

SVM NEWS



SASKATCHEWAN
VETERINARY MEDICAL
ASSOCIATION

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COMPANION ANIMAL SESSIONS

Dr Nancy Brock Anesthesia (4 hours)

Dr Phil Bushby Spay /Neuter (4 hours)

Dr Will Eward Surgical Oncology (2 hours)

Dr Kathleen Linn Surgical Flaps & Grafts – Lecture & Wet Lab (5 hours total)

Dr Chris Pachel Behaviour (4 hours)

Dr Steve Waisglass Dermatology 'CSI' (2 hours)

LARGE ANIMAL SESSIONS

Dr Heidi Banse Equine Respiratory (3 hours)

Dr Claire Card Mare Reproduction (2 hours)

Dr Derek Foster Calf Diagnostics and Therapy (2 hours)

Dr John Kastelic Bull Breeding Soundness (4 hours)

Dr Annette O'Connor Bovine Respiratory, Pinkeye (2 hours)

Dr Greg Penner Cow/calf Nutrition – lecture & wet lab (5 hours total)

Dr David Smith Cattle pneumonia, disease outbreaks, health in the face of AMR (3 hrs)

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Erin Wasson Building Resilience, Teambuilding & Inter-clinic communication (1hr)

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¹Freedom of Information Summary, 2012, NADA: 141-344.

²Messias A, Gekeler F, Wegener A, et al. (2008). Retinal safety of a new fluoroquinolone, pradofloxacin, in cats: assessment with electroretinography. *Doc Ophthalmol.* 116(3):177-191.

president's perspective

DR DEB HUPKA-BUTZ

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As my year of SVMA Presidency draws to a close, two sayings come to mind:

1. "Time flies when you are having fun"
2. "The older you get...the faster time goes"

I'm not sure which of these applies to me, so I am going with a combination of both!

I encourage any of the SVMA membership to become involved on a committee or on Council. Volunteering can be very rewarding as well as educational. We are currently looking for some new members for the regulatory committees. Please let the SVMA office know if you might be interested.

In the complex area of antimicrobial resistance and veterinary scrutiny over antimicrobial use, things are slowly moving forward. Antimicrobials in Animal Health-The New Reality was the title and focus of this year's Summit at the CVMA Convention in Niagara Falls, Ontario. I can assure you that there will be changes and new requirements as we move forward.

Our Antimicrobial Stewardship video, available on the SVMA website for one hour of CE, has been well received. We have shared it with several other VMAs at their request. The same great team that produced this first video is working on a second video that will help clarify antibiotic choices for more specific common



diseases in veterinary practice. We are very fortunate to have such a dedicated, proactive production team right here in Saskatchewan! Their time commitment and professionalism is much appreciated!

The SVMA staff is continuing to gather the member survey results that are being sent to each practice shortly after their practice has been inspected. This is to collect opinions from our membership regarding the inspection process. Council will see the collected data as surveys are returned with an eye to ensuring the continued effectiveness of the inspection process.

Things at the SVMA office have also been busy this year as SVMA and SAVT administrative processes for RVT registration are more closely aligned. The

SAVT and SVMA are also jointly working on the two organizations' respective Bylaws to ensure alignment.

Our www.svma.sk.ca website is continually being improved. If you are not regularly visiting it, I encourage you to check it out!

Wellness issues in our profession have become a much more open topic. SVMA is trying to address these issues by offering confidential personal counselling services to members who desire this type of support. The Continuing Education Committee is also looking towards getting more keynote speakers to address issues such as compassion fatigue, burnout, suicide, thriving during times of change and cross cultural communication.

Thanks to the SVMA Council, staff and committee members for all your dedication to our provincial Association over the past year! The SVMA office staff is busily preparing for the upcoming Annual General Meeting and Conference in September, in Saskatoon this year. There will be a few proposed Bylaw changes brought before the membership at the AGM. Please plan to attend and have your input heard and cast your vote. Everyone is also encouraged to join the SVMA Council for an open discussion on any SVMA issues at the Members' Forum Lunch following the AGM.

Enjoy the rest of summer and see you in September! 🐾

MEMBER FEEDBACK WANTED ABOUT BEST PRACTICES WITH ANTIMICROBIALS

Your Association is working on educational materials and informational messaging about the new realities of antimicrobial resistance and stewardship.

Your SVMA Council is requesting your feedback and questions about best AMS practices, for use in the creation of CE materials.

Building on the 2016 AMR CE video, there

will be follow-up videos made for professional use as well as for the public. Your feedback on AMS best practices is desired for both audiences.

Please submit:

1. Questions you may have about AMS in veterinary practice for your own education
2. Questions clients ask you that you'd

like to see answered through public education

Please send your comments to sgauthier@svma.sk.ca or enter into the 'Comments' box at the end of the AMS video on the SVMA website.

Many thanks: your assistance is greatly appreciated by Council.



SVMA NEWS is a publication of:

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SVMA MISSION

We are an organization dedicated to the protection of the public by ensuring the proficiency, competency and ethical behaviour of its members in the practice of veterinary medicine. Our association promotes veterinarians and veterinary medicine. We support the physical, personal, financial and professional well-being of our members through continuing education and professional interaction. We regulate our profession through the licensing of veterinarians, approval of practices and disciplining of members as required.

THE SVMA BELIEVES IN

- the personal responsibility of veterinarians to develop and maintain competency in their chosen area of veterinary medicine
- fostering our profession by involvement in education of future and present veterinarians
- quality veterinary practice, humane animal care and compassionate treatment of the client
- providing for public protection and confidence through the fair and unbiased administration of The Veterinarians Act
- enhancing the public's awareness of veterinary medicine and its contribution to society
- the unbiased treatment of members and we expect members to treat each other fairly
- supporting members by providing guidance and information

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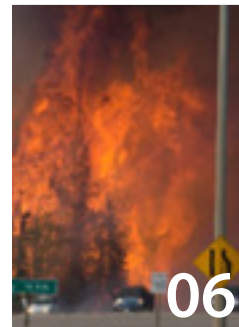
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May	April 6
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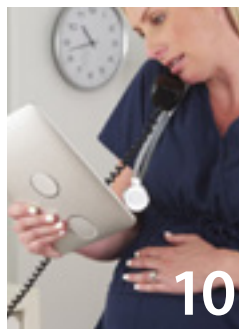


ANIMAL RESCUE
IN FIRE DAMAGED
FORT MCMURRAY



THE PRACTICE
DIAGNOSTIC
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WHAT TO EXPECT
WHEN A STAFF
MEMBER IS
EXPECTING

| **SURREAL** | **EMOTIONAL**
| **EXCITING** | **DEVASTATING**
| **HEARTWARMING**
| **EDUCATIONAL**

ARE ONLY A FEW OF THE MANY WORDS I HAVE USED TO DESCRIBE MY EXPERIENCE WITH THE FORT McMURRAY FIRE ANIMAL RESCUE MISSION.



Animal Rescue in Fire Damaged Fort McMurray

Lorraine Serhienko, RVT

My story begins on May 6, 2016 when the ASNTF was called to action to assist with the wildfires then raging through the Fort McMurray area. I have been a regular volunteer with the Alberta Spay Neuter Task Force (ASNTF) for over five years and am also an ABVMA registered veterinary technologist.

The ASNTF specializes in remote veterinary medicine and animal rescue, so being fully equipped with a mobile clinic, we quickly packed up everything from our regular clinic near Bonnyville, AB and headed to Edmonton on May 7th. On May 8th, we set up the Pet Evacuation & Reunion Center in a large warehouse in Edmonton. This center would soon see over a thousand animals that had made the trip from Fort McMurray. They would be triaged, examined, treated (or referred to other clinics) and housed until their owners could be reunited with them. Hundreds of volunteers signed-up for shifts, to provide 24-hour care to dogs, cats, rabbits, guinea pigs, reptiles, snakes, birds and other species. At the end of the weekend, I thought my part of the story was done, and returned to my regular job

in Saskatoon.

The following Friday May 13 arrived and I hit the road for Edmonton to spend another weekend at the Pet Evacuation & Reunion Center. Shortly after departing from my hometown of Blaine Lake, I received a call requesting I head directly to Fort McMurray to assist with the rescue and care of animals up there.

My next call was to the SVMA office, to ask the dreaded question, "can I miss work?", "I'm not sure when I will be back, depends on when relief comes". Lucky for me, I have a great support system at the SVMA and the words I heard on the other end of the line were "be safe, keep us in the loop, represent us well, and save as many as you can!"

In my experience, not everyone can handle this type of situation. Having to keep personal emotions under control, handle devastation and loss, multi-task and deal with emergencies under unpredictable conditions is unnerving and taxing. A lot of people are also prohibited from this type of rescue effort because of health conditions that can be made worse by the temperatures and poor air quality. Being healthy and able-bodied, I

figured there was only one thing to do. After meeting up with two other volunteers in Edmonton, off to Fort McMurray we went.

Driving up Highway 63 was, for lack of a better term, creepy. For nearly four hours, ours was the only vehicle on the highway. The closer we got, the thicker the smoke hung in the air, but the gasps were really heard when we saw all the trees burnt to a crisp, charred ground and ash everywhere. We had security clearance to enter the city, but still had to stop at the checkpoint to obtain wristbands and clearance to go further.

We arrived at the Fort McMurray SPCA late that night, but everyone was still up, planning routes for neighborhoods to go through the next day, assigning the rescue teams, and caring for animals. The boxes of respirators were pointed out to us, and it was recommended we have them with us (preferably wearing them). We all slept on cots in the SPCA, and many used dog blankets for bedding. Looking back, I couldn't believe all that had happened in one single day.

Saturday morning found us setting up for animals to stay longer term in the FM SPCA. Water wasn't potable, there was no heat or

air conditioning, and the smoke was heavy. More pets kept coming in as the rescue teams (escorted by law officers and sometimes a locksmith) went to homes and rescued more pets. Traps were set for those animals who were too scared to be handled or had escaped the fire.

Every animal was given a physical exam and set up in a kennel with water and a small meal. Re-feeding syndrome was a big concern, as was urinary obstructions in cats. Many animals were scared, dehydrated, hungry, dirty from ash but still seemed so grateful to be safe. Dogs could go for short walks or in a run for a short-time, but the smoke was thick and we needed to keep them close in case of an evacuation. Early that afternoon a bus arrived to take animals to Edmonton. We filled the city bus with as many animals as we could and after nearly two hours of loading, the bus driver was on his way south. Still more animals arrived and by nightfall we had over 30 cats and 14 dogs plus pocket pets, birds and reptiles in our care. Even though things were stable for the moment, we were all planning how we would get out if there was another evacuation.

Being a part of a state of emergency brings together so many people, many of whom we were able to meet and chat with at meal times. A large kitchen and dining area made of trailers was set up near Keyano College, where an abundant supply of food and beverages was available 24-7. There were also trailers with showers; even laundry was available.

Everyone was supportive of each other and the emergency efforts going on. Fire-fighters, RCMP, Peace Officers, Bylaw Officers, Alberta Health Services, and more joined together for a common cause: helping Fort Mac. We weren't just "the people saving the animals"... we were valued as a vital part of the mission. We were still regular people with everyday needs, eating, showering and talking about what we had seen and done that day.

There were struggles. In what was now a truly isolated and remote location, communication was very challenging. Security clearance was a very time consuming process and due to safety concerns, entry into Fort McMurray was not guaranteed. Supplies were obtained by logistics office for us. We requested KY Jelly and a turkey baster for days. They never came because logistics office thought we were kidding! As veterinary professionals reading this, I'm sure you figured out the KY is for taking temperatures and the turkey baster was for suctioning.

Sunday May 15th was a very early morning. I had to meet up with a person at 6am who

was transporting a couple of pets to Edmonton. Instead of going back to sleep, I started into the care of all the animals. Once everyone was fed, watered, kennels cleaned and dogs walked, it was my turn for breakfast. The team met and made a plan for the day, and off we went to work.

Animals continued to arrive, but now these ones hadn't seen food or water in days, and many were covered in soot. We started trying to place some environmental enrichment for the animals, especially the ones who were less social, stressed or wouldn't eat. Time was equally spent getting the medical records and care records all organized and each animal assigned a number for their stay in Fort McMurray until transport out arrived and/or until they could be reunited with their owners. By mid-afternoon the smoke had become thick and orange. It then started raining ash. Minutes later, we were told by officials to prepare to evacuate. Travel kennels were quickly assembled and put by each kennel/run. Food, water, bowls, emergency vet supplies and anything else we could think of was gathered and ready to load. Everyone went for supper together that evening, and were told to stay together. Luckily, firefighters held the fire back, and we could stay. I don't think anyone slept that night, (if they slept any night up there at all).

Another early morning. We got the animals all fed, and the round-up teams made one more round to finish the case files they had and pull all traps from the community. Monday, May 16th, my last scheduled day, provided a new veterinarian and technician to relieve us. We had worried that relief staff might have problems making it through the security clearance and checkpoint, but now everyone was being sent home, except for a skeleton crew to take care of the animals. The relief veterinarian and two technicians arrived early-afternoon and we gave them the tour, a rundown of how things were being managed and what we hadn't finished.

Then the sky turned smoky and orange again, and our officer in charge told us that if we were ready to go, we must go now. They were shutting down Highway 63 South. We finished loading the truck with 3 cats and 3 birds (in kennels and cages), and headed out. By the time we reached the outskirts of Fort McMurray there was fire on both sides of the highway and the grass in the ditch between the divided lanes of highway was in flames. The rest of the crew and animals were all evacuated to Edmonton right after we left. Calling owners to arrange times and places to reunite them with their pets was our road trip task.

