE ABILITY AND DETERMINATION TO ESTABLISH PROTOCOL’S TO PREVENT REPEATED MISTAKES.
In the early 80’s Dr. Ed Wiese began doing all of his orthopedic surgery at our clinic. In the late 80’s he built his own clinic and Marlan has continued to administer his anesthetics for him there.

At our practice, we also do a significant amount of oral intensive care. We have a custom-built waterbed incubator for this purpose. Current economic reality has taken a big bite out of the continental broad area treatment. In our early years we dreamed of clinical expanse practice but never believed it could happen. Our thinking was and still is: "We have been bringing our impossible dream... Why would we ever quit?"

I really like Mark Twain quote: "If you pick a job that you love, you never work a day in your life." Our practice motto that we put on our client bills is "It’s never too far and never too much trouble for a good and loyal client".

In summary, our entire practice and our lives are built around a love of family and our profession. We have these trade secrets... honesty, loyalty and toll.

Retirement in the near future? When we are asked about our retirement plans we have 2 replies:
1. We are on the Gilray plan (The late Dr. Gilray practiced until very near 80 yrs. of age)
2. We tell them that our clinic is our recreation and retirement property. And to us... it is.

It is noted on the website that "We are dedicated veterinarians who enjoy what we do therefore we provide 24/7/365 day emergency service to our clients."

I include the "Maos beatitudes" except for the first one borrowed from Mr. Carlin they are all Maos original and most assuredly did not come from the bible. Borrowing these items means the significant risk of making your veterinarians everywhere cringe.

1. Blessed is he who has found his work, let him ask no other blessings
2. Blessed is he who hurries when he has nowhere to go because something might come up
3. Blessed is he who batters while he waits the good lord put 24/7 top quality hours into every day and he wants us to use each one of them as well as he can

Some of the above may be responsible for my lifestyle that has no style.
STAYING CONNECTED

The Importance of a Web Presence for Veterinarians

By Dr. Michael Warren, DVM

Whether it’s visiting blogs to gather tips and advice, browsing social media forums for cute animal stories, or searching for a local veterinarian on Google, the Internet has fast become the number one source of information for the majority of pet owners. In fact, at least initially, whether a company has a brick-and-mortar presence seems to matter less to consumers these days than if they have a suitably engaging web presence.

Before ever stepping foot into your actual clinic, prospective clients will have probably visited your website innumerable times (calculating your location, checking out your services, giggling at the photos in your ‘pet gallery’), making a website the practice’s virtual “front door” and a portal that, if developed properly, can lead clients directly to you.

But is having a website really that important? Let’s consider the following:

- More than 62% of American homes own pets. 38.2 million cats and 45.6 million dogs.
- Of that 62% that own pets, more than 59% are using social media.
- 38% of all pet owners go online for pet-specific information.
- 256,000...that’s the average number of all online conversations per month relating to pets and veterinarians.
- 70% of those conversations are happening on blogs.
- 27% of pet owners have YouTube accounts for their dogs, and 14% have Facebook profiles for their canine companions.
- 55% of pet parents who infrequently visit the vet use the Internet to address pet health issues.
- 31% of cat owners are more likely to be engaged on social networking sites than the average U.S. adult; dog owners are 15% more likely.

Although the above numbers do pertain to the US in particular, one can only assume that the statistics for Canadian pet owners and their use of the Internet is the same or greater as Canadians are typically more online savvy than our US counterparts.

The fact that pet owners rely on the web for many of their pet-related needs also strongly suggests that all veterinary practices now require a cohesive web strategy if they hope to attract and retain their share of the local market. Despite this reality, veterinarians as a group are still underutilizing the power of the web, and have yet to take full advantage of the marketing and practice building potential it can yield. Many practices do not possess a web presence beyond hosting a static and static homepage, one that often translates to little more than a digital brochure. Although this is definitely a start since every practice needs at the very least a website, there is still a ways to go before achieving a compelling web presence that will effectively engage clients.

In the wired world, a business’s web presence is one of the primary indicators of value and quality that consumers consider. Clients will assess, via their experience at your website and other related platforms, what sorts of benefits they are likely to derive should they make you their animal care provider of choice.

By creating an effective web presence you can offer clients (future and current) useful value enhancements such as the following:

- A point of contact between themselves and their animal healthcare provider — and one they can access from anywhere.
- A constant stream of relevant information by request or through an online newsletter.
- A site that is fun and engaging to visit.
- A medium for learning by gaining access to trustworthy pet related resources.
- The ability to book appointments and request to fill prescriptions online.
- A medium for learning about new offers and special events through your blog and email announcements.
- A way to refer friends and acquaintances.
- A mechanism for demonstrating the value of the services you offer.
- A means of building a trusted relationship with a professional who shares in their passion for their pets.

In this economic climate people want that little bit extra when purchasing a good or service, and an effective and engaging website is a veterinarian’s best way of offering their clients those value added features.
How a Beautiful and Engaging Website Creates Value

A sharp and engaging website is the foundation for any business online presence. As much as every practice owner must honestly assess the quality of their online presence, starting with their website.

Ask yourself the following:

- Does my website reflect the prestige of my profession?
- Does its technology match the high tech equipment in my clinic?
- Does my website tell me anything useful about my online visitors, such as where they are coming from and what information they find most valuable?
- Does it instill trust, credibility, and authority to its viewers?
- Does it communicate the same quality and high standards I demand in my own practice?
- Does it properly showcase all that my staff and practice have to offer?
- Does it create for a prospective client an expectation of superior service in return for their investment of time and money?
- Does it command the attention my practice deserves?
- And perhaps most importantly is it achieving its minimum objectives of raising my visibility, differentiating us from other service providers, thus spurring more client visits and door traffic?

You’ve spent enough time on the Web to recognize the difference between sites that merely occupy space and those that truly command your attention, so how you answered those questions will help you fully appreciate the overall utility of your website.

If you have determined that your site may be somewhat letting you down, the good news is there are some fairly straightforward principles that will help make the jump from the less than optimized site you may have to the compelling website you really do need:

- Visual appeal and a logical design
- Crisp, professional appearance in a simple layout
- Simple, intuitive navigation
- High quality, engaging, continuously updated content
- Explicit description of services
- Use of trusted logos from professional associations and industry affiliations
- High resolution photos that depict the “human-animal bond”
- Optimized graphics for maximum page loading speed
- Interactive tools and resources for engaging your visitors
- Social media integration
- Clear contact information

It should be noted that next to the homepage, the two most visited pages on a veterinary practice website are the “Contact Us” and “About Us” pages (in that order). What we can infer from this data is that clients want to know primarily how to contact you and who you are. Make sure your veterinarians and staff has detailed personal profiles, transforming your practice from a cold medical centre into a hospital of compassion and caring.

