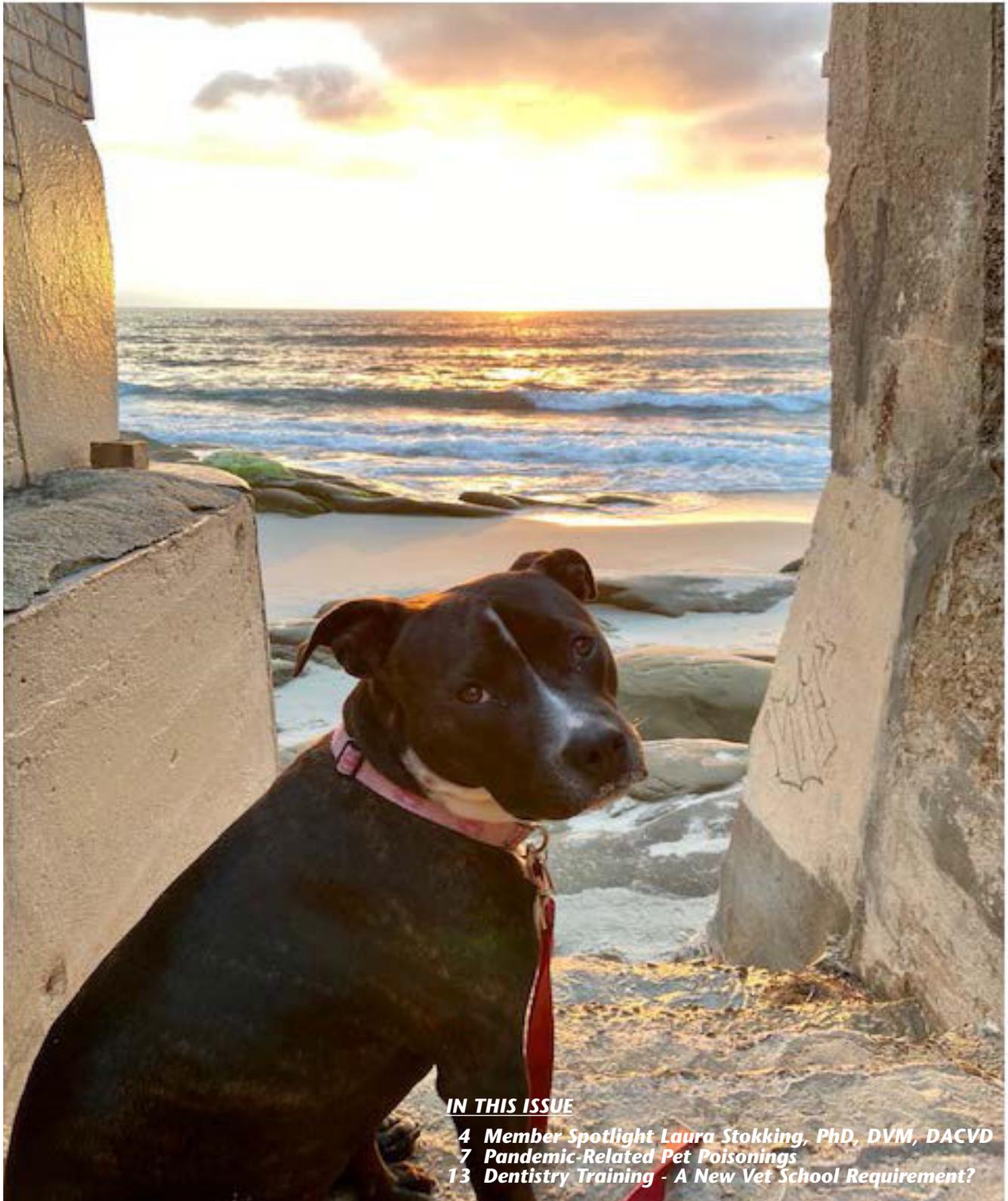




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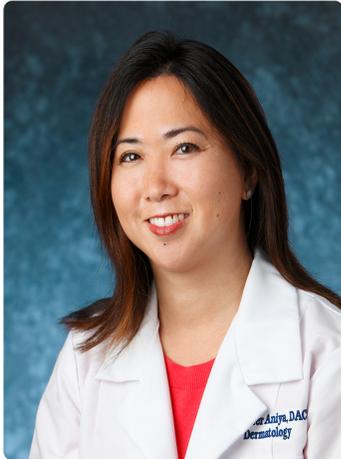
a publication of the San Diego County Veterinary Medical Association



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Summer's heating up, and so are skin allergies!



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On The Cover

Congratulations to First Place Winner, **Laney Russell**, a 1-year old pittie/boxer mix. She loves people (especially kids!), walks on the beach, tearing up her toys, camping, resting her head on your body, car/boat/golf cart rides, going to Home Depot, playing with other dogs and chasing lizards. Photo credit to her pet parent, Jan Russell.

Thank you for participating in our Summer Photo Contest!

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Member Spotlight
Laura Stokking, PhD, DVM, DACVD

Interview Conducted By:
Natasha Stanke, DVM, DACVS, SDCVMA Vice President

*Veterinary Dermatology by Way of
Deep-Sea Thermal Vents*

Q: Where are you from originally?

A: Washington D.C., however, my Dad was in the Navy and we moved around a lot. My father was also a classical cellist and became the principal cellist of the Pennsylvania Orchestra. Growing up I was always on the water, from the time I was in my mother's womb. When I was an infant, they would take me on boat rides to calm me. Even with frequent moves, boating was a constant, as well as the love of my canine and equine companions.

Q: Where did you go to school?

A: I completed my undergraduate degree in geology and geophysics at the University of Pennsylvania. I had wanted to pursue veterinary medicine, but I was told that girls could not be veterinarians, only vet assistants. Unfortunately, I believed it. So, I changed my focus because "nobody told me that girls couldn't be geologists." Undergraduate research led me to the Venezuela Andes. It was there on narrow mountain roads that I learned to drive a car for the first time. I could handle roads with steep switchbacks, but I couldn't parallel park to save my life.

I attended UC Davis for graduate studies in Geology. This led to mineral exploration projects in the desert of Nevada. Even though I enjoyed it, I soon realized that success locating minerals would lead to mining. I didn't want to compromise the health and beauty of the land.

I decided to pursue a PhD at Scripps Institution of Oceanography. I studied fine particle magnetic interactions, such as shifts at quantum mechanical level associated with recording magnetic signatures in rocks and minerals. Research in this area took me to Pakistan, near the Afghanistan border, at a tumultuous time in history.

I then became involved with the international Ocean Drilling Program at Texas A&M University. The transition from San Diego to College Station was a bit of a culture shock, however my new position led to island hopping on expeditions throughout the equatorial pacific.

When I was not at sea, I developed a fondness for rescuing stray cats. I would foster and find homes for many, but I also adopted a special group that could not be rehomed. I remember a specific moment at the Ocean Drilling Program when I had to take a job satisfaction survey that asked what I enjoyed most in the world. My answer was taking



Dr. Laura with cat, Lillian

care of my cats. I began to reconsider my life satisfaction as I drove past the Texas A&M veterinary school each day that I was on land. I spoke with a representative of the UC Davis veterinary school but was discouraged from applying because I had a "PhD in an unrelated field" (They had recently denied acceptance to someone with a PhD in genetics.). Fortunately, I happened to communicate with some older female veterinarians at the barn where I was leasing a horse in Texas. These women encouraged me to contact the Texas A&M veterinary school and I was put in contact with the Dean and welcomed into the program.

I started veterinary school at 37 years old and went on to complete an internship and residency at the University of Illinois. The internship was interesting with the long days and sleep deprivation at my older age, but I did it.

Q: How did you meet your husband?