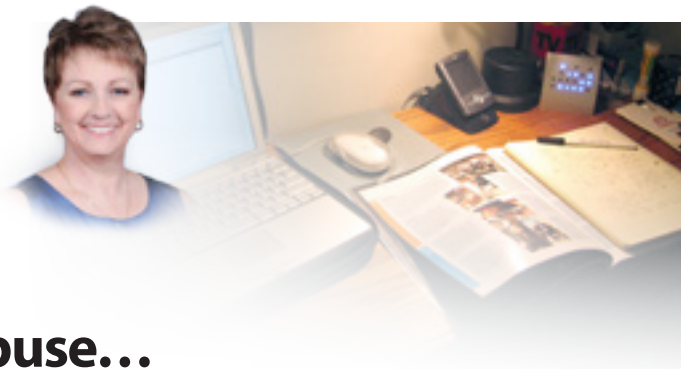
Finally, we were able to meet the pet parents and return their beloved pets to them. Their stories were amazing and they were so grateful for what had been done to save their pets. Many people had been forced out of the city with fire raining down on them, unable to go home and collect anything, including their pets. I cannot imagine what the residents of Fort McMurray went through on May 3rd, a day that will be in everyone's minds for years to come. After being silent for days, one cat started meowing at the sight of its owner, and we knew we had the right owner. I didn't even have to ask my go-to question when discharging patients, "do you recognize this human?" which makes the owner chuckle every time.

I spoke to the owners who had been reunited with a pet about the possible effects of such a trauma to their pet, physically and psychologically. I advised them to feed small meals (to avoid re-feeding syndrome), to have water readily available and to secure doors and windows, as they may still be scared and want to flee or hide. I mentioned watching urination and defecation and if there were any concerns, to call a veterinarian. I also made the point that their pet is in the best of care with family, as being at home is comforting to them and getting back to their regular routine is the best way to recover from stress.

In Edmonton we received hugs from friends who were helping at the Edmonton Pet Evacuation Centre as they readied for the next bus load of animal evacuees to arrive. It was now time for me to depart on the long journey back to Blaine Lake, Saskatchewan. I drove most of the night, and even came in to work early the next morning. I felt I had a responsibility to the SVMA. My new goal is to help shape a plan for Saskatchewan, so we can be prepared for potential disasters of this scale in our province.

We had an amazing team made up of a veterinarian, two RVTs, animal rescue teams and law enforcement. We weren't just a team, or friends for the time spent together in Fort McMurray, we were family. We kept each other safe and sane. Looking back, what myself and our "family" accomplished was incredible, especially under the circumstances. I risked my life and never even thought about it, along with all the others asked to make that 5-hour journey from Edmonton into an area which could be referred to as a "apocalyptic". After four sixteen-hour days, I needed normal again, and getting back to work, seeing my friends and family was my therapy. That said, I would do it all again in a heartbeat. 🐾

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When suspicious of animal abuse... to report or not to report?

Mandatory reporting of suspected abuse has been a topic of discussion within and between several SVMA Committees recently. Adding a Bylaw requiring members to report suspected animal abuse is a contentious issue that will be brought to the AGM in September. Prior to opening the floor on this, it is important that we take time to think, so I am bringing the essence of the discussion so far to you, the members. Much of what I will present here are questions and comments posed by SVMA members on this topic over recent months.

The concern is this:

Why would we not want to encourage or even require members to report animal abuse if they believe it is happening?

This brought up several other questions:

Do we need such a statement in our Bylaws? Is it not incumbent upon all veterinarians (and others, but especially us) to act when we suspect abuse or neglect of animals is occurring? In other words, isn't it already a universally accepted part of our professional ethics?

Would a Bylaw requiring members to report suspected animal abuse help in this area? Would it be enforceable?

Our profession places us in a unique position. We are advocates for animals and for our clients. Mandating reporting of abuse by adding a Bylaw may increase the number of cases brought to the attention of APSS, but then there are other things to consider, for example whether there are adequate resources in place to pursue the additional cases.

Would such a Bylaw add a layer of regulation that is problematic in cases where there is disagreement over whether an assessment of abuse is founded in a particular situation? Could such a Bylaw make it possible for one member to "go after"

another should there be a disagreement between parties about what may constitute a case of abuse or neglect?

Who will determine if there is abuse or neglect? How would these be defined? Certainly an untreated limb fracture would be seen by most of us as a case of significant neglect or even abuse worthy of the attention of Animal Protection Services of Saskatchewan (APSS), but what about chronic dental disease, chronic skin disease, ear infections, severely overgrown hooves, or parasite infestations? What about convenience euthanasia? Is it animal abuse to end the life of a healthy animal no longer wanted by its owner?

To date, there isn't complete agreement among SVMA members over whether tail docking and ear cropping should be considered abusive. The list can go on and on. What will be needed are specific definitions of abuse with clear thresholds of what constitutes abuse laid out. Standardized, agreed-upon definitions of neglect and abuse may be necessary before action can be legislated. DVMs must participate in the defining process. With parameters of neglect and abuse defined, a regulatory proposal may be able to move forward into consideration for legislation.

I believe as a self-regulated profession, we should be proactive and try to become the animal welfare advocates society already believes us to be.

As registrar, I'm not certain mandatory reporting would take the onus off of veterinarians. Whether reporting is required by our Bylaws or by the provincial Animal Protection Act, accusing another member or a client of abuse or neglect is very difficult to do. A law requiring all of society to report animal abuse puts the duty to report on everyone, but we veterinarians will always be at the front of the line.

Should we be faced with the requirement

to report our clients for animal neglect when they do not, will not or cannot follow treatment recommendations?

There are many reasons a client may be unable to treat an animal, even one they love very much. For us to assume there is abuse or deliberate neglect involved in every case would not be reasonable.

What about members who decide not to report a client for neglecting a chronic disease? Should we then file a complaint against that member for unprofessional conduct?

The last question put this conversation over the edge, and the suggestion that we need to undertake a full discussion with Association members was put forward. A Bylaw requiring SVMA members to report suspected animal abuse or neglect is one about which there will need to be considerable discussion.

In the meantime, veterinarians have a unique opportunity to educate their clients about safe and humane animal treatment. Any interaction is an opportunity to inform others about good animal health and welfare. The Animal Welfare Committee is planning a "Travelling Road Show" of animal welfare content to be held in regional locations later in 2016/2017. SaskVets is also a great voice for public education. Anything you want the public to better understand about animal care can be publicized via SVMA Facebook and Twitter feeds.

Historically we have about 75 members and guests in attendance at the AGM. That is approximately 9% of the members eligible to vote on SVMA issues. If you have an opinion about an issue, including the proposal of a Bylaw compelling SVMA members to report suspected cases of animal neglect or abuse, the place and time for discussion will be at the AGM on Friday September 9th commencing at 8:30 in the morning. 📍



THE PRACTICE DIAGNOSTIC REPORT WHY YOUR CLINIC NEEDS IT

Dr Bob Bellamy

As long as I have chaired of the SVMA's Practice Economic Committee (and that's a long time) I have dreaded August, knowing that I will be asked to write a newsletter article encouraging my colleagues to complete the CVMA/SVMA Yearly Economic Survey, and fearing that once again, my colleagues will choose to pass on the survey and miss out on such a great opportunity to get such helpful information about their practices simply by answering a few questions.

In the past I have argued that data from the economic survey is absolutely crucial for two important objectives: providing the profession's business benchmarks and allowing the SVMA to publish yearly Suggested Fee Guides. (In fact, producing fee guides without the economic study would most certainly invite the scrutiny

of the National Competition Bureau.)

For the past decade we have been able to get enough completed surveys returned to generate statistically significant data. However, I am always literally amazed that more practice owners don't participate. A higher number of surveys returned not only improves the quality of the data, but also gets more clinics benefitting from using metrics to manage the business aspects of their practices.

What do you receive by submitting data? Practices that complete a survey and forward a copy of their financial statement receive a Practice Diagnostic Report. The report takes your clinic data expressed in FTE (Full Time Equivalent) terms so you can legitimately compare how your clinic performs. If your practice is

underperforming, it even gives some suggestions on improving your results. In my practice, virtually every business decision I make references information contained in our yearly Practice Diagnostic Report (or PDR). It's that important.

Can we justify hiring more veterinarians? Do we need more techs? Can we afford to upgrade our laboratory equipment? Should we be placing our efforts into attracting more clients or expanding procedures offered to existing clients? How come our practice is spending twice as much on mailing and shipping as other comparative practices? In the past twelve xmonths, all of these questions were answered at least in part by information brought to light by last year's PDR. I now consider it an indispensable management tool.

In addition to the PDR, practices

that complete the survey and submit an income statement receive a Practice Evaluation, a preliminary estimate of what your practice would sell for. Have you ever wondered if all your efforts are increasing or decreasing the eventual selling price of your practice? Simply completing the survey can give you those answers. It's a free opportunity to get valuable business performance information, and since I started receiving it annually and using the data it provides, it now saves me time by doing a lot of the legwork I used to have to do!

It just occurred to me that if you don't submit surveys you may never have seen a Practice Diagnostic Report. Give it a try- I think you will be pleasantly surprised. If you don't want to bother, I won't complain. My practice is doing fine. 🐾

Dr Vivienne Jones

WHAT TO EXPECT

When a staff member is expecting

Congratulations, you're pregnant! Well really one of your staff members is, but when navigating this journey in the veterinary setting, it can feel like a joint effort. This is an exciting time for your staff member but may seem daunting, threatening to add more work to you and your already busy schedule as an employer and in most cases practice owner and perhaps even manager too! Whew, you already have enough on your plate. How do you navigate pregnancy and the impending maternity leave?

Remember that whatever decisions and choices you make in the next eighteen months or so and beyond will affect not only your employee but their child and perhaps even their career. This can be a tough time for everyone in the workplace, but it does not have to be overwhelming.

As an employer in the veterinary field, you will need to familiarize yourselves with the workplace human rights guidelines as well as the special safety precautions that you must all take to ensure the arrival of a happy and healthy bouncing bundle of joy!

Employers should be aware of the inherent and special risks that a veterinary workplace poses for pregnant staff and measures should be taken to accommodate those. A vet clinic can be a safe working environment for a pregnant woman if she is made aware of the hazards and risks inherent in a veterinary hospital setting and provided that proper work practices for minimizing exposure and risks are adopted. There are four categories of health hazards commonly found in vet-

erinary practices that employers should pay particular attention to and ensure that adequate safety measures are taken in all areas: physical plant/scheduling, chemical, radiological and biological:

(1) Physical plant and scheduling

Employers would be wise to consider accommodations for protecting the health and safety of the expectant mother and the child. Be sure that your staff are not subjected to extremes of temperature (where possible), that adequate access to bathroom and hydration facilities are provided, and that safety in the facility is assured and followed. Check to make sure your clinic provides your staff with comfortable seating and that anti-fatigue mats are placed in surgery, etc. Ensure floors are not slippery. The staff member must avoid climbing on ladders or into the backs of tall vehicles, and must take scheduled breaks to allow her to rest her feet and eat.

Position yourself and your hospital in such a way so as to try and ensure a problem free pregnancy; discuss what changes you

anticipate with your employee in an open and non-confrontational way to ensure that scheduling, time constraints and any special needs, like doctor's appointments, are met. The reward will be a happy employee with a better chance of having an uncomplicated pregnancy which will generate loyalty and gratitude in spades!

(2) Chemical

Employers should ensure that ALL staff are trained in WHIMIS and are able to read and understand medical and chemical data safety sheets, whether pregnant or not! Provide employees with a list of off-limits chemicals (eg formaldehyde, chemotherapy drugs, inhalant anesthetics, pesticides such as Advantix and hormones) known to cause birth defects or spontaneous abortions and then do NOT allow the pregnant staff member to use or even handle these products. In addition, ensure and provide adequate ventilation when these products are used by another staff member or do so in a separate area from where the pregnant staff member spends their time. One idea is to formalize samples outside of the building-

a great way to avoid headaches for all staff members and it takes only a few minutes at minus twenty- perhaps even less!

Any spills within the facility must be contained and removed as per safety data sheets, plus the pregnant staff member should be notified and removed from the affected area until it is deemed safe for her return. Ensure that anesthetic gases are ventilated properly through well maintained scavenging systems and perform leak tests on anesthetic circuits prior to/after use. Proper precautions like wearing rubber gloves and handwashing should be emphasized when handling laboratory reagents or medical slide stains and specimens. Again, we should all do this!

(3) Radiological

NEVER allow your pregnant staff member to restrain an animal when obtaining radiographs- NEVER! Some employee manuals will allow the pregnant staff member to perform such duties provided they wear gowns, gloves and a monitoring badge. As an employer all measures should be taken to provide alter-

natives to this. Badge monitoring is every 3 months and is of course after the fact notification of excessive exposure. Better to play safe!

(4) Biological

The pregnant employee must always be conscious of her environment, patients' temperaments and health status as well as any suspected disease differentials that pose a risk to her unborn child and ask for assistance when handling such cases or specimens. Pregnant staff members should wear gloves when cleaning, doing lab work with feces, urine or body fluids and when examining, bathing or handling animals with skin disease. Discuss diseases such as rabies and tetanus with staff before they are pregnant to ensure adequate vaccination. Be aware of potential risks such as listeriosis, salmonellosis, brucellosis, leptospirosis and chlamydia and ensure you have a plan in place for handling such cases (of course depending on prevalence and presence of such threats in your geographic area).

For fractious pets or livestock have a protocol for handling these patients to minimize the chances of a bite or physical injury to the staff member. Do NOT let pregnant staff members handle these situations without adequate support and safety measures; you may leave yourself liable and have a devastating situation to deal with. Toxoplasmosis can be tested for before becoming pregnant to know whether additional precautions (rubber gloves and hand washing) or accommodations are needed when handling cats' litterboxes and feces; again encourage female staff members to discuss whether advance testing is appropriate for them with their family physician. Dermatophytoses such as ringworm can affect the immunosuppressed individual and suspect cases should be handled by other staff members as severe infections needing systemic treatments could be

harmful to the developing fetus.

Wow... no sooner have you adjusted protocols to accommodate a safe pregnancy than now you need to know what the rules and responsibilities are for both parties involved in a maternity leave. Always you are best to refer to the provincial labour laws. Here is a brief synopsis of labour laws around maternity in Saskatchewan:

Maternity and parental leaves are governed by each provincial government and in Saskatchewan basically entitle employees who have worked for "at least 20 weeks in the 52 weeks before the day the leave is to begin" in either a full or part time capacity and who are currently employed and working, to 18 consecutive weeks of unpaid maternity leave and 34 consecutive weeks of unpaid leave beginning after the end of the 18 week maternity leave. Unemployment insurance provides you with pay as a proportion of your salary during this time. Employers should be aware that if pregnancy is interfering with an employee's job performance or duties that you may require your employee to start their leave up to 13 weeks before the estimated due date, only if the duties cannot be modified or you cannot be reassigned to another job (be aware that there cannot be a loss of wages or benefits with a job re-assignment). Employers must receive a written letter from the employee as well as a doctor's note with the estimated delivery date at least 4 weeks prior to the anticipated leave. An employer is "not required" to allow an employee to return to work until they have received a written notice of return to work at least 4 weeks prior to the anticipated return to work date.