Make Your Web Presence Feel with Social Media

Now, let’s move on to social media. Some of the most active communities in social networking are comprised of pet owners. According to the Veterinary New Media Usage Study, cat owners are 31 percent, and dog owners 15 percent, more likely to use social media sites compared to the average adult. And when they are not visiting with friends on popular social networking sites like Facebook, pet owners often gather at sites such as Dogster, mycatsspace.com and petsense.com, all of which are devoted to owners and their animal companions.

To capitalize on the activity bearing on these sorts of sites, there is no doubt that a social media strategy should be a central element of every veterinarian’s online presence. On its own, social media can be a boon to your practice for the purpose of building your reputation and visibility. However, when it is used in the context of a complete web strategy, social media becomes the engine that drives interested visitor traffic to your website, and ultimately to your office.

Having an effective online presence in the form of an engaging website and a robust online presence is hugely important to veterinarians these days. In fact, for the savvy practice owner, it should be the cornerstone of your promotions and marketing efforts, and should truly convey the great service your hospital can offer to the public.

It is important to end this article by stressing that creating a successful online presence does not have to be an expensive proposition. Done correctly, it can actually lead to lower overall marketing costs, and it will pay for itself with the first incremental increase of revenue that it generates. The trouble with website development often lies with practices embarking down the wrong path initially and spending more time and money than they ever planned. To avoid frustrating and disappointing results it is important to do your research and find web professionals that you trust and are confident will provide you with a good product such as advice, websites and marketing strategies the first time around.

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Do you ever feel that as a veterinarian, you aren’t really making a difference in the world around you? Maybe you do your work every day, get lots of thanks from your clients for helping their pets and yet feel that it’s just not that satisfying or fulfilling anymore? Or you think you just need a break from the usual? Well, you are not alone. After nearly twenty years of practice and owning a busy eighty-vet small animal hospital for the past 5 years, I found last year and honestly for the first time in my career, feeling like my mojo for my profession was slipping. I still loved being a vet and yet the challenges, excitement and reward of doing the same thing for 20 years somehow weren’t quite inspiring me anymore. I felt a loss of passion that seemed hard to combat.

An opportunity to create something different arose for me as a result of a request from a client for donations of surgical, medical and hospital supplies for a free dog and cat sterilization clinic where he volunteered while wintering in Mexico. He encouraged me to get involved and suggested that I take a working holiday (I must have looked exhausted and probably was, but isn’t it a veterinarian’s normal state of being?) Eventually, this led to emails to the founder of Patahama Bay Animal Rescue (www.patsanabaylife.com) and before long, I had been invited and agreed to fly down to Puerto Vallarta. In February 2016, I joined a team consisting of another veterinarian and two ARPTS from my practice to participate in a free spay/neuter clinic in Guayabitos. We stuffed our luggage with surgical and hospital supplies, antibiotics, flea and tick products, and all things required at a spay/neuter clinic for about 100 animals. Our accommodation was a beautiful beachfront villa and we were able to spend a few days unwinding and exploring before starting the clinic. The setting for the actual clinic was perfect; everyone was treated to like visiting royalty. What’s not to like about this picture so far?

Soon we found ourselves swept up in the excitement and enthusiasm around this 3½ daylong community event. Our role went beyond assisting the Mexican Veterinary Medical Hospital from Peace Mexico to perform marathon days of surgery. They perform 50 to 70 surgeries a day accomplished by 4 vets and two anesthetic techs. We were also asked to make house calls to treat dog’s sick with ibirolicious, to euthanize pets with advanced...
SPAY & NEUTER, REPEAT

Our role went beyond assisting the Mexican Veterinary M.A.S.H. (Mobile Animal Surgical Hospital) from PEACE Mexico to perform marathon days of surgery. They perform 50 to 70 surgeries a day accomplished by 4 vets and two anesthetic techs.

THE TEAM FROM VICTORIA

Dr. Macartney with members of the volunteer team

VOLUNTEERS & TICS

Volunteers helping in every facet, sometimes with tasks as simple as removing ticks from strays. It soon became a favourite pastime amongst them.

THE ALMOST CERTAIN FUTURE FOR STRAYS, ESPECIALLY YOUNG ANIMALS, WAS TO FALL VICTIM TO DISEASE, MALNOURISHMENT OR INDICRIMINANT POISONING BY THE AUTHORITIES OR BUSINESS OWNERS

transmissible venereal tumors, to treat skin diseases such as mange, which is called sarra in Mexico, and administer treatment for internal and external parasites. For us, becoming quick and close friends with new community of committed animal lovers was extraordinary. The Mexican Veterinary M.A.S.H. team was professional and skilled at surgery and anesthesia. A postpartum, 25 kg bitch was just one Dr. Anthony Garcia Carrillo the head Mexican veterinarian, about 15 minutes to perform and he politely took all the “ugly” spays so that we “pringle-ers” got the easier ones. To run these clinics efficiently takes about 30 dedicated volunteers to perform such tasks as pre-lab work, preparing instruments and recovering animals after surgery. Tick pulling was a big part of what the “recovery area” volunteers had to do. Many of the volunteers had been doing their same roles since Jalapetla Bay Animal Rescue started these clinics in 2005 and for them this community event was the highlight of their workdays in Mexico and definitely not to be missed. For each of us it was a life changing experience that was over all too soon. Two returned exhausted but determined to return to help at the next clinic in the fall.

Not long ago the animal populations in the three small towns along Jalapetla Bay were like those in many rural areas of Mexico. There were large numbers of strays on the streets, farms and beaches, malnourished nursing mothers with parasite ridden kittens or puppies were a common sight begging for food at the beachfront restaurants and scavenging for food in garbage cans. The almost certain future for strays, especially young animals, was to fall victim to disease, malnourishment or indiscriminant poisoning by the authorities or business owners. It was the poisoning of a rescued street dog that had been adopted by Lisa Chimes, a retired Canadian educator from Nanaimo Bay, which made her determined to form Jalapetla Bay Animal Rescue and raise the money and organise community involvement for the first sterilization clinic in 2005. Since then, approximately 2500 dogs and cats have been sterilized in Jalapetla Bay and the local long-time residents told us that the difference that has been made is very noticeable. Beyond the reduction of unwanted puppies and kittens...
Each spay and neuter clinic costs about $1200 (CDN), just to cover the salaries and expenses of the PEACE Mexico M*A*S*H team to come to town. That means a spay or neuter can be done for about $12 each.