A: My previous experience in ore minerals led to an invitation to participate in an expedition to study deep sea hydrothermal vents in the Mariana Trough on Alvin (a manned submersible research vessel). At the beginning of a reconnaissance dive, I was introduced to the pilot, James Aguiar. We learned more about each other on that 8-hour dive, in a very small area. Throughout the rest of the project we became good friends. When the project was complete, he resigned his position to follow me. The rest is history and we have been married 33 years.

Q: What pets have you had?

A: I have had horses and dogs since childhood, and cats since graduate school. Currently, I have 2 dogs, Noah and Isabella, 3 cats, Cricket, Lillian, and Niko, and my horse, Spyder. Four of the six, including the horse, have skin allergies.

Q: What do you enjoy in your time away from work?

A: Competitive international horse agility. My Arabian horse, Spyder, and I are currently ranked 6th in the world. After many years of competitive riding and jumping horses and breaking too many bones, I was looking for a new hobby. I was encouraged to participate in dog agility competitions and mostly kidding I said, "If I'm going to do agility, I'm going to do it with my horse". After a little internet research, I learned that this already exists, and I could participate by submitting recordings of our performances online. Now, there are multiple people at my horse-barn that compete, and we all do very well and have a lot of fun.

Q: How long have you been at the Veterinary Specialty Hospital?

A: Oh wow, I moved back to San Diego in 2004 and joined VSH in 2007, so 13 years.

Q: How do you feel about your veterinary work in San Diego?

A: I absolutely love it. I love the people that I work with. I love working in San Diego because we have such a well-educated and committed community of veterinarians.

Q: What is your wildest work memory?

A: I was expressing a corynebacterial abscess on a 50 lb. python that had drawn quite the audience in the hospital. The abscess burst and exploded all over everybody watching, it was like splash zone at SeaWorld. I still describe it as the biggest pimple I ever popped. The snake did great!

Q: If you were to work in any other profession, what would it be?

A: I'd be a fiction writer.

Q: Who is your favorite author?

A: There are too many to name. I read a wide variety of subjects ranging from hard science to fantasy.

Q: If you had a closing message to pass on to the SDCVMA community, what would it be?

A: Stay safe...and don't forget flea control. Just because you don't see fleas doesn't mean they aren't there.



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AAHA: How To Properly Log and Dispose Of Expired Controlled Substances

Jack Teitelman - 7/2/2020

Comprehensive controlled substance recordkeeping is the backbone of DEA compliance, and the DEA wants to see that your practice is tracking the full cycle of substances in your facility. That means that even expired drugs that have been disposed of should be accounted for in your controlled substance records.

Why You Need An Expired Drug Protocol

Unfortunately, many veterinary professionals don't take the time to maintain proper records for their expired drugs, which is understandable, given already pressing demands and hectic work schedules. But neglecting these records can inadvertently thrust your practice into a DEA-related emergency, with the potential to shut down business operations and accrue massive fines.

Maintaining up-to-date records of expired drugs is also critical to practice and patient safety because it will prevent old and unsafe substances from being dispensed to pets. Furthermore, expired drugs in your practice present a big opportunity for diversion and improper usage.

How To Implement It

To get started, establish a regular auditing process for your existing controlled substance records. For most practices, I recommend auditing records weekly, at the very least. During each audit, check for substances that are expired or soon will be. Expired drugs should be promptly identified and removed from current stock. Store the expired substances away from your other drugs in a secure location where only the DEA registrant and any authorized witnesses have access. Once you've identified an expired drug, whether it is opened or unopened, you must log the substance in your records.

Expired Drug Disposal

All expired drugs should be properly disposed of through a reverse distributor using DEA Form 41. Contact your nearest DEA field office to obtain the form or get a copy and complete instructions from [the DEA website](#). Once completed, you will need to dispose of the drugs through a licensed reverse distributor. Be sure to log the date the substance was disposed of and get a witness signature of the disposal for your records.

Implementing an expired drug process will ensure you are maintaining accurate controlled substance records and guarantee that you and your team are staying safe and DEA compliant.

AAHA: Don't Let Unexpected Events Or Errors Derail Your Controlled Substance Records

Jack Teitelman - 7/9/2020

Most veterinary practices are fast-paced workplaces with frequent emergency situations that require split-second decision-making. In other words, environments in which unexpected or unusual "near miss" events with your controlled substances are likely. In order to meet the DEA's core compliance requirement of creating and maintaining the most accurate records possible, a specific protocol for logging these events is essential.

What Is A Near Miss Incident?

A near miss incident is an unplanned event that has the potential to cause, but does not actually result in, an interruption to your practice operations. Think of them as weird or unusual events that occur within a normal practice, such as a dropped bottle, or controlled substances that weren't properly logged in the rush of a medical emergency—all of which are likely to happen in a busy and hectic hospital environment. Creating a written record of near miss incidents will allow you to track these events or any interactions with your controlled substances that do not have an *explicit* logical explanation.

Why Record These Events?

The DEA expects your controlled substance logs to tell an accurate story about your drugs. Properly logging every irregularity gives you a level of security by having better control over your controlled substances and can protect you and your practice from fines and allegations of diversion by the DEA. And properly logging every anomaly can also help you and your staff to recognize patterns in your controlled substance management. This enables you to step in before a few unusual events become a larger problem, such as diversion or a staff member mishandling drugs in the practice.

How Do I Implement A Near Miss Incident Protocol?

Create a space in your existing log system for recording a near miss incident, or integrate a log system that has the feature built in. Record the date, time, and staff member reporting the incident, along with a description of the issue or event that occurred and what was done in response. Also include the date the DEA registrant was notified of the issue and explain how the issue was resolved. Finally, the staff member who resolved the incident will initial and date the log to finish the report.

Teach your staff exactly what near miss events are and how to log them properly. Training staff members who will be involved in using each log is imperative for a successful controlled substance protocol.

It is also crucial to get in the habit of logging irregular events as soon as they happen or are noticed in your practice. Time is truly of the essence and will ensure that the event is logged accurately. It is much easier to tackle the task when the event is fresh in your mind rather than revisiting it days later, or, even worse, trying to think back on events when auditing records in the future.

Implementing a near miss incident protocol can help ensure your practice and staff stay safe.

Ensure your practice is meeting the DEA's stringent recordkeeping requirements with the newly updated edition of the [AAHA Controlled Substance Logs](#).

About The Author

Jack Teitelman is a contributor to the AAHA Controlled Substance Logs and a retired DEA supervisory special agent who spent 26 years gaining extensive experience in all facets of complex criminal drug-conspiracy investigations. As founder and CEO of TITAN Group, Teitelman directs a team of leading DEA compliance and state regulatory compliance experts and investigators to ensure that veterinary clients receive the highest quality services and support. 🐾

AAHA: Big Spike In Pandemic-Related Pet Poisonings

Tony McReynolds - 7/16/2020

What's it like working a pet poisoning hotline during a pandemic, when people are cleaning like crazy?

"It's bananas!" said Ahna Brutlag, DVM, MS, DABT, DABVT. Brutlag is director of veterinary services and senior veterinary toxicologist for the [Pet Poison Helpline](#).

Brutlag says call volume is up about 43% compared to last year, and says COVID is the culprit.

Tina Wismer, DVM, MS, DABVT, medical director of the American Society for the Prevention of Cruelty to Animals' (ASPCA) [Animal Poison Control Center](#), told *NEWStat* that their calls are only up about 10% over last year, but agrees with Brutlag that the pandemic is to blame. March was slow initially, she says, which wasn't surprising, given that states were just beginning to shut down. Call volume picked up as more people started working from home and their "animals were getting into more things than ever."

