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ABOUT THE **AUTHORS:**

Wendy S. Myers
Wendy Myers owns Communication Solutions for Veterinarians in Denver. Her consulting firm helps teams improve compliance, client service, and practice management. Wendy is also a partner in Animal Hospital Specialty Center, a 13-doctor AAHA-accredited referral practice specializing in internal medicine, surgery, neurology, oncology, specialty dentistry, and emergency care in Highlands Ranch, Colorado. She is the author of four books and five videos. Follow Wendy on Twitter @wendysmyers.

Debra L. Zoran, DVM, PhD, DACVIM
Debra Zoran received her Doctor of Veterinary Medicine degree from Kansas State University, a Master's degree from Iowa State University, and a PhD in nutrition from Texas A&M University. She is a diplomate of the American College of Veterinary Internal Medicine and currently serves as the ACVIM vice president. Since 1996, Dr. Zoran has been a TAMU faculty member. She is an associate professor and Chief of Small Animal Internal Medicine in the Department of Veterinary Small Animal Clinical Sciences. She has won several teaching awards and two clinical service awards. She is actively involved with clinical, teaching, and research activities in small-animal nutrition, gastroenterology, and feline medicine.

Margie Scherk, DVM, DABVP (feline practice)
Margie Scherk received her Doctor of Veterinary Medicine degree from the Ontario Veterinary College. She is a diplomate of the American Board of Veterinary Practitioners, certified in Feline Practice. She had a feline practice for 21 years. Dr. Scherk is currently an editor of the *Journal of Feline Medicine and Surgery*, and she writes and lectures internationally. Her interests include all things feline, but in particular, analgesia, the peculiarities of the feline digestive system, and enabling more positive interactions with cats.

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WHAT'S **INSIDE:**

Capturing compliance opportunities every patient visit

By Wendy S. Myers
Communication Solutions for Veterinarians
Denver, Colorado

When a client brought her 14-year-old dog to the veterinarian for a preventive care exam, she asked about arthritis because Hondo moves slower on stairs and has less energy. The doctor found Hondo's hips were tender upon manipulation. Hondo also had Grade 3 dental disease. The dog received an exam, a senior wellness screening, vaccinations, heartworm and tick-borne infection tests, an intestinal parasite test, and a refill of 12 months of heartworm preventive. The client said she'd consider a nonsteroidal anti-inflammatory drug for Hondo's arthritis after getting senior screening results.

While compliance seems acceptable, a deeper look into the medical record revealed missed opportunities. Hondo's vaccinations for *Bordetella* and leptospirosis were overdue. The owner feeds Kirkland adult dog food from Costco. Why didn't the technician or doctor discuss the benefits of a joint-management diet? Although the client bought heartworm preventive medication, she declined flea control products. A dental treatment plan should have been presented.

Missing preventive care opportunities not only fails patients, it hurts the financial health of your practice. Patient visits have seriously declined during the past two years, with a net 17% decrease.[1] When patients visit, they are often ill. Veterinarians say they are seeing patients that needed care one to two weeks earlier. Delaying care often drives costs higher, and fewer treatment options may be available.

While you cannot predict when pets will become sick or injured, you can anticipate when they will need preventive care. Exams, diagnostic procedures, vaccinations, therapeutic diets, and parasite preventives are renewable wellness services that generate 38% of revenue.[2]

Just as you refill medications, think about which wellness services need refills, too. Changing your approach to preventive care can provide better patient care, increase client satisfaction, and generate ongoing revenue. Here are strategies that you can implement immediately:

1. Search for other pets in the family that are due for veterinary care. When clients call to schedule exams, check the reminder status of all pets in the same family. Research shows 41% of dog owners have cats and 53% of cat owners have more than one cat.[3] In 2010, 70% of cats and 60% of dogs age 3 and older did not visit a veterinarian.[4]

When a client calls to schedule her dog's exam, ask about cats that may be at home. If a cat is overdue for preventive care, ask the client to schedule an appointment now. Say, *"Wendy, let's schedule your dog's wellness exam. I also see that your cat, Opus, is overdue for preventive care. Changes in your cat's health can occur quickly. That's why we recommend a preventive care exam at least once a year. The doctor will assess which vaccines, preventives, and diagnostic tests your cat needs to stay healthy. Catching changes early before they become serious often means they will be easier and less expensive to treat. You can bring Opus along with your dog to the same appointment. Let's schedule their appointments this week. Which day of the week works best for you?"*

If you don't know whether the client has a cat, say,

"Thank you for calling to schedule your dog's preventive care exam. Many of our clients also own cats, and we want to ensure the entire pet family is protected. Do you have any cats at home, including outdoor cats?"

Most practices are seeing fewer cats. Cats make up 39% of the patient population in hospitals, yet they are 55% of the pet population. Dogs are 45% of the pet population and 59% of veterinary patients.[1]

2. Screen patient records for compliance the day before patients' exams. Receptionists can review charts for tomorrow's appointments, using a checklist to note areas out of compliance (*see sidebar on page 5*). This checklist lets technicians and doctors have a plan before the exam door swings to ensure every compliance opportunity gets captured.

Which core and non-core vaccinations are due? When were the last parasite preventives dispensed? Is the client sharing a box of preventives between pets? Look for the date of the last preventive purchase, products sold, and number of doses prescribed. Is the patient on a long-term drug that requires monitoring? Is the pet due for diagnostic tests, including heartworm and tick-borne infection tests, intestinal parasite screening, and wellness blood work and urinalysis?

3. Make appointment confirmation calls. When receptionists call clients one or two days before exams, they can encourage compliance by letting clients know what to bring.

Tell dog owners, *"This is Wendy calling from Your Veterinary Hospital to confirm your dog's appointment with Dr. Your Name tomorrow at 10 a.m. Please remember to bring a teaspoon-sized stool sample that's fresh within four hours, as well as any medications and supplements you're currently giving your dog. If you have questions or need to reschedule, please call us at 555-555-5555."*

Tell cat owners, *"This is Wendy calling from Your Veterinary Hospital to confirm your cat's appointment with Dr. Your Name tomorrow at 10 a.m. Please bring a teaspoon-sized stool sample from the litter box that's fresh within four hours. It's okay if litter is on the stool sample. A helpful tip is to scoop your litter boxes tonight, and then it will be easy to spot a fresh stool sample in the morning to bring with you. We will screen your cat for multiple intestinal parasites, including those that can be passed from pets to people. Also bring any medications and supplements that you're currently giving your cat. If you have questions or need to reschedule, please call us at 555-555-5555."*

These scripts significantly increase compliance for intestinal parasite testing. Asking clients to bring medications and supplements helps you identify "extra" doses of preventives that were never given as well as self-prescribed drugs.

4. Use the check-in report in your practice-management software. Print or view this one-page summary before each exam. Depending on your software, the report highlights reminder status, flagging overdue services and products. A summary of the last medical history taken also appears if it was entered.

Because the client's address, e-mail address, and phone numbers are listed, have pet owners confirm all contact information at check-in. Highlight missing information, such as e-mail addresses, so clients can provide updates. Research shows 30% of people change their e-mail addresses annually, and the average person has three e-mail accounts.[5] How you ask for clients' e-mail addresses matters. Do not say, "Can I get your e-mail address?" Instead, use benefit statements that will have clients volunteering their e-mail addresses.

Say, *"Our hospital is going green and sending more reminders by e-mail. We also want to be able to quickly notify you about any pet health alerts such as a rabies*

Changing your approach to preventive care can provide better patient care, increase client satisfaction, and generate ongoing revenue.

outbreak in the county or a pet food recall. You can access Jake's reminders and request prescription refills through our website. Which e-mail address would be the best for you to receive Jake's reminders?"

Likewise, confirm clients' cell phone numbers because one in four homes has only cell phones.[6] Calling clients' cell phone numbers is the most efficient communication because mobile phones are with consumers 98% of the time.[6]

5. Ask clients about medication and food refills as they check in. To reduce wait time at checkout, have receptionists ask pet owners as they check in, *"What medication and food refills can we get for you today?"* This statement is stronger than "Do you need any heartworm preventives or food today?" Then the receptionist can alert a technician, who can begin filling the medication. If the client requests a large bag of food, you've got the entire exam time to retrieve it. This strategy will help you increase compliance and sales for therapeutic diets and heartworm and flea and tick preventives.

> Client compliance is 50% with only the doctor in the exam room, while it is 80% with a veterinarian and a staff member present.[7]

6. Involve technicians in exams. Assistants or technicians begin the exam by taking a brief patient history and reviewing which services and products are due today. Tell the client, *"For your preventive care visit, we will do a nose-to-tail exam, vaccinations, heartworm and tick-borne infection testing, and intestinal parasite screening. We will refill 12 months of parasite preventives. Is there anything else you want to discuss with the doctor?"*

If clients ask, "How much will this cost?" prepare a treatment plan. Don't let clients decline care before seeing the doctor. Say, *"Let's have the veterinarian perform your pet's exam first, and then he can prioritize which services and products your pet needs."*

Client compliance is 50% with only the doctor in the exam room, while it is 80% with a veterinarian and a staff member present.[7] Why the 30% jump? The client hears the same message more than once, gaining compliance through repetition. The assistant can hold the pet during the exam, letting the veterinarian and client have a focused conversation without the pet as a distraction. With an extra set of hands in the exam room, the doctor can be a better communicator and the client can be a better listener.

7. Take a great patient history. How you phrase questions can teach clients about the importance of preventive care. The technician would ask, *"What dental care do you provide for your pet at home?"* If the client does not already do something, start a conversation about Purina Veterinary Diets DH, teeth brushing, oral rinses, gels, chews, drinking water additives, and other home-care options. Using the phrase "What do you do?" emphasizes that the client should be providing oral care at home, compared with "Do you brush your pet's teeth?" which elicits a yes-or-no answer and sounds optional.

Develop a history questionnaire so assistants ask clients the same questions at every wellness exam. This ensures continuity of care and increases compliance. For paperless practices, create a template in your practice-management software. If you have paper records, try a laminated sheet with dry- or wet-erase markers and note abnormalities in the chart.

A written history form keeps you focused when it gets busy, avoiding default questions such as "Any problems?" "Any coughing, sneezing, vomiting, or diarrhea?" or "Fleas, ticks, lumps, or bumps?" Using a written history questionnaire ensures consistency among staff, whether it's an employee's first day or 20th year with the hospital.

8. Stress year-round parasite prevention. Compliance studies conducted by Communication Solutions for Veterinarians in 2010 and 2011 found that less than 40% of dog owners are following

Compliance Checklist

Check **YES** if the patient is in compliance with your standards of care.
Check **NO** if the patient is not in compliance.

