

SPRING NEWSLETTER

Special points of

interest:

- "being trashed on social media.."
- "chewing my truck!.."
- "School of Veterinary Medicine in Madison has some of the world experts on the Zika virus.."
- "She had a "lone wolf" mentality..."

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Client Expectations-Dr. Ziegler

Times are changing. Actually, they have been doing so for a long time, if not forever, and they will continue to do so, forever. Evolving with change is not always easy, for us, or our clients.

I can remember the "old days", when a client would come into the clinic and describe their pets' symptoms, and you would happily dispense them medication for whatever your best guess diagnosis was. And we largely got away with it, and everyone was happy. This is not to say that this was a good thing, because it was not.

Today, we have what we call a VCPR- a veterinary-client-patient relationship. This means that in order to dispense any and all medications, we must have a current working relationship with a client. We must have current medical records on the pets we are dispensing medication for, as well. There is also no more guessing at a diagnosis and prescribing medications without at least examining the pet and making a judgment call based on the exam findings plus any relevant diagnostics.

This makes very good sense. It seems to be consistent with providing the best medicine possible, unless you are the client who wants something and cannot get it. Many, many clients do not understand this, and are confused and angry when they call for a medicine we cannot dispense, or stop by the clinic and are denied a flea preventative because we have not seen their pet in a long time. Compounding this is the fact that many similar products are available over the counter at Fleet Farm or Menards (this is changing, too, however. Just ask anyone in farming). We have legal guidelines that we need to follow, and to defy these, sets us up for potential liability situations. It also sets us up for being trashed on the social media when clients do not get what they want, which is always frustrating.

Do I like all of the changes? Not really, but I still need to comply with them as they do represent a better standard of care. The times have changed, and we will never go back to doing things with a lackadaisical attitude. It is all good in the end. We often point out to clients that you cannot simply call up your doctor and request medication without being seen.

We used to joke that we wanted to start a dispensing only clinic. We would have packages of medicines for pets. If your pet had diarrhea, you got package A. If your pet was limping, you got package B. If your pet had a skin problem, you got package C, and so on. It would have made life easy, at least for awhile. A funny idea, but it would have served no one very well.

Times have changed. The old days are just that- the old days. Let's all move forward in the direction we need to go.



A Warm Welcome!

Dr. Pete Gasper has worked in veterinary medicine since graduating from veterinary school in 1980. However, his work has been as a research scientist, a professor, an administrator, and a consultant. Dr. Pete joins us at WRVC excited to practice as a clinical veterinarian. In his spare time Dr. Pete enjoys quiet sports such as running and biking. He also practices with his Blues Jazz band, whom are still together years after high school.

Margaret, joins the team here at WRVC, as a receptionist. She has 43 years of experience with life and finds that she learns something new about herself and life every day. Margaret enjoys spending time with her school aged sons, Tony & Patrick. Football, baseball, video games, schoolwork, legos and eating take up most of their time together. In her spare time she loves to hang out with her furry family and listen to the sounds of the natural outdoors.

Ariana is one of our newest receptionists who grew up in New London! She graduated high school in 2012. During her time in high school, she took small animal care classes and really enjoys working with animals. Ariana has recently become a new mother and has a son. In her spare time she enjoys spending time with her newborn and going up north with her family and friends.

Kathy joined WRVC in mid Feb 2017 as the inventory manager. Recently moving from Iowa with her family, she brings along 20 plus years of experience in the veterinary field. If working on purchasing and receiving for the clinic doesn't keep her busy enough, trying to keep up with her 4 year old daughter and labradoodle named Kendall sure does! Kathy enjoys camping, DIY home improvement projects and of course, Packer football!

Jimmy-Karen R.

As I wrote in previous newsletters, I had lost 3 pets in the past year. It was a sad time. I still have my 10 year old Lab, Reece. I wasn't actively looking for another dog, but if the opportunity came along, I would consider getting another puppy.

So one day, Dr. Ziegler called me up and one of our clients was getting a puppy from a Lab breeder from Southern Wisconsin. The breeder had another puppy who was looking for a good home, seeing as this pup had a severe overbite. The breeder was coming to the Oshkosh area and brought the pup up.