And the fun continues... now your best employee is leaving you in the lurch for twelve months with what appears to be only a vague promise to return to work after that. How will you replace that employee? Now you

have to train a new staff member. Before you despair, remember to look for that silver lining (just like in the movies!). Think of maternity leave as a great way to meet new staff who may fit into your workplace well and bring new ideas and new skills to the table. The "temporary" vet or tech may bring surgical prowess to your facility and expand your services boosting your bottom line. They may come with a rehab laser or acupuncture needles in hand allowing you to practice marketing new offerings and to conduct your own feasibility studies for practice and services expansion. Who knows- it may all go so well that your practice and services grow and you retain the temporary hire. If not, well there is nothing wrong with test driving that car before you own it! Think of the yearlong mat leave as an extended probation period with a built in re-negotiation or termination point leaving no hurt feelings in its wake! If at the end of the maternity leave the temporary employee is not a good fit, then furnish them with an honest reference (as you best see fit) and part ways on good terms.

As for training, remember the mantra that turned the self-help movement on its knees - "from me to we". Well, it applies here! Perhaps the biggest joy (though demanding and time consuming) in a veterinary career comes from mentorship. Mentoring new employees is a fulfilling part of this career and an approach that newer veterinary grads are actively seeking out in places of employ. Make yourself a mentoring guru and as a result watch

how your exam room client interactions and compliance improve as you better explain and engage people with more practice! Now go ahead and look at mat leaves as a way to bring new ideas and staff into your workplace basically on a yearlong "work a day". What a great way to test the waters!

Perhaps the best thing you can do is sit down with your staff member and review the risks and hazards of the veterinary workplace, but at the very least have them review and sign your practice pregnancy protocol. If you do not have a policy or protocol in place for accommodating pregnancy in your hospital, now is a great time to build one! Perhaps ask for the employee's help and then have them sign a memorandum of understanding stating that they have read the veterinary hospital occupational hazards protocol for the pregnant employee in your workplace, stating that they understand the risks of continued employment in a vet hospital during their pregnancy. Also ensure that your staff member tells their healthcare provider that they work in a vet clinic and have this acknowledged in your memorandum of understanding as well. Now sit back, relax and wait for the pitter patter of little feet! Who knows- this new addition may be a future colleague in the making! 🐾

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**ON THE MOVE?
CHANGING EMPLOYERS?
CLOSING DOWN A PRACTICE?
CHANGING YOUR CONTACT
INFORMATION?**



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DR OLE NIELSEN AWARDED ORDER OF CANADA



On Canada Day, Governor General David Johnston announced that Dr Ole Nielsen, 1968/1969 CVMA President, has been appointed as a Member of the Order of Canada — one of the country's highest civilian honours.

Dr Nielsen is very well respected in the veterinary profession for his broad vision of Global Health. He is not only an accomplished veterinarian, but also past Dean of the Western College of Veterinary Medicine, as well as past Dean at the Ontario Veterinary College. His time in both positions showcased his value of the work of public sector veterinarians.

His term as the president of the Canadian Veterinary Medical Association (CVMA) from 1968 to

1969 was much respected. Dr Nielsen was presented a Life Membership to the association for his long-standing commitment to the CVMA and for his exceptional contributions to the veterinary profession.

His hobby of pottery also highlights his passion for the veterinary profession. His craft, which he started in the 1970s, has helped raise funds for the McEachran Fund for Ecosystem Health, a trust fund that he established in 2007 through the Canadian Cooperative Wildlife Health Centre (CCWHC).

The SVMA joins the CVMA in extending congratulations to Dr Nielsen for receiving such a high honour. 🐾

DR JOE PETRENY

The SVMA is sad to report the passing of one of our own. Dr Joe N. Petreny passed away in Moosomin on Wednesday, April 27, 2016 at the age of 53 years.

Joe was born on June 20, 1962 in Regina, Saskatchewan but his family soon moved and Joe spent his school years in Saskatoon. The family lived in the city but liked to spend time at their small mixed farm just outside the city, where Joe's interest in cattle, farm life and the outdoors began. He studied Animal Science at the University of Saskatchewan attaining a Bachelor of Agriculture degree in 1984. He worked at a couple of jobs then went back to school in 1987. He bought, renovated and sold three houses while studying veterinary medicine, yet he still managed to graduate with distinction from WCVN in 1991.



Joe married Lorelei Faubert (WCVN '91) on December 28, 1991, and purchased South East Veterinary Services in Moosomin on January 1, 1992. After a couple of years spent building the business and learning the

ropes, Bryony was born in 1995. Brooke followed in 1998 and Maya in 2001. Life was busy with a growing family and growing business but he enjoyed lake time at the cabin and shepherding the girls to their various activities, especially skating. Joe was a skilled handyman, able to fix or build just about anything, and a very able mechanic too. He was a perfectionist in his work and his hobbies. He loved his kids and tried to teach his girls as many different skills as he could and encourage them to be confident, independent and

adventurous young women.

Joe was a willing volunteer especially if there was some hard physical work to be done. He truly enjoyed his work, especially with cattle, and loved to have a good chat with clients while he worked - everyone always commented on what a quiet guy he was but he made friends wherever he went and was often slow to get back from farm calls because he got to visiting.

We purchased a farm in 2002 and spent several years cleaning up the yard site before moving into a new home there in 2008. Joe loved being out on the farm and was always working on some project or some repairs out in his new shop. He liked all kinds of hunting with his kids and with his friends, and enjoyed taking a good road trip in his Camaro.

Joe was diagnosed with multiple myeloma in 2010 and underwent 2 stem cell transplants and many rounds of chemotherapy and radiation to keep it under control as long



as possible. He passed away peacefully on the morning of April 27, 2016. Joe is survived by his wife, Lorelei, and daughters Bryony, Brooke and Maya.

Joe believed in the benefits of working hard and doing a job well, and he loved the outdoors, hunting and fishing, and spending time at the lake. If you wish to make a donation in his memory, please consider a gift to the Moosomin and District Health Care Foundation.

Joe leaves a very large footprint behind him - wherever we look we see the things he has built, the cattle herds he worked hard to help farmers build and keep healthy, and the daughters he raised. He is, and will always be, missed by everyone who was blessed to know him. 🐾

Congratulations...



To **Dr Sue Ashburner**, a regular marathoner, for once again blasting her way to the finish line of the 2016 Saskatchewan Marathon. 🏆



To **Darlene Tingved**, SVMA Inspector, for her belt buckle win at the the OK Corral Summer Series, Saskatchewan Reined Cow Horse Association Limited Non Pro. 🏆



To **Dr Moira Kerr**, recipient of the 'Stan Olson Clinical Professor of the Year Teaching Award', which was presented at the WCVN Class of 2016 Graduate Banquet and Awards Ceremony held on June 2nd, at TCU Place, Saskatoon. 🏆

DR JAMES ROBERT SAUNDERS



It is with great sadness we announce the passing of Dr J Robert Saunders, beloved husband, father and grandfather, on April 29, 2016 in Langley, BC.

He was born October 6, 1931 in Simcoe, Ontario to Ken and Helen Saunders. He graduated as a veterinarian from the University of Guelph in 1954 and moved to Earl Grey, Saskatchewan where he worked in mixed practice. It

was there he met and married his wife Evelyn in 1955. He went on to receive a Master of Veterinary Public Health from the University of Toronto and Doctor of Philosophy degree from the University of Wisconsin-Madison. In 1965 he accepted a faculty position at the Western College of Veterinary Medicine in Saskatoon, SK where he served as a professor of Veterinary Microbiology until his retirement in 1993 to Langley, BC.

Bob's kindness, humility, wisdom and sense of humour made him a much-loved husband, father, grandfather, friend and colleague. He had a profound love of animals which he passed on to his children and grandchildren. He is survived by his wife Evelyn, children Steven (Kim), Roberta (Bill), Hugh (Victoria) and Bruce (Robert), grandchildren, Heather (Chris), Bryce, Daniel, Ellise, Andrew and Morgan. Donations to a local SPCA are welcomed. *Published in The Saskatoon Star Phoenix May 7, 2016* 🏆


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SEVEN COMMON MISCONCEPTIONS ABOUT ANIMAL RESCUE GROUPS

1 Rescues take animals no one else wants because they have behavioural problems.

"They wouldn't be in a rescue if there wasn't something wrong with them" is a common belief, however, most animals are just waiting for a home. In reality, animals end up in rescue because they were bred indiscriminately, meaning it was an unintended breeding or they were produced without a clear reason.

There are many reasons why animals lose their homes. People who relinquish their pets are often unprepared for the commitment or time required to take care of a pet, did not have knowledge of species-specific behaviour nor the know-how to train desired behaviour, or they did not expect the expenses associated with having a pet.^{1,2} All animals require time and effort to teach acceptable behaviour. Owners who attend obedience classes shortly after adoption are more likely to keep the dog they adopted.^{2,3} Owners with client / veterinary relationships are also less likely to relinquish a pet.⁴ Thus, veterinarians can help with this by educating owners about typical animal behavior, routine care requirements and training, and the importance of regular veterinary visits.³

Parents who relinquish a pet often have unreasonable expectations of the relationship between animal and child, "they expect the pet to teach

their children to be responsible, loving, and emotionally sensitive persons".² Tolerance toward children may be erroneously expected on the part of the pet and can result in the animal nipping, biting, scratching, growling, hiding, etc., when the interactions are not appropriate. In general, when there is lack of knowledge regarding dog behavior and safety practices for dog-child interactions⁵, veterinarians can help by educating their clients on appropriate child / pet interactions.²

Moving is also cited as a common reason for relinquishing a pet. In one study, companion animals that were acquired at no cost and were owned for less than two years were more likely to be surrendered. Young adult women also relinquished animals to shelters or rescues at a significantly higher rate than would be expected. Educational efforts that target young, potentially mobile adults could decrease the number of animals relinquished.⁴

Another source of animals in rescues is strays coming from northern spay/neuter initiatives or found animals that were never claimed. Strays or dogs that were once feral can take time to adjust to living in a home. One study found that free-ranging dogs were adaptable and while many (75%) were timid when they first arrived in the home, the majority adapted within a few weeks.⁶ The most common behavior problems reported for the

dogs were hyper-attachment to the owner (59%) and escaping (32%) while housetraining and leash training were not difficult to accomplish.⁶

2 Rescues only have old animals.

Pets of all ages are found in rescues: puppies, adults, middle-aged, and seniors. The proportions of each will vary between seasons and rescue organizations. Many people believe that adopting a kitten or a puppy is ideal, however there are benefits to adopting a pet with "history." Puppies and kittens, while cute, are a lot of work. They need to be taught appropriate behaviour and house training. Young animals can be destructive and excitable. Adopting an older pet offers fewer surprises as their size and personality are known. Older animals often have some training, and are usually gentler and more laid back.

3 Rescue organizations are just trying to make money.

A good rescue will operate as a non-profit, with any adoption fees and fundraising applied directly to helping more animals. In reality, the adoption fee seldom covers the costs incurred by the rescue and deficits are made up through donations and fundraising. Many of the animals that enter rescues have had little or no previous veterinary care and

most need to be spayed or neutered, vaccinated, and microchipped, at a minimum. In addition, rescues will provide medical care for other conditions.

Many rescues will also support adopters through provision of post-adoption support for behavioural problems, and unforeseen medical problems. They will often take responsibility for the animals they adopt out by requiring adopters to relinquish their pet back to the rescue if they can no longer keep it.

4 Rescue groups make it too difficult for people to adopt.

Rescue groups work to find the right home for an animal. Animals generally have experienced at least one upheaval in their lives, and rescues want to make sure that adopters are committed to giving the animal a permanent home. When placing animals into a home, there are many factors that are taken into consideration by the rescue that can sometimes make the process seem difficult or lengthy. Many rescues are foster home-based, so the family that fostered the animal previously can provide in-depth knowledge of what the animal is like to live with. Rescues are generally looking to match the animal's personality and traits with the family's lifestyle to maximize the chance of successful placement. Energy level and exercise requirements of the

pet are some of the characteristics rescues will use to determine the appropriateness of the placement. Some animals may have special needs and/or health considerations that are also taken into consideration.

One study showed that adoptions were more successful if the expectations of the adopters were met.² In addition, adopters that had existing relationships with a veterinarian had more realistic expectations.³ Ultimately, rescues want adopters to make informed decisions based on the characteristics and personality traits of the animal, that there is a lifetime commitment and that the pet will be happy, safe, secure, and part of a family.

5 Rescuers are hoarders.

Animal hoarding is a complex issue that encompasses mental health, animal welfare and public safety concerns. Animal hoarders may claim that they are a Rescue in order to avoid questions about why they possess so many animals and


to deceive others into thinking their situation is under control. Animal hoarders generally do not seek veterinary care for their animals, nor do they place animals into adoptive homes. Animal hoarders often appear to be intelligent and to believe they are helping the animals in their possession. All hoarders fail to grasp the severity of their situation, and they are often blind to the fact that their animals are suffering under their care.⁷

6 Rescue groups are against breeding animals.

Rescues are against irresponsible breeding practices. They discourage production of animals for the sole purpose of meeting the demands of the pet market. Rescues do not oppose breeders that seek to improve genetic stock by ensuring the health of the animals they produce by testing for genetic diseases and by carefully placing their animals into homes that

are a match for the personality of the dogs they produce. They also appreciate those breeders who take responsibility for the animals they produce by supporting owners who encounter behavioural or medical problems and by taking back animals if owners can no longer keep the animal.

7 Petfinder.com is a website where breeders sell pets.

Petfinder is a directory of nearly 14,000 animal shelters and adoption organizations across the United States, Canada and Mexico. It is an online, searchable database of rescued animals who need homes. 

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canadian veterinary medical association (CVMA)

ONE PROFESSION. ONE STRONG VOICE.