Client name _____ Patient name _____

Date _____ Reason for visit _____

Preventive care exam

Yes	No	
❑	❑	Current

Vaccinations

Yes	No	
❑	❑	Core _____
❑	❑	Non-core _____

Parasite testing and preventives

Yes	No	
❑	❑	Intestinal parasite test
❑	❑	Heartworm test
❑	❑	Flea and tick control Brand _____ Quantity _____ Date of last purchase _____
❑	❑	Heartworm preventive Brand_____ Quantity _____ Date of last purchase _____

Dental care

Yes	No	
❑	❑	Recommendation for professional dental cleaning
❑	❑	Dental home care Products _____

Nutrition

Yes	No	
❑	❑	Appropriate weight for age and breed
❑	❑	Weight loss program recommended
❑	❑	Current on therapeutic diet

Wellness diagnostics

Yes	No	
❑	❑	Wellness blood work
❑	❑	Senior screen

Long-term medications

Yes	No	
❑	❑	Current on refills
❑	❑	Current on drug monitoring test

Microchip

Yes	No	
❑	❑	Chip implanted
❑	❑	Scanned, confirmed that client has current contact info on file with microchip company

Source: Adapted from *Six steps to higher-quality patient care*, AAHA, 2009.

TABLE 1

Compliance area	2010	2011
Intestinal parasite testing	32%	35%
Professional dental cleaning	17%	17%
Senior wellness screening	25%	27%
Heartworm testing, canine	54%	56%
Heartworm preventives, canine	37%	38%
Flea control, canine	27%	28%
Heartworm preventives, feline	10%	10%
Flea control, feline	13%	13%

Source: Communication Solutions for Veterinarians Inc.
2010 study of 429 practices and 2011 study of 182 practices.

a standard of care for year-round heartworm prevention (*Table 1*). Among feline patients, only 10% receive heartworm preventives and 13% receive flea control.

Help clients understand their pets' risk in your neighborhood. Post prevalence maps in exam rooms. IDEXX Laboratories shares data by state and ZIP code for canine tick-borne disease on www.dogsandticks.com and data for feline leukemia, feline immunodeficiency virus, and feline heartworm infection on www.kittytest.com. The Companion Animal Parasite Council's website (www.capcvet.org) offers incidence maps for intestinal parasites, heartworm infection, and tick-borne disease by state, county, and species.

9. Be passionate about poop! Use the term "intestinal parasite test" rather than "fecal test." Intestinal parasite test more accurately describes the diagnostic test and educates clients about the need for regular screening. Avoid medical jargon such as "zoonotic disease." Instead say "parasites that can be passed from pets to people."

Testing is equally important for indoor cats because 15% of potting soil contains roundworms.[8] Cockroaches, mice, crickets, and flies can carry roundworm eggs. Cats are natural hunters and could become infected through their prey.[9] The Companion Animal Parasite Council offers brochures on intestinal parasite testing in both dogs and cats at www.capcvet.org.

To improve compliance, try a three-step approach:

Step 1: Make confirmation calls to remind clients to bring pets' stool samples for testing (*see scripts on page 3*).

Step 2: If the owner forgot poop, collect a sample during the exam. Tell the client, *"I'm taking Sophie to the treatment area where we'll collect a stool sample for her intestinal parasite test. We will screen for multiple intestinal parasites, including those that can be passed from pets to people."* Avoid saying "I'm taking Sophie to the back," which may make some clients anxious to be separated from their pets. "Treatment area" is more professional.

Step 3: Can't collect enough for a diagnostic sample? Offer the client a prepaid intestinal parasite test with a collection cup. Put a prescription label on the cup and have the code generate a callback one week later to remind the client to drop off a stool sample. Say, *"We were unable to collect a sample from Sophie, so I'm sending you home with this prepaid collection cup. Just drop off her stool sample at your convenience, and we'll call you with test results. We'll also call you as a courtesy reminder if you haven't returned her sample within seven days."*

10. Schedule medical progress exams at checkout. If puppies, kittens, or sick patients need follow-up care, schedule medical progress exams first, and then have clients pay last. This order has two advantages:

- It prevents pet owners' hesitation to schedule follow-up care sometimes caused by sticker shock.
- Appointment reminders can be printed on receipts.

Only 4% of practices always schedule medical progress exams at checkout, while 35% do so often, and 49% sometimes do.[1] Compliance is highest at checkout, so tell clients with puppies, *"Your puppy will need his next exam, vaccinations, deworming, and intestinal parasite test in three weeks. That would be (date). Does this same time work for you?"* Suggesting a specific date for follow-up care will encourage the client to book the appointment now. This technique is called suggestive selling and is stronger than, "Do you want to make your next appointment?"

If the client doesn't schedule the next visit at checkout, enter a callback in your practice-management software. Call the client one week before services

Could wellness plans be a compliance solution?

Focusing on preventive care can encourage return visits. The Bayer Veterinary Care Usage Study found that 59% of dog owners and 56% of cat owners say they would visit their veterinarian more often if they knew it would prevent problems and expensive treatment later.

Just look to Banfield Pet Hospital's wellness plans as proof. About 46% of Banfield clients have their pets on wellness plans.[1] "We've found that wellness-plan clients not only come in twice as often, they have better compliance with preventive care recommendations," says Dr. Jeffrey S. Klausner, Banfield's chief medical officer. "Our data show that 45% of wellness-plan clients have their pets on heartworm preventives, while only 20% of nonwellness-plan clients do."

2010 Banfield patient visits

Species	Number of annual visits for patients with wellness plans	Number of annual visits for patients without wellness plans
Dog	2.86	1.43
Cat	3.67	1.42

Wellness plans may be one solution to increasing veterinary visits, allowing pet owners to budget for preventive care. More than 44% of pet owners said veterinarians could increase patient visits if they provided wellness plans with monthly billing.[2]

Private practitioners have faced obstacles when designing their own wellness plans, including lack of professional marketing materials, secure credit-card storage, and monthly billing capabilities. A new PurinaCare program, Partners in Wellness, lets veterinarians create tailored wellness plans without administrative constraints. Plans are branded to individual hospitals and include free brochures, website banner ads, and marketing materials to educate clients. Clients pay monthly for annual contracted wellness services, eliminating sticker shock.

Through online setup, your hospital creates plans with specific services and products and sets monthly fees. Clients enroll online, avoiding paperwork at the clinic. Partners in Wellness interfaces with your practice-management software, allowing on-screen viewing of the plan that the client purchased, tracking delivered and owed services, and viewing the client's payment status.

Partners in Wellness automatically bills your clients monthly, deposits funds into your account, and manages the year-to-year renewal process. PurinaCare simply acts as a third-party administrator. Visit www.partners-n-wellness.com/clinic for details.

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are due, so she has time to fit the appointment into her schedule.

Likewise, sick patient follow-up exams should be scheduled at checkout. Let's say you diagnose a dog's ear infection, demonstrate cleaning and treatment, and instruct the client to treat the infection for 10 to 14 days. You want to examine the patient at the end of treatment. Most clients will follow your instructions for the first three days. Then the dog quits shaking his head, so the client stops treatment. A few weeks later, the ear infection recurs and may even be worse. The client blames you or claims the medication did not work.

Tell the client the specific date when follow-up care is needed. Use benefit statements to emphasize the importance of returning. Say, *"I will see your dog again on (date). Ear infections can be painful and develop into a serious condition unless treated and re-examined to make sure the infection is gone. The receptionist will schedule a medical progress exam for Jake on (date)."*

Use the term "medical progress exam" instead of "recheck." From a client's perspective, "recheck" sounds free and optional. Upgrade your terminology to show value for your professional services and the need for follow-up care. The fee for a medical progress exam is typically 75% of your exam fee. If you charge $55 for an exam, a medical progress exam would be $41.25.

Accurate reminders drive repeat visits to your hospital. When you focus on compliance, it's a win-win-win for everyone.

11. Use callbacks to ensure treatment continues at home. For this ear patient, enter a medical callback at Day 3 and Day 10. Besides checking on treatment, the staff member can schedule the medical progress exam if an appointment was not made at checkout.

Here's a callback script: *"Have you been able to clean your dog's ears daily and use the ointment? Has your dog stopped shaking his head? That means the medicine is starting to work. Be sure to finish the entire 10 days of treatment. Stopping treatment could cause the ear infection to return and worsen. Finishing treatment is just as important as when your physician prescribes 10 days of antibiotics when you are sick. Sometimes people stop taking antibiotics when they feel better, but you really need the full 10 days of therapy. The same is true for ear infections in dogs."*

Just as you perform callbacks for sick pets, elevate the medical need of a diet change. Communicate treatment recommendations in a way that makes compliance stick. By "stick," I mean that your treatment plan is understood and followed — having lasting impact and changing clients' behaviors. Only 19% of dogs and 18% of cats are in compliance with therapeutic diets.[7] A University of Minnesota study found that a renal diet extends the lives of dogs and cats with kidney disease.[10]

Whenever a diet change is made, a staff member should call the client two or three days later and check on the food transition. Say, *"This is Wendy with Your Veterinary Hospital. Dr. Your Name asked me to call to confirm that you're making the transition from Ollie's previous food to the new therapeutic diet, Purina Veterinary Diets NF, for kidney disease. When switching foods, you should be mixing the two foods, gradually increasing the proportion of NF over one week and reducing the amount of the previous food. Have you begun the transition to get Ollie on his new kidney diet? Is he eating it? Eating this diet is the cornerstone of Dr. Your Name's treatment plan and will help us better manage Ollie's kidney disease. Research shows cats with kidney disease can live twice as long after diagnosis if they eat a therapeutic diet. I will give you a courtesy reminder to refill Ollie's food, which should be in three weeks. Would you like me to contact you by e-mail or phone?"*

Using the doctor's name brings authority to the call. Remind the client that her cat has kidney disease, a serious condition that requires ongoing care. Explaining that the therapeutic diet is a cornerstone of the veterinarian's treatment plan communicates the need for change. The benefit statement of "can live twice as long" motivates the client to follow the doctor's advice.

Just as medications need refills, so do therapeutic diets. If you know the cat will eat the bag or case of food within four weeks, call the client in three weeks as a courtesy reminder. You don't need to call the client every time she will need to buy food, just the first refill to ensure long-term compliance. Because it typically takes 21 days to change a habit, the diet change will have gained "stickiness" by the first refill.

