The best training for equine practice?

While veterinary school imparts valuable clinical skills, some lessons can’t be learned through anything other than experience. One equine practitioner describes her journey from student to doctor.

BY KIRSTEN TRAUL, DVM
Veterinary school, like medical school, is a weird, competitive, hothouse environment in which to learn. At first you’re completely obsessed with grades, with knowing what’s going to be on the exam, and with memorizing notes. You lose sleep, compete for the most hours spent studying, and become hard to live with. Then you move into clinics, and your obsession shifts from studying to writing the perfect SOAP, placing tricky catheters, and correctly answering the surgeon’s questions.

And then you’re out in practice feeling confident and ready, waiting for the first oddity to cross your path. But it turns out you don’t actually come out of school completely prepared for your new profession. Just look at me.

A SAFE START
I was lucky after I graduated from St. George’s University in 2004. I got a job in the anesthesia department of the Washington State University College of Veterinary Medicine, where I finished my clinical rotations. I was surrounded and supported by amazingly talented veterinarians and technicians. I was never truly alone; if something went horribly wrong, I could call for help any time of day or night. After a while, I left the university and moved home to Colorado.

I had trouble finding an equine job in a clinic but was fortunate enough to find a position as the attending veterinarian at a large equine reproduction facility. The farm offers a number of services: breeding management, foaling watch and neonatal care, embryo transfer, and semen collection and shipping. So I set myself up as a solo mobile practitioner, with most of my patients housed at the facility.

HARSH REALITY
My first week of foaling season, in bitter-cold January, I got about four hours of sleep—total. I placed six catheters—three in the same foal on the same night in a dim stall while lying on my belly, trying to avoid his flailing legs and frantic mother. I gained a multitude of bruises and found out how hard it is to be out there alone, relying on my own knowledge and skills. I wished desperately that I had enough money to hire a technician.

It’s easy to become reliant on the skill of well-trained technicians. And it’s easy to become confident that you’ll always have diagnostic modalities at your disposal. Working out in the sticks with neonates, though, I often don’t have the luxury of time to run diagnostics before starting treatment. I have to make connections quickly, which has taught me how to be observant, listen closely, and glean what I can from a good hands-on physical exam.

In school, you don’t always remember that there’s a purpose to the learning besides getting the perfect score. It’s easy to forget the long-term goal of being able to apply all of that knowledge and all of those skills. But out in practice, you learn how vital it is to be able to dredge up everything you learned for all of those exams, to assemble the knowledge from your sophomore clinical pathology class with your knowledge from bacteriology.

LEARNING DOESN’T END WITH GRADUATION
Veterinary school teaches you to learn, to study. It teaches you technical skills, surgical approaches, suture patterns, and anatomy. But it doesn’t teach you everything. Out in practice, you quickly learn that people aren’t always able, or willing, to spend the money to run the diagnostics. You learn that you can’t save them all, and that’s hard. During my first week as a solo mobile practitioner, I lost my first patient. I had to talk to an owner who’d spent a year and thousands of dollars to get a foal on the ground, only to have it die. I cried and wondered what the heck I’d been thinking, becoming a veterinarian.

In practice, some cases make you pull your hair out and some owners make you want to scream from frus-
My first week of foaling season, I got about four hours of sleep—total.

but you also find a fierce joy in your successes. You learn to retain a sense of humor—animals are humbling patients. And you learn never, ever, to assume that owners aren’t knowledgeable.

For example, this past winter I was stitching two horses that had gotten tangled in barbed wire. It was dark, snowing, and windy, and the horses were in an open field. The two owners and I made a makeshift windbreak with my car and their truck. I used my trusty headlamp to light the wounds—huge, gaping, shoulder-to-shoulder wounds. Hours and innumerable packs of suture later, my hands were so cold I couldn’t feel my needle holders. I was tired, cold, and cranky. My knees were soaked and sore, and my back was screaming. I lumbered to my feet and apologized for the Frankenstein appearance of my suture job. Then I explained in excruciatingly simple words why I had done what I had. The owner replied, “It could be worse. We could be grading you.” Turns out they were both MDs who taught surgery. I was mortified.

The real lesson is: Veterinary school teaches you a great deal, but your life afterwards teaches you more.

Dr. Kirsten Traul is the attending veterinarian at Premier Breeding Services in Kiowa, Colo., and maintains a small mobile practice. She is also certified in medical acupuncture and still dreams of hiring a technician.

I’m having trouble maintaining an efficient inventory system for my mobile practice. How can I simplify things?

Inventory management provides its own unique challenges for ambulatory equine veterinarians, says Elise Lacher, CPA, of Strategic Veterinary Consulting in Seminole, Fla. You have the usual issues of stocking a central pharmacy—you don’t want to have too much inventory, nor too little. But then you have a moving vehicle to consider, which adds a whole new wrinkle. Here’s how to tame the inventory tiger.

1. Know what you have. Print a report from the inventory module of your practice management software. Go through your truck and record everything that’s in it—even if something isn’t on the list—and correct any incorrect quantities. When you’re finished, you should have an accurate listing of your entire inventory. One additional point to consider: Inventory is typically thought of as primarily pharmaceuticals and medical supplies. Here, however, you should also include buckets, tubes, clamps, twitchs, and all the other “stuff” you need to do your job.

2. Look over the list. Make sure you have what you need to provide routine wellness care and treat common emergencies. You can refine the quantities as you get better at this, but for now, make an educated guess as to how much you need on your truck, Lacher advises.

3. Create a map. Now go through the truck and label each location, what belongs there, and how many items you have. For example: “Bottom center drawer: two stainless steel buckets, one pump, one half-inch plastic tube, one quarter-inch plastic tube.”

4. Tally the total. Total up the cost of the medical supplies and pharmaceuticals you’ve inventoried. This serves two purposes. First, it gives you the dollar value of the true inventory on your truck. Second, it tells you or your technician what needs to be restocked onto your truck each day before you leave the clinic or each night when you get back. Restocking from the central pharmacy will allow your staff to appropriately account for the inventory that’s being used on your truck. This goes a long way toward catching lost revenue and missed charges that can have a negative impact on your profitability.

5. Review daily appointments. Check before you leave the office for any unusual things that you might need to your supplies depending on your schedule for the day.

The best of plans can always go awry. But if you follow these ideas, you’ll have what you need to perform high-quality equine medicine.
An economic downturn is not the time to cut back on marketing. Rather, it’s an opportunity to grow your brand and prepare for greater financial success once the market recovers.

BY JAMES GUENTHER
DVM, MBA, CVPM

Marketing your equine practice is essential during good economic times, but during challenging times like those we’re experiencing these days it can be a lifeline of opportunity. Why? Marketing helps you develop financial stability now and prepares you for growth down the road when the economy improves.

This was the message attendees heard at the recent American Association of Equine Practitioners (AAEP)
convention in Baltimore, Md. The business keynote speaker was William Lowell, an author, lecturer, and internationally recognized expert in the fields of marketing and brand perception who’s putting his talents to work in the equine industry. Lowell cites a recent study from the University of Texas at Austin concluding that indiscriminately cutting a marketing budget to save money—a tactic many businesses fall back on during tough economic times—can make it more difficult to recover from a market downturn. Instead, Lowell suggests using a proactive—and cost-effective—three-step marketing plan as a strategy to grow your business. The plan doesn’t necessarily involve creating a website with all the bells and whistles or developing slick and expensive brochures. It’s about building a positive business reputation—a brand—through the use of good customer service practices that lead to positive client experiences.

**STEP 1 DRIVE CLIENTS TO YOUR DOOR BY MEETING THEIR NEEDS**

First, Lowell tells equine veterinarians, remember that you’re not in sales. Sales is about meeting the needs of the seller—turning prospects into clients. Instead, he suggests, focus your marketing efforts on the needs of your clients. Marketing is not a dirty word but rather a customer-oriented, evidence-based method of strategically driving clients to your doorstep. And Lowell says a poor economic climate is the prime time to initiate this marketing plan if you don’t already have one in place. Not sure where to start? Ask clients what they want and need from their veterinarian by conducting surveys and holding five-minute chats at the end of farm calls. There’s no need to assume or guess. Then brainstorm with your staff to determine what you’re doing right and where improvements and changes need to be made. Finally, make the necessary changes.