CVMA strives to address issues of relevance to veterinarians across the country. We're pleased to provide you with an overview of what the CVMA has recently been working on for you, our valued members in Saskatchewan.

POLICY AND ADVOCACY

CVMA Participates in First Federal, Provincial, Territorial Antimicrobial Resistance Steering Committee

In June 2016, as part of the Federal Action Plan on Antimicrobial Resistance and Use in Canada, the CVMA joined other like-minded stakeholders at the first Federal, Provincial, Territorial (FPT) Antimicrobial Resistance (AMR) Steering Committee meeting held in Ottawa. The meeting responded to the need to engage stakeholders in human health and agri-food sectors (e.g., government, industry, health professionals, veterinarians, and licensing bodies) on efforts to develop a pan-Canadian framework and action plan on AMR. The CVMA presented its draft document, "Overview of Veterinary Oversight of Antimicrobial Use – A Pan-Canadian Framework of Professional Standards for Veterinarians." Its objective is to provide a template of professional standards to be used by the Canadian provincial and territorial veterinary regulatory bodies when developing their own regulations, guidelines, or bylaws related to veterinary oversight of the use of antimicrobial. The meeting was led by the Public Health Agency of Canada with support from Health Canada, Canadian Food Inspection Agency, and Health Canada's Veterinary Drugs Directorate. A CVMA representative has been invited to further participate in the in the FPT Antimicrobial Resistance Steering Committee –Task Group on Stewardship.

Supporting Bill C-246 "Modernizing Animals Protection Act"

The CVMA's Animal Welfare Committee has formed a working group to explore and address issues arising from the review

of Bill C-246, the Modernizing Animals Protection Act. Acting on advice from the working group, CVMA sent a letter expressing support for the Bill to each Member of Parliament. The House of Commons debated this Bill in May 2016. More debate time will likely be allocated this month, where a vote will be required to move it to Committee hearings. CVMA hopes its letter to Members will aid in the passage of the Bill through the second reading, so our voice can be heard at the resulting Committee hearings.

Supporting the WSAVA Petition Against Ketamine's International Rescheduling

The World Small Animal Veterinary Association (WSAVA) developed the "Ketamine Campaign" to give its members the opportunity to stop the International rescheduling of ketamine. Called an "essential veterinary medicine," it is often the only agent available for anesthesia/analgesia and the principle agent used to facilitate feral dog/cat population control via spay/neutering. The International rescheduling of ketamine would effectively eliminate its clinical use in both veterinary and human medicine. CVMA has asked its members to sign the petition to secure the future of ketamine at <https://www.change.org/p/ketamine-is-an-essential-medicine-and-should-not-be-re-scheduled>.

Veterinarians Honoured at 2016 CVMA Convention

The following recipients were honored for their achievements on July 7, 2016, during the CVMA's Annual General Meeting and Awards Luncheon: Small Animal Practitioner Award: Dr. Ernie Prowse; Merck Veterinary Award: Dr. Larry Hammell; Humane Award: Dr. Shawn Llewellyn; Practice of the Year Award: Animal Care Centre of Strathmore; Industry Award:

Dr. Melodie Chan; Life Membership: Dr. Bernhard Pukay; Honourary Membership: Ms. Elizabeth J. Knight; R.V.L. Walker Award: Mr. Justin Kristjansson; and the President's Award: Dr. Sylvie Latour.

SCIENCE AND KNOWLEDGE

2016 Animal Health Week Highlights the Importance of One Health

This year's Animal Health Week will be celebrated from October 2 to 8, 2016 and will focus on One Health, showcasing that we are working together for the health of all. CVMA invites veterinary clinics and hospitals across the country to celebrate and share the message of Animal Health + Human Health + Planet Health = One Health with their clients. Look for educational materials on the CVMA website at canadianveterinarians.net under the Practice & Economics section.

PRACTICE AND ECONOMICS

Veterinary diet pricing: Competing with the pet food store

Despite its importance, nutrition is routinely only given a cursory mention during veterinary appointments. Veterinarians may brush over the conversation, not wishing to seem like pushy salespersons, and believing their clients perceive veterinary diets as too expensive. The reality is veterinary exclusive diets are highly competitive in price when compared to premium pet food store diets, and can, in some cases, save the pet owner hundreds of dollars annually. Variable bag sizes and caloric densities can make it difficult for the average pet owner to compare the cost of food. The key figure required is the consumption cost, or the cost of feeding per day. Calculating this will allow for an "apples to apples" analysis

of prices among diets. The full article is available under the Practice Management Resources page of the Practice & Economics section of our website. Please note, your CVMA password is required to access any practice management article.

Creating Stronger Success with New Preliminary Surgical Assessment for DVM Candidates

The National Examining Board (NEB) is providing DVM candidates with an opportunity to assess their skills prior to undertaking a live surgery during the Clinical Proficiency Examination (CPE). The NEB, with the collaboration of subject experts from CPE sites, has developed a process to ensure candidates can demonstrate basic surgical techniques as a prerequisite for CPE registration. The PSA will become a mandatory step of the NEB process for all candidates taking the CPE starting January 1, 2017.

Discussing the Profitability of a Veterinary Hospital

The profitability of a veterinary hospital is a product of two factors: revenue and expenses. Too often the focus is on the first part of the equation, boosting revenue, while neglecting expense control. Both aspects need to be targeted and improved to help grow a practice's bottom line. Each year, CVMA Provincial Practice Owners Economic Surveys are distributed to veterinary practices across Canada. The 2015 survey gathered data in each province on revenue, expenses, fees, employee wages, etc. Read the full article in the Business Management section under the Practice & Economics tab of the CVMA website.

VALUE OF MEMBERSHIP

Special Promotion for your Summer Getaway!

Check out the CVMA hotel discount program! You'll be entered into a draw to win your booking for free when you book your accommodations before September 30, 2016. Visit the CVMA website and click the "Hotel Discounts" link under the Value of Membership tab (member log-in required) to start planning your getaway. 🐾

Questions or Suggestions? Contact your CVMA National Office: Tel: 1-800-567-2862, or email at admin@cvma-acmv.org. Contact your provincial Council Representative, Dr. Terri Chotowetz at tchotowetz@gmail.com.



SAVT Update

Lorraine Serhienko, RVT
SAVT President Elect

Work continues on the alignment of SAVT and SVMA bylaws, which will go to the respective AGMs this fall. Plans are in the works to have more dialogue with the SK Polytech – VT Program and to ensure that all veterinary technology students practising veterinary medicine in Saskatchewan are registered. A number of newly graduated technologists are writing their VTNEs and have applied for provisional memberships. We wish them all luck on their exams and their exciting new careers!

National Vet Tech Week is October 16-22, 2016, a great time to celebrate the success of the RVTs in your clinic and educate your clients on what RVTs do for their animals.

All active RVTs will be receiving certificates from the SVMA this fall. A great idea for veterinary clinics is to display staff diplomas and certificates in the clinic. Clients may better appreciate the value in their service when they see the qualifications of the staff.

The SAVT continues to recognize the importance of continuing education. There have been changes to the CE structure for RVTs to ensure they obtain CE that is relevant to their profession. More details can be found on the SAVT website, but basically there is veterinary scientific CE, veterinary related CE and non-scientific CE. All members can upload their CE records to their accounts and must attach proof of attendance.

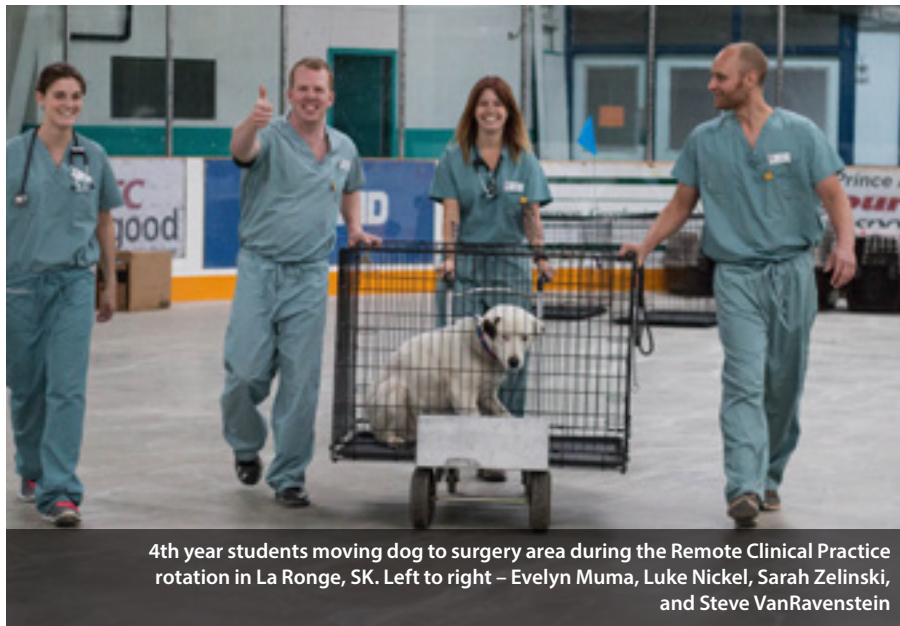
Plans continue to evolve for the "Bigger, Bolder, Braver" SAVT Conference being held November 4-6, 2016 in Saskatoon. Online registration is scheduled to open in September, with lots of speakers and wet labs to choose from.

The SAVT had excellent representation from Saskatchewan at the CVMA conference. The RVTTC also had meetings in Niagara Falls in conjunction with the conference.

The SAVT will have a booth at the SVMA Conference September 8-11 in Saskatoon, so be sure to stop by and say hello! 🐾

wcvm student update

EVELYN MUMA



4th year students moving dog to surgery area during the Remote Clinical Practice rotation in La Ronge, SK. Left to right – Evelyn Muma, Luke Nickel, Sarah Zelinski, and Steve VanRavenstein



Evelyn Muma (right) performing a canine spay during the Remote Clinical Practice rotation in La Ronge, SK.

Hello summer! WCVM students have happily left the lecture halls for the summer. For most students their veterinary learning continues throughout the summer months by working on research projects at the WCVM or working at their home town veterinary clinics. Many students of the Class of 2017 are spending their summer completing some of their 4th year rotations.

This May, I completed my Remote Clinical Practice rotation in La Ronge, SK with seven of my classmates. This rotation is newer to the WCVM as it has only existed for a few years. The purpose of this rotation is to provide veterinary services to remote communities in Saskatchewan by setting up a spay/neuter and wellness clinic for a weekend. For now, the clinic is only available in the Northern Saskatchewan (La Ronge, Air Ronge, and the Lac La Ronge Indian Reserve). The goal of this rotation for the 4th year students is to provide them with clinical experience in delivering remote area veterinary services, including population control, disease surveillance and prevention, and zoonotic disease management.

The rotation provides an excellent learning environment for us students. During this rotation we learned how to perform canine and feline spays and

neuters from start to finish. While we had all learned how to perform feline spays during our 3rd year of school, many of us had never performed a dog spay or castration and were quite nervous about performing them during the rotation. However, our nerves were quickly calmed by the local veterinary practitioners (from various clinics throughout Saskatchewan) who volunteered to help out with the rotation. These veterinarians worked one on one with us through our first few surgeries showing us tips and tricks along the way. Once they felt we were competent enough to perform the procedures on our own they supervised from a distance and let us “go to it”. By the end of the three day clinic each of us had completed seven or more spays/neuters as well as our spay OSCE. We all agreed, we were finally starting to feel like real vets. The wellness section of the clinic was run in a similar fashion. We students were paired with a practicing veterinarian and completed physical exams, vaccinations and deworming under their guidance.

A significant part of this rotation was community education about animal welfare and bite prevention to elementary school children. Our role as 4th year students was to create lectures and games to present to the children about caring

for animals, the role of a veterinarian, how to read animal body language, and bite prevention. Although we all enjoyed our day spent with the children, we gained a special appreciation for elementary school teachers and realized we could never do their job.

The amount of organization and planning involved in setting up this clinic is enormous. The project is a massive undertaking which involves the help of many volunteers from the College, the local veterinary community and the Northern Saskatchewan communities. However, each year it is flawlessly put together by Dr. Jordan Woodsworth and Dr. Karen Sheehan of the WCVM. If I could do this rotation again, I definitely would, and I’m sure my seven classmates would agree.

In June my fiancé and I got married. It seems to be the popular thing to do, since four of my classmates are also getting married this summer. My husband just finished his medical degree and received a residency position in the Great Lakes region of Ontario. I will be spending July and August in Ontario with him and plan to work in a local small animal clinic. My spare time will likely be spent prepping for the NAVLE, but on the plus side I’ll be studying in the sunshine on the beaches of Georgian Bay. 🐾



Animal Health Perspectives

WHAT'S INSIDE

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- Congratulations4

Update on EIA testing in Saskatchewan

By: Wendy Wilkins (Disease Surveillance Veterinarian, Saskatchewan Ministry of Agriculture) and Anatoliy Trokhymchuk (Disease Surveillance Veterinarian, PDS)

Equine infectious anemia (EIA) was named a reportable disease in Canada in 1971, and a national control program was implemented with broad support from the equine industry. Statistics show a steady increase of testing at the national level, starting at just over 49,000 tests done in 1972 and peaking at 114,000 tests done in 1987. Testing has since tapered off somewhat, but has in general remained between 60,000 – 80,000 tests nationally per year since then.

Provincial-level statistics are available from 1993 to present day. Data show an initial increasing trend in testing in Saskatchewan, starting from 2000 tests in 1993 and peaking at 8900 tests in 1999. Since then, testing for EIA in the province has dropped precipitously, reaching an all-time low of 1565 tests done in 2011. This is likely due to a sense of complacency within the industry since, with the exception of four cases in 2009, EIA was not detected in Saskatchewan between 2004 and 2011.

Unfortunately, the decrease in testing and subsequent failure to detect carrier animals almost certainly contributed to an outbreak of EIA in 2011, with 179 confirmed cases in Western Canada. While case numbers have slowly decreased over the following years, this outbreak is currently still considered active and ongoing. Most recently, one owner had 11 out of 17 horses euthanized after testing positive (<http://northernprideml.com/2016/05/swamp-fever-strikes-again>).