Also use callbacks, online resources, and social media for weight-management coaching. When a client commits to a weight-management program, teams need to perform medical callbacks to show their commitment as well. In the exam room, explain that a staff member will call to check on progress. Say, *"Your dog weighs 70 lb today. This extra weight could lead to serious and expensive health consequences such as heart*

disease, arthritis, and diabetes. Even losing 10% of his weight will have immediate health benefits. We'll create a plan today for your dog to lose 7 lb. We'll use a combination of Purina Veterinary Diets OM, healthy treats, and walks. Once a month, we'll call to remind you to stop by with your dog for a weight check. It takes just a few seconds to measure your dog's weight, and we will record it in your pet's medical record. You'll be amazed at the changes in your dog's health and attitude!" Weight checks let you fine-tune feeding recommendations, ensuring that pets get the correct amount of food to achieve targeted weight loss.

Post a "trusted links" section on your practice website. Send clients to obesity resources such as Purina's websites at www.projectpetslimdown.com and www.facebook.com/FightingPetObesity. Clients can get tips, reminders, tracking tools, and coupons.

Communicate about obesity with images that help clients stick to a weight-loss plan for pets. Today, 82% of pet owners consider obesity to be a problem.[11] A 2011 study by the Association for Pet Obesity Prevention found 55% of dogs and 53% of cats are overweight or obese.[12]

12. Present invoices to show value for preventive care. Use confident body language and sales-reinforcement techniques. Let's say a client visits with Mason, a 3-year-old Newfoundland, for preventive care. As she nears the checkout counter, stand to greet her, smile, and make eye contact. Read the list of services and products off the computer screen, and then state the total. Besides showing value, this allows the client to add items such as preventives, medication refills, and food. Say, *"Today Mason had a comprehensive exam, heartworm, tick-borne infection, and intestinal parasite tests, and vaccinations to protect him from canine distemper, adenovirus, parainfluenza, parvovirus, rabies, and respiratory disease. You have Mason's parasite preventives and Purina Veterinary Diets OM diet for weight loss. Does Mason need any other medication refills today?" After the client responds, say, "Your total is $____. Which payment method are you using today?"*

This approach shares service first, price last. Asking the client's preferred payment method subtly indicates that payment is due when services are provided. For new clients, add which types of payments you take, such as, *"We accept cash, checks, and all major credit cards."* Once the transaction is complete, hand the receipt to the client along with a smile that communicates, "We appreciate your business."

13. Check every reminder at checkout. Remember, wellness services and products generate 38% of revenue.[2] Verify that all preventive care reminders and callbacks are correctly entered. If the pet was ill, what reminders or callbacks need to be entered? Were any long-term drugs prescribed for the first time? If so, are drug-monitoring reminders entered? Are other pets in the same family due for services?

Accurate reminders drive repeat visits to your hospital. When you focus on compliance, it's a win-win-win for everyone. Patients get preventive care. Clients save money. Practice revenue is healthy. Which strategies will your team implement?

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Feline nutrition:

Understanding how to feed cats for obesity prevention and weight management

By Debra L. Zoran, DVM, PhD, DACVIM
Department of Small Animal Clinical Sciences
College of Veterinary Medicine and Biomedical Sciences
Texas A&M University
College Station, Texas

Obesity is a growing problem in cats worldwide, but, in Western societies, the incidence of excess weight and obesity in cats is reaching truly worrisome numbers. Studies have indicated that 15% to 35% of cats in the United States are overweight or obese, and practitioners estimate even higher percentages in some areas.[1] Obesity is defined as having a body weight 20% or more above the ideal weight. In other words, a 4-kg (9-lb) cat that gains 1 kg (2 lb) is considered obese. Using this definition, it would not be surprising for feline obesity to approach 70% in some practices. Furthermore, obesity is not just a cosmetic problem. In cats, it increases the risk of diabetes and hepatic lipidosis and is associated with increased incidences of many other conditions, such as lower urinary tract disease and osteoarthritis.[2] This serious medical condition not only increases morbidity, but can also shorten life span. Considering the number of affected cats and the challenge of getting a seriously obese, 12-kg (26-lb) cat to weigh 4.5 kg (10 lb), it is obvious that the situation demands our full attention.

To successfully address feline obesity, practitioners must recognize obesity as more than just overeating but as an endocrinopathy, and they must be able to develop safe and effective weight loss programs and help every member of the veterinary team understand how important it is to prevent young cats from gaining excess weight in the first place.

Obesity as a multifactorial, multisystemic disease

The most obvious reason for any animal becoming obese is that it is consuming more energy than it is expending. In cats, this energy imbalance can occur when there is an excessive intake of calories (food or treats) or a reduction in energy expenditure (reduced activity because of an indoor lifestyle, illness, or injury). However, there are many other factors that play significant roles in the development of obesity. These factors include genetic predisposition, sex, neuter status, hormonal disturbances, and other conditions that can influence or control appetite, metabolism, and homeostasis. As a result, it is important to:

- Make a concentrated effort to recognize risk factors, including early recognition of feeding behaviors or lifestyle situations that are leading to weight gain.
- Carefully monitor young and middle-aged cats to identify and correct weight gain early.
- Promote obesity prevention and the health benefits of weight control from kittenhood on.
- Be actively involved in body assessment (weight measurement and body condition scoring) of all cats at every veterinary visit.

In other words: act *before* the cat is obese! Obesity prevention must start early, and the veterinary team is essential to recognition, early intervention, and successful lifestyle changes.

For both male and female cats, neutering is an important risk factor for obesity.[3,4] Many cats gain significant weight after neutering or during adolescence, and it had been believed that this gain was due entirely to the type or amount of food fed and not due to other factors. However, several recent studies have shown that multiple hormonal changes occur immediately after removal of the sex organs, and these changes have a significant effect on appetite, metabolism, and other hormones determining metabolic status.[3,5-7] The metabolic changes include alterations in levels of leptin, progestins, estrogen, prolactin, insulin-like growth factor (IGF-1), and other hormones.[3,5-7] The results are an increase in appetite, a reduction in energy metabolism, changes in glucose tolerance and lipid metabolism, and in the case of IGF-1, an increase in the number and size of adipocytes.

Spayed and neutered cats undergo a startling series of hormonal changes that affect food intake (they have an increased appetite) and energy metabolism (their energy needs are decreased) that results in an increase in body fat mass that may be inevitable unless appropriate measures are taken to monitor and limit intake — particularly in indoor or sedentary cats. To prevent obesity in these cats, careful control of intake (no free-choice feeding) immediately after neutering (a reduction in intake of at least 25% to 30% is essential) and close monitoring of body weight and body condition score (BCS) are necessary to make the appropriate adjustment. Several studies have evaluated the role of different amounts of dietary components (*e.g.* fat or carbohydrates) in relation to obesity, but the key factors that result in increased body weight are gonadectomy and free-choice feeding.[5,8-10]

Another consideration is that feeding cats according to traditional maintenance energy calculations will result in significant overfeeding and development of obesity. Those equations were based on intact cats, and the amounts recommended are 25% to 35% higher than most housecats need. Nutritionists continue to debate what is an appropriate number of calories for maintenance energy intake in cats, and numbers range from 20 to 100 kcal ME/kg/day. Multiple papers have suggested that $70(BW_{kg})^{0.75}$ represents resting energy requirements, and 94 to $125(BW_{kg})^{0.75}$ are accepted ranges for maintenance energy intake for cats.[11] However, recommendations from the National Research Council (NRC) recommend $130(BW_{kg})^{0.40}$ for obese cats and $100(BW_{kg})^{0.67}$ for lean cats.[12] Feeding studies of neutered cats have shown that feeding cats typical maintenance amounts of food results in weight gain and, more importantly, fat mass gain.[5,10] In an analysis of the caloric needs of colony cats, it was reported that neutered female cats required $100(BW_{kg})^{0.40}$ and neutered males required $120(BW_{kg})^{0.40}$ to maintain ideal body condition.[13] In other recent studies, investigators determined that neutered cats consuming more than 50 to $60(BW_{kg})^{0.67}$ gained weight, and their BCS increased from ideal to obese in just three months.[14]

From these data it can be concluded that most average-sized, indoor, neutered cats weighing 4 to 5 kg (9 to 11 lb) need to eat less than 200 kcal/day to maintain lean body condition. And, neutered males, in particular, may need to eat even less (approximately 180 kcal/day). This represents a critical change in feeding recommendations for cats and will be difficult to achieve if the cat is being fed a calorie-dense (high-fat, energy-dense) dry food or is allowed free access to ANY dry food.

For indoor cats, inactivity and reduced energy expenditure are important problems for weight management. It is difficult to increase energy expenditure in

Spayed and neutered cats undergo a startling series of hormonal changes that affect food intake and energy metabolism that results in an increase in body fat mass unless appropriate measures are taken.

cats through induced exercise; however, the sedentary lifestyle of many indoor cats is detrimental to their physiologic and psychological health and wellbeing. Exercise is vital to health because it maintains and strengthens lean muscle tissues, promotes cardiovascular health, provides mental stimulation, reduces stress, improves quality of life, increases energy expenditure and fat oxidation, and increases the metabolic rate.

If feasible, cats should be given access to a protected outdoor area, which is a great stimulus for play or exercise. Cats that are unable to be outdoors should be given other opportunities to fulfill their physiologic needs for climbing, balancing, scratching, and exercise. This requirement can be met in many ways and can be tailored to the cat's needs and the situation. For example, cat toys may work well for some, cat trees or play stations are excellent for others, and interactive toys that reward the cat with food can also stimulate activity. Owners don't need to turn mice loose in their house to encourage play, but they do have to engage cats to create play opportunities. Play and activity are essential to a healthy feline life and necessary for indoor cats to have an improved lifestyle, increased muscle mass, and a reduced risk of obesity.

Another risk factor for obesity in cats is the preferred feeding method of many cat owners: free-choice dry food. There are several reasons that this feeding method is not appropriate for many cats, particularly indoor, neutered, inactive cats. First is the risk of overeating, which, even in small amounts, can cause the cat to exceed its appropriate caloric intake and gain weight. The second problem is that control of intake is essential for neutered cats because they have an altered hormonal balance that results in increased appetite and decreased energy expenditure rate. A further problem with this feeding method is that it is impossible for owners to determine a cat's daily food intake, and one of the best ways for owners to assess the health status of their cats — especially in multicat households — is to monitor their appetite and intake. Subtle signs of illness may be easily missed with free-choice feeding.

Another risk factor for obesity in cats is the preferred feeding method of many cat owners: free-choice dry food. .

Finally, because free-choice feeding requires cats to consume dry food, it creates two other potential problems — reduced water intake and a preference for dry food only. Cats normally consume a large portion of their water in their diet and often do not adequately compensate for the absence of water in dry food. Cats fed dry foods have to drink at least 2 ml of water per gram of dry food consumed.[15,16]

Research on feline drinking behavior shows us that even though cats fed dry foods do drink more, they generally do not take in the same amount of water as cats that eat canned food. Cats that eat canned food consume significantly greater amounts of water per gram of dry matter in the food. Further, dietary studies show that water intake is significantly increased in cats consuming diets high in protein (> 45% ME) and less in cats consuming typical dry foods.[16,17] Inadequate water intake can increase the risk for dehydration, constipation, urolithiasis, and other lower urinary tract conditions. However, adding canned foods to the diets of adult cats is not that easy.

