

## MVMA to Host Advanced Surgical Lab on Wound Reconstruction February 18

**Only 15 Spots Available. Register Today!**



MVMA will be hosting an Advanced Surgical Lab on Wound Reconstruction.

Saturday, February 18, 2017

Chesapeake Veterinary Referral Center

10000 Old Columbia Road

Columbia, Maryland

Earn 9 CE Credits - This lab will cover the theoretical and practical aspects of managing more complicated wounds and reconstruction procedures in small animal patients. Basic surgical knowledge is assumed and required for course attendance. **The course is limited to 15 veterinarians.** The cost of registration is \$850.

[Click here for details.](#)

Speakers:

Richard C.F. Burgess, BVM&S, MS, Diplomate ACVS

Daren M. Roa, DVM, Diplomate ACVS

Matthew M. Keats, DVM, Diplomate ACVS

Sakthila Jeyakumar, BVSc, (Hons I), MS, Diplomate ACVS

Dan Henry - Ethicon - Elanco

## American Association Equine Practitioner 2016 Presidential Tour of Duty

by Kathleen Anderson, DVM

As 2016 draws to a close I am frequently asked “How was it?” Simple answer: It was great! As AAEP president I straddled the line between “what is” and “what might be.” These two scenarios are not often black and white but usually a blend of grey – some positive possibilities and other negative realities. Always the primary consideration was relating the issue back to the AAEP Mission **to improve the health and welfare of the horse, to further the professional development of its members and to provide resources and leadership for the benefit of the equine industry** and our **2020 Strategic Plan**. How does the matter affect the health and welfare of the horse? How does it affect our member health and wellness – member value, education, fiscal matters, promotion and advocacy of our profession, and individual wellness both emotional and physical, are all front and center in all decisions. **Communication** is a priority for AAEP. A plethora of electronic communications are sent out to inform members of emerging issues, routine news, opportunities and actions in the works. Mailed media brings the latest peer reviewed science and more updates and of course the CE meetings are the pinnacle of communication. But what about member communication? We listen carefully – the **2015 CE Needs Analysis** was mindfully reviewed and changes made to future CE to implement member wishes. The **AAEP-AVMA Economic Survey** provided much information which will guide the equine veterinary practitioner in the future – key findings will be released in 2017. CE meeting evaluations provide direct and immediate feedback on subject, speaker and locations – all invaluable in future planning. List serve discussions, questions to leadership or the AAEP office with concerns provide touch points for emerging issues – environmental scanning if you will. In this age of instant gratification sometimes the most difficult part of the equation is allowing time for a thoughtful and well informed response – patience is not a strong suite for most of us!

The highlights of 2016? My first Board of Director meeting held at the **18th AAEP Resort meeting** in Barbados in the aftermath of a major blizzard that paralyzed most of the east coast US airports was an excellent kick start to the flexibility that would be needed going forward – an “auctioneer” approach to manning the conference call lines got us through the meeting with half of our officers and directors unable to be present in person! This was followed by travel to Xinqiao, China for an **International Equine Summit** which offered a glimpse of emerging equine veterinary care in that region – fascinating! Imagine the shift required to attend the **AQHA Convention** in Las Vegas the following week!

March and April returned to more local matters with the formation of the **Infectious Disease Committee** tasked with overseeing the EDCC website and serving as a resource for subject matter experts on infectious disease – such as advising on a Biosecurity project in collaboration with USEF/AQHA; continuing efforts on the **AVMA-AAEP Economic Survey** development (more collaboration!); approving the **Practice Life Podcast** series featuring “soft subjects” such as practice dynamics and new graduate support systems; forming a Public Auction Task Force to provide guidance in Public Auction policy as it relates to veterinary procedures; and continued work on the **Performance Horse Task Force** white paper and collaborative education directed at our members and their clients in both the Sport Horse and Western Horse arenas; further developing the **EIPH Research Project** that evolved from the EIPH Expert meeting in November 2015; and maintaining a vigilant eye on the **Dentistry** politics at the state and federal levels.

May and June tackled the elephant in the room – **Racing**. The Triple Crown series inevitably stimulates a renewed focus on medication and safety issues and this year was no exception with **HR 3084** (Barr/Tonko bill) receiving increased discussion. A group of AAEP delegates took the Racing Committee comments to Washington during the **American Horse Council** meeting and met with **Congressman Barr**. This has led to continued dialogue and most recently (November) a meeting with the proposed regulatory agent **USADA** in our quest to understand and position AAEP as an influential entity in this fluid process of racing politics. AAEP has been actively represented either as speakers or as members in a multitude of other racing related entities: **RMTC, ARCI, WSS, JC Roundtable, ROAP**, as well as racing commissions throughout the USA. We are on the front lines and will continue to be proactive in representing the veterinary side of racing.

