Canine Influenza
Clinical Signs and Diagnosis

+ Some Feline Respiratory Infections Can Cross Species Lines

+ Preventive Legal Health: Legal Risks of Bad Veterinary Recordkeeping

+ Learn the Signs (and Sounds) of Kennel Cough in Dogs

THE FEAR FREE® INITIATIVE:
Happy Pets Are Just Good Business
Includes an Exclusive Interview with Dr. Marty Becker, DVM
American Veterinarian™ is a print and digital news publication that provides veterinarians, veterinary technicians, and veterinary assistants with the latest information in veterinary medicine, including:

- Diagnosis
- Treatment and prevention of species-specific diseases
- Product and recall information
- Case studies
- Client education, and
- Legal and regulatory updates.

www.americanveterinarian.com
Feature

08 Clinical Signs & Diagnosis of Canine Influenza
Nicola Parry, BVSc, MRCVS, MSc Dip. ACVP
Dr. Nicola Parry discusses the importance of performing additional tests for the disease since only about 5% of dogs develop clinical signs.

Interested in contributing to American Veterinarian? If you’d like to submit an article for consideration in an upcoming issue, please e-mail Danielle Mroz at dmroz@clinicalcomm.com.
Time to Take Care of Those Who Take Care of Us in Our Times of Need

Given the recent tragedies that have occurred across the globe and here at home, we need to take a step back and focus for a moment on family. For many of us, our families are the backbones of our lives, the people we turn to in times of need. Yet, it is all too easy to take our family members for granted, particularly the four-legged members. We’ve all heard too often, “It’s just a dog,” or “It’s just a cat;” however, in these volatile times of violence and unrest, many of us are turning to a pet for emotional support.

Research has shown that pets can provide comfort to individuals struggling with illnesses in the hospital and at home. Pets can provide not only emotional support, but also physical support as service animals for those with disabilities and some diseases. In addition, some of these animals are serving on the front lines, in our military and other public service organizations, to help increase national security and keep us safe.

Our pets provide us with unconditional love and support, and we have a responsibility to ensure that we are doing our best to provide these animals with the high quality care they deserve.

In this issue of American Veterinarian, we examine how veterinarians are creating Fear FreeSM practices, an initiative designed to reduce anxiety in animals when they come into the veterinary office and increase their interest in going to the vet, in the first place. By promoting a calming environment and removing anxiety triggers for the animal, the veterinarian is able to complete a more thorough exam, making the visit a more rewarding experience for the vet, the client, and most importantly, the animal.

When vet visits are less anxiety-inducing, clients are more likely to bring their pet to be examined regularly, giving veterinarians the ability to provide better patient care to the animals and preemptively address issues before they get worse. As the companion animal industry continues to grow, and more and more individuals are turning to their pets for support, we need to ensure that we are providing them with the same quality of care that they give to us.

Thanks for reading!

Mike Hennessy, Sr.
Chairman and CEO
The latest news, personal finance, practice management, and lifestyle stories designed for veterinarians.

Veterinarian’s Money Digest™ is an online business and finance journal for today’s veterinarian. The site provides a daily dose of practice management, personal finance, and lifestyle stories designed to keep you up-to-date in a rapidly changing health care landscape. It features a mix of news updates, columns, and expert advice from veterinary and financial professionals.

Visit www.VMDtoday.com Today!
Building Relationships

This is an exciting time to be in veterinary medicine as we are seeing a renewed focus on animal health. Because of our unique skills and experience, we are also being called upon to provide valuable insight and recommendations on public health initiatives and contribute to solving many of the devastating problems impacting human medicine: Zika, cancer, and antibiotic resistance. In addition, the world is experiencing a growing shift towards the principles of the One Health initiative, adopted by the American Veterinary Medical Association (AVMA)\(^1\), and evidenced by the growing attendance at conferences, such as Zoobiquity. Like all professions, veterinary medicine will continue to evolve to meet the demands and challenges of a continuously evolving society.

When I was approached to serve as the editor-in-chief of a new publication for veterinary health professionals, I was intrigued, and wondered how this publication might be different from what is already available to members of the veterinary industry. How will this publication bring value to the veterinary profession? Upon learning that the publication will, in part, be guided by the principles of the One Health Initiative, and that its veterinary authors would partner with human medical professionals recognized in their respective fields to build articles that span professions, I was “in.”

My role as editor-in-chief will be collaborative. I am eager to bring together medical experts from all fields to discuss the different facets of our approach to human, animal, and environmental health. We will create articles of value for our communities that will best serve to improve patient outcomes, across multiple disciplines. To that end, I am excited about the prospect of working with the brightest minds in healthcare. Many of you can expect to hear from me in the coming months to build more content for our print publication and website.

This issue of *American Veterinarian™* focuses on respiratory infections in companion animals. The first Medical Focus article takes a look at canine influenza that has been hitting the Midwest, and the second Medical Focus article provides information on feline respiratory infections that can cross species lines. The Client Education piece provides information veterinarians can use to help discuss infectious tracheobronchitis, otherwise known as “kennel cough,” with their clients. The Business Focus section provides the “ins and outs” of Fear FreeSM clinics and features an interview with the founder of the “Fear Free Initiative,” Marty Becker, DVM. Finally, this issue’s Legal Focus article provides a valuable reminder on recordkeeping practices that we all should be following.

I hope that you enjoy this issue of *American Veterinarian™*. Be sure to visit the website to stay up-to-date on news in the field and be on the look-out for articles in collaboration with our human medicine colleagues in the weeks to come.