Cats develop strong food preferences early in life. These food preferences influence what cats will eat later in life, and these behaviors are learned, highly conserved, and intense. If a cat does not eat canned foods early in life (at weaning and the first months after weaning) and then does not continue to eat them, it often refuses to consume them later. Cats that develop conditions requiring canned foods for disease management (*e.g.* lower urinary tract disease, constipation, diabetes, kidney

disease) often will not consume them if they have been fed only dry foods previously. This is because their food preferences were ingrained when they were kittens and became habituated when they were adults.

Veterinarians need to understand this feline behavior and instruct owners to expose cats to multiple types and flavors of food early and throughout their lives. That will make it possible to change a cat's diet later should it become necessary. In summary, free-choice dry food feeding is not an appropriate feeding method for optimal nutrition for indoor, neutered cats — even if they are of optimal body condition.

Obesity and diet

A number of factors contribute to the development of feline obesity, but diet is an important component in any prevention or treatment plan. Cats, unlike most domestic species, are true carnivores. They must consume animal flesh and fat to meet their nutritional needs, or their diets must be supplemented with the amino acids and fatty acids that they are unable to synthesize from other food sources. Nevertheless, the most commonly used foods for cats are dry, extruded diets. Though these commercial cat foods meet NRC minimums, are nutritionally complete and balanced, and are readily available, easy to use and store, and palatable, they bear little resemblance to the diet of a natural carnivore. These considerations should be taken into account whenever a weight loss or maintenance diet plan is being prescribed.

Cats, as obligate carnivores, use protein as an energy source, even when other energy sources such as fat or carbohydrates are available. In the past, most veterinary researchers have focused on fat and carbohydrate energy sources and their roles in preventing and managing obesity. Although it is essential to reduce caloric intake to achieve weight loss in cats, in the process, many have overlooked protein's role in feline metabolism and overall health. Hoenig and coworkers showed that cats fed high-protein diets (> 45% ME) had increased energy metabolism, higher fat oxidation, and improved glucose tolerance, while cats consuming high-carbohydrate diets had lower energy metabolism, required fewer calories to meet needs, and gained fat mass.[18] Other researchers have shown that, as obese cats lose weight, higher protein levels result in greater loss of fat mass and better preservation of muscle mass.[19-21] Repeatedly studies have shown that the amount of protein is key in weight loss diets, since even cats consuming protein at 45% ME lost some muscle mass during diet restriction. This suggests that even higher amounts of protein may be needed during weight loss because of the severe intake restriction needed to reduce calories and lose weight. Particularly in cats, preserving muscle mass is essential to controlling obesity, as muscle mass is a major determinant of basal metabolism and insulin resistance. Thus, even though lean cats appear to adapt to lower-protein, higher-carbohydrate diets, cats on high-protein diets have improved insulin sensitivity and have greater energy and fat metabolism. This results in greater loss of fat mass during calorie restriction and weight loss. Increased protein intake may be particularly important in cats following weight loss, as research shows that energy expenditure remains decreased.[22,23] Therefore, a high-protein diet (> 45% protein ME) is essential for treating obese cats to preserve lean body mass during calorie restriction and weight loss and for increasing insulin sensitivity, helping to prevent further development of glucose intolerance.

Protein is only one part of the feline diet. Carbohydrates are a major component of most dry and some canned commercial diets because of processing, preservation, and cost issues. Carbohydrates serve two major purposes: they are an energy source (*e.g.* simple carbohydrates and starches, such as cereal grains) and they are dietary fiber (complex carbohydrates) fed for their actions in the bowel. In the discussion of feline obesity, those digestible carbohydrates serving as an energy source should be addressed. While the digestibility and glycemic index of dietary carbohydrates can vary by source, carbohydrates in high-quality commercial foods are generally highly digestible and provide a readily available energy source. In fact, the role of carbohydrates in any diet, whether for dogs or cats, is as an energy source. If the cat is active and needs energy, the carbohydrate will be used efficiently. However, if the cat is sedentary, the carbohydrate that is not used for energy will be stored as fat. The amount and type of carbohydrates in the feline diet are important for several reasons:

1. Cats' ability to handle dietary carbohydrate loads is very different than that of omnivores.

2. Since cats use protein for energy, even in times of excess energy in the diet, sedentary or inactive indoor cats often do not utilize the carbohydrate energy in the diet.
3. High-carbohydrate diets reduce the resting energy metabolism, so cats must consume less food to maintain appropriate body weight.

The difference in feline metabolism does not mean that cats are unable to use carbohydrates — quite the contrary — cats can digest, absorb, and use carbohydrates quite well. The type of carbohydrate is important, though, as there are significant differences in glycemia, postprandial glucose levels, insulin secretion, and food intake between normal-weight and obese cats. However, a recent study also showed that cats allowed outdoor access (or that had increased activity) and only fed amounts necessary to maintain a BCS of 5/9 can be fed dry diets quite effectively without an increased risk of diabetes.[24] The key point is that carbohydrates fed to cats that are active and receiving appropriate portions of food probably will not lead to obesity or diabetes; however, the amount of protein in the diet and their activity level are crucial. Unfortunately, the circumstances of many cats today are that they are neutered, sedentary, and consume large amounts of their diets (35% to 50%) as carbohydrates in a free-choice or poorly controlled feeding regimen. The result is weight gain.

The role of dietary fat is another consideration in feline obesity, since fat provides the most energy per gram of food. Consequently, there are a number of low-fat commercial diets available for calorie control in cats. Several recent studies have shown that controlling calories from fat in weight loss programs is essential to achieving weight loss.[5,10] Dietary fat plays many roles in metabolism, beyond being a powerful source of energy, and there are key differences in feline requirements for fat that must be considered when choosing a diet. For example, cats require supplementation of some fatty acids and fat-soluble vitamins that would naturally come from prey. Furthermore, cats will often reject diets with too little fat or diets in which the fat is oxidized, as fat is a major palatability enhancer. Yet, while reducing fat in feline diets is an important method of controlling calories, there are no studies showing the ideal amount of fat in a feline diet. Ideally, feline diets for weight loss should be higher in protein (> 45%, to attain the metabolic and muscle-preserving aspects of protein), lower in fat (to control calories) but with enough high-quality essential fatty acids to meet cats' requirements, and lower in carbohydrates (to avoid reduced energy metabolism and prevent conversion of excess carbohydrates to body fat).

The final component to consider in feline weight loss diets is fiber. Most weight loss diets contain insoluble or mixed sources of fiber, such as cellulose or beet pulp. Dietary fibers have been used in weight loss diets for many years because they dilute calories and provide fill so that larger volumes can be fed during energy restriction. Fiber aids in both glycemic and weight control by promoting slow, sustained absorption of glucose (and other nutrients) from the gastrointestinal tract and by increasing the speed at which food passes through the small intestine. Whereas this effect is beneficial for weight loss, it reduces the digestibility of the dietary protein and may result in other untoward effects. However, a recent study comparing diets differing only in whether they had high-moisture or high-fiber content on their effects on food intake and body weight in cats showed that high-moisture foods resulted in maintenance of weight with much less begging and more effective control of calorie intake than high-fiber foods did.[25] Further, many owners and cats do not tolerate diets with moderate to high levels of dietary fiber (> 15% dry matter) because they can cause increased fecal volume, constipation, food refusal, and dry skin.

No studies have been done to determine an optimal amount or type of dietary fiber for use in cat foods; however, a moderate amount of mixed fiber (5% to 12% dry matter) may be better than very high fiber amounts. If fiber is added to the diet, the effects on protein digestibility must be considered, and protein may need to be added to prevent a reduction in protein availability or protein deficiency. High fiber in the diet should not be considered a "cure-all" for weight loss in cats, but increased fiber can be part of the overall approach to controlling caloric intake if the diet also contains increased amounts of dietary protein.

Weight loss goals

Weight loss in an obese cat is absolutely possible but requires patience, goal setting, frequent

monitoring, and readjustment of feeding strategies. You and your clients need to understand that reversing obesity is a difficult challenge similar to the management of any other chronic endocrinopathy — persistence and diligence are essential. The key is to set a target calorie intake, then weigh the cat weekly, and adjust the amount of food monthly based on the weight loss. The most appropriate rate of weight loss is debated, but it is generally accepted that 1% weight loss per week or 3% to 4% per month is a safe target. If, during monitoring, this weight loss goal is not being achieved, calorie intake must be reduced further (by 5% to 20%). Any adjustment in diet should be accompanied by careful monitoring of overall health and weight loss.

Healthy weight loss requires loss of adipose tissue along with maintenance of lean body mass, since lean body mass is an important controller of basal energy metabolism. So, ideally, weight loss diets should have protein levels higher than 45% ME and should be low in calories (*i.e.*, low in fat and carbohydrates). The number of dry food choices with this profile is extremely small. Most high-protein, low-carbohydrate dry foods are formulated as either diabetic diets or kitten foods and, thus, are high in calories (and many are also high in fat and energy dense). For example, a typical dry diabetic or kitten food contains 500 to 600 kcal/cup of food. In an obese cat, the target intake may be as low as 130 to 150 kcal/day, so the amount of the high-calorie diabetic dry food fed at a meal will be quite small (< $^1/_8$ cup twice daily). This amount is probably too small to achieve any sense of fullness and will likely result in annoying begging behavior that reduces owner compliance. The best commercial diets for achieving a high-protein, low-carbohydrate, moderately low-fat profile are canned cat foods. A typical diabetic (high-protein and low-carbohydrate) canned food contains from 165 to 190 kcal/5.5-oz can. Thus, when the target for caloric intake is no more than 140 to 150 kcal, it is easier to achieve the high protein necessary to preserve muscle mass in a portion-controlled diet with this food. While there are many canned foods that have a high-protein, low-carbohydrate profile, it is not universal. Canned foods can be high in carbohydrates, low in protein, or have poor-quality ingredients, resulting in ineffective or unhealthy weight loss. Remember that "one size does not fit all" in cat foods. Read the labels carefully to help determine the protein, carbohydrate, and fat levels.