July and August continued the momentum at the **summer Board meeting** held in conjunction with the **AAEP Foundation Advisory Committee Strategic Planning Session** at the **Focus on the Breeding Shed and Soft Tissue Lameness in the Performance Horse** in New Orleans. From these meetings emerged a renewed commitment to promoting the charitable arm of **AAEP Foundation** with the **My Mentor** scholarship program as our first endowed scholarship.

September and October brought a final round of international travel with the British Equine Veterinary Association (**BEVA**) meeting in Birmingham, England; **Irish Champions weekend in Dublin, Ireland** and the **Mexican Equine Veterinary meeting (AMMVEE AC)** in Queteraro, Mexico. All were wonderful opportunities to network with our international members and explore their challenges which for the most part are the same as those we face in North America – staying abreast of emerging science and technology in equine practice, the work place challenges including student debt and employment and overall health – Europe places a premium on safety and wellness. The AMMVEE meeting was dedicated to **Dra. Aline Schunemann de Aluja** who graduated vet school in 1949 and has played a large role in working equid welfare and veterinary medicine in the 67 years she has remained engaged in practice. It was an honor to meet such a force and converse on matters of the heart and equine health. . . truly an inspiration and role model.

November brought my final dash to the finish at the **Breeders Cup** races at Santa Anita, CA where I had the pleasure of accepting on behalf of the AAEP, the **National Turfwriter's and Broadcaster's Joe Palmer Award** for contributions to the racing industry. This was an honor and certainly reflects the long track record AAEP has with commitment to the health of the horse.

There is no room for complacency, the President's job is simple, "**You must be ahead of time, because if you want to represent the status quo, what do you need leaders for?**" Shimon Perez (1923-2016) It was a privilege to serve the AAEP as a steward the horse and to keep moving the needle in a positive direction for the association

### **Developing Human Potential = Power of Ten**



So you decided to attend Veterinary College. You graduated, Congratulations! Now you're practicing. What's next? What do you want from your hard work and your career? Power of Ten is all about your next move.

The Maryland VMA is preparing an initiative designed to help recent graduates (class of 2010 thru class of 2017) develop foundational skills in leadership, communication and business.

This month the MVMA will select ten participants from a pool of applicants to participate in the Power of Ten Leadership Academy. Participants will join a network of peers in a series of learning experiences that commence in Fall 2017 through Spring 2018—all designed by YOU!

*Power of Ten* will answer questions like:

- I emerged from veterinary school and I'm in practice. How can I get a better grasp on what makes me tick?
- Now that I have a technical staff, how can I form, manage, and lead an effective team?
- Who am I in the bigger picture, and what can I give to my family, my community and my profession that will be my legacy?

We anticipate that the Power of Ten class will also create a sense of community and participants will likely build lasting bonds with other members of the leadership academy class.

The support of your employer is important to your success in this program as you will may miss work days for these important sessions

[Complete the attached application](#) and submit by May 31, 2017:

Fax: 410.268.1322 or Email: [MVMA@KeyAssnMgt.com](mailto:MVMA@KeyAssnMgt.com)

Questions??? Call us at 410.268.1311

### **Veterinary Feed Directive: How Will It Affect Beekeepers and Honeybees?**



The U.S. Food and Drug Administration (FDA) announced a new set of regulations that will affect the way medically-important antibiotics are given to food animal species. Concern over antibiotic resistance—in humans and animals—has moved the FDA to regulate the use of over the counter antibiotics in feed and drinking water.

Effective January 1, 2017, the Veterinary Feed Directive (VFD) will require veterinary oversight whenever antibiotics are given to any food animal species—even if the animal is not intended for food production.

Under the new regulation, both hobbyist and commercial beekeepers will no longer be able to purchase antimicrobials over the counter, and will be required to obtain a prescription for any antibiotic given to their honeybees. This will help promote good beekeeping practices, which is truly the most effective way to prevent and control disease in honeybees.

However, this new requirement may initially present a challenge: Most veterinarians typically do not deal with honeybees and beekeeping.

