

FALL 2021 NEWSLETTER

# AAEVT

AMERICAN ASSOCIATION OF  
VETERINARY TECHNICIANS & ASSISTANTS



## Message From Our President

Wow, this year is flying by! But it brings us that much closer to our annual convention in Nashville and I am so excited to see as many of you as possible in person and hear some amazing speakers! The weather

is starting to turn and the case load is shifting and hopefully this finds all of you figuring out the best route through the pandemic. Just tonight, we had the first of our Vet Tech Week Happy Hour Zoom meets and we talked a little about the changes we've seen in our practices and what might stick in the future. I think we're all tired of hearing about Covid-19 BUT there are some good conversations to be had about the changes that it is forcing in all of our practices.

We, on your 2021 AAEVT Board, have been busily working on putting together the best line up for the AAEP/AAEVT Annual Convention possible. We'll be getting to Nashville a few days ahead of time to have our annual board meeting and get everything just so for you all to come join us for some amazing speakers, wet lab program and case studies! We truly look forward to seeing each and every one of you in person...getting caught up with old friends and making new ones. This is one of the reasons that I personally have continued to get more and more

involved with the AAEVT-I so enjoy the CE meetings where we can renew, re-energize and connect (or

re-connect) with this network of incredible people, all striving towards the same goal: to help the horse. There is just nothing like the boost that you get from an in-person meeting! And let's face it, by December, we could all use a little boost!

While we want to see as many of you as possible in person in Nashville, we understand that travel isn't what it used to be and some won't be joining us. We're keeping that in mind moving into 2022 with your incoming President, Andrea Whittle, and looking at virtual options as well as getting back to our more usual schedule of smaller regional CE meetings. In the meantime, we're kicking off Vet Tech Appreciation Week and I just want to reiterate that we appreciate and are celebrating ALL support staff-technicians, assistants and office/support staff. With our veterinary counterparts, we are all a team and the best is achieved when we work together. I have been so fortunate to have worked with some world-class veterinarians who truly appreciate their whole team and wouldn't be the technician that I am without them. So here's to all of us and the horses that we help and the lives that we touch. You are appreciated.

Elyse Rowley, MS  
2021 AAEVT President  
Assistant to Dr. Phoebe Smith at Riviera Equine  
Internal Medicine and Consulting



# UPCOMING EVENTS

For the latest details on AAEVT  
Regional and Anesthesia Society  
CE Events, visit:  
[www.AAEVT.org/ce-events](http://www.AAEVT.org/ce-events).

## Mark Your 2022 Calendars

- VMAE**, Jan 6-9, 2022 Chicago, IL
- VMX**, Jan 15-19, 2022 Orlando, FLA
- FAEP**, Jan 21-23, 2022 Ocala, FLA
- WVC**, March 6-9, 2022 Las Vegas, NV
- TEVA**, August 4-6, 2022 Fort Worth, TX
- NAEP**, September, date TBD, Saratoga, NY
- FLAEP**, October 20-23, 2022 Naples, FLA
- VMAE**, November 11-13, 2022 Santa Rosa, CA
- AAEP**, November 18-22, 2022 San Antonio, TX

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## Overview of 2021 from Our Regional Director

The Regional Contacts have had a busy year of getting information out to everyone! We send out monthly letters to welcome new members, thank renewing members and reach out to expired members. On top of that we get you the most up to date AA-EVT information. This may include scholarship opportunities, CE opportunities and benefits we offer such as the working advantage program.

The RCs are the boots on the ground, we take the information from the board and give it to the members as well as take information from the members and give it to the board. We asked you all what you wanted for CE and we told the board so we can better offer you what you want for 2022.

We added a new school liaison to reach out to the vet tech schools around the nation.

We have a great group of representatives going to AAEP this year so be sure to say hi: Ashley Clark, Karen Palermo, Kimmie Burton, Aerie Wolff, Lexie Conrow, Marcia Cantrell, and Nicole LaGrange.

We would also like to welcome some new RCs for this upcoming year: Mandy Zachgo, Bryce Morgan, Andi Davison and Kiley Williams. Thanks for joining the team!

## Results from Our Membership Survey

Thank you to everyone who responded to our AA-EVT Membership Survey! The information provided will be very beneficial at our upcoming AA-EVT Executive Board meeting as well as with our sponsors and the AAEP. Our goal is to make the AA-EVT Community even more relevant and responsive!

View survey results at: [www.surveymonkey.com/results/SM-B7NF72Y29](http://www.surveymonkey.com/results/SM-B7NF72Y29)

## Congratulations to our New Grads!

The following members have successfully completed their training in our Online Certificate Academy:

**Connor Gartner**  
Retama Equine Hospital

**Sarah Grogan**  
Fairfield Equine Hospital

**Kiersten Johnson**  
Hub City Veterinary

**Lindsey Moecia**  
Aspen Veterinary Clinic

**Taylor Swisstack**  
Coastal Elite Veterinary Services

To learn more about being recognized as an AA-EVT Certified Equine Veterinary Technician or AA-EVT Certified Equine Assistant (AEVT/AEVA), visit our website at [aaevt.org](http://aaevt.org).

## Appreciation for Our Profession from DVMs & Equine Practices:

*“It is truly impossible to provide excellent patient care without well trained and knowledgeable veterinary technicians and assistants. These amazing individuals are present with our patients, day in and day out, to ensure that our patients are healthy and receiving the highest level of care.”*

— K Winkles, DVM

## EquiManagement Fall Issue Available

EquiManagement's fall issue is now available online to read or download.

