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PLENARY

MR PHIL ARKOW
Connections Between Animal Cruelty and Domestic Violence

DR JOHN PRESCOTT
AMR Tool Kit

DR JAYNE TAKAHASHI
Coping with Emotional Trauma in the Clinic (non-sci)

COMPANION ANIMAL

DR STEPHAN CAREY
Canine Respiratory (3 hrs)

DR JAMES MORRISEY
Analgesia, Anesthesia and Emergencies with Exotics (4hrs)

DR JOHN PRESCOTT
AMR in Small Animals

DR CHARLIE PYE CA
Dermatology and Allergies (3 hrs)

DR CATE CREIGHTON
Pain physiology & recognition, CRIs during Anesthesia (3 hrs)

LARGE ANIMAL

DR KATHARINA LOHMANN
Equine Geriatrics (2 hrs)

DR JOHN PRESCOTT
AMR in Equine Medicine

DR CHERYL WALDNER
Micronutrients in Cow/Calf Herds, Beef Repro (2 hrs)

DR VICTORIA BOWES
Poultry Flock Diseases, Health, Zoonosis (3 hrs)

DR ALLEN ROUSSEL
Establishing Diagnoses with Exams and Lab Data (4hrs)

DR TOM NOFFSINGER
Beef Stockmanship, BRD (2 hrs)



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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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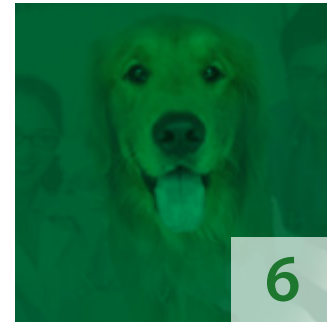
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■ president's perspective

Dr Charlotte Williams
elrosevetservices@sasktel.net

Perspective, that is what I have gained from my year as president. After all the meetings and events and numerous conversations, I have gained a very different perspective of what it means to be a veterinarian - locally, provincially, nationally and internationally.

The most recent meeting involved all the presidents of provincial associations, CVMA board members (past and present) and groups specific to swine, bovine and poultry. The discussion revealed that our goals and struggles are very similar. In some ways Saskatchewan is way ahead, and in other areas there is work to do.

For example, all jurisdictions are working toward having AHTs as regulated and voting members of their councils. The understanding of what an integral role

they play in daily practice and support roles in veterinary medicine is evident.

All provincial associations and regulators are actively working to prepare their members for the new roles surrounding AMR. The preparation translates to clients, governing bodies, other health professionals and more specifically, regulations surrounding feed mills. However, Saskatchewan is ahead of other provinces with our mandatory CE and education tools, both existing and in development, regarding prudent use of antimicrobials.

In the realm of social media, we are way ahead of our counterparts. The credit for this lies squarely on the shoulders of our diligent office team. They have definitely made my journey smoother. However, we are behind in terms of animal welfare mandate. Fortunately, the 2017 animal



welfare CE series is a significant step forward.

Having to be away from my practice greatly increased my contact with neighboring colleagues and locums. It also showed me what great people there are around me and how supportive colleagues can be. My thanks to all of you.

As a member of council, you gain an appreciation for the many backgrounds around the table, and how much credence this diversity brings to the decision making. Thank you to all the members of council and to Dr Judy Currie, our registrar, who provides invaluable guidance and oversight in interpreting the Act and our Bylaws.

What else can I say? If you ever want to be a member of council, your perspective is unique, valuable and needed. You won't regret it. 🐾

■ registrar's desk

Judy Currie, DVM
Registrar, secretary/treasurer
306.955.7863
jacurrie@svma.sk.ca

Your SVMA Council has engaged the assistance of legal counsel to redraft our bylaws. The current bylaws are the result of several amendments and additions which have been made over many years. The result is a rather disorganized and outdated document. The entire set of bylaws needs to be tidied up and modernized to suit the current needs of the association.

Rewriting the bylaws is a very involved process, which is the reason for hiring a professional with experience in the area. Bylaws are legally binding for SVMA members and can be restricting if too rigid or open to too much interpretation if written too loosely. The bylaws are the operational rules of the association and play a pivotal role in how the council makes business decisions and sets direction for the future.

Both the ABVMA and the MVMA have recently updated their bylaws and BC is in the process of doing the same. All of these documents will be reviewed by our legal advisor as examples of current and relevant documents with a purpose and scope

similar to our own. Drafting has already begun but there will be time for consideration of proposals from the members. The objective is to have a draft of the new bylaws out for a 60 day comment period early in the fall. Hopefully 60 days will be long enough for as many of you who wish to comment to submit ideas for consideration by the Legislation Committee, Council and legal advisor.

A chat space will be set up on the website or suggestions can be sent directly to the office.

We intend to have the document tidied up and ready for presentation at the 2018 AGM in Saskatoon. At that time the entire document will be put before the members for a vote. It will be presented in sections to be motioned upon so any potentially controversial portions will not prevent passing of the entire document. It is anticipated most of the controversial issues will have been dealt with during the comment period. Accordingly, the expectation is that all wordsmithing will be done prior to the 2018 AGM. Should members have reservations concerning specific clauses that prevent a vote from being taken, those items will be tabled, reworded and presented at a future meeting.

One of the potentially controversial issues is allowing dispensing as a



stand-alone activity. That is, allowing one veterinarian to fill another's prescription. This is currently recognized elsewhere in Canada as an acceptable practice. In Saskatchewan, the only 'rule' prohibiting dispensing by veterinarians is an SVMA bylaw, specifically bylaw 31.11.7.

This bylaw can be seen as purely protectionist. Its intent is protection of market share interest by attempting to limit sales of medications by large practices that are better able to purchase large volumes at discounted prices.

The primary purpose of the SVMA is public protection. Public protection does not include the writing of bylaws for the purpose of protecting association members. Rather than waiting for a higher power to insist we remove such bylaws we need to be proactive and be sure to leave any protectionist phrasing out of our rewritten document.

There will be sections included to lay out protocols for using alternate dispute resolution within our complaints process, requirements for registration of veterinary technologists and redefining the Sabbatical membership category to include maternity and paternity leave. If you have any suggestions for bylaw changes or additions please forward them to me at jacurrie@svma.sk.ca. 🐾

FEAR FREE CERTIFICATION

A new way to reduce fear, anxiety and stress for animal patients

Dr Lindsay Murphy

I recently became certified by the Fear Free program, an initiative that was founded by veterinarian Dr Marty Becker. This online CE program for veterinary professionals focuses on caring for both the physical and the mental well-being of our veterinary patients.

The nine-hour course provides the tools and guidelines to reduce fear, anxiety and stress (FAS) in our companion animals during their visits to the veterinary clinic. The certification program seeks to educate veterinary staff on considerate approach and gentle control techniques to improve everyone's experiences during the appointment.

Fear Free benefits veterinary clinics, clients and most importantly, patients. Many owners complain that taking their pets for veterinary care is stressful. A fear free space strengthens client relationships and helps increase client retention and return visits. Equally as important, practicing the approaches helps to keep the clients and the veterinary team safe.

When a patient experiences FAS, it hinders our ability to provide optimum veterinary health care by affecting our ability to recognize disease and administer treatment. FAS occurs along a continuum, so as veterinary professionals, we must consider how recognizing early signs of FAS and adjusting our care can decrease its harmful effects.

In order for Fear Free techniques to be successful, communication with the owner, the pet and the veterinary health team is essential. This communication must begin the moment the patient's appointment is booked. The program provides training for all veterinary staff to ensure that the Fear Free concepts are applied when the client and their pet enter the front doors of the clinic. The program also provides a great review of canine and feline body language with images and videos to illustrate.

Two very important concepts in the Fear Free program are practicing a Considerate Approach and Gentle Control. Utilizing a Considerate Approach when interacting with patients and clients identifies the environmental inputs that may create FAS in the patient. For example, a cat in a carrier on an elevated perch in the waiting room may have less FAS than one that is placed on the floor next to a curious dog. We have found success by allowing the cat in the carrier to acclimatize to a quiet exam room and venture out on its own terms.

Gentle Control is how the veterinary team positions the patient to allow the administration of veterinary care that is safe and comfortable for the animal. We have recently had success with nail trims by positively conditioning our dogs to associate the "click" of the clippers with

a treat reward. Treating keeps stress levels low and rewards calm behavior while building a positive association between the team member and the patient. This technique can be modified for those picky eaters or allergy patients- just ask the owners to bring their pet's favorite treats for use during their appointment. We have a great client who brings in her dog's favorite bone dipped in its personal jar of peanut butter for frequent restraint-free nail trims.

The touch gradient also seeks to reduce FAS in our patients. To begin, team member should apply gentle physical contact to the patient and reward this association. As this behaviour is accepted and the patient becomes acclimatized to an increasing level of touch intensity, the individual may move to place an instrument, such as a stethoscope, against the patient while measuring the patient's acceptance and comfort. This helps the pet establish and maintain calm in response to the procedure.

The Fear Free program addresses the emotional wellbeing of the veterinary health care team, the patients we treat and the people who love them. By providing an environment where owners and pets alike are less stressed, we are able to provide improved medical and emotional care. 🐾

For more information, visit the Fear Free website: <https://fearfreepets.com>.
This online CE course has been approved for 9 non-scientific CE credits by the SVMA.



VETERINARIAN CAUGHT STREAKING IN MEEWASIN VALLEY

Sue Gauthier
Communications and Members Services Coordinator

Okay, now that we have your attention, please review this update on the Group Health Plan proposal. (There may be some risqué words or pictures here and there throughout this piece, but I'm not making any promises.)

Members who are interested in pursuing the option of the GHP program need to follow up promptly, because the option to launch the GHP will disappear if responses committing to enrol aren't enough or take too long.

The whole purpose behind the idea of a Group Health Insurance and Benefits Plan was to provide a value opportunity to the membership. Originally, in an effort to enhance wellness resources available for members, we considered the type of program that provides a wellness service safety net, but since that type of service is only used by 3% of members, who are already supported

through our member counselling program, we thought it would be better value to offer a comprehensive insurance coverage package that would have benefits for all SVMA members. We feel our advisors have delivered what we asked for, and are really excited to present this affordable and comprehensive coverage plan designed especially for our member professionals and your families.

We have been answering plenty of online inquiries and getting quotes for several clinics. Many member DVMs and RVTs are signing up for the GHP, but we're only partway to the base of 400 participants needed to launch the plan. In

simple terms, the GHP needs a lot more participation from clinics if it is to launch, and we need it sooner rather than later.

If you are interested in participating in the GHP program, please let us know, because the option to launch the GHP isn't going to be available indefinitely. If members want to see this plan become a reality, 400 participants have to commit. The window of opportunity for the GHP will close if responses committing to enrol aren't enough or take too long. In other words, if interest is not forthcoming soon enough, the option to even have a Group Health Insurance and Benefits plan will disappear.

QUESTIONS YOU MAY HAVE ABOUT THE GHP

■ I DON'T FEEL I NEED INSURANCE. REALLY, WHY SHOULD I BOTHER?

The practice of veterinary medicine is considered a dangerous profession where the likelihood of injury is as high, or higher, than other high-risk jobs. For instance, a survey involving 620 equine veterinarians demonstrated that the rate of injury among them was greater than for other high-risk jobs (firefighters, construction workers, prison guards, etc.)! Ninety-three percent of veterinarians surveyed had reported a job-related injury in the previous five years. (See *Risks of injury are higher when caring for large animals* on page 10). Disability due to injuries is a potential reality for any veterinary professionals.

■ WHAT'S SO SPECIAL ABOUT THIS HEALTH PLAN?

The GHP was designed specifically for the Saskatchewan Veterinary profession. The plan encompasses all the best benefits available in other group plan formats - life, critical illness, short- and long- term disability, extended health, dental care and vision care. These are things veterinary practitioners have said they need and/or want to be able to provide for their employees in the all-too hazardous practice of veterinary medicine. Furthermore, the buying power of our large group gets us better rates. Additionally, large pooled groups like ours are able to sustain high and low claiming periods, which leads to rate stability over time.

■ I'M A CLINIC OWNER AND WE ALREADY HAVE A PRETTY GOOD HEALTH

PLAN. WHY SHOULD I CONSIDER SWITCHING?

Because this plan was negotiated specifically for our association, the needs of veterinary clinic owners have been the driving force behind the plan's design. For example, with the GHP, employers can provide assurance to employees who undergo financial challenges due to a disability or a critical condition. As for cost, the GHP gives veterinary clinics a valuable tool for employee retention and workplace stability by offering single or family coverage for every employee of the clinic at the best rates available in the marketplace today. The GHP can also provide supplemental coverage over and above other plans.

■ SVMA HASN'T SPECIFIED WHEN THIS PLAN IS TAKING EFFECT. WHEN IS IT STARTING?

We're in a limbo period right now- many people have committed to signing up for the GHP and many more are investigating it. The number of people stating their intention to enrol in the GHP is growing steadily, and we are very confident that participation will far exceed 400 over time. However, because all of the rates are based on a minimum of 400 participants to make the plan work, until we reach 400, the GHP is stuck on the launchpad. In simple terms, we need more members to review the information and if they are planning on signing up, to let us know. When we are close to reaching the magic number of 400, we can identify a 'commitment date' (start date) for plan coverage to begin. When the start date is set, members

who have told us they are participating will be notified that the door is open to go ahead and enrol.