In an effort to help ease this transition, the Maryland Department of Agriculture is partnering with the University of Maryland and the U.S. Department of Agriculture to host a free seminar for veterinarians that will give an in-depth look at antibiotic use in beehives. This will include discussion of American foulbrood, European foulbrood and other stress-related honeybee health issues. There will also be discussion of sampling techniques and submissions. The seminar will be held on Wednesday February 1st, 2017 from 9am till 12noon. At the Maryland Department of Agriculture building in Annapolis. 50 Harry S. Truman Parkway Annapolis, Maryland 21401

Seating for this seminar will be limited. All interested participants should RSVP to the Maryland Department of Agriculture at 410-841-5920 or [ppwm.mda@maryland.gov](mailto:ppwm.mda@maryland.gov).

## **Compounding Legislation in Maryland: What Does It All Mean for Veterinary Practitioners?**

**by Moira Moynihan**



As of October 1, 2016, legislation that passed in the Maryland 2016 session regarding the use and sale of compounding medications by veterinarians has become effective. Veterinarians now can order compounding medications without patient-specific prescriptions for use in hospital and to dispense for a seven-day use by clients. Obviously this new law comes with benefits and questions for the practitioner. Understanding the purpose and history of this legislation will help practitioners to use it effectively for their patients. The goal of this legislation has always been to benefit the patient by providing timely treatment with medication that was not always immediately available in veterinary hospitals or in local pharmacies. Hopefully this series of questions and answers will help clarify the use of compounded drugs in compliance with this new law.

**Why was the ability to order compounding medications ever restricted in the first place?**

A number of years ago the incidence of contaminated sterile compounding injectable medication caused the death of several human patients. The source of the problem was a compounding pharmacy that was inappropriately compounding medication. This subsequently resulted in litigation and governmental intervention over what was determined to be a poorly regulated and inspected industry. The immediate fallout was to limit the ability of compounding pharmacies to distribute medications. They were encouraged to undergo more inspection and certification and were no longer allowed to dispense these medications without a patient specific prescription. Veterinarians that were previously ordering such medications had their hands tied in being to offer a timely use of such medications either in their hospital or to dispense to patients.

**Are compounded medications different and less expensive than medications produced by pharmaceutical manufacturers?**

The answer to this lies in how these medications are made at the compounding pharmacy. The current requirement by this recent legislation is that a single compounding pharmacy cannot distribute more than 10% of its total volume of pharmaceutical units in the state of Maryland as bulk or raw ingredient. In plain language this means a pharmacy making the medication by bulk ingredient is unable to sell over 10% of its total volume in units of production in the State of Maryland over the course of one calendar year as compared to compounding with medications that are derived from FDA approved Pharmaceutical Companies. It may be less expensive to make medications from bulk form but the law is designed to limit the over use of these medications as less expensive options to FDA approved and inspected medications made by the pharmaceutical companies. The compromise of this law was to insure that the principle of FDA inspection and regulation remains intact and that we are not creating a competing arm of the pharmaceutical industry that unfairly competes and exposes the public/pets to risks of less scrutinized sources of the drug.

**So what am I getting when I ask or prescribe a compounded medication?**

If the medication is compounded to meet a particular need of a patient and the ingredient drug is an available manufactured drug by a pharmaceutical company than compounding should include that ingredient medication in the compounding process. If the drug is not available (ie DES, cisapride, etc) than that compounding is derived from bulk ingredient and is restricted under the 10% rule. Pharmacies are also able to compound bulk medication if there is suddenly an availability problem.

**Am I able to order compounded medications to use in my hospital without a patient prescribed order?**

Yes. You are now able to order compounded medication for hospital use without putting a patient name on the drug ( ie Apomorphine). These can be from bulk if not available by the pharmaceutical companies.

**If I mix medications in my hospital am I breaking the law or violating a practice act?**

No. Licensed veterinarians have always been able to mix approved medications that are not from bulk form in their hospital and for dispensing. This is actually mixing that is not considered compounding and is approved by our Maryland Practice Act. Putting two medications in a single syringe for IV injection as an example is an approved administration method. Mixing topical or ear preparations would also follow this guideline. Keep in mind that a compounded topical medication from a pharmacy takes away a degree of liability that may be more advantageous now that this is available.

**So what limits do I have for dispensing compounded medications?**

The current legislation has a restriction of seven days. The restriction follows the intent that veterinarians are providing medications to their patients in a timely matter and therefore providing a more effective treatment program. It is not supposed to provide the veterinarian the ability to be a retailer of these medications. The patient specific prescription becomes a requirement after an initial medication is dispensed. The seven-day time period is granted to allow time for a client to have the prescription filled by a compounding pharmacy if required for continued therapy or to manage long term.

