Set Your Sights on Louisville for the
108th KVMA Annual Meeting and
46th Mid America Veterinary Conference!

October 4-6 will mark the 2019 Mid America Veterinary Conference in Louisville, Kentucky! The committee has been hard at work to put together an exciting panel of speakers with a diverse range of presentations. You will find the speakers and topics listed in the centerfold of this issue. There will be 18 CE hours available.

The eagerly-anticipated luncheons and social events, as well as the silent auction and large trade show, are always popular with attendees.

Friday’s luncheon features Jay McChord as our keynote speaker. A highly requested speaker, trainer and consultant to companies and organizations globally, he is recognized as an authority on the Multi-Generational workplace. Jay’s high-energy live events and high-value online content have earned him the nickname of “Your Chief Encouragement Officer.” You will not want to miss this!

Saturday’s events include the KVMA Annual Awards Luncheon with the Animal Hall of Fame inductees. Be sure to nominate your animal heroes with the form on pages 25/26 of this issue. The KVTA meeting will also be held on Saturday. After the day of education, we will head to the Kentucky Derby Museum “Where every day is Derby Day” for dinner and socializing. The Museum features interactive exhibits, “The Greatest Race” media experience and much more, all at historic Churchill Downs Racetrack.

Sunday begins with the Christian Fellowship Breakfast. All are welcome to attend.

Watch for your Registration Packets or visit the KVMA website at www.kvma.org to keep up on all the Mid America news. Updates will also be posted on Facebook so be sure to “like” our page to keep up on all the latest updates as well as veterinary news you need to know.
Hi KVMA Colleagues,

Welcome to the summer 2019 KVMA Newsletter. Summer means vacations, boating and a new batch of veterinary graduates to welcome (or welcome back) to Kentucky. In this newsletter you will find many great updates, letters and notifications from across the Bluegrass and beyond.

One specific item to bring to your attention is a news alert regarding a proposed KVMA Bylaws Amendment.

The Kentucky Veterinary Medical Foundation Sporting Clays Event at Elk Creek is coming up soon. Whether or not you’re a great shooter (I’m definitely not) this event is a great way to connect with colleagues and enjoy some outdoor time. Family and friends are welcome and encouraged to attend. The KVMF 2019 Sporting Clays event will take place on Thursday, August 22.

The KVMA Power of Ten Leadership Program is open and receiving applications for the 2019-20 class. Do you know a veterinarian who wants to learn how to be a better leader? Maybe a colleague you see potential in? Encourage them to apply for the P10 Program which is open to veterinarians who graduated between 2009 and 2019.

In the spring newsletter I mentioned several activities that our association is working on and wanted to provide some quick updates.

• The Mid America/KVMA Conference Planning Committee, led by Dr. Bonnie Barr, have developed a diverse and exciting conference. The cover art of this newsletter is a sneak peak at the conference. Please mark your calendars and plan to join us this fall, October 4 to 6.
• The KVMA website updates are moving along nicely and will include a logo refresh during the final website release. Be on the lookout for updates on the launch date from our Executive Director, Mrs. Debra Hamelback.
• Our membership numbers are up! Thank you for recommending that colleagues join us to keep our association strong and welcome to our new members. If you haven’t renewed yet, what are you waiting for?

I want to extend a Thank You to the KVMA Executive Board who have worked so hard for this association and profession. As always we are interested in feedback; How can we help? Please share your questions and concerns.

Thank you for trusting me to serve as your KVMA President and Chair of the Executive Board. Finally, I’m wishing you a wonderful and safe Summer,

Jennifer K. Quammen, DVM, MPH
KVMA President

Update your contact for the Kentucky Board of Veterinary Examiners

The Kentucky Board of Veterinary Examiners (KBVE) has launched a new website. Please update your personal bookmark(s), and any links located on your organization’s website to kybve.com.
Greetings KVMA Members,

I hope everyone has had a good spring and looking forward to warmer and drier weather.

We have been very busy finishing the 2019 Mid-America Conference planning with an amazing committee led by Dr. Bonnie Barr. We hope you are happy to see the vast array of topics and speakers in this issue’s insert. All your suggestions have been reviewed from your past surveys and we worked to get those topics and speakers that were requested. You will soon be seeing many more details regarding the conference, so please be on the look-out!

While updating membership information, I have noticed we have many KVMA members that we don’t have accurate e-mails for. It would be wonderful to get these updated as I am sending out important information via e-mail and I don’t want you to miss this. You may log-in to the KVMA website at www.kvma.org and update your information. If you have trouble changing the password, please e-mail or call and I will be happy to update your information for you. One request I do receive weekly from many of our members is for updated “Relief Veterinary Lists.” These will be updated and posted on our website. If you know anyone that is a relief veterinarian and currently is not on the list in this newsletter, please have them contact me at the KVMA office.

I would like to thank Dr. Jennifer Quammen and the KVMA Executive Board for their support over the last 10 months. I am very proud and honored to be working for all the Veterinarians working each day in the great state of Kentucky.

Kindly,

Debra Hamelback

2019 Legislative Update

Two pieces of legislation that the KVMA supported, House Bill 354 and Senate Bill 67, passed the General Assembly this year. HB 354 made changes to the taxation of veterinary services. According to the document “2019 Kentucky Tax Changes,” written by the Kentucky Department of Revenue’s Office of Tax Policy & Regulation, the bill provides a Resale of Services Exemption. The KVMA actively lobbied for this exemption. According to the document, “this provision extends the sales tax concept of not taxing the same item twice. Currently, tangible personal property that is resold is only taxed once, and this provision extends the same exemption to newly taxed services...this provision is effective July 1, 2019. This resale exemption does not apply to services that were taxable prior to HB 487.” [the 2018 legislation that established the sales tax on small animal veterinary services.] HB 354 also exempts poultry from the veterinary services sales tax. SB 67 creates the offense of sexual crimes against an animal.

Funding for veterinary school spaces for Kentucky residents continues to be a major issue. The state currently contracts with Auburn and Tuskegee for spaces which results in our students paying in-state tuition rates at Auburn and reduced tuition at Tuskegee. Deans Calvin Johnson and Dan Givens from Auburn University will discuss the advantages of the successful contract program at a meeting with the General Assembly’s Interim Joint Committee on Appropriations and Revenue.
KVMA Foundation Fellow Program

The KVMA Foundation would like to thank the following KVMA Life Members for their donation to the newly created KVMA Foundation Fellow Program.

Recently, a KVMA Foundation Fellow program was created to support the KVMA Foundation. Continued dedication to the KVMA is still greatly needed. This annual financial support will ensure the philanthropic arm of the KVMA can provide resources to our many ongoing programs. We hope you will consider a tax-deductible gift to the KVMA Foundation.

Dr. Joan Caywood
Dr. Henry Alford
Dr. Dale Eckert
Dr. Sue Billings
Dr. Phillip Billings
Dr. Norman Umphenour
Dr. Marion Pennington
Dr. Clonon Turner
Dr. Robert Copelan
Dr. H. Steve Conboy
Dr. Don Denton
Dr. Patricia K. Arrington
Dr. Charles Evans
Dr. John Hume
Dr. William Leonard
Dr. Raymond Schaaf
Dr. Fred Sprinkle
Dr. Jerry Genton
Dr. Michael Wall
Dr. J. Herbert Brown
Dr. Franklin A. Brown
Dr. Abram Allen

KVMA Foundation and Sympathy Card Program

The KVMA Foundation was established in May 1989 with “a commitment to improve the profession of veterinary medicine by educating the public and developing future leaders in animal industry through financial assistance.”