I named the puppy Jimmy. He was gangly and 12 weeks old, weighing in at 17 pounds. Some oral surgery was done in hopes to correct his mouth problems. His mouth problems haven't stopped him from chewing on things though! He actively chews on and plays with his food dishes daily (and Reece's!).

Jimmy also started chewing up my truck. (The shifting lever, seatbelts etc..) so now he only gets supervised rides until he out grows his naughty chewing habits. But for all of his naughtiness he is also a very huggable dog. He is very gentle and will rest his head in my arm and look at me with his big brown eyes. Jimmy has grown into a 10 month old 70 pound lab and as each day goes by, I am growing fonder and loving him more each day.

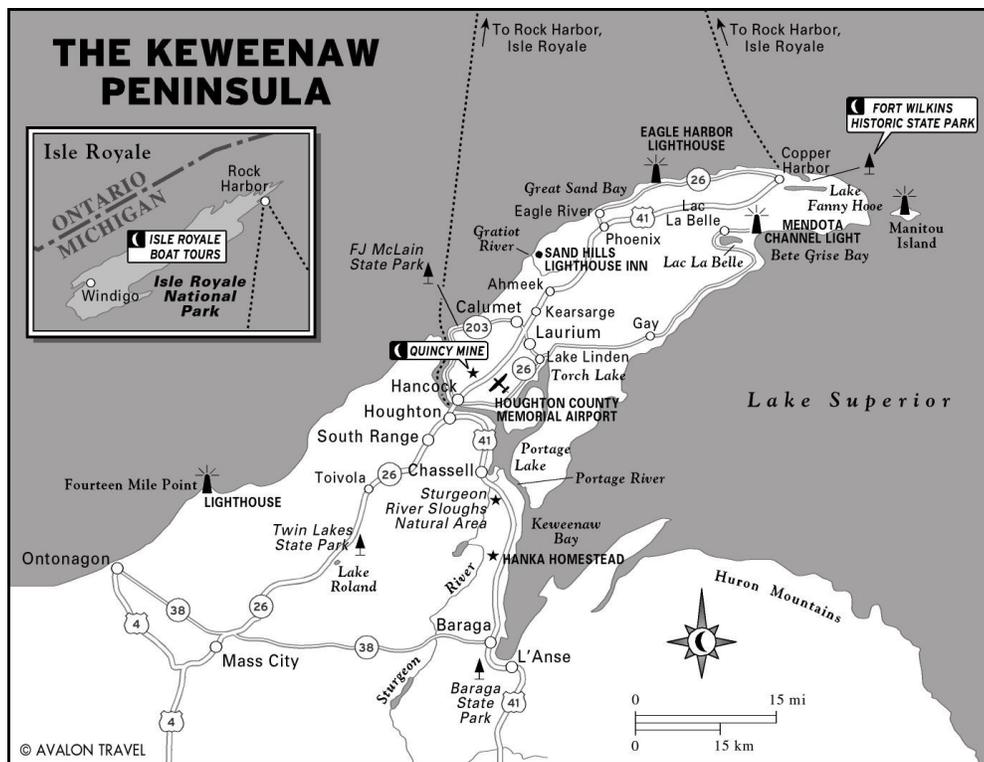
There is always something he does on a daily basis that makes me laugh. As I watch him grow, I can feel the companionship he will bring in the years to come!



Angelo-Dr. Ziegler

When I was a kid growing up in the Keweenaw Peninsula of Michigan, all of the local businesses were congregated on or around Main Street. However, on top of Quincy Hill in a (then) isolated location sat a small gas station belonging to Angelo, a cheery fellow of Italian descent. (The Finnish have always gotten credit for settling the Keweenaw, but the Italians were there long before the Finns.) Angelo's was not a convenience store. All he sold was gas. No candy, no cigarettes, no milk or bread. Just gas. His price per gallon probably ran 10 to 15 cents higher than what it was in town. Despite that, my Dad always got his vehicle filled up at Angelo's on the way home.

Upon pulling up to his two pump facility, Angelo would come out with a big



smile and friendly greeting. He would get the gas tank filling and then start doing everything else, washing the windows, checking the wiper blades, checking the oil, give the engine a look over, inspect the tires, etc. During all of this he would be happily chatting about the weather or whatever was happening locally. When done and the bill was paid, you would drive off with Angelo waving good-bye.