The goals of a weight-reduction program are much easier to achieve if a cat starts a weight loss program when it only needs to lose 4 to 5 lb. A morbidly obese cat that weighs more than 9 kg (20 lb) (and thus is 50% body fat) will require a much more concerted and sustained effort to achieve even modest success. Remember, to lose fat mass and preserve muscle, a weight loss program must consider the cat's body condition at the start, the degree of energy restriction required, the rate of weight loss that you plan to achieve, and the cat's environment and the ability to increase its exercise. Although the strategy is relatively straightforward, it requires patience, careful and long-term monitoring, encouragement and support for the owner, and frequent assessment and readjustment to meet the individual cat's needs.

There are a number of weight loss programs available to help veterinarians and clients manage their obese patients, such as the Nestlé Purina Veterinary Feeding Guide and Weight Management Program. The Purina program is a computerized feeding program that customizes patient feeding recommendations and produces professional feeding plans for most Nestlé Purina diets. You can create patient feeding plans for effective, individualized weight loss and management.

Summary

For obesity prevention or correction, the key is balancing the energy intake-energy expenditure equation. Obesity is incredibly difficult to reverse in the excessively obese adult cat and, in many cases, requires lifelong management. Therefore, obesity prevention is essential. All neutered cats are at risk of developing obesity because of changes in their hormonal balance that affect appetite, energy balance, and fat metabolism. Because of these changes, food intake must be carefully restricted following gonadectomy in all cats, and free-choice feeding of dry foods is strongly discouraged. For indoor cats, where exercise is reduced, energy restriction is also needed for obesity prevention or correction. High-protein, low-carbohydrate, low-fat diets are ideal for weight loss in cats because they preserve muscle mass while restricting energy sources that will induce fat loss. However, portion control

is ultimately the key to controlling energy intake — and the easiest way to achieve portion control is to feed canned food with a protein content greater than 45% ME and a low level of carbohydrates (< 10% ME). Canned foods are also better at providing satiety in cats than high-fiber foods are, so switching to a canned diet is an important strategy.

Weight loss in an obese cat is absolutely possible but requires patience, goal setting, frequent monitoring, and readjustment of feeding strategies.

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How social media can promote your practice

By Wendy S. Myers
Communication Solutions for Veterinarians
Denver, Colorado

When Dr. Jennifer L. Casey Hodge asked a new client how she heard about The Cat Clinic of Cary, the pet owner replied, "I'm Willie's friend on Facebook." As CEO or "cat executive officer" of the Cary, N.C., veterinary hospital, Willie reached 5,000 Facebook friends in three years, ranging from clients to cat lovers in countries as far away as Taiwan and France. With social media savvy beyond his 5 years of age, Willie has graduated to a business page, so he can move beyond Facebook's limit of 5,000 friends on personal pages (www.facebook.com/WillieHodgeFans).

Found in a dumpster as a kitten, Willie had a severe eye infection that required removal of his right eye. Willie took up residence at The Cat Clinic of Cary and now posts his adventures daily on Facebook (*see photos on page 18*). He dressed up as Santa to visit residents at a local assisted-living facility. Willie posted holiday safety tips for feline family members.

"Create a character and personalize it for the people you're posting to," advises Dr. Hodge. "If you're going to do social media, it has to be personalized. You won't grab their interest on heartworm disease alone. Think about your social media strategy and develop a niche for yourself." She credits Willie's conversational approach for his 5,000 friends, compared with the clinic's 420 Facebook fans.

Word-of-mouth referrals have long been the No. 1 source of new clients for veterinary hospitals. With social media, *word* of mouth becomes *world* of mouth. Yellow pages advertising is expensive and a dying medium. Social media is free and gets immediate results.

Don't have change-o-phobia when it comes to social media. Think of this new communication tool as a new drug or treatment. Put simply, social media is about communicating with existing and prospective clients. Social media is more touch than tech. It's word-of-mouth marketing on steroids! Woody Allen said, "90% of success is just showing up," so show up on social media. The best way to learn is to jump in and do it.

Getting started

Today, 77% of veterinary practices have websites and 43% are on Facebook.[1] "Don't be afraid of social media," advises Christine Raehn, operations manager and technician at Bakerstown Animal Hospital in Bakerstown, Pa. "If you're not using social media, pet owners will find a practice that is."

Current top dog in social media, Facebook has 800 million users with half logging on daily. The average Facebook user has 130 friends and is connected to 80 community pages, groups, and events.[2] Each day, an average of 250 million photos are uploaded.

Within 20 minutes, your hospital can have a Facebook page. Go to www.facebook.com to create a business account. Choose a classification such as "local business or place." A business page allows you to have administrator rights. You must have an individual account to create a business

Willie took up residence at The Cat Clinic of Cary (in N.C.) and now posts his adventures daily on Facebook. Willie reached 5,000 Facebook friends in three years.

page, which is separate from your personal page. With a business page, people will "Like" you rather than becoming your "Friend." Every time pet owners "Like" your business page, all of their friends see that they like your veterinary hospital. This is word-of-mouth marketing at its best. Once people click "Like," a popup window says, "Help your friends discover great places to visit by writing a recommendation for Your Animal Clinic." The user sees buttons for "write a recommendation" or "no thanks."

Upload your practice logo for your profile photo. On your "Info" page, list your address, driving directions, hours, phone number, website, likes, and interests. In "wall settings," allow others to post to your wall to help build a community. Use Twitter and YouTube applications to have your Facebook posts automatically cross-post to your Twitter and YouTube accounts. (Those social media components are discussed below.)

Having a business page, which is free, allows you to review analytics to shape posts to your audience. Brenda Tassava, CVPM, hospital administrator at Broad Ripple Animal Clinic & Wellness Center in Indianapolis, found 78% of its Facebook fans are women and 32% are between the ages of 35 and 44. Broad Ripple Animal Clinic's Facebook posts have included an ugly holiday sweater contest and patient of the day.

Facebook also offers paid advertising. Social ads promote traffic to your Facebook page. As an advertiser, you are able to control your spending by setting a daily or lifetime budget. When you run your ad, you will only be charged for the number of clicks you receive (cost per click) or the number of impressions of your ad that are displayed (cost per thousand impressions). Bakerstown Animal Hospital's first Facebook ad generated 84 new Likes within two weeks and cost $74. "If one 'Like' turns into an office visit, I've made my money back," Raehn says.

Results were even more impressive for Dr. Enrique Borrego, owner of Animal General Hospital in Port St. Lucie, Fla. Spending $27,000 in yellow pages ads over 18 months did not net any new clients.[3] He had veterinary-technician-turned-marketing-consultant Rich Urban develop a strategy using YouTube, Facebook, and e-mail marketing. Combining $3,600 in Google and Facebook ads over 18 months brought in 250 new clients and $75,000 in revenue.

"Yellow pages ads are static. Facebook and Google are interactive. People demand interaction, so we've built ourselves to be an online resource for our clients," says Dr. Borrego. "Great

information coupled with great care — that's why people keep coming back. That's the social part of social marketing."

After getting active on Facebook, join the social media conversation on YouTube. Surprisingly, the No. 2 search engine in the world did not exist six years ago. Now 48 hours of video are uploaded every minute and 3 billion videos are viewed in a day.[4] More videos are uploaded to YouTube in one month than the three major U.S. television networks created in 60 years. YouTube's demographic is broad: 18- to 54-year-olds.

What is everyone watching? Animal videos rank among the highest viewed, including "Surprised Kitty" (www.youtube.com/watch?v=0Bmhjf0rKe8) with nearly 58 million views. Almost 81,000 people have watched Dr. Steven D. Garner, DAVBP, of Safari Animal Care Centers in League City, Texas, surgically remove adult heartworms (www.youtube.com/watch?v=VOLzFsNOJ-4).

Set up a YouTube account and also create your practice's YouTube channel. Users can subscribe to your videos and be notified by e-mail whenever you post new content. Your channel also appears on subscribers' YouTube homepage.

"Think of YouTube as the place on the Internet where you store all your videos," says Tassava, author of *Social Media for Veterinary Professionals*.[5] "Then link to specific videos through your practice's website, blog, Facebook page, and Twitter posts. This bolsters your clicks and search engine power. The more links you create on the Internet, the more likely search engines like Google will find your site, so others can find it too. By including video in your social media strategy, you'll be appealing to a much broader audience and connecting in a more emotional way."

When posting videos, Raehn includes the practice's name in the file name for search optimization. "Bakerstown Animal Hospital Canine Wellness Exam" leads you to the right video while branding the business.

Next, you're ready to join the more than 300 million people on Twitter.[6] Users send and read text-based posts of up to 140 characters, known as "tweets." Tweets are public and available to anyone interested in them. Tweets can include photos and links to websites. Twitter users subscribe to your messages by following your account. Followers receive every one of your messages in their timeline, a feed of all the accounts they have subscribed to.

Create a username that's simple and branded to your business. Purina is @purina_USA, while PurinaCare Pet Health Insurance is @purinacare. I'm @wendysmyers. Then add your location, website, and tagline. Upload your practice logo to represent your business or choose a snapshot if the tweets will be from an individual such as a veterinarian. Start following other people, including animal hospitals, veterinary consultants, and clients. When you see a tweet by another user that you want to share, click "retweet" below it to forward it to your followers instantly.

You can put the # symbol (called a hashtag) in front of words in tweets to categorize them for others. For example, "Protect #pets from holiday hazards. #Emergency pet care tips at www.yourwebsite.com." Think of hashtags as the theme of your tweet. Users can then click on a hashtag to see other similarly themed tweets and find yours in the search.

Now that you're a social media maven, use online tools to make managing posts easy. Each Monday morning, Raehn spends 15 minutes scheduling posts for the week on www.hootsuite.com, a free social media dashboard that lets you connect to multiple social networks from one website. Schedule updates to Twitter, Facebook, and other social networks, track campaign results, and get industry trends.

Social media is about communicating with existing and prospective clients. Social media is more touch than tech. It's word-of-mouth marketing on steroids!

Constant Contact's free NutshellMail (www.nutshellmail.com) takes copies of all your latest updates in your social networking accounts and places them in a snapshot e-mail. The NutshellMail update is then sent to your primary e-mail account at the times and on the days of the week that you schedule.

What to post

Social media is simply conversations with clients. As a veterinary consultant, I advise hospitals to post a combination of silly and serious topics. Feeling silly? Watch my 4-month-old kitten, Caymus, play fetch (www.youtube.com/watch?v=BS3u1_xYTfE). Are you in the mood for serious, practical advice? Check out 102 helpful videos from Purina's Project Pet Slim Down (www.youtube.com/user/ThePurinaNetwork?feature=watch).

"The mantra I follow is that I don't want a Facebook page that sells, sells, sells," says Raehn. "Every third or fourth post, I will list a service that Bakerstown Animal Hospital offers. I try to post information that helps make life easier for pet owners."