To note... the seven-day period is the longest to date that has been granted and hopefully allows for a client to research, pay and receive medication by mail or by a local certified pharmacy.

### **Are all compounding pharmacies able to fill a prescription?**

Yes. There is currently the trend to recommend certified pharmacies that have met current government criteria. These pharmacies are becoming more available as pharmacists are seeking certifications. There is a limited number of certified pharmacies in the State of Maryland. The use of out state pharmacies and local pharmacies is still considered a buyer beware public issue and not a veterinary concern.

The Legislative Committee of the MVMA and the lobbyists that represent our association worked diligently to reach what is a better working solution to meet the pharmaceutical needs of our unique and special patients. This hopefully will allow our practice of veterinary practice to be more effective yet compliant with current conditions.

### **Transitional Cell Carcinoma in Canine Patients**

**by Dr. Anthony Calo, Atlantic Veterinary Internal Medicine and Oncology**



One of the most frustrating cases that walks through the door is signs associated with the lower urinary tract disease in an older patient with no prior history of urinary tract infection because this often indicates neoplasia. Clinical signs such as hematuria, stanguria (slow and/or painful urination), pollakiuria (small frequent urination) in this patient often indicate neoplasia of the urinary bladder. The most common neoplastic condition in this location is transitional cell carcinoma. Other less commonly found tumors of the lower urinary tract include squamous cell carcinoma, leiomyosarcoma, fibrosarcoma, rhabdomyosarcoma, hemangiosarcoma, and lymphoma.

Transitional cell carcinoma makes up two percent of all reported malignancies in dogs. It is a highly metastatic cancer with up to 20 percent of dogs having metastatic disease at the time of diagnosis and 50 percent have metastasis at the time if death. The muscle invasive form of the disease is the most common presentation leading to significant local disease. To further complicate matters, the most common site for this tumor is the trigone, the area which the area of convergence of the openings of the

ureters into the urinary bladder and the urethra which leads to the straining to urinate and then partial or complete urinary obstruction.

Transitional cell carcinoma is a most likely to occur in dogs with a median age of ten to eleven years of age. These dogs tend to be smaller with a median body weight of 10 kg (22 pounds). Many studies have determined that females may be a higher risk for the development of this cancer. Finally, there is a higher risk associated with certain breeds. Scottish terrier are considered to have an 18 to 20 fold increase in risk compared to other breeds. Other at risk breeds include Shetland sheepdogs and Beagles which have a three to five fold increase in risk compared to other breeds. Rounding out this list is Wired Haired Fox Terriers and West Highland White Terriers.

As mentioned above, the most common clinical signs include hematuria, stranguria, and pollakiuria. Other less common signs include bone pain secondary to bone metastasis or hypertrophic osteopathy (diffuse periosteal inflammation of long bone secondary to neoplastic or pulmonary conditions). If an older dog of smaller size or of a predisposed breed presents to your clinical, an abdominal ultrasound is indicated as part of the initial work up. If the presence of a urinary bladder is present, then appropriate staging with complete blood cell count, serum chemistry, urinalysis, urine culture and sensitivity, three-view chest radiographs, and is indicated. These tests allow for the assessment of baseline health status and to evaluate for signs of metastatic disease. Once this information is obtained, and as long as there are no contra-indications to moving ahead, then confirming the diagnosis of transitional cell carcinoma is the next step for your patient. It is extremely important to remember that if you see a mass in the urinary bladder, cystocentesis must be avoided as this can lead to seeding the tumor through the wall of the abdominal wall leading to significant disease.