One of the primary functions of the Foundation was to receive and distribute contributions and own properties, unacceptable practices for a non-profit organization such as the Kentucky Veterinary Medical Association. The Foundation places no liabilities on the KVMA.

In recent years, the Foundation has been active supporting many activities. Among them:

- Kentucky 4-H
- Kentucky FFA
- Kentucky Young Farmers
- The White Coat Ceremonies at Auburn University CVM and Tuskegee University SVM
- Gifts for KY first year veterinary students
- Disaster Relief Programs

The Foundation sympathy card program, begun in 2004, has helped support the KVMA. Since 2004 there has been $70,106.00 raised by the card program!

An organization is only as strong as its membership and the KVMA has always been strong. Those of you who support or have supported the Foundation in the past, we thank you. We hope others of you will join us today. We need your participation!

Sample message inside of the sympathy card:

Dear Jones Family,

The Doctors and Staff of Doe Animal Hospital wish to express their heartfelt sympathy with your recent loss of Fluffy. Losing a special friend is always difficult because of the close bond we share with them. Comfort can be found in the special memories they gave us that will last eternally. To honor Fluffy's memory, the Doctors and Staff of Doe Animal Hospital have made a monetary donation to the Kentucky Veterinary Medical Foundation. This donation helps support our work to improve the lives of animals and people through education.

The Kentucky Veterinary Medical Foundation

Right: The cover of the Sympathy Card features a full color photo and the popular “Rainbow Bridge” verse.

Thank you to recent card program contributors: The Animal Clinic-Lawrenceburg, Pennyrile Animal Clinic-Madisonville, Reidland Veterinary Clinic, Grants Lick Veterinary Hospital-Butler, Dr. Barbara A. Schmidt-Union, Pendleton County Veterinary Hospital-Falmouth, Crestwood Veterinary Hospital-Crestwood, Goose Creek Animal Clinic-Louisville, Eastpoint Animal Clinic-Louisville, West Liberty Veterinary Clinic-West Liberty, Dr. William H. Leonard-Lexington, Knox County Veterinary Services-Barbourville, Springfield Animal Clinic-Springfield, and Jefferson Animal Hospital.
In Memoriam

Dr. Joseph “J.C.” Crowley

Dr. Joseph Cletus (J.C.) Crowley, 88, of Grants Lick, Kentucky, passed away peacefully at his home on March 26th, 2019, surrounded by his loving family. He was born on October 28th, 1930, in Butler, Kentucky where he grew up living and working on a large dairy and tobacco farm with his father, mother, and brother.

He graduated from Butler High School in 1947. An Army War Veteran, he served in Korea from 1952-1954 as a Staff Sergeant. Upon honorable military discharge, he attended the University of Kentucky followed by the Auburn University College of Veterinary Medicine in Alabama, graduating with a Doctor of Veterinary Medicine degree in 1962. Upon graduation, he returned to his hometown to start a mixed animal veterinary practice. He began his career in veterinary medicine based on the principles of hard work, empathy, and respect for all animals and their owners. Initially, he worked out of his garage and made farm calls in a used van while his one employee, his wife Myra Jane, answered the phone and scheduled appointments in between raising their six children.

During his long and impactful career, Dr. Crowley established himself as a stalwart of the community, friend to both animal and man alike. He has influenced and mentored countless veterinarians that have become leaders in the field and gone on to practice throughout the state, the country, and even in Africa. In 2010, Dr. Crowley retired after 48 years of successful veterinary practice. J.C. was a long time board member of the Farmers Bank, a Commissioner of the Pendleton County Water Board, and a faithful member of St. Mary of the Assumption Parish in Alexandria. He enjoyed spending his limited free time with his family and on his farm in Pendleton County tending his small beef herd. Dr. Crowley was a devoted husband, father, and grandfather. He is survived by his loving wife of 55 years, Myra Jane (Owen). He is also survived by his children, Patrick (Michele) Crowley, Dr. Michael (Stephanie) Crowley, Colleen (Lt Col Peter) Crowley-Ames, Dr. Kevin (Rachel) Crowley, Kelly (Emma) Crowley, Kyle (Monica) Crowley. He is additionally survived by his ten grandchildren, and two foster daughters and their families. He was preceded in death by his parents, his brother, and his grandson, Chase Anthony Crowley.

In lieu of flowers, memorial donations may be made to the Kentucky Veterinary Medical Association Foundation, Disabled American Veterans, or Pilot Dogs Inc. We are pleased to announce that over $650.00 has been donated to date to the KVMA Foundation in Dr. Crowley’s memory.

Dr. Richard J. “Doc” Feldmann


Dr. Dick Feldmann proudly served our country in the U.S. Army and was a member of Sts. Boniface and James Church in Ludlow. He graduated from Auburn University with a degree in Veterinary Medicine. He was a veterinarian at Covington Animal Clinic then opened a second animal hospital in 1978, in Crescent Springs, where he was awarded Animal Hospital of the Year. Dick was past president and member of many medical, civic and hobby organizations throughout Cincinnati and Northern Kentucky.


In lieu of flowers, memorials are suggested to the charity of donor’s choice.
In the last issue of KVMA News, I discussed the swift changes that are occurring in our industry. Among these changes is the continued decline in pharmacy revenue. This may be the most significant part of hospital revenue experiencing a precipitous demise. As most owners and managers are aware, this income stream is shifting to the many entities outside of your practice. Easily, clients can obtain prescription medications and food from online retailers that are less expensive than you can often even purchase from distributors. To circumvent this loss of income, the first thing to do is make sure you are charging appropriately for your non-shopped services. There will always be a place for veterinarians to supply professional medical care, and we must seize on these opportunities. Secondly, we must attune for the things we will likely always provide from our pharmacy. I will give some strategies to keep your pharmacy relevant, but first let’s look at an example that parallels what we are experiencing: optometry.

Historically, consumers would see their respective eye doctor for an exam and if it was determined that corrective lenses were needed, you would be moved into another room where you would select a frame or contacts. From there, you made a purchase which added to the revenue stream of the optometrist. However, in the 1980’s, corporate entities got into the glasses and contact business. Dr. Bizer’s Value Vision, Lenscrafters, Wal-Mart, and many others became players in the market and were significantly cheaper than what you were paying from your optometrist’s office. This was a monumental shift of income for eye doctors. So, what did they do? They soon realized that the way to offset the loss was to do the only thing possible – focus on their craft and charge appropriately. Our industry is experiencing a parallel paradigm. Optometrists began doing the thing that nobody else could do and have weathered the added storm brought about by online entities that now compete with the traditional brick-and-mortar eyewear stores.

For us, there are more options than just an exam; hospitalization, advanced diagnostics and surgery are in our playbook. With this comes the fact that injectable medications should be given only by a veterinarian or trained staff member and only in the office. There is a high degree of value with these and it requires a license – clients cannot get these online for good reason. You must have a minimum injection fee for every dose given. This covers the multiple costs that allow you to have it on the shelf. Included (but not limited to) are: your DEA/ veterinary license, money loss by having it sit on the shelf, ordering, receiving, logging, syringe/ needle and expertise. Added to the minimum injection fee should be the cost of the drug itself (2.6 x cost) and a separate minimal cost for biohazard disposal. This applies for every injection given with the exception of multiple drugs in one syringe. In other words, a hospitalized patient getting 3 injections per day will have 3 separate charges. Additionally, this applies the same despite the route of administration (IM, IV, SQ). This is one fee that is standard across every practice regardless of demographics. Again, there is a very high perception of value among clients for this service and you will rarely, if ever, get complaints about this fee. I’ll speak more at the end of the article about what the minimum injection fee should be.