Best regards,

Charlotte Lacroix, DVM, JD

Editor-in-Chief

**REFERENCE:**

**PRODUCT FOCUS**

**HemaBlock**  
Marketed by: Vet Brands International, Inc.  

**Indication:** HemaBlock is a simple, safe, and effective sterile hemostatic powder designed to control arterial, venous, profuse, and diffuse bleeding from a wide variety of surgical, dental, and topical procedures, like biopsies (liver, spleen, pancreas, etc), spays and neuters, lobectomies, mass removals, amputations, orthopedic surgeries, eye enucleations, and neurosurgery. Leftover HemaBlock can be used in nonsterile areas where bleeders or seepage are present. HemaBlock is also effective and safe for routine use to control bleeding during tooth extraction and other dental procedures, as well as seepage along suture lines, dew claws, tail docks, de-claw, nail trims, injuries, and topical wounds, or anywhere else to aid in hemorrhage control.

**Important Safety Information:** HemaBlock is a dependable method of hemostasis with 100% plant-based technology, which does not irritate or strain. HemaBlock’s plant origin reduces the possibility of adverse reactions that could occur with other hemostatic products of animal origin. The MPB/OC matrix quickly degrades by endogenous amylase and pyrase, leaving no residue to act as a nidus for infection or adhesion formation, virtually eliminating any chance of granulomas. Total absorption of the clot will occur within a few days after it is enclosed in the wound.

For More Information: www.hemablock.com

---

**VETROSON ILLUMINATOR 30K Ultrasonic Scaler**  
Marketed by: Summit Hill Laboratories  

**Indication:** The VETROSON ILLUMINATOR 30K Ultrasonic Scaler is uniquely designed to provide excellent visibility to all areas of the oral cavity, and features a light source built into the handpiece that has a light-transmitting glass sleeve which transmits the light directly to the operator site. The VETERSON ILLUMINATOR Ultrasonic Scaler uses 30k inserts; the unit also functions with the VETROSON, nonilluminated 30k inserts.

**Important Safety Information:** The Illuminator is designed to accept only 30k inserts. The Perio 30k Illuminator insert must be used from the “Perio” to the “Medium” power level. It is used exclusively under the gums. It should not be used from the “Medium” to “High” setting. Setting the unit on a lower power setting (Perio) will not reduce illumination intensity. Inserts must be scrubbed to remove debris, either by hand or with a brush or in an ultrasonic cleaner. Use nonammoniated detergent or dishwashing soap, followed by a cold water rinse. Do not use ammoniated cleansers or disinfectants to sterilize the Illuminator inserts.

For more information: www.summithilllaboratories.com

---

**ZIMECTERIN Gold**  
Manufactured by: Merial Limited  

**Indication:** ZIMECTERIN Gold combines ivermectin, a leading ingredient that controls a wide variety of parasites, with praziquantel, an ingredient that specifically controls tapeworms. Together, they provide excellent equine parasite control. ZIMECTERIN Gold is approved to control more species and stages of equine parasites than any other brand, including benzimidazole-resistant small strongyles. It controls a total of 47 species and stages of equine parasites in all. ZIMECTERIN Gold was the first dewormer approved by the FDA to effectively control tapeworms (Anoplocephala perfoliata) with a single dose. Tapeworms have been recognized as a significant threat to the health of horses.

**Important Safety Information:** Not for use in humans. Keep this and all drugs out of reach of children. In horses, there have been rare reports of swelling and irritation of the mouth, lips, and tongue following administration of ZIMECTERIN Gold. These reactions have been transitory in nature. Do not use in other animal species, as severe adverse reactions, including fatalities in dogs, may result.

For more information: www.zimecterin.com
Although dogs were typically considered to be refractory to infection with influenza A viruses, two canine influenza virus (CIV) subtypes—H3N8 and H3N2—have emerged in the past 12 years. Studies have shown that H3N8 CIV originated from cross-species transmission of an equine influenza A virus subtype H3N8, while H3N2 originated in avian species. 

CIV has, therefore, now been added to the list of several pathogens with a causative role in the canine infectious respiratory disease (CIRD) complex (CIRDC). However, although CIRD is typically associated with mild to moderate, self-limiting upper respiratory tract (URT) infection, outbreaks of canine influenza have resulted in significant morbidity and mortality in affected dogs.

**CANINE INFLUENZA VIRUS SUBTYPE H3N8**

H3N8 CIV was first identified as a novel canine pathogen after the first recognized outbreak of canine influenza in the world, which occurred in 2004 in racing greyhounds in Florida. It was also later associated with outbreaks of acute respiratory disease in racing greyhounds and other dogs in other states.

**CANINE INFLUENZA VIRUS SUBTYPE H3N2**

H3N2 CIV was first identified in the United States in 2015, after an outbreak of canine influenza—which began in March in dogs in Chicago—affected more than 1,000 dogs in the Midwest. From March 8, 2015, to February 2, 2016, H3N2 CIV has been identified in 30 states.

Studies have shown that H3N2 CIV can infect both dogs and cats, and although rare, feline infection with CIV has been documented in the United States. In particular, at one Indiana shelter in early 2016, multiple cats with signs of URT tested positive for H3N2 CIV. The virus was also shown to be able to spread from cat to cat. However, there is no evidence, to date, of transmission of CIV from dogs to people, and no cases of CIV infection in humans have been reported.