I have made big strides in improving the welfare of strays and pets. They have received better care by providing access to basic veterinary care, sterilization, and education about responsible pet ownership. JWMAR organizes two sterilization clinics each year, in February and November, but the PEACE Mexico M*A*S*H team performs clinics every few weeks in different towns along the coast of the states of Jalisco and Nayarit.

On a second trip in November 2010, I was a tech assistant and a close friend accompanied me as part of the team. At that clinic, a record number of 2,310 spays or neuters were performed, but more importantly, I was reconnecting with so many friends that were made at the previous clinic. I felt that I was "in the zone" just being a part of something that is making a difference. Being in a dry tropical climate with friendly people, great beaches, tasty food and corvadas was definitely a treat after months of rain on the west coast. These clinics are a lot of hard work but it is the kind of work that you feel great about doing. For that clinic, I was able to communicate the representatives of veterinary supply companies to donate products for which we were grateful. It made a major contribution to the success of that clinic.

It was during the November clinic that I realized I could take on a bigger role. I made a commitment to supply the surgical supplies and medicines for two clinics per year and participate in the JWMAR clinics for as long as I am a practicing vet. At the same time, I was approached by an American, Anna Limbey, who organizes the clinics in Lo de Marcos, a small town south of Jalisco Bay, to help out after their efforts. After talking with her, I ended up becoming committed to providing supplies for her two clinics as well. Each spay or neuter clinic costs about $1200 (CDN), just to cover the salaries and expenses of the PEACE Mexico M*A*S*H team to come to town. That means a spay or neuter can be done for about $12 each. Some of the villages are very poor and unable to afford anything, so for them the fee is waived by PEACE Mexico. By bringing in extra supplies and providing more trained manpower it is possible to perform twice the number of surgeries that are usually done. Finally, on each of our trips we return home with 3 to 6 dogs for adoption by families in Canada. We generally have a waiting list for families wanting the dogs and we suggest an adoption fee of $250 to cover, vaccinations, deworming, testing for tick-borne diseases, blood panels, transport etc.

When you do the math, you can see that the adoption fees from just five dogs when donated directly back to PEACE or JWB can provide funding for yet another clinic.

I decided to create the Mesti-Can Veterinary Project this winter with a goal of continuing my clinic's involvement but also to share our experiences and invite others in our community to contribute and participate. There are so many ways for individuals or groups to contribute through donations of cash or supplies or by directly participating. In my practice region area we displayed a video slide show explaining the Mesti-Can Vet Project. Having the slide show (go to www.encivet.ca and follow the link) generated enough monetary donations in two weeks from just 12 generous clients to cover the costs of another clinic. Many of the clients who donated to the project have been to Mexico and have seen first-hand the challenges that the animals face. Other generous clients have donated kennels, collars, towels and deicided supplies from local hospitals. Prior to our latest trip in April 2011, six people from my practice assisted at a clinic at La Puntilla. I made requests to our veterinary suppliers for assistance and very quickly received offers for help with donations. Some of the company trips not only donated substantial amounts of product, they personally expressed a desire to come down to directly participate in the next clinic in November 2011. I sent letters and postcards to other veterinary clinics in my area and received useful supplies. As well, some local veterinarians and AVTs have expressed interest in being involved in upcoming trips. I recognize that for many people a winter holiday is no holiday, especially when the beach is beckoning. But I also know that there may be many veterinary professionals who would also really enjoy this experience.

Based on the experiences at the first clinic I recognized that this would be a great team building opportunity to offer the vets, techs and receptionists at my practice. In retrospect, I realized that the greatest enjoyment I received came from watching my co-workers having such a blast and being caught up with the same enthusiasm. I try to empower each of them to have a specific role in preparing for the trip and for fundraising for the clinic supplies that we still have to purchase beyond the company donations. To fund the cost of air travel for everyone on the team I allocate a portion of rebate money received from our veterinary food, vaccine or drug supply companies. Being involved with the Mesti-Can Vet Project is possible for any veterinary clinic that wants to contribute to what we are doing in Jalisco Bay. However, PEACE Mexico (www.peacemexico.org) is currently creating a program where individuals or groups, such as veterinary clinics, school groups...
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Scientists first began to notice a decline in the numbers of amphibians, especially frogs, almost thirty years ago. Since then it's become obvious that something is very wrong - entire populations and even species of frogs seem to be disappearing, even from apparently pristine areas. The Global Amphibian Assessment that was released in 2004 found that almost one third (32%) of the amphibians were of conservation concern.

As of 2004, amphibians were the most threatened vertebrate group in the world, compared to even birds (12%) and mammals (13%), which had a lower proportion of threatened species. Scientists now think that the frogs' declines are not caused by any single factor but by a multitude of causes, including habitat loss, pollution, ozone layer depletion (increased UV), and disease. It is distressing because all these factors have to do with human activities. Even the diseases may have been spread by the introduction of exotic species to different ecosystems by people. It is important for us to learn more about these declines and to do our best to try to reverse them.

The Infectious Diseases

The two emerging infectious amphibian diseases of current concern are chytridiomycosis, caused by Batrachochytrium dendrobatidis (Bd), and a suite of illnesses caused by ranavirus in the family Reoviridae. Emerging infectious diseases are defined as those that are recently recognized, new in a population, or rapidly increasing in incidence, virulence or geographical range. Although ranaviruses are associated with many individual amphibian mass mortality events, direct evidence of disease-induced amphibian declines is stronger for chytridiomycosis.

Infectious diseases have long been observed in amphibian populations, but the pathogenic chytrid fungus (Batrachochytrium dendrobatidis) has been identified as having severe impacts upon amphibian populations around the world. Chytrid, a deadly fungal disease, has caused the extinction of many frog species and is predicted to continue to spread in Central America causing a "death wave". Although the disease was only reported recently, it appears that it may have been responsible for amphibian declines dating back to the 1970s. The fungus invades the surface layer of an amphibian's skin, causing the skin to become resistant to oxygen and water, preventing the amphibian from breathing.
The Columbia Spotted Frog is currently on the secure species list for BC. This native frog is found province wide.

Zeospores of Bu. dendrobatis, which are typically 3.5 - 5.5 μm in size, have an elongate-coiled body with a single, posterior flagellum (15 - 20 μm long), and possess a core mass of ribosomes often with membrane-bound spheres of ribosomes within the main ribosomal mass. A small spore has been observed, located at the posterior of the cell body, adjacent to the flagellum, but this may be an artifact in the formalin-fixed specimens.