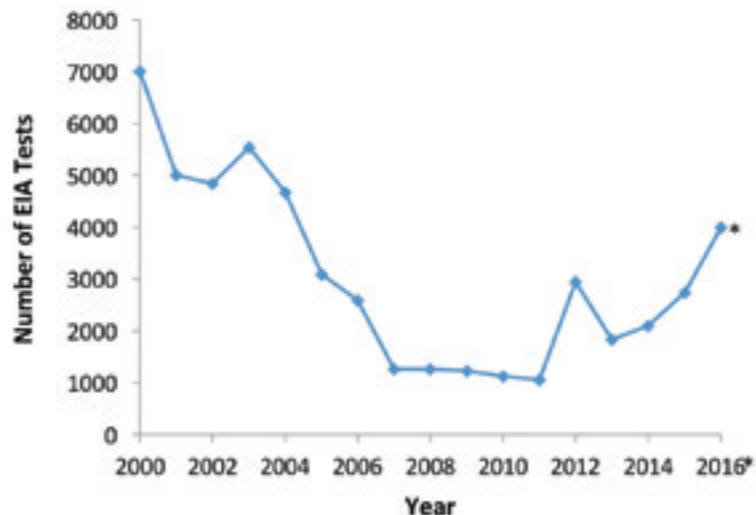
The good news is that voluntary testing for EIA is on the rise in Saskatchewan (Table 1). As of June 24, 4000 horses have been tested in 2016, which is more than have been tested in any entire year since 2004. While the upward trend began in response to the

2011 outbreak, the recent surge in testing can largely be attributed to activities and actions undertaken by the Saskatchewan Horse Federation (SHF). First, the SHF membership passed a motion at their 2016 annual general meeting, requiring mandatory EIA testing of all horses attending SHF-sanctioned events as of January 1, 2017. Although somewhat controversial among the provincial equine community, this decision resulted in significant discussion on the issue of EIA and greatly raised awareness among horse owners. Secondly, the SHF sponsored EIA-testing clinics across the province this spring, with testing costs at these clinics subsidized by funding provided by the Ministry of Agriculture under Growing Forward 2. A total of 1172

horses were tested as a result of these clinics. If clinic-sponsored tests are subtracted from the 2016 tests done to date, voluntary testing in the first six months of 2016 still exceeds the total number of tests done in 2015.

What does all this mean to veterinarians? This undoubtedly means that veterinarians who are accredited to do EIA testing have seen an increased demand for this service. It also means that this demand is likely to continue, perhaps even increase, for the foreseeable future. Veterinarians are encouraged to do their part to support EIA surveillance by talking to their clients about it, answering questions about the program and even arranging testing clinics on their own or with their local equine association.

Table 1: Number of Voluntary Tests EIA tests in SK 2000 - 2016



*Note: results current to June 23, 2016

Diectophymosis (*Diectophyma renale* or Giant kidney worm infection) in a German shepherd cross dog

By: Moira Kerr (Veterinary Pathologist, PDS)

A one year-old, female, German shepherd cross dog, along with a number of other stray dogs, was removed from a local Indigenous Peoples reserve in eastern Manitoba by a local animal shelter organization. The dog was treated for internal parasitism and then underwent an ovariohysterectomy. During the ovariohysterectomy a small volume of peritoneal fluid was found and the broad ligaments and omentum were noted to be mottled orange and yellow. Two samples from the broad ligament and omentum were submitted for histopathological examination.

Histopathological examination revealed numerous spherical to oval structures with a thin inner ring; an outer wall with evenly spaced and sized rounded projections and internal collections of a finely stippled pink to blue material throughout the submitted tissues (see Figure 1). Some of the structures had clear areas located on opposite ends of the main spherical structure (i.e. bipolar plugs). A marked nodular infiltrate of macrophages (included multinucleated giant cells), plasma cells, neutrophils, eosinophils and small lymphocytes surrounded these structures. The morphological diagnosis was a marked, nodular, mixed inflammatory cell (mostly macrophagic) omentitis with intralesional parasite eggs. The histomorphology of the parasite eggs was most consistent with *Diectophyma renale* (Giant kidney worm).

After the diagnosis of Diectophymosis was made a cystocentesis urine sample was submitted for evaluation and *Diectophyma renale* eggs were identified in the unstained wet mount of the urine sediment (see Figure 2) and in the Wright Giemsa stained, concentrated cytocentrifuge preparation. Abdominal ultrasonography revealed a fluid-filled right kidney. The left kidney was unremarkable.

The dog underwent an exploratory laparotomy and only a single male *Diectophyma renale* worm was found in the abdominal cavity (see: Figures 3 and 4). The right kidney was removed but was not submitted for histopathological examination. The right kidney was incised after it was removed and worms were not found. The dog recovered unevent-

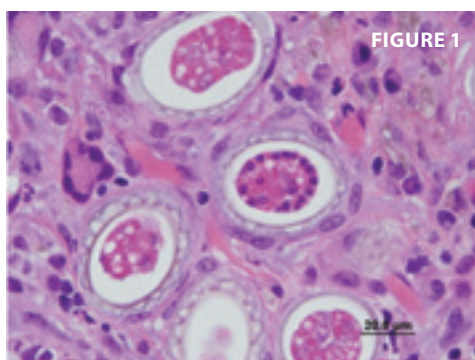


FIGURE 1

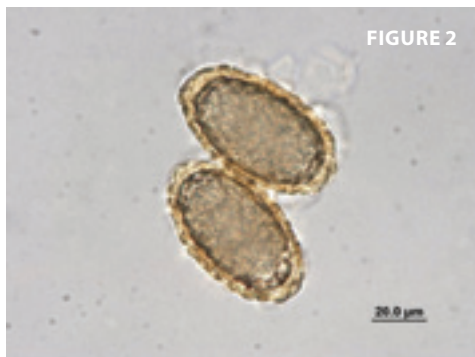


FIGURE 2



FIGURE 3



FIGURE 4

fully from the surgery and a repeat urinalysis, evaluated 5 months post-operatively, did not reveal parasite eggs.

While occasionally diagnosed, infection with urinary nematodes is relatively uncommon in dogs and cats. Infection with *Diectophyma renale* (Giant kidney worm) is more often seen in the northern Midwest and southern Canada.

D. renale has an indirect life cycle, with dogs, cats and other carnivores as final hosts, and aquatic worms (so called *Oligochaeta*, e.g. *Lumbriculus variegatus*) as intermediate hosts.¹ Adult females lay eggs that are shed with the host's urine. They mature in water in 2 to 10 weeks and can remain infective for months. Aquatic worms eat these eggs, which develop to L3 larvae in the body of the aquatic worms. Fish, crustaceans, frogs or other amphibians act as transport hosts (paratenic hosts): they eat these worms, the L3 larvae are released in their stomach and subsequently they encyst in their tissues. In the final host L3 larvae are re-

FIGURE 1:

Diectophyma renale eggs in biopsies from the abnormal omentum and broad ligament (Hematoxylin and eosin stain; 100 X objective field)

FIGURE 2:

Diectophyma renale eggs in the unstained urine sediment (100 X objective field)

FIGURE 3:

Diectophyma renale worm being removed from the abdominal cavity

FIGURE 4:

Copulatory bursa of the male *Diectophyma renale* worm

leased in the stomach. They migrate to the liver where they mature during about 2 months to become juvenile adults. Subsequently they migrate to the kidneys through the peritoneal cavity. In most cases only the right kidney becomes infected, perhaps because it is closer to the stomach and the liver. There they reach sexual maturity and reproduce. In cases of massive infections both kidneys may be infected. Occasionally some worms do not reach the kidneys and complete development in the peritoneal cavity. Adult worms can live for up to 5 years inside the final host. They feed on kidney tissues and blood.

Infection by *D. renale* in dogs most likely occurs following ingestion of paratenic hosts, such as fish (includes the refuse from cleaning fish) or frogs, that have fed upon infected annelids.^{1,2} *D. renale* develops within the renal pelvis, eventually destroying the renal parenchyma itself via progressive pressure necrosis. Most infections are unilateral and involve only the right kidney. Thus, although pathology from *D. renale* infection may be severe, in the absence of other disease, the unaffected left kidney compensates and clinical disease associated with renal insufficiency does not develop. In a long-standing infection, the capsule of the affected kidney may contain

little more than the adult giant kidney worms and remnants of calcified necrotic renal tissue. Typically eggs pass into the renal pelvis and exit the dog in the urine. Eggs of the urinary nematodes can be detected via routine examination of urine sediment. False negatives are possible because egg shedding is intermittent and it can also happen that only female worms infect the animal: they won't lay eggs in absence of male worms.³ Infection with *D. renale* may also be detected via appreciation of a grossly distended right kidney on abdominal radiographs or abdominal ultrasound, or serendipitously by finding the large, bright red, adult worms free in the abdominal cavity during a routine laparotomy such as, ovariohysterectomy.³

When adult *D. renale* are present in the abdominal cavity there is no route for the eggs to exit the dog. *D. renale* in the abdominal cavity has been associated with traumatic damage to the liver, hemoperitoneum, and peritonitis; the latter related to egg deposition in the peritoneal cavity-- as has occurred in this case.

These nematodes are occasionally diagnosed in several dogs in the same cohort when all of the animals in the group ingest a common source of infective larvae. Eggs in *D.*

renale infection in the dogs may take 4 to 5 months to become patent. *D. renale* eggs were found in urine samples from two other dogs that were removed from the reserve at the same time as this dog.

Because most infections are asymptomatic, treatment of *D. renale* is usually not pursued; however, surgical removal of the adult nematodes along with the affected kidney or from the peritoneal cavity will eliminate the infection.³

References:

1. Ferreira VL, Medeiros FP, July JR and Raso TF. *Diectophyma renale* in a dog: clinical diagnosis and surgical treatment. 2010 Vet Parasitol 168 (1-2): 151-155
2. Nakagawa TLDR, Bracarense APFRL, Faria dos Reis, Yamamura MH and Headley SA. Giant kidney worm (*Diectophyma renale*) infections in dogs from Northern Paraná, Brazil. 2007 Vet Parasitol 145: 366-370
3. Rahal SC, Mamprim MJ, Oliveira HS, Mesquita LR, Faria LG, Takahira RK, Matsubara LM and Agostinho FS. Ultrasonographic, computed tomographic, and operative findings in dogs infested with giant kidney worms (*Diectophyma renale*). 2014 JAVMA 244:555-558

Systemic infection of *Encephalitozoon*-like organism in a bearded dragon (*Pogona vitticeps*)

By: Dr. Yanyun Huang (Veterinary Pathologist, PDS)

A one year-old, male, bearded dragon presented for a one week history of anorexia and failure to defecate. On physical examination the colon felt distended and thickened and these findings were confirmed with abdominal ultrasonography. The bearded dragon died shortly after presentation and was submitted for post-mortem examination.

Gross examination revealed a significantly thickened colon with a necrotic mucosal surface that was covered by a pseudomembrane. Histological examination of the colon revealed full-thickness inflammation (mixed, with numerous heterophils and admixed bacteria) and ulceration with an accompanying fibrinonecrotic pseudomembrane (see Figure 1). The muscularis was mostly infiltrated by mononuclear cells and these were presumed

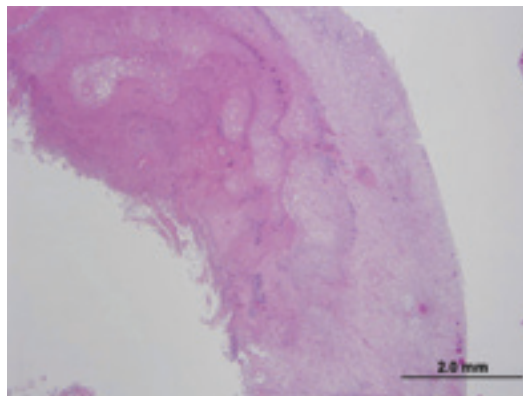


FIGURE 1: The colon is affected by transmurial inflammation. (Hematoxylin and eosin stain; 2X objective field)

to be phagocytic cells. Frequently, these cells had a vacuolated cytoplasm in which there were many poorly staining, round organisms that were about 1 to 2 microns in diameter (see Figure 2). These organisms stained positive with Gram stain (see Figure 3). Large areas of necrosis with a similar inflammatory infiltrate were found in both testicles, and granulomatous inflammation was noted at the base of the aorta and in the brain. The same Gram-positive organisms were found in these necrotic and granulomatous lesions.

The morphology of the Gram-positive organisms found in this case is most consistent with *Microsporidia*, which is thought to be an obligate intracellular fungal organism.

Systemic infection Continued...

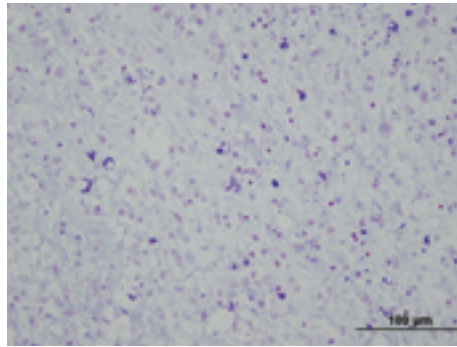
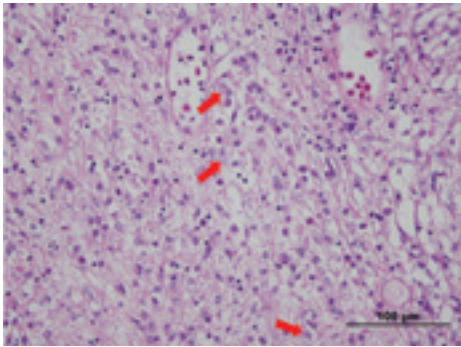


FIGURE 2: Mononuclear cells infiltrate the muscularis. These cells frequently contain intracytoplasmic organisms that are poorly stained on H&E stain [red arrows]. (Hematoxylin and eosin stain; 40X objective field)

FIGURE 3: *Microsporidia* organisms (Gram stain; 40 X objective field)

The most well-known *Microsporidia* in mammals is *Encephalitozoon cuniculi* which infects many mammalian species including rabbits and human beings. Systemic microsporidiosis has been reported rarely in the bearded dragon.¹ In a more recent case report, which included molecular analysis, it was concluded that the *microsporidia* that infected the bearded dragons in the report were most similar to *Encephalitozoon cuniculi* (97% similarity in the SSU rRNA gene, 88-91% in the ITS region).² The life cycle and epidemiology of this organism is poorly known. Fecal-oral route appears to be the most possible way of transmission, although vertical transmission

had also been speculated. *Microsporidia* infection is common in insects. The diet of the bearded dragon in this report consisted mostly of crickets, which may have been a potential source of infection. However in previous reports, an association has not been found between reptilian cases and crickets.²

The bearded dragon in this case is thought to have succumbed to systemic inflammation by the *Encephalitozoon*-like organism, and likely a secondary bacterial septicemia from the severely infected colon. Four other bearded dragons that were housed together all died from a similar clinical disease but a post-mortem examina-

tion was not performed. Because of its rarity and non-specific clinical signs, antemortem diagnosis of this disease is difficult. This case report hopefully will raise awareness of this potentially fatal disease in bearded dragons.