■ I ALREADY HAVE COVERAGE THROUGH BLUE CROSS, SO I'M GOOD, RIGHT?

If you are already with Blue Cross, talk with one of our plan advisors, Ken or Don, because the rates and benefits with our GHP through Saskatchewan Blue Cross could be quite different from the package you currently have. Retired SVMA members get large pooled group rates plus other benefits not available in some other Blue Cross retirement packages. It's worth a phone call to find out.

■ I'M NON-PRACTISING AND DON'T HAVE KIDS AT HOME, BUT FAMILY COVERAGE ISN'T WORTH IT JUST FOR MY SPOUSE AND MYSELF....

Good news! Non-practising SVMA members have the option of coverage just for couples. Our advisors recognized that empty nesters would prefer an alternative to family coverage when there are just two people, so they have included that as an option for non-practising members.

■ I'M AN INDIVIDUAL PRACTITIONER. WHAT'S IN THIS FOR ME?

Any DVMs who are self-employed know how expensive single or family health coverage can be for a one-person practice. The GHP offers comprehensive health coverage at group rates to all member DVMs. As an enticement to move along with commitment, eligible members who enrol within 31 days of our actual

launch date will not have to complete any health questionnaires.

■ WHAT DO I DO AS A CLINIC OWNER IF SOME OF MY STAFF WANT TO ENROL BUT THE REST DON'T? I CAN'T MAKE EMPLOYEES PAY FOR INSURANCE THEY DON'T WANT.

It's true, this classification alone requires that all clinic staff participate (with the exception of those who are already covered under a spouse's employer driven plan). As well, the employer must contribute at least 50% of the overall monthly cost of the plan. But sometimes an employee doesn't want the coverage at all. Unfortunately, their refusal to participate negatively affects everyone in the clinic.

Owner/managers have different options at that point. Some clinic owners are choosing to make coverage for everyone in their clinic a condition of employment. Other clinics will be paying all of the insurance cost as a way to attract associates in the current dry employment market. Or, instead of enrolling for a clinic package, DVMs and RVTs can enrol for individual coverage on their own.

■ I SIGNED UP AS AN INTERESTED CLINIC, BUT NOW THE PLAN MAY NOT EVEN RUN? NOW WHAT?

Here's where you can help us. Talk to your colleagues and tell them why you've signed up. Send them our way for more information. Spread the word. This is really, truly a great opportunity for the whole Association. It will genuinely benefit everyone who partici-

pates. We know that in the long run, participation will grow and ultimately be more than enough. We just don't have the time to be leisurely about getting it started.

■ **WHERE DO I GO FOR GHP INFORMATION?**

Visit www.svma.sk.ca for complete details of all basic and optional GHP benefits by classification. Call us in the SVMA office anytime, or submit an online inquiry form <https://goo.gl/forms/f3kaq0O9jKNk0GmC3> and we will explain how the GHP works, provide answers to any questions, and if you want, get you a quote.

Once you have reviewed your quote, if you decide to participate, notify us so we can add you to our list of committed participants. For clinics, once you have your personal-ized comparison in hand and have made a decision, let us know and tell us how many people are in your clinic group. They all count towards the 400. We will let you know immediately as soon as a launch date is set and the enrolment process can proceed.

■ **I'D PREFER TO DISCUSS THIS IN PERSON. IS THERE A WAY TO DO THAT?**

Our trusted insurance providers from Sentinel and Saskatchewan Blue Cross will be on hand at our Sept 8-10 Conference in Regina. They will have their own booth where you can discuss your personal questions. If it would be easier for you to schedule a meeting at your clinic, we may be able to arrange to come there to speak with you and your staff. Contact the SVMA office. 📞

GHP RATES BY CLASSIFICATION		
Individual Practising Veterinarians		
DVMs in independent practice, with no employees	Single	104.00
	Family	221.00
Registered Veterinary Technologists		
All SVMA registered RVTs, whether employed by a practice that does not offer employee health coverage, employed somewhere other than a veterinary practice, or between jobs.	Single	69.25
	Family	161.25
Non-Practising Members		
Non-practising or retired SVMA Members Note- new 'couple' rate added	Single	57.00
	Couple	129.00
	Family	142.00
SK Clinics with Two or More Employees		
For clinic rates, you will need to get a quote. Every clinic has different demographics and will therefore have a custom rate structure, but it will still incorporate the very best rates and benefits available with the Group Health Plan. It will be worth the 10-15 minutes you will need to provide information for a quote. The proof? Cost/benefit comparisons were made using real data taken from our Council members' existing health plans. At GHP rates, annual savings for test clinics ranged between 2% and 39%.		

BASIC GHP BENEFITS	VETERINARY CLINICS WITH 2 OR MORE EMPLOYEES		INDIVIDUAL RVTs	INDIVIDUAL PRACTISING DVMs	NON-PRACTISING MEMBERS
LIFE INSURANCE, ACCIDENTAL DEATH OR DISMEMBERMENT	1x Salary Coverage reduced 50% at age 65 Max issue limit \$150,000 Non-evidence limit \$100,000		Flat Amount \$25,000 Coverage reduced 50% at age 65 Max issue limit \$25,000 Non-evidence limit \$25,000	Flat Amount \$25,000 Coverage reduced 50% at age 65 Max issue limit \$25,000 Non-evidence limit \$25,000	Not available
DEPENDENT LIFE INSURANCE	Spouse: \$10,000 Children: \$5,000		Spouse: \$10,000 Children: \$5,000	Spouse: \$10,000 Children: \$5,000	Not available
BASIC CRITICAL CONDITIONS BENEFIT	Employee: \$25,000 Spouse: \$5,000 Children: \$2,500		Employee: \$25,000 Spouse: \$5,000 Children: \$2,500	Employee: \$25,000 Spouse: \$5,000 Children: \$2,500	Not available
HEALTH CARE BENEFITS	OPTION ONE 100% semi private hospital 100% extended health Max \$500/year for each paramedical 100% vision (max \$200/2 years) 100% Rx unlimited 100% group Travel Second opinion service	OPTION TWO 100% semi private hospital 80% extended health Max \$350/year for each paramedical 80% vision (max \$150/2 years) 80% Rx unlimited 100% group Travel Second opinion service	80% hospital 80% extended health (including eye exam coverage) Max \$200/year for each paramedical 80% Rx, max \$1000 100% Group Travel Second opinion service	100% hospital 80% extended health Max \$350/year for each paramedical 80% vision (max \$150/2 years) 80% Rx unlimited 100% Group Travel Second opinion service	80% hospital 80% extended health (including eye exam coverage) Max \$200/year for each paramedical 80% Rx, max \$1000 Second opinion service
	OPTION ONE Basic 100% Major 50% Combined max of \$1500	OPTION ONE Basic 100% Maximum of \$1000	Basic 80% Maximum \$750	Basic 100% Maximum \$1000	Basic 80% Maximum \$750

■ member news



Gene passed away on May 30, 2017 at the age of 79 years old. Gene was a long-time Studebaker owner, driver and advocate. His father was a Studebaker owner, and his first Studebaker, a 1952 Champion, began a long series of Studebaker Cars & Trucks owned by Gene over his lifetime. Gene was very

WE ARE SADDENED TO REPORT THE LOSS OF GENE SEARCY, DVM.

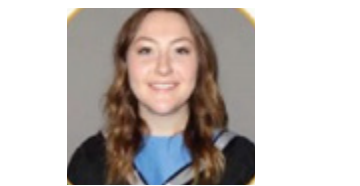
active in the Studebaker Drivers Club and the Antique Studebaker Club, serving time on the boards of both clubs. Gene was a founding member of the Saskatchewan Chapter, and was an active member of the chapter. Gene was also an active member of the Saskatoon Antique Auto Club. Gene logged hundreds of thousands of miles behind the wheel of a Studebaker. Most who knew him would be familiar with the red Champ pickup that carried him to Studebaker meets and swap meets across North America. Many Studebaker owners in the prairie provinces benefitted from Gene's generosity of transporting parts back from all over North America to help them complete their restorations. Gene's ownership of Studebakers included vehicles from 1931 to 1966, and he completed many ground-up restorations of rare and desirable models. Many of his former cars occupy places in prominent collections across North America. Gene loved to drive- whether it was taking his two daughters to Texas for the National meet in 1975 in his 56 Golden Hawk, or in his Champ doing research for his career as a Professor of Veterinary Pathology, Gene loved being behind the wheel. He will be missed by his family, friends and fellow car lovers.

SVMA joins the CVMA in congratulating Dr Bob Bellamy, who is the 2017 recipient of the CVMA President's Award.



Dr Bob Bellamy
Bellamy Harrison Animal Hospital

The CVMA President's Award is given from time to time to recognize an individual member for his/her exceptional contributions and devotion to the association. Dr Bellamy has made significant contributions to the veterinary profession nationally.



The Saskatchewan Veterinary Medical Association is pleased to present a bursary award to a student in the second year of the veterinary technology program at Saskatchewan Polytechnic, Saskatoon Campus. The 2017 recipient of the SVMA bursary is Chantel Wild. Congratulations Chantel!

Congratulations to WCVm professor and veterinary pharmacologist Dr Trisha Dowling, recipient of the 2017 University of Saskatchewan Provost's College Award for Outstanding Teaching.

Congratulations to Dr Maud Ferrari, WCVm Dept of Veterinary Biomedical Sciences, on receiving the University of Saskatchewan New Researcher Award.

ARTISTS IN OUR VETERINARY COMMUNITY

Drs Sarah Lightfoot-Wagner and Trent Watts entered craft pieces in the Saskatchewan Craft Council's biannual province wide competition. There were 36 pieces selected as finalists from a pool of 183 entrants. Both Drs Lightfoot-Wagner and Watts received awards for their pieces. Congratulations!

All pieces and winners can be viewed at <https://www.saskcraftcouncil.org/affinity-gallery-exhibitions/current-exhibition/>



Leslie Potter Award for Excellence in Sculpture
Fouled Up
by Sarah Lightfoot-Wagner



Award for Excellence in Wood
Globe
by Trent Watts

Risks of injury are higher when caring for large animals

Veterinarians have the right to advocate for their own safety on-farm.

Dr Alain Fafard

This article contains factual and anecdotal information concerning the risks of physical injury to veterinarians who work with large animals. It is well documented that small animal veterinarians are also at great risk of personal physical injury (bites, scratches, needle sticks, radiation and anaesthetic gas exposure, handling of reproductive and cytotoxic substances)¹, but for the purposes of this article, the focus will be on large animal veterinarians and their risk of work-related injuries. The need for veterinarians, as well as veterinary colleges and associations, to advocate for on-farm safety and proper animal restraint equipment will be emphasized

Veterinarians generally accept and understand that there exists an inherent risk of physical injury in practice while working with animals. The practice of veterinary medicine is considered a dangerous profession where the likelihood of injury is as high, or higher, than other high-risk jobs. For instance, a survey involving 620 equine veterinarians demonstrated that the rate of injury among them was greater than for other high-risk jobs (firefighters, construction workers, prison guards, etc.)²! Ninety-three percent of veterinarians surveyed had reported a job-related injury in the previous five years¹. Seventeen percent of these injuries had resulted in one or more days off work, with veterinarians working with large animals more likely to report injuries resulting in one or more days off work than small animal veterinarians¹.

It is possible that the rate of injury of vets may be even higher than reported as many veterinarians admit to self-treatment (suturing of lacerations, use of braces and analgesics, etc.) without reporting their injuries³.

There are a few different reasons why veterinarians might take on excessive risks of physical injury:

- Ego ("I'm the animal expert and if there's one person in this crowd who can or should do this procedure despite the unsafe environment, it's going to be me");
- Fear of appearing weak or scared before the client(s) or employer, or in comparison to one's colleagues;
- Client pressure/encouragement/guilt ("OK, so now you've assessed that the calf is too big to be pulled and

the cow is already lassoed to the fence; since you're already here, if you'd just do the C-section I wouldn't have to run home and get my trailer and haul her to the clinic; or, my trailer is broken down; or, I don't even have a trailer....");

- Employer pressure ("John is a long-time client [yes he is, even though he has never availed himself of safe handling facilities] so yes my dear associate, you should go ahead and do that C-section with the cow tied crudely to the fence.... oh don't worry, just have your guard up when you start incising so if she does kick you won't slash your wrist with the scalpel....").

How much risk individual veterinarians are willing to take in

the performance of their duties is a matter of personal choice when it comes right down to it. If you don't feel safe you have the right to say no to doing the work despite the client or employer pressure, guilt, or ego issues. Many other jobs have policies where the employee is expected NOT to do the work if conditions are unsafe. For instance, employees of the potash mines or Crown corporations would be reprimanded if they were found to be doing something that was unsafe or which did not adhere to their Occupational Health and Safety (OHS) guidelines.