Next, let’s look at dispensed items. Here too, you MUST have a minimum dispensing fee for every pill/tablet/capsule/liquid that leaves the office. This minimum fee encapsulates all of the costs associated with the delivery of a prescription medication. This includes: ordering, unpacking, logging, licenses, vial/bottle, labeling, employee time counting and preparing, paying the bill, meeting with drug reps, and dispensing to the client. This does not even account for the loss of cash flow by having it sit on the shelf, breaking of a bottle, going out of date and potential theft. After the minimum fee, the cost of the drug x 2.1 is added and the result is the final fee. This is no different from human pharmacies. Does that mean that one tablet of Droncit still has the minimum prescription fee? Yes. This is because the cost of the entire bottle sits on the shelf longer than most other dispensed items which is a loss for your bottom line. The other option is the injectable form. Most clients that have a cat would rather not ‘pill’ their beloved. The most expensive drug is the one that is not given. It is simply easier and more effective to give the injection. Will some clients complain? A few, but most will pay what you ask them to. Don’t believe me? Literally, go sit in the chairs at any human pharmacy for 10 minutes and listen to the customers that fuss at the cost they have to pay for their own medications – and they usually have a co-pay! I also recommend that most scheduled drugs (phenobarbital, valium, alprazolam etc.) should be scripted out as the needed paperwork with these is added cost and the human pharmacies can sell it profoundly cheaper than you.

With the expensive Flea/ Tick and Heartworm products, you must remain competitive with the online retailers,

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but never cheaper. Clients are paying you for instant delivery. It is also advisable to offer to mail these products to clients if their need is convenience. Add a first-class shipping fee and mail it out. My office does this almost every day. Clients need to know that the products coming from you are guaranteed and not manufactured by nefarious sources (which is sometimes the case with the online outfits). This group of products are exempt from the prescription fee as are the OTC products (cost x 2.3).

Most hospitals I work with have been bleeding pharmacy revenue and don’t even realize it. Delivery of pharmaceuticals, from ordering to dispensing, requires a lot of labor input that most practice owners fail to understand. It is vital that we know how to more effectively drive revenue. This is not in any way a plan to squeeze our clients unethically. Rather, it is simply business and the process by which we make a profitable hospital.

In conclusion, it is both unfair and illegal for us to conspire and ‘set’ fees. With the distribution of this newsletter, I am certain it would fall in that category. Hence, if you would like to know my 2019 minimum pharmacy recommendations for dispensing and injections, please contact me privately via email. In the next newsletter we will discuss how to effectively set your fee schedule for the non-shopped part of your hospital.

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Acupuncture is becoming a traditional practice for preventative medicine all around the world in conjunction with Western medicine for humans and animals. It is defined as the treatment of conditions/symptoms by the insertion of very fine needles into specific points of the body to produce a relief response. Acupuncture points can also be stimulated without needles using other acupuncture techniques. These points contain pathways of the body’s major nerve trunks with specific actions and nerves associated with them. The insertion of the acupuncture needles is nearly painless. For large animals it may cause more pain because a larger needle is indicated. However, once the needle is in place, there should be no pain. Many animals are relaxed and may even become slightly sedated.

Many studies have indicated that acupuncture can assist the body in healing itself by affecting certain physiological changes. It stimulates nerves, increases blood circulation, relieves muscle spasms, and causes hormone release (endorphins). Different conditions where acupuncture may be useful in small animal medicine include:
Musculoskeletal problems: arthritis, IVDD, traumatic nerve injury
Respiratory diseases: feline asthma
Dermatitis/skin: lick granulomas, allergic dermatitis
Gastrointestinal complications: diarrhea
Selected reproductive problems

In large animals, it may be commonly used for the following:
Musculoskeletal problems: sore backs, downer cow syndrome
Neurologic problems:
facial nerve paralysis
Allergic dermatitis

Respiratory problems: heaves
Gastrointestinal complications:
non-surgical colic
Selective reproductive problems.
Regular acupuncture treatments have been shown to help treat minor sports injuries to keep muscles and tendons more resilient.

Some side effects seen in practice include pain and lethargy up to 48 hours post treatment. Particular animals may become sedated for 24 hours. The length and frequency of the treatments depend on the condition that the patient has and the attending veterinarian’s method of stimulation. An acute and uncomplicated setback like a sprain may only need one treatment whereas a more chronic problem may require multiple treatments.

Overall, acupuncture stimulates healing of many conditions and provides wholesome pain relief. It can eliminate the need for certain medications or even surgery in some circumstances. After surgery, it can also improve the animal’s comfort level and possibly speed up recovery. The earlier acupuncture is started in the disease process, the quicker you will see results. Certified veterinary acupuncturists have been trained to recognize the various side effects and interactions between different forms of treatment and a patient’s response to therapy.

Mark Your Calendar!

August 22nd, 2019 - KVMA Foundation Annual Fundraiser Sporting Clay Shoot & Luncheon
Elk Creek Hunt Club – 9:30AM - For more Information: info@kvma.org

October 4-6, 2019 - 46th Annual Mid-America Veterinary Conference and 108th KVMA Annual Meeting - Registration details TBA.
Debbie Reed, DVM, MPH  
Director and Assoc. Professor  
Breathitt Veterinary Center  
Murray State University

The Breathitt Veterinary Center would like to introduce to you our new faculty members:

Dr. Mathew Abraham joined BVC in January as Virologist. Dr. Abraham comes to us from University of Georgia where he completed a PhD in Microbiology. His areas of interest are BVD in cattle and paramyxoviruses in poultry. His plans at BVC are to combine diagnostic work with research in his areas of interest. Dr. Abraham worked briefly at the University of Georgia-Tifton veterinary diagnostic laboratory where he had interaction with veterinarians in the field. We are very glad to have a veterinarian of Dr. Abraham’s caliber join us at BVC.

Dr. Nathan Helgert is filling one of the open Pathologist positions at BVC. Dr. Helgert graduated from University of Pennsylvania School of Veterinary Medicine, was in private practice for several years and then completed a pathology residency at University of Tennessee College of Veterinary Medicine. Dr. Helgert will complete his pathology boards in the fall. Dr. Helgert brings a wealth of knowledge, practical experience and a ready smile to BVC.

Dr. Cleon Hendricks has been working part time at BVC for several months. Dr. Hendricks is a graduate of University of Florida College of Veterinary Medicine and a US Army veteran. Dr. Hendricks was stationed nearby at Fort Campbell and was introduced to BVC through training hosted here. After leaving the military, Dr. Hendricks has been in private practice. His goal is to become a pathologist and is beginning his training with us at BVC.