**TRANSMISSION OF CIV**

CIV is highly contagious, and dogs of all ages and breeds are considered susceptible to infection. The virus spreads from dog to dog by both direct contact (via aerosolized droplets from coughing or sneezing) and indirect contact (via fomites, such as contaminated bowls). The incubation period is 2 to 5 days. Peak viral shedding occurs about 2 to 5 days after infection, but before the onset of clinical signs, making it difficult to prevent transmission to other dogs. In particular, such environments as boarding kennels, daycare facilities, and animal shelters—in which many dogs are in close contact, often in a restricted space—allow for rapid viral spread.

**CLINICAL MANIFESTATIONS OF CIV INFECTION**

About 80% of dogs infected with CIV show clinical signs. Two clinical syndromes have been described: a mild URT form and a severe lower respiratory tract form. Most infected dogs develop the mild form of the illness, which is usually self-limiting. It manifests with clinical signs associated with viral infection of the URT: cough for 10 to 30 days, nasal discharge, and low-grade fever—followed by recovery in 2 to 3 weeks. However, coinfection with other CIRDC pathogens—such as *Pasteurella multocida*, *Mycoplasma* spp, or *Streptococcus* spp—may also occur and lead to purulent nasal discharge.

One percent to 5% of infected dogs
MEDICAL FOCUS

Emma E. Bernhard, DVM, MS, DACVP, is passionate about veterinary education and serves on the American College of Veterinary Pathologists’ Examination Committee and Education Committee.

Nicola Parry, BSc, MSc, BVSc, Dip. ACVP

Dr. Parry graduated from the University of Liverpool, England, in 1997, and is a board-certified veterinary pathologist. After 13 years working in academia, she founded Midwest Veterinary Pathology, LLC, where she now works as a private consultant. She is passionate about veterinary education and serves on the Indiana Veterinary Medical Association’s Continuing Education Committee. She regularly writes continuing education articles for veterinary organizations and journals, and has also served on the American College of Veterinary Pathologists’ Examination Committee and Education Committee.

REFERENCES:


Cats can transmit several different respiratory pathogens to humans. Recognizing these diseases can help veterinarians appropriately treat feline patients and counsel clients about preventing zoonotic transmission.

**PLAGUE**

*Yersinia pestis* is a gram-negative, facultative anaerobic, rod-shaped, nonspore-forming coccobacillus that causes plague. Cats typically are infected by contact with infected rodents or rabbits or from the bite of an infected flea. Bubonic plague, the most common form of plague in cats, is characterized by fever, lethargy, anorexia, and lymphadenitis in a single node or a cluster of nodes.

Cats with primary systemic plague do not present with focal lymphadenitis, but typically develop tachycardia, diarrhea, vomiting, and respiratory distress syndrome. They can also develop secondary pneumonic plague, which tends to cause diffuse necrotizing interstitial pneumonia. Thoracic radiography reveals destruction of the lung architecture and, in some cases, pulmonary abscess.

Secondary pneumonic plague in cats is a serious public health risk because of the potential for respiratory droplet transmission to humans. There has been at least one case of a human who died from primary pneumonic plague acquired from contact with an infected cat. Cats can also bring fleas infected with *Yersinia pestis* into the home or a shelter, where they can bite humans and other animals. Cats with suspected *Yersinia pestis* infection should be hospitalized, especially if they show signs and symptoms of pneumonia. Cats should be isolated for at least 48 to 72 hours after beginning appropriate antibiotic therapy and until they improve clinically.

**TULAREMIA**

*Francisella tularensis* is a highly infectious, gram-negative coccobacillus transmitted by a dog tick (*Dermacentor variabilis*), wood tick (*Dermacentor andersoni*), lone star tick (*Amblyomma americanum*) and, in the western United States, deer flies (*Chrysops species*). Cats are highly susceptible to infection by these routes or by consuming infected tissue. They may be asymptomatic or present with acute fever, lymphadenopathy, anorexia, dehydration, draining abscess, oral or lingual ulcers, pneumonia, hepatomegaly, and splenomegaly.

Cats can readily transmit tularemia to humans, most often through bites or scratches, but also through droplet transmission or exposure to secretions. Asymptomatic infected cats can also infect humans. Veterinarians should consider tularemia in cats with acute febrile illness, especially if they hunt wild prey.

Among humans, the case-fatality rate for untreated tularemia is up to 30%. To prevent zoonotic transmission, cats with tularemia should be isolated and cases should be reported to the local public health department.

**LUNGWORM**

Lungworm in cats includes infections with *Aelurostrongylus abstrusus*, *Oslerus rostratus*, *Troglostrongylus species*, *Capillaria aerophila*, and several *Paragonimus* species. Infections can be asymptomatic or may cause mild to severe respiratory disease, presenting as productive cough, mucopurulent nasal discharge, dyspnea, tachypnea, pleural effusion, pneumothorax, and respiratory failure.

*A. abstrusus*, the most common lungworm among domestic cats, is host-
specific. However, *C. aerophila* often infects cats and can be transmitted to humans and dogs through contact with feces containing embryonated eggs.\(^8,9\) *Paragonimus* are also zoonotic, but humans are only infected by consuming raw or undercooked crabs or crayfish, the second intermediate host.\(^8\)

Veterinarians should consider lungworm in outdoor cats, especially if they present with pulmonary hypertension and right-sided heart failure.\(^9\) In general, the best way to prevent lungworm infections is to keep cats from preying on hosts and counsel clients regarding feecal-oral transmission.\(^8,9\) In humans, capillariosis causes productive cough, bronchitis, hemoptysis, fever, dyspnea, and pulmonary lesions.\(^10\)