In my own personal experience, when I was a younger veterinarian I accepted too much risk of personal injury. The reasons I did so were because I did not want to look scared or incapable, I felt my employer at the time expected me to do the work even if it was unsafe, and I feared being reprimanded in some way if I did not do it. Some of the risks I took did result in injuries, one of which caused me to be off work for two months. For those two months, my income was reduced to a living allowance provided me by Workers' Compensation (WC), I went through a long painful physical rehabilitation program, and I did not feel like a contributing member of society with meaningful work. (As an aside, all I can say is thank goodness

for WC, as they did provide me with some income, wasted no time in having me properly diagnosed, treated, and rehabilitated, and provided great follow-up care to get me back to work as quickly as possible.)

Consideration should be given to who is affected when a veterinarian is physically injured. Obviously, the injured veterinarian is directly affected by suffering pain, possibly needing to take time off work to heal or rehabilitate, and sadly, all too often the injury develops into a chronic problem that negatively affects the veterinarian's quality of life for years to come (e.g. arthritis, bursitis, back pain, depression, etc.)³. Large animal veterinarians indicate that chronic physical injuries are one of the most common reasons for leaving large animal practice, and many veterinarians have often been in active practice for less than fifteen years when injuries force them to choose another career path³.

The veterinarian's injury can affect many other people as well. The veterinarian's family may suffer from reduced income or may have to deal with the mental or social consequences that come with the veterinarian being off work, such as depression, anxiety, frustration, or mood swings.

Clinic staff may also be negatively affected. If the veterinarian is off work, there may be less of a need for support staff, even if momentarily, which could lead to reduced work hours for them. Animals can be negatively affected as well as there will be one less veterinarian in the workforce capable of providing them care.

The veterinary practice may suffer too. Clients may be turned away or will seek service elsewhere if there are not enough veterinarians on staff to provide animal care, and practice revenue would likely decrease as a result. If the practice suffers, so too does the community, its people, and their animals.

The point is, a lot of peo-

ple and animals may suffer all because of one poor choice made by a veterinarian to go ahead and do unsafe work that results in his or her injury. This is where positive self-worth, assertiveness, and confidence all come into play in helping the veterinarian advocate for his or her safety. Insisting that safe facilities be provided on client premises is part of practicing positive self-care; it does not mean that a veterinarian is weak or incapable.

Usually the client on whose premises the veterinarian was

occupational risk avoidance, and specific courses should be, and have been, developed to address this topic³.

Even with the best livestock handling systems available, we can never bring the chance of injury completely down to zero, but our goal should be to minimize injury as much as possible. Most livestock producers today have acquired reliable, safe handling equipment and we veterinarians should always make a point of thanking them for having done so. However, there are still a few producers who have

“A lot of people and animals may suffer, all because of one poor choice made by a veterinarian to go ahead and do unsafe work that results in his or her injury.”

injured suffers no consequences whatsoever. The worst thing that may happen to the client is that the work did not get completed because the veterinarian may have been too injured to finish the job.

Unlike other occupations, veterinarians do not have unions or OHS boards to advocate for their safety. The responsibility lies solely on the veterinarian to ask, or even insist, that safe handling and restraint facilities be provided on farms to minimize chances of injury.

Client education and a change in veterinarians' attitudes are important factors in lowering the risk of injury to veterinarians; we need to do away with the "macho" or "cowboy" approach to animal restraint³. The SVMA could assist its members in stressing the importance of safe facilities to large animal clients, and help them understand all the negative consequences that ensue when veterinarians are injured on their premises. It is incumbent upon veterinary colleges as well to provide more training and leadership in this area of

less than adequate facilities, and we need to educate these producers how safe livestock restraint facilities benefit not only the veterinarian, but the animals and producers as well.

These changes will not happen overnight, but by addressing this issue with the younger, upcoming generations of veterinarians, we will gradually see a shift in the attitudes and expectations of both large animal clients and veterinarians. ▮

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WHEN CLIENTS REQUEST MARIJUANA FOR THEIR PETS

Michelle Martin-Strong, Registrar
Manitoba Veterinary Medical Association

I was contacted recently by a member regarding a client's request for medical marijuana to be prescribed for their pet. The question arose whether veterinarians could prescribe medical marijuana, and developed into the different ways clients and companies might try to circumvent established regulations.

The background details are as follows: a canine had cancer and was under palliative care through their veterinarian. The owners of the canine requested their veterinarian prescribe medical marijuana as a pain treatment alternative. Although other treatments had been offered to the owner, the use of medical marijuana was the choice they had made. The veterinarian contacted the registrar to see if there were any rules, by-laws or provisions that would restrict this kind of prescription.

The following information was provided to the veterinarian by the MVMA:

The Controlled Drugs and Substances Act (CDSA) a federal governing document, has a provision allowing for veterinarians to prescribe controlled drugs that fall under this Act's jurisdiction. In the definitions section of the CDSA, it sets out that:

"practitioner" means a person who is registered and entitled under the laws of a province to practise in that province the profession of medicine, dentistry or veterinary medicine, and includes any other person or class of persons prescribed as a practitioner;

However, the CDSA prohibits possession, double doctoring, trafficking, possession for the purpose of trafficking, importation, exportation and possession of exporting and production of listed substances. These activities are illegal unless authorized in the regulations.

CDSA has a related regulation, the *"Marihuana for Medical Purposes Regulation"*, which states it is not a prescription but a medical document that must be authorized to allow a person to receive and use medical marijuana. It further advises who can authorize a medical document, see 129.(4):

129. (1) A medical document provided by a health care practitioner to a person who is under their professional treatment must indicate:

(2) The period of use referred to in paragraph (1)(e)[...](b) begins on the day on which the medical document is signed by the health care practitioner.

(3) A medical document is valid for the period of use specified in it.

(4) The medical document must be signed and dated by the health care practitioner providing it and must attest that the information in the document is correct and complete.

The *Marihuana for Medical Purposes Regulation* also defines health care practitioner as either a medical or nurse practitioner:

"health care practitioner" means, except in sections 102 and 102.1, a medical practitioner or a nurse practitioner

"medical practitioner" means a person who

(a) is registered and entitled under the laws of a province to practise medicine in that province; and

(b) is not named in a notice issued under section 59 of the Narcotic Control Regulations

that has not been retracted under section 60 of those Regulations.

"nurse practitioner" means a nurse practitioner within the meaning of section 1 of the New Classes of Practitioners Regulations who

(a) is permitted to prescribe dried marijuana in the province in which they practise; and

(b) is not named in a notice issued under section 59 of the *Narcotic Control Regulations* that has not been retracted under section 60 of those Regulations.

This definition of a medical

“ It is clear from the regulations that Health Canada does not permit veterinarians to authorize a medical document for the use of medical marijuana.

health care practitioner is what prohibits veterinarians from authorizing a medical document for use of medical marijuana. The College of Pharmacists of Manitoba also confirmed the above information prohibiting veterinarians from authorizing a medical document for the use of medical marijuana. The information was relayed to the veterinarian who in turn relayed it to the owners.

The owners were not deterred by this information. In a second attempt to procure medical marijuana, they then provided the veterinarian with forms from a company in BC who distributes medical marijuana. It was the hope of the owners that the veterinarian would fill out the forms in lieu of a prescription. The forms require a veterinarian to either "recommend" that the canine patient would require medical marijuana as part of the treatment plan and/or list the diagnosis for the patient. The veterinarian was advised by MVMA that the word "recommend" could be construed as "prescribe" and that he/she did not have that right.

Further, in the explanatory letter accompanying the forms from the BC company, the following condition was indicated:

• "In order to maintain the level of legitimacy expected from our organization, VDS [name of company] requires a **confirmation of diagnosis**

and/or recommendation from a Veterinary Physician, faxed directly from their office, as a condition of membership." [Emphasis mine]

One interpretation of this "and/or" statement suggests this could be a way to circumvent the need for a prescription; medical document; or recommendation by a veterinarian as long as the illness is recognized as an eligible diagnosis that is defined on the form. "The Eligible Diagnosis List (unless otherwise recommended by Veterinary Physician) Arthritis, Cancer, Chronic Pain, Seizure disorder, Tumor(s)".

The veterinarian refused to sign off on these forms and informed the owners once again of the limitations in prescribing medical marijuana. This was finally accepted by the owners.

It is clear from the regulations that Health Canada does not permit veterinarians to authorize a medical document for the use of medical marijuana. Although this is the first time I have heard from a member that they have been requested to prescribe medical marijuana, I am sure that others have experienced this scenario and I suspect that this type of request will be on the rise.

Adapted from 'Time for Repotting' by Michelle Martin-Strong MVMA News & Views Spring 2017 issue

THE FEDERAL LAWS WHICH PROHIBIT VETERINARIANS FROM PRESCRIBING MEDICAL MARIJUANA FOR ANIMAL PATIENTS ARE CLEAR, AND APPLY IN ALL PROVINCES.



Summer

is in full swing, and that means the 2017 SVMA Conference, AGM and Trade Show are just around the corner!

The annual SVMA Conference is the best opportunity of the year for veterinarians and veterinary technologists to obtain CE and have a great time doing it! The Delta Regina Hotel and Conference Centre will once

again host attendees from across Western Canada and the United States from September 8-10, 2017 to exchange ideas and get up-to-date on the latest research, innovations, products and services in veterinary medicine.

SVMA became a certified provider of (AAVSB) RACE-approved continuing education programming in 2016. The entire 2017 SVMA Conference CE program, including 36.5 total hours of scientific CE (19.5 hours each large, mixed or companion) is RACE approved.

Your CE Committee has brought in another excellent group of Speakers for 2017. 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:

SOCIALEVENTS

2017 AWARDS NIGHT BANQUET

Friday Sept 8
5:30 pm

Join your friends and colleagues at the year's biggest night for Saskatchewan veterinarians, technologists, staff and companions. Casino Regina will be the hot spot on the evening of Friday September 8th for the 2017 SVMA Awards Night Banquet. Delicious fare and libations, awards, tributes and a few surprises are on the menu. Not included with registration- tickets must be purchased separately \$60/ea. (All guests must be at least 19 years of age to enter Casino Regina for the banquet. We are sorry for any inconvenience this may cause.)

Sponsored by Petplan

EXHIBITORS' RECEPTION

Saturday Sept 9
6 - 8:00 pm

Join us in the Exhibit Hall after your busy day of CE for cocktails and networking. This year's trade show features 37 animal health industry partners who await you with the latest in veterinary medical products and innovations. (Dinner buffet will be served.)

Sponsored by Dechra Veterinary Products, Naylor Canada and WDDC

PLENARY



JOHN PRESCOTT
VetMB, PhD, FCHAS

John F. Prescott is a retired veterinary bacteriologist and University Professor Emeritus at the University of Guelph. He is probably best known for work on *Rhodococcus equi* pneumonia in foals and for promoting better use of antimicrobial drug use in animals. He is an editor and an author of the textbook "Antimicrobial Therapy in Veterinary Medicine", now in its fifth edition. He was elected a Fellow of the Canadian Academy of Health Sciences in 2008. He is currently Co-Chair of the Ad-Hoc Committee for Antimicrobial Stewardship in Canadian Agriculture and Veterinary Medicine.

What Veterinarians Need to Know and Explain About AMR: A Take Home Tool Kit



PHIL ARKOW

Internationally acclaimed lecturer, author and educator Phil Arkow is coordinator of the National LINK Coalition – the National Resource Center on The LINK between Animal Abuse and Human Violence – and edits the monthly LINK-Letter. He chairs the Latham Foundation's Animal Abuse and Family Violence Prevention Project. He teaches at the University of Florida, the University of Pennsylvania, Harcum College and Camden County College. He has presented over 250 times in 17 countries, 38 states and 9 Canadian provinces, and has authored over 75 key reference works on human-animal interactions and violence prevention. He co-founded the National Link Coalition, the National Animal Control Association, and the Colorado and New Jersey humane federations.

Connections Between Human Domestic Violence and Animal Cruelty

COMPANION ANIMAL



STEPHEN CAREY
DVM, PhD, DACVIM

Dr Stephan Carey is Assistant Professor of Small Animal Clinical Sciences at Michigan State University College of Veterinary Medicine. Dr Carey specializes in small animal respiratory concerns.

Sponsored by Zoetis

Current Therapy for Canine Chronic Bronchitis and Bronchomalacia



JAMES MORRISEY
DVM, DAVPAP

Dr James Morrisey is a senior lecturer in the Zoological Medicine Section of the Department of Clinical Sciences at Cornell University College of Veterinary Medicine.

Feline Chronic Nasal Disease

Canine Infectious Respiratory Disease Complex

Practical Analgesia and Anaesthesia in Exotic Pets (2 hrs)

Common Emergencies in Exotic Pets (2 hrs)

LARGE ANIMAL



KATHERINE LOHMANN
DVM, DACVIM

Dr Katherine Lohmann is an Associate Professor in the Department of Large Animal Clinical Sciences at the WCVI and contributes to the internal medicine service at the Veterinary Medical Centre's Large Animal Clinic. She also teaches in the WCVI's veterinary communications curriculum. Dr Lohmann's recent areas of research include Equine Infectious Anemia and recurrent airway obstruction in horses.