African Swine Fever is a hot topic in the livestock industry. The testing of ASF is via PCR and the techniques are much the same for ASF as they are for common diseases tested for at BVC daily. BVC technicians have been proficiency tested for ASF testing and stand ready to perform the PCR test should that become necessary. Unfortunately, many animal health experts current opinion is that ASF will arrive in the US at some point. Currently there is no vaccine available; scientists are exploring the problem but have not solved it yet. According to one report, ASF has killed over a million hogs worldwide. China has lost nearly 1/3 of its domestic pork supply. Officials in China have been unsuccessful in stopping the spread of the disease with quarantines or isolation. While ASF does not affect humans, the loss of a protein source in low income areas of the world results directly in human deaths. Please remain vigilant for any of the emerging diseases that are entering the US. Veterinarians truly are the first line of defense against many diseases. You know that as well or better than I do. ♦

From the Director’s Desk  
Craig Carter, DVM PhD Dipl. ACVPM  
UK Veterinary Diagnostic Laboratory (UKVDL)  
Department of Veterinary Science,  
College of Agriculture, Food & the Environment  
Lexington, KY

Both the UK laboratory and the Breathitt Veterinary Center have recently had visits from two different national AAVLD accreditation teams over the last few weeks. Our accreditation team arrived on Sunday, May 5th, and headed for home on Wednesday, May 8th, after inspecting over Continued on pg. 10
a dozen operational and clinical sections that make up our laboratory. These highly trained teams inspect and dissect our operation to be sure that we are adhering to the ISO 17025 international standard for diagnostic testing quality assurance and control. This includes reviewing our Standard Operating Procedures (SOPs), faculty and technician competency records, corrective actions and problem monitoring, adequacy of facilities, level of instrumentation, and even client complaints. There is potential for these teams to look at just about anything that pertains to the quality of our diagnostic testing results. The whole idea is to instill confidence in our clients that the test results and diagnoses we provide are timely and accurate. Beyond diagnostic testing, the accreditation team also meets with our deans in the College of Agriculture that administer our program and our industry advisory committee. The advisory committee is composed of Kentucky animal agricultural leaders representing the industries we serve such as the horse, cattle, sheep, goat, poultry industries and beyond. Of course, the accreditation team is interested in hearing how well we are serving our veterinarians and industry stakeholders. The committee members are all volunteers that advise us on how to maintain a healthy budget, provide new tests and technologies to better serve their industries and beyond. We now must wait until August to learn how we did and what we need to improve on as we move to the future. We will keep you posted on our accreditation status!

Our laboratory could not provide high quality, timely clinical and regulatory case reports for our clients without maintaining and growing a state-of-the-art Laboratory Information Management System known as USA LIMS. Both Kentucky laboratories have been utilizing this system for over ten years now. The user base has grown to about 14 other state/university laboratories in the US, many of which are members of the National Animal Health Laboratory Network (NAHLN). We have been working with a company in Harrisburg, PA known as Computer Aid, Inc. (CAI) to provide all system maintenance and to help us to add new functionality to the program since 2008. However, last fall CAI announced their company had decided to terminate their support the software. Fortunately, we built a strong USA LIMS user’s group over the years that would meet face-to-face at our annual meetings and once monthly by teleconference to triage and solve problems with the system. The user’s group and its leadership sprang into action immediately after the announcement to find a new company with the appropriate level of talent and corporate experience to provide continuity for the software. I am very happy to report that a new company known as Acclaim Systems, Inc—also based in Harrisburg, PA—is now providing new license agreements for all existing sites that are using USA LIMS. It appears that this company will be value-added as their management not only wants to sustain the product but also wishes to rebuild the software as needed to keep up with all the new things that new and emerging IT technologies have to offer. Our new UKVDL IT Manager, Derrick Miles, volunteered to Chair the national committee that oversaw the bid selection process which led to the identification of Acclaim Systems as our new USA LIMS software company. We are very proud of his leadership!

Thanks as always for being our clients. Please send us your ideas on how we can improve our services to you!

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**LETTERS TO THE EDITOR**

Every effort will be made to try and print letters that are on topics of the most general interest. The Kentucky Veterinary News reserves the right to edit letters for length and content as necessary. All submissions must contain the author’s name, address, e-mail address (if applicable), and phone number so that we may contact you to be sure of the letter’s authenticity. Only the author’s name and home town will be published. No letter will be published anonymously. Letters may be submitted electronically (Word File please) to: info@kvma.org or by “snail mail” to: KVMA, PO Box 4067, Frankfort, KY 40604-4067

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**If alcohol, drug dependency or thoughts of suicide are a problem**

in your life or the life of a loved one or colleague, perhaps it’s time to talk with someone who understands and can help.

 voluntory and confidential. Please! contact:

Sam Vaughn, DVM - (502) 245-7863 or e-mail: aviansam@gmail.com

Brian Fingerson, PharmD e-mail: kyprn@att.net

Dr. Jonathan Mangin - (502) 229-1007 or e-mail: frankfortvet@gmail.com

Dr. Roy B. Burns - (502) 848-2043 or e-mail: roy.b.burns@aphis.usda.gov

Dr. Michael O’Bryan - (270) 547-0415 or e-mail: drmaobryan@yahoo.com
Welcome New KVMA Members

MARCH-MAY
Dr. Michael Betz, Lexington Equine Medical Group, Lexington, KY
Dr. Marsha Bull-Bush, Elizabethtown, KY
Dr. Mark G. Chick, Oldham County Veterinary Services, LaGrange, KY
Dr. Allison Conner, Advanced Animal Care, Richmond, KY
Dr. Jeff Critchlow, Shelbyville Road Veterinary Clinic, Shelbyville, KY
Dr. Carrie Darnaby, All Pets Veterinary Clinic, Frankfort, KY
Dr. Vernon Dryden, Bur Oak Veterinary Practice & Podiatry Services, Lexington, KY
Dr. Lori Eidson, By-Pass Animal Clinic, Richmond, KY
Dr. Jonathan Hornback, Cross Creek Equine Practice LLC, Simpsonville, KY
Dr. Matthew J. Hubbard, Central KY Animal Clinic, Bardstown, KY
Dr. Nicholas James, VCA, Shelden Animal Hospital, Louisville, KY
Dr. Rhiannon Kauffeld, Boonesboro Animal Clinic, Winchester, KY
Dr. Teresa Kho-Pelfrey, Louisville, KY
Dr. Kelsey Legendre, ZNLabs Veterinary Diagnostics, Louisville, KY
Dr. Melissa Mitchell, Shelby Veterinary Clinic, Shelbyville, KY
Dr. Carter Mobley, Central Kentucky Veterinary Center, Georgetown, KY
Dr. Fallon Moliere, St. Matthews Animal Clinic, Louisville, KY
Dr. Amber Partridge, Grayson, KY
Dr. Scott M. Pope, Elk Creek Animal Hospital, Fisherville, KY
Dr. Allison Reynolds, Elk Creek Animal Hospital, Fisherville, KY
Dr. Brysan Reynolds, Louisville, KY
Dr. Kimberly Rushing, Flanary Veterinary Clinic, Paducah, KY
Dr. Katharine Scherer, Riverview Animal Hospital, Bellevue, KY
Dr. Kasie Sears, MedVet Lexington, Lexington, KY
Dr. Ashley Elaine Steuer, Lexington, KY
Dr. Carly Suarez, Harrison Veterinary Clinic, Cynthiana, KY
Dr. Kaidy Sullivan, Animal Clinic of Glasgow, Glasgow, KY
Dr. Ethan Sutherland, Equine Medical Associates, Lexington, KY
Dr. Chelsea Sykes, Kentucky Humane Society SNIP Clinic, Louisville, KY
Dr. Sean Taylor, Bardstown, KY
Dr. Olivia Tyler, East Shelbyville Animal Clinic, Shelbyville, KY
Dr. Fatima Wazir, Cross Creek Equine Practice LLC, Simpsonville, KY
Dr. Robert Wynn, Lone Oak Animal Clinic, Paducah, KY
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For more information, contact:
Matt Valego
(270) 683-3475
matt.valego@infintechllc.com

Endorsed by:
Kentucky State Apiarist Tammy Horn Potter contacted the KVMA with a link to the fascinating newsletter from the Kentucky Department of Agriculture called BeeLines. The attached article from the newsletter addresses a new type of phage-based control for American foulbrood, a really contagious disease that impacts honey bees. To download and read the entire newsletter visit www.kyagr.com/statevet/documents/BEELINES-MARCH-2019.pdf. For questions, contact:

Tammy Horn Potter, KY State Apiarist
Kentucky Department of Agriculture
109 Corporate Drive Complex
Frankfort, KY 40601
502.229.2950
tammy.potter@ky.gov
www.kyagr.com/statevet/honeybees.html

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**Bio-breakthrough for American foulbrood available in March**

By Tammy Horn Potter, Kentucky State Apiarist

Many apiarists have had the unfortunate task of burning beehives due to American foulbrood (AFB), caused by the bacterium *Paenibacillus larvae*.