Visit: <https://equimanagement.com/resources/equimanagement-magazine-fall-2021>

You may also sign up for their newsletters here: <https://equimanagement.com/page/newsletter>

**WE CELEBRATED OCTOBER VET TECH WEEK ALL MONTH!**

# We are the AAEVT Community...



## In case you missed it, here's a list of how we celebrated:

- posted a series of "appreciation graphics" on social media
- publicized special recognition for Technicians, Assistants & Support Staff in our HoofBeats email newsletter
- offered \$100 & \$50 gift cards to all that posted pictures with #AAEVT
- shared unique Equine Bingo Cards on social media for some interesting & comedic games
- gathered testimonials from Veterinarians to be used at our Annual Convention
- collected photos shared by practices and veterinarians recognizing their staff (look for them in an AAEVT Calendar coming soon for 2022!)
- held Happy Hour Socials on ZOOM hosted by different board members
- posted video clips from our Board Members on social media
- worked with our sponsors to create scholarships to NAEP & AAEP
- offered sponsor specific webinars geared towards technicians
- offered a 30% discount to AAEP veterinarians who gave their staff members an AAEVT membership during the month of October

**The AAEVT salutes Equine Technicians, Assistants and Support Staff.**  
PASSION | DEDICATION | LEADERSHIP | TEAMWORK | CARING



# We appreciate all of you!

# How to improve practice efficiency, revenue and job satisfaction by hiring a licensed veterinary technician

By Cara Wright, DVM, and Kelly Zeytoonian, DVM

Improving efficiency and increasing revenue is a goal of many equine practitioners—who does not want to work less and earn more? One of the most underutilized ways to increase efficiency in equine practice is to hire a registered or certified veterinary technician. Not only can an RVT perform specific tasks that an unlicensed assistant cannot, but they can also be trained to perform many of the daily management tasks that take veterinarians' time away from revenue-producing appointments. The duties of an RVT are state-specific, so please check with your state practice act for more information.

First and foremost, having an assistant/technician with you can save time between and at farm calls. Doctors can work on callbacks, billing and medical records while the technician drives. If you get car sick, train them to do those things for you. Driving time is wasted time unless it is pulling double duty. Another benefit of an assistant is added safety at appointments with an experienced holder. A licensed technician can even be performing exams and sedating as well as setting up or putting away equipment while the doctor is talking or performing other exams.

Did you know that in many states, an RVT can do bandage changes, give IV and IM medications, perform laser/shockwave therapy and operate radiograph equipment while under the indirect supervision of a veterinarian? Imagine having a staff member who could go see certain appointments independently, giving the veterinarian an afternoon away from work or a chance to perform other, doctor-specific appointments. This can lead to an increase in job satisfaction for the veterinarian, leading to better work-life integration and less burnout over time.

If the physical and mental benefits don't have you convinced, consider the financial effects on your practice. Practices with multiple employees showed a trend in increasing veterinarian salaries as additional team members were hired. A solo practitioner adding an assistant earned just \$120 less<sup>1</sup> in salary for the year—a small price to pay for a myriad of benefits.

Inventory is the second-highest cost as a percentage of practice expenses behind payroll. Many solo practitioners and small practices find themselves overstocking items to avoid regular ordering during a busy week, forgetting to bill for medications dispensed from the truck or simply turning inventory sales over to online pharmacies due to a lack of time to manage supply. Surplus items on the truck, expired goods and those we never remember to bill lead to added cost (i.e., lost profit) to the practice. An employee can be readily trained to provide inventory management and reduce inefficiencies in the ordering, storing and billing process.

How do you know if you can afford a technician? Some simple numbers can get you started. According to the Bureau of Labor Statistics, the nationwide average salary for a registered technician in 2020 was \$17.43/hour, with a range from \$12/hour to \$25/hour<sup>2</sup>. A 2019 report from the Veterinary Hospital Managers Association reports a range



*A solo practitioner adding an assistant earned just \$120 less in salary for the year—a small price to pay for a myriad of benefits.*

of \$16.85–\$21.93 for credentialed technicians<sup>3</sup>. This report is also broken down by state and time in industry for easier comparison of wages. Since registered technicians are licensed individuals, continuing education and licensing fees are something to consider. Additional benefits are clinic- and location-dependent, but a practice can expect to invest an additional \$6,000–\$11,000 in employee benefits, payroll taxes and worker's compensation. See figure 1 for general assumptions.

## Figure 1: Considerations for Hiring

National Median Salary <sup>2</sup> - \$36,260	Worker's Comp
Health Insurance - \$3,000–\$6,000	(state and policy
Dental/Vision - \$600	variability) - \$500–\$2,000
CE - \$500-1000	Uniform - \$300
PTO, Sick Days - \$500	

Now that you have decided to invest in yourself and your practice by hiring a skilled technician, what is next? Check your finances; an RVT will often pay for themselves as they mitigate inventory challenges, improve daily efficiency and see their own appointments so you can concentrate on veterinarian-specific cases. Be sure to reconsider your personal veterinary duties and responsibilities so that when hiring you have a clear picture of expectations and job requirements. Start looking—the AAEPV career center is a good place to start, and local colleges often have technician certification programs.

Congratulations on taking this step to increase your practice revenue and efficiency, as well as your personal job satisfaction! For further discussion, Dr. Kelly Zeytoonian will tackle conversations surrounding technician utilization and business management to support sustainable equine practices at the upcoming AAEP/AAEVT Annual Convention in Nashville.

*Dr. Wright is a veterinarian in the East San Francisco Bay Region of California and a member of the AAEP-AAEVT Task Force. Dr. Zeytoonian is a practice owner and veterinary business consultant in Woodside, Calif.*

**Footnotes:** 1. American Association of Equine Practitioners. 2016 AVMA AAEP Equine Economic Survey. Available from: [https://aaep.org/sites/default/files/Documents/2019%20FINAL\\_AMVA\\_AAEP\\_Equine\\_Report.pdf](https://aaep.org/sites/default/files/Documents/2019%20FINAL_AMVA_AAEP_Equine_Report.pdf). Accessed January 24, 2021. 2. "29-2056 Veterinary Technologists and Technicians." U.S. Bureau of Labor Statistics, U.S. Bureau of Labor Statistics, 31 Mar. 2021, [www.bls.gov/oes/current/oes292056.htm](http://www.bls.gov/oes/current/oes292056.htm). 3. "2019 Report on Compensation and Benefits for Non-DVM Staff." Veterinary Hospital Managers Association and Veterinary Emergency and Critical Care Society report, published 2019.