Laboratory studies suggest that the fungus performs poorly above 28°C (82°F), and that exposure of infected frogs to high temperatures will kill the fungus. This may explain why chytridiomycosis-induced amphibian declines occur primarily in cool regions, like mountain chains where the cloud cover is apparently more abundant than in the warmer jungle regions.

from being able to breathe or drink. Chytrid fungus is probably transferred by direct contact between amphibians or through exposure to infected water. There is no known cure or control for chytrid fungal infections.

Are BC Frogs at Risk?
In March of 2010, a study was published outlining the researchers' findings on chytrid disease on a particular species of frog. Experts below explain the findings. (Full abstract can be viewed at: www.ncbi.nlm.nih.gov/pmc/articles/PMC2846571/pdf/PMC2846571.pdf)

We monitored the prevalence of Bd for four years in the Northern leopard frog, Rana pipiens, which is critically imperiled in British Columbian (BC), Canada. The prevalence of Bd initially increased and then remained constant over the last three years of the study. Frogs of the year emerging from breeding ponds in summer were rarely infected with Bd. Some individuals cleared their Bd infections and the return rate between infected and uninfected individuals was not significantly different.

The BC population of R. pipiens appears to have evolved a level of resistance that allows it to co-exist with Bd. However, this small population of R. pipiens remains vulnerable to extinction.

The goal of this study was to determine whether Batrachochytrium dendrobatis is threatening British Columbia’s endangered population of Rana pipiens. From this conservation perspective, the most important result in this study was that the prevalence of Bd in R. pipiens increased significantly from 2003 to 2005 and then remained stable over the next two years. Surveys first occurred in May, with chytridiomycosis-like symptoms in 2002 and 2003, suggesting that the prevalence of Bd increased from 2000 to 2005 (Doug Adams, personal observation). Although it is difficult to establish causation, we cautiously suggest that Bd caused the 50% decline in the BC population of R. pipiens between 2000 and 2005, but that the prevalence of Bd has stabilized since 2005.

To learn more about the numerous ongoing threats to BC’s frog populations and everything that you can do to minimize impact on their habitat, visit www.naturewatch.ca/english/frogwatch.
ACUPUNCTURE, AN ALTERNATIVE APPROACH

Acupuncture is an ancient art. Historical evidence suggests that the Chinese used acupuncture in animals as far back as 3000 BC.

By Dr. Jeff Grognet, DVM, BScAg

Acupuncture was reportedly “discovered” when soldiers noticed that their lame horses walked soundly if they were hit by arrows at distinct points. Practitioners then mimicked this effect by inserting needles made of wood or bone, and later, metal.

The Chinese believe good health depends on the balanced flow of energy (Ch'i) through the body in channels called meridians. If energy flow is smooth, the body is healthy. Conversely, if there is an imbalance or blockage, there is disease.

For example, if energy flow is blocked in a dog’s vertebral column, the dog suffers back pain. It will also have radiographic changes of arthritis such as excess bone accumulations (what the Chinese call Bone II). Inserting needles into specific acupuncture points relieves the blockage of energy, alleviating pain.

Besides its application in the management of arthritis, acupuncture is also used to speed healing, reduce vomiting, alleviate diarrhea, flush a cough, stop epileptic seizures, and improve heart function.

Researchers have tried to examine acupuncture from a Western point of view. Acupuncture needles are inserted into specific anatomical locations called acupuncture points that have an abundance of microscopic nerves and blood vessels. It is not surprising that the insertion of a needle into one of these sites causes stimulation of the nerve endings and possibly microtrauma, which in turn stimulates blood circulation.

Besides increasing blood supply to the area treated, acupuncture promotes the release of endorphins (morphine-like chemicals that act as the body’s natural painkillers) and boosts immunity by inciting the action of infection-fighting white blood cells. Acupuncture also increases circulation to the stimulated area, and causes contraction or relaxation of muscles in defined areas of the body.

Unfortunately, these measurable effects can’t explain the diverse actions of acupuncture. There is no “logical” explanation for improvement in bladder control or how nerve function to an atrophied limb gets better. However, the healing effects of acupuncture are easily explained from a Chinese medicine view, on which the theory of acupuncture is founded.

Acupuncture needles, which are made of stainless steel, come in varying lengths and diameters. The length of needle used is based on the location of the point being stimulated, the depth of fat, and the size of the animal. They range from 1.5 centimeters (or less) to over 40 centimeters.

The “art” of acupuncture is the ability to treat the points, which will reharmonize the patient. An acupuncture “prescription” is developed from an understanding of disease from a Chinese perspective. The prescription is not static. When the disease and symptoms change, needle locations also change.

Acupuncture points can be stimulated by other techniques besides dry needling. Laser beams have been used, particularly in animals that will not allow needle insertion. Electroacupuncture involves the stimulation of needles with a micro current after they have been inserted. This amplifies the effect of the needles.
COMMON ACUPUNCTURE TREATMENTS

The International Veterinary Acupuncture Society:

It is always good to keep in mind that there are still a variety of conditions and illnesses that must be treated with drugs and/or surgery. The use of acupuncture in conjunction with drugs and/or surgery can immeasurably improve your companion animal’s chances for a rapid and complete recovery.

GV14 IMMUNE ENHANCING

GV14 Location: On the median plane between the spinous processes of the seventh cervical and the first thoracic vertebra. Indication: Fever, immuno-deficiency, epilepsy, cervical spondylosis, bronchial asthma.

BL22 ENDOCRINE DISORDERS

BL22 Location: At the tip of the transverse process of the second lumbar vertebra. Indication: Gastric and abdominal disorders, vomiting, endocrine disorders.

BL15 HEART DISORDERS

BL15 Location: At the fifth intercostal space. Indication: Heart disorders, syncope, epilepsy.

GV26 ANESTHESIA

GV26 is a useful acupuncture point for all veterinarians. Often called a resuscitation point, GV26 is particularly useful during anesthesia. An acupuncture needle (or a 22 or 25 g needle) is inserted in the location in the picture. Advance the needle and pock at the bone. It is used to stimulate breathing and boost heart rate.

B17 BLADDER

B17 Diaphragm Transporting, (B17) is a powerful acupuncture point that enhances the flow of blood throughout the body. Cardiovascular health is the key to all the biomechanical functions of the body. Good blood and energy circulation means that the all the tissues receive nourishment so that healthy cells can form while toxic acids and toxic substances are removed. It is the continuous flow of replacement and removal that makes for the strengthening and building of muscles, tendons, and ligaments.

