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CANADA

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On the cover

Nimbus, a 10-week-old silken windhound.

Photo by Hanna Boydell, Imagery Unleashed Photography

Ode to an old friend



Pets change your life.

They take up space in our homes—in our beds, on our couches, in our cars, and sometimes beside us while we work. They require time, energy, and resources. They demand walks, meals, playtime, and treats. They have very little understanding of personal boundaries, and somehow, they always seem to know when you need a cuddle.

However, what they give us in return is immeasurable.

They teach us patience and responsibility. They remind us that a walk is good for you, that naps are important, and that coming home is always something to look forward to. They show us unconditional love and loyalty, and somehow manage to bring out the best in us—even on the days when we don't feel much like ourselves. For a four-legged creature, a dog is pretty exceptional at bringing out the best in humans.

For the past 15 and a half years, that was Oreo to me.


Oreo

Losing a pet changes you. I know that now in a way I couldn't have known before.

For all the years I have worked in the world of the veterinary industry, I have read countless stories about diseases, diagnoses, treatments and procedures, prognoses, and end-of-life care. In theory, I understood what these things mean. I am learning terminology. I understand what may happen and what difficult decisions families may eventually have to face.

But when it happens to you, it is different.

The terms you read about become your own reality. The diagnosis has a name you never wanted to hear. The treatment decisions carry a weight you can't fully appreciate until you are the one making them, and eventually, there is the heartbreak of saying goodbye.

Going through Oreo's end-of-life care also gave me a new appreciation for the veterinary professionals who walk alongside families during these moments. I can only imagine the emotional weight of delivering heartbreaking diagnoses, supporting worried families, and witnessing loss, day after day. Yet the compassion, understanding, and respect for life that was shown to us during one of the hardest experiences we have faced is something I will carry with me forever.

I have said it before, and I will say it again: thank you to all veterinary professionals for the good work that you do. Your work matters in ways that go far beyond the clinic. You help families through some of the best days of their lives—and some of the hardest.

Thank you to the team at Seneca Animal Clinic for the care they provided Oreo and our family throughout the years, and to Dr. George Reisman of the Midtown Mobile Veterinary Hospice Services for the grace and compassion in Oreo's final moments.

Life will never be the same without my dear friend Oreo, but it goes on. Some friendships are meant to stay with you, long after they have left your side.

Until next time!!



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Talking about the life-or-death struggle



By Greg Bishop, DVM

GettyImages/Mr Vito

A few months after my rotating internship, I landed at a high-touch practice in a beautiful, affluent community. It was a lovely clinic; all the equipment was brand new, and the owners, practice manager, and staff flattered me with a lot of respect and attention.

I had just been hired but was already reveling in the position. No longer was I "just" a lowly vet student (or a possibly even lowlier intern); I was ready to be a real vet. To get out there, save lives, and finally unleash all the knowledge I had worked so hard to cram into my telencephalon.

I had only been there for about a week when one afternoon, a quality-of-life exam appeared on my schedule. I'll call the 13-year-old spayed female Westie that walked through the door that day Rosie. Already, a vet tech had asked me for my dose of pentobarbital based on Rosie's last weight. I had done plenty of euthanasia by then, and I felt prepared for the solemnity and challenge of the conversation ahead.

I went in, introduced myself, and asked what was happening.

Rosie walked up to greet me, tail wagging and eyes bright. She was old, but she didn't show any signs of suffering.

I was surprised. In retrospect, I would have loved to have been aware that surprise is a cognitive phenomenon whereby a subconscious presupposition is violated by unambiguous environmental conditions within the organism's detection window[1] (*i.e.,* "things ain't lookin' right"). Because if I had, I would have immediately relaxed my body posture, softened my tone of voice, and focused hard on open-ended questions with the client sitting across the exam room from me.

I wouldn't want to have given away my surprise, because I was about to enter a life-or-death struggle with this pet owner. I just didn't know it yet.

No chance

The man was tall and elderly, with a gruff manner that matched his tousled white hair. Rosie panted and paced as the owner got into his seat and looked at the floor.

He looked pained, but not quite in the way you would expect for someone in the throes of despair.

Again, had I had even the slightest inkling of communication-based medicine,[2] I would have known to approach this conversation very delicately: gathering myself for a moment beforehand (prep), and patiently waiting for the client to reveal key details of his relationship to Rosie (pause).

But I didn't. I said something to the effect of, "I'm sorry, I thought she was here for euthanasia? Am I in the right room?"

"She is," the man grumbled, and his brow bristled and tightened like an angry hedgehog.

Oh, I thought with surprise, and then I managed to restrain myself from saying out loud, "'cuz she looks pretty good to me!"

The owner gave me no time to speak, as he launched into a grumpy rant about how miserable Rosie was. She hated her life, he told me. She had no

joy, no spark, no exotic social events on her calendar. All she did was pant and pace and pee everywhere in the house. She was not the dog she had been as a puppy. He wanted to put her down immediately, for her own sake.

I was fresh out of school. There was no way I was going to euthanize this dog. Rosie looked way too good to even consider it. *Not a chance*, I thought.

Ignoramus of clinical communication that I was then, I still had a vague feeling telling someone I couldn't do what they had already contracted in their mind I could do could lead to conflict.

I could have stopped. I could have noticed the distance between what I was seeing and what the client was telling me, and asked what "miserable" meant to him. I could have gently investigated the lifestyle he and Rosie enjoyed, and wondered aloud which problems seemed most problematic for her quality of life.

Instead, I just asked a lot of questions as my face screwed tighter than his. "Was she really in pain?" "Wasn't she eating just fine?" "Is this really just about the peeing in the house?"

I offered testing and other alternatives. It may have all been quite reasonable, but I was offering solutions before I had heard what really mattered. The client didn't want to run any tests because he knew Rosie was miserable, as anyone could see. I looked at the eager little dog and was completely flummoxed by his words. Neither of us seemed able to get the other to recognize what was so obvious to us individually.

Then he got upset. He gestured and asked why I was being so difficult. I told him I wasn't being difficult. For the next 10-15 minutes, we played verbal tennis with the word "difficult" until he threw his hands up in the air, exasperated.

When he realized I was not going to euthanize Rosie, he got up in a huff and walked out with his dog. I felt proud. I had defended Rosie's life. Hooray, I did it!

Or so I thought.

Because at that point in my career, I had not absorbed a very important lesson: the client is just as important as the veterinarian in making decisions.

I was probably practicing some arrogant version of paternalistic medicine that has been dying out for decades.[3] Where I thought I knew best, and that it was my job to only provide treatments within the narrow scope of my exact judgment. By that measure, Rosie leaving the clinic alive looked like a win, but I did not change the man's mind. I'd simply pissed him off and sent him to another clinic where Rosie might well have been euthanized. I don't know, and I wouldn't find out, or be a part of that decision-making process, because I had fractured trust at a key moment. I had won a battle, but probably lost the war.

Staying open

Since then, I have had a few of these conversations go better. "Convenience euthanasia" is a dirty word, so I think of them more as ... "guardian angel visits." I get to practice my communication skills at the highest (in my opinion) level. If it works out, the client leaves the appointment feeling heard and understood, and a healthy animal stays alive.

The key, as simple as it sounds, is openness. Develop truly open-ended inquiries. No asking what type of dog food they are on, or how many times they have vomited in the last 36 hours. You need to sit down, look people in the eye, and ask what they mean by X, Y, or Z. What do they expect from the appointment? What problem needs solving? That is different from running through a list of multiple-choice questions designed to deliver a precise diagnosis.

I remember another owner who brought in an orange tabby cat because it was peeing in the house. The client described the pet as miserable. It did not look miserable to me, but this time I did not lead by saying so. I sat with her and asked what was happening. She started talking, and I began to understand the emotions behind the request. Living with a cat that urinates in the house is hard. There were guilt and shame around even considering relinquishment. She worried he couldn't handle a cage.

I cannot remember every word of that conversation or even place it precisely in the timeline of my career. What stayed with me was the difference in my posture. With Rosie's owner, I was trying to establish whether he had enough reason to do what he wanted. With the cat's owner, I was trying to understand what she meant and why the alternatives felt impossible. I did not have to agree the cat was miserable to hear that she was struggling.

This is a delicate turn. People may keep coming back to the idea that "the decision is already made." They may have prepared themselves to put down a dog they love and may already be imagining how they will explain that decision to everyone in their lives. You may be in a difficult position where you need to decide if you can be complicit in the decision, but be careful not to violate people's expectations. Tread very lightly, and learn communication skills like signposting and empathy,[2] because pulling off this conversation requires an enormous amount of trust.

There is no magic phrase that guarantees this will go well, but in my experience, owners are often willing to reconsider euthanasia and look at other options if they feel heard first. That part must come first.

I used to think the hard part was having the courage to say no. Rosie's owner taught me I could say no and still fail to help. The harder part is staying open long enough to understand the person in front of me, especially when I am already sure I know what is right.

Greg Bishop, DVM, is a small animal veterinarian and a part-time veterinary technology instructor in Portland, Ore. The author's opinions do not necessarily reflect those of Veterinary Practice News Canada.

References

Scan the QR code to view the references for this article.



■ The American Animal Hospital Association (AAHA) has released new guidelines to help veterinary teams manage emerging parasitic infections in dogs and cats. The *2026 AAHA One Health Guidelines: Emerging Concerns in Canine and Feline Parasitology* address 12 emerging parasites of greatest concern in companion animals, along with nine additional parasites of potential concern. The free resource provides practical recommendations for recognition, diagnostic testing, treatment, and client education. The guidelines identify four key drivers of parasite emergence: increased antiparasitic drug use and resistance, environmental and host changes, greater animal movement and interaction, and improved detection through surveillance and diagnostic technologies. Recommendations encourage veterinary teams to adopt a One Health approach to parasite monitoring and management, apply antiparasitic drug stewardship principles, recognize potentially reportable diseases, and select appropriate diagnostic tests. The guidelines also address zoonotic risks and when veterinary professionals should contact public health or other appropriate officials.



■ A compressed two-dose melarsomine protocol may help animal shelters expand access to heartworm treatment by reducing the time, cost, and resources required, according to a randomized clinical trial published in the *Journal of the American Veterinary Medical Association (JAVMA).* The study, conducted by Lucky Dog Animal Rescue, the University of Florida Shelter Medicine Program, Toronto Humane Society, and PetSmart Charities, compared the safety and efficacy of two-dose and standard three-dose melarsomine protocols in 168 dogs with Class 1 or 2 heartworm disease. Conducted from April 2024 to December 2025, the trial evaluated both approaches alongside doxycycline, moxidectin, and prednisone. Dogs receiving the two-dose protocol received melarsomine injections on consecutive days 14 and 15, while the three-dose group received injections on days 14, 44, and 45. Both groups underwent exercise restriction for four weeks following treatment. The two-dose protocol reportedly achieved 95.3 per cent efficacy, compared with 98.8 per cent for the three-dose approach. The findings could have important implications for shelters managing overcrowding and limited budgets. Shortening the treatment timeline and reducing resource demands may allow facilities to treat more heartworm-positive dogs, improve adoption opportunities, and reserve resources for other animals in need.



■ Paction, a Canadian platform focused on responsible dog ownership, has introduced a Pet Loss Readiness Tool to help people assess their emotional readiness to welcome another dog after losing a companion. The tool follows findings that 60.8 per cent of puppy shoppers cite the loss of a previous dog as their primary motivation for seeking another. The findings underscore the impact of pet bereavement. A 2023 study published in *Human-Animal Interactions* found that 47 per cent of respondents experienced declining emotional health following pet loss, while 38.1 per cent reported reduced physical activity. Paction encourages prospective owners to reflect on their readiness before making another long-term commitment.



■ Registered veterinary technicians (RVTs) in Ontario earn an average hourly wage of $30.35, up from $29.80 in 2024, according to the Ontario Association of Veterinary Technicians' (OAVT) *2026 Wage and Compensation Survey*. Compensation varied by experience and practice setting. RVTs with 21 or more years of experience averaged $34.39 per hour, compared with $25.63 for those with one year. Emergency and specialty practice technicians earned an average of $33.25 per hour, compared with $28.68 in small animal hospitals. The survey also examined continuing education (CE) support. Forty-three per cent of respondents received a fixed annual CE allowance, while 31 per cent received funding on a case-by-case basis. Among those with fixed allowances, 36 per cent received less than $501 annually. Although 80 per cent received a raise in 2025, 30 per cent reported secondary income. The survey was the first joint initiative of the Veterinary Technician/Technologist Association Council of Canada, involving seven provincial associations. OAVT reported a 25 per cent Ontario participation rate.

■ New research from Mars reveals that practical pressures and limited expert support are major hurdles in adopting pet animals. The study's Canadian findings show housing policies play a significant role in adoption. About 29 per cent of Canadian respondents say housing rules have prevented them from getting a pet. Other concerns, such as handling aggression, could benefit from hands-on guidance from a pet behaviourist. The study found 29 per cent of respondents want access to a behaviourist for aggression. Another 28 per cent want access for separation anxiety. These findings highlight the need for practical support following adoption, Mars says. The company launched the new online Mars Adoption Hub, which offers expert-backed advice to help prospective and current pet parents navigate the adoption journey.

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3 strategies to reclaim growth in 2027



BUSINESS BUILDER

By Wendy S. Myers, CVJ

Photo courtesy Mountain View Animal Hospital & Holistic Pet Care

As 2026 winds down, high-performing practices are already planning for a better 2027. Hospital leaders want to reverse the decline in visits, improve productivity, and embrace AI to reduce administrative tasks. Here are three strategies to prepare for next year:



Mikaela Heck, LVT, training manager at Mountain View Animal Hospital & Holistic Pet Care, gets feedback from operations manager Chris Meister on her dental case presentation skills.

1) Reversing declining wellness visits

Wellness appointments make up 24 per cent of all visits and were down 3.8 per cent in 2025.[1] Clients are stretching the time between annual exams or skipping preventive care altogether.

Use forward booking to fill your future schedule

This strategy is a win-win for practices and clients. Scheduling patients' next appointments before they leave today ensures timely care, optimal prevention, and early disease detection when treatments may be more affordable. Forward booking helps practices increase visits and revenue, enjoy more predictable schedules, and increase preventive care compliance and client loyalty.

Have a technician or assistant schedule the next appointment in the exam room. This makes forward booking a clinical recommendation rather than an administrative task. With an average forward booking rate of 77 per cent, dentists know patients are less likely to push back on a confidently delivered health recommendation.[2] Make forward booking part of in-room checkout, scheduling the next visit first and collecting payment last.

Say, "[Client name], thanks for the opportunity to care for [pet name] today. We need to see [pet name] in 12 months for a wellness appointment. When you book now, you'll get your first choice of time, date, and doctor—and keep [pet name]'s preventive care on schedule. Dr. [Name] can see [pet name] on [date, time 1] or [date, time 2]. Which do you prefer?"

This script uses the action word "need" to explain when the next preventive care is due, shares benefits of forward booking, and uses the yes-or-yes technique to lead the client to book now.

High-performing clinics can achieve forward booking rates of 50 per cent or more.[3] Success factors include making forward booking part of the checkout process, having strong staff training, and monitoring and sharing booking rates with the team.

Make it easy to schedule with direct booking

Nearly 42 per cent of appointments booked online are wellness compared to 10 per cent for sick patients.[4] When practice owners Cat Stoner, DVM, and practice manager Libby Javurek, RVT, implemented direct booking at Fredericktown Veterinary Clinic in Fredericktown, Ohio, they got 44 online appointments in the first few weeks before launching marketing initiatives. Scheduling is the highest call volume for practices. Client service representatives (CSR) spend half their day managing calls with an average of eight minutes per call. Direct booking reduces call volume and allows CSRs to have more engaging experiences with visiting clients.