Demographics and Health Status of Geriatric Horses
Selected Health Concerns of the Geriatric Horse



CHERYL WALDNER
DVM, PhD

Dr Cheryl Waldner is a professor in Large Animal Clinical Sciences at the Western College of Veterinary Medicine. She is part of the outbreak investigation unit and is actively involved in research examining factors affecting the productivity of cow-calf herds in Western Canada. She is particularly interested in antimicrobial use and resistance as well as the prevention and control of infectious diseases such as BVDV, *Vibrio*, *Trichomoniasis*, and *Neospora*. She has also examined the effects of trace mineral and vitamin nutrition on reproductive performance in cow-calf herds.

Troubleshooting Micronutrient Status in Cow-Calf Herds
Investigating Poor Reproductive Performance in Beef Cows

PLUS

Presented by CFIA-CWD Voluntary Herd Certification Program Accreditation

Large and mixed animal practitioners with cervid producer clients will be interested in the CWD Voluntary Herd Certification Program Accreditation session on Sunday afternoon. CFIA is accrediting Veterinarians through the CWD Voluntary Herd Certification Program to allow them to work with their cervid producer clients that are enrolled in the VHCP program.

ANNUAL GENERAL MEETING and MEMBERS' FORUM LUNCH

Friday Sept 8th 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 retain the right 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' Forum Lunch.

MEETINGS

WELLNESS CAFÉ Saturday Sept 9 8 - 9:30 pm

Need a chance to unwind, relax "and decompress? Shake off your busy day at the popular Wellness Café, where an array of delicious desserts and special coffees will warm your insides.

Dr Jayne Takahashi will discuss handling emotional trauma in the clinic with her talk, "Should you lead with your heart or your head?"

**Sponsored by
Nestle Purina Pet Care**

WAKE UP! ZUMBA Saturday Sept 9 6 - 6:45 am

Oh yeah - let's move! Dr Leah Frei will get you moving for a fun and healthy start to your day. Zumba!

SUNRISE YOGA Sunday Sept 10 6 - 6:45 am

All energized and ready for a new day? Maybe not? A morning yoga session with Lori from Yoga Haven will help refresh you for the last day of the conference. Yoga mats provided and you won't miss breakfast!

TAKING CARE OF YOU

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Visit <http://www.svma.sk.ca/index.php?p=conference-homepage> for registration details, the full CE program, conference schedule, speakers, special hotel rates, everything! Call Sue Gauthier, SVMA Conference Coordinator anytime for further information.



Animal Health Perspectives

AUGUST 2017 • VOLUME 13 • ISSUE 3

Tularemia: A recent case and important reminder

By: Carl Johnson, President & CEO, PDS and Lorraine Bryan, Veterinary Pathologist, CWHC

In May 2017, a debilitated White-tailed Jackrabbit that was found in a local Saskatoon park presented to the Veterinary Medical Centre (VMC-WCVM) for an inability to ambulate. A musculoskeletal injury was suspected but survey radiography did not reveal any abnormalities although some bruising was present on the medial aspect of the hind limbs. Pain medication was administered but the jackrabbit's condition quickly worsened overnight and a decision to euthanize was made the next day. The jackrabbit was submitted for postmortem examination. Gross examination revealed hemorrhage in the respiratory tract which was suggestive of septicemia. Gross examination of the musculoskeletal and nervous systems did not support trauma. Histopathologic examination revealed necrotic foci in the liver (see Figure 1), spleen and adrenal glands and diffuse congestion and edema in the trachea and lungs. The histopathologic lesions observed combined with a positive culture of *Francisella tularensis* yielded a presumptive diagnosis of Tularemia. Further testing conducted by the Public Health Agency Canada, National Microbiology Laboratory in Winnipeg, confirmed the presence of *F. tularensis* type B in the jackrabbit.

I hope by now this case has caught your attention as there are several aspects of this case worth noting. First, while CWHC



pathologists see this disease on an almost annual basis in rural and wilderness settings, tularemia has been rarely encountered in an urban environment. Second, *F. tularensis* type B subspecies is more commonly seen in aquatic rodents in North America (beaver, muskrat) and northern Eurasian hares and small rodents; whereas type A is most often seen in lagomorphs (hares, rabbits, pikas) in North America. Pathogenicity of type B is generally less severe than type A, which is highly virulent in humans and domestic rabbits. Third, there was apparent staff exposure during the necropsy procedure that led to a subsequent illness, presumably caused by *F. tularensis* type B (the convalescent titer is pending). Quick and effective

communication from Dr. Bryan to PDS staff members, based on the necropsy and histopathologic findings, and rapid action

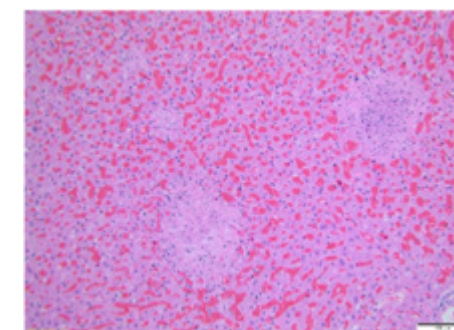


Fig 1: Multifocal liver necrosis in jackrabbit infected with *Francisella tularensis*

on the part of the exposed technician to seek treatment has averted any unfortunate human consequence.

Tularemia is spread primarily by arthropod and biting fly vectors, although water-borne

WHAT'S INSIDE

- 1 Tularemia: A recent case and important reminder
- 2 BSE sample collection – collecting samples “in-clinic”
- 3 2016 Testing Results for Equine West Nile Virus Infections at PDS
- 3 Introducing the Animal Health Surveillance page on the Prairie Diagnostic Services web portal
- 4 Dr. Yanyun Huang Presents at the 1st CM Swine Summit in China:
- 4 New Face at PDS

infection is possible. Host reservoirs include aquatic rodents and terrestrial rodents, rabbits and hares. The public health significance of tularemia will increase as exposure mounts, with ticks and host reservoirs expanding their range and increasing contact with humans occurs.

While tularemia is endemic in certain wildlife species, it is a notifiable disease in humans.

Signs are variable in humans and clinical manifestations reflect the site of infection and the subspecies type, and symptoms usually become apparent in 3-5 days. It is interesting to note that *F. tularensis* is considered by the Centers for Disease Control and Prevention (CDC) as a viable biological warfare agent on the basis it is easily aerosolized, highly infective, non-persistent and easily decontaminated, and highly incapacitating for the infected individual yet rarely lethal. It is not a stretch to translate this threat to the veterinary clinic and diagnostic lab settings.

As veterinarians are often on the receiving end of a well-in-

From Page 1

tioned request to care for a sick rabbit, squirrel, or other potential carrier of a zoonotic disease, it is in everyone's best interest to follow prudent guidelines for managing such cases to reduce exposure. In the veterinary diagnostic laboratory, we have formal procedures to follow, protective clothing, gloves and masks to wear, and carcass and tissue disposal procedures which are designed to protect humans. That said no procedure is

foolproof. It's always sound practice to learn from mistakes, continuously improve our processes and refresh our training. Fast and effective communication is critically important, and ensuring anyone in contact with a suspect zoonotic case is informed and directed to their physician for guidance. Furthermore, it's important to report a zoonotic diagnosis to Public Health officials when there has been direct human exposure. As of this writing, CWHC

and PDS have confirmed a second case of tularemia in an American Red Squirrel, found "injured" on a public golf course within the city limits of Saskatoon. Similar to the case described above, this squirrel presented with apparent trau-

ma by a well-meaning citizen. What will you do in your practice when an "injured" small rodent or rabbit enters your reception, or you have a possible zoonotic disease on your list of differential diagnoses when working up a case?

FOR MORE ON THESE CASES FROM THE CWHC, SEE:
<http://blog.healthywildlife.ca/tularemia-diagnoses-urban-parks-saskatoon-saskatchewan-canada/>

BSE sample collection – collecting samples “in-clinic”

By: Wendy Wilkins, Disease Surveillance Veterinarian, Ministry of Agriculture

If your clients could bring the animal's head to the clinic, would this make collection of samples for BSE testing simpler for you?

The Canadian Food Inspection Agency (CFIA) allows producers to bring bovine heads to veterinary clinics for sampling. There are certain conditions that must be met, but overall this should make it more convenient and less time consuming to get that sample submitted. Producers still receive \$75 payment and veterinarians still receive \$100 from the CFIA for every eligible sample submitted.

If the veterinarian is already on farm and the animal has died or has been euthanized, the vet can remove the head and take it back to the clinic for sample collection. In all other situations, producers can bring the head to the clinic themselves provided they already have an established relationship with the veterinari-

an and the animal meets the criteria for testing. These are “4-D” animals (down, dying, diseased or dead) that are over 30 months of age, or are showing neurological symptoms.

IMPORTANT: If the animal has died suddenly for unknown reasons, producers are asked to contact their veterinarian before taking off the head. Anthrax is present in the environment throughout the province, and heads should not be taken off unless there is no possibility that it died of anthrax.

Because the head contains tissues that are considered

SRM (specified risk materials), a permit is required to transport a bovine head to the clinic (and back home again, if the clinic does not have disposal services). Most clinics have an SRM permit number that producers may use to transport SRM to their clinics. Producers are asked to contact their veterinarian to confirm and obtain the permit number and transport procedures. Alternatively, “emergency” (immediate need) permits can be obtained from the CFIA by calling 1-866-788-8155.

Producers are also asked to use their smart phone or a digital camera to take a picture of the intact carcass before removing the head from the body. They should include a photo that clearly shows the animals' ID tag, and make sure that the ID tag is intact and included with the head when delivered to the clinic. These pictures should be kept and will be required in the event of a positive test.

Over the years participation in Canada's BSE surveillance

program has gradually waned. Sample submissions have decreased from a high of almost 58,000 samples submitted for testing in 2005 to an all-time low of 26,285 in 2015. There was a modest increase in submissions in 2016, with 27,346 samples submitted. However, this is still below Canada's annual target of testing at least 30,000 animals per year.

Each province is assigned a number of tests based on the cattle population in the province. Saskatchewan producers are required to test approximately 7500 animals each year. Provincial participation has also decreased substantially over the years, with just 1572 samples submitted in 2016.

It is hoped that allowing producers to take heads to the veterinary clinic for sampling will encourage more producers to participate in BSE surveillance. For more information on the national BSE surveillance program, go to www.inspection.gc.ca and search for “BSE”.

2016 Testing Results for Equine West Nile Virus Infections at PDS

By: Dale Godson, Microbiology Laboratory (Immunology/Virology), PDS

It is that time of year when West Nile virus (WNV) infection becomes a differential diagnosis for neurologic disease in horses. Detection of IgM antibodies to WNV (indicating a recent infection) in a horse with neurologic signs is considered diagnostic for West Nile virus disease in horses.

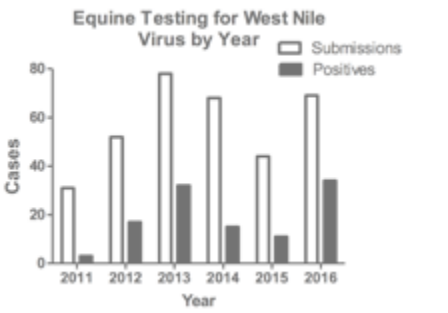
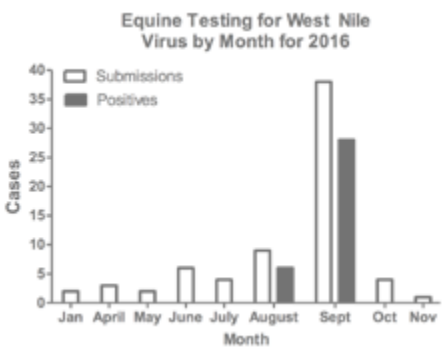
In 2016, we had a brief but intense episode of WNV disease. The first positive case was tested on August 19th and the last on Sept 30th. During that period there were 34 cases of WNV disease diagnosed, which resulted in a 70% positive rate in submissions from August and September.

West Nile virus disease is a federally notifiable disease and PDS reports positive results to the Canadian Food Inspection Agency. It is also a provincially notifiable disease in Alberta and Saskatchewan. Consequently, accurate recording of the horse's location on the submission form is an important feature for disease surveillance. The Public

Health Agency of Canada maintains a summary of surveillance data for West Nile virus infections on their website (<http://www.phac-aspc.gc.ca/wnv-vwn/index-eng.php>)

PDS successfully completed a proficiency check test (100% agreement) for the WNV IgM ELISA administered by the USDA National Veterinary Services Laboratory.

Table 1. 2016 WNV Submissions and Results by Province			
Prov	Neg	Pos	Total
AB	7	4	11
BC	1	6	7
MB	5	11	16
SK	22	13	35
Total	35	34	69



Introducing the Animal Health Surveillance page on the Prairie Diagnostic Services web portal

By: Anatoliy Trokhymchuk, Disease Surveillance Veterinarian, PDS



Prairie Diagnostic Services has a mission of serving the animal health and animal agriculture industries in Saskatchewan and Western Canada. Providing diagnostic support for veterinary practitioners and food animal

producers is our core work. Each of the individual cases we see every day gives a small bit of information on how a specific industry is doing in general. Putting these pieces of puzzle together – across regions, spe-

cies, and time - gives a bigger picture of Western Canadian animal health current situation and trends.