**STEP 2 BUILD RELATIONSHIPS WITH YOUR CLIENTS**

Kelly Chu, PhD, an advertising professor at DePaul University in Chicago, defines branding this way: “Branding is building relationships with your customers and then having those customers talk to other customers about you.”

This statement emphasizes the importance of relationships in any marketing strategy. As Lowell says, “Branding creates emotion and personality for a company. It can create a preference between two seemingly identical products. It’s about your vision, your core values, your staff, and, of course, your image.”

Lowell stresses the importance of reviewing your brand periodically: Are you authentically and consistently representing yourself and your practice? He suggests that you Google yourself and your practice to learn what clients are saying about you. (See list at right.)

**How to ...**

5 **client relationship-building strategies**

*Make your practice a standout by talking—and listening—more to your clients.*

1 **Communicate often.** Do you communicate with clients only with appointment reminder postcards? Build a stronger relationship with horse owners by providing educational material such as newsletters or information bulletins in print or via e-mail.

2 **Build two-way communication.** Actively listening is just as important as speaking. Develop a website and provide an e-mail address so clients can contact you without calling.

3 **Hold special events.** Have an open house once a year or participate in community events such as golf tournaments, fundraisers, and picnics. Make sure everyone knows who you are and what you do. Show them that you’re approachable.

4 **Provide superior customer service.** Make your clients’ concerns your top priority. Return phone calls promptly. Process paperwork in a timely manner. Smile when answering the phone. Never sound as if you are too busy to listen.

5 **Be multicultural.** Hire someone at your practice who can speak Spanish, or have someone available to translate on an as-needed basis. Learn more about the other cultures represented in your community.

*Adapted from information on Entrepreneur.com.*
STEP 3 TRAIN YOUR EMPLOYEES TO PROTECT YOUR BRAND

Ask yourself this question: "What makes my practice different from my colleagues’ practices?" Lowell suggests that it isn’t your equipment or drugs—differences in those aren’t usually profound enough for clients to notice. What makes your practice different from others is your staff and your clients’ experiences with your staff. Your employees create your internal branding, Lowell says. Lowell is supported by a study from Northwestern University in Chicago, which found that internal marketing is one of the top three indicators of a business’s financial performance.

Internal branding is based on the belief that marketing starts from the inside out. Lowell suggests that you educate your employees about the abilities and expertise of all veterinarians on staff and all aspects of your practice. Team members are the first and, in most cases, the last contact your clients will have with your practice, so employees need to sing the praises of the veterinarians and practice at all times.

Lowell says your employees also need to know what the practice stands for, to deliver on promises made to clients, and to provide peace of mind. This can be accomplished by training them to deliver a consistent message to clients.

Hold your employees accountable for their actions, because those actions influence your brand. Ensure that your team members provide a positive total experience for clients from the moment they’re greeted, through assistance and answering questions, and until they’re professionally and courteously sent on their way at the end of the appointment. Your employees must provide a high level of client service, one that matches your high quality of equine medical care.

In order for your employees to do all these things, you must see to it that they are well trained, that they feel appreciated, and that they feel like part of the team. And one way to build strong team relationships with employees is to use active communication, Lowell says. If team members are greatly satisfied with the practice and their role in it, they will be loyal to the practice. And this will lead to them creating a positive atmosphere for all your clients. In the end, this effort on your part will translate into more referrals to the practice.

Knowing how to strategically deal with an economic downturn is challenging, but according to Lowell, attending to these three marketing steps will foster improved customer satisfaction, greater employee loyalty, more client referrals, and higher profits for your practice.

 Veterinarian Economics 
 Editorial Advisory Board 
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How drugs make your practice SICK

Your cash flow is weak and your stress is high. Turn your fever of anxiety into a plan to rejuvenate your inventory and heal your practice’s financial woes.

BY JAMES GUENTHER, DVM, MBA, CVPM

An epidemic is sweeping through equine veterinary practice. You know you’re sick with it if you pay only one vendor each month. You’re showing symptoms if your drug distributor demands cash on delivery. Other signs include sweat-inducing stress over accounts payable, a sinking feeling that your practice is going under, and perpetual thoughts that you’re just not good enough to manage your finances. That’s right. It’s the dreaded EII: equine inventory irritation.

Luckily, I’ve got a three-step program to tackle this pervasive illness, a prescription to ease your practice’s pain. It’s time to take your drugs and supplies seriously: Your mental well-being and your practice’s future financial success depend on it.

STEP 1: TREAT INVENTORY AS MONEY

When you pop open a bottle or peel open a package, currency doesn’t pour out. But you need to act as if it does. The first step to inventory wellness is to look at inventory as dollars on the shelves, not just products. And remember that the value of your inventory comes from using or selling it for a profit, not having it sit on a shelf. If you don’t sell the product, it doesn’t appreciate in value—it expires.

Treat inventory like cash and keep it safe. It costs you a lot of hard-earned money to buy products to resell. It makes sense to protect that investment by securing it under lock and key. You won’t need to build a bank, though. You’ll need a central pharmacy with limited access by staff.

STEP 2: SET UP A CENTRAL PHARMACY

A central pharmacy helps protect inventory from theft by employees and clients. It’s also a great way to manage your inventory. With a central pharmacy you gain more control over product selection and more knowledge of quantities on hand, and you reduce drug expirations.

Most equine practitioners keep their pharmacy at home. That’s fine—but it needs to be locked. And you
need a system, a way to decide how drugs and supplies will be requisitioned from the pharmacy to a practice vehicle or for on-location over-the-counter sales.

A well-run central pharmacy and a consistently used requisition sheet can do a lot for a practice’s finances and an owner’s peace of mind. As an example, Springhill Equine in Gainesville, Fla., reduced its inventory by nearly 55 percent, or $50,000, in the first nine months of 2010. Here’s how they did it:

> The practice’s staff helped the two doctors map the location and quantity of products in the mobile equine practice’s trucks.

> The veterinary technicians check each truck daily and prepare requisition sheets for needed products. They turn in these sheets to the inventory manager.

> The inventory manager fills the requisitions from the central pharmacy, places the drugs and medical supplies in the trucks, and records the movement in the computer.

> All invoices from the vehicles are checked for accuracy: Does what’s left in the truck plus what’s shown on the requisition sheet equal the original total inventory for the truck? If there’s a discrepancy, the inventory manager figures out whether the product is lost or broken or if a team member or doctor failed to include it on a requisition sheet.

The system takes a little time to get used to, but it pays dividends in unmissed charges and shrinkage.

**STEP 3: BENCHMARK YOUR INVENTORY**

Financial benchmarks are a fantastic tool for veterinarians. They offer you a glimpse behind the scenes into average practices vs. high-functioning practices, giving you a pat on the back for a job well done or goals to shoot for. If you keep in mind that benchmarks are just averages to be consulted and not obsessively followed, they can help you manage your finances and inventory.

At first, your numbers may not be very close to the national averages. That’s OK, because now you have a goal to inspire you. A practice management consultant or another practitioner familiar with equine veterinary metrics can offer you advice on daily, weekly, and monthly course adjustments to meet your new goal. And the more you fine-tune your practice, the better your cash flow and profitability will be.

In my opinion, the two most important benchmarks are inventory turns and percentage of gross revenue spent on drugs and medical supplies. Thankfully, they’re easier to track than client compliance and can quickly improve your cash flow.

**Inventory turns.** Inventory turnover ratio is an equation that all practices need to perform, whether for a single product or for all products over a specific period of time. This calculation is crucial for success: The more you turn a product or products, the less money you have tied up in boxes and bottles and the more cash you have flowing. (See “Let’s investigate inventory turns” on page 4 of this Equine Section for the formula and a sample calculation.)

The American Association of Equine Practitioners says inventory turnover should be six times a year. That means that at any time you have at least 60 days’ worth of product on your shelves. If you ask me, that’s way too long to tie up cash in products. Vendors won’t wait for payment for two months, so this means you order the product, pay up front, and sell the product later. Ideally, you want to sell it before your invoice comes due. That translates to inventory turnover of 12 times a year or every 30 days. This is possible.

Many equine practices are turning their inventory 10 to 12 times a year. How did these veterinarians improve inventory turns? Simple—they use a...
central pharmacy, they use their practice management software to aid them in discovering the best reorder points, and they regularly monitor inventory usage.