Brutlag agrees: "People are spending more time at home, they're spending more time with their pets, they're seeing their pets get into more things that they shouldn't." Things the pet might be getting into anyway when the owners are usually at work and wouldn't be aware of it. "And because they're seeing that, they're calling [to find out] if it's going to be harmful to the pet."

Wismer says the jump in pandemic-related pet adoptions was another factor: "As we know, young dogs explore their environment with their mouths."

COVID-related lack of access to veterinary care has contributed as well, says Brutlag. When a pet eats something they shouldn't and the owner calls their veterinarian, the veterinarian may or may not be available to help them due to reduced hours, fewer appointments, or they're simply overwhelmed with other cases. "They say, 'call these guys [the Pet Poison Helpline] and see if it's [a potential] emergency,'" Brutlag says. "If it is, come back in and we'll take it from there."

That's often normal operating procedure even when we're *not* in the middle of a pandemic, according to Brutlag: "When [anything] happens to their pets, people call their veterinarian first." But most veterinarians aren't toxicologists. "They'll say, 'I don't know. Call the Helpline; they're the experts, and if they say to come in, then come in.'" Brutlag says she usually ends up consulting with the veterinarian in such cases. "[Veterinarians] know their limits and they don't want to treat a patient if it's not medically necessary."

Which means toxicologists like Brutlag wind up doing triage. She estimates that about 20% of calls to the Helpline are pet owners calling after doing preliminary internet research on the possible toxicity of whatever their pet got into. About 80% are people calling at the request of their veterinarian. Wismer's figures are comparable: About 75% of callers to the Center are pet owners referred by their veterinarians. Despite the spike in calls, COVID hasn't really changed those percentages.

And although the widely publicized notion that many of the calls are due to concerns about exposure to chemical cleansers is true, Brutlag says that the most-common toxins are still at the top of the list.

Number one is human medication: Someone drops a pill on the floor and the dog darts in and snarfs it. Or someone's counting out pills on the counter and the cat tongues them up. Sometimes, Brutlag says, it's a double play: "The cat bats them off the counter, then the dog eats them off the floor."

More commonly, a dog will simply chew open a bottle of pills—be it aspirin, blood pressure medication, and so on—and wolf down the contents. "Probably about 40% of our calls for dogs and cats involve human meds," says Brutlag.

Number two is food. In descending order: chocolate, products containing xylitol, then grapes and raisins.

Cleaning products are lower on the list, Brutlag says, but they're definitely on it: calls about pets getting into cleaning supplies are up dramatically over 2019. At first, she didn't connect the incidents to COVID, which ramped up in March, because the timing disguised it: "We always get a spike during spring cleaning."

Wismer says calls to the Center related to animal exposures to cleaning products are up about 64% over last year at this time. Most of those calls involve pets walking across a counter or floor still wet with cleanser or drinking out of a mop bucket. The type of cleaning product makes a difference: "If these are the ready-to-use, diluted products, we usually just see mild vomiting and drooling. Exposures to concentrated products can cause more severe signs." Those include bloody vomiting and ulcers of the mouth and stomach.

Her advice? "Keep pets away during cleaning sprees," she says, "and pet-proof the house before bringing home the new puppy." One cleanser-related call stands out for Brutlag: a woman who accidentally poisoned her Yorkie with an alcohol-based hand sanitizer. It was in the early days of the pandemic, and she was dutifully cleaning her hands after walking the dog. And she figured, well, why not do the same for the dog? So she liberally applied big dollops of the disinfectant to the Yorkie's paws. The dog developed alcohol poisoning.

Brutlag doesn't remember who called the Helpline, the owner or her veterinarian, but a toxicologist wound up speaking with both of them. They treated the dog based on the toxicologist's advice, and the Yorkie recovered.

NEWStat asked Brutlag what pandemic-related poisonings could mean for veterinarians.

"Because we're getting more calls from worried pet owners, they can expect to see more referrals for poisoning cases," Brutlag says. "The longer people stay home, the more they're going to be seeing their pets getting into [things], so [hospitals] will be getting more of those types of calls than before." Brutlag suggests that veterinary professionals brush up on their toxicology: "Be comfortable with inducing vomiting in a cat or a dog. Know when to administer activated charcoal."

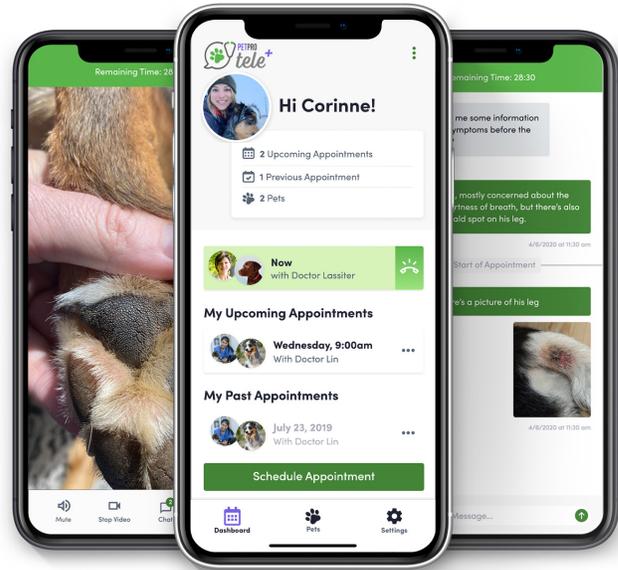
"If people are using something," she adds, "pets are going to get into it."

To help prevent some of these incidents, share the Pet Poison Helpline's [video](#) on cleaning around pets. 🐾



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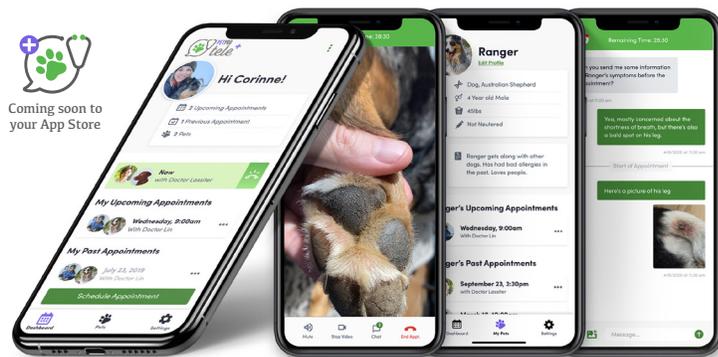
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AVMA: New School Year Brings Hybrid Curriculum

Kaitlyn Mattson - 7/8/2020

Veterinary College Campuses Mix In-Person, Online Teaching Amid COVID-19

How do you fit 100 students in a lecture hall when they must stay 6 feet apart? That's a question many veterinary educators are working to answer.

Dr. Laura Nelson, associate dean and director of academic affairs at North Carolina State University College of Veterinary Medicine, said classrooms at the veterinary college aren't big enough for the average student class of 100 students because of COVID-19 related social distancing.

"When those realities sank in, we realized we needed to adapt," Dr. Nelson said. "We can't fill our rooms like we are used to."

JAVMA News spoke with several veterinary college deans about how they plan to educate students this fall in the face of safety, health, and budgetary concerns related to COVID-19. Some veterinary colleges report moving the semester start date up and adopting a hybrid curriculum that will break students into smaller groups, with half on campus and the other half online at any given time.

NC State's veterinary college will, beginning in August, break its preclinical students into 25-person subgroups for on-campus laboratory sessions, and there will only be 150 students on campus at any one time. Some lectures will be offered via distance learning.

In The Clinic

The University of Tennessee College of Veterinary Medicine, the University of Missouri College of Veterinary Medicine, and Kansas State University College of Veterinary Medicine were the first three institutions to bring fourth-year students back to campus for clinical rotations in June.

Dr. Carolyn J. Henry, dean of Mizzou's veterinary college, said some fourth-year students returned in June, and others returned in July, depending on the rotation they were on.