## Learn all things shock wave at this year's AAEVT Wetlab!

PulseVet is proud to be a long-term strategic partner of the AAEVT and support its initiatives to advocate for the entire equine veterinary health care team! We are excited to participate in the Hands-On Wet Lab track at Tennessee Equine Hospital during this year's AAEP convention.

Join us during the small group session to learn all about PulseVet's shock wave technology and how you can implement it in your clinic's treatment options!

Already familiar with PulseVet and shock wave therapy? Well then, stop by to hear about the most recent published research, newest technology developments, updated protocols, and breakthrough treatment indications for shock wave therapy.

Maximize your clinic's shock wave use and hone your skills with hands-on training or learn about how adding PulseVet's shock wave system to your practice could benefit your equine patients wellness, build your business, and decrease referrals to nearby hospitals.

You can also visit PulseVet at Booth #436 in the tradeshow for additional educational materials and some cool giveaways! [www.PulseVet.com](http://www.PulseVet.com)



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# Portable Ultrasound Assists Researchers in Identifying Biomarker for Equine Neurological Disease



Researchers at the University of California-Davis have analyzed a new tool to aid in the diagnosis of equine neurologic disease — and their work is already helping veterinarians.

Equine neuroaxonal dystrophy/degenerative myeloencephalopathy (eNAD/EDM) is one of the top three causes of spinal ataxia in horses, and a biomarker test is already available at the UC-Davis Veterinary Hospital.

The use of the biomarker to aid in the diagnosis of eNAD/EDM is based on work by Lisa Edwards, DVM, DACVIM-LAIM, an Emergency and Critical Care Fellow at the university, as well as collaborators from UC Davis, Rood and Riddle Equine Hospital, and the New Bolton Center at the University of Pennsylvania. Their work examining biomarker levels in both normal and neurologic horses has recently been published in the *Equine Veterinary Journal*. Two advancements in technology helped make this test available to veterinarians.

First, there has been a surge in veterinary medicine to identify and quantify biomarkers in blood and cerebrospinal fluid (CSF) associated with neurologic diseases. Dr. Edwards and colleagues focused on phosphorylated neurofilament heavy protein (pNfH), which is specific to axons, the long fibers that originate from a nerve cell. Increased concentrations of pNfH in blood and CSF are indicative of axonal injury.

Second, researchers used the portable Butterfly iQ Vet\* ultrasound for needle guidance when collecting CSF. The team chose standing sedation with an ultrasound-guided spinal tap to collect the CSF.

“Ultrasound needle guidance is vital,” she said. “I wouldn’t recommend trying that at all without watching what you’re doing the whole time. The Butterfly iQ Vet is a really portable tool to take around, especially in the research setting where we’re going around to various spots. It has really good image quality, especially in the cervical spine area.”

The Butterfly iQ Vet was launched in 2019, which brought the first handheld, single-probe, whole body ultrasound system from human to veterinary medicine. The iQ Vet transmits fast, high-quality images directly to a compatible iPhone or iPad, making it a great match for research requiring CSF samples.

“The image quality for the purposes of our study was excellent,” she said. “It allows me to track the needle quite well so you can really see the contrast. You see exactly where your needle is the whole time.”

The accessibility of the portable ultrasound has been beneficial in other areas of her work.

“I spent some time on our equine ICU service, so we see a lot of colics and horses recovering from GI disease. I frequently go down the barn aisle and check stomach sizes and small intestinal motility — and just monitor patients every day,” she noted. “For our foals, it’s been really helpful for doing bladder checks to the point where we can even teach our ICU technicians to put the probe on the bladder really quick and let us know if there’s an issue. It’s really user friendly and super portable. It’s less cumbersome than rolling the big ultrasound cart all the way down the barn aisle.”

For more information on pNfH testing, visit: <https://www.vetmed.ucdavis.edu/hospital/support-services/lab-services/clinical-laboratory-services/pnfh>.

Veterinarians can request more information about the Butterfly iQ Vet at: [vet.butterflynetwork.com](http://vet.butterflynetwork.com).

The study by Dr. Edwards and colleagues was funded by the Center for Equine Health at UC Davis.

## About Butterfly Network

Founded by Dr. Jonathan Rothberg in 2011 and recently listed on the NYSE through a merger with Longview Acquisition Corp (NYSE: BFLY), Butterfly Network is the creator of the world’s most advanced handheld, single-probe, whole-body veterinary ultrasound system, Butterfly iQ+ Vet. Butterfly’s mission is to enable universal access to superior medical imaging, and part of that mission is to enable the scanning of every animal at each veterinary visit. Through its proprietary Ultrasound-on-Chip™ technology, Butterfly is paving the way for earlier detection and remote management of health conditions around the world. The Butterfly iQ+ Vet can be purchased online by veterinary practitioners in approved countries at the store or by contacting sales.

## Veterinary Business Contact

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530-400-3638

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## AAEVT Scholarship Recipients – Fall 2021

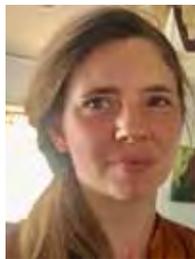
### **Nikki Stoke – Milissa Finnegan Online Certificate Academy Scholarship**



Nikki was born and raised in Royal Oaks, CA where other than living in Southern California for a short time, she has spent most of her life. The majority of Nikki's work experience has been at small animal clinics, however she has always had a passion for horses. She got her first horse at the age of 7, and not long after, she discovered Equestrian Vaulting and has been involved in and performing in vaulting ever since. Nikki has had the opportunity to travel to Europe several times to train and compete with her team.