If scheduling requires a call during business hours, practices risk losing appointments. Direct booking lets your hospital capture appointments 24/7. Research shows 78 per cent of pet owners want to book appointments anytime on any device.[5] Clinics using direct booking report up to 44 per cent of online appointments are made after business hours.[6] Hospitals can retain control by setting scheduling rules and pre-blocking specific appointment types. This ensures an efficient, balanced schedule while letting pet owners book a variety of appointment types online.

2) Elevating AI use for efficiency

Use AI scribes to get back 30 hours per month[7]

Recordkeeping pulls veterinarians away from patients and piles on administrative fatigue. AI scribe tools can capture SOAP notes, telemedicine visits, surgical notes, and transcripts and summaries of client callbacks. Doctors can redirect time into engaging conversations with clients that improve compliance.

At Freeport Veterinary Medical Center in Freeport, Tex., and Wild Peach Veterinary Clinic in Brazoria, Texas, owners Amanda Rosborough, DVM, and Kody Goerdel, DVM, bring a laptop into the surgical suite to transcribe surgical notes and create client discharge instructions. "We take pride in offering a high level of medicine," says Dr. Rosborough. "We are the step before a specialist."

Manage your emails, calendar, and projects with AI assistant tools

ChatGPT helps practice owners Sarah Kalivoda, DVM, CVA, CVHM, and Randy Roesch at Mountain View Animal Hospital & Holistic Pet Care in Reno, Nev., manage their daily work, personal emails, and calendars. Responding to more than 150 daily emails from clients and staff became easier once they set up ChatGPT plug-ins to automatically summarize and prioritize their emails. Dr. Kalivoda has ChatGPT draft responses in her voice, which she then reviews, edits, and sends. Roesch gets an alert from ChatGPT each weekday morning with a summary of emails, upcoming

calendar meetings, and today's to-do list. The automated prompt helps Roesch manage the busy 11-doctor practice.

Expand use of QR codes

While many practices use QR codes to promote their online pharmacies, Great Neck Veterinary Clinic in Virginia Beach, Va., will put two QR codes on equipment for internal use. One code will link to instructions and how-to videos on operating the equipment. This will help onboard new hires and refresh skills when employees infrequently operate specific equipment. The second QR will link to a maintenance schedule, supplies, and vendors, ensuring equipment stays in tip-top shape.

Clinic administrator Ruth Ann Redbird, PhD, found a creative way to keep track of equipment maintenance schedules at Colonial Veterinary Clinic in Williamsburg, Va. She created a client named "Equipment" in their PIMS that has patients named "Digital Radiography," "Digital Dental Radiography," "Anesthesia Machine," "Autoclave," and even "Keurig Coffee Maker." Each piece of equipment has patient reminders for maintenance, and you never want to miss descaling the coffee maker and risk having it out of service!

3) Improving compliance with better case presentation and follow-up

When Roesch measured a disappointing 17 per cent dental compliance at Mountain View Animal Hospital & Holistic Pet Care, he worked with the team to change their case presentation and follow-up approach.

After veterinarians diagnose pets' dental disease and explain the need for treatment, Mikaela Heck, LVT, prepares and presents treatment plans on the day of diagnosis. Roesch, who has expertise in consultative/solution selling, worked with Heck to identify common objections and develop responses:

- Financial concerns
- Needs to consult with another decision-maker
- Needs more information
- Doesn't know their schedule (*i.e.*, shift workers)

If money is the obstacle, Heck talks with clients to see if they do not understand the value of treatment or need information on third-party financing. If payment options are needed, Heck explains the application process, and estimated monthly payments. If another decisionmaker needs to be involved, Heck sets a callback for the next day before the client leaves.

Heck also adds the second contact to the patient record. When closing the callback, she asks for a commitment to treat using the yes-or-yes technique, "Dr. [Name]'s next available dental procedure days are [date 1] or [date 2]. Which do you prefer?"

If clients don't schedule—no matter the reason—Heck always follows up with a timely call. "Never have them leave without another communication point set," says Roesch. Taking a consultative approach and proactively following up elevated dental compliance to 80 per cent.

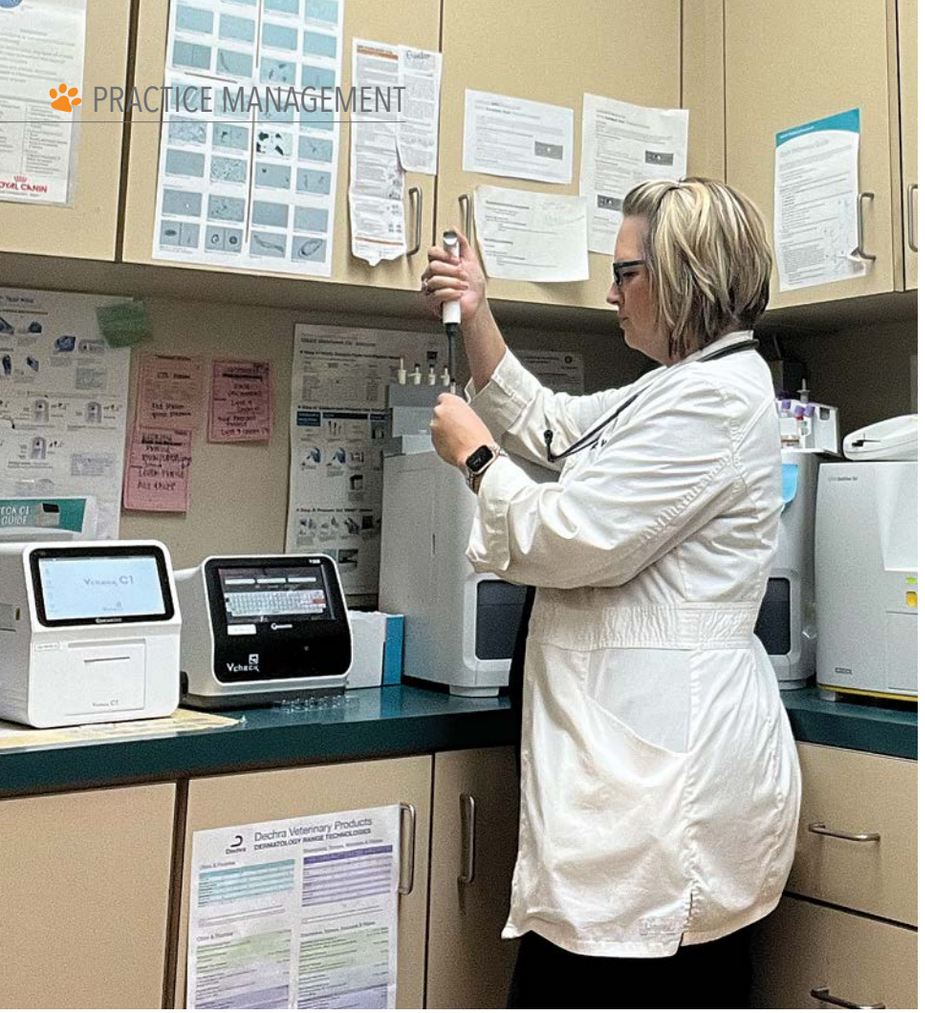
If you see declines in visits, compliance, or productivity, identify the reasons and collaborate with teammates to develop turnaround plans. Write standard operating procedures so your team knows what steps to take and how to measure their success. Which strategies will you implement to prepare for 2027?

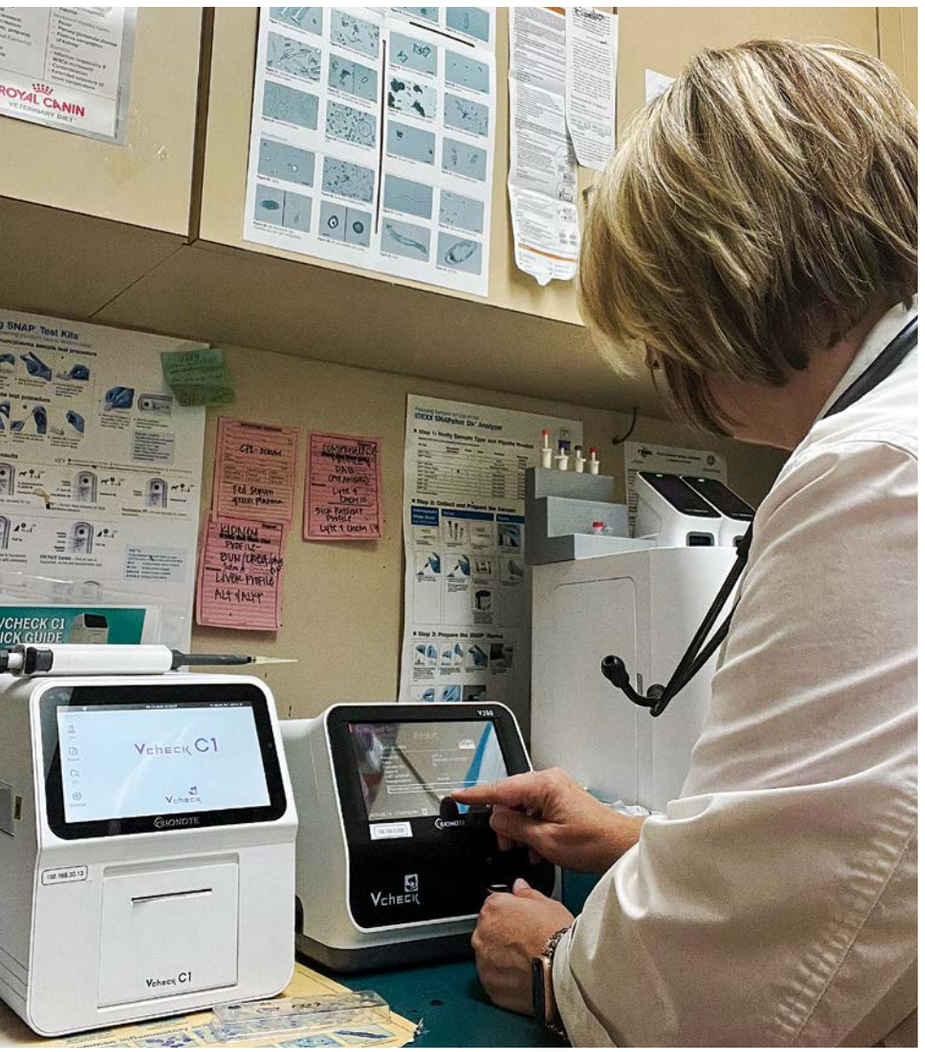
Wendy S. Myers, CVJ, trains veterinary teams to communicate with clarity and confidence, inspiring client trust and better medical care. Explore her online training at CsvetsCourses.com.

References

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Choosing the right diagnostic tools in a sea of options

By Stacey Hendershott, DVM, DABVP (Canine/Feline)

Photos courtesy Dr. Hendershott

Veterinary medicine is evolving at an unprecedented pace. New diagnostics, therapeutics, software platforms, and AI–driven tools continue to enter the marketplace, each promising faster answers and improved patient care. For companion animal practices, the challenge is no longer access to diagnostics; it is deciding which technologies truly deserve a place in the hospital.

The "diagnostic buffet" can be tempting. Every platform offers advantages, every company presents a compelling case, and every new tool appears to fill an important gap.

However, adding technology without a clear strategy can create financial pressure, workflow disruption, and confusion for doctors, team members, and clients. The goal is not to adopt every option available, but to build a curated diagnostic ecosystem that supports medical quality, practice sustainability, team efficiency, and client trust.

The challenges facing practices

Walk through the exhibit hall of a vet conference, and the problem becomes clear: dozens of companies are competing for space in hospitals. The decision is no longer simply which analyzer to purchase, but which diagnostic platform best fits the practice's medicine, workflow, finances, and long-term goals.

- **Long-term contracts** remain one of the most important considerations. These agreements may include production thresholds, bundled pricing, equipment incentives, or financial penalties for underuse. Although such arrangements can provide short-term value, they can also limit flexibility by tying the hospital to a specific platform for years.

  As diagnostics evolve, practices increasingly need solutions that allow them to adapt without being constrained by decisions made under a previous business model.
- Profitability is equally important, but the true financial picture extends beyond equipment price and per-test margin. Practices should account for financing costs, reagent pack sizes, quality-control materials, consumables, service agreements, repeat testing due to errors, staff time, and the administrative labor associated with send-out testing. The more useful question is not whether an individual test is profitable, but whether the entire diagnostic platform delivers a **meaningful return on investment** while supporting better patient care.
- **Futureproofing** has also become more difficult. A platform that solves today's challenges may not be flexible enough to accommodate new biomarkers, software

integrations, or AI-supported tools that emerge over the next several years. Replacing equipment before it has produced an adequate return is rarely practical, but delaying adoption can place a practice at a competitive disadvantage. Ideally, diagnostic decisions should favor scalable systems that can grow with the hospital.

The challenges facing doctors and staff

Veterinarians and their teams experience the diagnostic landscape differently than practice owners do. Clinicians are focused on timely, accurate medical decisions while managing full schedules, complex cases, and client expectations. Every diagnostic choice can affect patient outcomes, communication, workflow, and team confidence.

- **Choosing the right tool.** With new tests, biomarkers, and technologies continually entering the market, determining which diagnostic tool is appropriate has become increasingly complex. Clinicians must understand when to order a test, how to interpret the result, what limitations apply, and how much confidence to place in emerging technology. This constant stream of decisions contributes to cognitive load and can add to the broader pressures associated with professional burnout. The right diagnostic solutions reduce complexity rather than add to it by providing education, objective data, and clear clinical pathways.
- **Staffing shortage.** Veterinary teams are also stretched by staffing shortages and a growing demand for care. In this environment, diagnostics should help teams make better decisions faster. Evidence-based tools that provide reliable, actionable results allow veterinarians to focus on clinical care rather than navigating unnecessary complexity.

Implementation is therefore critical. Installing a new analyzer or platform without clear protocols can lead to inconsistent use, delayed follow-up, duplicate testing, and staff frustration. Conversely, thoughtful onboarding, defined case-use guidelines, and hands-on training can help teams integrate new diagnostics smoothly while preserving efficiency and advancing patient care.

The challenge facing clients

Today's veterinary clients are more informed, more cost-conscious, and often more anxious than ever before. They expect clear recommendations, transparent pricing, and timely answers. Many are balancing a desire for advanced care with real financial constraints, which makes communication about diagnostic value essential.

- For clients, **affordability and transparency** are closely linked. When veterinary teams can explain what a test measures, how the result may change the treatment plan, and why the recommendation matters, clients are better equipped to make informed decisions. Diagnostic options that are both clinically useful and financially accessible can improve trust and compliance.
- **Speed also matters.** In an era of instant information, clients may struggle with waiting days for answers, especially when they are worried about a sick pet. In-clinic or near-patient diagnostics can help practices provide timely, actionable information while preserving medical quality and appropriate interpretation.

At the same time, online resources, social media, pet health apps, and AI-driven symptom checkers can shape client expectations before the appointment begins. Veterinary teams must be prepared to guide clients through this information, correct misconceptions, and connect diagnostic recommendations to the individual patient in front of them.



Dr. Hendershott using Bionote's VCheck200 to perform an in-house NT-proBNP.

Bridging the gap for practices, teams, and clients

These challenges—practice profitability, team efficiency, and client communication—can be addressed when diagnostic decisions are made intentionally. The solution is neither to adopt every new option nor to avoid innovation. The goal is to turn an overwhelming buffet into a well-balanced plate: a diagnostic strategy that supports high-quality care, sustainable operations, and confident decision-making.