**Inventory as percentage of revenue.** The second most important benchmark for equine practitioners is the total cost of drugs and medical supplies as a percentage of gross revenue. You can track this on a monthly basis or more frequently for a snapshot of how well you’re controlling inventory. One generally accepted benchmark for this percentage is 20 percent to 22 percent.

Your challenge for 2011, should you choose to accept it, is to calculate your 2010 percentage right now. Find out how you compared last year to this benchmark. I’ve spoken to several equine practice owners recently who worked to improve their numbers and reached 15 percent or better.

To understand why the total cost of drugs as a percentage of gross revenue is so important, consider an example. If gross revenue stays the same and you lower your percentage of drugs and medical supplies by 5 percent, your profit goes up. Let’s say your practice grosses $1 million and your drug and medical supplies expense is $250,000 (25 percent of gross). But now, through better inventory management, you generate the same gross revenue but your drug and medical expense is only $200,000 (20 percent). Your profit has just increased by $50,000. Not bad, considering your gross is the same.

Let’s investigate inventory turns

It’s just two steps to your inventory heads-up:

**STEP 1—FIND THE AVERAGE COST OF DRUGS AND SUPPLIES ON SHELVES AND IN TRUCKS**

(Formula: Beginning cost + Ending cost / 2 = Average cost of inventory for a period of time)

| Cost of drug and medical supply inventory at start of year | $40,000 |
| Cost of drug and medical supply inventory at end of year | $30,000 |
| Average cost of drugs and medical supplies during year | $40,000 + $30,000 / 2 = $35,000 |

**STEP 2—FIGURE YOUR INVENTORY TURNS**

(Formula: Cost of drugs and medical supplies / Average cost of drugs and medical supplies = Inventory turns)

**EXAMPLE FOR TOTAL PRODUCT INVENTORY**

| Total cost of drug and medical supply inventory during year | $210,000 |
| Average cost of drugs and medical supplies during year | $35,000 |
| Turns for total inventory | $210,000 / $35,000 = 6 TURNS PER YEAR |

**EXAMPLE FOR SPECIFIC PRODUCT**

| Cost of total phenylbutazone paste inventory at start of year | $2,000 |
| Cost of total phenylbutazone paste inventory at end of year | $400 |
| Average inventory cost of phenylbutazone paste during year | $2,000 + $400 / 2 = $1,200 |
| Total dollars spent on phenylbutazone paste during year | $9,600 |
| Number of turns of phenylbutazone paste | $9,600 / $1,200 = 8 INVENTORY TURNS PER YEAR |

Your profit has just increased by $50,000. Not bad, considering your gross revenue is the same.

Veterinary Economics Editorial Advisory Board member Dr. James Guenther, MBA, CVPM, is owner and president of Strategic Veterinary Consulting in Asheville, N.C. Send questions or comments to ve@advanstar.com.
Social media for today’s equine practitioner

Statistics show that at least 61 percent of your clients are using social networks. Are you? Find out how Facebook and Twitter can help your practice’s profits soar.

JAMES GUENTHER, DVM, MBA, CVPM

I had one of those wow moments at the 2010 American Association of Equine Practitioners (AAEP) annual meeting. Dr. Mike Pownall of Mckee-Pownall Equine Services presented a business management session that really caught my attention: It was about social media and its impact on the equine practitioner. Social media is not just for client education purposes anymore—Facebook and Twitter...
can and will improve your profitability—but only if used correctly.

**DO YOUR RESEARCH**

Social media, whether in the form of Facebook, Twitter, or myriad other online networks, is basically a way to interact with a large group of people via the Internet. A Pew research study has found that 86 percent of 18- to 29-year-olds and 61 percent of 30- to 49-year-olds use social media. Specifically, Facebook is the nation’s number one Internet site with 25 percent of all Web page views in the United States. The average member has 170 friends, so it’s a safe bet that if your clients “like” your equine practice via your professional Facebook page, many of their friends will click on your page as well. Social media is reaching more and more of your clients every day, and if your practice doesn’t keep up, your clients will move on and find one that will.

Social media allows you stay connected with your existing clients as well as expand your pool of potential clients. As Dr. Pownall said during his AAEP presentation, “People do business with people they like.” Social media allows you to get acquainted with potential clients fast—the faster they know you, the faster they’ll like you and trust you.

For updates to your Facebook page, you can post links to information that would be interesting to your clients, let them know what’s new at your practice, explain about a condition that may be showing up in horses in the area, or merely give a quick report on a great CE program you’re attending. You decide what to post because it’s your page.

Facebook is a great way not only to tell clients about your practice but to show them as well. Create educational videos with your smartphone or digital camera. Take your clients on a tour of the practice and demonstrate some of your new technology. Be creative with your videos and post them on YouTube—a site that receives 2 billion views a day. Keep in mind that’s nearly double the prime-time audience of all three major television networks combined, according to viralblog.com.

Twitter is another fast-paced social network that has been exploding in popularity. It’s a form of microblogging—your posts must be 140 characters or less—so it’s important to choose your words wisely. Dr. Pownall’s practice is using Twitter actively to communicate with clients and other followers about his practice. Twitter is more popular in larger cities, but you can never have too much free publicity.

**Pause before you post**

Before your practice goes viral, make sure to:

> **Engage your audience:** Share interesting and useful information with your Facebook friends. Your posts should be designed to educate, but don’t be afraid to show your practice’s personality and reinforce your brand identity.

> **Question everything:** Post questions for your followers to answer and, more importantly, read what the respondents are saying. It will foster more trust in your brand.

> **Don’t forget to post:** Be consistent by posting on a regular basis. If you are going to use social media, you need to create meaningful posts at least two or three times a week.

> **No venting please:** Remember that social media is not a platform to rant or vent frustration. If you do, you’ll quickly tarnish your brand.

**Check your website**

The hub of all social media endeavors for your business is your practice’s website. So make sure your site is user-friendly and easy to navigate. It should present the brand you want to display to your clients and potential clients. Don’t forget to include links to your practice’s Facebook, Twitter, and LinkedIn pages. If you’re still hesitant, check out Dr. Mike Pownall’s website, mpequine.com, to learn from a great example.

**Log on today**

Few equine practices are taking advantage of social media to increase revenue and brand awareness. If you’re ready to take the plunge, be aware: as with all marketing strategies, you need to create a plan with concrete goals. This will take some strategic planning among you and your staff. Here are some questions to think about before you get started:

> What content will you have?

> Who will manage your involvement on the sites?
> How will you measure your success with social media? (Here’s a tip: Check out Google Analytics, which helps you measure your website’s traffic—visits, posts, and page views. It will help you determine what your clients like and what they don’t like.) Once you’ve thought through these issues, Dr. Pownall suggests the following game plan:

> Start with Facebook or Twitter as your main social media site.

> Set up your accounts using email addresses with your clinic name as the domain name. (This will drive clients to your website.)

> Identify another person besides yourself to oversee the daily scheduling of content to post.

> Remember to monitor, measure, and adjust your use of social media on a regular basis. This will keep your clients from getting bored.

The future of equine practice is closely tied to practitioners’ willingness to connect to present and future clients via social media. The process may seem intimidating at first—especially if you’re an older male who prefers to talk on the phone—but you can always delegate the social media mission to the younger doctors or staff members at your practice.

Social media is a free way connect with your clients—this is one powerful tool to add to your toolbox.

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**Equine online dvm360**

Did you know dvm360.com has its own veterinary-specific social network? Head to dvm360.com/Community to check it out.

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**Find your favorite floater**

**Who should float my clients’ horses’ teeth?**

That’s certainly a hot-button issue these days. Some in the equine veterinary profession are starting to reject the tradition of nonveterinary equine dentists (NVEDs) floating horses’ teeth. Equine practitioners are pushing for more sedation during this procedure, arguing that certain areas of the mouth can’t be reached, assessed, or treated without it.

Because the American Association of Equine Practitioners recommends that only licensed veterinarians administer sedatives or analgesics for the procedure, as well as diagnose dental problems, those veterinarians ask clients to refer floating cases directly to them. However, most horse owners and many equine practitioners still work hand in hand with NVEDs to provide floating services to clients.

Dr. Geoff Tucker is an equine veterinarian who focuses on dentistry and floats the teeth of more than 3,500 horses in and around Palm Beach, Fla., each year. For veterinarians too busy for floating, he recommends they develop a close relationship with an NVED.