ST36 STOMACH

ST36, Leg Three M. (ST 36) is used for many significant purposes. As the Master Point for the gastro-intestinal system, ST36 is very important in converting food substances into refined, low-absorbable nutrients to be circulated in the blood. ST36 is known for its ability to contribute to a dog’s overall physical endurance because it promotes energy throughout the body. Keeping an active dog safe by offering proper physical conditioning and energetic balancing with acupuncture will add to so many more years of sharing fun and frolic — Happy Ball Throwing!

SP6 SPLEEN

SP6, Three Yin Meeting, (SP6) is often used to nourish the muscles and other soft tissues of the forelimbs and especially the hindquarters. Good muscle tone is dependent on nutrient rich blood. SP6 is known for its ability to enhance the circulation and nourishment of the blood.

GB34 BLADDER

GB34, Yang Hill Spring, (GB 34) is used to facilitate the flexibility of tendons and ligaments. Tendons and ligaments are like the new, young branches on a tree; when the wind blows, they must be flexible and bend or they will snap and break. By increasing the flexibility and strength of ligaments, the flexibility and weight-bearing capacity of the joints increase.
Gold bonds can also be implanted into specific acupuncture points while patients are anesthetized. The goal of this therapy is to provide a sustained positive effect through continual stimulation of the treated points.

Frequency of acupuncture treatments depends on the disease.

In an acute case of disharmony, daily or every other day sessions may be indicated. A dog with chronic arthritis secondary to ligament tear may need once weekly treatments initially, but as he responds, the frequency of sessions is reduced.

There is negligible risk with acupuncture because sterile needles are used and a competent acupuncturist knows what areas of the body to avoid. The only "side effect" (in a small percentage of patients) is a temporary worsening of the condition. This is considered a natural reaction, which occurs while the body is being energetically balanced.

Some animals do respond to acupuncture (just as some people don't respond). The most common reason is that some patients don't relax during treatment. Being anxious, stressed, or negative while receiving acupuncture may negate its beneficial effects.

Acupuncture location GV26 is a useful acupuncture point for all veterinarians. Often called a relaxation point, GV26 is particularly useful during anesthesia. An acupuncture needle (or a 22 or 25-g needle) is inserted in the location indicated on the diagram on the previous page. Advance the needle and prick at the bone. It is used to stimulate breathing and boost heart rate.

Meridians and Qi Flow

Maps of acupoints show that they are located on networks of energy channels called meridians. Each meridian is tied to a specific organ system defined by Chinese medicine, which is functional, not anatomical. Some meridians are familiar such as lung, bladder, heart, and small intestine. Other meridians have distinctly Chinese origins such as governing vessel and triple heater.

Meridians conduct Qi (pronounced "chee"), which is a life-sustaining vital energy force. This energy flows throughout the body and regulates body functions. If Qi flows in a harmonious manner, the body is in balance and the animal is healthy.

Qi flow can be disrupted by chronic illness, poor nutrition, exposure to toxins, poor rest, inappropriate exercise, and genetic weakness. From a Chinese perspective, Yin and Yang are not in balance.

In general, a shift toward Yin is evidenced by underactivity while an excess of Yang is seen overactivity. Practitioners of Traditional Chinese Medicine (TCM) can determine which is in excess or which is lacking, and then use specific acu-points to correct the imbalance. Western practitioners are trained to diagnose illness by determining the presence of disease in a specific organ system by using examinations, blood tests, radiographs, and other tests. Treatment is not instituted until a specific diagnosis is made.

In TCM, practitioners aren't interested in the cause of the disease. They consider the body as a whole and seek for imbalances. A prescription of acu-points is then chosen to correct that specific disharmony.

**BENEFITS**

**MUSCULO-SKELETAL**

This is the area most commonly treated with acupuncture in western medical practice. Quite a few veterinarians limit their use to the treatment of arthritis disorders or muscular injuries, ignoring the many other conditions and illnesses, which can benefit from acupuncture.

**GYNECOLOGICAL**

All female reproductive conditions are acknowledged to respond to acupuncture treatment including anestrus, metritis, dystocia, retained placenta, agalactia, mastitis and metritis.

**HORMONAL**

Almost all of the hormonal systems can be affected, including all of the pituitary functions, thyroid and parathyroid functions, and adrenal functions. It is also possible to normalize blood sugar levels.

**NEUROLOGICAL**

Anxiety, epilepsy and behavioral disorders have all responded well to acupuncture treatments.

**DERMATOLOGICAL**

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FELINE PANCREATITIS: NOT AN EASY DIAGNOSIS

A look at some of the more recent studies and at the sensitivities and specificities of some of the diagnostic tests available.

By Dr. Sarah Armstrong DVM, SBVC, Board of Directors, WCVC Chair

I remember 14 years ago when I was a seasoned attendant working in a small animal practice, of the vet’s I was working with were worrying about a feline patient having pancreatitis. I remember his frustration at the disease’s vagueness, the inappropriateness of testing. I think he flipped through some old textbooks and ended up giving me some treatment for a few weeks and that’s what I did.

We certainly come a long way from then in terms of understanding the disease’s pathology and having improved methods of testing. Feline pancreatitis was initially described in 1964, it is characterized in acute and chronic forms and has been well described. Chronic cases appear to be more prevalent in cats and dogs to dogs as does concurrent disease. Concurrent diseases need to be well correlated with feline pancreatitis. Chronic cases are more common in cats than in dogs. Nonspecific findings are more common in chronic cases, where inflammatory changes are more common.

The overall prevalence of feline pancreatitis has been found to be 67% based on necropsy findings in a particular population of cats. Forty-five percent (45%) of those cats identified with histopathologic findings consistent with pancreatitis were apparently healthy.

This probably means that there are a lot of cats with chronic pancreatitis but that we may not be diagnosing chronic cases may not appear any clinical signs. Chronic forms (associated with fibrotic changes) were previously considered the most common cause of chronic pancreatitis in cats. Chronic forms were not considered to be a common cause of chronic pancreatitis in cats. Chronic forms were not considered to be a common cause of chronic pancreatitis in cats. Chronic forms were not considered to be a common cause of chronic pancreatitis in cats.

The overall prevalence of the Spec fPLI is 92% (100% in healthy cats, and 57% in asymptomatic cats). Its specificity is 100% in moderately and severely affected cats, and 54% with mild pancreatitis. This means that with this test we are probably doing a good job of catching the severely affected cats but may be missing some of the milder cases. Based on its high specificity, the fPLI is best at ruling out disease.