For over centuries, U.S. beekeepers have controlled or suppressed visible symptoms of this disease, burning hives when control efforts proved futile, or shaking bees into new equipment if such a practice was allowed.

**“Broodsafe” attacks via phages**

Dr. Sandra Hope of Brigham Young University began working with bacterial phages (naturally occurring viruses that only infect bacteria) that destroy the *Paenibacillus larvae* bacterium.

She and her team have isolated different phages from the environment and have created a phage-based product called “Broodsafe.” Her team had completed application for it

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FOULBROOD

to be considered Generally Regarded as Safe (GRAS), but the recent federal government shutdown delayed the approval process.

Now Broodsafe is ready for pre-ordering at broodsafe.com. This website also has an excellent video that describes how phages work to destroy AFB bacteria. Shipments may be ready as early as this month, and should be shelf-stable for approximately six months.

The product is a powder and can be mixed with sugar or applied as a dust. The beekeeper may need to apply multiple applications.

If a hive has “scale” spores, early research seems to indicate that Broodsafe will simply adhere to the scale and destroy any spore that may become active. So, beekeepers may apply this product in a proactive manner.

This product will **not** work for European foulbrood (EFB).

My hope is that apiarists can have another tool in their toolbox as this year begins. I receive no incentives from Broodsafe, but I have burned enough hives in 2014-2015, standing helplessly by a burn pit, to ever want to burn another.

**Antibiotics use reduced**

Since the end of World War II the U.S. has embraced antibiotics, using them in everything from our food commodities (milk, chicken, you name it) to bandages. U.S. beekeepers jumped on that bandwagon too, as demand for honey bees began to exceed supply.

The demand for honey also began to exceed supply (the U.S. is the world’s largest honey consumer), and that, too, seems to have increased the use of antibiotics.

Addressing millennials’ demand for food that is free of antibiotics, the Food and Drug Administration (FDA) has taken on the Herculean task of reducing the antibiotics appearing in food, including feeds administered to “food-producing” livestock. The easy availability of antibiotics to suppress American foulbrood came to a halt in 2017.

Despite being classified as a “Minor Species” by the FDA, honey bee hives have been included as “food-producing animals” because of the bees’ ability to produce honey. So the Veterinarian Feed Directive (VFD) has impacted many beekeepers’ ability to purchase antibiotics over the counter at bee supply companies. The beekeeper now needs a prescription from a veterinarian. An apiarist report will not suffice.

**Diagnostic kit available to help**

If a beekeeper suspects a hive has American foulbrood, he or she will have to reach out to a veterinarian willing to provide a farm visit (around Lexington, budget this at $50-75) if the beekeeper wants to use an antibiotic to treat the hive. The veterinarian must write a prescription for an antibiotic upon a diagnosis that the hive does indeed have foulbrood. If the foulbrood persists, the veterinarian must again be summoned in six months to fill out another VFD.

In Kentucky, in 2017, I provided a diagnostic kit for both AFB and EFB to every local bee association, ideally, to be kept at cooperative extension offices for easy availability for beekeepers. There is a nominal cost of approximately $14, and the beekeeper can test a problem hive and assess the disease conditions without having to call a veterinarian.

Keep in mind that these test kits have an expiration date and are temperature sensitive. Beekeepers must be encouraged to maintain current diagnostic kits on hand for emergency situations.

As an alternative, beekeepers may send a sample of suspected larvae or comb to the USDA Bee Research Laboratory in Beltsville, Maryland.

For more information on how to collect samples and ship them for analysis, please see the lab’s website, ars.usda.gov/northeast-area/beltsville-md-barc/beltsville-agricultural-research-center/bee-research-laboratory/. To pre-order Broodsafe: broodsafe.com.
KVMA Foundation Annual Fundraiser
Sporting Clay Shoot & Luncheon
August 22, 2019
Elk Creek Hunt Club, Owenton, KY
Groups start shooting at 9:30 am, ET
Lunch at Club around 12:00 noon

15 exciting stations with 100 clay targets total!
For all levels of experience.
Bring your own shotgun, ammo provided.
Bring eye and ear protection, some extra will be on hand.

Limited to 75 shooters; register today.
Sponsorship opportunities available!

Why the KVMA Foundation Matters

• Scholarships Funds for Veterinary Students
• Sympathy Card Program to Memorialize Clients’ Pets
• Grant Program for Many Non-profit Groups and Students
• Emergency Relief Efforts
• White Coat Program for Students
• Financial support for MoSu Greyhound Program

SUPPORT YOUR KVMA FOUNDATION AND HAVE A GREAT TIME! SEE YOU IN AUGUST!

Contact Debra Hamelback for any questions.
info@kvma.org
For map visit the Elk Creek Hunt Club
website: www.elkcreekhuntclub.com

Registration and Sponsorship forms on reverse.
Mail registration form and check made payable to KVMA FOUNDATION to:  
KVMA, PO Box 4067, Frankfort, KY 40604-4067

REGISTRATION FORM

| #_____ Shooter | $175.00 | __________ |
| #_____ Team of 4 shooters | $650.00 | __________ |
| #_____ Luncheon only | $40.00 | __________ |

6% KY Sales Tax | __________ |

TOTAL Amount due (tax deductible contribution) | __________ |

Skill Level:  
Beginner_____  Intermediate_____  Advanced_______

Various skill levels will be grouped to assist beginners.  
If you have a foursome you would like to be together, we will work to accommodate you.  
Please have this form submitted with number of attendees by August 1st, 2019

Name:  
_________________________________________________

Clinic Name:  
_________________________________________________

Address:  
_________________________________________________

Phone:  
_________________________________________________

Email:  
_________________________________________________

Please provide a list of names of all shooters.

CORPORATE EVENT SPONSORSHIP FORM

| Platinum Sponsorship ($4,500) | __________ |
| Gold Sponsorship ($2,500) | __________ |
| Silver Sponsorship ($1,000) | __________ |
| Bronze Sponsorship ($500) | __________ |
| Pavilion Sponsor ($500) | __________ |
| Ammunition Sponsor ($35/Person) | __________ |

*Sponsor’s company logo will appear on invitations and fliers.  Platinum and Gold sponsors will have the opportunity to address the attendees as well as have a small display underneath the lunch pavilion.  This is a unique and fun opportunity to spend time with your veterinarians.  This event supports the KVMA Foundation.