Most veterinary colleges are breaking up their fourth-year student cohort into smaller groups, while also providing more distance learning options.

Dr. Henry said half of the 120 fourth-year students will work remotely, and half will do hands-on work in the clinic. She said some of the changes allow for a better learning experience.

"If you have gone to veterinary school, you know when you go through clinical rotations, if there are a lot of students, you may not get to do much. But in this way, the day you are on, you are hands on. You don't have to wait around," Dr. Henry said. "In that regard, as a student, I would have preferred it."

Dr. Henry said she expects some practices, such as offering more online content and distance learning opportunities, to continue even after a COVID-19 vaccine is released or public health guidelines are relaxed.

"I don't want to glorify COVID-19, but there is a lot of good coming from it," she said. "We are moving forward in a different way, but we are going to make it better."

Health Concerns

Dr. James Thompson, dean of the UT veterinary college, said the veterinary teaching hospital reopened to students on June 1, and the staff faced a potential COVID-19 case nearly a week later.

"It makes us nervous because we are bringing people in from multiple places, and we are trying to control a pandemic we are not immune to," said Dr. Thompson. "I am looking forward to a vaccine so we can have our people working shoulder to shoulder."

A person became sick in early June. Leadership performed contact tracing and found 16 people who had potentially been exposed. Those individuals self-quarantined for 14 days.

Dr. Thompson said it is not if the virus will infect people but when.

"Veterinarians are problem-solvers and this is a problem that needs to be solved," Dr. Thompson said. "I wish we had a vaccine, but I am confident we can get through this. It is just going to be hard and take time and continued attention."

The potential health risks from COVID-19 also include mental health concerns. During the pandemic, faculty members are handling a larger workload, and students face an increase in anxiety and stress.

Dr. Nelson at NC State said faculty members are being creative and adapting well, but some are working in clinics, planning a course for the fall, and holding clinical rotations online.

"It is tiring," she said. "It takes a lot of work, and a lot of work is falling on people ... in the middle of a pandemic."

Dr. Henry said some students are more apprehensive about returning.

"We fear what is unknown to us," she said. "The better we

can communicate our steps to make people safe, the more those answers will give them calm.”

She said she knows how some students are feeling, especially those who are around vulnerable people. Dr. Henry’s mother is 91 years old.

“I am requiring that everyone wear masks,” she said. “It is being a good citizen at the campus level and looking out for the community you work with.”

Masks will likely be broadly used on campus. There will also be frequent cleaning of surfaces, better air filtration, and more frequent cycling of air through facilities.

Money, Money ... Money?

Fiscal concerns have also come to the forefront as states look to manage the economic fallout of the ongoing coronavirus pandemic.

In May, several state officials began announcing budget cuts that could affect higher education.

Colorado cut \$493 million from the higher education budget in May, but Gov. Jared Polis signed an executive order to give \$450 million in federal money to the state’s public colleges and universities.

The Iowa legislature made an \$8 million cut in higher education funding in June that was followed by student leaders within the state releasing a statement expressing concerns about whom these cuts would affect most.

“The cuts for fiscal year 2021 will be particularly harmful against the backdrop of 30 years of generational disinvestment. And at a time when courageous activists have exposed deep racial inequities in our society,” the statement said, “it must be noted that these cuts will fall hardest on students of color.”

Moody’s Analytics, a financial intelligence and analytics company, released an assessment finding only five states have the reserves to fully absorb the economic stress of the COVID-19 pandemic.

The state of California may cut \$2 billion in higher education.

The University of North Carolina System, which oversees higher education in the state, announced in April it is asking for less money in its biennial budget request to the state legislature.

“Finances are always a worry,” said Dr. Nelson at NC State. “We are not anticipating more funding than we are used to. This is not going to be a year of milk and honey.”

Dr. Nelson added that no staff members have been fired or furloughed. However, the veterinary college does have a hiring freeze in place and is being conservative with its finances.

Dr. Henry said the situation at Missouri is similar but also won’t impact students.

“As a university, all the colleges are taking a 12.5% budget cut,” she said. “We are putting off hires, cutting travel, and reducing expenses.”

Zoom Talks

For the past few months, veterinary college leaders have been communicating about what the best path forward may be for their institutions. Member organizations of the Association of American Veterinary Medical Colleges, representing 53 veterinary colleges in the U.S. and abroad, have spoken weekly about shared challenges and the future of veterinary education.

Dr. Andrew T. Maccabe, CEO of the AAVMC, said the association facilitated a regular teleconference call and an online sharing platform when the deans first expressed concerns in March.

“They’re all facing different things and looking to one another on how they’re handling the issues,” Dr. Maccabe said. “We are glad to be able to support the connections among the deans during this global crisis.”

Dr. Carlos Risco, dean of Oklahoma State University College of Veterinary Medicine, said the weekly meetings have been helpful to him and other leaders.

“They have served as a compass on how to navigate during the pandemic,” he said.

Long-Term Changes

Despite the difficult nature of changing a curriculum that has historically been given in person, Dr. Nelson said she hopes some changes will be more permanent. For example, Dr. Nelson said, students enjoy the online discussion boards and chat sections because they can ask questions during a lecture without interrupting the professor. Many students also enjoy being able to watch a recorded lecture at any time.

“A lot of what we do is because we have always done it that way.” Dr. Nelson said. “We had to reevaluate what is necessary and what is the essence of this thing and how do we move it to a different format? We will never go back to something that was exactly like it was before.”

The Association of American Veterinary Medical Colleges’ guidelines for veterinary colleges bringing students back to campus for fourth-year clinical rotations are available at [“Guidelines and considerations for re-engaging veterinary medical students in clinical rotations during the COVID-19 pandemic”](#) (PDF). 🐾



MY PASSION IS SURGERY



BRITTANI JONES, DVM, DACVS-SA

Dr. Jones graduated from The Ohio State University, School of Veterinary Medicine in May 2015. She then completed a general medicine and surgery rotating internship at the Animal Medical Center in New York in July 2016. Dr. Jones went on to complete a small animal surgery residency in July 2019 at Michigan State University in Lansing, Michigan. She joined VCA Animal Specialty group in September 2019. Dr. Jones became a diplomate of the American College of Veterinary Surgeons in February 2020.

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VINNews: Dentistry Training May Be Required In U.S. Veterinary Schools

Jennifer Fiala - 7/16/2020

Addition long overdue, supporters say; public comments under review

Veterinary students soon could get significantly more hands-on training and experience in tooth extractions and periodontal disease should a proposal pass to make dental education a requirement of U.S. accreditation.

Right now, courses on dentistry are electives in most veterinary programs in the country.

That would change if the American Veterinary Medical Association Council on Education adopts a proposal to add dentistry to its accreditation standard on curriculum.

The [proposed addition](#), brought by the COE Academic Affairs Committee, is underlined:

“Instruction in both the theory and practice of medicine and surgery applicable to a broad range of species. The instruction must include principles and hands-on experiences in physical and laboratory diagnostic methods and interpretation (including diagnostic imaging, diagnostic pathology, and necropsy), disease prevention, biosecurity, therapeutic intervention (including surgery and dentistry), and patient management and care (including intensive care, emergency medicine and isolation procedures) involving clinical diseases of individual animals and populations. Instruction should emphasize problem solving that results in making and applying medical judgments.”

A public comment period for adding dentistry to the curriculum standard closed July 1. The COE Academic Affairs Committee will analyze and review all comments received and make a recommendation for consideration by the full council during its next meeting, Aug. 30 to Sept. 1.

Rationale for the proposed change reads: “The council believes that dentistry is an integral part of veterinary medical practice and is a crucial component for the health and welfare of multiple animal species. It is essential that students are trained in dentistry.”