To confirm the diagnosis of transitional cell carcinoma, tissue biopsy is required. Samples can be obtained via surgery, cystoscopy, or traumatic catheterization. The best approach will be dictated by the specifics of the case. For example, if the mass is amenable to de-bulking based on abdominal ultrasound, such as smaller tumors or apical location, then surgery is indicated. Cystoscopy is less invasive and allows for good samples but does not offer any therapeutic benefits. Traumatic catheterization is relatively simple and less invasive but may not offer a large enough sample to secure a diagnosis. Once a diagnosis is defined, then an appropriate treatment plan should be made. Treatments for transitional cell carcinoma include surgery, radiation therapy, and systemic therapy with non-steroidal anti-inflammatory medications and chemotherapy. Surgery is considered palliative and may offer a survival advantage for apical tumors and smaller tumors. Radiation can also be palliative by reducing inflammation and reducing the size of the tumor, but has not been shown to offer an increase in median survival times. Treatment of choice is systemic therapy with Piroxicam, a non-steroidal anti-inflammatory medication, in combination with a mitoxantrone, a chemotherapy agent. Piroxicam alone offers an overall response rate (complete and partial responses as well as stable disease) of 70 percent and a median survival time of 181 days. Deracoxib (Deramaxx) and firocoxib (Previcox) have been shown to be reasonable alternatives to Piroxicam. Piroxicam in combination with mitoxantrone offers an overall response rate (complete and partial responses) of 35 percent and a median survival time of 291 days. Happily, the combination of Piroxicam and mitoxantrone is generally extremely well tolerated with gastro-intestinal upset, myelosuppression, and azotemia being reports as the most common potential side effects. It is important to be familiar and comfortable with these medications before administering them in your clinic. Alternative chemotherapy options include vinblastine, metronomic chemotherapy with chlorambucil (Leukeran), doxorubicin, and carboplatin. Finally, Palladia, a tyrosine kinase receptor inhibitor is showing promise for several types of carcinomas including transitional cell carcinoma.

Overall, this disease is frustrating due to its invasive nature and its high recurrence and metastatic rates. With early detection however, it can be manageable with good quality of life for many months.

## Wellness Risk Factor Study Finds Positive Correlation to VMA Membership

by Elizabeth Strand, PhD, LCSW and Caroline Faust, DVM

### The University of Tennessee/Knoxville, Veterinary Social Work Program

In a recent article published in *JAVMA*, Nett et al. (2016) found that membership in a veterinary medical association is positively correlated with less mental illness and suicidal ideation.

The authors also found that 9.1% of veterinarians were experiencing severe psychological distress at the time of the survey and that 16.7% had contemplated suicide since graduation. These distressing numbers are higher than that of the general U.S. adult population.

The number of veterinarians currently in psychological distress nearly doubles when controlling for membership in organized veterinary medicine (9.3% for members of a VMA vs. 17.5% for those that are not). A similar but less pronounced pattern is seen when examining the relationship between currently married, separated/divorced and never married veterinarians (8.1%, 13.8% and 14.7% respectively).

The authors hypothesized that these patterns may be related to the interpersonal relationships in a veterinarian's life. They go on to cite research that names social support as a positive influence on mental health.

Alternate factors associated with psychological distress were working in shelter medicine and being in practice for less than 20 years. It was unclear from the data if it was age, a change in class selection criteria, or another factor that led to increased risk in younger vets.

Other research questions revealed a disconnect between veterinarians and the general population when it comes to perception of those with mental illnesses and the help available. Psychologically stressed veterinarians were significantly less likely than those similarly afflicted in the general population to state that "People are caring towards those persons with mental illness," and less likely than non-distressed veterinarians to agree that "Mental health treatment is accessible." This perception of a lack of support may be one factor contributing to higher distress levels.

The findings of this study open a pathway to better caring for veterinarians in psychological distress. Veterinary medical associations play an important part in this battle as they provide social support and a vehicle for dissemination of information. Because so many veterinarians in distress perceive that no aid is available, VMAs have the opportunity to step in as helpers. Support systems such as the AVMA's Early Career Online Community and VIN's From the Trenches message board provide practitioners with a group with whom they have similar trials, worries, and sometimes even victories.

If you are experiencing psychological distress, please seek help. If you have suicidal thoughts, please call the National Suicide Hotline at 1-800-273-TALK.

#### Citation:

Nett, R. J., Witte, T. K., Holzbauer, S. M., Elchos, B. L., Campagnolo, E. R., Musgrave, K. J., ... Funk, R. H. (2015). Risk factors for suicide, attitudes toward mental illness, and practice-related stressors among US veterinarians. *Journal of the American Veterinary Medical Association*, 247(8), 945–955. <http://doi.org/10.2460/javma.247.8.945>

## Shelter Life

by Jen Swanson, Executive Director

### **The Humane Society of Harford County, Inc.**

Greetings from the Humane Society of Harford County! Located in Fallston, Maryland, on 26 acres of former dairy farmland, our shelter services the animals of Harford County and the people who love them. Founded in 1946 by Mrs. Elsa Horne Voss, for the past 70 years our organization has worked tirelessly to fulfill its mission to provide temporary shelter, care, and love to all animals that come through our doors, and to provide education to the community about humane treatment of our animal friends. An important distinction is that we are not affiliated with the Humane Society of the United States, and do not receive any operational funding from any national organizations.