Where can you get ideas? Like, follow, and subscribe to other veterinary hospitals, animal health companies, rescue groups, shelters, and veterinary associations. Raehn's go-to sources include Purina, ASPCA, and IDEXX's Real-Time Care (@Real_TimeCare). Following my advice for combining silly and serious, Raehn tweeted links to tick-borne disease maps for the practice's ZIP code on Twitter and then on Facebook posted photos of clinic cat, Mamma Kitty, in various Halloween costumes and asked fans to vote. The ladybug outfit won.

When creating social media content, think of your practice website as "home base." Tweets and posts should drive people to your website, where they can learn more about services and access information such as a library of articles, videos, and client handouts. Make a list of at least 12 topics to post throughout the year on social media sites. Having a plan will give you the momentum to get started.

When getting started, post once a week. Once you're ready to take the training wheels off, post twice a week. As your confidence increases so can your frequency of posts. Dr. Hodge posts to Willie's Facebook page daily. Every two days, Raehn posts to Facebook but tweets less on Twitter. "Don't make it too hard," she advises. "You don't have to post daily."

Now that you have the technical how-tos, what content should you share? Encourage interaction. Remember, you're having conversations with clients. Post questions, photos, and videos. Encourage people to share posts with their friends. Here are favorite ideas to get you started.

Favorite Facebook ideas

Post photos of patients. Capture snapshots of puppies, kittens, and new patients. Ask clients, "Can we post your pet's picture on our Facebook page to welcome him as a new patient? We'll send you an e-mail so you can 'Like' us on Facebook and let your friends see your new pet."

Have a photo contest. For an ugly dog photo competition, the winner gets a makeover from your groomer. Ask people to vote for their favorite to encourage interaction. Invite clients to post photos of pets' birthdays, holiday celebrations, and Halloween costumes. Contact vendors about prizes you can award to winners.

Feature your staff. Post action photos of patient care, procedures, and your staff's expertise. Include images of team members' pets and their areas of medical interest.

Invite interaction. Pose questions such as "What was the name of your first pet?" "How did you choose your pet's name?" and "What is your pet's best trick?"

Discuss common conditions. Share information on ear infections, puppy training tips, and consequences of obesity and dental disease.

Post facts about pets. A cat has 37 muscles in each ear. Guinness World Records reports Creme Puff is the oldest cat ever, living 38 years in Austin, Texas. A cat can jump seven times as high as it is tall. A group of kittens is called a "kindle." Cats have 24 whiskers, 12 per side.

Showcase your services. Post about pet dental health month, weight loss programs, and emergency care. Share obesity resources such as Purina's websites at www.projectpetslimdown.com and www.facebook.com/FightingPetObesity. Clients can get tips, reminders, tracking tools, and coupons. At Colonial Animal Clinic in Flatwoods, Ky., office manager Reva Ford posted, "Guess what breeds are in Sadie's family tree" along with the dog's photo on the hospital's Facebook page (www.facebook.com/pages/Colonial-Animal-Clinic/28632061925). The discussion promoted the clinic's genetic testing services.

Describe a challenging case of the week. Discuss your diagnosis, treatment, and successful outcome. Be sure to get the client's permission so you avoid confidentiality conflicts. Always share stories with happy endings!

Celebrate extraordinary pets. At Animal Hospital Specialty Center in Highlands Ranch, Colo., we post stories about brave patients. Dr. Tanya Strickland, an emergency veterinarian, shared the story of Dante, a New Year's Eve patient. The 3-day-old chinchilla suffered a broken leg during birth and the leg had to be amputated. The story had a happy ending, and Dante will have many more New Year's Eves to come. Besides showcasing our compassion and emergency services, the posting let pet owners know that we treat exotic species.

Share your knowledge. If you just attended a CE event, post a summary of the new information you learned.

Offer preventive care tips. Give advice on caring for older dogs, signs of arthritis, and how nutrition impacts health and longevity.

Showcase your facility. Share photos of your equipment and explain how it works. Show your boarding suites and describe the pampering pets get while staying with you. Invite people to drop in for a personal tour.

Feature pets available for adoption. Partner with local shelters or feature strays you've rescued. Once adopted, share stories of their new families!

Promote Facebook check-ins. In the Facebook Places feature on mobile devices, clients can tap "check in," so their friends see they're at your animal hospital. Clients can write an optional description of what they're doing at the place where they're checking in. See Facebook's help page on location services for instructions.

Favorite YouTube ideas

Keep YouTube videos short, targeting 30 seconds to 2 minutes. Longer videos are okay, but short clips will generate the most traffic. Use a smart phone with video capabilities or get an inexpensive digital video camera.

Share behind-the-scenes videos. Grab the camera when you are performing your next C-section or interesting surgery. Show snippets of behind-the-scenes activities such as performing dental cleanings, conducting preanesthetic testing, and taking x-rays.

Teach with instructional videos. Show clients how to brush pets' teeth, clean ears, give pills, and trim nails.

Shoot close-ups when it's gross. Share videos of what ear mites and intestinal parasites look like through the microscope.

Promote what's new. If you have digital dental x-ray, show how it works. Bakerstown Animal Hospital shared a video of postsurgical laser therapy on YouTube (www.youtube.com/watch?v=0QZu6I9dMt4). When you add new doctors or team members, welcome them.

Favorite Twitter ideas

On Twitter, tweak your tweets to include key words, calls to action, photos, and links. Incorporate hashtags so more folks find similarly themed tweets. Here are a few sample tweets:

- Give your pet its monthly #heartworm preventive. Get a monthly e-mail or text reminder at www.remindmypet.com.
- A skunk with #rabies was reported this week in our county. Be sure your pets are vaccinated. Call 555-555-5555 to schedule your pet's exam.
- Happy #woofwednesday! Teach your dog new tricks with treats. Your Vet Clinic has Meaty d'lites, under 10 calories each. www.yourwebsite.com.
- #Toxoplasmosis is a #zoonotic disease that cats can get and give to people. Get tips at www.yourwebsite.com.
- Did you get a new cat for the holiday? Get tips on how to introduce her to a multicat household at www.purina.com/cat/socialization-and-multi-cat-homes/video/multicathouseholds.aspx.

Promote your social media activities

Your goal is to create and establish a community, so let clients know where they can find you on social media sites. Also make sure your staff knows what's going on. They should "Like" your business page and check in often, so they can be in the know. You could print postings and hang them on an employee bulletin board as well. Here is a checklist of how to promote your social media involvement:

Send clients an e-mail campaign with links for them to "Like" or follow you. You can send mass e-mails through your practice-management software or services such as Vetstreet. Curious about how many of your clients are on Facebook? Download clients' e-mail addresses from your practice-management software and import

them into to Facebook. Facebook then tells you how many of your clients are Facebook users and lets you invite them to connect with your page.

Add Facebook and Twitter logos to your business cards, website, client handouts, and anything you print. You can download logos from their respective websites. At Animal Hospital Specialty Center, we put "Like us on Facebook" double-sided window decals on our front door and two exam hallway doors. The stickers cost less than $5 on eBay.

Have a counter sign on the reception desk. Display a sign that says "Like us on Facebook" and "Follow us on Twitter."

Put footers on invoices, reminder cards, and e-mails. Rotate messages each month, promoting Facebook, YouTube, or Twitter at different times so your communication is fresh.

Have links on your website home page. Social media sites provide buttons, links, and technical how-to instructions.

Send post-visit surveys. After clients come to Bakerstown Animal Hospital, they receive an e-mail survey asking for feedback on their service experience. The e-mail includes links to the practice's social media connections.

Ask clients to write tail-wagging reviews. When a client experiences great service, ask her to share it on your pages of Facebook, Twitter, Yelp, Yahoo!, and online review sites. Get e-mails when negative reviews about your hospital show up online from services such as Google Alerts (www.google.com/alerts).

Final words of advice

Social media comes with a few cautions. Never violate client or employee confidentiality. Get written permission from clients to post information. A simple statement will suffice: "I grant Your Veterinary Hospital permission to post my pet's picture, story, and medical information on social media." Have the client sign and date the document. Use the term "social media" rather than listing specific sites so you have flexibility about where to post. "Most pet owners are thrilled to give us permission to post their pets' photos," Raehn says.

Include a social media policy in your employee manual. Download an example from *Veterinary Economics* at www.dvm360.com/socialpolicy. Clearly state what employees may and may not do on social networking sites when discussing or representing your practice.

Have a liability statement on your practice website: "The opinions and information expressed on this website should not constitute the basis for medical care or nutritional advice. Always consult your veterinarian about your pet's specific issues before implementing a new diet or medical care."

Social media generates excitement among staff as well as clients. Employees will love getting involved and contributing content. Clients will enjoy richer relationships with both the hospital and team members.

"Our main goal for social media is to drive pet owners into the practice," says Dr. Hodge. "Facebook helps us keep our clinic in front of clients. Fans believe in what we do, from providing quality veterinary care to supporting rescue groups. It's amazing to have a group of people who love the same thing you do."

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Growing a feline-friendly practice

By Margie Scherk, DVM, DABVP (feline practice)
catsINK
Vancouver, British Columbia, Canada

While the number of cats being kept as companions in North American homes is increasing, the number of feline visits to clinics has been declining since 2001. Based on the AVMA's 2007 pet ownership and demographics survey, there are 13% more cats than dogs, yet cats fail to receive the same amount of veterinary attention. In small-animal practices, dogs represented 59% of office visits, cats only 39%. The recent 2011 Bayer Brakke study further noted three client-driven factors that limited the number of feline visits.

1. Inadequate understanding of the need for regular preventive health visits other than for vaccination.
2. Resistance to bringing a cat to the clinic because of the distress caused by placing a cat into a carrier and making the trip to the clinic. This factor was reflected dramatically by the fact that 40% of cats had not been to a veterinarian within the past year, compared with only 15% of dogs.
3. The cost of veterinary care, in particular the frequency and size of price increases.

The goal of this presentation is to look at these reasons, so we can start reversing this trend, in order to benefit cats, their human companions, and clinic growth.

Specifically feline

A cat is a prey animal that lives on its own. With no support network to fall back on for protection or food, cats need to continue taking care of themselves until they are too ill to do so. Cats are subtle and hide their signs of illness or pain extremely well. Many people believe that cats are self-sufficient and low-maintenance. As a consequence, by the time a client notices clinical signs and decides that a clinic visit is warranted, the patient may already be sicker than it looks. Thus, it is important to educate clients to recognize the subtle signs of sickness and pain. Earlier intervention will benefit all.

Ten subtle signs that a cat is sick

Our feline patients will benefit if we focus on educating clients so that they know what to look for and are aware of how significant minor changes in a cat's behavior, interactions, and physical appearance can be. These 10 signs are explained in greater detail at the website www.healthycatsforlife.com.