CORPORATE SPONSOR REGISTRATION

| #_____ Station Sponsor | $300.00 | __________ |
| #_____ Shooter | $175.00 | __________ |
| #_____ Team of 4 shooters | $650.00 | __________ |

Skill Level:  
Beginner_____  Intermediate_____  Advanced_______

| #_____ Luncheon only | $40.00 | __________ |

6% KY Sales Tax (charged on registration only) | __________ |

*(6% KY Sales Tax is not charged on sponsorships)*

TOTAL Amount due (tax deductible contribution) | __________ |
Colleagues and KVMA Members,

Maintaining an active and effective association requires review and potential revision of our Constitution and Bylaws. The most recent amendment to the KVMA Constitution and Bylaws was completed in October 2012. In January 2019, I appointed a Bylaws Committee to review and make recommendations to the KVMA Executive Board.

The KVMA Executive Board voting member composition include the executive officers and the constituent association representatives. Our current Bylaws state that a simple majority of voting members be present to establish a quorum and conduct official KVMA business. In the absence of a quorum, the ability of the Executive Board to conduct business is hampered.

In part due to the potential of not meeting a quorum, the Bylaws Committee made several recommendations to the Executive Board. A proposed Bylaw amendment has been approved by the KVMA Executive Board. The Proposed Amendment is now being sent out for review by the general membership with a Recommendation for Approval at our Annual Business meeting, to be held on October 5, 2019. The proposed change is to the KVMA Bylaw 7, Section 7.

Respectfully submitted,
Dr. Jennifer K. Quammen
President, Kentucky Veterinary Medical Association

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**Article 3 - Constituent Association**

To become a constituent association of the KVMA with representation on the Executive Board an association must meet the following:

A. Have at least 10 active members not represented by another constituent association.

B. Meet a minimum of two times yearly.

C. Have a written set of by-laws acceptable to KVMA Executive Board.

D. File the number of members and officers with KVMA Executive Director annually.

E. Notify KVMA Executive Director of meeting dates.

F. The formation of new associations in any part of the state is encouraged, especially where it is impractical to attend meetings of existing organizations. However, new associations must meet the following:

   (1). File a request for membership with the KVMA Executive Board stating reasons for organizing.

   (2). Be in existence for 12 months before filing for membership on the Executive Board.

**By-law 7, Executive Board**

**Section 7. Constituent Association Board Member**

Only active KVMA members can be elected to Executive Board membership. Each KVMA constituent association shall be represented by one member on the Executive Board. This representative shall be elected by the members of that constituent association for a term of office on the Executive Board of four years. Tenure of a board member will be one term of four years with eligibility for one re-election, after which the individual shall be ineligible for an interval of not less than four years. Exceptions to the period of ineligibility may be made for constituent associations with small memberships. These exceptions are dictated in the SOP. Newly elected board members shall take office at the next Executive Board meeting. Board members elected, as replacements to complete a term of office are eligible to serve a full term and one reappointed term.

It is incumbent upon members of the Executive Board to be present at every board meeting. If unable to be present at a given meeting, the board member shall inform the chairperson or executive director of such absence and that his/her alternate will serve at the board meeting.

A Constituent Association Representative on the Executive Board (Constituent Association Board Member) must be present for at least fifty percent (50%) of executive board meetings per association year to maintain voting status. Determination of voting status will be determined by the Executive Director based on attendance in the previous association year Executive Board meetings. If a representative (or alternate) is unable to attend at least fifty percent (50%) of EB meetings per association year, that Constituent Association will become a non-voting member of the Executive Board for the next association year.

**Section 8. Constituent Associations**

To become a constituent association of the KVMA with representation on the Executive Board, an association must meet the requirements set forth in the Constitution, Article 3. ♦
### FRIDAY, OCT. 4, 2019

#### EQUINE
- Elizabeth Barrett, DVM, MS, DACVS  
  Pre-Purchase Exams, Adult Colic in Equines
- Nimet S. Browne, DVM, MPH, DACVIM  
  Foal Diarrhea; Foal Colic
- Joe Lyman, DVM, MS  
  Equine Biosecurity, Equine Botulism  
  Sponsored by Neogen
- Elizabeth Barrett, DVM, MS, DACVS; Nimet S. Browne, DVM, MPH, DACVIM; Bonnie Barr, VMD, DACVIM  
  Colic Panel - Cases  
  Sponsored by Neogen

#### PRACTICE MANAGEMENT
- Randy Hall  
  Building a Fully Engaged Practice Team: Defining Engagement and its Importance; The 5 Components of Engagement; Leader Behaviors that Destroy Engagement; Ways Leaders Can Drive Employee Engagement; Creating Leadership Habits that Ensure Employee Engagement  
  Sponsored by CareCredit

#### SMALL ANIMAL A
- Antu Radhakrishnan, DVM, DACVIM-SAIM  
  Pancreatitis: Pitfalls and Pacification; Hepatobiliary Disease: Don’t be Yellow About the Yellow; Oncology: Offering Orderly Options to the Uneasy Owner; IMHA/ITP: From OMG to SLAP  
  Sponsored by Royal Canin
- Joe Lyman, DVM, MS  
  Biosecurity for Small Animals  
  Sponsored by Neogen
- Brittany Koether, DVM  
  Telehealth: The Overview; Telehealth: Use in Practice

#### SMALL ANIMAL B
- Dharati Szymanski, DVM, MPH  
  What a Tangled Clinical and Legal Web is Weed
- Cynthia G. MacKenzie, DVM  

#### SMALL ANIMAL C

### SATURDAY, OCT. 5, 2019

#### EQUINE
- William F. Gilseman, VMD, DACVIM  
  Equine Gastric Ulcers  
  Sponsored by Boehringer Ingelheim
- Larry Bramlage, DVM, MS, ACVS  
  Response of Joints to Exercise and Trauma  
  Sponsored by Boehringer Ingelheim
- Larry Bramlage, DVM & Scott Stanley, DVM  
  Bisphosphonates  
  Sponsored by Boehringer Ingelheim
- Scott E. Hancock, DVM  
  Applying Immunology to Save both Human and Animal Lives  
  Sponsored by Boehringer Ingelheim
- Scott Stanley, PhD  
  Comparison of Pharmaceutical Equivalence for Compounded Formulations with FDA Approved Medications  
  Sponsored by Boehringer Ingelheim

#### PRACTICE MANAGEMENT
- Wendy Myers, CVJ  
  How to Master Forward Booking; Master the Art of Presenting Treatment Plans; Get Your Pharmacy Back; What Millennial Clients Want from Your Veterinary Clinic; Get Clients to Accept Dental Treatments; How to Tame Rude Clients  
  Sponsored by CareCredit

#### FOOD ANIMAL
- Dan Tracy DVM, MS  
  Trace Minerals: Physiology, Immunity and Diagnostics; Studies Outlining the Use of an IVM in Dairy Cattle  
  Sponsored by Multimin USA
- Chris Duemler, DVM  
  Hard Health Management for Goat Dairies; Trouble Shooting Kid Rearing Problems; Repro Management with Synch Protocols & Offseason Breeding

#### SMALL ANIMAL A
- Craig Datz, DVM, MS, DABVP, DACVIM  
  How to Read a Pet Food Label; Unconventional Diets  
  Sponsored by Royal Canin

#### SMALL ANIMAL B
- Darrell S. Johnson, MS, PhD  
  VFDs: What are we doing incorrectly and how do we fix it?
- Brigetta Allen Hughes, DVM, MAM  
  Poultry in Practice, Don’t Just Wing It; Introduction to Poultry Medicine; 3 D’s - Diagnostics, Dosages; It Takes a Flock - Resources You Need to Know  
  Sponsored by Multimin USA

### SUNDAY, OCT. 6, 2019

#### SMALL ANIMAL A
- Randy Basinger, DVM, ACVS  
  Cranial Cruciate Repair OrthoZip Wet Lab. Extra charge. Limited space.