**BORDETELLOSIS**

* Bordetella bronchiseptica, the small aerobic coccobacilli that cause kennel cough, can be transmitted from both cats and dogs to humans through respiratory droplet transmission.\(^11,12\) However, zoonotic transmission is uncommon, unless human patients are immunocompromised.\(^11\) In one review of eight human cases of *B. bronchiseptica* transmission over a 15-year period, three cases involved cat exposure, including exposure to a coughing cat.\(^11\) The human patients typically had serious comorbidities that increased their susceptibility to infection, including chronic obstructive pulmonary disease, cystic fibrosis, and AIDS.\(^11\) Symptoms in humans ranged from bronchitis to severe pneumonia, but none were fatal.\(^11\)

**PASTURELLOSIS**

* Pasteurella multocida*, a gram-negative coccobacillus, is a commensal organism of the oral cavity in cats. However, *P. multocida* can also cause subcutaneous abscesses, secondary respiratory infections, and pyothorax in cats.\(^13\) Humans can acquire *P. multocida* infection not only from bites or scratches, but also from close contact with secretions or contaminated aerosols.\(^13\)

In one recent report, three humans developed life-threatening *P. multocida* infections after providing intensive palliative care for their dying dogs and cats.\(^14\) None of these cases involved a known bite or scratch. In one case, an owner became infected after both she and her dying pet consumed honey from the same dropper.

Although such cases are rarely reported, they may be more common than the literature indicates. It is only possible to establish an epidemiologic link by taking a very detailed history, according to Joseph Myers, MD, FACP, FIDSA, professor of internal medicine at Northeast Ohio University, who reported the nonbite pasteurellosis cases.

**PREVENTIVE MEASURES**

Cases of cat-human zoonotic respiratory transmission underscore the importance of isolating cats whenever they are in the acute stages of respiratory infection. In addition, veterinarians should reinforce common sense messages about infection control, particularly when owners are caring for ill animals, Dr. Myers emphasized. Pet owners should consistently wash their hands before and after contact with these animals and should avoid exchanging oral secretions with pets.\(^\star\)

**REFERENCES**

A hissing, spitting cat hiding in its carrier can strike fear in the heart of even the most seasoned veterinarian, while the silent puppy averting its eyes brings a sigh of relief for an easy exam. Both animals are exhibiting signs of fear and should be cause for concern.

It is not surprising that animals in the clinic exhibit higher respiration, temperature, heart rate, and blood pressure, as well as different behaviors, than at home, since they are in unfamiliar surroundings with strange people and other animals. The floors can be slippery. There are strange sounds and smells, and even a well-meaning pat can be potentially unwanted attention.

A study, by Bayer Healthcare, found that patient visits have been substantially declining despite increases in pet ownership, which may be a result of the 38% of dog owners and 58% of cat owners who report that their pets hate going to the veterinarian. However, it doesn’t have to be this way.

A paradigm shift is happening in veterinary medicine. Although the physical aspects of care will always be at the forefront, the emotional well-being of animals is now recognized as an important contributor to good health. Reducing pet stress, anxiety, and fear associated with visits to the veterinary clinic has spurred the embrace of the Fear FreeSM Initiative. At the center of the initiative is the realization that fear leads to permanent changes in the brain, specifically the region of the amygdala. This means that a puppy or kitten’s first experiences with a veterinarian stays with it for life. Therefore, while examinations require contact that may not be entirely pleasant, there is much that can be done to reduce the risk of a fear response. By employing techniques that reduce stress, the cortex can override the amygdala, which can lead even older animals that are fearful from previous experiences, to learn that the veterinary clinic is a good place.

The principles of the Fear FreeSM Initiative may be different than what you are currently doing in your practice to reduce stress. Adopting them needs to be pervasive, but not necessarily difficult or expensive to implement. However, committing to establishing a Fear FreeSM clinic must be a conscious effort that is embraced by everyone in your practice. Below are some of the approaches to creating more relaxed visits for your patients.

**MODIFY THE ENVIRONMENT**
- Play low-volume, mellow music, and eliminate extraneous noise
- Eliminate bright overhead lights; use targeted lighting instead
- Paint the office in muted tones
- Avoid using disinfectants with strong odors
- Spray species-specific pheromones and have catnip or treats readily available
- Place nonslip bath or yoga mats on exam tables

**CONDUCT MORE THOUGHTFUL EXAMINATIONS**
- Speak softly and start by talking to the
client first, to allow the pet to acclimate to the room
• For larger animals, conduct the exam on the floor
• Go slowly, proceed with the exam as the animal presents different body parts, and provide frequent treats; a dog trained to give his paw offers you the opportunity to exam it
• Allow the animal to remain on the client’s lap for noninvasive procedures, such as temperature-taking

TRAIN ALL STAFF TO RECOGNIZE AND ADDRESS FEAR
• Ask the client about their pet’s level of stress; they are the experts in identifying fear in their own animal
• Allow the animal to approach the staff, and avoid direct eye contact
• Offer treats almost continuously, especially to distressed animals
• Do not be afraid to suggest rescheduling the appointment if the animal is overly stressed

MANAGE THE RECEPTION AREA
• Create dog- and cat-only zones
• Minimize wait times
• Place scales away from other waiting patients

ADMINISTER ANTI-ANXIETY AND PAIN MEDICATIONS
• Sedate the animal instead of using forceful restraint
• Use topical lidocaine for blood draws and other semi-invasive procedures

EDUCATE CLIENTS ON HOW TO PREPARE THEIR PET FOR THE VISIT
• Request that clients bring pets when they’re hungry so they’re more receptive to treats
• For cats and small dogs, instruct clients on the appropriate carrier for their pet, and provide instructions on training their pet to tolerate the carrier
• For larger dogs, suggest the client bring their pet to the clinic, outside of appointment times, to help the pet get familiar with the unique environment

Implementing some of these strategies may not only reduce the patient’s stress—a noble pursuit in its own right—but will demonstrate to the client that you sympathize with their pet’s feelings. Subsequently, you will gain a more loyal client who is less hesitant to bring in their pet for a visit.