Feedback generated by the COE’s call for comments is not made public; if there’s opposition to the change, it hasn’t been circulated widely. Online, veterinarians have responded with enthusiastic support. Dr. Elizabeth Clyde of Mattoon, Illinois, is among those who’ve expressed excitement in response to the AVMA [blog post](#). “This should be included!! I graduated in 1991 with nothing!! Learned to split rooted teeth with wire cutters and pliers!!” she wrote.

One third-year veterinary student said she’s received the “bare minimum” in dentistry education, and seasoned veterinarians expressed dismay that many programs still teach very little about dental procedures.

Dr. Tim Kolb in Columbus, Ohio, said he’s “baffled” by it. “It seems clear that this is because it is not necessary for accreditation,” he wrote in the AVMA blog discussion.

Expert Opinion

Dr. Jan Bellows, a veterinary dentist and consultant for the Veterinary Information Network, an online community for the profession and parent of the VIN News Service, expressed delight with the prospective change. “The AVMA is finally appreciating dentistry and recognizing it as a significant form of practice,” he said in a phone interview.

Veterinarians often are expected to provide dental care, whether or not they’ve been taught dentistry in school, Bellows said. “This is something that’s needed to happen for years and years,” he said. “There’s nothing like putting the drill in a veterinary student’s hand and instructing how to properly extract a tooth. There’s no substitute for that kind of experience.

“New veterinarians get out there, and it’s dentistry on Day One,” he continued. “They might get hundreds of hours on how to take care of a fractured limb, which they’ll refer out [to a specialist] anyway. But less than half of them have any formal training on dental surgery beyond a lecture or two. Many don’t even touch a dental case before they get out of school.”

That’s frustrating, Bellows said, and can lead to patient harm including broken jaws. For that reason, he encourages veterinary academia to adopt a “full didactic course” on dentistry for general practice, much like they do for dermatology, ophthalmology and orthopedics.

As one of the first veterinary dentistry specialists in the country, Bellows grew up in the profession when pretty much everyone learned and practiced dental work on the fly. “Like many veterinarians at the time, we cleaned teeth when the mouth smelled a lot, and when teeth were about to fall out, we helped them fall out. We recommended teeth brushing, but no one did it,” he said, adding wryly, “We still recommend teeth brushing and practically no one does it.”

Bellows’ interest in dentistry was piqued one serendipitous weekend in the mid-1980s, when he accepted an invitation from a friend and colleague. Dr. Thomas “Keith” Grove, a veterinarian and human periodontist, wanted Bellows to join him at a dental wet lab in Vero Beach, Florida, where training was conducted on cadavers.

Bellows recounted: “I had a shopping center practice at the time, treating lots of fleas and ticks and skin disease, and I didn’t want to go. It was on a Sunday, but my friend talked me into it.” The experience opened his eyes. Back at work, Bellows said, he began to notice that his patients needed a lot of dental care, such as treatment for early periodontal disease, that he previously hadn’t embraced or recognized.

To further his understanding, Bellows consulted a human dentist practicing next door, whose business was slow and who shared a love of animals. “He taught me so much about dentistry,” Bellows said.

The American Veterinary Dental College formed in 1988. Two years later, Bellows became its 13th diplomate and later served as its president. Today, he’s president of the Foundation for Veterinary Dentistry, which supports veterinary dental research, outreach and education. Last year, the foundation

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donated more than \$30,000 to outfit veterinary programs with needed dental equipment. With some 220 board-certified veterinary dentists in the United States, Bellows suspects that veterinary programs might have a tough time finding faculty. Proper staffing, he said, is key to ensuring veterinary students get enough education to become truly proficient at routine dental procedures. "Many times, some but not enough education is a disaster waiting to happen," he said. "The harm comes when a veterinarian goes to a wet lab and goes back into practice, gets an animal on the table and hits a bleeding vessel or breaks a jaw," he said. "The whole adage of doing no harm is really applicable in dentistry."

Dentistry At UC Davis

The University of California, Davis School of Veterinary Medicine is among a handful of veterinary schools with a robust veterinary dentistry curriculum. The program, developed during the mid-1990s by Dr. Frank Verstraete, a board-certified veterinary dentist on faculty, requires first-year students to attend two lectures and complete a two-hour lab in oral anatomy. Third-year students in the small animal track receive 17 lectures and three case discussions, complete four labs involving cadaver heads and 12 hours of instruction on everything from oral radiography and radiology to extraction techniques and rodent dentistry.

By year four, soon-to-be graduates can select a two- to four-week clinical rotation as an elective and can assist residents on clinical cases. "Dentistry education varies a lot in veterinary academia, but there are schools where they have maybe one or two hours, so we are way ahead of many other programs," he said. "They're nowhere near as comprehensive; we have a full program with didactic teaching, a residency program and research programs."

Running such a program can get expensive, requiring faculty, labs and equipment, Verstraete said. By way of example, he recounted the equipment used for one of his wet labs, which take 24 students at a time: "For that, we have 12 dental units, 12 dental lights, four X-ray machines — and we don't use that equipment for our clinical cases, because of the potential for contamination." The students practice cleanings, extractions and taking radiographs on cadaver heads. Verstraete said he often hears from practice owners who are impressed that UC Davis graduates are so proficient in dentistry. "Word's gotten out that dentistry is big in Davis," he said, "so they're sometimes asked to develop dentistry in the practices that hire them."

Verstraete, who in addition to running the program helped [pioneer a technique](#) to regrow bone for jaw reconstruction, firmly believes that learning the basics in veterinary dentistry is invaluable to those entering small animal general practice. "Vet schools sometimes are resistant to change, so if you'd go to a school that doesn't have a program and you asked them for four labs and 17 lectures, they might not be enthusiastic," he said. "But dentistry is worth it. It's an essential part of an animal's healthcare and of clinical veterinary practice." 🐾

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VINNews: California Law On Health Care Credit Cards Kicks In July 1 Brendan Howard - 6/23/2020

Veterinary Practices Subject To Rules On Application And Billing Procedures

Starting July 1, veterinarians and other health care providers in California must comply with a new law governing how clients obtain and use medical services credit cards.

[SB 639](#), signed into law in October, aims to protect consumers from taking on health care debt they can't afford. Highlights of the law include rules on how clients fill out credit card applications — they must do so independently, without assistance from practice staff — and an obligation that practitioners provide a written treatment plan prior to establishing credit. The law also prohibits charging cards for services more than 30 days before they are rendered, and sets limits on how deferred interest can be charged.

Veterinarians interviewed by the VIN News Service don't expect the new requirements to be onerous.

Medical services credit cards are offered, usually through doctors' offices, by third-party financial institutions. One of the most common brands used by veterinary clients is CareCredit. Pet owners might apply for CareCredit or similar financing when they learn that their pet needs treatment that they cannot afford upfront. The revised rules aim, in part, to reduce the chance that a pet owner will feel pressured to apply for a card.

One provision of the law prohibits veterinary employees from completing any portion of an application on the client's behalf. That is unlikely to be an issue at most hospitals, according to veterinarians and practice managers. Pet owners typically apply for financing options through lender websites on smartphones or tablets provided to veterinary hospitals by credit card companies.

Leslie Boudreau, a practice manager in Huntington Beach, California, said paper applications for credit cards are a thing of the past at her clinic. "We tell clients, 'Here's the website, apply here, see if you're approved for it,'" Boudreau said. "We haven't done a paper application in a long time."

CareCredit, a brand owned by Synchrony Financial, is a major third-party financier of veterinary, dental and other medical services. It is offered in more than 85% of veterinary practices nationwide, according to CareCredit.

Boo Larsen, CareCredit general manager and vice president of veterinary medicine, said the company has been reaching out since March to California veterinarians about the law, providing an explanation of the changes.