At the time, us kids could not understand why Dad was willing to pay so much more for gas when the self serve Holiday station right in town was so much cheaper. Now it is not hard to figure things out. Now when I visit the area (Angelo is long gone), I fill up at the Holiday station, have to wait in line for everyone else to buy their soda, cigarettes and lottery tickets, and then be treated rudely by an employee who cannot wait for the shift to be over.

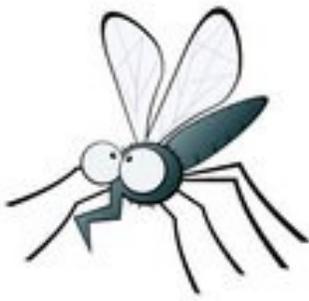
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Zika Virus– Dr. Mark

Last year, almost everyone heard about the Zika virus and its effects on pregnant women in South America and then the scare in Florida. With Spring arriving shortly you may be wondering if there is a danger in Wisconsin of Zika moving North. It turns out the School of Veterinary Medicine in Madison has some of the world experts on the Zika virus and has much of the research work on Zika. You can relax if you stay in Wisconsin for two reasons; the first is the mosquito that carries Zika can't withstand the winter in Wisconsin. The second is the mosquitoes we have in Wisconsin can't transmit the virus. So even if a mosquito were to come up on a plane, it would only be able to infect the people it could bite. And, if an infected person came to Wisconsin, the mosquitoes here wouldn't spread the virus.



What you should worry about from mosquitoes is heartworm disease in your dog. When I first started in practice almost 30 years ago, we usually only saw heartworm disease in dogs that came from the South, or had spent winters there. Now, while heart worm is still not very prevalent, we see some cases in dogs that have never left Wisconsin. The best way to protect your dog is by giving a monthly heartworm preventative. While we may not have mosquitoes year round, we do recommend year round prevention for a couple of reasons. One is with the changes in the weather. We can never be sure when we will see mosquitoes in the Spring or how long they will last in the Fall. The other reason for year round preventative is that they also deworm for intestinal parasites, which dogs can be exposed to year round. If you have questions about preventatives, just ask us!



Meet Jack-Dr. Gasper

Some of you may have already met Jack at our Manawa clinic. Jack is a rescue dog; a three-legged wire hair fox terrier. I know that Jack is good medicine for me. I believe that he can be good therapy for others.

It doesn't seem possible that Jack came into my life almost nine years ago. It was November of 2008. I was living in a cabin in the woods of the UP. I had decided to ask my wife, Nancy, if she would marry me. Nancy had taken Jack in at a stressful time in her life. Nancy was working full time as an Occupational Therapist in the Appleton School District, she was Council President during a turbulent time in her church, and she was the go-to person in caring for her mother, who had Parkinson's Disease.

Jack was not an easy addition to Nancy's life. He chewed up all sorts of things (like furniture and other valuable household items) and he regularly pooped and peed in the house.

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Vomiting Cats –Dr. Ziegler

We all know that there is one thing cats do well, and that is to vomit. If someone were to call and tell me that their cat vomited, it would be easy to say “oh- really?”, and not be concerned much beyond that point.

That being said, the vomiting cat needs to be taken seriously, especially if it is a chronic problem, which it often is. A study done years ago, took a population of vomiting cats and performed intestinal biopsies on them. Ninety percent of the cats had something wrong. The diagnosis was about equally divided between intestinal lymphoma and inflammatory bowel disease (IBD). IBD is a catch all term for any condition that causes chronic inflammation in the intestinal tract. In many situations, this can be food related (food allergies, etc.).

So what does this mean for the client with a vomiting cat? Going to sign them up for biopsies? Not likely. In the case of an acute case of vomiting, a cat needs a thorough exam and perhaps an x-ray and some blood work. Cats will eat things, and intestinal blockages have to be ruled out. Metabolic diseases such as hyperthyroidism (especially in older cats) need to be ruled out. Infectious diseases in kittens are a concern. Fur balls are always on the rule out list. The chronically vomiting cat needs the same workup, but additional, more specific tests may need to be performed to rule out pancreatitis, heartworm disease etc. Biopsies may be discussed as an option. Many times, we might do a trial period of what is called a hydrolyzed diet to rule out a food allergy or food reaction. In lieu of biopsies, we will often try empirical treatment for an unknown form of IBD or intestinal lymphoma.