“There are way too many horses out there for veterinarians to do all the work,” Dr. Tucker says. “If it takes 20 to 30 minutes to float one horse’s teeth, and you’ve got a barn full of 10 horses, that’s a lot of time for a busy veterinarian to spend.” Dr. Tucker also worries that many clients will forego teeth floating when the cost of a veterinarian’s time is so much higher than an experienced nonveterinarian’s.

“Embrace those nonveterinarians,” Dr. Tucker says. Equine practitioners should find someone they can trust who’s experienced in floating and collaborate with him or her. You could even hire this person. Take your floater around with you on calls and make introductions with your clients. The floater will get a percentage of the income from floating procedures, and the clients will get the peace of mind that if there’s any mistreatment of the horse or problems, the veterinarian is there to cover it,” Dr. Tucker says.

Dr. Tucker has expanded his business by hiring on an assistant who rides with him on visits and shares the labor of filing teeth. “She can handle the meanest horses because she’s learned the techniques that work,” he says.
Hello, Mrs. Smith? This is Ryan from On the Go Equine Services. I’m just calling to let you know that Dr. Duidal is running about 90 minutes behind schedule right now.”

Sound familiar? If you run an ambulatory practice, chances are it does. Staying on schedule is a con-

Be in front of getting BEHIND

Keeping an ambulatory practice on schedule is a challenge, but at least you can use these strategies to handle clients who knock your day on its rear.

BY KYLE PALMER, cvt
stant challenge when you’re facing uncontrollable variables such as traffic and weather. On top of that, you often encounter clients who are unprepared or who have discovered the need for more services since scheduling the appointment—and failed to mention them to the practice.

Dr. Jeff Hall at Equus Veterinary Service in Oregon City, Ore., estimates that 40 percent of his ambulatory appointments require more services than were originally scheduled. Dr. Hall’s practice schedules calls in two-hour blocks, leaving him some flexibility for addressing extras. “I work hard to stay on schedule,” he says. “But I’ll at least discuss the issue or begin an exam that may have to be completed at a later date.”

However, many practices use exact times and a point system to decide how much time to dedicate for a specific appointment, and unforeseen work can only mean one thing—the staff will be making a “sorry, the doctor’s late” call to Mrs. Smith.

Most equine practices fall into one of two camps when it comes to clients’ requests for additional services. The first group usually says no, and the second group usually says yes. Whichever type you are, having a clear strategy for staying on time and dealing with the unexpected can help minimize any impact to the day’s schedule.

**Option 1: Be on time all the time**

Some practices schedule appointments for one or more specific services, and that’s the service they provide during the appointment. Additional needs are scheduled for another visit in the future. The advantage to this approach is that the problem tends to be short-lived—clients will get the message and be more thorough when scheduling their appointments.

On the other hand, many horse owners “retain” the use of more than one veterinarian, and if you fail to meet all of Mrs. Smith’s needs, you could be sending her into the arms of your competitor. So this strategy may be great if you’re a busy practitioner who enjoys a strong reputation or if you don’t face a great deal of competition. It might upset some horse owners, but it will create goodwill with the rest of your clients who value their time as well as yours. They’ll come to appreciate seeing their veterinarian at the approximate time they had planned to.

**Option 2: Never pass on an opportunity**

Other equine veterinarians, however, believe they can’t afford to pass up an opportunity to generate additional revenue. This approach is more popular with practitioners who have fewer clients, who are located in areas of high competition, or who are well into their careers. Many senior practitioners remember their efforts to build the practice and feel that the benefits of delivering those additional services outweigh the downside of being chronically behind schedule.

And then there’s the economy. Fewer and fewer practitioners have full schedules right now, which allows for more flexibility. And even those who have a busy day today are eyeing tomorrow with concern. These veterinarians live by the adage “make hay when the sun shines,” because these days, no one knows when the sun will shine next.

Whatever your approach, there’s no downside to doing everything possible to avoid unexpected requests or other delays in the first
place. Like almost every issue in this profession, success begins and ends with good communication.

4 ways to stay on track
It’s easy to be run off schedule by clients. Employ this quartet of tips to stay in the race:

1. **Pick one person each day to handle telephone calls.** If you have a mixed practice, keep in mind that scheduling for horses is different than scheduling for smaller animals. Team members assigned to this task must have additional knowledge to be successful. They must understand the coverage area, the logistics of highways and back roads, and the reality of travel time. Failing to plan a circuitous day (unless you own a helicopter) and failing to plan for travel time is the quickest way to get off track, making it even harder to accommodate extra requests.

   Even in equine-only practices, it’s not a bad idea to assign one person to this task each day. Allowing more than one person to handle phone calls at a time is just asking for confusion and mixed messages. For example, two team members could try to schedule in the same time slot while on the phone at the same time.

2. **Turn over every stone when scheduling.** The easiest way to fail to get complete information is by failing to ask for it. Before each appointment, screen horses for needed vaccines and dewormers. A quick review of the medical history will reveal any other relevant questions you need to ask. This is another area where equine-specific experience is critical—the staff member scheduling the appointment should be able to connect the dots presented by the client to a list of possible outcomes and predict how much time you might need for the appointment. (Note that the team member needs to do this...)

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Announcing the Immunization Support Guarantee, a Pfizer Animal Health program that provides financial support to cover diagnostics and treatment for horses suspected of contracting a disease for which they have been vaccinated. As Pfizer Animal Health’s commitment to you, this program can only be offered through a licensed veterinarian.

For details of qualifying vaccines, visit PfizerEquine.com/ISG or contact your representative.
Let them know you’re on your way—have staff call clients 15 minutes before you arrive.

nonverbally to avoid the suggestion that he or she is making a diagnosis.)

By being thorough over the phone, you can avoid surprises in person. Plus, this tactic helps mitigate a client’s frustration if he or she requests extra services during the visit and you elect to postpone them for a future appointment. You can remind the client that you or your team member asked multiple questions during the scheduling call. If you question why a client failed to mention the extra services she’d need when she called you initially, the last thing you want to hear is, “Well, you didn’t ask.”

3. Know your clients. Most practices have repeat offenders—clients who habitually add extra services or otherwise cause the doctor to run behind. It’s vital to know which clients are needy, which clients are likely to surprise the doctor with extras, and which clients tend to be unprepared. Again, if you have a small team handling equine scheduling, they’re more likely to become familiar with these clients’ names and build more time into these appointments. Of course, it’s never a bad idea to create a list of “extra time needed” clients to help less experienced staff or those filling in during breaks.

4. Help yourself. Another way to reduce delays in your schedule is to educate clients about what to expect when you arrive. Here are two examples of preventable delays: a horse that hasn’t been haltered standing at the far end of a pasture when you arrive, and a client who didn’t know he had to pay at the time of service slowly walking to the house to locate the checkbook. Discuss expectations when scheduling the appointment.

Another way to avoid clients being unprepared is to let them know you’re on your way. In this age of mobile phones, it works great to have staff call clients 15 minutes prior to your arrival.

“Hello, Mrs. Smith? This is Ryan from On the Go Equine Services calling to let you know that Dr. Ontyme will be there about 3 p.m., just as planned. Go ahead and put a halter on your horse. She’ll be pulling into the barn in 10 minutes, and we’ll figure out what’s causing the lameness.”

The ability for your staff to make this call several times each day—and to apply these other strategies to stay on track—will be just what the doctor ordered.

Kyle Palmer, CVT, is practice manager at Silver Creek Animal Clinic in Silverton, Ore. Send questions and comments to ve@advanstar.com.
What to say

How to have horse-health chats about West Nile virus that build client trust and compliance.

BY PORTIA STEWART

It can be tough to have a serious medical conversation with a rushed client in the field. But your conversations about West Nile virus and other serious equine diseases can be much easier if you lay a good foundation for communication with clients early, says Dr. Gregory Smith, who co-owns East County Large Animal Hospital in El Cajon, Calif.

Dr. Smith says his high compliance rate with West Nile virus vaccination is due to his educated clientele, and he enjoys working with horse owners who rely on his team to do what’s best for their horses. To keep client relationships strong, he and his team members use several methods of communication to stay connected with their clients. Consider these easy-to-implement ideas to reach out to horse owners on the go.

PICK YOUR POISON

In the digital age, you’ve got the ability to choose from a variety of communication methods that best suit you and your clients. So if you’re feeling cut short during your truck-side conversations with horse own-

Protocol problems

We seem to always be playing catch-up with payables. We’ve tried to institute checks and balances for order points and requisitions, but we can’t seem to get everyone to follow protocols. What can we do to make our inventory work for us?