However, there is concern that the test may miss acute necrotizing pancreatitis (ANP) in patients that have a history of autonomic nervous system dysfunction. ANP may not be diagnosed as well as necrosis because there is nothing left to look out. Based on the above varying sensitivities and specificities the test may have questionable ability to monitor.

The newly released IDEXX SNAP fPLI test uses the same monoclonal antibody and recombinant antigen technology as used in the laboratory Spec fPLI test and is looking promising. It has similar sensitivities and specificities based on preliminary testing. The way the SNAP fPLI works is similar to the canine SNAP fPLI test. It is a subjective test using a control blue dot versus the patient’s blue dot of varying intensities that is then compared to the control. Its results are based on the established normal reference range of the SPEC fPLI (CD 10.5 mg/dL). Anything below 5 mg/dL shows up as a normal test, anything between 5-5.4 mg/dL may or may not be necrotic but shows up as a mild positive, and anything over 5.4 mg/dL is considered consistent with necrotic pancreatitis and shows up as a strong positive. The agreement between the SPEC fPLI and the SNAP fPLI is high in the 0-5.4 mg/dL range. Agreement drops to 92% in the middle range. It should be mentioned that IDEXX does not recommend using your diagnosis of pancreatitis on the results of this test alone. There is also some speculation that in the years to come it may be a test that is included in a feline panel similar to how fT4 is included in a feline panel.

Treatment for feline pancreatitis has not had any current breakthrough and remains similar to what was described previously. Treatment is modified on a case-by-case basis depending on the patient’s condition and response to treatment. Treatment may include dietary changes, electrolytes, analgesics, and hydration. Supportive care is important for the patient’s recovery. More research is needed in terms of better understanding the underlying etiologies of feline pancreatitis, and improving testing and treatment methods. Until then, we must rely on history taking, physical exam findings, and the tests available to us.

I would like to thank Jeanne Robertson from IDEXX reference laboratories for telling me about feline pancreatitis and the statistics for IDEXX testing methods. I would also like to thank her for putting this together and for the permission to use some of the more pertinent studies on this topic.
THE VETERINARY PHARMACY-INSIDE JOB OR PHARM IT OUT

There are speculations circulating that the veterinary pharmacy may become a thing of the past.

By Sharon Browne, WCV Editor in Chief

The presence and proliferation of the Internet veterinary pharmacy business here in Canada has created some of this buzz and now I understand why. I have spent a few months researching the business and how and why it is gaining ground. There is evidence to support the theory that within the next 5-10 years, veterinarians will no longer be prescribing pharmaceuticals from their in-house pharmacy.

As consumers continue to evolve and ask questions, every profession comes under a certain amount of scrutiny. But veterinarians have often been a bone of contention between the veterinarian and the client. It is common practice to have clients ask if they can get the prescription filled at their pharmacy or if there is a lower cost alternative. Television programs and the Internet have undeniably modified the waters. Now we have the bulky Internet Pharmacy to contend with and this locomotive is gaining speed.

Currently, there are five popular companies peddling veterinary drugs on the Internet, some of which contain products that aren’t even licensed in Canada. Products that are sold through the Canadian veterinary practice with names that we are familiar with being sold with names that we are not familiar with. Instead, they are sold under a different name but are listed on the Internet with our familiar name in brackets. Some of them require a prescription here in Canada are available OTC on the Internet.

HOW DOES THIS HAPPEN?
The Internet products that get into the hands of your clients have come under great scrutiny in the veterinary profession. But there are some facts that you may not like. They are not always on the market and re-stocked products, they are not always the same products re-directed to Canada, and it is not accurate to say they are always counterfeit products. These products can get into the hands of the Internet pharmacies because someone in Canada has ordered them from their importing group and redirected them for a fee to the Internet companies. Like it or not, it is a fact. Some human pharmacies are also having a crack at this and redirecting products directly from veterinarians at cost plus a fee and selling the products to the public. I am definitely not saying that the majority of products are coming from licensed veterinarians because I cannot prove that, but it is apparent enough that certain pharmaceutical companies have started to become more vigilant. Tracking codes and computer programs that look at current buying habits versus previous years sales data are starting to become a part of business. It has to be asked... Is this the way of the future?

The answer may be... This is a lucrative business for the Internet companies and if they are able to get products then they will sell it. Now, there is little that the pharmaceutical companies can do, as there seems to be a lack of governance in this particular area of the veterinary business. I contacted Health Canada and the College of Pharmacists of BC for an answer, but as of printing, I have had no response.

THERE ARE SOME THINGS TO DISCUSS WITH YOUR CLIENTS:
1. These products are not being sold into the Internet pharmacies by the pharmaceutical industry
2. Internet companies for the most part seem to be selling legitimate products, but there are no guarantees from the pharmaceutical companies if anything goes wrong with their pet
3. There is a risk of poorly handled product making its way to the market through the Internet pharmacies. There is no guarantee that storage and handling of the products meet standards
4. No guarantee of the viability of the product once out of the hands of the veterinary distribution channel
5. Counterfeit products are a possibility, they need to consider consequences
6. Expiration and rebated products have been suspected to be sold through Internet pharmacies
7. The costs are fairly similar to the veterinary practice if you compare the shipping, charges and prescription fees
8. Your veterinary practice will and should charge a prescription fee to write one for an Internet pharmacy
9. There are sometimes dangers associated with incorrect usage of certain products without supervision of a veterinarian
10. Clients are not always aware of contraindications and compromise their veterinary care when they don’t involve their veterinarian with the purchase of pharmaceuticals

This is a summing issue and cannot be ignored by veterinarians or the governing bodies. I would encourage you to familiarize yourselves with the Internet pharmacies so you are not caught unaware. Also, take a look at your mark-ups and see if there are areas to improve on. Maybe looking at profit per pill instead of straight markup on some of the chronic medications might be a solution to keep medics in-house instead of scrapping out. Some profit is better than none, right?

IF THE BURGEONING INTERNET PHARMACY BUSINESS CONTINUES TO BECOME MORE VISIBLE, VETERINARIANS MAY FIND THEMSELVES IN AN INTERESTING PREDICAMENT. TO KEEP THE PHARMACY BUSINESS IN-HOUSE, WILL THE PRACTICE MARKUP PROTOCOL NEED TO BE ADJUSTED?
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AN INSIDE LOOK

Looking at a viable, minimally invasive alternative to conventional surgery for a multitude of situations

Words by Dr. Eugene Gorodetsky, DVM
Intro by Sharron Brownlee, WCV Editor in Chief

Dr. Eugene Gorodetsky has been working at the Vancouver Animal Emergency Clinic for the past 12 years. Over that period of time he developed an interest in endoscopy and has spent the last 7.8 years pursuing this interest into a viable full-time business. He currently comprises about 80-90% of his workload. We asked him to give us some insight into this interesting facet of veterinary medicine and enlighten us with some of his personal experiences.