Practices can evaluate each new technology by asking a few practical questions: Does this tool improve patient care or clinical decision-making? Does it fit the current workflow and staffing model? Can the team be trained to use and interpret it consistently? Does the financial model support a sustainable return on investment? Can the test's value be clearly communicated to clients?

Where should a practice start? For a new start-up, the process may begin by defining the core diagnostic services that support its medical identity and business goals. For an established practice, the review may begin by examining current contracts, utilization patterns, workflow bottlenecks, and missed opportunities. For me, the goal was to expand in-clinic point-of-care diagnostics to improve medical quality and workflow while creating an additional revenue stream that did not interfere with an existing contract.

Veterinary practices can begin today by transforming diagnostic complexity into purposeful selection. By aligning technology with medical standards, financial realities, team capacity, and client communication, practices can build diagnostic systems that serve patients, support teams, and remain flexible for the future.

Stacey Hendershott, DVM, DABVP (Canine/Feline), is a small animal veterinarian from Texarkana, Tex. focused on internal medicine and oncology at her own practice, Pleasant Grove Animal Hospital. Dr. Hendershott loves working and sharing her passion with her husband, Ben, who is a licensed veterinary technician.



Understanding the emotions behind financial conversations

By Erica Lee

Some of the hardest conversations veterinary professionals have today are not about diagnoses; they are about the cost of care.

A pet parent walks into a hospital already carrying fear, uncertainty, and emotional exhaustion. Then comes the treatment estimate. In an instant, stress turns into frustration, defensiveness, or anger—often directed at the very people trying to help.

For veterinary teams, these moments have become a daily reality, contributing not only to client tension but also to burnout,[1] compassion fatigue, and staff turnover across the profession.

However, cost-based anger is rarely just about money. More often, it is rooted in surprise, uncertainty, or the feeling of being alone during a deeply emotional—often life-altering—decision-making process.[2]

Understanding the emotional dynamics behind these conversations—what triggers them, how they escalate, and how clients experience them—is critical not only for practices working to strengthen client trust, but also for those striving to protect and restore their teams' well-being.

Recognizing escalation before it happens

Understandably, pet parents are first and foremost worried about their pet's health. The dog or cat they love most is unwell, and they want to know they will be okay. The financial conversation, therefore, becomes symbolic of whether they can access the care their pet needs and whether their pet will ultimately recover.

While the diagnosis and treatment path usually cannot be changed, the good news is that the experience can. Many of these emotionally charged conversations can be identified and de-escalated far earlier and more easily than most teams realize.

One of the earliest warning signs is a subtle shift in the type of questions clients ask. Conversations often move from information-seeking questions, such as "What does this cover?", to certainty-seeking questions, such as "Why wasn't I told this sooner?" That transition from information gathering to assurance signals frustration is brewing.

Another indicator is repetition. When clients repeat the same concern in different ways, they often signal they do not yet feel heard or confident in the explanation they received.

For example, a pet parent may ask, "Why is this treatment so expensive?" and then later say, "I just wasn't expecting it to cost this much," followed by, "I don't know how people are supposed to afford this." While the wording changes, the underlying concern remains the same. In many cases, the client is not necessarily looking for another explanation of the cost—they are looking for reassurance, clarity, or acknowledgment of the stress they are experiencing. Recognizing that distinction early can prevent frustration from escalating into anger.

Silence can also be revealing. A client who suddenly becomes quiet after hearing a treatment estimate or coverage explanation is often processing fear rather than simply evaluating cost.

For example, a pet parent may be actively engaged in the conversation until they learn their dog needs emergency surgery costing several thousand dollars. After hearing the estimate, they may pause for several seconds and respond with, "Okay..." or "I just need a minute." That silence is often less about calculating the expense and more about grappling with questions like, "Can I afford this?" "What happens if I can't?" or even "Is my pet going to be okay?" Recognizing that pause as an emotional moment rather than a transactional one gives the team an opportunity to respond with empathy before moving into logistics.

These are the moments where veterinary teams have an opportunity to either intentionally engage and build trust or unintentionally escalate tension.

The power of partnership language

When a client feels emotionally unseen, more information alone can intensify frustration. It is important to remember operational clarity does not automatically create emotional reassurance. This is particularly true when we use industry jargon, billing language, or rigid process-driven responses.

Statements, such as "That's our policy," "You'll need to contact billing," or "That's

not something we control," may be technically accurate, but to an already overwhelmed pet parent, they can sound cold, dismissive, or transactional.

Clients are usually far more likely to accept difficult answers when they believe someone is listening, advocating for them, and staying with them through the process. Aim for collaborative conversations that focus on acknowledgment, guidance, and partnership rather than simply relaying limitations or costs. Take these examples:

- "I can hear how stressful this situation is."
- "I understand why this feels overwhelming."
- "I want to walk you through exactly what to expect so there are no surprises."
- "My goal is to help you understand all the available options for your pet's care."
- "Let's review what the next steps could look like financially."

These phrases communicate that you recognize the emotional weight of the situation and are committed to helping the pet parent navigate it. Rather than simply delivering information, you are positioning yourself as a partner in the process.

Ultimately, people may forget the specific details of a conversation, but they rarely forget how they were treated during a difficult moment. Small shifts in language can transform a transactional interaction into one that builds trust, preserves relationships, and leaves clients feeling supported when they need it most.

Protecting the emotional bandwidth of veterinary teams

At the same time, we must recognize that empathy and emotional support cannot come at the expense of team well-being.

Veterinary professionals are repeatedly navigating high-stakes conversations—often multiple times an hour. Without intentional boundaries and recovery practices, these interactions can quietly drain emotional bandwidth over time.

Importantly, empathy does not mean immediately agreeing with a client, overpromising solutions, or absorbing verbal hostility. It simply means helping someone feel heard and understood while maintaining clear professional boundaries. The most effective team members can acknowledge emotion without taking ownership of it.

That distinction is especially important for practice leaders focused on building resilient, sustainable teams. Having led large customer-facing teams supporting thousands of pet parents and veterinary professionals, I understand how emotionally demanding these conversations can be. The challenge is not just helping clients through difficult moments, but also ensuring your team members can continue doing that day after day without becoming depleted.



Build trust by practicing clarity, consistency, and empathy during client interactions.

Leadership accessibility, clear escalation pathways, ongoing coaching, and operational flexibility are crucial. Teams perform best when they know support is available and that difficult conversations do not have to rest solely on their shoulders. Likewise, practices that become overly focused on metrics, such as call length or interaction speeds, may unintentionally create conditions that increase both client frustration and staff burnout.

In emotionally complex situations, a few extra minutes spent listening, educating, and reassuring a client can have an enormous impact. Not only does it strengthen trust with the pet parent, but it also helps team members feel they are providing meaningful support rather than simply moving on to the next call or client.

In the long run, those moments of connection benefit both the client experience and the health of the team delivering it.

Building trust before the bill arrives

Proactively setting financial expectations and communicating them early, clearly, and consistently can create a stronger sense of partnership with clients long before financial stress enters the conversation. Even simple front-desk and phone protocols like these can make a meaningful difference:

- Confirm the client understands the recommended treatment plan.
- Explain which diagnostics, procedures, or treatment decisions could affect overall costs.
- Discuss available insurance coverage, financing, or payment options when appropriate.
- Set expectations for how and when the team will communicate if the treatment plan or estimate changes.

Technology can play an important role here as well. Tools that improve payment transparency, streamline claims processing, and reduce administrative burden help remove friction during some of the most emotionally charged moments in veterinary medicine.

For example, an option for a direct payment at checkout[3] helps eliminate a significant source of uncertainty in emergencies. Instead of wondering how they will pay a large veterinary bill upfront, eligible clients can see their coverage applied directly at checkout, usually within seconds. By reducing financial ambiguity at the point of care, conversations remain focused on treatment decisions and patient outcomes rather than payment logistics—a shift that benefits pet parents, veterinary teams, and, ultimately, the pets receiving care.

A clinical skill hiding in plain sight

In the end, veterinary medicine cannot remove the emotional weight from conversations about money. Caring for pets will always involve difficult decisions, vulnerability, and financial realities. However, practices can reshape how those conversations feel and how the care process is experienced.

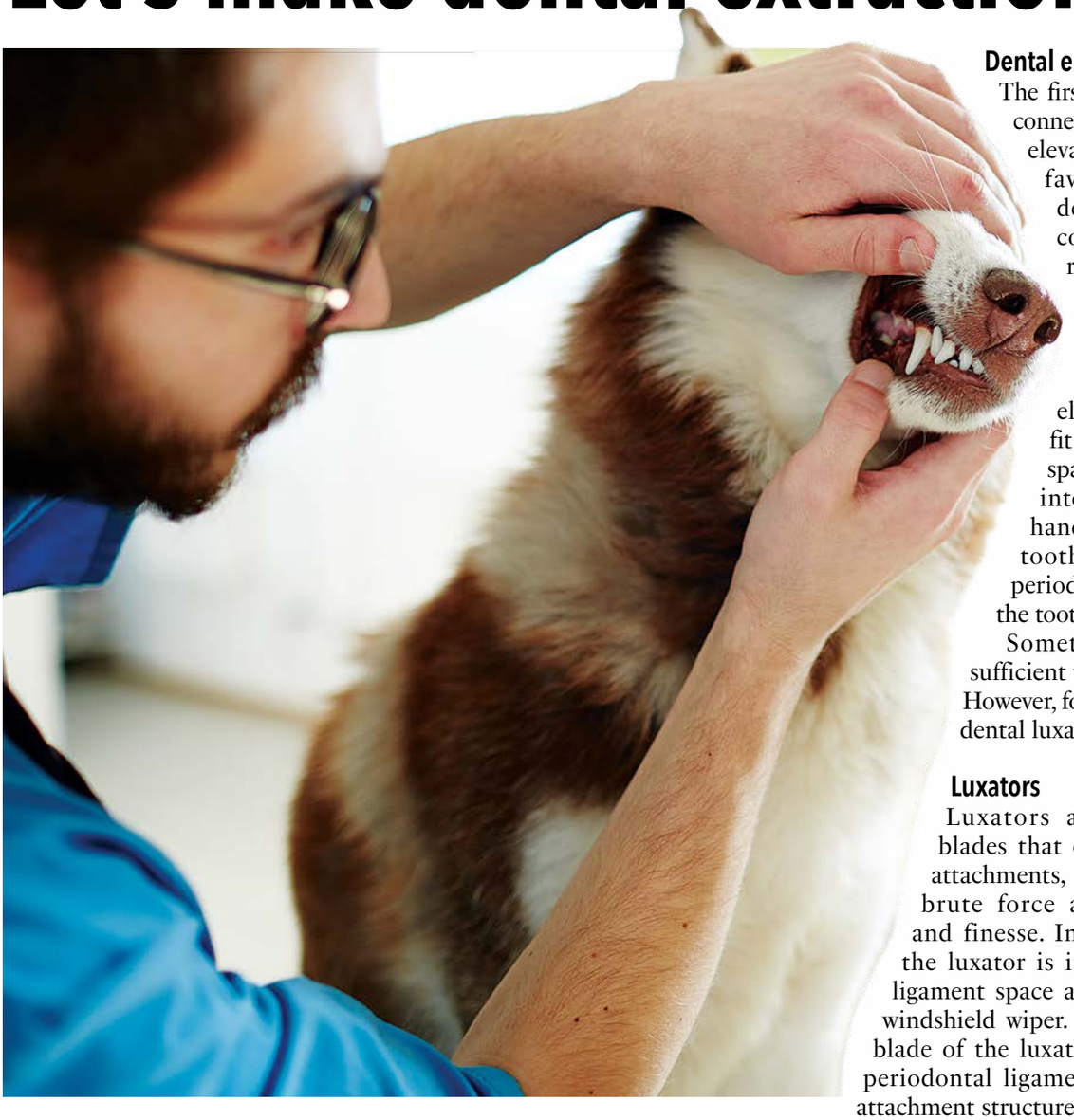
Trust is built through clarity, consistency, empathy, and human connection. In today's veterinary environment, the ability to navigate cost-based anger with empathy and confidence may be just as important as any clinical protocol inside the hospital.

Erica Lee began her career at Trupanion nearly 14 years ago on the front lines of the company's contact centre. Today, as senior director of Phone Sales and Retention, she leads teams that guide pet parents through complex, emotionally charged conversations with empathy, clarity, and compassion. Her experience coaching front-line teams and overseeing member retention has given her deep insight into the emotional realities behind veterinary cost conversations and the communication strategies that build trust during moments of crisis.

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Let's make dental extractions easier



By John Lewis, VMD, DAVDC, Fellow- AVDC OMFS

Photo GettyImages/Shironosov

In last summer's,feature we discussed the fundamental instruments and equipment required for diagnosing and treating dental conditions. This issue will address advances that have made extractions easier.

When extracting a firmly rooted tooth, it is important to consider how the tooth is attached to the surrounding bone. The area around the tooth is called the periodontium. The periodontium consists of the root surface (cementum), alveolar bone, gingival connective tissue, and periodontal ligament. The periodontal ligament spans a narrow space between the alveolar bone and the cementum of the root surface. Millions of periodontal ligament fibers need to be either torn or severed to allow a tooth to be delivered from its alveolus. The periodontal ligament is mainly composed of collagen fibre bundles (type I, III, and V collagen), matrix, and blood vessels. Among them, collagen fibre bundles are the most abundant component in the periodontal ligament, accounting for about 50–75 per cent of the periodontal ligament's volume.[1]

Dental elevators

The first step is to detach the gingival connective with a blade or a periosteal elevator. A 15C scalpel blade is a favourite amongst veterinary dentists for incising gingival connective tissue and making releasing incisions if needed. Periosteal elevators are most helpful when sharp and used to elevate mucogingival flaps.

Winged (a.k.a. Wiggs) dental elevators have thin wings that fit into the periodontal ligament space. Once the elevator is seated into the space, the instrument handle is turned to leverage the tooth, and stretch and tear the periodontal ligament fibers holding the tooth in its alveolus.

Sometimes, winged elevators are sufficient to loosen a firmly rooted tooth. However, for challenging teeth, I reach for dental luxators.