Generating animal health intelligence from the large volumes of routine diagnostic data to the benefit of our stakeholders is a big part of our mission. Animal health surveillance in general becomes ever more important in the face of changing dynamics of the environment humans and animals share, emerging animal and zoonotic diseases, and requirement for access to international markets.

Please visit the PDS surveillance page for the latest reports, analyses, and insights: <http://www.pdsinc.ca/Resources/TermsOfUse.aspx> OR use the following QR code on your mobile device:



Dr. Yanyun Huang Presents at the 1st CM Swine Summit in China:

Dr. Yanyun Huang (Anatomic Pathologist, PDS) was invited to give two presentations at the Carthage & MHJ Agreitech Consulting Co., Ltd (CM) first Swine Summit in Suzhou, China in June. Dr. Huang spoke of his experiences as an immigrant to Canada while completing post-graduate training and working for PDS as a veterinary diagnostic pathologist. He also gave an overview of veterinary diagnostic laboratories in North America and provided

Chinese swine veterinarians with suggestions on how to obtain more accurate diagnoses. The Chinese Animal Health industry is in desperate need of reliable veterinary diagnostic services. Dr. Huang hopes his presentations will shed some light on future directions for the Chinese veterinary diagnostic industry and is pleased and honored to have been able to contribute to global animal health!



New Face at PDS



In March 2017, Kazal Krishna Ghosh joined PDS Inc. as a surveillance microbiologist. In this position, he will be focusing on developing PDS antimicrobial susceptibility testing capabilities as well as clinical bacteriology.

He has a keen interest in exploring the phenomenon of antimicrobial resistance in depth to the benefit of animal and human health. He is also interested in working with new molecular techniques in diagnostic bacteriology.

Kazal was born in Bangladesh where he completed his Doctor of Veterinary Medicine (2011) and Master of Science in Microbiology (2014) degrees. His master's thesis was focused on identifying antimicrobial resistant *E. coli* from water used in poultry farms. During this training, he developed an

interest in antimicrobial resistance in pathogens originating from poultry. In line of his interest, he moved to Canada and joined the Department of Veterinary Microbiology at the University of Saskatchewan as a Master's student in 2015. Kazal successfully earned a second Master's degree in May 2017. His graduate research project at the University of Saskatchewan focused on the molecular epidemiology of ESBLs producing *E. coli* from poultry. In addition, he received 'One Health' training through the Integrated Training Program

in Infectious Diseases, Food Safety and Public Policy (2015-2016). As part of this program, he completed an internship at National Center for Electron Beam Research, Texas, USA where he explored different new molecular techniques on food-borne pathogen research.

He loves to travel and taste different ethnic foods. Kazal is married and his wife, Dipika Majumder, is currently working as a nutritionist at Chittagong Diabetic General Hospital, Bangladesh. Please join us in congratulating Kazal on his new position with PDS.

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.

Discipline Case Report

SVMA Discipline Committee

DISCIPLINE CASE REPORT: 2016-06

The Discipline Committee (DC) convened a hearing of case #2016-06 Professional Conduct Committee vs Dr Harvey Domoslai on March 23, 2017. The report of the Professional Conduct Committee (PCC) had indicated there was evidence Dr Domoslai may be guilty of professional misconduct based on information and a complaint submitted by the Practice Standards Committee subsequent to the 2015 inspection of Corman Park Veterinary Services.

The DC concluded there was evidence Dr Domoslai had failed to maintain control of narcotic and controlled drugs and failed to establish appropriate records for the dispensing of such drugs. Further, evidence indicated Dr Domoslai had failed to keep sufficient medical records as required by the SVMA Practice Standards and bylaws. The DC found Dr Domoslai to be in contravention of sections of the SVMA Practice Standards, SVMA bylaws, The Veterinarians Act, 1987 and the Narcotic Control Regulations.

The penalty, as imposed by the Discipline Committee, consisted of:

1. A Letter of Reprimand;
2. Suspension for a period of not less than 30 days, starting September 1, 2017 and ending September 30, 2017;
3. Within 15 days of the end of each month for a period of one (1) year following the date of the decision be required to submit to the SVMA all pharmaceutical and narcotic records including invoices, master registers and dispensing registers for review by a SVMA Practice Inspector as appointed by the Registrar;
4. No Fine;
5. Review printed material provided on pharmaceutical, narcotic, and medical record-keeping in preparation for an in-house workshop, not to exceed eight (8) hours in length, with the option to include up to two (2) additional CPVS staff members, and at a time, place and cost to be determined by the Registrar; and,
6. Pay to the SVMA the cost of the inquiry and hearing into the member's conduct in the amount of \$24,624.13 by December 31, 2017.



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SECURITY IN VETERINARY FACILITIES/VEHICLES

Lorraine Serhienko, RVT
Darlene Tingtved, SVMA practice inspector

No one likes having their security breeched and items stolen. Even the smallest theft can leave one feeling vulnerable. Growing populations, changing economy and demographics and mobility of people have all contributed to increased crime rates. Rural areas and small towns were previously considered to have less crime. These areas are now seeing significant increases in property crimes.

Who would think to break into a veterinary facility, or a veterinarian's vehicle? Surprisingly, a lot of people would. Just think of the thousands of dollars you have invested in equipment, technology, prescription and controlled drugs. Unfortunately, these things all scream "just take me" for either the money or the high.

The consequences can be devastating. Monetary loss from value of items stolen is often compounded by lost business revenues. Exposure of private client information can be problematic, and a lost database can take a considerable amount of time to rebuild. Potential misuse or illegal sale of narcotics/controlled drugs can have possible life-threatening consequences.

What might thieves take from a veterinary facility and what's the risk?

MONEY

Unfortunately, the hope of money in the cash box can lure thieves into a business.

COMPUTERS AND ELECTRONICS

Computers, tablets, cell phones, are all easy to transport and pawn off. All the client records and personal information contained on these computers is then lost.

DRUGS (RX AND CONTROLLED)

Veterinary drugs can be deadly in the wrong hands if used on their own or mixed into crystal methamphetamine. Fentanyl is a highly sought-after drug. Ketamine has also been referred to as the date rape drug. Even drugs like Propofol and Gabapentin can be very harmful.

EQUIPMENT

Veterinary equipment is expensive. Although it may seem improbable that someone would steal it and resell it, it can happen. Or, the equipment could be vandalized and declared unusable.

PERSONAL INFORMATION

Client and staff records often contain personal information. Credit card numbers, addresses, phone numbers, dates of birth. Theft of these can threaten both financial and personal safety.

What should I do if I am broken into?

Immediately, reconcile your inventory of narcotics/controlled drugs. If it shows that some of these compounds are missing, even small amounts, this information will have to be reported to Health Canada.

Notify police and submit a police report, even if it is noted that only a small number of items are missing. Report to the police the loss of any prescription medication or narcotics/controlled drugs. Police should be made aware of any criminal activity in your area.

Itemize what items are missing. This will enable you to file a report with your insurance company.

Know what you have, so you are aware of what has been taken.

Notifying the SVMA is a professional courtesy. This occurrence can be noted, so that if there are issues resulting from the loss of personal information, narcotics/controlled drugs, there is a record on file with the SVMA that this has happened. It is also on record for future inspections, where the Master and Dispensing registers are reviewed and discrepancies noted. If extensive repairs or renovations are required after a break in, a re-inspection of the facility may be necessary.

What things can I do to prevent a break-in?

Do not leave vehicles unlocked. Ensure valuables are hidden or removed. When working away from your truck, keep it in view if possible. Be aware of who else is around your vehicle when you are busy.

Ensure all drugs are kept away from public access. Do not keep significant amounts of narcotic/controlled drugs in your vehicles. Ensure the narcotic/controlled drugs safe meets security requirements and has limited access by personnel.

Have an offsite computer backup server and back up your computer on a regular basis.

Install adequate locking systems on doors and

windows. Make sure construction of exterior doors and windows are effective barriers to entry.

Check outdoor lighting. You don't want to make it easy for a perpetrator to sneak out a back door in cover of darkness because of a burnt-out bulb.

If not already in place, install a security system. You may want to consider each staff member having a different access code.

If you install security cameras, check the footage to see they are positioned and in the most useful locations/directions. Do they need to be moved around on occasion in case someone has been watching your facility for optimum opportunity?

Having a safe, secure veterinary facility protects your investment. Your clients can feel confident that their animals will be safe when hospitalized and their personal information is being stored securely. You and your staff can sleep better at night with confidence that patients, inventory, medical records and equipment are all secure. Just think of it as "tucking the clinic in for the night".

report from
the ministry of agriculture

AMENDMENTS TO THE ANIMAL PROTECTION ACT



Kathryn Tonita
Animal Health and
Welfare Specialist,
Ministry of Agriculture

The Government of Saskatchewan is committed to a high standard of animal welfare. The Ministry of Agriculture continues to ensure animals are treated humanely through education, training and enforcement of effective animal protection legislation. The Ministry recently submitted *The Animal Protection Act, 1999* (the Act), for legislative review in order to ensure the Act is up-to-date in the interest of the public's increasing intolerance for animal cruelty.

One of the proposed additions of special interest to Saskatchewan Veterinary Medical Association (SVMA) members is the veterinarian's duty to report suspected animal neglect or abuse to an Animal Protection Officer. The addition of this provision is supported by the SVMA and provides better alignment with other provincial jurisdictions' animal welfare legislation. This may increase involvement of veterinarians in animal welfare cases and give veterinarians support to report suspected animal neglect or abuse.

The current Act does not have any provisions regarding abandoned animals and in order for an Animal Protection Officer to take custody of an animal it must first be in distress. The proposed addition will allow an Animal Protection Officer to take an abandoned animal into custody prior to it suffering from distress.

It was identified that the legal definition of distress needed to be updated in order to reflect the growing societal expectations of what constitutes distress to an animal and provide clearer information for Animal Protection Officers in providing intervention or relief of distress. The proposed definition of distress will include

previous wording such as: deprived of adequate food, water, care or shelter; injured, sick, in pain or suffering and abused or neglected. It will add that animals are not in distress if handled according to an accepted standard or code of conduct, criteria, practice or procedure or using generally accepted animal management practices. The definition of distress is further expanded to include: deprived of food and water to maintain an animal's health, deprived of veterinary care or medical attention, protection from injurious temperatures, an animal kept in conditions that are: unsanitary, impair the animal's health over time, cause extreme anxiety or suffering or contravene standards of care, or an animal abandoned by the owner or person responsible which will or may cause distress.

Addition of an animal care duties section provides more clarity to animal owners on their duty of care for any animal they own or are responsible for. This change will align with other provinces' animal welfare legislation, as several provinces specify duties of people who own or are responsible for animals.

A prohibition on transporting unfit animals was included in order to improve animal welfare oversight during transportation to ensure minimum standards and public expectations are met. As well, an addition related to humane slaughter and euthanasia ensures the person responsible for the animal utilizes a method that is not cruel and minimizes pain and anxiety to the animal.

Other areas of change include having the ability to appoint Animal Protection Officers as Peace Officers to improve their protections, training and scope of duties.

Also, the proposed Act expands the locations an Animal Protection Officer can inspect during ordinary business hours to include any vehicle, place of premises where animals are kennelled or assembled or kept for sale, slaughter, hire or exhibition, other than a private dwelling. As currently required by the Charter of Rights, a private dwelling can only be searched under warrant.

The ability to issue corrective action orders has been added which would allow Animal Protection Officers to order a person responsible for the animal to take any corrective actions necessary to relieve the animal of distress. As well, this allows for Animal Protection Officers to follow-up with the person responsible for the animal to ensure interventions are continuing and take action if the person responsible has not complied with the order. Animal Protection Officers do ask for specific actions to be followed now, but the orders have limited power.

Currently, if a person is found guilty of an offence and liable on summary conviction to a fine of not more than \$25,000, to imprisonment for not more than two years or to both. It has been proposed that on second or subsequent offences the fine and/or imprisonment time would increase per day if the offence continues, as this may prevent repeat offenders.

Animal welfare stakeholders in Saskatchewan have high expectations regarding the welfare of animals. Stakeholder consultations on the proposed changes are to be completed this July and any concerns noted during the consultation period will be considered by the Ministry. Proposed changes to the Act will be submitted for legislative review this summer. 🐾

■ SAVT update

Greetings!!

Summer is in full swing in the Land of Living Skies with heat waves, thunderstorms, celebrating Canada's 150th birthday and the carefree feeling that summer brings.

I want to make a special mention about SAVT member Teresa Nahachewsky who has spent the past few months trekking across the western provinces on horseback. Her blog is awesome and can be found at <https://www.nahahorsetales.com>. Also, in July, our provincial RVTTC directors Carolyn Cartwright and Darlene Ford represented SAVT at the CVMA convention in Prince Edward Island, supporting the national voice.