The bottom line is that, when present with a vomiting cat, we cannot simply chalk it up to the fact that cats are very good at vomiting. We need to take these cases seriously. While we can hope that it is nothing serious and that all will be fine, we also need to rule out other potentially more serious conditions that may be present.

My old cat Timon, who died at age 19 a couple of years ago, towards the end of his life would go on monthly vomiting jags (my term) during which he would vomit frequently for about a day and then be fine. You could almost set your calendar to these days. I never did figure out what caused these episodes. I should have taken him to the vet, I guess.

Continued-Angelo-Dr.Ziegler

Time has changed dramatically for customer service. These days, some people want it, some do not (if the price is cheap enough) and many do not know what it even means. These are strange times. I miss Angelo.

This is very relevant to veterinary medicine, because we are one facet of business where people want excellent customer service. If I ever receive complaints from clients, it is generally regarding customer service. At the same time, it becomes confusing, because I have good clients who go elsewhere because it is cheaper. They may like our services, but the lure of saving money draw them elsewhere.

There are many ways to fail in my job- many ways. However, in my opinion, my biggest failures are when I fail to meet client expectations. If someone walks away with a negative opinion of the clinic, it upsets me. These days you may never know about it, however, until it shows up on a Facebook posting or a Google review. This is the time we live in.

There are always goals that are set to meet- learn a new skill, become smarter, study more, learn a new surgical technique, get a new piece of equipment, etc. Those lists always exist when you run a veterinary clinic and you are always trying to chip away at them. I have added a new one to the list, however, and it is at the top of my list of things to accomplish. That is to provide everyone with an “Angelo experience”. Without that, nothing else really matters.

My poor staff- in the coming months, they are going to be hearing a lot about Angelo.



Young Doolie, Old Doolie-Dr. Ziegler

In the Fall of 2004, an unusual stray dog was brought into the clinic. She was a young malnourished dog who looked like a yellow Lab, but with large, erect German Shepherd-like ears. While friendly, she was shy and stand-offish, and had a wide variety of behavior quirks. She liked some people and not others, and was not afraid to nip at those she did not care for. All in all, she was not the most adoptable dog, and she sat in our kennels for about two months. One day, an employee suggested that she be euthanized since her chances of being adopted were slim. The reality of this suggestion hit me hard since I do not like to euthanize anything. So, one Sunday I put her on a leash and took her for a long walk. I quickly realized that she was not a dog who should be euthanized, but what fool would adopt her? We all know who that fool was.

The past twelve plus years with Doolie have been to say the least, a wild ride. She quickly proved to be very loyal to me. She also proved to be headstrong, defiant, and marched to the beat of her own drum. She had a "lone wolf" mentality and for the most part, did what she wanted. While she respected me, she rarely listened to me, and life was on her terms. She got me into endless trouble over the years with her propensity to bite. Her dislike of certain people (for no known reasons) was an issue many times. While she was good with our other dogs, she could be a bitch at times. She was a good running buddy, when she wanted to run. I can remember getting part way through many runs when Doolie would simply sit down and be done. Often times in the U.P, where I used to run the dogs off leash, she would get partway through a run and then just lay down on the side of the road and wait for me to come back. A couple of times, I would turn around and see no Doolie, as she would have decided to turn around and jaunt back to the house on her own.

Her love for porcupines got her into endless trouble, and it got so bad that I made it a practice to travel with sedatives, hemostats, and whatever I needed to pull quills. She could break into any garbage container and made many messes over the years. She was never afraid to go for a "walk about" on her own, investigating the neighborhood on her own. She was a dog you could turn your back on for a second and she would be gone. I wish that I could have all of the time back that I spent looking for her.