In her down time, Nikki enjoys working with her second horse, a Hanoverian gelding who has taught her more than she could ever imagine in the short time she has had him. She has been working at Steinbeck Peninsula Equine Clinics for a year and a half and has been working on her Veterinary Assistant Certification for a month now and is enjoying all the the knowledge that it is bringing!

### **Megan Born – Anne Bailey Educational Scholarship**



Megan Born is a licensed veterinary technician who has spent the last nine years of her veterinary employment working in the Hagyard Equine Medical Institute Internal Medicine and Critical Care department. She is also entering her last year of graduate school toward a Masters in Biomedical Sciences with an emphasis on Veterinary Sciences. Megan enjoys treating a variety of horse illnesses with recumbent horses being one of her favorite types of emergency cases. She is an active member of the Hagyard Ambulance Team.

In her spare time Megan enjoys riding and showing reining horses, going to church, and adventures with her golden retrievers.



### **Jessica Katzenberger – Midge Leitch Educational Scholarship**

Jessica is a Veterinary Field Assistant at Littleton Equine Hospital in Littleton, CO.

“This scholarship will give me the opportunity to improve upon my aseptic joint preparation and bandaging techniques, learn how to administer shockwave

treatments, and further consider my career options in the equine veterinary field. Specifically, I want to be able to independently administer shockwave treatments as prescribed by my doctor on any anatomic region of the horse. Overall from these lectures and labs, I hope to improve upon my understanding of veterinary terminology so that I may utilize it in working with my doctor and while teaching others. Consequently, I will be able to bring back the knowledge I have gained and use it to educate the next generation of assistants and technicians who were like me when I started.”

### **Stephen Van Arsdale - Midge Leitch Educational Scholarship**



Stephen is a Veterinary Assistant at Littleton Equine Hospital in Littleton, CO

“My aspiration as an equine veterinary assistant, simply put, is to continue to grow. Acquiring and improving the technical skills, learning more anatomy, pharmacology, and whatever else sends me down a rabbit hole of questions. My aspiration as an equine veterinary assistant, simply put, is to continue to grow, acquiring and improving the technical skills, learning more anatomy, pharmacology.”

### **Lauren Kasnet – Anesthesia Society Scholarship**



I was born and grew up in New Hampshire and started riding in 1st grade. I mostly rode and showed English, but did a bit of western as well. I became interested in horse racing in high school and wanted to be a jockey, which led to me galloping thoroughbreds and spending about

8 years exercise riding at the track, between New York and Florida. I was always interested in working with a vet, so when I left the racetrack I went to school to get my degree in Veterinary Technology. Even before I went back to school I knew when I graduated I wanted to live in Lexington, KY and hopefully run anesthesia at one of the big hospitals, so once I became an LVT I moved to KY and took a job at Rood & Riddle Equine Hospital as an anesthesia technician and I've never looked back! I have been there since January 2020 and I love how much I can learn from the large and varied caseload that we see, and I am always trying to improve upon what I already know.



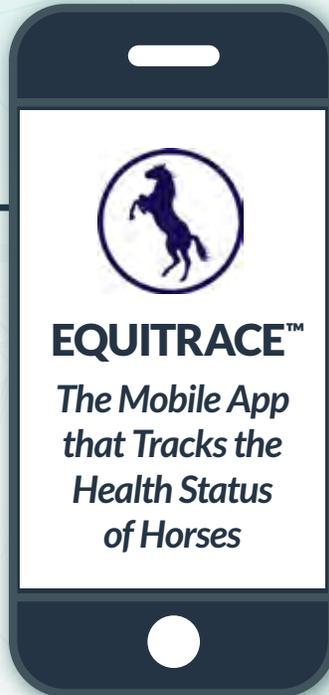
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– Rachael Kempster  
Kinsale Stud  
Yorkshire, UK



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\*\*ISO microchips comply with the international standards 11784 and 11785.

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## The Science of Healthier Animals

## Hate talking about money? You are not alone!

Insights from a CareCredit survey on veterinary client payment can help veterinarians get paid on time and in full.

By Amy L. Grice, VMD, MBA

CareCredit, which offers a financing solution to veterinary clients, commissioned a survey to better understand how equine veterinary professionals balance their love of the profession (and horses) with the business side of running their practices. The survey, fielded in December 2020, resulted in 100 surveys used in analyzing the data. Of those responses, 46 were from practicing veterinarians and 54 were from office managers, practice managers, office administrators or veterinary technicians. 74% of respondents were from equine-only practices. Of those, 2% offered only specialty services, 42% offered general and specialty services, and 30% provided general practice services. The remaining respondents (26%) were in mixed practice. Of the horses cared for by the respondents' practices, 70% were used for pleasure. The respondents' gender was 56% female and 42% male, with an age range of 24 to 82 years.

### Most vets surveyed don't like financial conversations

When asked “*Who in your practice is primarily responsible for FINANCIAL CONVERSATIONS with clients and for COLLECTING receivables?*”, it became clear that most equine veterinarians prefer not to talk about money with their clients. If that sounds like you, you now know you are not alone in your avoidance of financial conversations.

The survey showed that 90% of the veterinarians were not involved in the financial conversations with clients, and 95% of the veterinarians were not involved in collections.

### Why payment conversations are difficult

An open-ended question asking “*What makes having payment conversations with clients difficult?*” yielded an interesting difference between veterinarian and staff responses. Doctors were much more likely to express that talking about finances was difficult, stressful or complicated compared to staff members, with 75% of veterinarians expressing negative feelings versus only 40% of lay staff.