“There’s no silver bullet to fix accounts payable, because in most cases, payables are a symptom of bigger problems,” says Dr. James Guenther, MBA, CVPM, owner and president of Strategic Veterinary Consulting in Asheville, N.C. First, Dr. Guenther recommends, look at your cash flow. You can’t pay bills if you don’t have the cash. Next, investigate these possible problem spots (each may require a teamwide effort to fix):

Too many dollars tied up in accounts receivable. To solve this problem, Dr. Guenther recommends you reduce the number of days bills sit in accounts receivable. Bill the day after service, or start asking clients to pay at time of service.

Missed charges. You or a team member should review invoices daily for accuracy. You’re likely missing at least 10 percent of client charges.

Staffing. Evaluate your staffing. You may have too many employees or lack the protocols and procedures to make them efficient and effective.

Too much focus on products. Product sales are falling in most practices. Clients today purchase products from many sources, which makes veterinarians players in a bigger retail game. More and more practices are turning to online stores to fulfill their clients’ orders for monthly or chronic-disease medicines. See if an online pharmacy is a good fit for your practice.

Doctors who aren’t committed. “I’ve found that veterinarians, especially owners, aren’t always fully committed to bringing inventory under control,” Dr. Guenther says. “If they’re not on board, the rest of the staff will fight an uphill battle with limited success.” Make sure you and your team are ready and willing to make the changes that will boost cash flow and tackle your outstanding bills.
ers, it might be time to explore other possible approaches.

Dr. Smith estimates he communicates with clients at least six times a year. These interactions range from face-to-face visits, reminder calls, and educational seminars to practice newsletters and local social events.

“We plan four physical client functions a year where we invite them to the clinic and we feed them and provide them with a party atmosphere or client education,” Dr. Smith says. “We send eight to 10 newsletters a year. And we’re on Facebook. So if something comes up in the middle of the week, it gets shot out. If we see a case of West Nile, bang, it will be shot out that afternoon to all the Facebook people and later as a mass e-mail.” Dr. Smith relies on his partner and associate to handle the social networking sites because they enjoy it.

Dr. Smith says that out of all the online communication options, his website has generated the most interaction with clients. Clients are comfortable asking questions like, “How soon do I vaccinate a foal?” and “When is it safe to vaccinate my pregnant mare with West Nile vaccine?”

**GET FACE TIME**

Online communication is great, but some education and interaction has to happen face to face. If you work out of your truck, it’s hard to host an educational or social event for clients. But Dr. Smith says it’s possible if you use your imagination.

“Find a good client who has a ranch or a beautiful place and ask them if you can hold an event there. Or try the VFW or the library,” Dr. Smith says. “Working as an ambulatory practitioner out of your garage shouldn’t hold you back.”

The key to effective communication with clients is to keep it simple, he says. When you explain the risks of West Nile and discuss vaccinations, focus your message. “People can’t remember more than one or two things at a time,” Dr. Smith says. “So you’ve got to say, ‘Here’s what you need to remember.’”

And if you’re feeling rushed, don’t hesitate to refer clients to the online sources you recommend and tell them to call you with their questions. “Your job is to get the information in front of the client so they can make the right decisions,” Dr. Smith says.

Portia Stewart is a freelance writer and editor living in Lenexa, Kan. For more equine-related content, visit dvm360.com/equine.
When it comes to advanced technology in practice, many of us equine types are like kids in a candy store. Where would we be without portable laboratory modules, handheld ultrasound units, and direct digital radiography?

But with all the shiny bells and whistles we work with every day, it’s easy to overlook what’s right in front of us—and our clients—that can facilitate communication.

Not too long ago, it wasn’t uncommon for equine veterinarians to carry a hard copy schedule around. A pager initiated communication between home base and a client. The system was simple and functional, but more options exist today. Our cell phones have evolved from five-pound bricks with barely any reception to slim models that slide into a pocket, weigh ounces, and have enough battery life to last the day.

And now has come the smartphone. While the Blackberry and iPhone are out in front of the competition, today every wireless company has its own version of an Internet-ready data phone.

Here are five ways your smartphone can help you dial up the dialogue in your practice.

1. Know when to text
A phone call remains the only form of electronic communication that captures tone of voice and other nuances of conversation, but it does have drawbacks. For one, phone calls are possible only when both parties are available, which often results in an annoying game of phone tag. As a result, you can hit roadblocks that prevent you from resolving issues or receiving important information. Phone calls also take up valuable plan minutes and can burn up a lot of time as both parties—who are rarely concise—exchange information.

Several years ago, texting was used mostly by teenagers, but since then it’s become a communication staple for many business professionals. Users tend to limit their comments to those that are absolutely necessary, so it’s an efficient way to exchange information. You can text questions.
answers, lab results, and schedule changes to anyone with a cell phone. Participants can send, receive, and respond to messages in their own time. One of the greatest benefits of text messaging is that messages remain in place until you delete them. This is ideal for veterinarians who want a record to refer to later.

Also, with text messaging, a client or team member can text you a callback message along with a phone number, and you can simply touch the number to call rather than recording the number and dialing.

2. Open up your scheduling options
The days of the hard copy schedule could be over, depending on your willingness to invest in some technology. While a wireless link to practice scheduling software might be the optimum solution, there’s an interim step for veterinarians interested in a less-expensive approach.

Several scheduling programs sync with data-ready smartphones and can send schedule updates automatically. For anyone with Microsoft Outlook and a smartphone, paperless scheduling is a small investment away. Apple’s MobileMe software lets a computer and an iPhone use the “cloud” as a data storage area, while Google’s scheduling software offers the same function to any phone. The cloud is a secure Internet-based storage option proprietary to software programs.

3. Get e-mail on the go
The early days of e-mail found us chained to our desks in front of a computer. But e-mail has expanded since the advent of Internet-ready phones. Similar to texting, e-mail lets participants take action when their schedules allow but also provides the format for more lengthy and detailed communication.

The options are limitless. Staff members can send you documents to review. Clients can e-mail questions and patient updates, and you can view reference lab reports while you’re in the field. Keep in mind that if you provide an e-mail address to clients, they’ll start using it—so be prepared to respond to e-mails when you receive them. If you don’t have an e-mail address for clients, set one up for free with Gmail, Hotmail, or Yahoo.

4. Find the right place
Map devices using GPS are a must for ambulatory practitioners. Higher-end models offer voice commands that provide step-by-step directions. Less advanced applications are often provided to them. Get directions from the client as a backup.

5. Encourage clients to take photos or videos
Every picture may not be worth a thousand words, but pictures can help track patient progress for cases with visual elements. And how many times have you responded to a reported problem only to find that the horse didn’t display those characteristics when you watched? Many phones offer the ability to take short videos and send them by text or e-mail, allowing a client to show you what’s happening when you’re not around.

I recently talked to a handful of ambulatory practitioners and found that most are employing only a cell phone with texting service. But nearly every veterinarian I talked to indicated an interest in other capabilities, especially software that could sync with their office and update in real time. It’s possible—and it’s not hard to set up.

So the next time you engage in communication that’s aided by technology, put some thought into how you could expand it. While there’s no substitute for face-to-face interaction, even the most technologically conservative clients are looking for new ways to reach you.

Kyle Palmer, CVT, is practice manager at Silver Creek Animal Clinic, a mixed practice in Silverton, Ore.
One organization has delved into the mind of the hobby horse owner—one of the equine industry’s prime clients. Here’s what it found.

All equine practitioners want to know where they stand with their clients. What services are horse owners looking for? How valued is the veterinarian in the client’s eyes? Below are statistics gathered by the American Pet Products Association about your clients, America’s horse owners.

**Bigger animal, bigger wallet**

Horse owners have bigger average household incomes than other Americans and pet owners.

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<thead>
<tr>
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<tr>
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**A regional look**

**Veterinary expenses vary widely**

The average horse owner in the Western or Northeastern United States spent the most per year on routine veterinary visits—almost $400. The average Northeasterner spent the least: $143.

Average total amount spent on equine services in a 12-month period

<table>
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**Products and services**

**What horse owners use**

Percentage of horse owners who say they received these services from their veterinarian over a 12-month period.

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<td>Other conditions</td>
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The drive to veterinary care

Who comes where?
For the majority of both routine and emergency visits, horse owners said their veterinarians are still coming to them.