Luxators

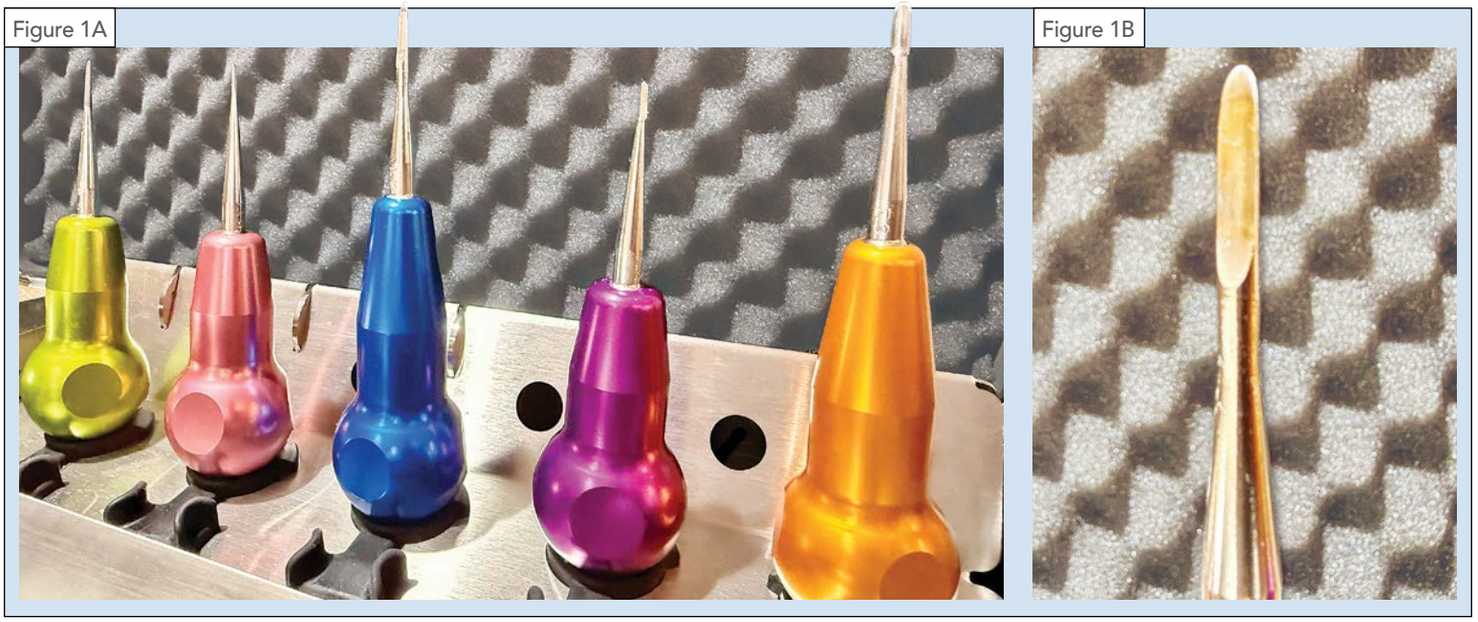
Luxators are like miniature scalpel blades that cut the periodontal ligament attachments, making extractions less about brute force and more about technique and finesse. Instead of twisting its handle, the luxator is inserted into the periodontal ligament space and moved side to side, like a windshield wiper. This motion allows the sharp blade of the luxator to extend deeper into the periodontal ligament space to cut more of the attachment structures.

Since the periodontal ligament space is typically 0.25 mm wide, luxators are thin. Since luxators are thin, they may become dull or damaged easily. Frequent sharpening and frequent replacement are necessary. Some manufacturers have modular blades that can be removed from their handle and easily replaced. Replacement programs help you avoid frequent sharpening.

These instruments are sharp; therefore, they must always be under control. Keep an index finger extended along the shaft of the elevator or luxator so when (not if) your instrument slips, your finger will act as a stop to hopefully prevent damage to important structures.

Periotome and piezosurgical units

Veterinary dentists and some general practices that perform extensive dental work may have more advanced instruments to remove stubborn teeth. An automated periotome can be very helpful for challenging extractions. Acting like a jackhammer that drives a thin blade into the periodontal



ligament space, this device is not intended for use when the periodontal ligament space is ankylosed. Because the tips are so thin and flexible, tip breakage can occur.

Piezosurgical units have revolutionized oral surgery in human and veterinary patients. We use our piezosurgery unit for maxillectomies and mandibulectomies, and occasionally for a challenging extraction. Piezosurgery tips designed for extractions can be used regardless of the presence of ankylosis. Piezosurgery tips are not as long as automated periotome tips, but they may be advanced up to approximately 10 mm to free up periodontal attachments.

Burs

Another very helpful tool for extractions is a high-speed bur with a long shaft and a very thin working end, which can be used to create a "moat" around a root that requires removal. The moat technique for removing stubborn roots has replaced the "pulverization" (a.k.a. "atomization") technique of the past. Instead of drilling a root into oblivion, the moat technique locates the periphery of the root with a tiny, round bur while also removing some bone on the buccal surface of the root to create a window in the bone through which the root can be gently pried. My favorite bur for use in the moat technique is the ¼ surgical length round bur.

A small luxator or a Davis root tip elevator, or the small end of a feline periosteotome can be used to fit into the space created by the bur on the lingual/palatal surface of the root, resulting in gentle leverage that will deliver the root. After removing the root, it is important to say, "What a cute little root!"

Be careful when using the ¼ surgical length round bur. Since these burs are so dainty at their working end, it is easy for them to break off if you are heavy-handed with them or if the metal becomes fatigued. For this reason, the ¼ round bur is one we consider a single-use bur in our practice.

Next time you extract teeth, think of how many millions of periodontal ligament fibres you bested that day. That's something to feel good about!

Figure 1A) Set of dental luxators and elevators with interchangeable blades. Figure 1B) A 4 mm luxator blade. Note the very thin profile, designed to fit into a 250-micron-wide periodontal ligament space.

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Keeping patients safe on NSAIDs



Carprofen is a commonly used NSAID for the treatment of pain and inflammation in a variety of animals.

By Jamie Morgan, MAEd, CVT, RVT

Photo courtesy iStock.com

Nonsteroidal anti-inflammatory drugs (NSAIDs) are among the most frequently prescribed medications in veterinary medicine. Whether used to control postoperative pain, manage conditions such as osteoarthritis, or reduce inflammation associated with injury, NSAIDs provide significant benefits that improve comfort, mobility, and overall quality of life for veterinary patients.

Effective pain management is a cornerstone of modern veterinary medicine, and NSAIDs remain one of the most valuable tools available to clinicians.[1]

As NSAID use has become routine in both surgical and chronic pain management, so has the responsibility to ensure these medications are used safely. Careful patient assessment, routine monitoring, and client education are key to maximizing their benefits while minimizing their potential risks.

Understanding the risks behind the relief

NSAIDs work by inhibiting cyclooxygenase (COX) enzymes that produce prostaglandins, substances that contribute to pain, inflammation, and fever. While reducing prostaglandin production effectively controls pain and inflammation, prostaglandins also perform important protective functions throughout the body.[1] They help maintain blood flow to the kidneys, protect the gastrointestinal lining from ulceration, and support normal platelet function.

When prostaglandin production is reduced, susceptible patients may experience adverse effects ranging from mild gastrointestinal upset to serious renal or hepatic injury. The likelihood of complications increases in patients with dehydration, hypotension, pre-existing kidney or liver disease, advanced age, or concurrent administration of corticosteroids or another NSAID. Understanding these risks allows veterinary professionals to identify patients who require additional caution or alternative pain management strategies.

The first line of defense: blood work

Often, veterinary patients will receive NSAIDs during or immediately following anesthesia as part of a multimodal pain management plan. Before administering these medications, a complete physical exam and appropriate pre-anesthetic blood work evaluation are essential.

Pre-anesthetic blood work provides a baseline assessment of the patient's overall health. A complete blood count (CBC) evaluates red and white blood cells and platelet numbers, helping identify anemia, infection, inflammation, or clotting abnormalities. A serum chemistry profile assesses liver enzymes, kidney values, blood glucose, electrolytes, and total protein, providing valuable information about organ function before anesthesia and NSAID administration.

Because NSAIDs rely on healthy liver metabolism and adequate kidney perfusion for safe use, identifying underlying disease before treatment is critical. Patients with elevated kidney values, abnormal liver enzymes, or significant dehydration may require modifications to their anesthetic protocol or an alternative analgesic plan altogether.

Baseline laboratory values also become an important reference for future monitoring. If a patient later develops vomiting, lethargy, or changes in kidney or liver values while receiving NSAIDs, clinicians can compare new laboratory results with pre-treatment values to determine whether clinically significant changes have occurred.

Blood work should not be viewed simply as a prerequisite for anesthesia but rather as a valuable patient safety tool. The American Animal Hospital Association *Anesthesia and Monitoring Guidelines* emphasize that individualized patient assessment before anesthesia allows clinicians to identify potential risks, optimize anesthetic protocols, and improve patient outcomes.[2]

Monitoring patients beyond the procedure

Safe NSAID administration does not end when the patient recovers from anesthesia. Ongoing monitoring is equally important, particularly for patients receiving NSAIDs for conditions such as osteoarthritis.

During hospitalization, the veterinary team should closely monitor hydration status, blood pressure, urine output, appetite, comfort level, and overall attitude. Since adequate kidney perfusion depends on maintaining normal blood pressure and hydration, identifying hypotension or dehydration early can significantly reduce the risk of NSAID-associated kidney injury.

Patients receiving long-term NSAID therapy should undergo periodic recheck examinations and laboratory testing to monitor renal and hepatic function.[1] Monitoring intervals vary depending on patient age, underlying disease, and medication duration, but regular assessment of kidney and liver function allows clinicians to identify subtle changes before clinical illness develops. This proactive approach often prevents more serious complications and allows treatment plans to be adjusted before permanent organ damage occurs.

Recognizing adverse effects

Although most patients tolerate NSAIDs well, members of the veterinary team should be able to recognize early warning signs of toxicity. Prompt identification and intervention often result in a favorable outcome for the patient.

The most common adverse effects involve the gastrointestinal tract and include:

- Vomiting
- Diarrhea
- Decreased appetite
- Black, tarry stool (melena)
- Abdominal discomfort

More serious complications may involve the kidneys or liver and present with:

- Increased or decreased thirst
- Changes in urination
- Lethargy
- Weakness
- Weight loss
- Persistent vomiting
- Yellow discoloration of the skin, gums, or eyes (jaundice)



Before administering NSAIDs, a complete physical exam and appropriate pre-anesthetic blood work evaluation are essential to get a baseline assessment of the patient's overall health.

Photo courtesy iStock.com

Owners occasionally assume these signs are unrelated to the medication or attribute them to normal postoperative recovery. This misunderstanding highlights the importance of thorough discharge instructions. Clients should be advised to discontinue the medication immediately and contact the veterinary hospital if any of these signs develop.

NSAIDs should never be administered concurrently with corticosteroids or another NSAID unless specifically directed by a veterinarian. Combining these medications substantially increases the risk of gastrointestinal ulceration, perforation, and life-threatening complications.

Client education improves patient safety

Perhaps no aspect of NSAID safety is more important than effective client communication. Clients are responsible for monitoring their pets once they leave the hospital, making client education a critical component of NSAID safety.

Discharge instructions should clearly explain:

- The purpose of the medication.
- The correct dosage and administration schedule.
- Whether the medication should be given with food.
- Common adverse effects to monitor.
- When to discontinue the medication.
- When immediate veterinary attention is necessary.
- The importance of scheduled follow-up examinations and laboratory monitoring.

Clients should also understand that medications intended for humans should never be substituted for veterinary NSAIDs. Even a single dose of ibuprofen or naproxen can cause severe gastrointestinal ulceration, kidney failure, or death in dogs and cats. Likewise, owners should avoid giving additional over-the-counter pain medications unless instructed by their veterinarian.

One of the most common questions clients ask is why a repeat blood work is necessary if their pet appears healthy. Explaining that kidney and liver disease often develop silently before outward clinical signs appear helps clients understand that laboratory monitoring is preventive medicine rather than an unnecessary expense. Detecting abnormalities early often allows medications to be adjusted before irreversible damage occurs.

Providing written discharge instructions reinforces verbal communication and improves client compliance. Encouraging owners to contact the hospital with questions also helps establish trust and promotes earlier recognition of potential complications.

Conclusion

NSAIDs remain one of the most effective and widely used classes of medications for managing pain and inflammation in veterinary medicine. Their benefits are substantial, but safe administration depends on thoughtful patient assessment, appropriate laboratory screening, vigilant monitoring, and client education.

Pre-anesthetic blood work establishes a critical baseline that supports informed clinical decision-making and helps identify patients at increased risk for complications. Continued monitoring during hospitalization and throughout long-term therapy allows veterinary professionals to detect adverse effects early, often before irreversible damage occurs.

Finally, providing clients with clear instructions and realistic expectations extends patient monitoring beyond the hospital and promotes timely intervention if problems arise.

By combining evidence-based medicine with effective communication and diligent patient advocacy, veterinary teams can maximize the therapeutic benefits of NSAIDs while minimizing the risks. In doing so, they provide safer anesthesia, better pain management, and improved quality of life for the patients entrusted to their care.

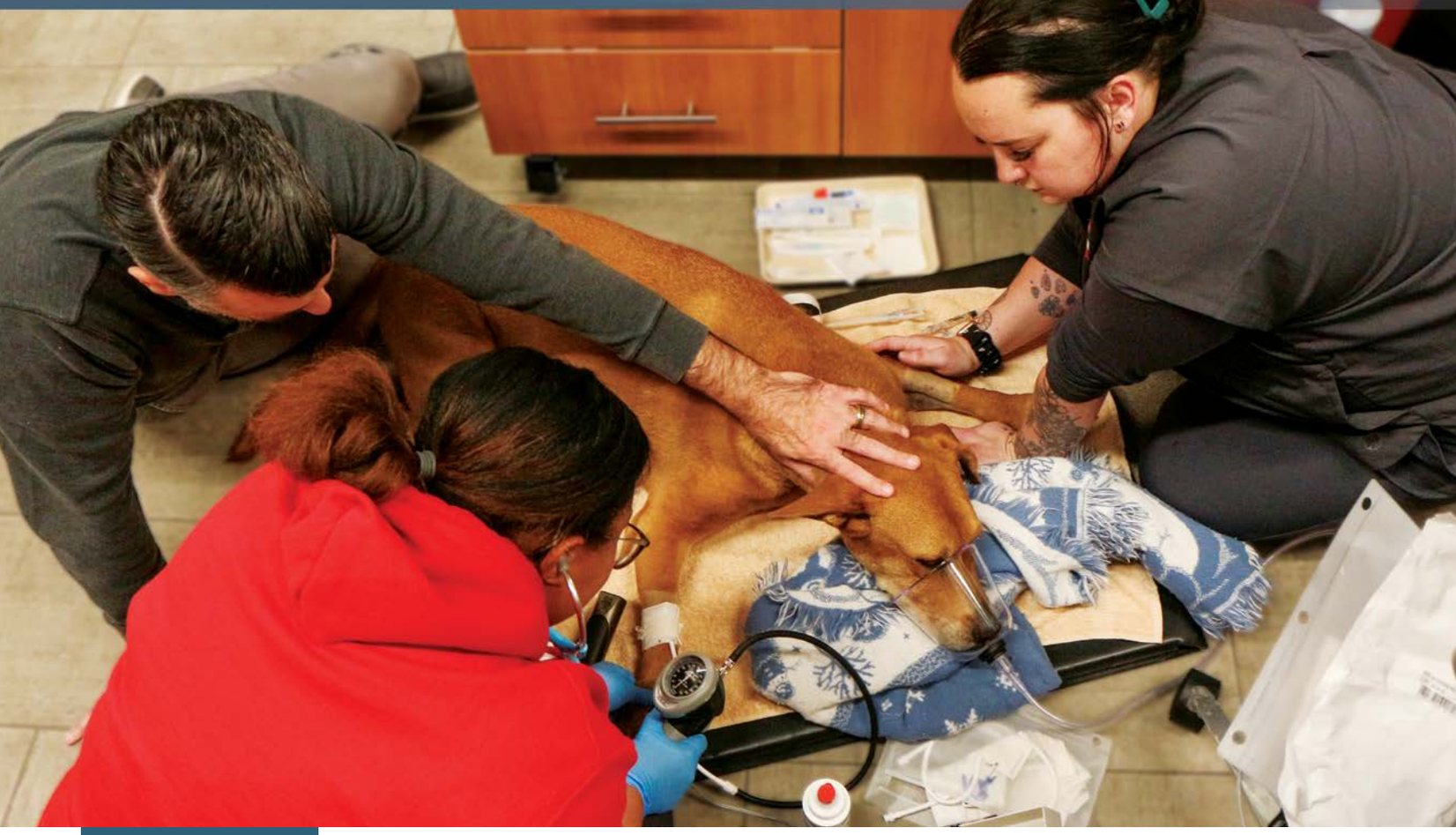
Jamie Morgan, MAEd, CVT, RVT, is a veterinary technologist certified in both Illinois and North Carolina. She has more than 20 years of teaching experience in AVMA-accredited Veterinary Technology programs.