#### SMALL ANIMAL B
- Andrew John Mackin, BVMS, MVS, DVS, FANZCVSc, DACVIM (SAIM)  
  Sponsored by Steris Animal Health

#### SMALL ANIMAL C
- Paul Q. Mitchell, DVM, DAVDC  
  Sponsored by Steris Animal Health

#### VETERINARY TECHNICIAN
- Sarah Bell, DVM, MS, DACVIM (Cardiology)  
  Jeopardy, Cardiology Technician Edition  
  Sponsored by Cardiac Care for Pets
- Steven Rosenthal, DVM, DACVIM (Cardiology)  
  Minding Your P’s & Q’s, Understanding Your ECG’s  
  Sponsored by Cardiac Care for Pets
- Barbie M. Papajeski, MS, LVT, RLATG, VTS (Clinical Pathology)  
  Quick Review of Cellular Identification; “So you want to be a VTS?” - panel discussion on how to get started.
**WELLNESS**

- Michael D. LaRosh, DVM  The Management of K-9 Hyperadrenocorticism - Cushing’s; Medical Management of K-9 Hypoadrenocorticism - Addison’s; There is No Confusion, It’s All About Perfusion- Anesthesia Refresher  
  Sponsored by Dechra

- Joel Sailor, DVM  Ringmaster: Using Science and Management Principles to Tame the Flea Circus; Getting to Yes  
  Sponsored by Merck

- Matt Stevens, DVM  Acquiring, Retaining, and Motivating Veterinary Staff  
  Sponsored by Hippo Manager

- Jay McChord  Leveraging the Generations - recruit, retain, manage & motivate across all generations; Be 20% Better!; Becoming a Rockstar Communicator  
  Sponsored by Hippo Manager

- Lynette Cole, DVM, MS, DACVD  Management of Otic Disease; Updates on Dermatophytosis, Demodexis & Pyoderma; Diagnosis & Management of Atopic Dermatitis  
  Sponsored by Virbac

**SMALL ANIMAL B**

- Sarah Clay Bell, DVM, MS, DACVIM (Cardiology)  Cats, Cardiomyopathy & Practical Use of BNP Testing; Syncope versus Seizure  
  Sponsored by CVCA Cardiac Care for Pets

- Steven Rosenthal, DVM, DACVIM (Cardiology)  Dilated Cardiomyopathy & Nutritional Cardiomyopathy  
  Sponsored by CVCA Cardiac Care for Pets

- Joao Brandao, LMV, MS  Ferret Endocrine & Neoplastic Disorders; Introduction to Backyard Poultry Medicine; Fluid Therapy in Exotic Animals; Nutritional Disorders in Reptiles  
  Sponsored by CVCA Cardiac Care for Pets

**VETERINARY TECHNICIAN**

  KVTA Annual Meeting & Awards 11:00am - 12:00pm

**SAT: SOCIAL ACTIVITIES**

- KVMA Annual Awards Luncheon featuring the 2019 Animal Hall of Fame Induction Ceremony  
- Kentucky Derby Museum - “Where every day is Derby Day” Dinner and tour  
- KVMA Foundation Live Auction

**AUCTION ITEMS NEEDED!**

Items for the popular KVMA Foundation silent auction are needed. Get creative! If you would like to donate an item to the auction please contact the KVMA office. ~ THANK YOU!

For full details and hotel reservation information, see the registration booklet or visit www.KVMA.org ~ Online registration is available.
When treating four-legged patients, make each moment matter.
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2019-2020 KVMA Power of Ten Leadership Program (POTL)
KVMA MEMBER GRADUATES OF 2009-2019

I. Kickoff events at 2019 Mid-America Veterinary Conference activities
Learn about yourself using Insights, participate in a Wellness/Life Balance Workshop, develop friendships at The Kentucky Derby Museum event, and meet new mentors at the KVMA Past Presidents’ Luncheon.

- October 4th, 2019 (Fri) - Participants introduced at KVMA Luncheon - Attend the Wellness/Life Balance afternoon sessions led by Mr. Jay McChord
- October 5th, 2019 (Sat) - Attend Insights in afternoon – Dr. Heidi Hulon, Elanco
- October 5th, 2019 (Sat) - Attend The Kentucky Derby Museum evening event
- October 6th, 2018 (Sun) - Attend the KVMA Past Presidents’ Luncheon
  o Encourage mentorship relationships between past presidents and participants

II. Equine Guided Leadership Training
Lissa Pohl MA, from the University of Kentucky’s Department of Community & Leadership Development, will provide a one-day Herd Dynamics For Leaders workshop that is customized to develop the leadership competencies of participants in KVMA’s Power Of Ten Leadership Program. The workshop will take place October 17, 2019 at Life Adventure Center in Versailles, KY. Lissa partners with horses to develop leadership skills in humans; learn to effectively lead engage, and manage others based on clear communication and boundaries, integrity and intentionality. All horse activities are facilitated from the ground – no riding is required.

- October 17, 2019

III. Attend one KVMA Executive Board
Attend one KVMA Executive Board meeting in 2020, choose a meeting that will best fit your work schedule. Dates: TBD for 2020

IV. Advocacy/Legislative Training
Attend the KVMA Legislative Day at the Capitol in Frankfort, KY to learn how KVMA is protecting the veterinary profession and have an opportunity to visit with legislators to discuss issues and legislation pertaining to animals and the veterinary profession in Kentucky.

- February 2020

V. Communication and/or Compassion Fatigue Training
Learn about your communication style and how it impacts others as well as strategies to cope with the challenges of practice. This will also include communication and/or compassion fatigue training.

- Summer 2020

VI. Wrap-up/Conclusion at 2020 Mid-America Veterinary Conference
- September 2020 (Sat) - Participants “matriculate” at KVMA Luncheon
When I first decided to pursue the path of veterinary medicine, I had a specific image in mind. I thought my options were small animal practitioner, mixed animal practitioner, or large animal practitioner, and that was about it. I knew unique niches of veterinary medicine existed in zoo and lab medicine, but I considered those few and far between. I thought veterinary school would be simple: choose my path, get my degree, and practice veterinary medicine. In two years of veterinary education, I realize I could not have been more wrong.

On my spring break, I was able to attend the SAVMA Symposium at the University of Georgia. On my free day, I was excited to line up my morning with different lectures. The first was entitled “Overview of Disaster Management.” With the recent tornado damage in Lee County and the amazing response locally and around the country, I was curious what I as a future veterinarian could do to help. Turns out veterinarians play a key role in disaster medicine in their response and their preparation at their own practices. The human-animal bond is something that continues to be redefined over and over in my mind and is an especially important consideration in the response to disasters.

The second lecture, properly named “Weapons of Mass Destruction: Bioterrorism, Really,” left me concerned and utterly fascinated. The speaker, who previously worked for Homeland, talked about the veterinarian’s role in recognizing these pathogens of concern. She concluded her presentation with a discussion on anthrax before whipping out a bottle of baby powder, aerostilizing some, and then laughing. Afterwards, I left with a new appreciation and paranoia for her line of work.