Veterinary medicine is not my first profession; in the past I’ve done many weird and wonderful things. These past occupations have included electrical engineering, army service (Senior Sergeant of Soviet Special Guard Forces), singing/performing, gardening and working for the SPCA. Veterinary medicine, however, seems to be my permanent growth job, and if I can help it, I’ll keep working as a veterinarian till I retire. I currently work in the Lower Mainland, on Vancouver Island and the BC interior to perform various endoscopic procedures.

Translated from the Greek language, endoscopy means “looking inside.” Endoscopy is one of the most useful tools for diagnosis and treatment in small animal medicine. It affords the diagnostician a minimally invasive method to examine many of the body cavities and orifices. Endoscopy has been around for a long time, but to mypletion, it remains a modality that is vastly underutilized by our profession. For the vast majority of practitioners, if a dog has swallowed a golf ball, the knee-jerk reaction is to perform surgery rather than to scope it out.

I recently examined the upper GIT (oesophagus, stomach and proximal small intestine), lower GIT (rectum, colon +/+- anus), nasopharynx, nasal turbinates +/+- sinuses, larynx, trachea and bronchial trees in dogs, cats, ferrets and birds. Endoscopy allows for relatively easy collection of samples such as brushing for cytology or culture, bronchoalveolar lavage under direct visualization, through the scope FNA as well as biopsy sample collection.

Diagnosing and retrieving foreign bodies is certainly the most entertaining aspect of endoscopy. Over the years I have removed a multitude of objects from dogs, cats, ferrets, lizards and birds. Cats usually ingest predacious things like needles, thread, hair elastics, condoms, earplugs and occasionally a toy mouse. In dogs however, the sky is truly the limit as to what they can and will eat. The most common foreign bodies include rocks, coins, balls, fishbones, plastics of various kinds, soda, different types of underwear and hygiene products. Dogs with greater imagination prefer beer bottle caps, leaves, collars, most skates, gloves or Christmas ornaments. And the true gourmands go for diamonds, rings, brooches, tips of the garden rose, raw lamb, rubber duckies, light bulbs and Mr. Potato Head’s tangos or tongues. Just in case you are wondering, this list is not a product of my imagination; this is a sampler of what I have personally removed endoscopically.

One skill to remove different types of foreign objects comes down to the availability of proper instruments as well as training and experience. You may ask if any foreign body can be removed using endoscopy? My success rate is well above 90% for gastric, FBs. Basically, if it goes down, it must be able to come back up. There are of course exceptions, but these are few and far between, about one out of 10 objects cannot be removed. When the object has moved into the small intestine in many cases it is still possible to retrieve it, but the success rate goes down significantly. Quite often I encounter foreign bodies in the nasal cavity – either in the nostrils or in the nasopharynx. Occasionally I diagnose something interesting like nasal mites or large worms, but usually it is plant matter. Very rarely one finds a tracheal foreign body, so far I have only had five cases of tracheal FBs: a small rock, a toy, a twine, a cherry pit and a piece of pinecone.

As with any other modality, endoscopy has its limitations. When full thickness biopsies of the stomach or small intestine are required – that would obviously necessitate a laparotomy as it is too risky to acquire mucosal biopsies via the scope. Fortunately the majority of GI problems (including B12, PLE, lymphangitischa and most small cell LSA) are associated with the mucosal layer thus making endoscopic biopsies useful and practical. I decided not to bother discussing the advantages of surgery because after all, this is an endoscopy-focused article.

One of my most memorable cases was a cat that inhaled a cherry pit and promptly went into acute respiratory distress. I started the procedure and visualized the FB, which was in the distal trachea. As I tried to get the bucket around it, the pit kept moving further down the bronchus. To rectify the problem I ended up advancing a balloon past the FB, inflating the balloon and pulling the cherry pit back into the trach where I managed to get a basket around it and finally remove it. The radiographs were repeated and on the repeat films it was noticed that there was a garlic, FB, in the front. We decided to go after it with the endoscope and managed to remove the rock with some difficulty, as the stomach was full of mucta.

I saw this pup at the emergency clinic later for an allergic reaction, but he was doing well and very endoscopic. Foreign bodies are fun, but the most common use of endoscopy should be for the diagnosis of chronic conditions – GI obstruction and stenosing. Every veterinarian can think of a dog with suspected IBD or a cat with nasal discharge or a coughing dog that does not respond to the symptomatic treatment. For these scenarios as well as for many others, endoscopy can offer direct examination of the affected area as well as sample collection. In many older or compromised animals the owners will be opposed to surgery, but will agree to have their gastro-intestine scoped.

Endoscopy is not a solution to all problems, but in many cases it is an effective and less invasive alternative to surgery. For those of us who have lived through any surgical procedure, the memories of pain associated with healing are enough to avoid any future surgeries unless absolutely necessary. I am certain our patients would agree.

Do not hesitate to call me to discuss your cases.
604-828-1892 or gorodesky.ca

1. Dr. Eugene Gorodetsky uses his skill and expertise to perform a number of non-invasive procedures

Not all patients are conventional...
THE CORPORATIZATION OF VETERINARY MEDICINE

We are all familiar with Corporate America, but Corporate Canada...?

By an anonymous veterinary business expert

When you talk to veterinarians about corporate veterinary medicine, most conjure up images of evil hospitals run by guys in pin-stripe suits where money is king and the veterinarian plays the role of the court jester. In actual fact, most veterinarians in Canada are professionally incorporated. Like their counterparts in the other health care professions, veterinarians, physicians and dentists incorporate not to gain access to public finance or to lessen personal liability, they are incorporated to simply save tax. This is not scary to the average veterinarian; the corporate veterinary medicine that scares the average veterinarian is the giant corporate ruler who gobble up veterinary hospitals from town to town as they sweep across the country. In Canada, there are two key corporate consolidators that own practices across Canada, but relatively speaking, they aren’t that giant.

In the United States, more than five percent of all veterinary hospitals are owned by the giant corporate consolidators. That means for every 20 veterinary hospitals, at least one is part of a bigger conglomerate. Of all the players in the United States, Banfield is the biggest with 729 hospitals. Affiliated with PetSmart and Mars Corporation, Banfield made a foray into Ontario in the nineties with a couple of PetSmart hospitals. They wrestled with the regulators over near-proprietary ownership and retreated back to the United States after a few years.