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A look at the 2026 RECOVER First Aid Guidelines for dogs and cats



Pre-hospital first aid can support a patient during the critical minutes before arrival, but it doesn't replace definitive veterinary care.

Photos courtesy Ken Yagi

By Ken Yagi, MS, RVT, VTS (ECC), (SAIM)

When a dog collapses on a trail or a cat seizes on the kitchen floor, the owner will act in the minutes before veterinary care. The question is whether that action helps, delays definitive treatment, or causes additional harm. Today, owners may improvise based on folklore, human first-aid habits, and word-of-mouth advice, and veterinary teams have lacked a comprehensive, evidence- and consensus-based guideline set developed through a transparent evaluation process.

The RECOVER Initiative (the Reassessment Campaign on Veterinary Resuscitation), the group behind the 2012 and 2024 evidence-based CPR guidelines for dogs and cats, has now filled that gap. The 2026 RECOVER First Aid guidelines contain 50 treatment recommendations, 38 on general first aid and 12 on acute allergy and anaphylaxis, across a three paper series.[1-3] Owners, handlers, and other bystanders perform the first aid themselves, but the guidelines are written for veterinary professionals, whose job is to educate and advise those providers.

This article highlights a selection of the recommendations most likely to influence everyday triage and client guidance. The full guidelines also address thermal and chemical burns, prehospital oxygen, broader out-of-hospital CPR, naloxone for suspected opioid exposure, and tourniquet use for severe extremity bleeding. Read the complete RECOVER First Aid Guidelines at https://onlinelibrary.wiley.com/toc/14764431/36/S1.

Allergic reactions and anaphylaxis call for different drugs

The guidelines use treatment-focused definitions built from veterinary evidence and current human anaphylaxis frameworks. An uncomplicated allergic reaction is the sudden onset, within minutes to hours, of hives, facial swelling, or itching, sometimes with a single self-limiting bout of vomiting or diarrhea, and it is not immediately life-threatening.

Anaphylaxis is a severe systemic hypersensitivity reaction that may involve respiratory, cardiovascular, gastrointestinal, and cutaneous signs, although skin signs may be absent. In the setting of a peracute



"First aid will happen with or without us, and one variable the profession can change is what owners have been taught when the moment comes."

suspected hypersensitivity reaction, collapse, hypotension, or severe respiratory distress identifies severe anaphylaxis, even when only one body system is obviously affected. This distinction determines the drug.

Allergic reactions

For an uncomplicated reaction, the guidelines recommend an **oral histamine-1 receptor (H1R) antagonist**, such as diphenhydramine or cetirizine, in the prehospital setting and an H1R antagonist in the practice setting. Antihistamines should not be relied on to treat the respiratory or cardiovascular consequences of established anaphylaxis.

In one experiment, pretreating dogs with an antihistamine blocked the effects of administered histamine, but the same pretreatment did not prevent cardiovascular collapse when researchers triggered anaphylaxis with an allergen.[4] Human observational studies associated early antihistamine use with lower odds of progression or subsequent treatment escalation. The rationale for early antihistamine use is to reduce the risk of progression, not to reverse established anaphylaxis.[5,6]

Evidence for glucocorticoids in uncomplicated reactions was inconsistent. The guidelines suggest against their routine use in uncomplicated reactions. In the two available veterinary studies, 880 dogs and 73 cats, adding dexamethasone to diphenhydramine did not improve immediate response, persistence or resolution of signs, or the need for additional care.[7,8] Additionally, one human trial found urticaria scores worse at one week and one month with oral prednisolone.[9] A short, low-dose course (0.5 mg/kg/day or less of prednisolone equivalent, five days or fewer) is suggested only when an uncomplicated reaction fails to respond to an H1 receptor antagonist, with the antihistamine continued.[3]

Anaphylaxis

For anaphylaxis, the guidelines go further and recommend against routine systemic glucocorticoids. Multiple large human studies published after a 2020 meta-analysis found no consistent benefit of glucocorticoids in anaphylaxis, including no reliable reduction in biphasic reactions. Some adjusted analyses associated their use with admission, IV fluid administration, or longer stays.[6,10,11]

Epinephrine is the treatment of choice for anaphylaxis. When breathing is affected, the guidelines recommend against oral antihistamines altogether, because coaxing a tablet into a dyspneic dog delays transport, delays epinephrine administration, and invites a bite. Prehospital IM epinephrine is suggested when it does not delay transport and can be administered with an autoinjector, a prefilled syringe, or a vial and syringe. A 0.15-mg pediatric autoinjector matches the 0.01 mg/kg dose for a 15-kg patient. Studies suggest in-date epinephrine drawn aseptically into recapped plastic syringes and stored at room temperature away from light may remain stable and sterile for up to 90 days, making prefilled syringes a potentially practical option for smaller patients.[12]

For pets with a prior anaphylactic event, the guidelines suggest veterinarian-dispensed, weight-based prefilled syringes for owners who receive appropriate instruction and are comfortable administering the injection.

In the hospital, the guidelines suggest administering IM epinephrine as early as possible for moderate anaphylaxis. For severe anaphylaxis with hypotension, the guidelines suggest a continuous epinephrine infusion titrated to a mean arterial pressure of 70 mm Hg rather than bolus dosing. In dogs in experimental anaphylactic shock, IM and SC epinephrine boluses did not improve hemodynamics compared with placebo, while an IV bolus produced only a brief rise in blood pressure. A continuous IV infusion maintained the target pressure with a lower total epinephrine dose.

On the triage line, this becomes simple guidance. If the muzzle is swollen but breathing is normal, advise the owner to give a veterinarian-directed oral antihistamine if safe, then bring the pet in. If a suspected allergic reaction includes difficulty breathing, repeated vomiting or diarrhea, or collapse, advise immediate transport and do not delay for oral medication.

Do not reach for the hydrogen peroxide

"My dog just ate..." may be the most common after-hours call in companion practice, and the guidelines reverse its most familiar answer by recommending against routine prehospital emesis induction after acute ingestion of a non-caustic toxin.

In multiple human studies, induced vomiting improved neither survival nor clinical course nor length of stay, but it did delay activated charcoal, which appeared more effective than gastric emptying in alert patients. The home emetics also cause harm.[13,14] Hydrogen peroxide at emetic doses has caused meaningful gastrointestinal injury in both dogs and cats.[15,16] There is one narrow exception to this rule. When a veterinary facility is genuinely out of reach, and a veterinarian or an animal poison control center directs emesis, the guidelines suggest following that advice, and veterinarians may consider prescribing a ropinirole ophthalmic solution in advance for pica-prone dogs that spend time in remote areas. The advice for callers fits in one sentence telling them not to reach for the peroxide and to grab the product packaging and head in right away.

Table 1

One-sentence triage guide

SITUATION	WHAT TO SAY
Facial swelling; breathing normal	Give the veterinarian-directed oral antihistamine if safe; then come in.
Allergy with breathing trouble, repeated vomiting/diarrhea, or collapse	Come in now; do not delay for oral medication.
Possible toxin ingestion	Do not induce vomiting unless directed; bring the pet and product packaging in now.
Suspected heat illness	Start cool running water over the trunk; transport after initial cooling.
Hypoglycemic signs; no seizure	Apply corn or glucose syrup inside the cheek if safe; then come in.
Active seizure	Put nothing in the mouth; transport immediately.
Conscious choking	Give up to five firm back blows beside the spine; seek immediate care.
Unconscious; not breathing normally	Call for help on speakerphone and start chest compressions immediately.

Begin cooling before transport

The natural response to heat stroke is to get the dog into the car and drive. The guidelines say to cool first. Move the animal somewhere cool, then actively cool it on scene before transport. The longer the body stays hot, the worse the injury.

Human patients cooled late or not at all fared worse, and the available observational studies in dogs showed the same directional trend.[17-19] In one, about half of the surviving dogs had been cooled by their owners before transport, versus a fifth of those that died. The suggested technique is cool running water caudal to the neck, aimed at the thinnest hair coat, often the ventral abdomen, and soaked through to the skin. Running water is favored over a single dousing because still water forms an insulating layer. RECOVER does not recommend whole-body tub or sink immersion because of drowning and handling risk, and paw-only cooling provides too little effective surface area.

In the human literature, misting, fanning, and local ice packs were less effective than the fastest whole-body cooling methods. For dogs and cats, RECOVER favors cool running water because it combines conductive, convective, and evaporative heat loss without the drowning and handling risks of immersion. Cool to a rectal temperature of 39.7 to 40.0 C (103.5 to 104.0 F), then stop and dry the animal, or cool for 15 minutes when no thermometer is available.

In animals with stertor or stridor, keep cooling until panting clearly improves or the temperature reaches 38.6 C (101.5 F). Then transport immediately. This belongs in client education each spring because case numbers often rise on the first warm days of the year, possibly because seasonal acclimatization has not yet occurred.

Sugar in the cheek pouch, never during a seizure

One of the most predictable prehospital settings for hypoglycemia is an insulin-treated dog or cat. When one of these patients becomes weak, wobbly, or dull, the guidelines suggest the owner applies a viscous simple carbohydrate (corn syrup or glucose syrup) to the buccal mucosa between the upper premolars or molars and the cheek, roughly 0.2 to 10 mL scaled to the animal's size. The goal is to coat the membrane rather than make the animal swallow, because the sugar absorbs through the oral mucosa.

In healthy dogs, buccal corn syrup raised blood glucose within 15 minutes, and in hypoglycemic children, sugar absorbed through the mouth lining outperformed swallowed sugar. Two safety rules are absolute. Never place anything in the mouth of a seizing animal, and do not attempt treatment when the risk of being bitten is high.

Sugar in the cheek pouch buys time but does not fix the problem. The rise in glucose may not be enough to resolve life-threatening hypoglycemia, so transport for veterinary assessment and IV dextrose support should not be delayed. When a home glucometer or continuous monitor shows low glucose, but the animal has no signs, feed the animal its regular food, and head in if signs appear or the glucose has not normalized within 20 minutes.

Back blows first, then compressions

For a conscious dog or cat that is choking, abdominal thrusts (the Heimlich maneuver) are not the first move. The guidelines recommend starting with up to five firm back blows over the caudodorsal thorax, to either side of the spine rather than directly on it. In the only direct comparison in people, back blows were roughly twice as likely as abdominal thrusts to relieve the obstruction. Abdominal thrusts also carry documented complications, including aortic and gastric rupture. The committee judged those risks to be even greater in patients ranging from Chihuahuas to great Danes. If five back blows fail, try another maneuver appropriate to the animal, such as abdominal thrusts, chest thrusts, or repositioning, and continue using safe techniques until the obstruction clears or the animal loses consciousness. Never perform a blind finger sweep, which can push the object deeper, and never reach into a conscious animal's mouth. If the animal loses consciousness, start chest compressions immediately. Give 30 compressions at 100 to 120 per minute, check the airway briefly, and remove the object only if it is visible, give two mouth-to-nose breaths, and repeat. Once the patient is unconscious, chest compressions may dislodge the obstruction and are more likely to be effective than abdominal thrusts. Starting with compressions is an explicit change to RECOVER's own single-rescuer algorithm. Bystander CPR draws on one of the largest evidence bases in the project. Twenty-three observational studies of roughly a

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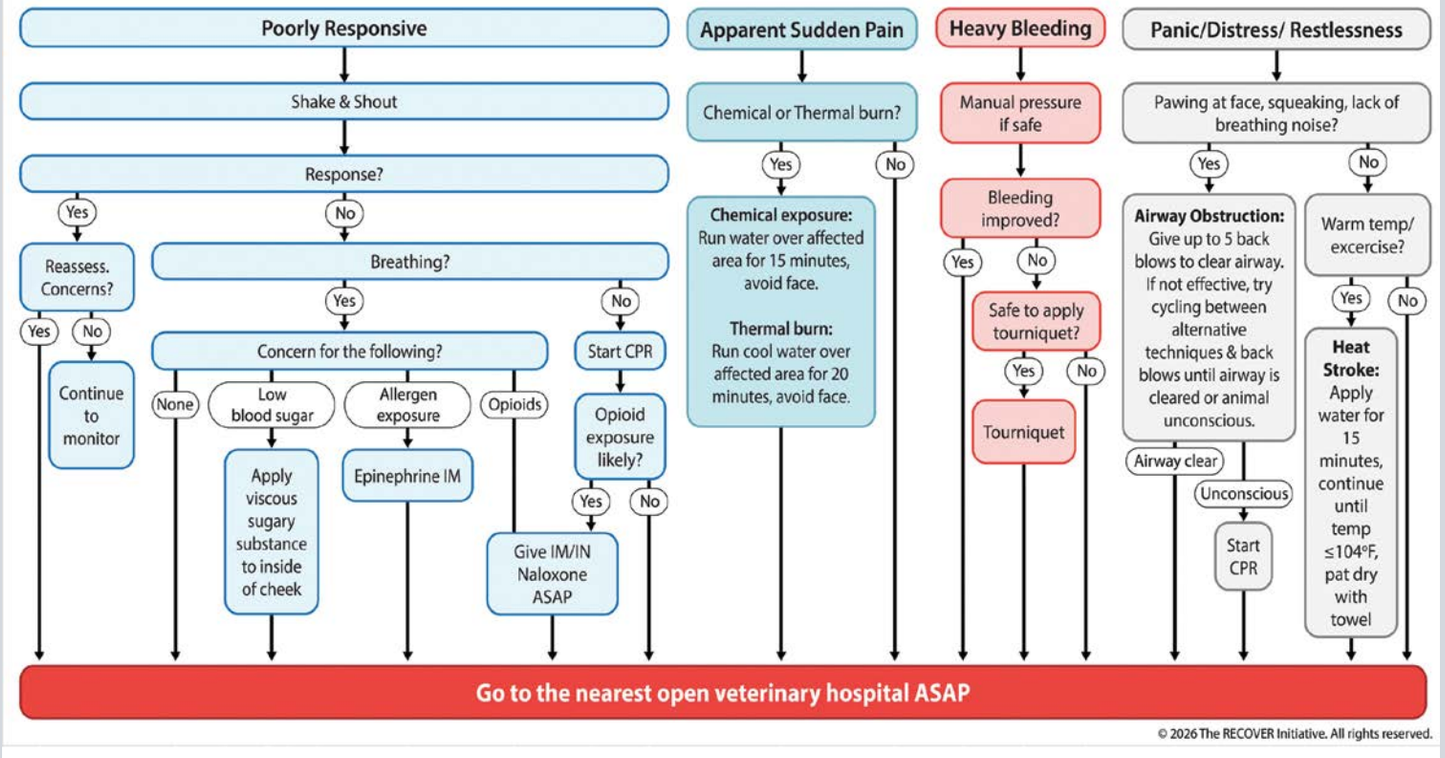
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Figure 1



General RECOVER First Aid Recognize and Act algorithm for common prehospital emergencies.

million people found bystander CPR raised survival two to three times, including asphyxial arrests, a particularly relevant analog for many canine and feline out-of-hospital arrests.[20,21] Even when the obstruction clears, the animal should be evaluated by a veterinarian immediately because both the foreign body and the rescue maneuvers can cause airway, thoracic, or abdominal injury.

What this means for your practice

Veterinary professionals deliver these recommendations to the pet-owning public, and the work falls into four areas.