The three core issues that arose for veterinarian respondents regarding financial conversations were:

1. the desire to focus on patient care rather than money;
2. the perception that they lack information or details about financial arrangements or policies; and
3. the personal discomfort with talking about earning money for their services.

Horse owners value the services that veterinarians provide. Veterinarians do themselves a disservice when they feel bad about earning a living taking good care of horses, or they don't charge appropriately.

### Most practices have client financial policies

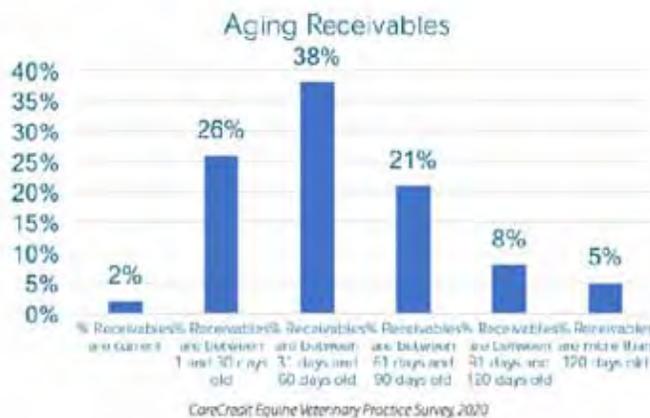
Respondents were asked “*Does your practice have formal written financial policies you provide to clients regarding your payment expectations? How do you currently communicate payment options to your clients?*” The study found 78% of practices had policies, and they communicated their expectations and payment options to clients. A new client packet that included these policies was the most prevalent way these expectations were disseminated. But that result also means that nearly one-quarter of respondents did not have written financial policies for clients.

Following or enforcing the policy for clients concerning bill pay is a common downfall of equine veterinary practices. Often new clients will more readily adhere to these policies

than “legacy” clients who have been trained by their veterinarians to expect an invoice in the mail once a month and to have 30 or more days to pay that invoice.

### Why practices waive fees

When queried “*Why or when do you reduce or waive fees for services?*”, the most common reasons (48%) for discounting fees were client hardship, inability to pay the full amount of the invoice, or client expectation that the charges would be lower. About 28% said they reduced fees to ensure some payment, and 15% stated that they charged less because of a relationship with the client or a one-time need. Other respondents gave discounts when a client was willing to pay in cash; to save the horse's life; when there was a bundle with other services; when the patient died; or to increase goodwill with a client.



From a business management standpoint, it is important to note that discounting services can reduce the practice's profit, which can lower practice value while simultaneously training clients to expect lower fees.

When clients have overdue accounts, the survey respondents stated that they send or text reminders, utilize phone calls, mail invoices with billing options or collect before a new service is provided or at the time of the next service. They also might refuse further service, send the bill to collections, reduce fees or—after a period of time—write off the amount.

Shifting to a mindset and business strategy focused on getting paid at the time of service and building healthy financial relationships with clients can alleviate this predicament. A good first step is establishing clear expectations and having a policy that clearly states that clients will pay at time of service. Having credit cards on file for every client can make payment efficient and convenient, especially for absentee owners.

It is essential that practice owners follow their own policies or the system will not be viable. Staff members doing their best to collect fees from clients according to the practice “rules” might lose their motivation if the practice owners do not back them up or ignore the policies for their favorite clients.

### When clients can't pay

When asked “*How often do you reduce or waive fees for services due to a perceived/ actual ability of a client to pay?*”, 61% of respondents replied that they will reduce or waive

*continued on next page*

## CareCredit, continued

fees mostly on an ad hoc basis. This finding shows that equine veterinarians put the needs of clients before their own financial needs.

Equine veterinarians can often find themselves conflicted between the medical/ surgical care a horse needs and a client's willingness or ability to pay. This survey asked, in that circumstance, "What do you do, and why?" The respondents indicated three core ways they deal with an inability to pay for care.

1. They provide the care anyway and leave the financial aspect to someone else in the practice. In a solo practice, this often means performing the care for free.
2. Veterinarians seek to communicate well, give options, modify payment plans, extend credit, suggest financing options such as the CareCredit credit card, or work out a payment plan with the practice.
3. When these options are insufficient, doctors might be forced to walk away from a need or make a difficult choice for euthanasia.

### Enhancing financial relationships

Respondents were asked "If you could do one thing to create a great financial relationship with your client, what would it be?" The respondents were aligned in stating that providing payment options and eliminating collection issues were the top two ways to create a great financial relationship with the client. Veterinarians' third-most-chosen-way was open communication, and staffs' thirdmost- common choice was having well-written, workable financial policies.

The good news is that 78% of respondents said clients adhere to their financial policies. However, that leaves a substantial number of horse owners who are not following those financial policies.

### How and when clients pay

The survey results showed that 75% of respondents are paid with a credit card (49%) or by check (26%).

The survey also revealed that 72% of respondents had aging accounts receivable that were greater than 30 days. While generally those practices that send monthly invoices are paid within 30-60 days, 34% of accounts in this study were not paid by 60 days.



Having financial policies requiring full payment at the time of service can dramatically improve cash flow and reduce accounts receivable. In my experience, accounts receivable over 90 days are often uncollectible.

For ambulatory practitioner payment, the respondents said the most effective solutions included having a credit card on file, providing pre-payment plans, calling or texting about payment policy and estimated costs prior to a visit, providing a cash discount, and pre-authorizing credit cards before the visit. For payment of in-hospital services, respondents offered the following solutions: require payment up front, put a credit card on file, pre-authorize payment, tighten payment policies, communicate policies early and often, reduce time to invoice, and offer a discount for cash payment.

### Take-home message

Getting paid in full at the time of service is beneficial for equine veterinarians, and a culture shift that prioritizes this mindset is within reach.