In addition to Banfield, Veterinary Centres of America (VCA) and National Veterinary Associates (NVA) are also big players. They own 190 and 150 hospitals respectively around the United States. In the specialty referral business, BrightHeart owns nine larger veterinary referral hospitals including Western Veterinary Specialist and Emergency Centre in Calgary, Alberta, the same Calgary Albertans that the home to Canada’s largest corporate consolidators, Associate Veterinary Clinics (AVC).

In Canada, we have one specialty referral hospital owned by the US giant, BrightHeart, 40 hospitals owned by Associate Veterinary Clinics out of Calgary, Alberta and nine owned by Vet Strategy from Toronto Ontario. AVC owns hospitals in British Columbia, Alberta and Ontario, while Vet Strategy owns hospitals in Ontario and Alberta. There are some other smaller players and alliances forming but so far, they have yet to break out beyond their own provincial borders. As far as national corporate consolidators go, they only make up 50 hospitals combined. If corporate consolidators were as prevalent in Canada as the United States, we would have more than three times that at 171.

Relatively speaking, corporate consolidators should be flying under the radar in Canada but their small numbers of hospitals are attracting a lot of attention. One out of every one hundred veterinary hospitals in Canada is owned by a corporate consolidator. In the United States, the figure is one in twenty. Their Canadian numbers are small but they have been attracting a lot of attention because most of their growth has come in the last few years. So why is Canada so far behind the United States? Are we behind or ahead?

The big corporate vet hospitals get everywhere attention in the late nineties when they made their unsuccessful attempt to break into the Ontario market. Provincial regulations prevented anyone who was not a veterinarian from owning any kind of veterinary facility and this hobbled the PetSmart model which linked the hospital and pet store — both in name and literally linked with a door from one to the other. PetSmart Veterinary Hospitals in Canada bowed to the provincial regulations by appointing a licensed veterinarian who owned all the hospitals and employed all the associates in each of the PetSmart Hospitals. For a variety of reasons, PetSmart left Canada and retreated back to the United States after they sold all their hospitals to their associates, many of whom still own and operate the hospitals with the PetSmart name but have no direct affiliation with PetSmart or the new parent company, Banfield.

This first glimpse into the big corporate giant’s house scared a lot of veterinarians because they saw for the first time, someone who was not afraid to take on the regulators. Instead
of complying gracefully with the regulations, the big corporate
giants moved around their lawyers and threatened to change
the regulations to fit their model. Veterinarians thought, "If the
regulators can't stop them who can?" In the end, the regulators
did step in when they refused to bend their rules simply to
fit the corporate giants' structural model.

After PetSmart left, the only corporate practice that was
discussed was professional incorporation by individual
practitioners and veterinary clinics, which filed for
Professional Corporation to get a break on their taxes. Then
in 2007, Associate Veterinary Clinics, who had been buying
and selling practices in Alberta for decades purchased a
practice in British Columbia making them the first bona
fide national veterinary practice in Canada. Shortly after acquiring
practices in British Columbia, they started purchasing
practices in Ontario and embarked on what looked like a very
aggressive growth strategy. Then they hit a bump in the road;
the worldwide financial crisis hit and their growth came to
a grinding halt. They were slow to recover for two years but appear
to be back on track and have purchased 8 practices in the last
6 months.

Associate Veterinary Clinics work with a corporate model
that focuses on... fun! According to their website, their pitch
to veterinarians interested in selling their practice includes the
promise of fun times. At Associate Veterinary Clinics, we truly
believe that the growing network of veterinary practices within
our group are family. We strive to treat our people fairly
and to have a lot of fun together." Lifestyle issues appear a lot
in the literature with promises for a better life for veterinarians
and staff. In a nutshell, the Associate Veterinary Clinic model
expands a better career with them because they will look after
the management and presumably manage it better than you can.

For many veterinarians this is truly a better solution because
many veterinarians do not like to manage their practice and it
would not be much of a reach to consider that a stable of MBAs
(AVC has 6) will manage a veterinary practice better than one
veterinarian with very little business training and even less
time. Stephan Horsky, MBA, VP of Operations from AVC
admits the model is simple. "We look for successful practices,
pay a fair price for them and run them the same way they have
always been run so they continue to be successful." Throw in
some economies of scale with purchasing discounts and some
management synergies and you have yourself a corporate
consolidator. This model appears to be working. Associate Veterinary
Clinics was awarded the Ernst and Young Entrepreneur of
the Year Award in 2009 and was named one of Canada's 50
Best Managed

Companies for 2010.

Vet Strategy offers much of the same promises to veterinarians
wanting to sell their practices. Like Associate Veterinary
Clinics, they offer that they will not change the individuality
of the practice but they promise that they can manage better
than you can. "We work with our veterinarian partners to
acquire ownership in veterinary hospitals, and then help in the
management of these practices. This allows the veterinarians to
focus on practicing first-rate medicine, and allows the clinic's
staff, clients and patients to benefit from experienced business
operators and managers."

Vet Strategy believes that they can tap the hidden or
underutilized potential in their newly acquired clinics. Their
explanation of their model suggests that the staff in most
hospitals are walking around with their head full of ideas
that go unrealized. "Vet Strategy explains their model on their
website, "We find that the best ideas for practice improvement
come from within the practices themselves. Most hospitals
have staff who have been with the practice for years, and have
many ideas they've been wanting to try. The first step in our
process is always to act on the great ideas the staff already have." They make life sound pretty darn good if you sell to them. So
why do they only have one percent of practices in Canada?
"Why don't more practices sell to Associate Veterinary Clinics
and Vet Strategy?" If you believe their literature, you can't lose
if you sell to them.

One reason corporate consolidators are not bigger is
because they get off to a slow start in Canada. They
started ten years behind their US counterparts
and then the economic events of 2008 which
drove virtually all the credit in North America brought everything to
a grinding halt. The flurry of activity in the last few months, which
saw six hospitals being sold to either Associate Veterinary
Clinics or Vet Strategy, suggests they are
back on track.

In the United States, more
than five percent of all
veterinary hospitals are
owned by the giant corporate
consolidators.

In Canada, Calgary is the home
to Canada's largest corporate
consolidators, Associate
Veterinary Clinics (AVC).

NUMBER OF CLINICS
Associate Veterinary Clinics 40
Vet Strategy 9
BrightHeart 1
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