1) **Telephone triage.** The highest-yield recommendations condense into single-sentence instructions that a veterinary professional can deliver over the phone. Cool the animal first. Do not give hydrogen peroxide. Skip the antihistamine if breathing is affected. Come in either way (Table 1, page 22).
2) **Education** at the moment of prescribing. When a patient starts insulin, the discharge conversation covers what to do for a hypoglycemic episode at home, and the owner of a patient with prior anaphylaxis may be considered for veterinarian-dispensed, weight-dosed epinephrine with training.
3) **Team training**, since staff need to understand the updated single-rescuer and out-of-hospital CPR instructions they may teach or provide to callers.
4) **Community education.** The general First Aid Recognize and Act algorithms (Figure 1) and instructional figures are written in layperson's language so they can go into waiting rooms, discharge packets, and puppy classes.

Two rules run through everything. Across the guidelines, first aid should not be attempted when risk to the provider is high. Provider safety is a counseling point, not a footnote. And first aid never replaces the visit. Every treated animal should still come in.

The first link

In the evidence behind these guidelines, delayed or absent intervention repeatedly carried a cost: lack of prehospital epinephrine was associated with mortality from anaphylaxis, delayed cooling tracked with worse heat-stroke outcomes, and complete airway obstruction can become fatal within minutes. First aid will happen with or without us, and one variable the profession can change is what owners have been taught when the moment comes. These guidelines provide the profession with the first veterinary first-aid framework developed through a systematic evidence- and consensus-based process. The chain of survival now begins in living rooms, backyards, and trailheads. Our job is to make sure the people standing there know the first link.

Kenichiro Yagi, MS, RVT, VTS (ECC), (SAIM), is chief veterinary nursing officer at VEG ER for Pets and a co-chair of the RECOVER Initiative. A recognized leader in ECC and transfusion medicine, Yagi publishes, speaks globally, and advocates for veterinary nursing, inspiring others to challenge norms and push the profession to new heights.

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Is it time to rethink veterinary kenneling?



WELLKennels support patient visibility, monitoring, and clinical workflows.

Photo courtesy The Veterinary Surgery Group

By Kevin DeWalt

Veterinary medicine has come a long way. From advances in diagnostics and surgical techniques to a greater understanding of animal behaviour, pain management, and recovery, the industry continues to evolve in its approach to patient care.

Yet, while considerable attention is given to consultation rooms, surgical suites, and diagnostic equipment, one essential area of the veterinary clinic is often overlooked: the hospitalization ward.

For decades, kenneling has been designed around fundamental requirements—safely containing patients, maintaining hygiene, and providing a durable, practical solution for busy clinical environments. Stainless steel cages have long fulfilled this purpose, offering robust, cleanable housing that has become familiar across veterinary practices worldwide.

However, our understanding of animal welfare and recovery environments has advanced considerably. We now know that factors such as noise, temperature, lighting, privacy, and opportunities for rest can influence patient stress, comfort, and recovery during hospitalization, while the physical design of a ward can also affect the veterinary professionals working within it.[1,2]

In 2026, with modern materials, technology, and housing alternatives increasingly accessible, is containment alone still enough?

The missing piece in patient care

Fear, anxiety, and stress (FAS) during veterinary visits are well-documented concerns. For dogs and cats, unfamiliar environments, handling, other animals, new smells, and sounds can all contribute to a stressful experience.

This understanding has helped drive greater awareness of low-stress handling, species-specific environments, and initiatives designed to consider the complete patient experience.

However, much of the discussion surrounding veterinary environments focuses on what happens before and during an examination. What about the patients that remain in the clinic afterward?

For animals requiring surgery, ongoing treatment, or overnight observation, the hospitalization ward becomes their temporary living environment. Separation from their owners, illness or pain, unfamiliar surroundings, and exposure to other animals can introduce additional stressors at a time when rest and comfort are particularly important.

The 2022 ISFM/AAFP Cat Friendly Veterinary Environment Guidelines highlight the importance of creating quiet, predictable environments for hospitalized cats and considering factors such as temperature, noise, lighting, visibility, and opportunities to hide. The guidelines also recognize that negative experiences and physiological stress can contribute to patient distress, difficulties with handling, and potentially prolonged recovery from illness.[2]

These principles reinforce the need to consider how the environment can accommodate the physical and behavioural needs of individual patients.

A kennel is not simply somewhere care takes place. It forms part of the environment in which it is delivered.

Designed for containment, but what about recovery?

Stainless steel cages have provided veterinary practices with a durable, cleanable containment solution for decades. They are moisture-resistant and compatible with established cleaning and disinfection protocols, making them a practical choice for clinical environments.

Containment was the principal problem traditional veterinary cages were designed to solve. Today, we understand considerably more about the environment surrounding a hospitalized or recovering patient.

Metal surfaces can feel cold to the touch, while barking, animal movement, and the opening and closing of cage doors can make an already noisy ward even noisier. The wider environment can introduce additional challenges through bright lighting, activity, and interruptions to rest.

The American Animal Hospital Association's (AAHA) anesthesia guidelines identify environmental stress, bright lights, excessive noise, and a cold environment among factors that can contribute to discomfort during recovery from anesthesia. They also emphasize monitoring body temperature and using appropriate warming during the recovery phase.[1]

Similarly, AAHA's 2022 Pain Management Guidelines recognize environmental modification as part of supporting patient comfort. Suggested interventions include separating cats from dogs, providing appropriately sized housing and hiding opportunities, and reducing noise and other sources of stimulation.[3]

The question, therefore, is not whether conventional cages can safely contain animals—they can. Rather, it is whether, with the knowledge and technology available today, veterinary housing can do more.





Casco Pet's WELLKennels combine clear visibility and adjustable lighting to support patient comfort.

Photos courtesy Hello Vet

What should modern veterinary housing provide?

As understanding of animal welfare and recovery has developed, so too has our understanding of what a hospitalization environment should provide. Rather than considering the enclosure in isolation, practices can examine the entire environment surrounding the patient.

The needs of individual patients will vary. An animal recovering from anesthesia may require additional warmth and close observation, while an anxious patient may benefit from greater privacy and reduced sensory stimulation. The challenge is therefore creating an environment that allows veterinary teams to respond to those different needs.

The materials used within an enclosure form one part of this environment. Glass and newer composite materials offer different characteristics in terms of temperature, acoustics, visibility, durability, and cleaning, expanding the options available to veterinary practices beyond traditional stainless steel housing.

Temperature

The feline environment guidelines note that cats have a higher thermoneutral zone than humans and specifically recognize heated cages or additional warming devices as options within feline wards.[2] More recently, AAHA has reinforced the importance of appropriate patient warming and cooling and the need to follow current evidence-based recommendations when managing body temperature.[4]

Lighting

Veterinary teams need adequate illumination to examine, treat, and monitor patients, but hospitalized animals also need uninterrupted rest. The feline environment guidelines recommend quiet periods incorporating dim light or darkness, and recognize the importance of light-dark cycles in supporting normal circadian rhythms.[2]

Privacy and visibility

These factors need not be mutually exclusive. Visual barriers or areas in which an animal can hide can provide a greater sense of security, while transparent glass doors or carefully positioned openings can allow veterinary teams to continue monitoring patients without repeatedly disturbing them.



Casco Pet's CAREKennels, built with Waterproof Construction Board (WCB), demonstrate how materials and designs are evolving veterinary housing. WCB is a composite material with a closed-cell core and solid outer surface. Its waterproof construction and bonded seams create a non-porous surface designed to withstand the cleaning and disinfection demands of a clinical environment and support effective infection control and biosecurity, while its lower thermal conductivity creates a warmer-to-the-touch surface than metal.

Photo courtesy Casco Pet

Ventilation and the sensory environment

Ventilation, quiet-closing doors, and the ability to adapt enclosure configurations can further contribute to an environment designed around individual patient needs.

The wider sensory environment should also be considered. Music is sometimes used as an enrichment tool in veterinary settings, although the evidence varies by species and type of music. Research has found some behavioural benefits from feline-specific music in cats, while evidence that classical music reduces stress in hospitalized dogs remains limited.[5,6]

The important point is that no individual feature creates the ideal recovery environment. It is the combination of material, temperature, light, sound, privacy, ventilation, space, and clinical management that determines how effectively the environment responds to the patient.

Better environments for veterinary teams

The benefits of thoughtfully designed housing also extend beyond the animals occupying it.

Veterinary professionals spend considerable time in hospitalization wards, cleaning, feeding, monitoring, and administering treatment. The physical environment can either support these activities or introduce unnecessary challenges into an already demanding working day.

Ease of cleaning is particularly important. Non-porous surfaces, accessible areas, and carefully constructed joints can simplify routine cleaning and reduce areas where moisture and debris can accumulate. These considerations also form part of wider infection control and biosecurity, with AAHA guidance recommending non-porous materials and appropriate facility design to support effective cleaning and disinfection.[7]

Modern housing can also improve accessibility, visibility, and everyday workflows. Features such as quiet-closing doors, removable dividers, adjustable configurations, and integrated storage may appear relatively minor individually, but together can affect how efficiently a ward functions.

There is also the issue of noise exposure. A quieter environment is not solely a patient consideration. Reducing unnecessary noise and disruption can create a more comfortable working environment for the veterinary professionals delivering care.

Does better housing have to cost more?

Modern composite kenneling solutions are now available at the same initial price point as conventional stainless steel cages, providing practices with enhanced solutions without necessarily increasing the initial housing budget.

This is an important development. When housing that considers factors such as thermal comfort, noise, and ease of cleaning is available at a comparable initial cost, the decision no longer needs to be driven by price alone.

The initial purchase price is, of course, only one part of the equation. Installation, maintenance, durability, cleaning requirements, and expected lifespan should all form part of the assessment.

The time required for routine tasks matters too. Housing that is easier and faster to clean can potentially deliver operational benefits over its lifetime, particularly in busy hospitals where cleaning is repeated throughout the day.

Rather than viewing welfare-focused housing as a luxury, practices can increasingly consider what different solutions deliver for patients and veterinary teams, as well as their overall long-term value.

Looking beyond containment

Reviewing ward layouts, introducing visual barriers, reducing unnecessary noise, providing appropriate resting opportunities, or reconsidering how individual patients are accommodated can all make a difference. The 2022 feline environment guidelines emphasize that effective changes do not always require structural changes or be expensive.[2]

For practices planning new facilities or upgrading existing housing, however, modern materials and technology present an opportunity to ask more fundamental questions.

Rather than simply asking how many cages will fit within the available space, practices can consider how the environment will manage sound, temperature, lighting, and privacy; how easily veterinary teams can monitor and care for patients; and how the housing will perform throughout its lifetime.

Containment will always be fundamental to veterinary housing, but it does not have to be the end of the conversation. The question is increasingly about how the patient's environment can reduce stress, promote comfort, and support recovery while enabling veterinary professionals to deliver care effectively.

Kevin DeWalt serves as CEO of North America at Casco Pet. With more than 22 years of experience in the animal health industry, DeWalt oversees all areas of operations for North America. His background spans sales and product development, and he is driven by a passion for delivering high-quality solutions for clients.

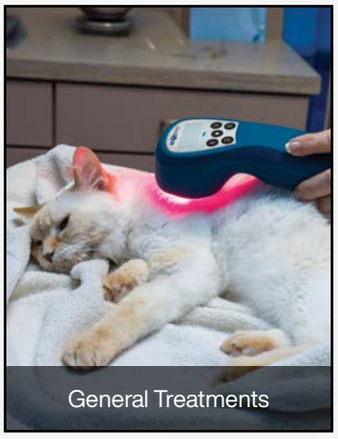
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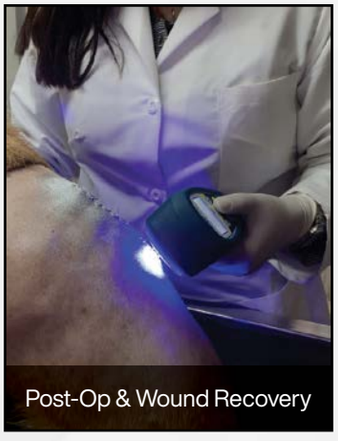
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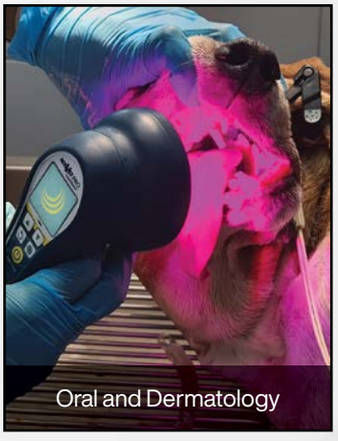
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Are nutritional supplements for senior pets worth it?



By Laura Gaylord, DVM, DACVIM (Nutrition)

Advances in veterinary care have extended both canine and feline lifespans, and over one-third of the dog and cat population is classified as "senior."[1] Dogs are often considered senior after seven years of age or perhaps when over 10-11 years with giant breeds reaching this sooner, closer to 7.5 years. Cats may be considered senior at 10-11 years or older, with some guidelines describing a "geriatric" stage in the last quartile of life.[2,3] Record lifespans exceeding 31 years for dogs and 38 years for cats have been reported.[4]

Pet food nutrition has not kept pace, however, and there is no regulatory or scientific consensus defining nutrition needs for a senior dog or cat. Feeding standards guiding commercial pet food formulation were built for growth and adult maintenance.[2] As a result, senior-marketed diets are formulated often with the same nutrient levels as an adult maintenance diet.[3] Pet food companies define their own philosophies on senior nutrition as no consensus currently exists.

Aging genuinely changes physiology in both dogs and cats, though not identically in all individuals. Older dogs and cats are prone to losing lean muscle mass even when appetite and body weight are normal, a pattern especially pronounced in cats which can lose lean tissue from middle age onward while body weight remains stable.[3,5] Both species retain body water less efficiently and have lessened thirst responses along with reduce renal sensitivity to arginine vasopressin (AVP) (also called antidiuretic hormone (ADH)) which reduces renal water reabsorption and increases dehydration risk. Fatty acid needs may shift, with an increased need for anti-inflammatory nutrients such as omega-3s.[2] Risk of joint disease, cognitive decline and chronic kidney also rise with age, the latter especially prevalent in senior and geriatric cats.[3,6] A standard adult, or "senior," maintenance diet will likely not address these changes, which is the gap targeted supplementation may attempt to fill.

Areas of interest for supplemental intervention in aging dogs and cats include cognitive function and brain aging, joint health and mobility and renal support, with joint health, mobility and muscle mass maintenance a related and growing area of interest. Published evidence for supplementation beyond optimizing diet remains extremely limited. This article presents current peer-reviewed evidence, noting where it may differ meaningfully between dogs and cats.