This survey elucidates the discomfort and difficulty felt by veterinarians over fee collection. 75% of survey veterinarians found it very difficult to talk about money. Vets noted that they just wanted to concentrate on patient care; they didn't know the details of what could be offered financially; or they just were personally uncomfortable talking about money, especially in relation to services they were providing.

Equine veterinarians properly communicating payment options can help clients pay in full at the time of service. For example, with the CareCredit credit card, veterinarians can get paid immediately, and clients can use the card repeatedly for their horses' care as a convenient way to pay.

Steps veterinarians can take to make practices more profitable and their lives less stressful include creating clear policies that all team members (including practice owners) follow; training staff to be more comfortable with financial conversations; and client communication that increases adherence to financial policies.

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### Appreciation for Our Profession

*"2021 has been another chaotic year. Yet you wowed us with your dedication, teamwork and relentless commitment to taking care of horses and their people. We know it can be both exhausting and exhilarating to keep caring through every change in workflow, schedule and client emotion but through it all, you brought your heart. So from the bottom of ours... Thank you." — CareCredit*

# Understanding the Typical Serum Amyloid A Response Curve: The Key to Interpreting Stablelab® Results

By Amy Poulin Braim VMD, DACVS-LA, Senior Veterinarian, Equine Technical Services, Zoetis



Veterinarians use many types of diagnostics such as a thermometer, stethoscope, ultrasound and radiographs to determine medical conditions in their patients. What if there was a stall side reliable biomarker test that you could run in 10 minutes to let you know if you had a possible infection? Serum Amyloid A (SAA) is such a marker and can be measured by your horse's side with Stablelab® during the examination.

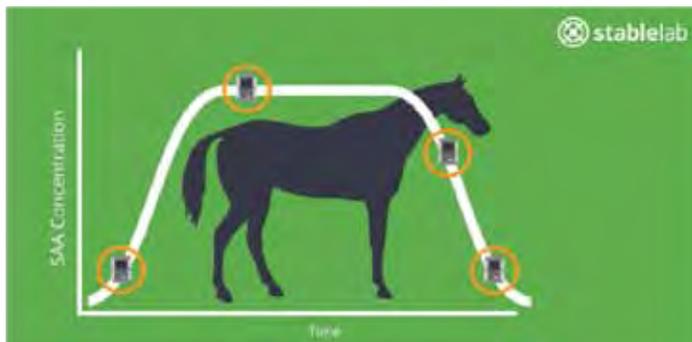
Stablelab identifies inflammation due to infection by quantifying the concentration of SAA from a simple blood sample. SAA is a major acute-phase protein that is produced by a horse's liver in response to infection; its concentration in the blood can indicate the severity of an infection. SAA can start to elevate above normal, often before clinical symptoms appear giving the veterinarian an indication to run additional diagnostics and get a jump start on treatment. Additionally, repeat SAA testing over the course of treatment allows the veterinarian to monitor whether the treatment is effective or not.<sup>1,5</sup>

Serum Amyloid A has been shown to be 30 times more sensitive than a thermometer<sup>2</sup>, more dependable for detecting inflammation caused by infection, monitoring disease progression, and return to health versus traditional lab tests.<sup>1</sup> Measuring SAA with Stablelab provides real-time results and is more accurate than traditional laboratory tests like WBC, fibrinogen and A:G at identifying infection in horses.<sup>1,3,6</sup>

## The Typical SAA Response Curve is Predictable

The key to interpreting Stablelab results is a firm understanding of the typical response curve and awareness that a single test result provides important information, but cannot identify where a horse is in the disease process.

- A normal, healthy, adult horse will have a SAA level of 0 µg/mL.
- When a systemic infection is present, SAA levels will rapidly and dramatically rise often into the 100's or 1000's µg/mL, while noninfectious inflammatory conditions rarely elevate SAA at all.<sup>1,4</sup>



<sup>1</sup> Belgrave, R. et al. Assessment of serum amyloid A testing of horses and its clinical application in a specialized equine practice. JAVMA, 2013;243(1);113-119. <sup>2</sup> Oertly M, et al. The accuracy of serum amyloid A in determining early inflammation in horses following long-distance transportation by air. AAEP Proceedings, 2017;460-461. <sup>3</sup> Anhold H, et al. A Comparison of Elevated Blood Parameter Values in a Population of Thoroughbred Racehorses. JEVs, 2014;34(5):651-655. <sup>4</sup> Ludwig, E. et al. Serum and Synovial Fluid Serum Amyloid A Response in Equine Models for Synovitis and Septic Arthritis. Veterinary Surgery, 2016;45(7):1-9. <sup>5</sup> Nolen-Watson R. How to Interpret Serum Amyloid A Concentrations. AAEP Proceedings, 2015;61:130-237. <sup>6</sup> Viner, M et al. Comparison of Serum Amyloid A in horses with Infectious and noninfectious respiratory diseases. Journal of Equine Veterinary Science. 2017 (49) 11-13.

- SAA concentrations will peak within 24-48 hours after infection and will remain elevated until the systemic stimulation is resolved (either by treatment initiated by the veterinarian or the horse's own immune response), at which point, SAA concentrations will drop by about 50% every 24 hours.<sup>4</sup>

## Serial Testing is Necessary to Identify Where A Horse is on the Response Curve

By understanding the typical SAA response curve kinetics, serial testing allows for easy interpretation of any result to Detect, Monitor and Screen any patient. It is important to identify the SAA peak value before one can monitor the timely decline of SAA in response to treatment.

**Let's consider the following scenario:** A horse with cellulitis was evaluated and initial SAA reading was 485µg/mL. After initiation of appropriate antimicrobial therapy, the horse was re-evaluated 4 days later and appeared significantly better clinically, but the SAA value is significantly higher 850µg/mL. How could this be? How can the horse look better, but SAA value is seemingly worse?