Our shelter is “open admission,” meaning that we do not turn away anyone from Harford County who needs to relinquish their pet. While we are a 501(c)(3) nonprofit organization, we have the contract with the Harford County Government to provide care and shelter for animals that come from citizens of Harford County, stray animals found in Harford County, or through animal control, which is operated by the Harford County Sheriff’s Office. This includes cruelty and neglect cases, dogfighting, dangerous animals, and even wildlife. I often say we take in everything from fish to horses! In the course of a year, we see approximately 4,000-4,500 animals come through our doors, and we strive to find adopters or rescue placement for as many of them as possible, of course taking into account our responsibility to place animals wisely and safely into the community.

However, even though we are open admission, we have started implementing shelter intervention programs to try and help people who are looking to give up their pet. This is accomplished through our pet food bank, free behavior consultations, low cost puppy and dog obedience classes, our knowledgebase, and connections to other resources in the community. By keeping pets in loving homes, and reducing our intake, we are able to focus our resources on pets that do come into the shelter through no fault of their own. Partnerships with vets to offer low cost or sliding scale fees can also help tremendously, as so many animals are surrendered due to the inability to afford routine and extraordinary veterinary care. If you’d be interested in partnering with us on this, I’d love to talk to you more!

Speaking of avoidable intake, over 60% of our annual intake are stray pets, and so my personal mission is to promote altering of pets and education about microchipping. While our return to owner rate for dogs is above the national average, at about 50% (national average is 30%), our return to owner rate for cats is just 2% (national average is 3-5%). Encouraging your clients to microchip their pets helps shelters tremendously! Microchipping is just one more way to prevent shelter intake.

In addition to our adoption and shelter intervention programs, we have also recently started implementing enrichment and humane handling programs to provide mental and physical stimulation to animals in our care which aids in keeping them as stress-free and happy as possible during their stay with us. The result is an increase in overall adoptability as well as having the added health benefits. As you well know, stress inhibits the immune response, so keeping our animals calm and happy has multiple advantages. We have thriving volunteer and foster programs (but can always use more!), and offer humane education programs to schools, libraries, and other groups in Harford County. We are

even about to launch a new Read to the Animals pilot program with a class from Homestead Wakefield Elementary School.

Last but certainly not least, we recently opened the doors to our brand new, state of the art 19,000 square foot shelter facility, which replaced the 100+ year old dilapidated farmhouse that housed our operations for the past 70 years. Our new shelter is bright and spacious, with high tech air handling systems to reduce cross-contamination and spread of airborne illness, proper veterinary areas so that we can treat shelter animals in comfort and safety, humane housing for all species, and even two outdoor fenced “catios” (is this supposed to be a play on patio) off of our community cat rooms! We are also very excited to announce that our shelter surgery suite will be up and running soon, so that we will finally be spaying and neutering all animals prior to adoption. As a result we will be phasing out the HASP program soon, but the flipside is that there will be one less barrier to adoption and we can be assured that all of our animals are unable to reproduce, either intentionally or by accident. There are so many wonderful features of this new building, I could go on and on, but the best way to learn about them is to come out for a visit. I would love to welcome you for a behind-the-scenes guided tour at your convenience, and to brainstorm with you on more ways that shelters and vets can work together in ways that benefit everyone! Please feel free to contact me at 410-836-1090 x101 orjen@harfordshelter.org to schedule a visit.

Please visit our website at [www.harfordshelter.org](http://www.harfordshelter.org), where you can sign up for our monthly e-newsletter, and learn more about our programs, services, and events. You can also find and follow us on [Facebook](#), [Twitter](#), [Instagram](#), YouTube and [Pinterest!](#)

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Please visit our website at [www.harfordshelter.org](http://www.harfordshelter.org), where you can sign up for our monthly e-newsletter, and learn more about our programs, services, and events. You can also find and follow us on [Facebook](#), [Twitter](#), [Instagram](#), YouTube and [Pinterest](#)!

## **Mentor Weekend Wrap-Up**

**by Andrew O'Carroll, DVM**



2016 provided us with yet another beautiful trip down to scenic Blacksburg for the annual mentoring program kick-off events at the Virginia-Maryland College of Veterinary Medicine (VMCVM). I have now been participating in this program for six years spanning both my time in private practice and my current position in the public sector. Every year, I highly anticipate the trip and have an absolute blast. It's honestly not just an excuse to see Blacksburg in mid-October, though that's a large perk.