Dr. Jonathan Bloom, DVM, medical director of the Willowdale Animal Hospital in Toronto, Canada, has found that since adopting Fear FreeSM methodology, his practice has gained clients and he has even seen an increase in visits, while other veterinary practices have not. He believes that by creating a Fear FreeSM environment, you eliminate one of the greatest barriers clients face when deciding whether or not to bring their pet into the clinic, an animal that does not want to go. Furthermore, becoming Fear Free may help with employee retention. As Deborah Breitstein, DVM, who has employed Fear FreeSM practices since opening Animal Health Care of Marlboro, in Englishtown, New Jersey, in 1992, stated, “If the animals are not stressed, then the clients are not stressed, and the employees are not stressed.” Dr. Bloom adds that “staff morale has never been higher, staff has never been happier and never more engaged,” since embracing the Fear FreeSM Movement.

If you are interested in joining the Fear Free Movement, the American Animal Hospital Association, in conjunction with the North American Veterinary Community (NAVC), has been offering Fear FreeSM Certification since April 2016. Applicants will need to complete an 8-module online course through the VetFolio platform (www.vetfolio.com) and take an exam after each module. A veterinarian will be able to call their practice Fear FreeSM Certified when a minimum of two staff members have successfully completed the program. The certification will last for a period of 3 years. If you would like to learn more, an introductory course on Fear FreeSM veterinary visits, by Dr. Marty Becker, is currently available on VetFolio for 1 Continuing Education credit.

REFERENCES

Meredith Rogers, MS, CMPP

Meredith Rogers has a bachelor of science degree in animal health from the University of Connecticut and a master of science degree in microbiology and molecular genetics from Rutgers University/UMDNJ. She received certification as a Medical Publication Professional from the International Society for Medical Publication Professionals in 2013 and has more than 19 years of experience creating medical, veterinary, and scientific content for a variety of healthcare audiences, including doctors, nurses, pharmacists, veterinarians, and patients. She lives in Kingston, New Jersey and shares her life with a horse, a dog, and a cat, so animal health is always a top priority and a passion for her.
To learn more about the Fear FreeSM Initiative, American Veterinarian™ spoke with Marty Becker, DVM, also known as, “America’s Veterinarian.”

WHEN AND WHY DID YOU START THE “FEAR FREE® INITIATIVE”? I cannot take credit for starting the “Fear FreeSM Initiative.” I’m a passionate popularizer and gatherer of resources. The topic of emotional animal welfare was discussed as far back as 30 years ago, but we didn’t pursue it. At that time, many of the traumatic procedures we were doing to animals were only stopped because of the danger to the veterinarian—we were not considering the damage to the animal. We were treating their emotional trauma as collateral damage. It wasn’t until, at a meeting in Victoria, BC, Dr. Karen Overall lectured on how “fear is the worst thing that a social species could experience” that I had an awakening and started to stand up and take notice of thinking of the welfare or emotional well-being of the animals we were treating. What a shock to find out that we were making life worse for pets! We took an oath to make life better; to prevent or relieve animal pain and suffering… not cause it by what we were doing or not doing! Nowadays in human medicine, they coddle the patient and try to make them as comfortable as possible, particularly in pediatrics. As veterinarians, we are pediatricians for life.

The Fear FreeSM advisory panel actually put this [the Fear FreeSM Initiative] together with input from the greatest icons in behavior and medicine; from Temple Grandon to experts in pediatric care, geriatrics, internal medicine, end-of-life care experts, Zoo veterinarians, and even architects. But, it should be emphasized that the bedrock upon which Fear FreeSM is built are board certified veterinary behaviorists; they alone have the education, training, and experience to make sure this important transformation of companion animal practice is science-based.

WHAT GUIDES FEAR FREE® PRACTICES? People hate to take their pets to the vet. Even veterinarians, nurses, and other hospital team members don’t like to take their own pets to the vet. Why? Because of the stress to the pet, [which leads to] the stress to the client. The pet owners, therefore, start to say that it’s not [financially and emotionally] worth the hurt to their pet and the hassle, and so they don’t take their pets to be examined.

Now, contrast this with taking a pet to a place like PetSmart or Petco and the difference is staggering. The pet loves to go to these places. Why? The pet is surrounded by toys, friendly faces, and receives treats! The pet owner is more than happy to take their pet to these places because it makes them happy and there’s no hassle. As a result, clients are paying more for day care, high-end grooming, nutrition, and not to going to vet visits. And pet store employees, groomers or kennel workers become the de facto pet health expert.

As veterinarians, we have a responsibility to look after the well-being of pets and animals. Not just the physical wellbeing, but the emotional wellbeing as well. The only way we can do that is to examine the animal. To examine the animal, they either have to come into the office, or we have to go to them, and that means that the experience needs to change to become a positive one for both the animal and the client. We need to teach animals to WANT to have their nails trimmed—to WANT to have their ears examined. The veterinary office needs to become an arena where the pets actually want to go (dogs) or is at least neutral not negative (cats).