For cognitive function

Canine cognitive dysfunction syndrome affects 20–68 percent of senior dogs, depending on age and diagnostic criteria,[3] while feline cognitive dysfunction affects roughly one-third of cats aged 11 to 14, rising further with age.[7] Although multiple supplements are proposed for canine cognitive dysfunction, a 2025 systematic review identified just 30 clinical trials testing enriched diets or nutraceuticals (27 in dogs, two in cats).[7]

Long-chain omega-3 fatty acids (eicosapentaenoic acid [EPA] and docosahexaenoic acid [DHA]) have the strongest, most consistent evidence of any nutrient reviewed, improving learning and cognition at higher doses in both species (approximately 26–67.5 mg/kg DHA and 27–43 mg/kg EPA).[7] In cats, an enriched diet supplying EPA, DHA, vitamins E and C, B vitamins, and arginine improved learning, executive function, and visuospatial performance in middle-aged and older cats over a year-long trial.[7,8] DHA, abundant in brain tissue, is neuroprotective, enhances synaptic membrane fluidity, reduces pro-inflammatory metabolites, enhances antioxidant defenses, promotes neurogenesis, and increases glucose transporter activity.[7] It also supports phosphatidylserine production which preserves brain signaling pathways.[3]

Medium-chain triglycerides (MCTs) at approximately 5.5-9 percent of the diet improved executive and visuospatial function in laboratory and pet dogs, likely by raising ketone bodies, an

alternative fuel source for aging neurons (evidence limited to dogs).[3,7] S-adenosylmethionine (SAMe) may improve executive functions in both dogs and cats by stimulating brain glutathione production and reducing oxidative stress.[9] Apoaequorin, a calcium-buffering protein, improved learning and executive functions in a short-term canine trial, and homotaurine, a GABA/taurine analog, improved learning and executive functions while preventing memory decline over a one-year canine study. Neither have been evaluated in cats.[7] A placebo-controlled trial in aged beagles found that a nutraceutical combining phosphatidylserine, Ginkgo biloba, vitamin E, and pyridoxine improved short-term memory performance.[10]

Plant-derived antioxidants (polyphenols and vitamins E and C) used alone have been disappointing in dogs, possibly due to the "antioxidant paradox" in which high doses act as pro-oxidants.[7] Antioxidants combined with mitochondrial cofactors acetyl-L-carnitine (ALCAR) and alpha-lipoic acid (LA) showed more consistent memory benefit. LA alone (2.7 mg/kg) and ALCAR (27.5 mg/kg) each tended to worsen learning, whereas their combination (2.7 mg/kg LA plus 5.4 mg/kg ALCAR) improved memory in two of three trials, showing that dose and combination matter as much as ingredient selection.[7] This combination has not been tested in cats, in which alpha-lipoic acid is more toxic.[7] Arginine (315–390 mg/kg), N-acetyl cysteine (NAC)(4–17 mg/kg), L-carnitine (2.7–4.7 mg/kg), and B vitamins consistently showed positive effects, but only in combination with other nutrients, while tryptophan consistently failed to demonstrate benefit in dogs. Small sample sizes, inconsistent cognitive assessment tools, and multi-ingredient formulations make single nutrient effects difficult to attribute.[7] Long term studies are needed to establish efficacy and safety in both species.

For joint health, inflammation, and muscle maintenance

EPA and DHA have anti-inflammatory and anti-catabolic effects relevant to musculoskeletal aging in both species. Use will produce eicosanoids with lower inflammatory potency than those derived from omega-6 fatty acids, which can support muscle protein synthesis through activation of mTOR signaling, helping to counteract sarcopenia.[3]

Published canine dosing suggests combined EPA and DHA intakes of up to 310 mg × BW(kg)^0.75 for orthopedic disease, compared with 140 mg × BW(kg)^0.75 for renal and 115 mg × BW(kg)^0.75 for cardiovascular indications, so dosing should be condition specific. Feline dosing data is sparser, though EPA and DHA intakes of 200–300 mg combined per cat per day have been suggested.[3,11,12] Because polyunsaturated fatty acids oxidize readily, diet supplementation with antioxidants such as vitamin E is recommended whenever omega-3 are added.[3]

A 2022 meta-analysis pooling 72 trials of 38 nutraceuticals in osteoarthritic dogs and cats found meaningful analgesic benefit for omega-3-enriched diets and omega-3 supplements, the strongest evidence of any category reviewed.[13] Multicenter placebo-controlled trials in osteoarthritic dogs showed improved weight-bearing and lower non-steroidal anti-inflammatory medication need (carprofen) with fish oil supplementation in a clear dose response relationship and lameness assessment.[14-17] A high omega-3 therapeutic diet produced comparable benefit in a separate canine trial.[18] In cats, dietary long-chain omega-3 supplementation improved owner-assessed behavior and locomotion in cats with naturally occurring osteoarthritis[19] similar to a high omega-3 therapeutic diet.[11]



Cats can lose lean tissue from middle age onward while body weight remains stable.

A supplement combining green-lipped mussel, curcumin, and blackcurrant leaf extract improved osteoarthritis scores along with grooming behaviors in cats more so than in dogs in a placebo-controlled crossover trial, though larger studies are needed.[20] A small 2026 accelerometry and machine learning trial evaluated a multi-ingredient joint supplement containing green-lipped mussels, salmon oil, vitamin C, blackcurrant extract, curcumin, glucosamine, chondroitin, and vitamin D3 in senior cats and found no consistent increase in overall activity but did find more stable activity patterns and increased grooming behavior, illustrating the measurement challenges of feline joint research.[21] By contrast, the same 2022 meta-analysis found essentially no benefit for glucosamine-chondroitin sulfate combinations despite decades of use in veterinary practice and only weak support for collagen products. Undenatured type II collagen (UC-II) and eggshell membrane showed slight positive results in limited trials. Similar to other supplements, nutrients studied to support joint health should be evaluated individually as it can be difficult to assign benefits to any one active versus a combination.[2,13]

Research on age-related muscle loss (sarcopenia) is limited in both species, a gap that matters more in cats, in which lean mass loss often begins in middle age and is masked by stable or rising fat mass.[5] Feline sarcopenia and cachexia are thought to involve type II muscle fiber loss, mitochondrial



As dogs age and the risk of joint disease, cognitive decline and chronic kidney disease increases, "senior" maintenance diet may not be enough. This is the gap targeted supplementation may attempt to fill.

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dysfunction, reduced growth hormone and IGF-1 signaling, anabolic resistance to protein synthesis and low-grade inflammation. Anabolic resistance may indicate senior cats need more dietary protein, not less with aging. Muscle loss is a major component of frailty, which increases the risk of adverse outcomes.[5] No pharmacological intervention or nutritional supplement has yet been researched or approved specifically for sarcopenic cats, though leucine, creatine, and ursolic acid are identified as promising candidates.[5]

In dogs recovering from tibial plateau leveling osteotomy, use of a fertilized egg yolk-derived myostatin inhibitor in recovery preserved thigh circumference and stable serum myostatin during activity restriction, while placebo-treated dogs lost muscle.[22] However, this product was tested in post-surgical disuse-atrophy, not age-related sarcopenia. Maintaining adequate high-quality, bioavailable dietary protein remains the best-supported general strategy for preserving muscle in senior pets. Screening cats for lean-mass loss even when body weight looks stable is critical to early intervention.[3,5]

Renal and metabolic considerations

Chronic kidney disease (CKD) prevalence rises with age in both species and has been estimated as high as 80.9 percent in cats over 15 years of age, making it arguably the single most important feline senior-nutrition concern.[6] Highly bioavailable inorganic phosphorus, often used as palatant in cat foods and treats, has been implicated in dose-dependent kidney injury and renal disease progression when consumed in excess of dietary needs.[3,23-25] Because senior-labeled diets are not required to differ in phosphorus content, clinicians should review each products' guaranteed analysis.[3] Notably, "All Life Stage" diets are formulated to meet AAFCO growth recommendations and will contain higher minerals, including phosphorus, which are unnecessary for senior pets.

For dogs with or at risk of CKD, omega-3 fatty acid supplementation at approximately 140 mg × BW (kg)^0.75 EPA + DHA is potentially beneficial. A 2025 double-blind, placebo-controlled trial in dogs with advanced CKD found that a once-daily multi-ingredient renal nutraceutical with chitosan, sodium bicarbonate, calcium carbonate, calcium lactate gluconate, Lactobacillus acidophilus D2/CSL, Olea europaea L. extract, and fructooligosaccharides given with a renal therapeutic diet reduced proteinuria, blood urea nitrogen and serum phosphorus with stable creatinine and symmetric dimethylarginine (SDMA) over the study period compared to diet alone,[26] although separating supplement from diet effects may be difficult. No equivalent supplement trial exists in cats, but one trial with 80 client-owned geriatric cats fed a diet enriched with fish oil, L-carnitine, and medium-chain triglycerides showed stable SDMA and creatinine over six months, while cats fed their owner-chosen diets showed progressive SDMA increases.[27, 28] Hydration should be emphasized in both species with CKD given the age-related decline in thirst response.[2,3]

Practical takeaways

The current evidence supports an individualized approach to senior supplementation rather than blanket use of any single product. Long-chain omega-3 fatty acids have the broadest, most consistent support across cognitive, joint, and anti-inflammatory outcomes in both species. Other nutraceuticals show targeted, species- and condition-specific benefits, particularly for cognition and CKD, while glucosamine-chondroitin lacks meaningful evidence. Supplementation for muscle loss remains the least studied area, especially in cats. Because currently there are no defined senior nutrient requirements, diet choice and supplementation should be tailored to each patient's body condition, organ function, cognition or musculoskeletal status rather than by product labeling. Larger, standardized, placebo-controlled trials are needed, especially in cats, where the evidence base lags behind dogs in every category reviewed.[2,3,5,13]

Laura B. Gaylord, DVM, DACVIM (Nutrition), is an independent consultant and the owner/founder of Whole Pet Provisions, PLLC, a nutrition consulting company established in 2016, which offers veterinary nutrition consulting to pet owners, veterinarians, the pet food industry, and pet supplement companies. Dr. Gaylord offers homemade diet recipe formulation and commercial diet consultations through her business for pet parents and their veterinary teams.

References

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How a partnership program is helping optimize pet weight care in Canada



Adronie Verbrugghe, DVM, PhD, DECVCN, and coordinator Shoshana Verton-Shaw, RVT, VTS (Nutrition), work with a patient at the Hill's Pet Nutrition Weight Care Program at the Ontario Veterinary College.

Photo courtesy of the Ontario Veterinary College, University of Guelph

By Steph Keroack, DVM; Rebecca Hunt, RVT, VTS (Nutrition), and Laura Teeger, DVM, CVA

Pet obesity represents one of the most widespread chronic health challenges facing veterinary medicine in Canada today. According to Canada's Pet Wellness Report, joint data from the Canadian Veterinary Medical Association (CVMA) and Hill's Pet Nutrition (Hill's) indicate that between 50 and 60 per cent of Canadian dogs and cats are overweight or obese.[1]

However, managing pet weight in general clinical practice remains a complex challenge. Excess body fat is frequently oversimplified as a "numbers" issue, addressed by reducing portion size and cutting out treats to reduce caloric intake. However, contemporary veterinary research confirms obesity is a primary, progressive, multi-factorial disease state.[2] Adipose tissue functions as an active endocrine organ, secreting pro-inflammatory cytokines that exacerbate systemic inflammation, accelerate degenerative joint disease, alter metabolic homeostasis, and compromise overall quality of life.[3]

To address this crisis, Hill's expanded its 15-year partnership with the University of Guelph's Ontario Veterinary College (OVC). In early 2025, this collaboration established the Hill's Pet Nutrition Weight Care Program (WCP), housed within the Hill's Primary Healthcare Centre (PHC) at OVC.

By integrating specialized nutritional counselling, diagnostic body composition technology, physical rehabilitation, and structured client coaching, the WCP seeks to establish evidence-based protocols that general practitioners can adapt to optimize patient outcomes across Canada.

A dedicated referral model for complex weight management

The decision to launch a dedicated weight management referral service arose from a recognized clinical need: pets presenting with severe obesity frequently suffer from concurrent, complex medical conditions that complicate standard weight loss protocols.

The clinic is led by Adronie Verbrugghe, DVM, PhD, DECVCN, alongside other nutrition specialists, including co-ordinator Shoshana Verton-Shaw, RVT, VTS (Nutrition), and Rebecca Hunt, RVT, VTS (Nutrition). This infrastructure makes OVC the first Canadian veterinary college to host two veterinary technician specialists in nutrition on staff, creating an environment focused on interprofessional care.

Clinical assessment at the WCP extends beyond standard body weight measurements. Patients undergo evaluation using the standard nine-point body condition scoring (BCS) and muscle condition scoring (MCS). Where indicated, dual-energy X-ray absorptiometry screening is utilized to accurately quantify lean tissue versus fat mass. This precise diagnostic baseline ensures weight loss plans prioritize fat loss while helping preserve lean muscle mass, a critical factor in maintaining metabolic rate and functional mobility, particularly in geriatric patients.

Navigating the clinical 'tightrope': Managing co-morbidities

One of the primary learnings from the first year of WCP operations is that weight loss in complex patients requires a delicate balancing act. When obesity co-exists with conditions such as chronic kidney disease (CKD), osteoarthritis (OA), or hepatic disease, standard weight-loss diets may not meet the patient's precise macronutrient or micronutrient requirements.

Consider two illustrative cases:

Case 1: Max

Evaluating nutrient intake in complex feline CKD

Max, a 17-year-old neutered male domestic shorthair, presented to the OVC WCP with severe obesity (body weight 6.09 kg; BCS 8/9), advancing OA, mild-to-moderate muscle loss, and IRIS Stage 2 CKD.

Managing Max presented a clinical dilemma: weight-loss formulas are typically high in protein to preserve lean muscle during caloric restriction, whereas renal diets restrict protein and phosphorus and are often calorie-dense. Rather than selecting a food based solely on the package label, the clinical team, led by Laura Teeger, DVM, CVA, DVSc Candidate, ECVCN Resident, evaluated the actual daily nutrient intake Max would consume at a restricted caloric intake.

The team calculated that, at his recommended starting allowance of approximately 186 kcal/day, a combination of selected dry[4] and wet[5] formulations delivered daily amounts of absolute protein and phosphorus comparable to those provided by a standard renal diet fed at maintenance energy requirements.

(Note for clinician: This evaluation was patient-specific based on calculated absolute daily intake under restricted feeding; general weight-management foods are not inherently renal-friendly formulas and must be evaluated by a licensed veterinarian on an individual case-by-case basis.)

To safeguard Max against rapid muscle wasting, the team set a conservative initial target weight of 5.3 kg (BCS ~6/9), rather than his theoretical ideal weight of 4.95 kg. Wet food was incorporated to enhance satiety and support hydration, with additional water added to meals. Concurrently, his OA pain was managed with multi-modal medical therapy, including monthly frunevetmab, injectable pentosan polysulfate sodium, and oral gabapentin.

Over the course of monitoring, Max achieved steady, gradual weight loss ranging from 0.17 per cent to 1.1 per cent of body weight per week, reaching 5.07 kg by May 2026 while maintaining stable renal parameters and blood pressure.

5 practical tips for the general practice

While the WCP utilizes advanced diagnostics, the core principles of the program are directly applicable to primary care companion animal practices:

1) **Implement universal nutritional assessment.** Adhere to the American Animal Hospital Association (AAHA) Nutritional Assessment Guidelines by recording weight, 9-point BCS, and MCS at every patient visit.[9]
2) **Calculate caloric targets based on target weight.** A common pitfall in primary care weight management is calculating caloric allowances based on the pet's current body weight. Always base calculations on the patient's estimated target weight:
   - Determine resting energy requirement (RER). Look up the patient's RER based on their estimated target weight using a standard veterinary RER reference chart or digital calorie calculator.
   - Real-world application (Max's case): When Max presented at 6.09 kg, calculating calories from his current weight would have supplied over 230 kcal/day. Instead, looking up his conservative target weight of 5.3 kg and applying a feline restriction factor yielded a starting target of ~186 kcal/day, which stimulated steady weight loss while preserving lean muscle.
3) **Evaluate absolute nutrient intake.** In patients with co-morbidities, evaluate the actual daily intake of protein, phosphorus, and sodium at the recommended caloric restriction rather than relying solely on diet category labels.
4) **Educate clients on caloric density.** Provide concrete visual analogies for clients regarding human-to-pet calorie conversions. Visit endpetobesity.ca for more information and tools.
5) **Schedule frequent re-checks.** Schedule weigh-ins every two to four weeks during active weight loss to monitor progress, adjust caloric intake as metabolic adaptation occurs, and maintain owner motivation.[6,8]

Case 2: Leo

Multidisciplinary care in complex oncology recovery

Leo, a male golden retriever, presented following successful chemotherapy for multi-centric B-cell lymphoma. While in cancer remission, medical therapy and reduced physical activity led to substantial weight gain, bringing his body weight to nearly 100 lbs. The extra mass severely impaired his mobility, exacerbating underlying OA, CKD, and hepatic changes.