As part of the mentoring program, I make myself available to a handful of veterinary students via phone or email year-round as a source of both career advice and networking. I email them a few times per year to check on them and to invite them to come shadow me at work. Since I am typically paired with students from Maryland, this allows for easier follow-up when they are on break. Since I have students that are interested in a non-traditional career path, I make extra efforts to help with making connections for them. For example, one of my mentees is interested in wildlife practice. While I have no experience in that myself, I make sure to introduce every wildlife veterinarian I meet to this student.

Lastly and most important, the VMCVM hosts an evening BBQ followed by a formal kick-off event the next day where we get to see our mentees in person. It's at this event I really get to know not only the students assigned to me, but many others as well. The students prepare a list of questions for the mentors to answer as a collective to an assigned class of students. The students this year did a great job of providing detailed questions which made clear they have foresight and solid planning skills.

I cannot emphasize enough what a rewarding program this is and what a great time I have year after year. The VMCVM and Virginia Veterinary Medical Association do an outstanding job hosting the events and organizing mentor-mentee matches. The program is incredibly rewarding and can be a real breath of fresh air. Plus, for me, it provides a satisfying sense of giving back to the profession as it helps the students feel additionally welcomed. If you have not already done so, please consider participating in the program. I have no doubt you will find it was rewarding as I have for all these years.

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## Potomac Regional Veterinary Conference 2016 Review



The sixth annual Potomac Regional Veterinary Conference, held at the Omni Shoreham hotel in Washington, DC, was a success. The PRVC is a joint effort from the West Virginia, Virginia, District of Columbia, and Maryland Veterinary Medical Associations. The revenue from this conference, similar to our state VMA meeting, does have a respective distribution to *our* VMA to support our efforts. The November 4-6 conference had multiple tracts including small animal, equine, public practice and a technician program. If you have interest in becoming involved in organizing a part of the PRVC, please feel free to contact the Maryland VMA office.

A total of 269 attendees, including 44 veterinarians from the Maryland VMA, participated in our well-sponsored event. We also had nearly 50 companies exhibit providing the newest products and services available.



The true highlight for me was our fourth annual Veterinary Medical Association Sports Challenge. The event pits the VMAs against each other in a highly competitive sports challenge. Maryland has a proud history of winning the golden cup but it did slip through our hands last year. I am proud to inform all of you that Maryland has returned the golden cup to the Old Line State after a fierce competition of indoor tricycle racing.

We encourage you to consider the PRVC for your education. Next year's meeting will be held at the Williamsburg Lodge in Williamsburg, Virginia from November 10-12, 2017.

## VMCVM Welcomes Class of 2020 at White Coat Ceremony

by Rick Lewis, DVM, President-Elect MVMA



August 19 was a beautiful Friday afternoon for the White Coat Ceremony on the campus of Virginia Tech. Dean Cyril Clarke gave a welcome presentation and congratulations to the incoming veterinary students of the Class of 2020. The Class of 2020 is made up of 127

veterinary students, who appeared enthusiastic and excited about beginning their challenging curriculum. Dinner allowed for some thoughtful and light conversation, then followed with a few brief remarks by invited guests.

The students were then invited by Dean Clarke to recite together the Veterinary Student's Oath. After the oath was taken the students were individually called to the podium to be presented their white coats by Dean Clarke. Dean Clarke also invited several of us to greet the students after they received their White Coats: Dr. Bill Tyrrell, (CVCA) gave each of the students a Littmann Stethoscope on behalf of CVCA, and Dr. Lewis MVMA and Dr. Rucker VVMA were also invited to congratulate and welcome the students. Dr. Rucker also presented VVMA pins as the students received their stethoscopes.

Dr. Jennifer Hodgson, associate dean for professional programs, Dr. Jacquelyn Pelzer, director of admissions and student services, Dr. Rucker VVMA and Dr. Lewis MMMA were invited by Dean Clarke to present a few brief remarks of welcome to the Class of 2020.

Dr. Lewis thanked Dean Clarke, the students and faculty of Virginia Tech, their families and guests for inviting the state veterinary association representatives to participate with them in this austere ceremony.