References:

1. Jacobson, Elliott R., et al. Systemic microsporidiosis in inland bearded dragons (*Pogona vitticeps*). *Journal of Zoo and Wildlife Medicine* (1998): 315-323.
2. Richter, B., et al. Encephalitozoonosis in two inland bearded dragons (*Pogona vitticeps*). *Journal of comparative pathology* 148.2 (2013): 278-282.



Congratulations!!

Dr. Moira Kerr was the recipient of the 'Stan Olson Clinical Professor of the Year Teaching Award' at the WCVN Class of 2016 Graduate Banquet and Awards Ceremony held on June 2nd, at TCU Place, Saskatoon.

READERS' FEEDBACK

The **Animal Health Perspectives** editorial team (Dr. Moira Kerr, Brian Zwaan and Kathryn Tonita) invite readers' comment on material published in the newsletter or questions on material submitted by contributors.

Submit your comments or concerns to Dr. Moira Kerr (email: moira.kerr@pds.usask.ca) and they will be forwarded appropriately.

To be added to the distribution list for the electronic link, email: brian.zwaan@pds.usask.ca

Dr Karen Machin, WCVM
Kaley Pugh, Director APSS

AN APO BRINGS AN ANIMAL IN FOR EUTHANASIA. WHAT DO YOU DO?

Animal Protection Officers (APOs) might bring an animal to your practice and ask to have it euthanized. As a veterinarian, how should you handle these requests?

APOs will have animals in their legal control in several circumstances. After a seizure, there is a three day holding period, after which, the animal can be transferred to a Humane Society or other appropriate guardian. As the “owner” of the animal, the Humane Society or other designate can then disperse the animal. Sometimes animals are surrendered to the APO by their owner, and occasionally animals are picked up as strays but not claimed.

APOs work hard to find a shelter or rescue that can take animals that have a good chance of adoption. If an APO brings an animal to a veterinarian to request euthanasia, it is likely because the animal has health and/or temperament issues that may make adop-

tion difficult. Those animals with medical issues may impose a considerable burden on shelters or rescues in terms of time, space and money. Animals with aggression or other temperament issues may not be adoptable.

Veterinarians do have options when dealing with euthanasia requests. The first is to euthanize the animal as requested, considering the health and temperament of the animal. If the animal is in distress, and not euthanized, it can lead to significant discomfort, suffering or even death if that animal is transported to another location. In the end, the animal may still be euthanized, especially if the animal's health has deteriorated further. Prior to transport, a veterinarian should ensure that the animal can be transported humanely and without risk of suffering or death. The veterinarian should also confirm that the shelter or rescue are able to accept and treat the animal before subjecting the animal to transport.

There are options for veterinarians who do not wish to perform the euthanasia on animals they feel can otherwise be saved. The APO can release the animal to the veterinarian for appropriate treatment and placement of the animal(s). Many veterinarians can and do form collaborative relationships with rescues who can accept medical cases when funds are available, prognosis is reasonable, and adoption is an option. Shelters and rescues are often very willing to discuss their policies and ability to take on sick and injured animals. Veterinarians wishing to have alternative options should engage these conversations.

It is important that APOs and veterinarians work together to prevent undue distress and suffering in animals. Unfortunately, euthanasia may be a necessary outcome in some circumstances but knowing your options will aid in making informed decisions.

Are You “Technically” Challenged?

OBTAINING RVT ACCREDITATION FOR LOCAL CLINIC STAFF

Many remote communities struggle to find RVTs and when they do find them, they don't always stay, thus making it harder for the clinic to function and be consistent in their services.

If you have or know of someone who would make a great veterinary technologist, here's a way to obtain a great (and possibly local) trained VT! Thompson Rivers University offers a distance Veterinary Technology Program. In this program, the student must be employed a minimum of 20 hours a week in a veterinary practice. The 3-year program is

CVMA accredited and students must register as a student members with the SAVT/SVMA. For a detailed information package, visit: <http://www.tru.ca/programs/catalogue/animal-health-technology-distance.html> Olds College has a 2-year distance program that combines lab work and independent work. Students must go to Olds three times during their learning. The students start the program on-campus in July and August, then leave to do self-directed learning. Students will then come back to campus for May and June after their first and second years. This is a good blend for those who

want to do distance learning, but like the lab learning environment. Again, if this student is employed or volunteering in your clinic they must be registered with the SAVT/SVMA.

For more information, go to: <http://oldscollege.ca/programs/animal-sciences/animal-health-technology-aht/>.

In the end you will have a technician that is trained for your clinic. If they already have their roots in your town, they are much more likely to stay and be a long time employee!



REGISTRATION IS OPEN
 for the 2016 SVMA Conference

The 2016 SVMA Conference, AGM and Trade Show is just around the corner! The Saskatoon Inn and Conference Centre will host delegates from across Canada this September 8-11 as they exchange ideas and present the latest research, innovations, products and services in veterinary medicine.

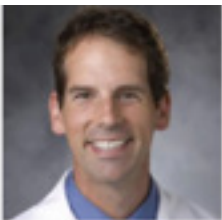
ANNUAL GENERAL MEETING

Friday Sept 9th is a busy day with the Association's Annual General Meeting followed by the Members' Discussion Forum Lunch. As always, every SVMA member is encouraged to attend the AGM. As members of a self-regulated profession, we have an obligation to participate in the decision-making process of our governing association. Our profession can only move forward in a fashion reflective of its members if we make our opinions heard by taking part in our AGM, so be sure to include it in your conference planning. Note: registration is not necessary for either the AGM or the Members' Discussion Forum Lunch.

CONTINUING EDUCATION PROGRAM

As of 2016, the SVMA is a certified provider of (AAVSB) RACE-approved continuing education programming. All scientific sessions and labs included in the 2016 SVMA Conference CE program are RACE approved.

Your CE Committee has created an excellent Speaker roster for 2016. Experts on veterinary medicine have been carefully selected from across the US and Canada for their knowledge of leading-edge science and technique. Here are just a few of this year's speakers:



WILL EWARD
 DVM, MD

A combined MD and DVM, Will Eward is currently on faculty at Duke University. He spends the first part of the week taking care of humans with cancer, and the latter part of the week taking care of animals with cancer at North Carolina's Triangle Veterinary Referral Hospital. As an Orthopaedic Oncologist, he specializes in preserving and reconstructing limbs that have been threatened by cancer. Given his dual roles in human and animal health, Will is committed to using a One Medicine approach to solving the terrible problem that cancer presents to all of us, whether we walk on two legs or four. He runs a lab at Duke that attempts to identify common elements between types of cancer across different species.

Dr Eward will be presenting the keynote on One Health on Friday Sept 9 and discussing small animal oncology on Saturday Sept 10.

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PHIL BUSHBY
 DVM, MS, DACVS

Phil Bushby is a 1972 graduate of the University of Illinois CVM. Phil is a Board Certified surgeon who served on the faculty of Mississippi State University CVM for 36 years. Although he recently retired from Miss. State, he still holds the Marci Lane Endowed Chair of Humane Ethics and Animal Welfare at MSU and works at the College part time. He is a member of the organizing committee for the Specialty Board in Shelter Medicine and received the AVMA's national Animal Welfare Award in 2012.

Dr Bushby will be presenting four hours on spay/neuter technique and research.



JOHN KASTELIC
 DVM, MS, PhD

John Kastelic, DVM, MS and PhD (Animal Reproduction, U of Wisconsin-Madison) and a Professor of Honorary Cause (Szent Istvan U., Budapest), is a specialist in animal reproduction (Diplomate, ACT). After private practice and 22 years as a Research Scientist (Lethbridge Research Centre) he is now Professor of Animal Reproduction and Head of Production Animal Health at UCVM (Calgary). He is well known internationally for research in cattle reproduction (bulls and cows), 10+ years as Editor of the journal Theriogenology, and workshops on scientific writing.

Dr Kastelic will be presenting four hours on bull breeding strategies and BBSE efficacy.



CHRIS PACHEL
 DVM, DACVB, CABC

Dr Christopher Pachel is the owner of the Animal Behavior Clinic in Portland, Oregon. Chris lectures regularly throughout the US and Canada, has taught courses at the University of MN and at the Virginia Maryland Regional College of Veterinary Medicine, and has authored several articles and book chapters.

Dr Pachel will be presenting four hours on companion animal behaviour assessment and therapies.



ANNETTE O'CONNOR
 BVSc, MVSc, DVSc, FANZCVS

Annette O'Connor is a veterinary epidemiologist who applies the principles of that discipline to a diverse set of fields, including livestock diseases, food-borne pathogens of animal proteins and veterinary public health. The main area of focus of her research has been to understand how decision makers such as veterinary practitioners and government officials can translate primary research into decision support tools. Dr O'Connor is Professor of Epidemiology at Iowa State University, teaches epidemiology methods and inference in the Preventive Veterinary Medicine Program at Iowa State University and the MPH program at the College of Public Health at the University of Iowa.

Dr O'Connor will be presenting two hours on comparative efficacy of antibiotic treatment options for bovine diseases.



NEW: CE MINI-SESSIONS

Mini-sessions are a hot conference trend, because they offer choices of different short talks over the course of a single hour. Make sure to include this informative and fun hour of scientific CE on your Friday schedule.

WET LABS

Wet labs are a popular feature of every SVMA Conference held in Saskatoon. The WCVM will host wet labs on Thursday Sept 8 in the afternoon/ evening. Dinner at the College is provided to participants.

CA Surgical Flaps and Grafts

Dr Kathleen Linn DVM, MS, DACVS, Associate Professor (SAS) WCVM. (Maximum 18 participants)

Ration formulation and diet evaluation for cow/calf operations

Dr Gregory Penner, BSA, MSc, PhD, Associate Professor and Centennial Enhancement Chair in Ruminant Nutritional Physiology, Department of Animal and Poultry Science at the University of Saskatchewan. (Maximum 20 participants)

Note: 2016 is the second year of the current two-year CE reporting period. 30 hours of CE (of which one must pertain to antimicrobial stewardship and up to 5 may be non-scientific) must be obtained by all SVMA members by December 31, 2016.

SOCIAL EVENTS

Along with 45 total hours of RACE-approved scientific CE, you'll have plenty of opportunity to socialize, relax and reconnect at this conference. Why just obtain your CE when you can also have a great time doing it? Join your colleagues at the following social events for a little networking and a lot of fun.

SIXES' RECEPTION

2016 is a milestone year for all 'Sixes' graduates, so we are inviting everyone from WCVM Classes of 1976, 1986, 1996, and 2006 to meet up with your fellow grads to raise a glass and hail your year. All conference registrants are welcome, but which class will show the most

spirit? Find your way to the Saskatoon Inn's York Street Café on Friday evening for this pre-banquet warm-up and find out!

ANNUAL SVMA AWARDS NIGHT BANQUET

The year's biggest night for Saskatchewan veterinarians, technologists, staff and companions. The 2016 Awards Night Banquet takes flight Friday Sept 9 in the grand Canadian Room ballroom at the Saskatoon Inn. Don't miss this delicious and spirited celebration of our profession. Many surprises await you. Tickets not included with conference registrations: please purchase separately when you register online at www.svma.sk.ca.

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EXHIBITORS' RECEPTION

After your busy Saturday of CE, join us for cocktails, dinner buffet and networking in the Exhibit Hall. This year's trade show will feature 36 animal health industry partners who await you with the latest in veterinary medical products and innovations.

COMPLIMENTARY COCKTAILS SPONSORED BY IDEXX

WCVM CLASS OF 1976 40 YEAR REUNION

2016 heralds the 40th anniversary of the famous (or infamous, as the case may be) WCVM Class of 1976. The entire class has been tracked down and, over the course of the winter, has been busily preparing to celebrate this milestone at Saturday night's Class of '76 40 Year Reunion reception.

Graduates and their guests are invited to gather, reminisce, catch up and above all, celebrate! (private event)

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VETERINARY WELLNESS

Veterinary wellness is always an important subject, at our Conference and throughout the year. Remember to draw those essential boundaries around yourself when you feel you are pushing your limits. A couple of Conference helpers:

WELLNESS CAFÉ

Need a chance to unwind, relax and decompress? Shake off your busy day at the Wellness Café, where an array of delicious desserts and coffees will warm your insides. Erin Wasson MSW RSW will discuss resilience and team-building in veterinary practice. Drop in for a treat or a nightcap - we'll see you there (promise!)

SPONSORED BY HILL'S

SUNRISE YOGA

All energized and ready for a new day? A wake-up yoga session with Dr Kathy Keil will help refresh you for the last day of the conference. Yoga mats provided and you won't miss breakfast.

SPONSORS

Each year the SVMA Conference is made possible by the support of veterinary industry partners.

We gratefully acknowledge our 2016 Sponsors:

PLATINUM



GOLD



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BRONZE



It all happens September 8-11th in Saskatoon. Visit svma.sk.ca for all the details about online registration, fees, conference schedule, CE sessions and speakers, exhibit hall information, special hotel rates, everything!

Catch up with your colleagues, get great CE and be part of developing a vision for the future of the veterinary profession in Saskatchewan. See you there!