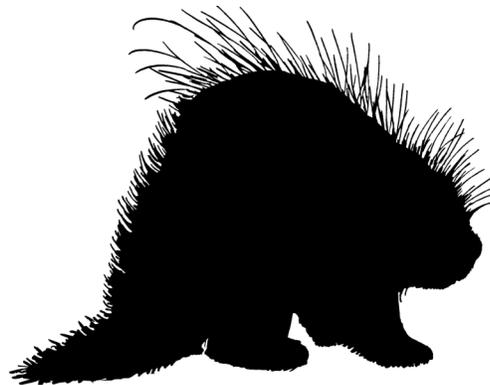
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Continued-Young Doolie, Old Doolie

But time marched on, and one day Doolie started acting old. Spinal arthritis and age took young Doolie away, and now I have old Doolie. At 13 ½ years of age, she sleeps most of the time, and her mobility is limited. She can go for short walks, and then she is done. Her personality has mellowed a lot and she is not the spunky dog she once was. She still loves getting into garbage, and still goes on walk abouts if I am not careful in watching her every move. Being mostly deaf, you cannot call for her anymore, not that she would listen anyway.

I do not know how long Doolie has left in this world. Some days she seems to be doing poorly, and other days, fairly well. I obviously want to have her around as long as possible. At the same time, I am no stranger to loss, and I have dealt with the turmoil of death many times. Still, things will be different with Doolie. Perhaps it is the way she has challenged me over the years that has created a special bond. Perhaps it is because my wife, who never wanted her in the first place, has come to adore her. Perhaps it is because my granddaughter adores her as well. Maybe, too, it is because, as I get older, loss becomes more difficult.

Whatever it is, the same life lessons need to apply- every day needs to be respected, honored, and cherished. Old Doolie is old Doolie, and I love her. Every day with her is a blessing, even if I am chasing her through the snow on one of her walk-about, even if she is vomiting up garbage in the middle of the night. And even when she is howling in protest at a person she doesn't like. Life goes that way. We rarely get what we want but we can accept what we have. No doubt, Doolie has taught me that much. There will be more dogs in my future, but there will never be another Doolie. I am not sure that I could survive another dog like her anyway.



Continued-Meet Jack-Dr. Gasper

The rescue organization said that Jack was abused by children. Supposedly, kids had broken Jack's rear right leg and that leg ultimately needed to be amputated. Nancy and I figured that Jack was so hard to house train because he had spent so much time in a cage, not being able to separate himself from his soil. We've since concluded that the someone who likely broke Jack's leg likely abused children too. Why? Because Jack is extraordinarily good with and is caring toward and protective of kids.



I was talking on the phone with Nancy on the Thursday evening before I was going to drive down to Readfield from the UP to propose to Nancy. After hearing about how poorly Jack & Nancy's mother were doing, I heard myself suggest, *How about I take Jack back to the UP with me?* Little did I know what I was getting myself into...

Thankfully, Nancy said *Yes* to my marriage proposal. As I left to head back to the UP the following Monday, Nancy's parting words to me were: *Whatever you do, don't let Jack off his lead!*

Up until Jack, all of the dogs I had lived with were working-breed mutts; German Shepard crosses, Doberman and Labrador Retriever mixes. Nancy's other dog, Sophie—an Airedale—and Jack were my introduction to terriers. The moment I let Jack out of my truck in the UP, I let him off lead. In no time I was frustrated with Jack. I failed to house train him in my small cabin and he would not come when I called. I phoned a former employee of mine who is now a professional dog trainer. After learning that Jack is a wire hair fox terrier, she said to me, *Pete, now you have a real dog.*

After these past nine years, I'm pleased to report that, for the most part, Jack is a joy to live with. Nancy is now mostly comfortable when Jack is off lead. Jack is mostly house trained and he mostly comes when he's called. If you've met Jack in Manawa, you know that he has some issues. He barks like he owns the place and he attempts to hump other dogs. I rationalize and make excuses for Jack's behaviors. I figure Jack is good humbling medicine for me; *Who am I to pass judgment on the behavior of other people's dogs when I'm at peace with Jack's imperfections?*

After years of talking about it, I am having Jack evaluated to see if he can become certified as a therapy dog. I am anxious to share Jack's specialness with others. My hope and expectation is that Jack will pass his assessment in the Thedacare At Home Hospice Therapy Dog Program, but I have little control over Jack and what may or may not unfold.

I am happy to update you about Jack the next time I see you.