To address Leo's multi-systemic challenges, the WCP collaborated with the OVC Health Sciences Centre Rehabilitation and Fitness Service, led by Tiffany Durzi, DVM, DABVP, CVA, CCRT, CVPP. Leo's regimen combined a customized, balanced, home-prepared elimination- and renal-sparing diet crafted by Dr. Teeger with biweekly physical rehabilitation. Controlled underwater treadmill exercise, hydrotherapy swimming, and targeted acupuncture allowed Leo to rebuild core strength and burn calories without joint stress. Over his treatment course, Leo lost approximately 12 lbs of body fat, regained functional mobility, and demonstrated marked improvement in daily vitality.

Shifting focus: Quality of life over numbers on a scale

A core clinical philosophy embedded in the WCP protocol is that pet weight management should not focus solely on reaching an arbitrary number on a scale. Instead, success is defined by functional recovery and enhanced quality of life.

The WCP team frames the program around restorative goals: identifying activities the pet used to enjoy, such as climbing stairs, going for longer daily walks, or playing interactively with family, and structuring the dietary plan to restore the pet's functional capabilities.

Obesity management is ultimately a human behavioural adventure. Sustainable weight loss requires active client coaching, realistic treat allowance strategies (limiting extra treats to under 10 per cent of total daily caloric intake), and structured follow-up schedules every two to four weeks.[6] When clients observe tangible improvements in their pet's comfort and energy levels, compliance and program completion rates increase significantly.[7,8]

Steph Keroack, DVM, is the director of Professional Veterinary Affairs at Hill's Pet Nutrition Canada. A graduate of the University of Montreal, she is dedicated to strengthening partnerships across the Canadian veterinary community.

Rebecca Hunt, RVT, VTS (Nutrition), is a registered veterinary technician for the OVC Pet Nutrition Team. A graduate of Seneca College, Hunt specializes in pet obesity prevention through nutrition.

Laura Teeger, DVM, CVA, DVSc Candidate, ECVCN Resident, is a graduate of Ross University School of Veterinary Medicine, OVC Nutrition Team resident and small animal veterinarian working to advance pet health through clinical nutrition.

References

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5 questions with... David Bessler, VMD, founder and CEO of VEG ER for Pets, and Annie Kwok, DVM, medical director of VEG ER for Pets in Etobicoke, Ont.





Drs. David Bessler and Annie Kwok of VEG ER for Pets share insights on how the organization offers a unique approach to emergency care.

Veterinary medicine is often reported as one of the most high-stress professions. The reasons are not hard to identify: long hours, emotionally charged decisions, demanding caseloads, and responsibility for patients who are unable to speak for themselves can take a toll on veterinary teams. And, in emergency medicine where urgency is part of every shift, the pressure can be especially intense. However, recognizing the strain is only a starting point. How can a practice build a workplace where people feel supported, continue to grow, and do their best work?

Veterinary Practice News Canada spoke with David Bessler, VMD, founder and CEO of VEG ER for Pets, and Annie Kwok, DVM, medical director of VEG ER for Pets in Etobicoke, Ont., about emergency veterinary medicine and what makes the VEG approach distinctive. They also discussed how the organization is building an environment conducive to the well-being of its "VEGgies"—the name they call their team members.

For Dr. Kwok, strong emergency care calls for more than clinical expertise. "We cannot put those skills to use unless pet parents trust us enough to move forward with care," she says. Trust develops through experience, mentorship, feedback, and awareness. She also emphasizes collaboration: "The strongest emergency professionals are comfortable asking for help and drawing on the knowledge of the entire team."

Similarly, Dr. Bessler sees learning as central to patient care and team culture. VEGgies can build clinical knowledge and leadership skills through mentorship, continuing education, and hands-on ER training alongside doctors and veterinary nurses. The goal is to help team members keep improving, whether they are new to emergency or have practiced for decades. "A great ER vet never stops learning."

In this conversation, Bessler and Kwok share how growth, teamwork, and trust shape emergency care at VEG—and how veterinary professionals can thrive.

1) What are the most common emergency cases presenting to VEG ER for Pets, and are there any emerging trends in emergency medicine that veterinary teams should be aware of?

Dr. Kwok: We see the full spectrum of emergencies, but gastrointestinal foreign bodies are particularly common. We also regularly treat urinary obstructions, toxin exposures, respiratory distress, trauma, and pets experiencing an acute decline from an underlying condition.

We are also seeing household toxin exposures, including cannabis products, human medications, and xylitol.

Emergency medicine is becoming increasingly technology-driven, with point-of-care diagnostics and minimally invasive techniques enabling us to intervene more quickly. At the same time, pet parents are more informed and want to be involved, so communicating clearly and compassionately remains just as important as advancing our clinical capabilities.

2) How would you describe veterinary professionals who thrive in an emergency setting, and how can practitioners develop the same qualities and skills throughout their careers?

Dr. Kwok: Adaptability, sound clinical judgment, and the ability to remain calm under pressure are essential, but so are empathy, emotional intelligence, and communication. Our work is not just about treating the pet; it's about supporting the family that loves them, too!

Dr. Bessler: Across VEG, our staff is skilled in emergency veterinary care and adapts quickly to the fast pace of the ER. What sets them apart is their passion for our mission: helping people and their pets when they need it most. Their focus is not simply on what they are treating but also who. They make pets and their parents feel at ease during their most challenging moments. They explain what's happening in a way customers understand and take the time to address their concerns. They know how to build trust quickly and show empathy while still moving with urgency.

Our vets need these interpersonal skills as much as they need clinical training, which is why learning and growth is a huge part of our culture at VEG. Everyone who works here has the opportunity to expand their clinical knowledge and grow as leaders—through mentorship, unlimited CE, and hands-on training in the ER.

3) VEG ER for Pets has a distinctive approach to emergency care. As you continue to grow in Toronto, what are your goals for supporting patients, clients, your own people, and the broader veterinary community?

Dr. Bessler: Our approach to emergency care in Toronto is the same as it has been all along: to continue raising the standard for what veterinary emergency medicine can look like and to bring our unique ER approach to as many people and their pets as possible. This means creating an ER experience that focuses on what people and their pets need and want beyond excellent medical care. This is everything from being open all day, every day, ready for any emergency; to keeping people and their pets together; to having open-concept hospitals where customers can see everything in the ER and understand—and even participate—in each step of their pets' care. Our goal is to make an emergency less stressful for everyone.

This also means creating an environment where our VEGgies can do what they love while building a fulfilling career in ER. We have created a culture where people are empowered to share ideas, learn from each other, and continue to grow at every level through training and mentorship. We include the broader veterinary community in our vision, too, partnering with local vets to provide emergency support, from collaborating with each practice in the way that works for them, to sharing our emergency knowledge and expertise, to giving their patients the care VEG is known for.

4) Emergency hospitals face unique operational and clinical challenges. How do you build a culture that enables veterinary professionals to perform effectively under pressure?

Dr. Kwok: A hospital doesn't open with a great culture simply because we say it does; culture is built through the choices people make every day. Emergency medicine will always have highs and lows, but we cannot allow our culture to fall to the wayside when things become difficult. Emergency medicine is already hard. Our workplace culture should not make it harder.

That requires being intentional about how we show up for one another. We communicate clearly, treat each other with openness and kindness, assume positive intent, and make it safe to ask questions or request help. The trust a team needs during a crisis is built long before that crisis happens. When people invest in their relationships and know their teammates will support them, they can handle almost anything together.

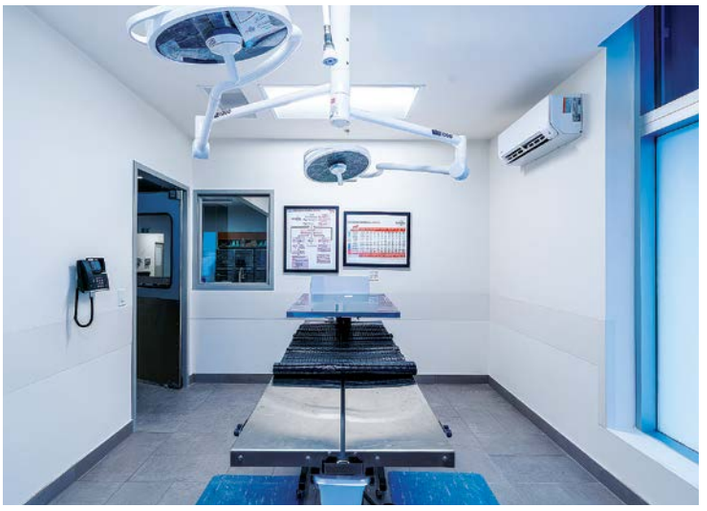
Dr. Bessler: At VEG, culture is something we've intentionally designed into our hospitals and the entire ER experience. Our open floor plans encourage transparency and collaboration, allowing our leaders to be front and centre, there to help when needed and empower their teams to speak up, ask for help, and jump in when someone else needs a hand. This openness also fosters communication and understanding with pet parents, who can see and appreciate the care our VEGgies are giving their pets in real time.

5) Veterinary medicine can be an inherently high-stress profession. What role can leaders and workplace culture play in helping veterinary professionals feel supported?

Dr. Kwok: Leadership is not only about setting direction; it is about listening to your people, showing up consistently, and understanding what they need to succeed.







Top: The exterior of VEG ER for Pets' Etobicoke, Ont., hospital. **Middle:** The interior of VEG ER for Pets' Etobicoke, Ont., hospital. **Left:** The surgical suite at VEG ER for Pets' Etobicoke, Ont., hospital.

Photos courtesy VEG ER for Pets

A hospital exists because of its people. Without them, there is no hospital.

Leaders should provide guidance, resources, and mentorship, while giving the team the autonomy to help shape its own workplace. When people feel heard and empowered, they create an environment they genuinely want to show up for.

Dr. Bessler: When I started VEG in 2014, I had been an emergency veterinarian for many years. I knew exactly how challenging ER can be. And too often, the people doing this incredibly difficult work didn't have the support they needed. We couldn't change the unpredictability and demanding nature of emergency medicine, but we could change how people experience it.

I knew there was a better way to practice emergency medicine. So that's what we've created at VEG. Our VEGgies deliver exceptional care in an environment where they have the tools and encouragement to learn, grow, and build meaningful careers. They have leaders who care about them as people and genuinely support their lives both in and outside of the hospital. They feel valued for the work they do and empowered to do their best.

That's the bigger vision. As we grow, we want to continue making VEG a place where people can do incredibly challenging work while building rewarding, fulfilling careers. In doing that, we can keep raising the bar for what a career in emergency veterinary medicine can be.

~Therese M. Castillo

Continuing the advocacy

The newly formed Veterinary Technician/Technologist Association Council of Canada (VTACC) plans to build on its early success by championing the profession and fostering its continued growth across the country. The seven veterinary technologist/technician associations across Canada cemented their new partnership, formally creating VTACC, known in French as the *Conseil canadien des associations de techniciens et technologues vétérinaires*.

In a summer media release, VTACC unveiled its new logo and outlined its strategic priorities: "building VTACC's national identity, voice, and credibility; deepening knowledge of veterinary technicians/technologists to improve engagement; championing the profession at the national level; and strengthening the collective governance foundation that allows the seven associations to work as one."

"For ABVTA, building a national identity, voice, and credibility and strengthening our collective foundation go hand in hand," says Vanessa George, executive director of the Alberta Veterinary Technologist Association. "A strong national voice starts with strong collaboration among provincial associations. We have already seen how working together can increase awareness of RVTs and the associations representing them, and continuing to strengthen that foundation will help us advance our shared priorities more effectively."

Executive director of the Eastern Veterinary Technicians Association (EVTA), Heather Trimm, agrees that strengthening VTACC's foundation is one of the biggest priorities. "I believe that to accomplish the other three priorities, we must first ensure we deeply understand each other so we can leverage each other's strengths for the stability needed to move forward."

VTACC also outlined five issues it will champion as part of its national advocacy efforts. Topping the list is ensuring that high-risk clinical procedures are performed by qualified RVTs or under the direct supervision of a veterinarian and that any task delegated by a veterinarian reflects the actual competencies of qualified professionals.

Second, the group identified workforce sustainability as a focus for its advocacy efforts—addressing staffing shortages by advocating for better compensation, working conditions, student loan forgiveness, and ensuring the viability of educational programs.

"Alberta continues to experience workforce shortages, and ensuring RVTs can fully contribute their skills and competencies is important to building a sustainable profession and supporting timely access to veterinary care for families and producers," says George.

The third issue the council plans to champion will go a long way toward addressing workforce shortages: making it easier for internationally trained professionals to become registered. VTACC will do that by working with the various regulators to create what VTACC describes as a "risk-graded, nationally consistent assessment model that addresses Canada's workforce needs without duplicating unnecessary barriers for candidates from jurisdictions with comparable standards."

"At one time, we utilized the PAVE program through AAVSB; however, this program is no longer operational," says Trimm. The PAVE program, or Program for the Assessment of Veterinary Education Equivalence, was administered through the American Association of Veterinary State Boards (AAVSB).

"Because of this, many individuals who have not graduated from an approved accredited program are unable to be registered and licensed as Veterinary Technicians in our provinces. Developing a program alone would require a significant amount of our resources."

"This also connects closely with strengthening education, using workforce data to guide our advocacy, and reducing unnecessary barriers for internationally trained VTs who can contribute to Alberta's workforce," adds George.

VTACC will also advocate to make it easier for veterinary technicians and technologists in one province to move to another without unnecessary barriers to recredentialing.

Finally, the group will work to "establish VTACC as a credible, data-driven" resource for the profession in all forums across Canada where decisions about the animal health workforce are made.

"The National Wage and Compensation survey was a project that all of the provincial associations wanted to do for a long time. VTACC has reviewed the initial results and has identified several possible initiatives to champion," says Amber Gregg, executive director of the British Columbia Veterinary Technologists Association (BCVTA). "The focus now will be to determine which projects to prioritize next. Areas of importance include improved processes for internationally credentialed veterinary nurses and techs and the RVT scope of practice."

That early success in collaboration is laying a strong foundation to continue advocating on behalf of RVTs.

"It has given provincial associations valuable national and regional data to better understand the workforce and inform our advocacy," says George. "At the same time, VTACC has begun building relationships with national partners that are creating new opportunities to bring the RVT perspective into conversations about shared priorities."

"I believe that it is important for VTACC to continue to work together to strengthen our collective foundation," said Gregg, "The group is still quite new, and while we have made impressive progress and completed a major project already, it is important that we have a solid footing so that the group can continue to be healthy and strong in a constantly changing environment."

> "VTACC unifies the seven provincial associations, shares member insights, and coordinates work on advocacy, workforce sustainability, and professional recognition."

Kate Stockmann-Fetter brings more than 20 years of communications expertise to her role as digital communications specialist at the Ontario Association of Veterinary Technicians (OAVT). A former broadcast journalist, she now leads online communications and digital strategy and serves as editor-in-chief of the RVT Journal. *Stockmann-Fetter holds postgraduate credentials from Fanshawe College. In her spare time, she enjoys hiking with her two rescue dogs, Ziggy and Ruby, and cuddling with her spicy cat, Nacho.*

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Dr. B

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