Veterinarians are exempt from a requirement in the new law that prohibits other health care providers from arranging or establishing credit in hospital treatment areas.

Another provision is that veterinarians must provide pet owners with a written treatment plan, itemizing what would be charged to the card. Providing a written treatment plan has been consid-

ered a best practice for years; the law codifies the requirement for the purpose of financing. In addition, the law provides an approximately 440-word disclosure that in 14-point type on page or screen must be provided to and signed by the pet owner who is establishing credit.

The law also forbids charging a credit card or a loan more than 30 days before services are rendered. So-called "precharging" is sometimes used for treatments repeated over time, such as radiation or chemotherapy.

Practice manager Grace Wu Ursery, with the four-hospital Veterinary Cancer Group in Southern California, says her practices stopped precharging years ago. While automating payments for cancer treatment may be convenient in certain cases, she said, charging early can create accounting headaches and sometimes necessitate refunds.

Dental Patients' Complaints Prompt Reform

The new law was spurred by issues in dental clinics, according to a [2019 commentary](#) co-written by California Sen. Holly Mitchell, who authored the bill. Mitchell cited a case of a dental patient who, while sedated, signed up for two medical credit cards to cover \$9,000 in treatments. The patient left her appointment with no memory of having done so. In addition, Mitchell wrote that advocates for low-income patients have heard of "countless cases" in which dental patients entitled to free or discounted care in California were not informed of that, but instead, were charged through medical services credit cards.

While egregious cases in dental practices may have been the impetus behind the law, Mitchell said veterinary practices aren't blameless. Mitchell told VIN News by email that groups such as the Western Center on Law and Poverty "had seen veterinary cases where the [pet] owner did not have the appropriate information when signing up" for third-party financing.

Mitchell also pushed for ending deferred interest. A fact sheet from her office contends that "few consumers really understand how deferred interest provisions work."

Such provisions give customers months or years to pay off purchases without incurring interest charges if they pay the debt within an allotted time. If they do not pay in full by the specified term, however, they are charged interest, often at high rates and sometimes based upon the entire sum financed. The law bans deferred interest provisions, which it defines as "a contractual provision that allows for interest to be charged on portions of the original balance that have already been paid off."

In general, deferred interest is used to describe interest charged to either the original balance or the unpaid balance. The law still allows for the latter.

The California Veterinary Medical Association was part of a coalition that blocked the effort to ban all deferred-interest products, according to Valerie Fenstermaker, CVMA executive director.

"We had concerns that a veterinary client would be faced with a decision to forgo treatment for their pet or consider euthanasia if

— continued on page 16

deferred interest credit options were not available,” Fenstermaker explained in an email to VIN News.

Mitchell said that due to changes negotiated with the CVMA, the law allows health care providers to arrange for or establish credit with interest so long as it is charged only on the unpaid balance. A CareCredit representative told VIN News by email that even before the law change in California, it applied deferred interest only to unpaid balances, so its offers are compliant with the new law.

With deferred interest, customers are allowed a specified period, usually six, 12, 18 or 24 months, to pay off their balance without being assessed interest. If they fail to pay off the entire amount in the allotted time, or fail to make minimum monthly payments, interest on the unpaid balance —based on the monthly balances from the start of the promotional period — is added to the balance at a high rate. CareCredit offers deferred interest periods for clients who charge \$200 or more, with an annual interest rate of 26.99%. By comparison, the average interest rate is 16% for new traditional credit cards, according to credit-card review website creditcards.com.

CareCredit general counsel Daniel Ro contends that consumers understand how deferred interest works. He said that more than 70% of CareCredit clients nationwide pay off balances before the promotional period is over. “To do that, it seems likely you understand how it works,” Ro said.

Dr. Gary White in Monrovia, California, said third-party financing fills a gap in his clients’ finances, and that he’s never received a complaint about the deferred interest on health care credit cards. He attributes that to good communication with clients. “I warn them right upfront,” White said. “Whenever we talk about [the deferred interest credit card] with clients, I explain, if they’re ever late or haven’t paid it off, they are charged [the interest] from day one.”

He said that these credit cards and loans are an option for some clients who can’t find the money another way. Conversations about affording care, the availability of pet insurance and other financial help start early in his conversations with pet owners, he said. “I tell clients [with new puppies or kittens], ‘If you can afford \$6,000, and that’s not going to affect your being able to pay your house payment, don’t get pet insurance, don’t get CareCredit,’” he said. “If that’s going to put you in a bind, investigate pet insurance and think about CareCredit.”

SB 639 does not specify penalties for violating the law. However, Raphael Moore, general counsel of the Veterinary Information Network, an online community for the profession and parent of VIN News, said that veterinarians and/or hospitals that violate SB 639 could be subject to civil action by a client. They could be held responsible for paying the client’s interest and penalties and possibly ordered to pay punitive damages, Moore said. URL: <https://news.vin.com/doc/?id=9691539> 🐾



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The Future of Animal Welfare

By Gary Weitzman, DVM, MPH, CAWA,
President and CEO of San Diego Humane Society

The world feels like a very different place than it did just a few months ago. Like all of you, Covid-19 spurred us to temporarily close some of our operations, which are now slowly reopening in ways that are safe for our staff, volunteers, adopters and the public. The changes we've experienced as a result of the pandemic has ultimately been a catalyst for changing how we think about animal welfare.

As San Diego Humane Society resumes operations at our three campuses, we're embarking on a new approach to provide an even broader safety net for animals *and* their people. During the first months of the pandemic, more than 70% of our animals were out in foster. We had no available pet wait more than a few days for adoption, and nearly a 50% drop in intake. The community stepped up to be there for animals. Now we want to build on the reality and build new programs, which promote community collaboration and make every ounce of our work about keeping pets in people's homes, and that includes your practices.

These changes are paving the way for the next evolution in animal sheltering — one in which SDHS will work to ensure that every pet family in our community that needs help keeping their pets healthy and safe will be able to do so and every wildlife lover who encounters a wild animal in need has a place to bring it.

Our focus will shift to serving our community *in* the community. A few ways we'll get there include:

- Helping even more pet families keep their pets. We've long provided pet food and access to veterinary care for low-income families. Since the pandemic began, we've been developing new strategies to meet growing demand, including partnering with human service agencies to distribute pet food to those in need. As of August 1, we will be retiring the name PAWS as a program of SDHS and increasing all of those services under the umbrella of SDHS. We hope to double and triple our outreach in the coming year as more people request our services.
- Building on the incredible response we've received from members of our community willing to foster animals during this time of social distancing, we are going to launch new programs to adopt animals straight from foster homes (after spaying and neutering, of course). This will avoid bringing animals back to the shelter where they can be exposed to illnesses and stress that we'd all rather they lived without.
- Growing our lost-pet reunification program so we can connect more lost pets with their owners before they ever have to enter our shelter doors. We'll do this through neighborhood list-serves, social media and new firehouse microchip scanner distribution.
- Launching a progressive community cat targeted spay/neuter-and-release program for healthy adult free-roaming cats — which is not only the most humane option for these cats, it's also the *only* model proven to be effective in reducing the community cat population.
- Opening up 24-hour Humane Officer coverage along with 24-hour dispatch by September 1. We've also opened a Resource Center to handle calls 10 hours a day, 7 days a week to help with questions about animal resources including wildlife and veterinary services throughout our County.

As we take these steps to increase our impact for San Diego County, here are a few ways our operations are changing:

- All of our campuses are now open from 9 a.m. to 6 p.m., and adoptions begin at 9 a.m., by appointment only, Tuesday – Sunday.
- All of our campuses are now closed to the public on Mondays. This is aligned with the hours of operation at most shelters, will not impact our services and will give us a chance to take one day to fully concentrate on prepping our campuses for the coming week.