**Explanation:** The initial SAA measurement was low on the left side of the curve at the very beginning of disease. The peak SAA value was missed (likely in the 2000-3000µg/mL range) in the 4-day treatment span from initial examination to follow up. SAA rose from the initial exam until antimicrobial therapy took effect and now SAA is on the appropriate downward trajectory on the right side of the curve. However, due to sample timing, SAA is higher than the initial baseline value. SAA rises and falls quickly, providing real time results. Understanding the response curve allows the veterinarian to visualize where those values lay. To confirm that treatment is working, veterinarians should run an additional test every 24-48 hours to follow the SAA course down to normal.

## Real Time Results: Diagnostic Insight on the Spot

No need to send bloodwork to the lab and wait for results. Veterinarians can detect inflammation due to infection, and initiate treatment during the exam without ever leaving the horse's side. This can save time, money and provides peace of mind to the owner that their horse's veterinarian has another diagnostic tool to help give the best possible care, and that the horse is on the road to recovery. Tracking SAA concentration in subsequent exams allows the veterinarian to monitor how the horse is responding to treatment, or if a change to the treatment protocol may be indicated.

To learn more about the SAA response curve and incorporating SAA testing with Stablelab into every exam, contact your Zoetis Equine representative today or visit Stablelab.com.

# Every Cough Means Something: Equine Asthma Syndrome

Sarah M Reuss, VMD, DACVIM

Equine Technical Manager, Boehringer Ingelheim Animal Health USA Inc.



How often do your clients call you with complaints about a coughing horse? Do you routinely ask horse owners if they ever hear their horse cough as part of your wellness exam? Any repeated cough should be considered abnormal and could be a sign of equine asthma.

The terminology surrounding non-infectious, inflammatory diseases of the equine airway has changed repeatedly over the years: including heaves, chronic obstructive pulmonary disease (COPD), recurrent airway obstruction (RAO), inflammatory airway disease (IAD), and summer pasture-associated variants. Experts introduced the equine asthma terminology in 2016 to better align with both human medicine as well as to use terminology more familiar to horse owners. The syndrome is divided into two severities, with mild-moderate asthma encompassing what was known as IAD and severe equine asthma encompassing RAO. Severe equine asthma reportedly affects an estimated 1 in 7 (14%) of horses in the Northern Hemisphere, and mild-moderate asthma can affect up to 80% of horses.<sup>1</sup>

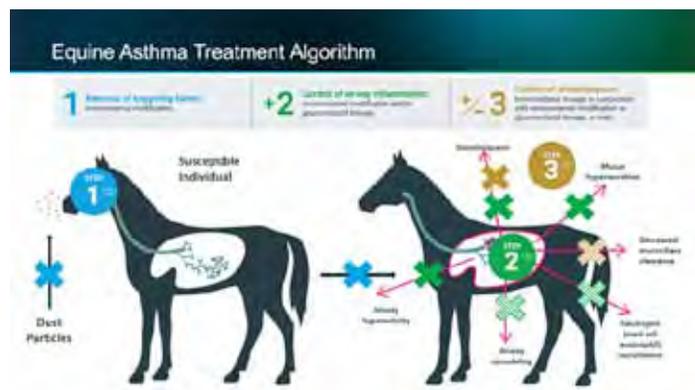
	Mild-Moderate Equine Asthma (IAD)	Severe Equine Asthma (RAO, SP-RAO)
Age of Onset	Any age	>7 years of age
Clinical Signs at Rest	No ↑ in respiratory effort at rest Poor performance Occasional coughing	↑ in respiratory effort at rest Frequent coughing Exercise intolerance
Genetic Predisposition	Undetermined	Yes in some families
Disease Course	Lasts at least 4 weeks May improve spontaneously Low risk of recurrence	Lasts weeks to months May improve with environmental control +/- treatment Incurable but can control signs
Diagnosis	Pulmonary function testing BAL fluid cytology	BAL fluid cytology Pulmonary function testing

The pathogenesis of equine asthma is multifactorial but includes specific pulmonary hypersensitivity to inhaled antigens (e.g. hay dust, mold, forage mites, spores, endotoxins, and inorganic compounds) from feed and bedding that triggers airway inflammation in susceptible horses. Classically, clinical signs are worse when horses are housed indoors for long periods, but with summer pasture associated asthma, flare-ups tend to occur in the summer months while at pasture. Subsequent to the airway inflammation, horses with severe equine asthma develop increased mucus production, bronchoconstriction, airway wall thickening, and airway remodeling.

While history and clinical signs may point towards severe equine asthma, the use of bronchoalveolar cytology to confirm the diagnosis is still important. Healthy airways contain primarily macrophages and lymphocytes, with normal BALF containing <5% neutrophils, <2% mast cells, and <1% eosinophils<sup>1</sup>. Changes in these cell populations support the diagnosis of equine asthma as well as providing a measure of inflammation severity which may help in treatment selection and establishing treatment

expectations. Pulmonary function testing is not widely available at this time, but can be extremely useful in the diagnosis of mild-moderate equine asthma as well as monitoring treatment response. Endoscopy, especially use of dynamic upper airway endoscopy, can be used to rule out upper airway abnormalities that may be contributing to cough or exercise intolerance.

Treatment of equine asthma is three-pronged with environmental modification being the most important step. When that is not possible or is insufficient in reducing clinical signs, then pharmacological treatment with glucocorticoids and/or bronchodilators can be pursued.