Dr. Lewis presented brief comments on behalf of the MVMA:

We welcome and congratulate the students of the Virginia-Maryland College of Veterinary

Medicine Class of 2020. Dr. Rich Streett, president of the MVMA, sends his personal welcome and congratulations. He is at home with his new baby girl Summer Olivia Streett.

I reminded the students that the MVMA is another resource for them: a resource of information, networking (among colleagues, associates and business), and also a liaison for them with industry and government.

We look forward to working with our developing colleagues in the pursuit of excellence in veterinary medicine.

We sincerely wish the students success personally and professionally in their chosen career path of veterinary medicine.

### **Congratulations and Welcome Veterinary Class of 2020**

That evening, after the White coat Ceremony, Dr. Lewis met with a number of veterinarians and upper class students at the Hokie House for appetizers and refreshments. Dr. Lewis gratefully acknowledges Dr. Douglas Graham, Dr. Elizabeth Crook and Dr. Karen Habitzreuther for helping to get out invitation emails for the social get together with colleagues and some of the upper class veterinary students of the Maryland Chapter at Virginia Tech.

The social part of the weekend continued the next day with Tubing on the New River sponsored by the VVMA.

We look forward to the students success and continued excitement in the field of veterinary medicine. The mentorship weekend is soon approaching and there are many opportunities for our Maryland veterinarians to help and support the veterinary students.

## **Maryland Veterinary Foundation 24th Annual Golf Tournament**

**by John Talts, MVF Golf Chair**



Thank you to all the participants of the MVF 24th Annual Golf Classic - Golftoberfest! Moving the tournament to the fall provided unseasonably warm beautiful weather at Waverly Woods Golf Club in Marriottsville. Golfers and sponsors alike enjoyed a great time! We provided new options this year including a golf clinic for those who wanted to support the student scholarships, but were not familiar with the game of golf. Our Golftoberfest theme was celebrated with German-fare and drink – lederhosen were donned.

A raffle, mulligans, and a putting contest made up the combination package.

Incredible auction items were available for bid including a week at Deep Creek Lake, a basket of cheer, autographed sports memorabilia -- all donated by supporting area businesses. The proceeds from this tournament went directly towards the MVF scholarships. Prizes included Longest Drive Men's -- Rob Tole, Woman's Longest Drive -- Jan Talts, Closest to the Pin Men -- Tom Murrell. Congratulations to the winning foursome of Paul Houck, Rob Tole, Jeff Rini and Justin Van Deines.



Many thanks to all of our contributor's and volunteers. Without your financial support and assistance, the day would not have been a success. We would like to thank our Hole in One sponsor King Auto dealership. On hole number seven, King Auto dealership donated a car for a hole-in-one contest. Many thanks to our Best in Breed Sponsors - Harford Veterinary Medical Association, Idexx Laboratories, Merial, Hickory Veterinary Hospital, Nutramax, Antech Diagnostics and Churchville -Swan Creek - Greenbrier Veterinary Clinics. Many thanks too to our hole sponsors and volunteers from VetBilling and AVMA-Life.

The MVF 2017 25th Annual Golf Classic tournament will return to Waverly Woods the last week in September. Stay tuned and watch for the save-the-date announcement.

## MVMA NEWS

### "Like Us" on Facebook

Click on the "like" icon below to follow MVMA on Facebook.



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### Don't Forget to List Your Externship with MVMA

MVMA is compiling a list of externship opportunities to support our relationship and communication with the students at VMRCVM. If you are a member and want to list your externship, [click here](#).

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## Welcome New Members

MVMA welcomes the following members who have joined since our last newsletter was published.

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|----------------------------|---------------------------|
| Kristina Corder, RVT       | Dr. Kendra E. LaFauci     |
| Dr. Emily R. Cornwell      | Dr. Sarah R. Mainardi     |
| Dr. Karen Donnelly         | Dayna K. Middlestead, RVT |
| Dr. Amelia C. Espina       | Dr. Elizabeth Mooberry    |
| Dr. Radhika V. Gharpure    | Dr. Amy Parrish           |
| Dr. Rosalie Gibson-Holcomb | Dr. Bridgette A. Ringley  |
| Dr. Rachel W. Gore         | Dr. Julie Scaccia         |
| Dr. Tammy Han              | Gabrielle Smith, RVT      |
| Dr. Sarah Haring           | Dr. Margaret Thies        |
| Dr. Kye H. Kable           | Dr. Lucas Trout           |

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## MVMA Classifieds

MVMA's most recent job listings and listings for practices and equipment for sale. [Click here read them.](#)