1. Inappropriate (and changes in) elimination
2. Changes in interaction with people, other animals, or the environment
3. Changes in activity, either a decrease or an increase
4. Changes in sleeping habits
5. Changes in food and water consumption, in quantity as well as behaviors associated with eating and drinking
6. Unexplained weight loss or gain

7. Changes in grooming, a lack of, or excess in, grooming
8. Signs of stress, such as hiding, chewing on nonfood items, a flicking tail, ears placed farther back than normal
9. Changes in vocalization
10. Bad breath

Getting cats to your clinic

It is no fun taking a cat to a veterinary clinic (for the owner or the cat)! All veterinary team members can teach clients how to make the trip less stressful, starting at home, during transit, and once they arrive at the clinic.

The frightening experience begins at home. Imagine the scenario from the cat's point of view: *The carrier comes out. Your caregiver is nervous, and she (or he) chases you around and tries to force you into the carrier. You resist and may resort to self-defense. There are smells of human sweat, fear, maybe even blood. You may feel so anxious that you soil yourself! Eventually you are in the carrier. Everyone is exhausted. Then you are carried to a "car" that moves without you moving. You may feel a bit nauseated; certainly, you are scared. You cry out repeatedly. You may vomit or soil yourself. Then the "car" stops and you get carried on a noisy and unfamiliar street and into a place with overwhelming smells and sounds! Help! And you are already aroused and anxious….look out!*

> All veterinary team members can teach clients how to make the trip less stressful, starting at home, during transit, and once they arrive at the clinic.

We can reduce the stressors that a cat encounters or, in the case of a new cat, prevent the stressors from occurring, by teaching or habituating the cat to associate positive experiences with the carrier, the car, and even the clinic. By leaving the carrier out or using a Hide, Perch & Go™ box/carrier (www.hideperchandgo.com; *Figures 1A & 1B*) so that the cat sees it routinely and enters it for treats or other rewards, we dampen the initial tension and fight. Taking the cat on short car rides that are unassociated with the clinic helps recondition the cat's negative associations with the car. Finally, taking the kitty to the clinic to be fussed over or only to be given a treat will help teach the cat that the clinic isn't necessarily a horrible place. Clicker training can be used to help create positive associations. The Catalyst Council (www.catalystcouncil.org) has created excellent videos that clinic teams and clients can watch to facilitate learning.

Improving a cat's clinic experiences

In many clinics, some veterinarians and other team members do not enjoy working with cats because of an underlying fear of getting hurt. The whole experience can be improved by understanding why cats feel that they need to defend themselves, learning to identify their cues, managing the interactions in a positive manner, and making relatively minor changes in what the cat is exposed to.

The basis for working cooperatively with cats is being empathic to their nature and behaviors and trying to imagine what *their* experience is like. Cats are a species with a completely different social structure than ours. We need to look at cats differently and adjust our interactions as well as the physical space to reduce the strangeness and threats that cats experience in the veterinary clinic.

Relying on the "fight or flight" response, cats attempt to escape situations they view as dangerous. From a cat's perspective, who humans are and what we do is dangerous. As a result, we see frightened and defensive cats every day. Cats try to avoid physical confrontation through the use of intimidating sounds and posture. This small creature feels more threatened than we do, so we need to slow down and refrain from becoming frightened ourselves.

Reading and understanding the cues and signals that cats use is important to reducing their fear. It also allows us to respond respectfully. We can then avoid using signals that are hostile (*e.g.* scruffing, making shushing or hissing sounds, looking directly into a cat's face).

Figures 1A and 1B. The Hide, Perch & Go™ box/carrier in use (www.hideperchandgo.com). (Photos by Craig Naherniak, BC SPCA; printed with permission.)

Examples of practical applications

1. If a cat is uncooperative, a comprehensive physical examination can usually be done using just a towel as a protective barrier. Facing the cat away from you is less threatening for the patient. Confining the cat between your legs as you sit on the floor provides adequate persistent firm restraint that is reassuring rather than frightening.

2. Blood and urine can be collected by "burrito-ing" the forelimbs, torso, and possibly the head of a difficult cat in a towel, then using the medial saphenous vein and a lateral approach for cystocentesis. This vein is also a superb choice for catheter placement and administration of intravenous medications. If the cat is allowed to have its front end in a sternal position while the back end is positioned laterally, it may struggle less.

3. Allow the client to be with the cat as much as, and whenever, possible.

4. Recognize that a *persistently* elevated systolic value above 170 or 180 mm Hg probably represents true hypertension rather than the stress response. If in doubt, repeat the measurement later during the visit.

5. Feliway® (Ceva Animal Health), a synthetic analog of a feline facial pheromone, generally has a calming effect on cats. Spray it into kennels and carriers and even on your clothing before handling an anxious cat. Let the carrier substance evaporate for a few minutes before placing the cat into the sprayed space. Plug Feliway diffusers into treatment and hospitalization areas as well as reception and consultation rooms to help patients relax. (www.feliway.com)

6. Elevated blood glucose and glucosuria may be a result of persistent stress. A diagnosis of diabetes, therefore, should be confirmed by finding an elevated serum fructosamine.

In the wild, the number of feral cats living together depends on the availability of resources: food, water, privacy and safety, latrine availability, and sexual partners. This results in little competition and a social structure that does not require sharing or taking turns. Stress is minimal unless there is a lack of resources. Thus, communication and aggression are largely developed to keep distance between individuals and prevent contact with outsiders. The natural grouping, if there are enough resources, is a colony of related female cats with their young, that they jointly defend and nurse. Males are relegated to the periphery and vie for the prime breeding spot; usually only one tom lives with the group.

The basis for working cooperatively with cats is being empathic to their nature and behaviors and trying to imagine what *their* experience is like.

Feline signaling: Reading their cues

Tactile sense

Touch is very important to cats. Social rubbing may consist of rubbing a head, a flank, or a tail against another cat (allorubbing), person, or object. Whether a full-body rub or rubbing with a flank, tail, cheek, or other body part, this is believed to be an affiliative behavior and is seen between members of the same social group. Additionally, rubbing is not only tactile but is also a means of depositing scent. Cats often rub against us; unfortunately, we often misinterpret it as a request to be fed.

Allogrooming (mutual grooming) may precede a playful attack or follow a stressful interaction. It may appear to be conciliatory or may simply be grooming. Kneading and treading occurs in adults either as a kitten-regressive behavior or as a component of sexual interaction.

The neck bite/scruffing is a signal that is used in three contexts: for the transportation of a young kitten, as part of sexual mounting, and as a means for dominating another cat in a fight. Our use of scruffing fits most closely with the last and probably does not belong in a conciliatory, respectful cooperative setting.

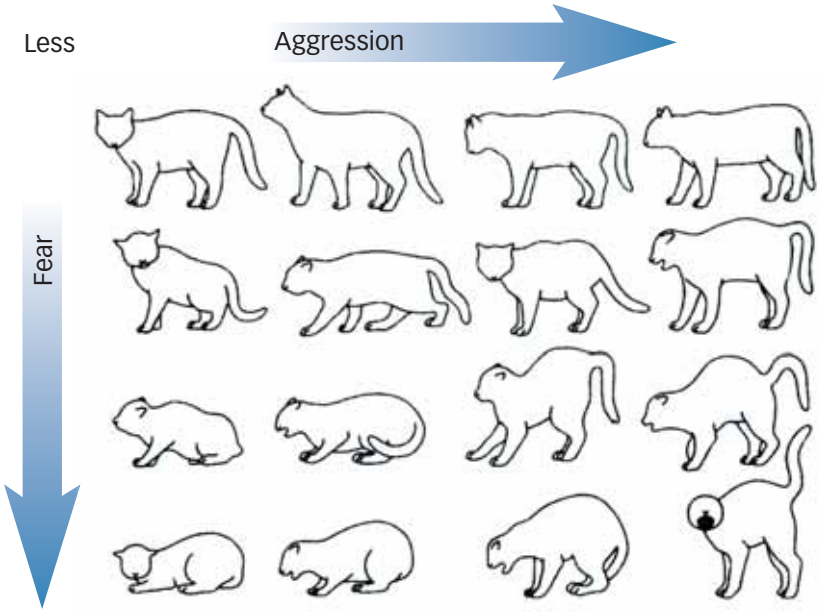

Figure 2. Interpreting a cat's body posture. (Reprinted with permission from Rodan I. Understanding the cat and feline-friendly handling. In: Little S, ed. *The cat: clinical medicine and management.* Philadelphia, Pa.: Elsevier, 2011;5.)

Olfactory cues

The role of smell and scent in feline communication is something we human beings are ill-equipped to appreciate. It has been estimated that the size of the olfactory epithelium in cats can be up to 20 cm^2, whereas people have only 2 to 4 cm^2 of olfactory epithelium. Signals may be left by several methods. The one that is most problematic for people is urine spraying. This is a potent communication method that we fail to appreciate. Other forms of olfactory messaging are cheek marking an object or individual, scratching to leave scent from glands below the footpads, and midden (*i.e.*, leaving a deposit of feces uncovered in a strategic place).

All of these signals have several advantages over visual cues. The message persists over time and in the absence of the sender, allowing for remote communication without risking the potential for conflict that direct interaction provides. This is especially useful in areas with poor visibility and at night. In this way, these signals help cats spread out over space as well as time-share territory. The disadvantage of this form of communication is that the sender cannot change the message once it has been deposited; it cannot be altered or removed and no adjustments can be made in response to the recipient's reaction. So urine marking in the home is an attempt to signal to the other cats when "I was here" and to establish a routine so that the cats can keep a distance by time-sharing the same space without needing to see each other. Every time we remove the urine, we interfere with this communication!

Because of our less-developed olfactory sense, we fail to "read" the cues patients may be giving us and are unable to fathom the overwhelming olfactory messages that the clinic experience must present to them.

Visual cues: Body language (posture, face, tail)

Body language and facial expression are extremely effective at

maintaining or increasing distance between hostile individuals. Visual cues require an unobstructed view, adequate ambient light, and, unlike olfactory cues, that the two individuals occupy the same space together. Body posture gives the big picture of relaxation or fear (*Figure 2*), but facial expression (eyes, ears, whiskers, mouth, visibility of teeth) changes more rapidly and provides the finer details. Thus, in a clinic setting, for us to understand the mental or emotional state of an individual to avoid provoking the cat and getting hurt, it is extremely important to watch and interpret facial changes.