We're excited for where this journey will take us, and so glad our incredible veterinary community has been such supportive partners. Now we'd like to invite you to partner with us. If your practice is able to see our outreach clients in need, we will work with you to get their care covered.

We will also be providing spay/neuter vouchers for San Diego City residents that can be used in your practices. We would also love to partner with you for our adopter's first pet exams. If you are not on our adoption packet list, please let us know!

And finally, please encourage your clients to license their dogs. If you are in one of our jurisdictions (San Diego, Imperial Beach, Del Mar, Solana Beach, Encinitas, Carlsbad, Oceanside, Vista, San Marcos, Escondido, Poway or Santee), we would like to provide licensing through your practice. Just let us know!

Thank you for your partnership and for all your work to make our community ready for the future of animal welfare. Stay safe and well and let me know what we can do to help you in your practices. 🐾



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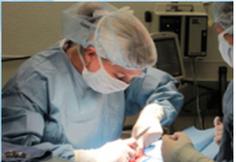
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Editor's Note

Some of you have shared the discovery of COVID-19 right in your very own practice. Where to begin as an employer can feel very overwhelming when you are faced with the health of everyone in your workplace, including your own. Not to mention the potential hardship of possibly having to shut down your practice for any length of time.

The below guidance comes from our California Department of Public Health site that is intended to assist with the question *Where do I begin when an employee reports they have a confirmed case of Coronavirus?* ([Click here to route to website.](#))

Employees	Minimum Criteria for Return to Work <i>(As of June 7, 2020)</i>	CDC Reference Page <i>(The most recent CDC guidance should be consulted prior to allowing the employee to return to work)</i>
<p>Symptomatic Positive</p> <p>Employees with symptoms who are laboratory confirmed to have COVID-19</p>	At least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and , at least 10 days have passed since symptoms first appeared.	<p>For employee cases who did not require hospitalization</p> <p>For employee cases who required hospitalization</p>
<p>Asymptomatic Positive</p> <p>Employees who never had symptoms and are laboratory confirmed to have COVID-19</p>	A minimum of 10 days have passed since the date of their first positive COVID-19 test. If they develop symptoms, then the criteria for laboratory confirmed cases with symptoms apply.	For employee cases who did not require hospitalization
<p>Symptomatic Negative</p> <p>Employees who had symptoms of COVID-19 but test result returned negative</p>	Use the same criteria for return to work as laboratory confirmed cases.	
<p>Asymptomatic Negative</p> <p>Employees who never had symptoms but were tested due to close contact with a laboratory-confirmed case patient and were negative</p>	Employees should quarantine at home for 14 days after the last known close contact with the case patient. Symptoms can develop even after testing negative within 14 days after exposure. The LHD may consider allowing earlier return to work only for an employee in a critical infrastructure industry in which the essential operations of the workplace would be compromised by quarantine of the employee and no alternate staff can perform the same role.*	
<p>Symptomatic Untested</p> <p>Employees who had symptoms of COVID-19 but were not tested</p>	Testing is highly recommended. If the employee cannot be tested, use the same criteria for return to work as laboratory confirmed cases.	
<p>Asymptomatic Untested</p> <p>Employees who had close contact to a laboratory-confirmed case patient at work, home, or in the community and do not have symptoms.</p> <p>OR</p> <p>Employees who refuse or are unable to be tested after close contact with a laboratory-confirmed case, despite recommendation for testing from LHD or healthcare provider, and do not have symptoms.</p>	<p>Employees should be quarantined at home for 14 days after the last known close contact with the case patient. Testing is highly recommended; if testing has not occurred, the LHD may consider allowing an employee who had close contact to a confirmed case to continue to work only in a critical infrastructure industry in which the essential operations of the workplace would be compromised by quarantine of the employee and no alternate staff can perform the same role.*</p> <p>Employees who develop symptoms of COVID-19 while in quarantine should contact their healthcare provider. Even if they are not tested, the same criteria for return to work should be used as laboratory-confirmed cases.</p>	<p>For employee cases who did not require hospitalization</p> <p>Critical workers implementing safety practices</p>



For optimal viewing, please visit the Notices & Recommended Reads section electronically on our SDCVMA website so you can click thru to all the articles and references.

Veterinary Medical Board Office Reopens to the Public
Effective June 15, 2020, the Veterinary Medical Board office is open to the public, Monday through Friday from 8:00 a.m. to 5:00 p.m.



DCA Director's Order Extending Time to Satisfy Examination Requirements

Pursuant to Governor Newsom's Executive Order [N-39-20](#), on June 23, 2020, the Director of the Department of Consumer Affairs issued an [Order Extending Time To Satisfy Examination Requirements](#) (Order) that, among other things, waived California Code of Regulations, title 16, section 2015, subsections (a) and (b), for veterinarian license applicants who must take and pass the three licensure examinations within a 60-month period or else retake all three examinations.

The Order applies to veterinarian license applicants whose 60-month examination period expires between March 31, 2020, and July 1, 2020. The Order requires those applicants to take and pass the three examinations within 66 months of the administration of the initial examination, and, thereby, gives these applicants an additional six months to take and pass the three examinations.



VMB Notice of Proposed Regulatory Changes - RVT Emergency Animal Care

The Veterinary Medical Board (Board) has proposed a regulatory change regarding RVT Emergency Animal Care to amend section 2069, Article 6, Division 20, Title 16 of the California Code of Regulations (CCR).

To view the regulatory proposal, including the Notice of Proposed Changes, Proposed Language, and Initial Statement of Reasons, please visit our [website](#).



VMB Notice of Proposed Regulatory Changes - RVT Job Tasks

The Veterinary Medical Board (Board) has proposed a regulatory change regarding RVT Job Tasks to amend section 2036, Article 4, Division 20, Title 16 of the California Code of Regulations (CCR).

To view the regulatory proposal, including the Notice of Proposed Changes, Proposed Language, and Initial Statement of Reasons, please visit our [website](#).



VMB: DCA Director's Order Waiving Restrictions on Telemedicine and Extending Time to Refill Prescriptions

Pursuant to the Governor's Executive Order [N-39-20](#), on June 4, 2020, the director of the Department of Consumer Affairs (DCA) issued the [Order Waiving Restrictions on Telemedicine and Extending Time to Refill Prescriptions](#) (Order), which contains two waivers regarding the veterinarian-client-patient relationship (VCPR), described below.

Telemedicine for New or Different Medical Conditions: As long as the other VCPR [requirements](#) have been met to establish the VCPR, including an initial in-person examination of the animal patient, the Order temporarily authorizes a veterinarian to use telemedicine to diagnose and treat an animal patient for a new or different medical condition. This waiver expires 60 days after the director's order was issued.

Prescription Refills: The Order temporarily authorizes a prescription issued following an in-person examination last performed between June 1, 2019, and August 1, 2019, to be refilled by the veterinarian, without another in-person examination, for up to 18 months from the date of the last examination and issuance of prescription.

For discussion of the intent of these waivers and how these temporary waivers can be used in the practice of veterinary medicine, please see the Guidance Document [here](#).



From the San Diego County HMD:

Dear Hazmat Facility Owners/Operators,

The Hazardous Materials Division (HMD) has been sending updates related to changes in operations due to COVID-19 and receiving many questions regarding impacts to businesses. To streamline the information and make it easier to find previous communications, we have compiled a list of Hazardous Materials Division Frequently Asked Questions during COVID-19 that are attached to this e-mail. We have also made these FAQs and information available in one place on our [website](#). We will continue to update our website with additional FAQs and guidance/resources as they become available.

If you do not see an answer to a question you have, please contact the Hazardous Materials Division at DEH.HMDUTYEH@sdcounty.ca.gov or call 858-505-6880.