Nothing annoys an RVT more than phrases such as "Just a vet tech" or "When are you going to be a vet". Our education of the public is always ongoing and at times, challenging as we try to dispel misconceptions about our profession. Part of the challenge is the diversity of job descriptions the veterinary technology career provides. Anesthesia, lab work, x-rays, client education, nursing care, surgical support, rehab all fall within our scope of practice and most RVTs wouldn't have it any other way! For some, as their career develops and evolves, they discover a love for a certain area. RVTs may proceed with further education in the pursuit of one of the 15 Veterinary

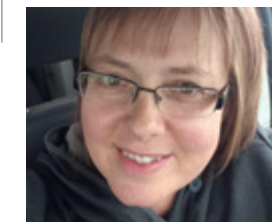
Technician Specialties (VTS) that are recognized by NAVTA. The 15 recognized are:

CLINICAL PATHOLOGY
CLINICAL PRACTICE
EMERGENCY & CRITICAL CARE
EQUINE
BEHAVIOR
SURGERY
ANESTHESIA & ANALGESIA
NUTRITION
OPHTHALMOLOGY
LABORATORY ANIMALS
ZOOLOGICAL MEDICINE
DENTISTRY
DERMATOLOGY
INTERNAL MEDICINE
PHYSICAL REHAB

SAVT members who have gone on to specialize include Carolyn Cartwright (Anesthesia & Analgesia), Danielle Mierau (ECC), Mel Underhill (ECC) and Rebecca Johnston (Equine).

SAVT's 33rd Annual Conference will be held on November 3 – 5, 2017 in Saskatoon, SK. A wide variety of topics and speakers will inspire everyone from RVTs in rural practice to specialized RVTs! We are excited to have David Liss, RVT, VTS (ECC, SAIM), CVPM and Gary Landsberg, DVM, MRCVS, Dip ACVB, Dip ECAWBM (behavior) joining us, with sessions all day Saturday on a wide variety of topics and wet labs on Sunday. We also have great speakers lined up for RVTs interested in bovine, equine, exotics and more! Our theme this year is "Creating Connections, Building Bridges" so mark your calendars and join us for what is sure to be a conference to be remembered!! 🐾

Annette Lorenz, RVT
President Elect



SVMA

NEW

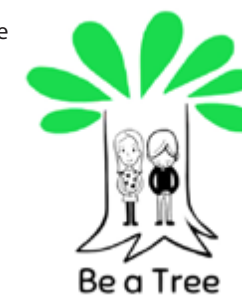
VETERINARY RESOURCE BINDER

The SVMA staff have compiled and created an excellent resource for veterinary practices. The first edition of the **Veterinary Resource Binder** has been sent to all veterinary practices in SK. All practices should have received a memory stick in the mail by now. This digital "binder" has many helpful documents for all types of practices, such as: sample forms, sample medical records, sample SOP's, useful guides and information, SVMA forms, SVMA regulatory information, provincial/federal regulations and NFACC guides. It The VRB is also available for download from the SVMA website (this will replace the practice library). Updates will be posted on the website and available for download approximately every 6 months.

DOGGONE SAFE 'BE A TREE' PROGRAM

SVMA now has the full Doggone Safe 'Be a Tree' Program in our office. It is available for loan to members anytime.

Our Community Relations Committee chair Dr Katina Stewart is asking any members who might be interested in presenting the Be a Tree program to elementary schools, or other children's groups in your area, to let us know. We'd like to keep a record of Veterinarians available to present the program in different regions.



from the wcvm

An Update from the dean

Dr Douglas Freeman
Western College of Veterinary Medicine

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

■ **Equine ICU and foal centre opens:** The Rae-Dawn Arabians Equine Intensive Care Unit (ICU) and Foal Centre celebrated its official opening on May 26 with its two major supporters — Murray and Shirley Popplewell. The Saskatoon horse breeders donated \$200,000 toward the centre's development. WCVM specialists will use the dedicated intensive care unit for critically ill or injured horses in need of specialized and round-the-clock monitoring. The centre's design also accommodates the special needs of hospitalized mares and foals. The new facility will benefit post-surgical equine patients and cases that require long-term critical care.

■ **Gift helps to purchase equine model:** A life-sized equine model will soon join the list of resources in the BJ Hughes Centre for Clinical Learning — thanks to a \$50,000 gift from the Equine Foundation of Canada (EFC). The horse model will help veterinary students learn more about the species' abdominal anatomy and how to identify

abnormal digestive issues that can lead to colic. Bob Watson, president of the national charity, presented the cheque during one of the college's public equine education events on Mar. 30.

■ **Teaching excellence:** WCVM professor and veterinary pharmacologist Dr. Trisha Dowling was a recipient of the 2017 University of Saskatchewan Provost's College Award for Outstanding Teaching this spring. This annual award series recognizes an outstanding teacher in each U of S college. Beyond her teaching and research work, Dowling is well known for her development of "Mindful Veterinary Practice," a third-year elective course that promotes the understanding and practices of mindfulness exercises. The popular professor has also played an integral role in developing the college's new veterinary social work program.

■ **Graduate research award:** PhD student Arinjay Banerjee is the 2017 recipient of the U of S Graduate Students' Associa-

tion award for interdisciplinary research excellence. Banerjee, who is part of Dr. Vikram Misra's bat zoonosis lab team in the college's Department of Veterinary Microbiology, is investigating how bats survive viral infections such as Ebola virus and coronaviruses. Banerjee is a graduate of the university's Integrated Training Program in Infectious Diseases, Food Safety and Public Policy (ITraP) and regularly collaborates with colleagues in different disciplines to investigate One Health-related problems.

■ **Research excellence:** Dr. Maud Ferrari, an associate professor in the WCVM Department of Veterinary Biomedical Sciences, will receive the U of S New Researcher Award at the university's Spring Convocation on June 8. Ferrari's research interests focus on behavioural, cognitive and evolutionary ecology. Her lab team also studies how environmental change affects the ecology of predator-prey interactions.



Dr Douglas Freeman
WCVM Dean

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



on campus at the wcvm

Joana Bruce

First, congratulations to the class of 2017 on becoming Doctors of Veterinary Medicine, best of luck as all of you begin this new chapter in life! Secondly, congratulations to all the applicants who have been accepted into the WCVM and will be the new incoming first years this fall.

May was a busy month for students. The WCVM and Northern Animal Rescue Community group put on the spay and neuter clinic in La Ronge where vet students, tech students, veterinarians and vet techs from all over Saskatchewan came together to spay and neuter, along with deworming and vaccinating 186 animals. Another clinic will be happening in August in La Ronge.

In June, WCVM put on Catsnip for a weekend. Catsnip had started summer of 2016 and is coordinated by Karen Sheehan and Liz Snead in conjunction with SCAT, which is a street cat rescue. Catsnip is an initiative to provide veterinary services to low income people and to help control the cat population. Every cat that comes through the program receives a full physical exam, vaccines, tattoos, spay/neuter and tested for FeLV and FIV. Other organizations that have been involved with Catsnip have been SWITCH, Lighthouse and the food bank in Saskatoon. Catsnip happens four times throughout the year. The first and second year vet students are primarily involved in the physical exams, intakes and vaccinations. Third year vet students' roles are to be assistant surgeons and assisting anesthesia while fourth years are the lead surgeons along with supervising veterinarians from the community.

We students have made our transition into our summer jobs, research positions, externships, clinical rotations, or vacations already. This summer I am working at Deep South Animal Clinic in Ogema, Saskatchewan. Deep South Animal Clinic is licensed as a mixed animal and ambulatory practice. I have gained a lot of experience and clinical skills this summer and have seen tons of interesting cases! Working in a rural practice has taught me how important a veterinarian's role is to the farming community and has solidified that being a rural mixed animal veterinarian is something I hope to do in the future.

SAVE THE DATE!

WCVM ALUMNI &
FRIENDS GATHERING

Sunday, October 15th from 7-9pm
Fairmont Banff Springs (room TBA)

JOIN DR. CHRIS CLARK,
Associate Dean of Academics,

and your classmates to catch up
over cocktails & charcuterie.

Questions?

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at 306.227.5154

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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 WELCOMES NEW PRESIDENT

The CVMA is delighted to welcome **Dr. Troye McPherson** as its new President. Dr. McPherson will serve on the CVMA Council from July 2017 until July 2018. The CVMA would also like to take this opportunity to thank Dr. Troy Bourque for his dedication and commitment while serving as President for the past year.

CVMA BEGINS PROCESS TO ENHANCE STEWARDSHIP OF VETERINARY ANTIMICROBIAL MEDICATIONS

CVMA, with the financial support of Agriculture and Agri-Food Canada, held a workshop to mark the start of a process to develop **ready-for-delivery, practical tools to assist veterinarians in the prudent use of antimicrobials for six defined species groups** (beef, dairy, poultry, swine, small ruminants and companion animals). The objective of the workshop was to engage stakeholders and obtain their input into defining the needs for the future toolset. The timing of the initiative is significant given that amended federal regulations pertaining to veterinary drugs are expected to come into force November 2017 and July 2019. Over 40 participants represented veterinarian associations, species groups and practices, as well as government, industry and academic stake-

holders. Next steps include the establishment of five workstreams including: antimicrobial stewardship principles and practice decision support; guidelines for prudent use of antimicrobials; platform hosting of tools and templates; sustainability; and communications. A sixth workstream on surveillance is proposed that would be funded through a separate program and build upon work conducted at an AMU Surveillance workshop held at the end of February. The above workstreams will require the Expert Advisory Group, led by Dr. Phil Buote from Alberta, and the project team over the coming months to revise and finalize the project plan, engage subject matter experts, and initiate activity across all workstreams.

CVMA PRESENTS AMENDMENTS TO HEALTH OF ANIMALS REGULATIONS (HUMANE TRANSPORTATION) AT THE STANDING COMMITTEE ON AGRICULTURE AND AGRI-FOOD

Dr. Michael Cockram, Animal Welfare Committee member, appeared on behalf of the CVMA at the Standing Committee on Agriculture and Agri-Food (AGRI) in April. The **CVMA encouraged the federal government to dedicate necessary resources for enforcement, training, and research** in order to implement and sustain the proposed new regulations so as to achieve the desired animal welfare outcomes. The CVMA expressed

support for the general direction being taken by the proposed regulations. However, the CVMA strongly believes **modifications are necessary** to ensure the new regulations are effective and meaningful in strengthening the humane treatment of animals during transport.

CVMA PROVIDES COMMENTS ON THE SAFE FOOD FOR CANADIANS REGULATIONS

The CVMA provided comments on the Regulations Amending the Health of Animals Regulations (Part XII) Statutory authority Vol. 150, No. 49 in April. Given the CVMA priorities in the area of animal health and welfare and the maintenance of a safe food supply, the Association is pleased to see in the proposed regulations the prominent role played by veterinarians in providing professional oversight for meat hygiene including humane treatment, handling and slaughter of animals and inspection of meat products. **CVMA provided specific suggestions to the humane slaughter of animals** in a letter to Mr. Richard Arseneault, Executive Director, Domestic Food Safety Systems and Meat Hygiene Directorate, CFIA. Visit the news section of canadianveterinarians.net for more information.

THE LATEST REVISED CVMA POSITION STATEMENTS

The following revised position statement was approved in March 2017 and is available un-

der the *Policy & Advocacy* section of the CVMA website:

Transportation of Dogs and Cats

SCIENCE AND KNOWLEDGE

2017 ANIMAL HEALTH WEEK ONLINE ORDERING IS OPEN

We have been celebrating Animal Health Week for more than 30 years and this year we want to emphasize the importance of **Animal Welfare**. This year's theme, ***Animal Welfare: Safeguarding the Five Animal Freedoms***, highlights the five basic freedoms animals require to survive and thrive: adequate shelter, proper nutrition, appropriate veterinary care, proper socialization, and the ability to exhibit normal behaviours. Take advantage of the **Early Bird deadline, July 21, 2017**, for a chance win a **\$100 Subway gift card!** Those who order through the **online system** will also receive a chance to win **additional prizes**. Ordering closes on **August 4, 2017**. Visit canadianveterinarians.net for more information.

CANADIAN VETERINARY RESERVE (CVR)

The CVR was involved with the Public Health Agency of Canada in the Beyond the Border project, coordinating emergency preparedness and response in the United States and Canada, for both humans and animals. As an outcome of this project, the

CVR is now hosting 16 online emergency preparedness modules provided by the US Department of Health and Human Services free of charge.

The CVR held its annual call-up drill in March, which involved CFIA and Emergency Management British Columbia. The drill tested the response of reservists and the operational readiness of the CVR. The CVR embarked on a recruitment campaign and added 65 reservists over the past few months, reaching a total number of 278; the aim is to reach a total of 300.

2017 WORLD RABIES DAY: RABIES: ZERO BY 30

World Rabies Day lands on September 28 of each year. At the global conference on rabies elimination in 2015, a common goal of **zero human deaths from canine rabies by 2030** was agreed upon by the World Health Organization, World Organisation for Animal Health, UN Food and Agriculture Organization, and Global Alliance for Rabies Control (GARC). Visit the GARC website at rabiesalliance.org/world-rabies-day to find information on how to organize your own World Rabies Day event. Use #WorldRabiesDay for event promotion.