Environment is considered the single most important contributor to equine asthma, with exposure to respirable particles (<5 um) reaching the lower airways to trigger inflammation. Therefore, the mainstay to long-term treatment of equine asthma consists of decreasing the amount of dust and particulate matter to which the horse is exposed. In a low-dust environment, horses may live comfortably for long periods without medical therapy. However, any exposure or environmental increase in triggering particles can provoke an episode of clinical signs and progression of disease. In an ideal world, horses would be maintained on pasture (except for horses with summer pasture associated asthma who should be maintained in a clean, well ventilated stall) and only fed low-dust feeds such as grass, cubed/pelleted diets, or haylage. If hay must be fed, it should be soaked for 30 minutes or steamed.

Research shows antigen avoidance alone may take weeks to months to show obvious clinical improvement but does ultimately result in decreased markers of inflammation.<sup>2</sup> Not surprisingly, this delay in immediate improvement may discourage owner compliance. The management changes necessary can be quite challenging for some owners to institute, and "asthma fatigue" may result in lack of long-term change. In a recent study, while 32 out of 33 owners instituted some change to their hay feeding initially, 44% of them reverted to feeding dry hay over time. Only 30% of owners reported they had made a rigorous and permanent change in management.<sup>3</sup>

While environmental modification is best and necessary for long term success, in some cases additional beneficial effects can be seen when antigen avoidance is combined

with inhaled steroids.<sup>2</sup> Glucocorticoids address the inflammation which is the primary pathophysiology of asthma, and therefore should be the first line of pharmacologic treatment. Bronchodilators may have some additional benefit but should not be used as solo therapy.

Historically there have been several options available for steroid treatment. While administration of systemic steroids (dexamethasone or prednisolone) may be inexpensive and relatively easy for owners to implement, long-term use should be avoided due to possible adverse effects such as immunosuppression and alteration of the hypothalamic-pituitary-adrenal axis. As such, glucocorticoids should be used with caution in horses with a history of laminitis, or at a higher risk for laminitis. Therefore, inhalation treatment has long been considered preferable with drug being targeted directly to the lungs, thus minimizing systemic exposure, at least in theory. Use of human pressurized metered dose inhalers with a spacer device or nebulization of a variety of drugs have been used in horses, but neither method has been well-standardized or FDA-approved. Unfortunately, both inhaled fluticasone<sup>4</sup> and nebulized dexamethasone<sup>5</sup> have also been shown to cause cortisol suppression, indicating systemic absorption and a marker for possibility of other adverse effects. Further,

nebulized dexamethasone was shown to be ineffective at improving lung function.<sup>5</sup>

Aservo® EquiHaler® (ciclesonide inhalation spray), the newest inhaled glucocorticoid on the market, gained FDA approval in 2020.<sup>6</sup> Ciclesonide is a novel pro-drug that is only activated in the respiratory tract, and therefore has been shown to cause no suppression of cortisol unlike that seen with other steroids.<sup>7</sup> It has been shown to be a safe and effective treatment for severe equine asthma in research and field settings.<sup>6,7</sup> ASERVO EQUIHALER is licensed for intranasal inhalation only, is not for use in humans, and has not been evaluated in pregnant or lactating mares. In a large clinical field study, the most common adverse reactions reported were coughing, nasal discharge, sneezing, and nasal irritation/bleeding. It may be used as part of the overall management of severe equine asthma in addition to other appropriate strategies to control clinical signs, such as environmental changes.

Equine asthma can be a frustrating disease for both veterinarians and horse owners. Working together to identify the problem, confirm a diagnosis, institute reasonable management changes, and implement drugs as needed should lead to the best quality of life for our equine patients.

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## Dechra Acquires Exclusive License from Hassinger Biomedical for Equine ProVet APC™

Dechra Veterinary Products is pleased to announce the acquisition of the veterinary marketing and distribution rights to the ProVet APC™ (Autologous Platelet Concentrate) and ProVet BMC™ (Bone Marrow Concentrate) systems from Hassinger Biomedical. These two patented medical devices concentrate platelets or bone marrow in 90 seconds with a processing time of 2.5 minutes from start to finish.

The ProVet APC system is a revolutionary device and is arguably the fastest and most transportable platelet concentrator available to the veterinary industry at less than 3 pounds total weight. Some of the system features include the ability to isolate approximately 90% of available platelets and growth factors, delivering the highest level of reproducibility with a low 3.5% coefficient of variance and a 97% reduction in red blood cell numbers.

The proprietary technology found within ProVet APC consistently

delivers 6 to 8mls of 7.8 times high concentration of platelet rich plasma and a healing concentrate derived from 54mls of whole blood in the 60ml system.

Mike Eldred, President of Dechra North America stated, “The medical industry has long recognized that harnessing the growth factors found in platelets positively enhances healing results and reduces recovery time in soft tissue injuries. These two products will be great additions to our equine product line and further strengthen our market position in veterinary regenerative medicine”.

“ProVet APC has become the most highly sought-after regenerative system for equine athletes”, said Amy Hassinger, CEO Hassinger Biomedical. “We believe Dechra is specially poised, through their experience in the veterinary sector to meet the growing global demand by veterinarians and their clients for the ProVet APC and BMC Regenerative Therapy Systems.”

This addition of the Provet APC products to Dechra’s equine portfolio will complement our industry leading Orthokine® Vet irap joint therapy and provides veterinarians with a one stop partner for their regenerative medicine needs.



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## Three common challenges facing performance horses:

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- 2) Chronic neurological and muscular diseases that reduce performance.
- 3) Travel or illness-related compromise of the immune system.

## Why recommend Elevate?

Because the natural vitamin E supplied by Elevate is a powerful antioxidant that limits the damage caused by oxidative stress. It maintains healthy muscle and nerve functions, and supports a strong immune system.

## Elevate<sup>®</sup> W.S. when fast action is required.

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- Elevate W.S. vitamin E is readily available and effective in crossing the blood-brain barrier.



## Elevate<sup>®</sup> Concentrate for long-term supplementation.

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- Does not contain other minerals and vitamins that might cause imbalances.
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