WHAT CAN HAPPEN WHEN CLIENTS DON’T TAKE THEIR PETS TO THE VET? Because clients do not want to go through the hassle, they are diagnosing their pets on their own through “Dr. Google,” and this can have devastating results. In the last 2 years in North Idaho Hospital, I’ve seen four cases where the pet owner was seeing vomiting or diarrhea in their pet and an internet search told them that their pet ate something it shouldn’t (so-called dietary indiscretion or garbage gut). These clients, therefore, withheld food and water and then gave the animal Kapectate or Pepto Bismol and something bland to eat once the symptoms subsided; all because of “Dr. Google’s” advice. What had actually happened was that one dog had gotten into a case of rat poison. As a result of not being seen by a veterinarian, the dog died.

In another case, the dog had bloat, which we all know can be a serious condition. Again, the client consulted the internet instead of bringing the animal to be examined. The dog’s stomach ended up rupturing, and the dog died. In another case, the dog drank some antifreeze. Again, the dog died. In yet another, the dog had an intestinal foreign body, ruptured intestines, and an abdomen full of pus. Again, the dog died.

We cannot treat or cure what we don’t see. And that’s the great thing about Fear Free. Pet owners who had stopped coming in, start coming in again; and pet owners who were visiting less frequently, start coming back in more often.
The veterinarian is the true pet health expert and there is no substitute. The clients need to understand that their pets cannot tell them where it hurts or how they got sick. Additionally, pets don’t want to tell you they are hurt because it’s inherent in them to keep it quiet. Because in the wild, hurt pets are preyed upon (sick = supper). Only veterinary professionals have the education, training, and experience to not only diagnosis problems, but look past obvious diseases or conditions to emerging or potential problems.

HOW CAN A VET MOVE TOWARDS A FEAR FREE™ PRACTICE?

We need to work to remove anxiety triggers for the pet. We know through Fear Free™ that if we look at the physical and emotional well-being of the animal at every visit, every day, everybody wins. And, it’s so rewarding for the veterinarian, the client, and most importantly, the pet. They get the healthcare that they deserve.

At first, it might seem like it might be too expensive or time-consuming. But it ends up being neither because you spend even less time on positional compliance or Gentle Control. You do not have to remodel your practice or the exam rooms—you have to remodel your voice or your animal handling procedures. Start simple. Find one or two things that you want to start with and then try it out.

Start out with requiring pets to come to the office when they are hungry and then reward them in the office with high-quality foods, such as baby shrimp or hot deli turkey. Last Thursday, we had two dogs that didn’t want to leave the exam room. They just wanted the treats. They were asking, “Where’s the next treat?”

Start the magic carpet ride of natural pheromones in their carrier, then the car, then the clinic, on you, the staff, and your instruments. Give the pet the choice of where they want to be examined. Don’t think that you have to put them on a high table that’s cold. Instead, maybe you can put them in a heated baby blanket. Start at the tip of the tail and work forward and use Clipnosis prior to examining an anxious cat’s mouth. Modules that have been developed by vets and pet experts are available on (www.fearfreepets.com) and CE credits are included.

WHAT ARE YOUR HOPES FOR THE FEAR FREE™ INITIATIVE IN THE FUTURE?

I want to see a pet adopted from a Fear Free™ shelter, that goes to a Fear Free™ home, who recommends a Fear Free™ trainer, groomer, etc. and the animal is Fear Free™ for life.

We think of our animals as our children and it is high-time that we looked at the stuff that keeps them thriving, physically and emotionally.

Fear Free™ is the biggest transformation for companion animal practice. We say it’s: Every pet. Every practice. Every visit. Every day.

This is our chance to do what’s right, and “Do well by doing good.”

ABOUT

Dr. Becker is an adjunct professor at his alma mater, the Washington State University College of Veterinary Medicine, and also at the Colleges of Veterinary Medicine at both Colorado State University and the University of Missouri. Additionally, he has lectured at every veterinary school in the United States, and is on the advisory board of World Vets, an international veterinary and disaster relief program to help animals. Dr. Becker was the resident veterinary contributor on “Good Morning America” for 17 years. He is currently a member of the Board of Directors of the American Humane Association as well as its Chief Veterinary Correspondent, a founding member of Core Team Oz for “The Dr. Oz Show,” and a member of the Dr. Oz Medical Advisory Panel.

Dr. Becker also serves as the Chief Veterinary Correspondent for the American Humane Association, with a strong focus on supporting their efforts to end the use of gas chambers in animal shelters, a cause for which he has successfully advocated since his earliest days as a veterinarian. His special fondness for older pets has led him to a spot on the Advisory Board of The Grey Muzzle Organization, which is dedicated to helping homeless senior dogs. He practices at North Idaho Animal Hospital because he loves veterinary medicine, pets, and the people who care for them.
If you’ve had a dog with kennel cough, you’ve heard the sound: a dry hack often followed by retching or gagging. Some people describe it as sounding like a cat hacking up a hairball. Kennel cough is usually mild and self-limiting, but sometimes it causes more severe illness.