2017 CMA AWARD WINNERS

The CVMA would like to recognize the following individuals who were **presented with awards** during the **AGM and Awards Luncheon** at the CVMA Convention on July 13, 2017:

Dr. David Condon
Small Animal Practitioner Award

Dr. Stephen LeBlanc
Merck Veterinary Award

Dr. Anne McDonald
CVMA Humane Award

Mona Campbell Centre for

Animal Cancer

CVMA Practice of the Year Award

Dr. Jeanne Lofstedt
CVMA Life Membership

Ms. Elizabeth Hartnett
R.V.L. Walker Award

Dr. Bob Bellamy
CVMA President's Award

PRACTICE AND ECONOMICS

THE 2017 REPORT ON VETERINARIANS IN GOVERNMENT, INDUSTRY AND ACADEME IS NOW AVAILABLE

Every year, the CVMA, in partnership with the Ontario Veterinary Medical Association (OVMA) and the Canadian Animal Health Institute (CAHI), conducts a national survey of Veterinarians Employed in Government, Industry and Academe (GIA). The results enable GIA veterinarians to compare their earnings, hours and benefits with peers. The survey provides a unique opportunity to gather valuable information, ensuring a successful economic future for GIA veterinarians. Please contact the CVMA (admin@cvma-acmv.org) to access this report.

THE 2016 NEW GRADUATE SURVEY REPORT

Every year, the Students of the Canadian Veterinary Medical Association (SCVMA) report on a survey conducted of new graduates from Canada's five veterinary schools. This report's objective is to inform current DVM students, recent graduates, and other veterinary professionals about the current Canadian veterinary workforce conditions. Access the report under the News & Events section of canadianveterinarians.net.

NON-DVM WAGES AND TRENDS ACROSS CANADA

On the heels of a strong year for many veterinary hospitals across the nation, non-DVM staff are sharing in the spoils, with wage gains outpacing inflation. **Data on non-DVM wages** are collected through the provincial Practice Owners Economic Surveys. Non-DVM staff are grouped by job title, allowing for an accurate comparison between similar employees in different provinces. Read more under the News & Events section of canadianveterinarians.net.

CASL: THE IMPLIED CONSENT TRANSITION PERIOD ENDED ON JULY 1. WHAT DOES IT MEAN FOR YOU?

The majority of Canada's Anti-Spam Legislation (CASL) and the associated regulations came into effect almost three years ago, on July 1, 2014. Provisions in CASL related to unsolicited installation of computer programs or software came into force on July 1, 2015. **The special transition period for implied consent ended on July 1, 2017**. This was a one-time transition period of three years. After July 1, 2017, only implied consent arising from a relationship which ended on or after July 1, 2015 (i.e., two years) will be valid. Visit fightspam.gc.ca for more information.

MEMBER BENEFITS

NEW CVMA PETCARD PROGRAM – FINANCING OPTIONS FOR YOUR CLIENTS AND EXCLUSIVE BENEFITS FOR YOUR PRACTICE

Petcard and the CVMA are pleased to offer members the **CVMA Petcard Program**, providing convenient, affordable **financing options** you can offer

your clients for treatments or products as well as exclusive, special benefits, incentives and rewards for your practice. This program is only available to veterinary practices in Canada owned in whole or in part by active CVMA members. Email Petcard at info@petcard.ca or call 1-888-689-9876 for more information.

SAVE ON HOME AND AUTO INSURANCE WITH CVMA'S GROUP INSURANCE PLAN

The Personal Insurance Co. offers **CVMA members exclusive group rates, additional discounts and benefits** on home, automobile, recreational vehicle and travel insurance with no-hassle claims and fast convenient service from knowledgeable agents. The Personal Insurance Co. has made insurance even easier for you with **Alert; real time notifications on your smartphone** if water leakage is detected. Plus, get the water and freeze detector free! The Personal App also features Online Services, where you can manage your policies or file a claim anytime, anywhere! Please call the Personal Insurance Co. at 1-866-860-CVMA (2862) for more information.

THE CVMA AND GOODLIFE FITNESS PARTNER OFFERS MEMBERS DISCOUNTED GYM MEMBERSHIPS

The CVMA now offers the CVMA-GoodLife Fitness Corporate Discount Program for CVMA members. The CVMA corporate membership can **save you up to 44 per cent** off regular individual membership rates. Visit the News & Events section of canadianveterinarians.net for more information or to join the program.

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.

CLASSIFIED ADS

For complete, up-to-date listings, look for Classifieds under News & Information on the SVMA website.

LOCUMS WANTED

SASKATOON

POSTED: TUESDAY JULY 18, 2017

Stonebridge Veterinary Hospital in Saskatoon is looking for locum or part time veterinarian to join its team of veterinary care givers. The hospital is excellently equipped to handle all routine medical, surgical, and dental cases. The applicant must possess good leadership qualities, be a team player, able to work independently and dependable. Those that require mentoring will be considered also.

Please send all resumes to stonebridgevets@sasktel.net. Telephone: 244 2815. Fax: 244 2817

YORKTON

POSTED: WEDNESDAY MAY 31, 2017

Wanted: Locum or part-time veterinarian wanted for 1 week a month or 2-3 days per week. Mixed or small animal practitioners welcome. Clinic is equipped with digital radiology, dental cart, Vet ABC and Vetscan blood machines.

Contact: Marie Slipiec, Yorkton Animal Health Centre: yorkvet@sasktel.net Ph: (306) 782-6620

VETERINARIANS REQUIRED

EARL GREY

POSTED: MONDAY JUNE 26, 2017

Earl Grey Veterinary Services is accepting applications for a full time veterinarian to join our growing mixed practice (65%small/35%large) immediately. Clinic is located in the small friendly community village of Earl Grey, about 35 minutes from Regina.

We are a progressive practice looking for someone to join our supportive and dynamic team. New graduates are welcome to apply. We offer paid CE allowance, paid association fees, group health benefits, insurance and a clinic vehicle on top of a competitive wage, and attractive on-call incentives and employee discounts! We currently have a complete in-house lab, digital radiography, equine power float, laser therapy and ultrasonic dental equipment.

Are you an energetic team player? Do you have superior communication skills and a passion for veterinary medicine? Do you want a rewarding career in a small rural community that you can call home? You will want to manage and run your own clinic one day, why not get started and take the first step now. Call me and I can explain how to do this.

Dr Debbie Hupka-Butz Earl Grey Veterinary Services 109 Assiniboia Avenue Earl Grey, Sask. Phone 306 939 2264 Email: egvets@sasktel.net

ELROSE

POSTED: TUESDAY JULY 18, 2017

Even though we are in rural Saskatchewan, people say we are in the middle

of Everywhere! We also have the best clients and support staff on the planet. So if are thinking of mixed practice as a career choice, we have a competitive wage package, negotiable call schedule and mentorship if needed. We even have references from former mentorship and veterinary students and locums who have worked here. We look forward to meeting you! Call 306-378-2252 or send your resume to elrosevetservices@sasktel.net

LLOYDMINSTER (AB)

POSTED: WEDNESDAY JUNE 7, 2017

Lloydminster Animal Hospital\South-side Vet Clinic is looking for a full time veterinarian to join our busy, well established, two clinic practice. We are 7 experienced veterinarians, with a full complement of exceptional technicians and support staff.

We are a progressive mixed animal practice that offers an excellent opportunity for a dedicated veterinarian to learn and grow their career to the next level. We would also consider an experienced small animal veterinarian to fill this position with negotiable on call hours.

We are located on the Alberta\Saskatchewan border in Lloydminster, a city that is full of shopping, restaurants, plenty of year round recreation and we are close to many beautiful lakes. We offer a competitive wage, professional dues, and a generous CE budget, medical, dental and vision care benefit package.

If this sounds like an opportunity that you would like to explore further, please forward your resume and cover letter to Georgette Wawryk, Practice Manager Lloydminster Animal Hospital gwawryk@lah.ca 780.875.5733

MELFORT

POSTED: TUESDAY JUNE 13, 2017

We might fit the lifestyle you want... come home from a satisfying day of practice with the Aurora Borealis highlighting the forest above your house in the winter. Take off on a perfect summer afternoon and take a hike or paddle in one of the beautiful lakes. Every outdoor activity you might love. Come work at the mixed animal practice voted Best Business in 2016 & 2017 and recipient of the Community Involvement Award, in a smaller city that has many of the benefits of a larger one; Melfort, Saskatchewan. A clinic that prides itself on care and great medicine, we have room for a vet to grow with us. Full or part time positions available to suit the needs of life outside of practice.

Staff discounts, medical, CE and scrub allowances, personal growth education, lifestyle flexibility. Salary commensurate with experience and ability.

About us: a rural practice; new

construction, fully equipped, paperless, tech savvy, fast-paced clinic with alternative and conventional medicine. We have a team of upbeat individuals who pride themselves in the care and service that we provide. We are located a short drive from the largest center in Saskatchewan and the home of the Western College of Veterinary Medicine.

Contact Janine Kernalaguen RVT VPM at janine@gatewayvet.ca

MELVILLE

POSTED: MONDAY MAY 29, 2017

We are seeking a great team member! Part time or full time veterinarian position open for the candidate who seeks to be part of a team of exceptional and abundant support staff (our staff enjoy monthly potlucks!) in a mixed animal practice that excels at being forward-thinking, technologically advanced and fully progressive.

Interested in mentorship with a flexible on call schedule? Perhaps it's every third weekend on call and a few nights a month (or you can take more as compensation is paid for all calls seen outside of regular business hours). Low after hours call volume exists (average 3 to 5 calls per week!) in mixed animal practice (65 % SA and 35% LA)

We have an amazing newly built facility with in house DR xray (portable unit for all animals), DR dental xray and full dental cart, In house lab for CBC, CHEM and more (fructosamine, phenobarb etc). The majority of LA obstetrical cases are handled in clinic.

There is the potential to earn more than \$80 000 per annum with paid licensing fees, continuing education allowance, group insurance plan (health, life and disability), staff discounts and more! We are also willing to assist with relocation costs.

Melville is a great, growing community with ample opportunities for family members to seek employment, play (regional and provincial parks are not far away, lots of kid and adult activities and sports) and enjoy life outside of work! This is not small town living and this is not your typical rural mixed animal practice!

Please call Dr Deana Schenher at 306-728-2633 for more information! Visit www.melvillevet.com and check us out! We are also on Facebook and twitter!

MOOSE JAW

POSTED: TUESDAY JULY 18, 2017

Bellamy Harrison Animal Hospital (BHAH) is seeking to hire a sixth full-time veterinarian in our exclusively small animal practice. We are located in the thriving and friendly community of Moose Jaw, population of 35,000, within 40 minutes of Regina, Saskatchewan's provincial capital. We are a progressive practice with half the management team under 40. Potential

future buy-in may be a possibility for the right candidate. New graduates or seasoned applicants alike are welcome. The practice is equipped with an in-house laboratory, digital direct radiography, digital dental radiography, high speed dental unit and ultrasound.

We offer an above average salary, paid continuing education, licensing fees, and insurance. BHAH takes great pride in offering exceptional care, in a friendly and enjoyable work environment. (We are just down the street from a great coffee shop!)

To help cover the cost of relocating we will offer a \$2000 bonus to help cover the move. In addition, we are offering a \$5000.00 signing bonus. Our multi-doctor practice allows for a team approach to challenging cases. Check us out by visiting our website at www.bhah.com. Be sure to view our video section. You never know- you could become a "star" in the next Just Like You video!!

Contact Dr. Bob Bellamy, Bellamy Harrison Animal Hospital, 790 Lillooet Street, Moose Jaw, Saskatchewan S6H 8B4; phone: (306) 694-1639; fax: (306) 694-1920; e-mail: b.bellamy@sasktel.net

PRINCE ALBERT

POSTED: THURSDAY JULY 6, 2017

A full time qualified veterinarian required in our small animal practice. We have two veterinarians, an office manager, RVT veterinary tech, veterinary medical assistant and kennel assistant. We are equipped with Cornerstone practice management software, digital radiography, including dental, Surgi-Vet Advisor monitor and ultrasonic dental unit.

We offer a competitive salary and benefits package. Prince Albert is located close to the lakes and numerous recreational opportunities.

Please apply to: South Hill Animal Clinic, attention Dr. Arlene Just (306) 764-3011 or ahsh@sasktel.net

Redvers, Kipling and Carlyle posted: Wednesday June 21, 2017

Head for the Hills Veterinary Health Services is looking for veterinarians to join our team in Southeastern Saskatchewan. With locations in Redvers, Kipling and Carlyle, Head for the Hills can provide the successful applicant with attractive on call scheduling, and cases that appeal to that veterinarian's interests. Our location near Saskatchewan's Moose Mountain Provincial Park and Lake Resort provides summer and winter recreation, and is a beautiful place to live!

Every location has excellent, friendly support staff. The facilities have on-site laboratory equipment, digital radiology equipment, isolation wards, and modern handling equipment. The position would be a flexible mixture of small and large animal work with a competitive salary and benefits. For more

information on our three clinic locations and services please contact us.