As a species that generally leads a solitary existence, survival depends on speed, stealth, self-reliance, and outsmarting others. As a consequence, cats may "bluff." When they act aggressively, they are generally hiding fear: "stoicism" hides vulnerability. Subtle changes in behavior mask significant illness. Body postures communicate confidence and physical prowess that may not be present. Keeping a threat at a distance may eliminate the need for a physical confrontation. The arched-back "Halloween cat" typifies this façade of confidence. Making oneself smaller, on the other hand, to minimize threat and evade attention is portrayed by a crouch and withdrawal. In these postures, the weight remains on all four paws so that flight or chase remains possible. A cat feeling less fearful does not need to be on its feet. However, an extremely fearful threatened cat may roll, exposing its abdomen with all four feet ready for self-defense. This cat will also be showing all of its weapons (nails and teeth) and be screaming.

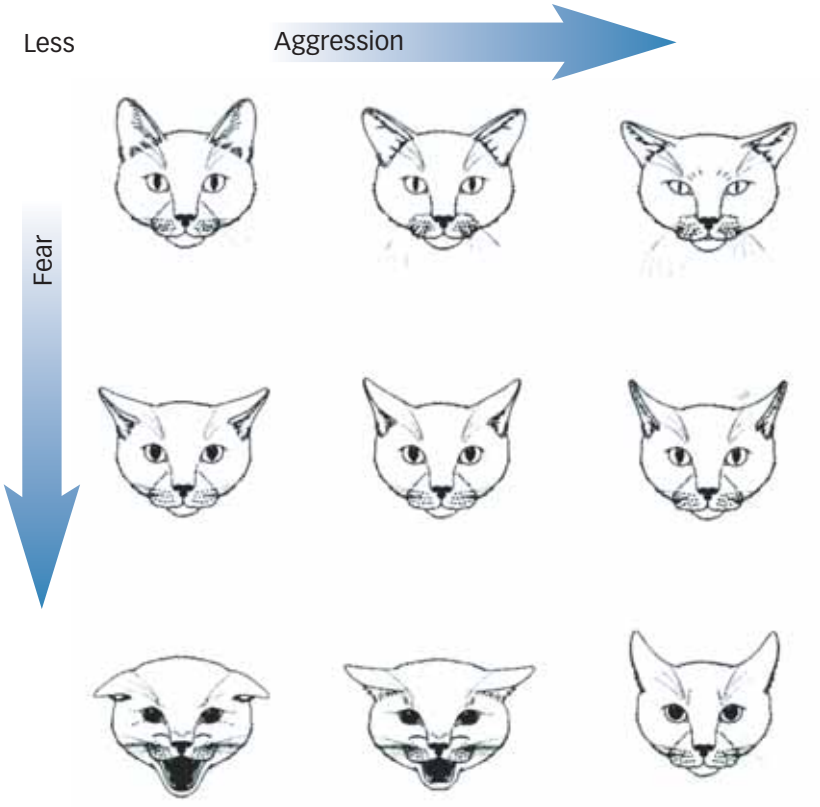

Figure 3. Interpreting a cat's facial signals. (Reprinted with permission from Rodan I. Understanding the cat and feline-friendly handling. In: Little S, ed. *The cat: clinical medicine and management.* Philadelphia, Pa.: Elsevier, 2011;5.)

Cats have extremely mobile ears (*Figure 3*). When the ears are forward, a cat is listening and is generally relaxed or alert but not emotionally aroused. Turned down and laterally, flat "airplane ears" indicate that the cat is more fearful or feels threatened. When ears are back and tight to the head, the cat is feeling very threatened and frightened. This cat will have a partially or fully open mouth and be hissing, spitting, yowling, or screaming. The cat will protect itself if we fail to reduce the perceived threat level. Ears turned laterally but erect indicate the most reactive and aggressive state. In this case, the mouth will be closed and the cat will be emitting a low growl with or without swallowing. This is the cat that will attack you.

Vocalization

This form of communication requires that the recipient be present; it has the benefit of being easy to adjust from moment to moment. As with other signaling, cats have a well-developed repertoire of sounds to convey a need or wish to increase the distance between individuals. The sounds made for encouraging socialization are a trill

or chirrup, purr, puffing, prusten, chatter, miaow, and sexual calling. The cat that is open-mouth screaming is highly aroused but is probably less aggressive than the cat that is close-mouth growl/wah-wah/mowling.

Cats use a combination of these different signals in any situation. We have to learn to look for all of them and interpret them together.

From a cat's point of view: Reducing threats in your clinic

In our clinics, we need to reduce exposure to predators (dogs, people, other cats) and other perceived threats. Looking over our clinic or hospital, what can we do to reduce the stress and threat level of the physical and social environment? What things or events assault the five senses of a cat? How can we make positive changes to these? *Table 1* shows a chart that can be completed to evaluate your clinic.

Handling (examination, hospitalization, diagnostics, and treatments)

The goal is to handle our patients respectfully and provide an appeasing environment to build positive, long-term relationships. This is achieved by reducing threat and, thus, the cat's need to react defensively. Avoid doing things in a way that uses threatening feline body language or tone. The aggressive cat is upright, stiff-legged, large: sit down to examine the cat.

Never look a frightened cat directly in the eyes: Examine cats from behind, and other than for ophthalmic evaluation, avoid direct facial viewing. Look at the cat's face using a sideways glance with hooded eyelids. A slow blink is a reassuring signal to a cat, similar to a smile.

The aggressive cat growls and uses low tones; use light, upper-register tones, perhaps chirruping as cats do with conspecifics when they are relaxed. "Shushing" a cat to try to calm it as we might a child is the equivalent to hissing at the cat. Short repetitive sounds should also be avoided, since these may resemble spitting rhythms. Purrs, chuffing, trills, and chirrups are welcoming sounds.

When cats feel secure and safe, even just able to hide their faces in an elbow or a towel, they allow most procedures. Try to keep all four paws on the floor (or table) and avoid changing a cat's body position as much as possible. A comprehensive examination, blood and urine collection, body temperature measurement, and blood pressure evaluation can all be done without changing the cat's position. Examine the cat in the base of its own carrier if the lid can be removed. Don't hang a cat's forelimbs over the edge of a table for jugular venipuncture. For an already frightened cat, additional lack of support under the paws is not reassuring.

When you reach into a kennel to bring out a patient, you block the light and appear as a looming frightening stranger. Approach the opening of a kennel from the side so that some light still enters. Do not block every chance for escape; if the possibility to have some control over the environment and situation exists, the cat will be much more cooperative. Because cats rely on flight and fight for survival and are not reliant on others, when it comes to restraint, LESS IS MORE! Cats inherently resist intimate handling and restraint. By restraining them, we take away their sense of control and cause them to react. It is very easy to condition negative emotional responses. Scruffing is strongly discouraged as it is an act of dominance that cats may resent. Cat bags, masks, and gloves all carry the scents of similarly terrified patients plus other sundry smells (anal gland secretion, pus, blood, halitosis, etc.). A towel is all that is needed to wrap a cat in, in order to protect the handler. Remember, a cat would rather flee than attack.

Other considerations

As cats age, they tolerate less time in the clinic. Siamese cats are especially prone to becoming depressed. Three days is about as long as a cat can stand the indignities and anxieties of hospitalization, even with daily visits from the owner. Consider capping intravenous catheters and sending patients home and then having them return for day care. Even for in-hospital care, capping off fluid lines overnight prevents alarms from going off, keeping patients awake, and allows cats greater ease of movement. In either case, administer the overnight fluid volume subcutaneously.

Because cats "see" the world in "overlapping clouds of smells," we should try to provide familiar smells and reduce foreign, medicinal smells. Client-worn shirts are helpful in cages. Because cats' sense of hearing is tuned more finely than ours, it helps to provide as quiet and reassuring an environment as possible. Cats should not be exposed to the sounds of predators, including barking dogs. Try to reduce noise, especially when

TABLE 1
Chart for evaluating a clinic's perceived threats to cats

Sense	Threat	Reduce threat by
Smell		
Hearing		
Sight		
Taste		
Touch		

using certain induction agents that enhance hearing (*e.g.* ketamine).

Avoid changing a cat's diet during hospitalization, as that is likely to result in inappetence and possibly the development of an aversion. If a change in diet is required for therapeutic reasons, try to make the change gradually at home.

History taking is especially important given cats' tendency to hide illness. Listening carefully to clients and their concerns is extremely important. Often clients sense changes that represent real problems. I believe this situation is more common than the client who is blissfully unaware of significant health problems. By asking open-ended questions, we elicit a more detailed history than using only specific questions. For example, asking, "Have you noticed any changes in the contents of the litter box?" will probably evoke a yes or no answer. Asking something like, "What does his stool look like? Would you describe it as hard pellets, moist logs, a cow pie, or colored water? When did you first notice this?" will probably provide more useful answers. "Is there anything else?" is a valuable question.

Schedule recheck appointments to evaluate the effect of any medical or nutritional therapy. Reassessing important variables (*e.g.* body weight, body condition score, previously abnormal laboratory results) and updating the patient history allows us to provide better care for our feline patients. Care of the client is essential to providing complete patient care. It is only through hearing, educating, and working with the client that we are able to offer the best veterinary care.

Facilitating finances

The Bayer study showed that clients want costs spread out over time. Fear of large bills is another significant factor preventing owners from bringing their cats to the clinic. Many practices have wellness plans. Clinics interested in investigating the idea can have a look at an income-generating, customizable program called Partners in Wellness (www.partners-n-wellness.com). Additionally, directing clients toward pet health insurance for both preventive care and accident and illness coverage before their cats need it is sound medical advice. This could save lives otherwise lost because the owner hesitated to seek care or decided to euthanize the pet because of financial concerns.

Recommended Reading

1. AVMA. *US pet ownership and demographics sourcebook.* Schaumburg, Ill: AVMA, 2007.
2. Volk JO, Felsted KE, Thomas JG, et al. Executive summary of the Bayer veterinary care usage study. *J Am Vet Med Assoc* 2011;238:1275–1282.
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4. *The domestic cat: The biology of its behaviour.* 2nd ed. Turner DC, Bateson P, eds. Cambridge, U.K.: Cambridge University Press, 2000.
5. Crowell-Davis SL, Curtis TM, Knowles RJ. Social organization in the cat: a modern understanding. *J Feline Med Surg* 2004:6:19-28.
6. Hide Perch Go and Cat Sense: www.spca.bc.ca/welfare/professional-resources/catsense/.
7. Gourkow N, Fraser D. The effect of housing and handling practices on the welfare, behaviour and selection of domestic cats (*Felis sylvestris catus*) by adopters in an animal shelter. *Anim Welfare* 2006;15:371-377.
8. Rodan I, Sundahl E, Carney H, et al. AAFP and ISFM feline-friendly handling guidelines. *J Feline Med Surg* 2011;13:364-375.
9. Cat Friendly Practice Program. Available at: http://catfriendlypractice.catvets.com.

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