Take care and stay safe,

Sande Pence, Chief
Hazardous Materials Division (HMD)

[Click here for Frequently Asked Questions During COVID-19](#)



Meetings • Seminars • Events • Webinars

August	7 & 19	VCA EAH & Referral Center Radiology Seminar, Dr. Craychee, MS, DACVR, 1-2pm
September	4 & 16	VCA EAH & Referral Center Radiology Seminar, Dr. Craychee, MS, DACVR, 1-2pm
	13	SDCVMA Fall Veterinary Conference VIRTUAL, Fear Free in the Time of COVID-19 3 CEUs
	13	SDCVMA Technician Seminar VIRTUAL, Fear Free in the Time of COVID-19 3 CEUs
	30- October 4	AAHA Connexity Annual Meeting, Denver, CO, www.aaha.org
October	9-11	CVMA Fall Conference, Renaissance, Palm Springs, www.cvma.net
November	21	SDCVMA Holiday Gala: cancelled for 2020
December	11-14	Fetch DVM 360° Virtual, www.FetchDVM360.com
February 2021	20	SDCVMA Practice Managers' Meeting , 6 CEUs, Handlery Hotel San Diego
	21	SDCVMA Specialists' Update Sunday , 6 CEUs, Handlery Hotel San Diego

🐾 **LatinAmerica VMA:** Meets last Saturday of each month. For any questions, please contact Dr. Al Guajardo 619-582-2560 or Dr. Miguel Constantino 619-278-0000.

WELCOMING SAN DIEGO COUNTY'S ONLY BOARD CERTIFIED SMALL ANIMAL REPRODUCTION SPECIALIST

Samantha Souther, DVM, DACT

Doctor Souther is excited to bring reproductive medicine to San Diego County and the surrounding areas. Completing her veterinary residency in medical genetics, pediatrics, and reproduction at the University of Pennsylvania, Doctor Souther is highly specialized in state-of-the-art reproductive services. She believes that healthy litters and future generations depend upon communication and partnering with clients. She offers exemplary skills, experience, and the compassion needed to help guide the reproductive process. Doctor Souther looks forward to working with your breeding referrals.

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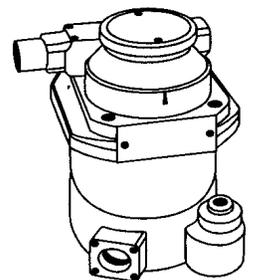


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SANTA CRUZ COUNTY, Scotts Valley: Located about 6 miles north of the City of Santa Cruz & 26 miles southwest of San Jose. Healthy economic region w/ educated residents & great school system. Various amenities with a small town feel. Well established PX situated within a strip center. Leasehold facility is ~ 1,800 sq. ft w/ 2 exam rooms & 15+ cages. Full service, computerized 1- DVM px. Equipment includes CR X-Ray & IDEXX lab. 2019 Gross ~\$783,000. Very motivated seller due to health issues. **Any offer will be seriously considered. PRACTICE PRICE ONLY: \$390,000**

INLAND EMPIRE- Rare Opportunity: Located in the heart of southwest Riverside County and ~1.5 hours from L.A. & San Diego. This upscale community offers a rural feel w/ incredible amenities available. Amazing location to reside and work. PX is located in a popular shopping center w/ ample parking. ~2,800 sq. ft. hospital includes 3 exam rooms, & multiple runs/runs. Well-equipped PX w/ digital X-Ray & IDEXX lab. Under-utilized PX w/ limited DVM hours& services. Room for expansion & growth. 2019 Gross ~\$1.3 Million. **PX PRICE: \$1.1 Million. RE PRICE ONLY: \$400,000.**

GREATER SACRAMENTO- Motivated Seller: This historic town is located just 30 minutes north of Sacramento within Placer County, paradise for outdoor enthusiasts, wine connoisseurs, foodies and history buffs alike. The practice is located on a major thoroughfare with excellent visibility and ample parking. Efficient ~1,900 sq. ft. free-standing facility. Computerized practice includes digital X-Ray and IDEXX lab 2019 Gross ~\$798,000. Currently operated as a 1 DVM practice with great staff. **PRACTICE PRICE: \$500,000. REAL ESTATE PRICE: \$420,000.**

ORANGE COUNTY, COASTAL- Priced to sell quickly: This charming community offers ideal weather, a diversified economy & excellent educational system. The city is located near three airports: (SNA), (LGB), & (LAX). PX is located in a newly renovated urban shopping center. Efficient leased facility ~ 1,200 sq. ft. w/ 2 exam rooms, 3 runs & several cages. 2019 Gross ~\$554K produced w/**extremely limited**, part time DVM hours. Significant growth potential with new energetic owner-operator. Currently, the PX values at greater than 1 year's gross. **PX PRICE ONLY: \$470,900.**

CONTRA COSTA COUNTY- New Listing: Easy access to San Francisco and Sacramento, this convenient, central location, along with a temperate climate, allows residents to enjoy a wide variety of unique and scenic attractions within the immediate Bay Area as well as throughout Northern California. Leased facility, ~2,000 sq. ft located in a shopping center with ample parking. Facility offers 2 exam rooms and 20 cages. Computerized practice includes DR X-RAY, Abaxis lab equipment. Many opportunities for growth with new energetic owner. **PRACTICE PRICE ONLY: \$399,000.**

SANTA CRUZ COUNTY- New Listing: Situated in the heart of the Monterey Bay area, 84 miles south of San Francisco, less than 10 miles from the ocean, this friendly community offers an ideal environment for working and living. Although agriculture forms the economic base, technology, electronic companies, electrical products, construction materials and heavy construction companies support the economic structure. Spacious, freestanding ~3,744 square foot leased facility situated near a major thoroughfare. Long established, full-service, small animal hospital includes 3 exam rooms, 30 cages, 8 runs with DR- XRAY & IDEXX lab equipment. 2019 Gross just over \$1.1 Million. **PRACTICE PRICE: \$820,000.**

SAN DIEGO COUNTY, NORTH- New Listing: Near perfect climate. Leisurely drive to beach cities and downtown San Diego. Endless outdoor activities, easy access to retail & commercial areas offers a highly desirable area in which to live & work. Well-established & organized PX located in an active shopping center. ~1,895 sq. ft. leased facility. Full-service hospital w/ experienced staff. 2019 Gross ~\$740,000 produced with limited DVM hours & services. Excellent opportunity for first time buyer or satellite practice. **PRICED FOR A QUICK SALE. PRACTICE PRICE ONLY: \$365,000.**

LOS ANGELES, COASTAL: MOTIVATED SELLER Rare opportunity to own a well- established practice located in an excellent area. The city includes a state university, along with a harbor port, airport. ~1,100 sq.ft free-standing facility. Equipment includes Abaxis VS2 lab, dental unit, Digital DR X-Ray. 2019 net sales ~\$556,000. **PRACTICE PRICE: \$400,000- REAL ESTATE PRICE: \$375,000.**

Interest rates have dropped to historic levels.

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DVM, DACVIM (Internal Medicine)

*Suzy grew up on the English-Welsh border, and graduated from the Royal Veterinary College in London in 2000. She crossed the pond to complete an internship and residency at the University of Pennsylvania, and became a diplomate of the American College of Veterinary Internal Medicine in the specialty of small animal internal medicine in 2004. In 2005 she moved to San Diego, and has lived and practiced in the area ever since. She holds a Masters of Fine Art in creative writing, and her memoir, *My Patients and Other Animals: A Veterinarian's Stories of Love, Loss and Hope* was published by Spiegel and Grau in April, 2018. When she's not caring for her patients and their families, or writing, she enjoys spending time with her human and animal family, naturally the animals outnumber the people.*

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