WHAT IS KENNEL COUGH?
Kennel cough is the common name for infectious tracheobronchitis, a bacterial or viral infection that produces inflammation of the airways (trachea and bronchi). It is spread through respiratory secretions, and dogs can be exposed either through sneezing or coughing, or from contact with contaminated surfaces. Stress and poor hygiene can make dogs more susceptible to infection. Contact with any infected dog can lead to kennel cough, but dogs are most at risk when they are housed together in groups in:
- Animal shelters
- Boarding kennels
- Dog day care facilities
- Dog training facilities

WHAT ARE THE SYMPTOMS?
Most cases of kennel cough are not serious, although the cough can sound a bit alarming. Symptoms of mild kennel cough include the following:
- Harsh, dry cough
- Clear, watery discharge from the nose
- Normal or slightly reduced appetite
- Normal activity level

The cough usually begins 5 to 10 days after exposure and can last up to 3 weeks. In some dogs, especially puppies and those with compromised immune systems, kennel cough progresses to a more severe form. Dogs with complicated kennel cough are at risk of pneumonia or even death. The complicated form produces the following symptoms related to secondary bacterial infection or lung involvement:
- Moist, productive cough
- Thick white or yellow discharge from the nose
- Fever
- Loss of appetite
- Reduced activity level

WHAT CAUSES KENNEL COUGH?
As with the common cold in people, kennel cough can be caused by many different organisms. Mixed infections are likely, especially in dogs with complicated kennel cough. Some dogs are carriers who show no symptoms but can potentially infect other dogs.

The most common cause is *Bordetella bronchiseptica*. This bacterium is closely related to *Bordetella pertussis*, which causes whooping cough in humans. In one study, *Bordetella* was found in nearly 80% of dogs with symptoms of respiratory disease and in nearly half of healthy dogs.
with no symptoms. Other bacteria and many viruses can also cause kennel cough or secondary infections associated with it. Some of the viruses involved include the following: 

- Canine parainfluenza virus
- Canine adenovirus
- Canine distemper virus
- Canine respiratory coronavirus

**HOW IS KENNEL COUGH TREATED?**

Dogs with mild kennel cough may need nothing more than home care, including rest and good nutrition. Contact with other dogs should be limited to keep the disease from spreading.

Depending on the history and clinical signs, your veterinarian might recommend chest x-rays and bloodwork to evaluate the extent of the disease and rule out other causes of coughing. Your veterinarian may prescribe an antibiotic effective against *Bordetella* or other bacterial infections. (Remember that antibiotics are not effective against viruses.) Cough suppressants are not routinely used, but your veterinarian may suggest one; however, do not give your dog a cough suppressant without consulting your veterinarian. Dogs with complicated kennel cough may require hospitalization.

**HOW CAN KENNEL COUGH BE PREVENTED?**

There are 2 ways to reduce the chance that your dog will get kennel cough: avoidance and vaccination. If you keep your dog away from other dogs by avoiding dog parks, boarding kennels, and so forth, the risk of transmission will naturally be lower.

Vaccination does not always prevent the disease entirely because so many different organisms can be involved, but it usually reduces the severity of symptoms. Vaccines against canine distemper virus and adenovirus 2 are core vaccines that the American Animal Hospital Association recommends for all dogs. Vaccines against *Bordetella* and canine parainfluenza virus are recommended for dogs that may be exposed to infection. Discuss your dog’s exposure risk and vaccine schedule with your veterinarian.

**WHAT ELSE COULD BE CAUSING MY DOG’S COUGH?**

Contact your veterinarian if your dog has a persistent cough. A wide variety of conditions, too many to list in full here, can cause coughing:

- Tracheal collapse
- Reverse sneeze (not a true cough)
- Respiratory irritants
- Heartworm disease
- Pneumonia
- Other infections (bacterial, viral, fungal, or parasitic)
- Foreign object in the throat
- Heart disease
- Cancer

**CAN MY DOG GIVE ME KENNEL COUGH?**

Transmission to humans is rare, but possible. *Bordetella bronchiseptica* infection has been reported in people with compromised immune systems, such as organ transplant recipients and cancer patients. Infection in humans can cause serious disease or no symptoms at all.

**CAN MY DOG GIVE MY CAT KENNEL COUGH?**

*Bordetella bronchiseptica* can indeed infect cats, although this is not common. As with other species, cats carrying *Bordetella* may or may not have any symptoms of respiratory disease. In theory, your cat could actually give kennel cough to your dog. However, this is probably more of a concern in animal shelters than in households.

**REFERENCES**

The veterinary industry is ingrained with the concept of preventive care as the best method to provide quality healthcare for patients. The approach of preventive care, however, applies to the entire veterinary practice and not just patient health—a term I refer to as “preventive legal health.” Preventive legal health is using legal best practices to keep your business free from illness or injury. Much like the vet who only sees a patient when sick, my firm is often called to the veterinary practice as a necessary evil to deal with a problem that could have been resolved with routine preventive measures. At the forefront of best practices for preventive legal health is proper recordkeeping.

To veterinarians, “records” are most often associated with patient charts, but can include any record utilized in the business, such as human resource documents, policies and procedures, client and patient notes, invoices and statements, inventory, controlled substance logs, surgery and anesthesia logs, radiographs, etc. To attorneys, business records inevitably become synonymous with “evidence” used to prove something did or did not transpire. The lack of evidence leaves a situation open to interpretation as to what truly transpired—for this reason, attorneys are ingrained with the principle, “If it is not in the record, it did not happen.” In veterinary practice, proper recordkeeping is a must and should follow the guidelines listed below. (“Real-world” examples have been included after each guideline to aid in proper understanding.)

**RECORDS MUST BE COMPLETE, ACCURATE, AND MEANINGFUL**

Records should be written in a manner such that a relief veterinarian could open the patient chart and be brought up to speed. Notes made in cryptic shorthand should be avoided. If shorthand is routinely used in your practice, a written abbreviation chart, which includes both well-known and lesser-known abbreviations, needs to be a part of your office policies and procedures. In addition, complete and meaningful recordkeeping involves using consents and waivers (see below) to ensure that proper informed consent and recommendations have been given and recorded.