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<td>My veterinarian makes farm calls</td>
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<tr>
<td>64%</td>
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</tr>
<tr>
<td>My veterinarian decides where to treat the horses</td>
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<tr>
<td>11%</td>
<td>7%</td>
</tr>
<tr>
<td>Other location</td>
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<tr>
<td>1%</td>
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Are you listening?

Where horse owners get their information
Percentage of horse owners who say they get information from these sources. You come in second only to horse owners’ personal experience.

(Respondents checked all that applied.)

- Advertising: 16%
- Books/library/video: 39%
- Breed organization/horse club: 15%
- Breeders: 10%
- Clinicians: 11%
- Farrier: 47%
- Feed store personnel: 34%
- Friends/relatives: 53%
- Groom or barn manager: 9%
- Internet/online: 29%
- Personal experience: 69%
- Pet store personnel: 5%
- Radio: 1%
- Sport organization: 2%
- Tack store personnel: 21%
- Television: 9%
- Veterinarian: 61%
- Other: 11%


Hard times

When circumstances change
Here’s what horse owners said they’d do if they couldn’t take care of their horse anymore.

- Put up horse for sale: 63%
- Donate horse to a university hospital or riding program: 13%
- Take horse to a rescue group: 9%
- Euthanize it: 1%
- Other: 28%


The downsides

Percentage of horse owners who see these issues as the primary drawbacks of horse ownership.
(Respondents checked all that applied.)

- Sadness when horse dies: 54%
- Traveling away from home difficult: 34%
- High maintenance costs: 33%
- Daily responsibility: 30%
- Veterinarian expenses: 26%
- Cost to purchase: 21%
- Very time consuming: 15%
- Dangerous: 13%
- Safety issues: 12%
- Disease/health of horse: 7%
- Health issues: 6%
- Allergies: 5%
- Loss of use: 5%
- Odor: 4%
- Other: 4%
- No drawbacks to owning a horse: 16%

Source: APPA National Pet Owners Survey, 2009-2010

Empty appointment schedule

Numbering the visits
Here’s how often owners said a veterinarian saw their horses in a 12-month period.

- Did not see: 33%
- 1 time: 28%
- 2 times: 21%
- 3 times: 7%
- 4 times: 7%
- 5 times: 4%


Children living in the Northeast are more likely to be the primary rider.

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**Children living in the Northeast are more likely to be the primary rider.**

Horse slaughter isn’t happening in the United States, but that doesn’t necessarily mean equine welfare has improved. A new Government Accountability Office (GAO) report on the effects of the 2007 ban on horse slaughter in this country—when the last three domestic slaughterhouses were ordered closed—argues that horses have been harmed. The number of horses killed hasn’t changed, so is it better that horses are slaughtered north and south of us?

Check out the report data at right, and then head to our website at dvm360.com/equineslaughter to join the discussion on this topic.

**Handoff to our neighbors**

Horse exports for slaughter to Canada and Mexico increased from 2006 to 2010.

**Neglect up**

> Investigations of horse neglect and abuse increased by more than 60 percent in Colorado from 2005 to 2010.
> California, Texas, and Florida are reporting more annual cases of horse abandonment since the closure of slaughter facilities in 2007.

**Prices down**

> Horse prices have dropped 8 percent to 21 percent—depending on the class of horse—since the end of U.S. horse slaughter.
> Only a 5 percent decline across all horse-class categories is traced back to the economic downturn.
Why you need a ride-along partner

Hire a ride-along technician for better patient care, improved revenue—and that extra set of hands every solo practitioner needs.

BY KYLE PALMER, CVT

All equine practitioners use an extra pair of hands in their work. Usually they’re attached to clients. But dentists, family practitioners, surgeons, and our peers in small animal practice all use the equivalent of technicians and assistants—and they use them a lot. While it’s not uncommon for an equine veterinarian to employ a ride-along technician, it seems just as common for them to “fly solo,” balancing phone calls, equipment needs, recordkeeping, and client interaction without any extra help at all.

We’re behind the curve, it seems, with veterinary technicians stuck in low gear in many equine practices. We can assign some of the blame to state practice acts that focus on the role of technicians in companion animal practices but not equine ones. They leave lots of questions open about the medical—and legal—role of technicians in performing tasks. In Oregon, for instance, our

A real-world example

Technician testimony

California equine practitioner Dr. Richard Markell loved his first ride-along technician so much that he hired another one. Read all about it at dvm360.com/ridealong.
practice act says a certified veterinary technician can “file” teeth, but equine veterinarians here interpret that to apply only to small animals. 

State practice acts, however, don’t bear the brunt of the blame for ignoring the value of veterinary technicians in equine practice. For the most part, it’s still equine practitioners who prefer to do everything themselves. They’d be well-advised to learn from small animal practitioners, who’ve figured out that they’re most efficient (and profitable) when they perform tasks they’re legally required to do and leave the rest to a team member.

The traditional arguments against hiring a ride-along technician—extra wages and the intrusion of another person into a solo practitioner’s “personal space”—don’t hold up against the many benefits of having help. Think of the ambulatory equine environment as you would a small-animal hospital. The vehicle is your pharmacy and lab, the parking area is your waiting room, and the barn or stall is your exam room. Veterinarians in a brick-and-mortar clinic would be hard-pressed to manage those spaces without staff—and usually more than one.

It’s time to imagine what life could be like with some help in the truck cab, the horse stall, and the field. Check out the benefits of having a ride-along partner.

Call, schedule, explain—or just drive

Ambulatory practitioners spend a lot of time on the road, driving from one appointment to the next. It’s a lot of time many practitioners would love to use for callbacks, recordkeeping, or case research. So why spend it with your hands on the steering wheel when you could be sitting in the passenger seat working? Imagine having time during the day to discuss a sick patient’s lab results or answer questions about the next options for treatment.

Prep early—or stall

Face time with clients and patients is a valuable commodity. With the help of a technician, you can begin that interaction immediately rather than five minutes into the call after you’re done preparing vaccines, medication, and equipment. Asking your technician to start preparing supplies on arrival gives you a great opportunity to greet the client, get a thorough history, and begin the physical examination without delay.

Maximize your skills—or waste them

Many states recognize a list of specific tasks that technicians may perform. Hiring a technician to perform them in your practice is a great way to increase both efficiency and revenue. Whether you’re on a big barn call or a visit to Mrs. Smith’s farm to look at her only horse, there are many things technicians can do during the call:

- Collect, process, and read fecals or other cytology samples. Transporting a microscope on the truck lets a technician spend any downtime moving cases forward.
- Prepare and administer vaccines. Mixing a handful of these, especially intranasal vaccines, can chew up a great deal of time that could be spent productively.
- Administer dewormers.
- Prepare and label medications.
- Prepare and clean equipment.
- Restrain the patient.
- Assist with radiographs. A properly certified technician can even take them.

Limit your liability—or hang yourself out to dry

Veterinary practice is dangerous, and most small-animal practitioners have developed ways to reduce or eliminate clients’ exposure to risk by performing treatments away from the exam room or with the aid of staff. While it may be true that most equine clients are the most qualified people to assist with their own animals, they aren’t always the ones at the barn during the visit. Oftentimes the horse owner leaves a spouse, a friend, or a teenager to help. That often makes for an assistant without direct knowledge of the horse—maybe one who has never even handled the horse before. It’s only a matter of time before our legal system is forced to weigh in on the issue of your liability for client injuries during veterinary visits.

A well-trained technician helps keep clients out of harm’s way during procedures and allows them to be free of distraction while they listen to your assessment and answer questions relating to the patient.

Why spend your time with your hands on the steering wheel when you could be sitting in the passenger seat working?
Focus on the client—or wrap up the paperwork

It’s no secret that many veterinarians dread collecting payment. Some even say they’re terrible at it. So take advantage of the fact that many clients expect the transaction to be the responsibility of veterinary staff.

A ride-along technician can impact an equine visit most at the end, during that invoicing process. No matter what system you use—hand-written travel sheets, computer printouts, or a direct link to practice management software—a trained staff member can enter the charges on your behalf to ensure that another set of eyes is involved with connecting each service to a fee. A technician can also help limit (or eliminate) the tendency to subconsciously discount invoices.

Delegate the details—or micromanage them

You know that once a visit is complete, the work is far from over. That’s when equine practitioners can really capitalize on the presence of a ride-along partner.