Contact Information: Dr. C. Ewert Hill DVM Phone: (306)452-7867 Email: head4thehillscarlyle@hotmail.com

REGINA

POSTED: MONDAY JUNE 19, 2017

Sherwood Animal Clinic in Regina, Saskatchewan is currently looking to hire a mixed animal practitioner. New grads are welcome.

Sherwood Animal Clinic is 60% companion animal, 35% equine, 5% bovine. The clinic is fully computerized with digital dental and portable x-ray, Ultrasound and endoscopy with in house lab for CBC, chemistry, fibrinogen, PTT, etc. Licensure and CE is paid by the clinic, on call schedule is shared between veterinarians.

If you are looking for a fun, enthusiastic work environment with great mentorship, please apply to Sherwood Animal Clinic, attention Dr Larry Hanson, 306-525-3763 sacadmin@sasktel.net

REGINA

POSTED: FRIDAY JUNE 16, 2017

Proud to Make a Difference! Saskatchewan's largest non-profit, open admission shelter, leading with progressive spay/neuter, adoption, foster care and animal protection programs, is looking for a temporary full-time Associate Veterinarian. Part-time hours may also be considered. This is a fabulous opportunity for a dedicated veterinarian to join our lifesaving team to make a difference for homeless, abused and neglected animals.

The ideal candidate will possess shelter medicine background with strong herd management skills to support Western Canada's newest and most rapidly growing shelter hospital. It is the first shelter hospital in the province of Saskatchewan offering in house shelter animal care, high volume sterilization clinic and partnering with the city of Regina to offer a subsidized sterilization program.

We offer regular weekday hours with significant technician support, no after-hours emergencies and limited client contact. We provide a significant community service to reduce the overpopulation of unwanted pets and improve their welfare in our community. Competitive salary, comprehensive medical, dental and vision care benefits package, continuing education, dues and uniform allowance are provided. Contact: Dr Katherine Ball, Interim Director of Veterinary Care, Regina Humane Society Phone: 1-306-543-6363 ext 233. Email: kball@reginahumane.ca

REGINA

POSTED: MONDAY MAY 29, 2017

Airport Animal Hospital is an AAHA accredited hospital seeking a veterinar-

ian to join our fast-paced companion animal practice. We are looking for an enthusiastic team player who embodies our vision, "We care for you like family" by helping create a welcoming, stress-free environment for our patients and clients. While providing exceptional patient care and customer service, we work together in a positive, approachable, supportive, and respectful way. We are fully equipped with digital x-ray, digital dental x-ray, digital lab equipment, surgical laser, therapy laser, ultrasound, ultrasonic dental unit and have transitioned to electronic medical records.

Benefits include a great health/dental plan, paid license dues, continuing education, team discounts on services and products, RRSP plan and scrub allowance. Salary is commensurate with experience.

To apply, please send a resume and cover letter to Cheryl Holtz, 4645 Rae Street, Regina, Saskatchewan, S4S 6K6, or by email: administration.aah@sasktel.net. For additional information about our hospital, please visit our website at www.airportanimalhospital.ca or check us out on facebook. We look forward to you joining our team!

SASKATOON

POSTED: TUESDAY JULY 18, 2017

Stonebridge Veterinary Hospital in Saskatoon is looking for locum or part time veterinarian to join its team of veterinary care givers. The hospital is excellently equipped to handle all routine medical, surgical, and dental cases. The applicant must possess good leadership qualities, be a team player, able to work independently and dependable. Those that require mentoring will be considered also.

Please send all resumes to stonebridgevets@sasktel.net. Telephone: 244 2815. Fax: 244 2817

SASKATOON

POSTED: THURSDAY JUNE 15, 2017

The Department of Veterinary Pathology at the Western College of Veterinary Medicine invites applications from academically qualified veterinarians AND FINAL YEAR VETERINARY STUDENTS for a three-year MSc with residency in anatomic or clinical pathology.

E-mail: elemir.simko@usask.ca (Graduate chair) OR: angela.turner@usask.ca (Program Coordinator)

SASKATOON

POSTED: WEDNESDAY JUNE 7, 2017

Our veterinary clinic is looking for new team member. We are now accepting applications for a small animal veterinarian to join our team in the Saskatoon area. By providing our veterinarians with the most up-to-date tools and in-house diagnostic capabilities, and a great support team, we are able to offer

our patients excellent veterinary care. Full in-house laboratory, well equipped dental with digital radiography, digital radiography and ultrasound.

Personal and professional growth are very important to us and encouraged. Compensation is commensurate with experience and includes production bonuses and CE allowance. Please forward your cv / application to smallpetdoc@gmail.com

WATROUS

POSTED: MONDAY JUNE 26, 2017

Watrous Animal Hospital is looking for a qualified Veterinarian to fill a part-time mixed animal practitioner position for January 2017 (one year maternity position with the potential to become permanent.)

Our clinic is located in Watrous, Sk. The Town of Watrous is a community of approx. 2500 people, 110 km southeast of Saskatoon and 175 km northwest of Regina. Watrous Animal Hospital performs 60% small animal 40 % large animal veterinary medicine. We have 3 Veterinarians, 2.5 RVT's, 2 Receptionists and a Kennel Assistant. We offer high quality veterinary medicine using modern equipment (digital x-ray and digital dental x-ray, bovine reproductive ultrasound, dental cart, in-house Abaxis blood machines)

We are looking for an enthusiastic veterinarian who is looking to further their career in rural practice. Must be efficient and value high quality medicine while developing strong client bonds in a fun and supportive team environment. We allow and encourage our employees to pursue their interests and develop specialties.

We offer competitive salary (based on experience), CE allowance, clothing allowance, paid licensing dues, staff discounts, health & dental plan, group RSPs and most importantly...a enjoyable and supportive work atmosphere.

Please send resumes or direct inquiries to Holly Couture watrousanimalhospital@gmail.com 306-946-3657

TECHNOLOGISTS REQUIRED

EARL GREY

POSTED: TUESDAY JULY 18, 2017

Earl Grey Veterinary Clinic is a mixed practice situated about 40 miles north of Regina in a small friendly community. Our practice does approximately 60% small animal medicine/surgery and 40% large animal medicine/surgery. Our team currently consists of 2 full time veterinarians, 1 part time veterinarian, 2 RVTs, 1 office manager and 1 receptionist/VOA.

We are seeking applicants who are enthusiastic, organized, self-motivated and possess both reception and technical skills. The successful candidate must be dedicated and a hard-working team player who excels at client communica-

tion and wants to improve their clinical abilities and knowledge.

We are offering competitive wages, medical/dental benefits, CE allowance/paid association membership and a staff discount program. Looking for someone who wants to be part of a supportive and fun team!

Please email cover letter and resume to egvets@sasktel.net, phone 306-939-2264 (Michelle or Debbie), or mail to Earl Grey Vet Services, Box 51, Earl Grey, Sask. S0G 1J0.

PRINCE ALBERT

POSTED: WEDNESDAY JULY 5, 2017

We are a small companion animal clinic in Prince Albert, SK. and have an opening for a veterinary technician for full time employment. Applicants must be reliable, have a mature, positive attitude, excellent communication skills and work as a team member. The successful applicant must have a Vet Tech Certificate. Experience with Cornerstone practice management software is preferred, but not required. If you are interested in working with us, please contact us by email or fax. Email: ahsh@sasktel.net Fax: 306-763-0216

SASKATOON

POSTED: MONDAY JULY 10, 2017

Executive Director Position The Saskatchewan Association of Veterinary Technologists Inc. (SAVT), a Not For Profit Corporation engaged in promoting the Veterinary Technology profession, is recruiting an Executive Director for an initial one year contract.

The Executive Director is responsible for overseeing the administration, finances, programs, member and stakeholder communications, marketing and strategic planning for the SAVT, a 500+ member organization. The Executive Director performs a liaison role with the Saskatchewan Veterinary Medical Association (SVMA) and would ideally have a solid understanding of the Veterinary profession. The Executive Director must have:

- transparent and high integrity leadership skills
- non-profit corporation management experience
- proficient written and verbal communication skills
- financial management skills – data entry, budget preparation, cost analysis and reporting
- The Executive Director will have knowledge of:
- collaborative decision making processes
- networking strategies for relationship building with members, sponsors, industry partners, and other VT Associations in Canada
- Computers - to manage website development, access and maintenance; social media platforms

- Software programs – accounting, word processing, publication, presentation and spreadsheet
- Teleconferencing platforms – Skype, Webex, or similar

The Executive Director reports directly to an elected Board of Directors and will align the work performed by staff, volunteers, and the Board of Directors with the SAVT Vision and Mission statements. The Executive Director will perform work from either a homebased office or from an office sharing arrangement. A limited amount of travel is required.

The Salary Range is \$48,000-\$54,000/ year. Qualifications:

- A Bachelor's degree, or Diploma in Business Management, or equivalent experience
- CAE certification, or eligibility for certification

Applications may be submitted to president@savt.ca. All applications must include a cover letter, indicating how the required knowledge, skills and abilities have been attained, a Resume or Curriculum vitae and an expectation of remuneration. Applicants who have been selected for an interview will be contacted. For additional information, visit www.savt.ca.

PRACTICES FOR SALE

SHAUNAVON

POSTED: FRIDAY JUNE 23, 2017

A well established, very successful mixed veterinary practice for sale in southwest Saskatchewan. The clinic

was established in 1970 and has been operated by Dr. Ken Cadieux since that time. Presently it is 60% large animal and 40% small animal with the majority of the work being done in-clinic. The large animal portion being mainly cow/calf involves large numbers of semen tests, pregnancy tests, calvings and caesarean sections. The small animal clientele is ever increasing. The clinic is presently operated by one veterinarian but realistically could support at least two practitioners. The clinic serves a very wide area and there is much room for expansion.

The clinic is located immediately south of the town of Shaunavon, a very progressive town with much to offer. The town of about 1750 offers excellent schools, recreation facilities, a hospital, churches, all professional services as well as great hunting and fishing. The town's comprehensive website can be accessed at <https://shaunavon.com>. For further information email Dr. Ken Cadieux at cadieux@sasktel.net or call 306-297-9205.

EQUIPMENT FREE FOR THE TAKING

MOOSE JAW

FREE: 3 reagent packs for ABC Hematology Analyzer. Reagent packs were an unfortunate part of a cancelled lease agreement. Seems like a waste to throw them away. So if you own your Analyzer give us a call, only cost will be to cover shipping. Bob Bellamy- Bellamy Harrison Animal Hospital 306-694-1639 Look forward to hearing from you—if

nothing else we can talk about how crazy lease agreements linked to reagent purchases can be.

Please contact Bob Bellamy 306-694-1639 Cell 306-631-1455 Fax 306-694-1920

SASKATOON

FREE!

- Filing cabinet. Does not lock.
 - Toner for a Dell Printer 1320c
 - 3 black cartridges
 - 1 magenta cartridge
- Lorraine Iserhienko@svma.sk.ca 306-955-7860

EQUIPMENT WANTED

REGINA

POSTED: WEDNESDAY JUNE 21, 2017 Looking for used equipment in order to furnish a small animal clinic. Items needed include, but are not limited to, autoclave, microscope, surgery table, digital X-ray unit, surgery light, anesthetic machine, etc. Please contact Dr Kaylee Blerot at 306-560-3345 or at wagginwheelzvet@gmail.com

VOLUNTEERS NEEDED

LA RONGE

Service Learning Group of the WCVm. Our next spay/neuter and wellness clinic is planned for August 18th – 20th, 2017 in the La Ronge area. We are looking for keen veterinarians to assist us with running this clinic.

This trip is expanding on our past work in the area and will be part of

the Remote Clinical Practice rotation offered to 4th year students at the WCVm. Students will work to achieve several learning outcomes in areas such as anesthesia, surgery, wellness, cultural awareness and community engagement. We will also include formal outreach activities such as talking to children in the community and involving volunteers from the community in our event. In addition, there may be Sask Polytech RVT students present at this event who will benefit from the learning opportunities.

The goals of the event are community outreach and education, education of our veterinary and RVT students, and assisting the communities with identifying and reaching goals concerning pet population control and public health challenges. As with our past clinics, we do not expect to match the pace or volume of other such clinics, however this event gives vets and techs the opportunity to be involved in teaching, learning and experiencing the north while contributing to positive change in the community.

If you are interested in helping out, please contact us. We look forward to your participation and contribution in continuing to build and foster strong relationships with pets and their families in this area.

Prospective volunteers can contact Dr Jordan Woodsworth at the WCVm at wcvmservicelearning@gmail.com for further information.

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For more details contact:
Saskatchewan Association of Veterinary Technologists
Nadine Schueller, RVT
Toll Free: 1.866.811.SAVT (7288)
Toll Free Fax: 1.855.861.6255
Email: savt@savt.ca

Highdent™ New Colours



Introducing Sunshine and Mystery to your Clinic!

We are pleased to announce the bright new colours available for 2017! **Sunshine Yellow** and **Mystery Purple** are both available for all models of Highdent dental units.



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