**Example:** Doctor A works in a fast-paced practice. To keep up with appointment times and scheduling, Doctor A uses the following objective shorthand for recordkeeping following an appointment: PE: LE, M, BAR, BCS 6/9, sore abdomen, DECL HWT RADS. Although most veterinarians are knowledgeable about many abbreviations (ie, Physical Exam [PE], Bright/Alert/Responsive [BAR], Body Condition Score [BCS]), they might not have picked up on “Limited Exam” (LE) or “muzzled” (M), which could result in physical injuries to the next doctor if the animal was muzzled because it posed a danger to the first doctor. Best practices would be to use your database software to create alerts for dangerous pets and to incorporate modifiable, routine notes so that they are meaningful to anyone reading the chart. Records must generally be “adequate and sufficient” pursuant to most
LEGAL FOCUS

veterinarian codes of conduct.1

Additionally, although recording a doctor’s notes regarding declined recommendations, such as heartworm tests or radiographs, by using “DECL HWT RADS” is better than nothing; best practices dictate that the client sign an “Against Medical Advice” form or “Waiver” to record that they have provided informed consent of not following medical recommendations. Remember: If it is not in the record, it did not happen.

RECORDS MUST BE TIMELY

For records to be admissible as evidence, they must have been made “at or near the time” of the event they describe.2 The law starts with the presumption that records made while the information is the most fresh are also more truthful and accurate.

Example: Doctor A does not have time to complete patient charts until the end of the week. Doctor B completes patient charts at the end of the day. Doctor C completes patient charts throughout the day, following each examination or procedure. If Doctors A, B, and C all made the exact same record, the law would generally favor Doctor C’s records as the most credible, whereas Doctor A’s records may not even be admissible for the doctor to say what did or did not transpire. As a result, Doctor A’s records of treatment will be open to interpretation to what the client remembers.

KEEP REGULAR AND UNIFORM BUSINESS ACTIVITY RECORDS

For records to be admissible as evidence before a court and most other tribunals (such as a board of veterinary examiners), they must be regularly and uniformly kept in the ordinary course of business.2

Example: Hospital A is extremely busy with routine spays and neuters. To save time and expense, the hospital does not have an assistant or tech complete anesthesia monitoring records during surgery. Instead, the hospital policy is to record only adverse events, which are extremely uncommon. The result: not only are the records irregularly kept and most likely inadmissible to prove something did or did not happen, if the records were subpoenaed, they would show that all spays and neuters resulted in adverse events because those are the only records that exist.

RECORDS MUST BE AUDITED AND UNIFORMLY ENFORCED

Policies and procedures for recordkeeping must also be routinely and uniformly enforced.

Example: A receptionist was terminated for failing to obtain a “Consent for Surgery” form and made a claim for unemployment benefits. The hospital produced a signed training manual as well as a signed policies and procedures manual illustrating surgery consents were to be obtained for any procedure requiring sedation/anesthesia. The hospital also produced the receptionist’s previous history of complying with the policy. The result was a denial in unemployment benefits because the receptionist failed to follow a clear and uniformly enforced policy or procedure.

RECORDS MUST BE WRITTEN AND SIGNED

A verbal record, contract, or authorization is open to various interpretations. Veterinarians need to use proper waivers and consents and obtain a client’s signature. Memories may fade over time, but written and signed documents are the best evidence of mutual understanding.

Example: A receptionist failed to obtain a dental consent form when the patient was dropped off, and the client verbally consented to a dental procedure, but declined dental radiographs. During the procedure, the patient’s jaw is broken due to reasons that may have been observed on radiographs. The client will most likely receive remuneration if (s)he later claims lack of informed consent or that (s)he had requested radiographs, since the lack of a written record leaves the recollections after the occurrence open to interpretation.

Listed below are the most typical hospital forms we recommend in all practices:

• Against Medical Advice
• Consent for Surgery and Anesthesia
• Consent for Treatment (Drop Off)
• Dental Consent
• Euthanasia and After Care
• Medical Records Release Authorization
• Restraint by Owner
• Waivers for Declined Services
• New Client Form
• Estimates
• Promissory Note
• Employment Agreement
• Relinquish Pet Authorization
• Volunteer/Internship Agreement
• Authorization to Use Patient Photos and Videos for Advertising Purposes

Preventive legal health encapsulates an understanding on the veterinarian’s part that records are not solely for medical purposes. Records are evidence that must comply with certain legal principles.3

REFERENCES

1. The Kentucky Board of Veterinary Examiners. Kentucky Administrative Regulations: code of ethical conduct 201 KAR 16:010, Section 10. Frankfort, Kentucky: Board of Veterinary Examiners; 2012:15-18.

Anthony A. Mahan, Esq, MBA

Anthony Mahan owns and manages Mahan Law, a firm with a dedicated practice division representing veterinary hospitals through VeterinaryLawyer.com. Mr. Mahan is also co-owner of Riverview Animal Hospital in Bellevue, Kentucky. Apart from being an experienced business and litigation attorney, Mr. Mahan is also an adjunct professor of entrepreneurial and business law at Northern Kentucky University. Mr. Mahan holds a bachelor’s degree in finance from the University of Kentucky, an MBA from Northern Kentucky University, and a law degree from the University of Cincinnati.
The latest news, personal finance, practice management, and lifestyle stories designed for veterinarians.

Veterinarian’s Money Digest™ is an online business and finance journal for today’s veterinarian. The site provides a daily dose of practice management, personal finance, and lifestyle stories designed to keep you up-to-date in a rapidly changing health care landscape. It features a mix of news updates, columns, and expert advice from veterinary and financial professionals.

Visit www.VMDtoday.com Today!