The ride-along team member can:

> Keep the practice vehicle organized and free of clutter.
> Perform the occasional “deep cleaning” required to maintain a vehicle that mirrors your practice’s professional image.
> Manage and schedule appropriate vehicle servicing.
> Perform an inventory of the vehicle, manage expiration dates, order supplies, and restock. Inventory is directly related to profitability; mismanagement can severely hurt your practice.
> Process credit card payments.
> Return nonemergency staff-level calls to clients.
> Schedule appointments, or interact with the office if scheduling is handled by staff at a fixed location.
> Call in client prescriptions on your behalf.
> Ensure that all scheduled drugs are appropriately logged after use.
> Enter relevant medical notes into the patient record.
> Help to navigate to the next client appointment.

Equine practitioners who ditch the empty passenger seat and hire a top-notch technician see the benefits fast—benefits that go directly to better patient care and a stronger bottom line. Some aspects, such as catching missed charges, represent a tangible return on investment, while others add to the professional environment of the visit. Either way, a ride-along partner is the next logical step for any equine practitioner who is still practicing alone. Medical science won’t let you grow your second pair of hands yet; this is the next best thing.

Kyle Palmer, CVT, is practice manager at Silver Creek Animal Clinic in Silverton, Ore. Send questions and comments to ve@advanstar.com.
If low cash flow is hobbling your equine practice, outdated policies may be to blame. Here are six steps to collecting money you’ve earned on those old invoices.

BY JAMES GUENTHER
DVM, MBA, CVPM

Every equine practice has its own philosophy and protocols regarding accounts receivable. In most cases, billing is treated with kid gloves. No veterinarian wants to be seen as the bad guy, and that fact turns the entire process into a downward spiral of poor cash flow, ancient accounts receivable, and practice owner despair.

Equine veterinarians tend to want to please everyone—except themselves. They try to cultivate a reputation for being caring, nonconfrontational, and easygoing—at the expense of a decent paycheck as the main revenue producer for the practice. This attitude makes accounts receivable a serious issue in most equine practices. And most practice owners don’t even know how much money is being tied up in billing—and for how long. That has to change.
**STEP 1: ASSESS THE PROBLEM**

The first step to returning some sanity to accounts receivable is to determine your accounts receivable turnover. This ratio shows whether your practice is effectively collecting payments on its accounts receivable. A high turnover indicates higher cash-basis sales (money received at the time of service) or efficient collections. A low turnover indicates collection problems and possibly bad debts.

Many practice owners talk about charging interest on clients’ past-due accounts, but very few actually do it. That means, in essence, that unpaid balances are interest-free loans to clients. Not collecting payments on time can create serious cash flow problems.

Here’s the simple equation for calculating your practice’s accounts receivable turnover:

\[
\frac{\text{Net sales}}{\text{Average accounts receivable amount}} = \text{Turnover ratio}
\]

(add the amounts of accounts receivable at the start of the period and the end of the period and divide by 2)

Here’s an example. Say you have net 2010 sales of $500,000 (found in your production report). Your accounts receivable on Jan. 1, 2010, was $55,000 (found on your balance sheet as of Dec. 31, 2009) and on Dec. 31, 2010, was $65,000 (found on your balance sheet as of Dec. 31, 2010). Now it’s easy math:

\[
\frac{\$500,000 \text{ net sales}}{\$60,000 \text{ average accounts receivable}} = 8.33 \text{ turnover ratio}
\]

What do you do with the turnover ratio? You can convert it into the number of days you take to collect money. For the case above, if you divide 365 days in a year by your 8.33 turnover ratio, you discover that you take roughly 45 days to collect money. Is that a problem? Yes, because your vendors ask for payment in 30 days. That means you’re behind in paying vendors, which, over time, leads them to demand cash on delivery from you.

Many practice owners talk about charging interest, but few do it.

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**STEP 2: CHANGE YOUR ATTITUDE AND CHARGE IN THE MOMENT**

Once you see the problem, you need to start changing your mindset and that of your team members. It’s time to be assertive. Remember that when you bill clients, you’re loaning them money. Are you a bank? Were you taught in school how to be a banker? I doubt it! I know it’s easier to say, “I’ll bill you” than face up to your fear of confronting a client about money. But you offer high-quality medical care, excellent products, and outstanding client service. You’re also the owner of a small business who needs to improve cash flow. So start asking for payment at the time of service. Create a protocol for how and when you contact clients about past-due bills. And set up the time frame for turning past-due accounts over to a collection service.

It can be hard to change your career-long habit of not asking for immediate payment, but remember that most people—including you—pay at the time of service for everything from groceries to car maintenance to doctor’s visits. This is an accepted protocol in small businesses. So be assertive!

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**STEP 3: SPEED UP COLLECTIONS**

If you can’t collect fees at the time of service and you need to bill, here are a few things you can do to hasten collections.

> Turn in completed invoices the same day you perform the services.

> Ask the person in charge of billing to check invoices for completeness and send bills the same day or at least batch bills on a weekly basis. Bills can be sent via e-mail or snail mail, take your pick.

> Don’t wait until the end of the month to bill. That’s an all-too-easy way to needlessly add more days onto your billing cycle and worsen your turnover ratio.

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**STEP 4: KEEP TRACK OF CREDIT CARDS**

To improve billing and minimize accounts receivable, ask clients who don’t want to pay at the time of service to give you credit card numbers to keep on file. If you do, be sure you’re taking the necessary precautions to protect those numbers from hackers and identity thieves.
thieves. (See “Keep cards secure” below for more.) If clients authorize you to bill them on their credit card on file, do it the day of service or as soon as possible afterwards.

**STEP 5: OUTSOURCE YOUR BILL COLLECTION**

Encourage clients who never seem to have cash, check, or a standard credit card on hand at visits to sign up for a third-party payer. Money for your products and services will show up in your account within a few days after a visit, and the third party takes care of billing the client. This way someone else takes care of billing and money collection, and you pay a merchant fee for the service.

When evaluating a third-party lender who does this, ask the company for references of practitioners who use the service. You’ll be able to make a wiser decision after you call a few of your colleagues and find out what they think, both good and bad.

**Legal issues**

Keep cards secure

Credit card companies have developed guidelines called PCI standards for securing customers’ credit card information. These standards represent the minimum security a business must ensure for clients who hand over or use their credit card numbers. For instance, you shouldn’t keep credit card numbers on a computer that’s connected to the Internet. If you do, make sure your Internet firewall is working properly. And when you keep credit card numbers for billing purposes, consider encrypting the numbers with a code only you and one other person know; for example, an “A” is 3, a “C” is 4, an “M” is 5.

For the most up-to-date information, contact your merchant credit card company and ask for assistance. You could be held liable for credit card numbers stolen from your business, so make sure your security standards are up to snuff.

**STEP 6: CAN’T BE ASSERTIVE? HIRE SOMEONE WHO IS**

A reasonable and fair but assertive person should always handle your accounts receivable. It’s easy to talk about strategies to improve billing, but a professionally assertive person will make the difference. If that person is not you, hire someone who’s friendly but firm to help.

Accounts receivable will remain a part of equine practice, but there are ways to improve your process. (Did I mention billing at the time of service? That bears repeating.) I challenge each and every one of you to get your annual turnover ratio turnover up to 12, which is 30 days or less. I know you can do it. You’re an equine veterinarian, after all. You’re already a master at fixing just about anything.

Get your team on board
dvm360

A clearly written policy on accounts receivable helps your team members and clients understand what your practice’s policies are. To see an example of one hospital’s accounts receivable handout for team members, head to dvm360.com/receivablespolicy and download the PDF.

Veterinary Economics

Editorial Advisory Board member Dr. James Guenther, MBA, CVPM, is owner and president of Strategic Veterinary Consulting in Asheville, N.C. Send questions or comments to ve@advanstar.com.
Many small animal veterinarians have spent the past few recession years fine-tuning their client communication and client relationships. Now may be the time to explore the difference between your clients and theirs, looking for ways to learn from your companion animal colleagues to improve your practice today and in the future.

I recently asked a few simple questions of doctors and veterinary technicians in my area. Their answers can give us all a quick refresher on what should be a narrowing gap between the ways equine practitioners and small animal practitioners treat their clients. Here’s what I learned.

Think SMALL

Open your mind—equine practitioners can learn a lot about clients and business from small animal veterinarians.