REGISTER BY AUGUST 24 FOR EARLY BIRD DISCOUNTS



Dr Shelagh Copeland
 Manager,
 Regulatory Compliance
 Livestock Branch,
 Ministry of Agriculture

Slaughter Condemnation Statistics

and What They Tell Us About On-Farm Management Practices

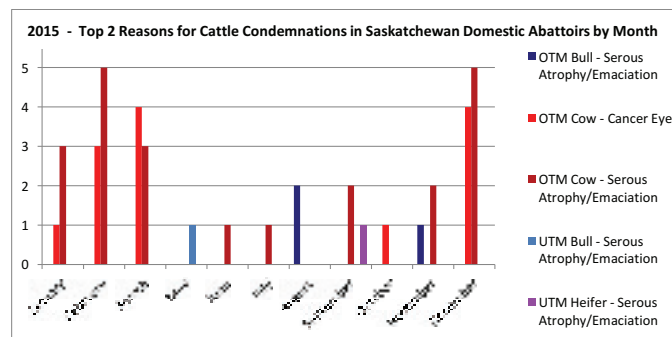
Saskatchewan has a dual provincial abattoir system, with facilities being licensed under either the voluntary Domestic Meat Inspection Program or the Health-inspected system. The Domestic Meat Inspection Program provides full pre- and post-slaughter inspection through a contract between the Saskatchewan Ministry of Agriculture and the Saskatchewan Food Industry Development Centre. Currently there are 11 facilities licensed under this program. The remainder of the abattoirs in the province are licensed under the Ministry of Health inspection system, and undergo annual facility inspection only.

Statistics on carcass condemnation rates and reasons for condemnation are collected under the Domestic inspection program. This information provides insight into conditions affecting provincial livestock populations, as in the chart below.

The information may also help veterinarians illustrate to clients the importance of sound treatment and culling

Species	Total Number Slaughtered	Total Condemned	% of Total Condemned	Top 3 Reasons for Whole Body Condemnation		
				Condition	Number	% of Condemned
Cattle	3,607	65	1.8%	Serous Atrophy/Emaciation	27	42%
				Cancer Eye (1 on AM; 12 on PM metastatic)*	13	20%
				Arthritis	5	8%
Pigs	26,043	25	0.1%	Multiple Abscesses	15	60%
				Downer	4	16%
				Septicemia	3	12%
Sheep	519	2	0.4%	Cysticercus ovis (sheep measles)	2	100%

*AM-Antemortem; PM-Postmortem



decisions, as many condemnations could have been prevented by early intervention whether it be appropriate treatment or earlier culling. Emaciation – usually caused by chronic disease or poor nutrition – is the main reason

for carcass condemnations in cattle and tends to follow annual trends as in the chart below. Saskatchewan winters are harsh and good herd management including culling, sorting and feeding according to the animal’s needs not only

improves animal welfare but is financially wiser in the long run.

Information gathered from the domestic abattoirs also reminds us that, as veterinarians, we are key in helping producers understand when an animal is “fit for the trip”. This is important not only for the animal and the producer’s operation but for the industry as a whole. Our society and science has advanced and many practices deemed appropriate years ago are not acceptable now.

Humane transport is an area that large animal veterinarians need to be knowledgeable in and keep up-to-date on. It is regulated federally by the Health of Animals Regulations (Part XII). The Canadian Food Inspection Agency (CFIA)’s “Transportation of Animals Program Compromised Animals Policy” is useful reading (<http://www.inspection.gc.ca/animals/terrestrial-animals/humane-transport/compromised-animals-policy/eng/1360016317589/136001>)

6435110). CFIA also has a new brochure available, "Livestock Transport in Canada – Are you sure that animal is fit for the trip", that can be handed out to clients.

An example of animals not "fit for the trip" are those whose body condition score indicates emaciation and weakness, which for cattle would be <1 out of 5 in the Canadian scoring system. Animals that are showing systemic signs such as emaciation are unfit for transport. The producer could also be found to have allowed an animal to be in distress under the provincial Animal Protection Act for letting the condition progress to this stage. As the graph above illustrates, most of the cases of emaciation occur in older cows during the winter months; these cattle should have been culled earlier.

Cancer eye, or ocular squamous cell carcinoma (SCC), can also make an animal unfit to transport. According to CFIA:

- "Animals in which a SCC lesion affects the eye and wherein the eye is still intact and has vision (known as stage 1 SCC) should be treated promptly or should proceed directly to slaughter. These animals can be transported under normal transport conditions".
- Animals which have progressed beyond this point (examples: eye is obliterated, sees out of only one eye, cancer is like an open wound) should be promptly treated or euthanized on-farm, and "transportation is not recommended". If the animal is transported it must still be in reasonable condition and done using "special provi-

sions" such as loading in the rear compartment by itself or with a companion animal and taken directly to where it can be cared for by treatment, euthanasia, or slaughter.

Often animals with cancer eye are condemned at slaughter because they have been left too long. Cattle are condemned if there is any indication the cancer has spread beyond the eye (metastasized) or has progressed to the point that other body systems are affected. Many of these cows were submitted in the winter and early spring – culling sooner would not only have saved the animal from the pain of the condition but also saved the owner feed costs and value of the carcass.

In swine, the most common reason for condemnation is

extensive abscesses. Earlier treatment, better cull pen management and humane euthanasia of any animal that is not responsive to treatment can prevent needless suffering of these animals, as well as help prevent condemnation loss.

In sheep, occasional cases of C. ovis are seen in the domestic system. More cases traced back to Saskatchewan producers are identified from federal slaughter plants. A good strategic deworming program for farm dogs can break the cycle of this disease. Veterinarians should consider stocking some lower cost alternative tapeworm treatments for the large livestock protection dogs, as it can become quite costly to treat these dogs with higher-end drugs due to their size and and particularly if multiple dogs are present. 🐾



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From the WCVM

An update from Dean Freeman



Here are some brief highlights about recent achievements and events at the Western College of Veterinary Medicine on the University of Saskatchewan (U of S) campus:

- New crop of veterinarians: After four years of hard work, the 79 members of the WCVM Class of 2016 celebrated the beginning of their veterinary careers during the university's Spring Convocation in June. Dr. Garrett Oetelaar of Calgary, Alta., received the WCVM's most prestigious award for veterinary graduates — the 2016 WCVM Faculty Gold Medal. Dr. Jennifer Nyhof of Thompson, Man., was the first recipient of a new award — the D.L.T. Smith Memorial Award — that was established by Dr. Roy Gutteridge (WCVM '71) in honour of the college's first dean.
- The U of S One Health Research Symposium brought together more than 100 U of S researchers and students to help build interdisciplinary research teams and to promote One Health. WCVM professor Dr. Vikram Misra, who is also director of the U of S One Health Initiative, organized the April 29 symposium.

Its goals of sparking a new thinking about health-related issues and to spread awareness of One Health on campus will continue to be important as the U of S prepares to host the International One Health Congress in June 2018. The congress will bring together about 1,500 delegates to Saskatoon.

- The new U of S One Health certificate is built around blending the disciplines available on campus, bringing together researchers to work collaboratively and training students in areas they might otherwise have no interaction with. Although similar programs exist elsewhere in the country, the resources available at the U of S will make its One Health certificate the first of its kind in Canada. Dr. Tasha Epp, an associate professor at the WCVM, is helping to guide the new program's creation along with other members of a campus-wide organizational committee. The program is set to launch this fall.
- VET conference: The first Veterinary Education Today (VET) Conference and Medical Exposition will be held in Toronto from Sept. 29 to Oct. 1. The low-cost, high-quality conference offers participants a chance to earn up to 12 continuing education credit hours through a program developed by a WCVM planning committee. Keynote speakers include Neil Pasricha, author of *The Happiness Equation*; veterinary surgical oncologist and author Dr. Sarah Boston; and Dr. Douglas Freeman, WCVM dean and a dedicated advocate of One Health. Visit www.veterinaryeducationtoday.ca for more details.
- WCVM people take home U of S awards: Dr. Gillian Muir is the WCVM's 2016 recipient of the Provost's College Award for Outstanding

Teaching. Offered through the U of S Gwenna Moss Centre for Teaching Effectiveness, this annual award is presented to one professor from each college who demonstrates outstanding teaching in his or her field. Earlier this spring, two other faculty members — Drs. Al Chicoine and Chris Clark — received teaching excellence awards from the U of S Students' Union (USSU) based on class surveys of their students. At the same awards ceremony, WCVM student services manager Paige Links received the USSU academic advising award in recognition of her work with veterinary students.

- Farewell to Dr. Singh: Congratulations to Dr. Baljit Singh on his appointment as dean

of the University of Calgary's Faculty of Veterinary Medicine. Dr. Singh has served as associate dean of research at the WCVM since 2011 and has made many significant contributions to the college. He will be greatly missed by all at the WCVM — and I will personally miss his friendship and contributions to our leadership team. However, I look forward to future collaborations as our colleges work together to enhance veterinary medicine and education in Western Canada.

For more WCVM news, visit www.wcvmtoday.com or follow @WCVMToday on Twitter. You can always contact me (306-966-7448; douglas.freeman@usask.ca) anytime if you have questions.



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As veterinarians, you have an opportunity and an obligation to help protect and improve animal welfare. You are animal health experts and you have the ability to provide relief and prevention of animal pain, distress and suffering.

The Saskatchewan Veterinarians' Animal Welfare Handbook is now available to support you in raising welfare concerns with your clients, and to provide guidance in your leadership role as an animal welfare advocate.

To receive your copy of the handbook, please contact the Ministry of Agriculture at 306-787-2150, or visit Saskatchewan.ca/livestock and choose "Animal Health and Welfare" then "Recognize and Report Cruelty to Livestock."

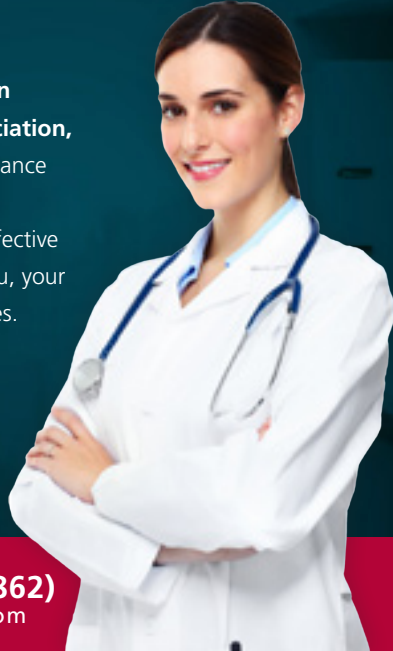
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LOCUMS AVAILABLE

SASKATOON AREA

Experienced small animal veterinarian (25 years) available for locum work based out of Saskatoon. If I can be of help, please contact Dr Malcolm Weir at malcolmweir1990@gmail.com.

MANITOBA/SASKATCHEWAN

Large/mixed/small animal veterinarian available for locum work in Saskatchewan or Manitoba. (Licensed in both provinces) Contact Dr Theodore Shwaluk, WCVN '93. 204-638-8310 / mobile 204-724-4142.

LOCUMS WANTED

SASKATOON - 13 JULY

Arlington Animal Hospital is looking for a locum to work two days a week in August and October and four to five days a week in September. If interested please call Tara at 306-955-8387 for more information.

SASKATOON - 18 JULY

Stonebridge Veterinary Hospital is looking for a locum veterinarian to join their dedicated team of animal care givers for a period of time during the summer. The candidate should have exceptional leadership skills and also work well within an established team setting. There is possibility for part-time or full time employment within this growing veterinary practice. The facility is equipped to handle all routine surgical, dental and medical cases. We have an in-house laboratory as well as digital radiography, dental radiography and electronic medical records system. Our location provides access to a newly developed area of the city where the community is flourishing! Please send resumes to stonebridgevets@sasktel.net. Telephone: 244-2815. Fax: 244 2817

VETERINARIANS REQUIRED

SASKATOON - 21 JULY

Established in Saskatoon in 1975, Central Animal Hospital is a leading edge companion animal veterinary practice providing primary care and routine and emergency surgery. We respect the special relationship between our clients and their pets. To enrich and

strengthen this bond, we strive to practice progressive, high quality veterinary medicine in a sensitive, caring, and professional manner. If this sounds like a family you would like to join we would love to hear from Veterinarians who would like to join us. New grads welcome!

The successful candidate will have excellent communication and leadership skills with a high standard of patient care and the ability to thrive working in a fast paced environment.

Interested candidates can send a cover letter and resume to Donna McBeth, Practice Administrator at donnamc-beth@shaw.ca.

LLOYDMINSTER - 18 JULY

Weir Veterinary Services is seeking a full-time mixed-animal practitioner to perform medicine and surgery with our veterinary health team. We are in need of an energetic, enthusiastic individual who works well in a team environment and who is passionate about veterinary-client relationships. You would be an addition to our 7 veterinarian practice staffed with receptionists, VMA's and Veterinary Technologists. The practice is 60% companion animal, and 40% large animal (cow-calf, small ruminant, equine, elk, bison etc.). We take pride in providing both in-clinic and on-farm services including: herd health programs, pregnancy diagnosis via ultrasound, bull soundness evaluation, as well as daily emergency services. Emergency call is shared rotation, with obstetrical cases being done in clinic. We're also proud of our ability to treat and diagnose our companion animals with IDEX in-house lab equipment, digital x-ray, a dental cart, a therapeutic laser, and a basic endoscope. There is plenty of opportunity for continuing education and we have an experienced staff who are willing to help a newer graduate. Remuneration will depend on motivation, experience and commitment. Confidential resumes may be sent by email to kentdwier@gmail.com.

LUMSDEN - 30 MAY

Are you passionate about your career? Looking to make a difference? Wanting to become part of a dynamic, skilled team to deliver outstanding services to our clients in a fast paced, multi-fac-

eted, challenging and progressive environment with opportunities to learn and grow? If so, we want to hear from you! Due to positive growth in our practice, TM'z Veterinary Clinic is seeking a highly motivated, full time, Mixed Animal Veterinarian to join our team of professionals. We offer a competitive salary, comprehensive benefits package, paid SVMA and CVMA dues, CE allowance, uniform allowance, staff discounts and a mentorship program. New Grads are welcome! TM'z Veterinary clinic is a full service, mixed animal practice that is founded on the principle of providing "Veterinary Care With a Difference". At TM'z, client and patient care is our top priority. We have a fully equipped, state-of-the-art clinic that was built new in 2013 to meet growing demands. We also offer specialty services such as orthopedic surgeries and 7x24 emergency services. We currently have eight veterinarians, nine technicians, five tech assistants and seven receptionists that are highly committed to providing outstanding service to our clients. We're located in Lumsden, SK, in the beautiful Qu'Appelle valley, only 15 minutes from Regina. Check us out on Facebook! To apply, email a cover letter and resumé to jobs@tmzvetclinic.ca. For additional inquiries, contact Wendy Kuntz @ (306) 731-3266.