BY KYLE PALMER, CVT
Equine clients have different expectations from companion animal clients.

According to many veterinarians I talked to, equine clients place a great deal of urgency on the medical needs of their horses, with the possible exception being the need for vaccinations and other preventive care. That said, is it the nature of caring for a horse or the nature of the horse-owning client that defines this trait? Possibly a little of both.

While many pet owners now consider their dog or cat to be part of the family and include pet healthcare in their discretionary spending budget, they aren’t often directly affected when they delay a pet’s treatment. Horse owners, on the other hand, tend to have a symbiotic relationship with their animal. When a condition prevents a horse or horse owner from participating in the normal routine—riding, training, or just being active—horse owners seem more likely to press for an immediate resolution.

Horses’ sheer physical size also may result in a higher level of sympathy or concern from owners for the conditions that ail them. In other words, clients may be willing to ignore their Chihuahua’s limp for a week or so, but they feel differently when a 1,200-pound animal can’t make the trip from stall to water trough to feeder.

What this means for you: As an equine practitioner, you really have only two choices—structure your schedule in a way that allows you to cater to those clients who need you on short notice, or educate them about the realities of common equine conditions so they’ll be a little more patient. For example, it’s not unusual for some horse owners to assume that nonweight-bearing lameness is an emergency, so alleviate their anxiety by explaining the difference between a broken leg and a hoof abscess. Of course, it’s not always easy to know what’s going on prior to a physical exam, but a detailed history taken over the phone can often point you in the right direction and buy you the time to schedule the appointment.

Announcing the Equine Immunization Support Guarantee, a Pfizer Animal Health program that provides financial support to cover diagnostics and treatment for horses suspected of contracting a disease for which they have been vaccinated. As Pfizer Animal Health’s commitment to you, this program can only be offered through a licensed veterinarian.

For details of qualifying vaccines, visit PfizerEquine.com/ISG or contact your representative.
Companion animal clients will wait longer for an appointment than equine clients.

Dr. Tim Phillips of Desert Valley Equine Center in Redmond, Ore., says most of his equine clients are indeed reluctant to wait for an appointment. “In this market,” he says, clients are likely to wait “maybe one or two days.” He also added that, if asked to wait, many horse owners are likely to call another veterinarian.

The uncertainty of each day’s appointment schedule and call volume has encouraged equine veterinarians to squeeze in anything that can be done, regardless of its effect on the practitioner’s hours or exhaustion level. As a result, instead of a series of consistently scheduled days, many equine veterinarians experience peaks and valleys in their schedule.

Days that become too busy in order to accommodate every client are often followed by days that are only partially full. On those extra-busy days, your clients may opt for your competitors with partially scheduled days who can see them immediately.

What this means for you: Training clients to operate according to your wishes is always a slow process, while inadvertently training them not to is often quick and hard to reverse. Sometimes, the perception that an equine practitioner can respond immediately in cases that aren’t really emergencies can have a negative long-term effect. The solution? Offer a “no wait time” appointment by telling clients they’re in luck as you just had a cancellation. Do this during the slowest times of the year.

While it’s tempting to rush right out the door, happy to be busy, encouraging clients to think that you’re perpetually busy will lead to a greater appreciation of your time. And when a client does demand an appointment immediately, your first question should be, “How long has the condition existed?” More often then not, the answer is several days, and it’s harder for them to be demanding when they’ve just admitted to waiting until the last minute to call you.

Small animal clients bond to the practice while equine clients bond to a doctor.

In the era of multidoctor practices, small animal clients seem more willing to place their trust in a practice rather than expect to see a specific veterinarian. In mixed or equine-only practices, however, clients still value the relationship they form with “their” veterinarian and prefer to schedule with that doctor. Oddly, that hasn’t stopped many horse owners from maintaining relationships with more than one veterinary practice—presumably to leverage their ability to be seen promptly.

Julie Hannan, assistant manager and head equine technician at her practice, Silver Creek Animal Clinic in Silverton, Ore., has worked for more than 15 years at a mixed practice and sees a significant difference between small animal and equine clients. Most dog and cat owners don’t mind seeing any of the three Silver Creek veterinarians. Equine clients, on the other hand, expect to be scheduled with their regular veterinarian. “Not doing so can create a lot of turmoil for all of us,” Hannan says.

Of course, identifying the differences between equine and small animal clients is one thing. Figuring out why they’re different is something else. Here’s one possibility for why horse owners prefer to see “their” veterinarian: Equine practitioners have unconsciously created a different kind of bond with their clients. Horse owners have less exposure to other team members when their horses are seen on an ambulatory basis. If an equine veterinarian doesn’t regularly bring a staff member along on calls, clients may not be familiar with anyone else from the practice.

The dynamics of ambulatory practice vs. multidoctor small animal practice can also shed some light. Two or more veterinarians who work side by side in the same building with the same staff members will naturally begin to practice in a more consistent fashion. Holding onto different medi-
Cal and procedural philosophies is counterproductive. It sends mixed signals to clients, can confuse team members, and may lower overall compliance. In the field, of course, an appointment is often a one-on-one experience, so differences among doctors aren’t as readily apparent or problematic.

What this means for you: It’s important to encourage consistency in practice among yourself and associates. This means creating a strong mentoring program for younger veterinarians and being willing to open your own mind to new ways of doing things. Consistency leads to clients being more likely to accept an appointment with one of your peers when need be, which is best for your practice and for your own schedule.

Whenever the opportunity arises, take the time to “talk up” your fellow practitioners in front of clients. Clients may continue to request appointments with you, but those comments could make the difference in the future when circumstance forces them to see another veterinarian in your practice.

I’m not suggesting that equine doctors adopt exactly the same models used in small animal medicine and human medicine, but it’s crucial to remember that the team concept starts at the top.

We trust our small animal patients to emergency clinics but rarely our equine patients.

In urban areas, many small animal veterinarians hand over emergency cases to practices that are open after hours or on weekends. The relationship depends on trust between general and emergency practitioners and has proven critical to satisfying younger veterinarians who aren’t keen on spending their evenings taking emergency calls. However, the same trust between general and emergency practitioner has not been widely developed in the equine field.

Dr. Phillips notes that, as in many other locations, there are no equine emergency practitioners in central Oregon. He would consider a relationship with one, he says, if he “was assured of getting clients back.”

But retention of clients is not the only factor holding back the development of equine emergency practice. A majority of veterinarians polled indicated that they’ve used—or considered creating—a “call group” of local veterinarians to rotate emergency and after-hours calls. This would be a great first step toward the establishment of a full-time emergency veterinarian working after hours.

In this economy, however, many of these same veterinarians say they’re taking their own calls every night just to continue generating a satisfactory amount of income.

What this means for you: The jury is already in: Newer veterinary-school graduates will not accept after-hours work the same way previous generations did. Like it or not, adapting to these changes will be critical to practice survival, and that means working together in the industry to encourage emergency-only practice or a large group emergency rotation.

Younger practitioners will continue to leave the equine field and switch to companion animal practice if they see that they’re guaranteed to miss most important family events because Mrs. Smith works all day and doesn’t mind paying extra to have her horse seen at 7 p.m.

In my opinion, small animal hospitals get some important things right. Equine veterinarians should consider moving toward a practice-oriented approach to avoid losing impatient clients who may have a relationship with another practice but not one with their primary practice’s own associates.

A new generation of veterinary graduates is also prioritizing personal time at a level unseen in the past. Financial compensation and benefits are still important to them, but quality-of-life concerns have risen significantly—and nothing in practice affects that more than after-hours emergency work. Equine veterinarians who consider using (or encouraging) emergency-only practitioners will find themselves with associates who are happier in their positions.

We may only be able to change our relationship with clients slowly, but it has to begin with changing our way of doing business. Equine practice, however attractive it may be to those of us who love horses, must evolve, and practice owners and managers must realize that there is no escape from the comparison to companion animal practice—both by clients and by potential associates.

Kyle Palmer, CVT, is practice manager at the mixed-animal practice Silver Creek Animal Clinic in Silverton, Ore. Send comments to ve@advanstar.com, or post them online at dvm360.com/comment.

Retirement tip

Set sale!

Some equine practitioners end their careers by taking down their proverbial shingle and going home. But there’s no reason an equine practice can’t sell to an eager associate waiting to get into the business. Read about how to groom your practice for sale at dvm360.com/grooming.