MAPLE CREEK - 10 JUNE

Maple Creek Veterinary Services requires an additional full time veterinarian for our 4-5 Vet mixed practice. Position requires a strong background & interest in beef cow/calf management and reproduction with a commitment to contribute to the small animal, dairy and equine caseload. We are a well-established practice with ultrasound and semen testing, radiography, SA/Equine dentistry and a comprehensive indoor and outdoor facility. Mentorship available, new grads welcome to apply. View our website maplecreekvet.com for practice information and the Town of Maple Creek website for info on our community (maplecreek.ca). Submit resumes to Klea-Ann Wasilow at mcvet@sasktel.net or call 306-662-2724 for additional information.

MELVILLE - 09 JUNE

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veterinary medicine in a supportive, growing environment encouraging you to be the best you can be? ...the real reason you went into veterinary medicine in the first place?

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1. Enormous potential to specialize your capability - adding team players who are also motivated, enthusiastic and willing to help us fulfill our goal to be a model practice in an area of high growth of mixed animal medicine
2. Technology driven practice investing in the future of Veterinary practice encouraging you to excel in your chosen field of proficiency.
3. Enjoy a life outside of work - shared workload with other veterinarians so you can enjoy a small town atmosphere with all the amenities of city living right here, every day.
4. Appreciate an evolving city perfect for young individuals or family living! Enjoy being close to larger centres nearby, lakes and recreational opportunities in your backyard
5. Much, much, more! You have to agree that this is at least worth checking.

Because you are a busy person we've only shown some of the highlights of this opportunity here - it is only fair that you get to decide if this is right for you without any risk. Here is how you find more comprehensive detailed information by going to our Website: <http://melvillevet.com/employment-opportunities/> or Call 306-728-2633... ask to have "The Melville Veterinarian Opportunity Package" mailed to you.

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Tel:306-728-2633, fax:306-728-2643.
www.melvillevet.com

MOOSE JAW - 10 JUNE

Seventh veterinarian required for a progressive and well established (1955) mixed animal practice in Moose Jaw SK. Present caseload is approximately 55% large animal, (export account for a large portion) 45% small animal including exotics. The clinic has 5

full-time veterinarians, 2 part-time veterinarians, 4 RVTs, 3 receptionists and other support staff. We have an in-clinic laboratory (Vet ABC, Vet scan 2, Vet scan pro, I-stat), 3 isoflurane, Cardell and pulse-ox, and 2 digital x-rays. Other equipment includes ultrasound machines, equine power float and small animal dentistry unit (Piezo). This is a very friendly working environment with excellent staff. Competitive salary (including 4 week vacation), CE and dues paid. Contact Dr Changar, Moose Jaw Animal Clinic. Phone 306-692-3622 or Fax 306-693-2798.

PRINCE ALBERT - 06 JUNE

South Hill Animal Clinic requires a full time veterinarian to join our small animal practice located in Prince Albert. Full time consists of a five day work week and on-call services. Prince Albert and its 40,000+ citizens enjoy access to numerous recreational opportunities for individuals and families as well as a strong arts community. In addition we are within a short (80 – 90 minute) drive from Saskatoon, accessing its amenities and the WCVm. We use the Cornerstone computer system and have digital x-ray, dental unit, digital dental x-ray and patient monitoring equipment. Wages are competitive. Benefits include CVMA/SVMA dues, employee discounts and continuing education. Mentorship is encouraged and new graduates are welcome. Please contact: Dr. Arlene Just, South Hill Animal Clinic, 102 – 32nd Street West, Prince Albert, SK S6V 7H7 Tel. (306) 764-3011; Fax: (306)763-0216 Email: ahsh@sasktel.net

REGINA - 09 JUNE

Our veterinary team is expanding! We are now accepting applications for a small animal veterinarian to join our team. By providing our veterinarians with the tools and in-house diagnostic capabilities, and a great support team, we are able to offer our patients the gold standard in veterinary care. Our AAHA accredited hospital is fully equipped with paperless Cornerstone practice management software, full in-house Idexx laboratory, 2 SurgiVet Advisors, ultrasonic dental unit, digital radiography, digital dental radiography, endoscopy, ultrasound, therapeutic K-Laser and CytoVetStat. Take a virtual tour at www.24hracc.

ca. Come and join an excellent team that cares for patients 24 hours a day with compassion and professionalism. Our veterinarians work 12 hour shifts, rotating between days and nights, with approximately 14-16 shifts per month. Compensation is very competitive, commensurate with experience and includes production bonuses, medical benefits and CE. The successful candidate will also receive a \$5,000 signing bonus! Professional development is encouraged and time off to pursue personal interests is provided. Preference will be given to candidates from or willing to move to Regina. Please submit resumé to 24hrhr@access-comm.ca. We look forward to hearing from YOU!

SASKATOON - 10 JUNE

Western College of Veterinary Medicine Graduate Training in the Department of Veterinary Pathology

The Department of Veterinary Pathology at the Western College of Veterinary Medicine invites applications from academically qualified veterinarians for graduate study in anatomic, clinical, poultry, or wildlife pathology. The Department offers two different 3 year MSc programs, a traditional research based program and a new program designed to teach students diagnostic skills in addition to a research component. Diagnostic training may be in anatomic pathology with an emphasis in domestic animals, wildlife or poultry and in diagnostic clinical pathology. PhD degrees are also available. Scholarship support, beginning at approximately \$33,000 per year, is available on a competitive basis to veterinarians who are Canadian citizens or hold land immigrant status and have successfully passed the computer-based portion of the North American Veterinary Licensing Examination.

The application deadline is December 1, 2016 for receipt of all application documents. Application files must be complete by the deadline for inclusion in the competition. The complete list of application documents is available by contacting the Department Program Coordinator. Programs begin August 15, 2017. Individuals wishing to apply should contact Dr. Elemir Simko, Graduate Chair, Department of Veterinary Pathology, Western College

of Veterinary Medicine, 52 Campus Drive, University of Saskatchewan, Saskatoon, Saskatchewan S7N 5B4, Telephone: (306) 966-7308, Fax: (306) 966-7439, E-mail: elemir.simko@usask.ca (Graduate chair) OR: angela.turner@usask.ca (Program Coordinator). Please visit the following website for more information: http://www.usask.ca/wcvm/graduate_programs/pathology/application_procedures.php

SASKATOON - 02 JUNE

Frontier Veterinary Services is seeking a full-time veterinarian. We may also have some part-time hours available. We are a modern facility with new equipment (digital dental x-ray, digital x-ray, tonopen, pet map, ultrasound) and excellent support staff. Exam room outpatient nurses assist with appointments. Some evening and Saturday shifts will be required, however, there is no on-call duty. Financial remuneration is competitive with profit sharing. Benefits offered include medical/dental, uniforms, staff discounts and CE allowance. We are client and patient care focused thus excellent communication skills are required. We try to have fun at work while creating success for each of our team members. Please forward resumé to the attention of Practice Manager Thomas Oakes at info@frontiervet.ca or drop off in person. If you need to make other arrangements please call the clinic at 306-934-8288.

TECHNOLOGISTS REQUIRED

No current listings for RVTs.

OFFICE STAFF REQUIRED

SASKATOON – 30 MAY

VETERINARY OFFICE ASSISTANT Starting wage of \$13.00 - \$15.00/hr depending on experience. We offer competitive wages, flexible schedules and great employee discount structures. All About Cats and Dogs Veterinary Hospital in Saskatoon is seeking reception staff to join our growing team. VOA certificate preferred but not required. Must have at least one year of experience working at a veterinary clinic or animal shelter. We seek an individual with great people skills and able to relay information accurately

and confidently to clients. Successful candidate must be able to multi-task, have an attention to detail, be well spoken and mature. JOB ENTAILS (but not limited to): Greet clients in person / on telephone and answer basic veterinary inquiries (e.g. vaccination schedule), schedule appointments, communicate DVM instructions to clients, prepare patient files, discharge post-surgical patients, maintain cleanliness of reception area. HOURS OF POSITION: This is a full time position that will have varying hours based on employee availability. Please note that depending on the degree of responses, not all candidates will receive a reply. Interested applicants should send resumé and cover letter to: aacdvh@sasktel.net

PRACTICES WANTED

SASKATOON AREA

An experienced small animal veterinarian is seeking to purchase a veterinary hospital/clinic in the Saskatoon area. Will consider partnership, complete purchase or transition period with previous owner. If interested please contact: vetclinic.now@gmail.com

PRACTICES FOR SALE

MAPLE CREEK

Thriving, well-established two-veterinarian mixed animal practice in southwest Saskatchewan, near the Cypress Hills. Fully equipped large and small animal service offered in a modern clinic (built in 2003) with well maintained equipment. A loyal client base, with a steady influx of new clients from Medicine Hat and Swift Current, permits continued growth. Owner is willing to work during the transitional period. Serious inquiries can be made to: Dr Lawrence Heinrich at grasslands.animal.health@sasktel.net; Box 1616 Maple Creek SK S0N 1N0, or call (306) 662-7625 or (306) 558-2004.

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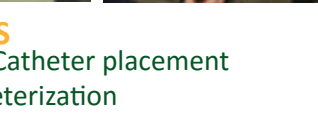
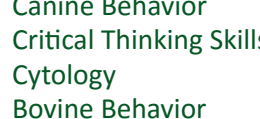
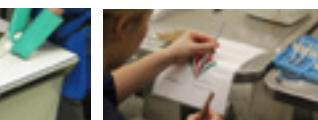
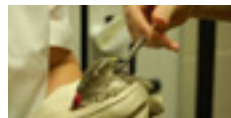


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Dr. Trish Dowling
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CARING FOR THE CAREGIVERS

Caring is what the veterinary profession is all about, but how often do we forget to keep our own health and wellness on our priority list? The Professional Wellness Committee is dedicated to helping veterinary practitioners in their quest for health, balance and resilience as they navigate the many demanding ups and downs of practice.

There is no need to wait until problems have become overbearing to access supports from your Association. If you are feeling burned out, at your wits' end or even depressed, you may want to consider taking advantage of the counselling services that are available to you free of charge through the members' wellness program. SVMA pays for confidential professional counselling for any active general, life practising and educational members who have been licensed for at least six months. The members' wellness program covers four hours of professional mental health services annually, up to \$120 per visit. This service is absolutely confidential: no identifying information is given back to the SVMA. To obtain further information from PPC or to make a confidential appointment for counselling, call: Professional Psychologists & Counsellors (PPC) at (306) 664-0000 or visit www.peopleproblems.ca.

Further information about this and other wellness supports and resources is available on the SVMA website under Resources & Links /Professional Wellness.

LOOKING

for a veterinarian?
An RVT?
A new practice?

Check out the **CLASSIFIEDS** page on the SVMA website www.svma.sk.ca, where members can post ads of up to 200 words for three months, free!

MEMBERSHIP CHANGES

T-GENERAL

BURDESS, Chelsey A. May 16
BUYER, Tyson May 1
CALLFAS, Michelle Jun 13
CAMARA, Michelle Jun 14
COSFORD, Kevin Jul 1
HOLOWAYCHUK, Marie Kate Jul 1
JOHNSGAARD, Brittany R. May 9
JOHNSON, Zachary May 2
LANGE, Michelle May 1
MCALEER, Colton Jun 6
MCCREA, Carling May 9
MURPHY, Lindsay May 9
POHLER, Lani R. Jun 6
RAVANBAKHS, Arefeh Jun 6
RICER, Lauren E. Apr 20
RYBICKA, Joanna May 17
SCHIERMAN, Adam Jun 22
SIMS, Erica M. Apr 20
VESPI, Hannah Jun 15
WHEELER, Brittany May 1

WHITEHEAD, Danielle May 1
ZOOK, Renae R. Jun 1

T-LIMITED GENERAL

FERNANDEZ PARRA, Maria Del Rocio
Aug 15
MOVASSEGI, Ahmad Reza May 5

T-EDUCATIONAL

BOUILLON, Juliette Jul 15
DEVEREUX, Sacha Jul 1
HEDSTROM, Matilda Jul 1
HENRIKSSON, Andrea Jul 1
LARKIN, Amy Jul 1
LEE, Samuel P. Jul 1
LITTLE, Lynn Jul 1
MAGEE, Kara Jul 1
MIGNAN, Thomas Jul 1
MOORE, Christine Jul 1
RIDDELL, Lea P. May 9
SALPETER, Elyse Jul 1

SPERRY, G. Elizabeth Jul 1
TUCKER, Michelle Jul 15

T-SHORT TERM

CAUNCE, Serena L.
.....30 day short term, May 5
ROLFE, Nicole G. Jun 6 to Jun 20
..... Jul 25 to Aug 8
STEINACHER, Shelly
.....30 day short term, Apr 18
VARUGHESE, Emy May 2 to Jun 1
ZWICKER, Lesley Jun 6 to Jun 17
..... Aug 15 to Aug 26
..... Sep 26 to Oct 7
..... Nov 7 to Nov 18

SHORT TERM

REDFORD, Anthony D.
..... May 24 to Aug 23

T-LIMITED SHORT TERM

CRUZ, Robert de J. Jul 4 - Jul 15

GENERAL TO SABBATICAL

FRICKE, Jenny Jul 1

LIFE PRACTISING TO LIFE

NON-PRACTISING

DELACK, John Burton Jul 1

SOCIAL

WICKS, Kristina M. Feb 16

RESIGNED

BOCKING, Tara M. Jul 1
HUNG, Germaine Aug 15
MILLWOOD, Jessica Jun 16
PALACIOS JIMENEZ, Carolina May 25
ROGERS, Lindsay A. Mar 15

DECEASED

PETRENY, Joe N. Apr 27
SAUNDERS, J. Robert Apr 29

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