Before I broke for lunch, I caught a presentation on combination dewormers in beef cattle to bring me back to my comfort zone. But, before I ended the day, I was talked into a lecture called “The Intersection of Intimate Partner Violence and Animal Abuse.” At the end, my fellow Auburn classmates and I were ashamed by our own ignorance of this problem and were determined that our fellow classmates should learn too. I again had to redefine my understanding of the human-animal bond, and I left with knowledge of what amazing work these domestic violence shelter groups were doing in order to accommodate and care for victims’ animals.

This weekend gave me an even greater overall appreciation for the role veterinarians have in our society. In addition to traditional roles of animal care and food production, they serve as ambassadors for the human-animal bond, public health officials, and leaders in our communities. The path is not as clearly cut as I originally thought, and I now see myself forging my own trail. I find myself drawn to business ownership in organizations like VBMA. In addition, I find myself signing up for electives that focus on giving back to the community we serve through community outreach and disaster preparedness. I am further excited by how this path may change in my last two years of school and throughout my career. With my heart centered in practicing good veterinary medicine, understanding the human-animal bond, and continuing to grow from the knowledge I gain from my mentors and school, I know I cannot go wrong. Knowing that, “Allie Ingram, future DVM” has an even sweeter sound.

Please update your KVMA contact information!

The KVMA communicates electronically with its membership. It’s faster, cheaper, and more efficient to do it this way, not to mention far more versatile. Please, even if you are absolutely sure that the KVMA has your proper email address, take a moment to double check by logging in to www.KVMA.org and checking your Member Profile in the Member Portal. You can make any necessary changes, to email or any other pertinent information, right on the spot and be connected with your colleagues once again.

“Don’t Miss Out!”
Quarantine Updates:
Rabies quarantine length has shortened for dogs and cats exposed to wild animals.
- If current on rabies shots, give a booster vaccine and a 45-day quarantine.
- If never vaccinated, euthanize. If owner is unwilling to euthanize, then vaccinate immediately and quarantine for four months (six months for ferrets).

DID YOU KNOW?
“Rabies claims the lives of an estimated 60,000 people each year [worldwide], mainly affecting poorer people and children...About 97% of these deaths can be attributed to bites from dogs.” World Veterinary Association
- Raffaella Bonaldi

http://www.vdl.uky.edu/EpidemiologyInformation/RabiesMap.aspx
KVMA Executive Board Minutes

KVMA Meeting 3/20/2019 Minutes

1. Minutes corrected from last board meeting and accepted.
2. 2019 Projected budget presented and accepted.
3. Treasury report presented and accepted. Financial reports reveal investments moving along well.
4. Legislative update by Dr. Weber: Multiple house bills continue to be discussed, including housing requirements for assistance animals. Veterinarians are currently excluded from requiring a written RX to clients. Sales Tax (HB 354) Resale exemption for services remains a topic.
5. AVMA report by Dr. Weber: AVMA has 93K members; 75% of veterinarians in US are members. AVMA dues increase in 2020. AVMA created a task force to better utilize technicians.
6. Membership applications were presented and approved.
7. Dr. Quammen presented and members discussed DCBS Service Regions and potential updates to map in re-defining constituent groups. Various ideas/concepts discussed on this topic. Amendment to By-Laws was made concerning constituent group. An inactive constituent group is defined as ‘If a constituent group has no member present in last 3/6 KVMA meetings, that group will be deemed inactive for next calendar year. If inactive constituent group sends representative to KVMA meetings, representative is a non-voting member for 1 association year.’
8. 2019 Board Retreat dates announced Nov. 15 and 16 Belterra Resort and Casino.
9. Members approved moving forward with a commitment to MAVC 2020 at Belterra.
10. Update on 2019 MAVC included additional time/ad/booth spaces discussed for sponsors.
11. Members approved providing MAVC Planning Committee members paid conference registration.
12. Members viewed, discussed and approved KVMA Website updates with a contractual obligation to the Brightly Company.
13. Members discussed and approved a rent increase to $700 made payable to KVMA Foundation starting May 1.
14. Members discussed supporting KVTA member Scott Steele in his run for AVMA Council of Veterinary Services.
15. KVMA representative for the KEEP foundation is Debra Hamelback.
16. Constituent groups presented updates/events.
17. Meeting adjourned – 5:00PM

Minutes KVMA Executive Board Meeting 5/16/2019

Meeting attended by Ms. Hamelback and Lewis; Drs. Quammen, Barr, Dean-Hines, Cassone, Mirus, Rodgers, Goodpaster (representing Central Kentucky VMA), Peterson, Vice, Rhinehart, Sunday, Shoulders, Weber, Burkett, and Beckmann.

1. Minutes from KVMA meeting on 3/20/19 accepted with the following correction: Meeting was attended by Ms. Hamelback and Lewis; Drs. Rhinehart, Redmon, Vice, Shoulders, Beckmann, Barr, Sunday, Dean-Hines, Quammen, Cassone, King, Burkett and Rodgers.
2. KVMA new and renewing member applicants accepted. There have been 30 new KVMA members applicants thus far.
3. By-Laws discussion continued from 3/16/2019 meeting. KVMA board members have proposed the following below to the Constitution of the By Laws of KVMA, pertaining to the Constituent Member Representatives, as amendment to Article 3, By Law 7, Section 7. Board members will vote on this change on a conference call Wednesday, May 22.

A Constituent Association Representative on the Executive Board (Constituent Association Board Member) must be present for at least fifty percent (50%) of executive board meetings per association year to maintain voting status. Determination of voting status will be determined by the Executive Director based on attendance in the previous association year Executive Board meetings. If a representative (or alternate) is unable to attend at least fifty percent (50%) of EB meetings per association year, that Constituent Association will become a non-voting member of the Executive Board for the next association year.

4. Dr. Quammen announced the Power of Ten applications open June 1.
5. Mr. O’Toole with Breightly Communications presented new KVMA logo concept options via conference/web call.
6. Dr. Geisbrecht, State Public Health Veterinarian, presented proposed amendment to Rabies Control, vaccine clinics, quarantine, etc. via conference call. Regulations have not been updated since 2004. Open comment closes on May 28.
7. Dr. Peterson presented the Auburn alumni update with data pertaining to tuition fees, plans for tuition changes, allocated funding, research plans etc. Currently Kentucky pays $19K per Kentucky resident veterinary student.
8. Discussion suggested reaching out to Tuskegee contacts for updates.
9. Dr. Barr presented the MAVC finalized schedule. Wet lab pricing was discussed.
10. Dr. Goodpaster presented KVMA Foundation updates. A new program called the Foundation Fellows has been created for the KVMA Life Members to remain involved since many no longer practice. Clay Shoot will occur in August to benefit the Foundation.
11. Ms. Hamelback announced a partnership with Covetrus to the canine oxygen mask donation plan by the KVMA and delivered data and plans to further develop the project.
12. Ms. Hamelback presented the 2018 CPA Fiscal Audit Form 990 performed by Kring, Ray, Farley and Riddle PSC. Motions made (Beckmann) and accept (Rodgers). Audit accepted.
13. Dr. Weber presented on Governmental Relations concerning the AVMA’s program to combat Sexual Harassment, cannabis use in animals, well-being program and AVMA Presidential race.
14. Discussion to present a monetary honorarium to support Deans Johnson and Givens when they speak to the Kentucky House Appropriations and Revenue Committee on behalf of the KVMA.
15. Ms. Hamelback discussed the Large Animal Emergency Rescue (LAER) training put forth by the Kentucky Horse Council in September for first responders. A motion was made to donate $500 All Approved.
16. Constituent reports:
   Buffalo Trace: Morehead Clinic Days June 1, 2.
   GLVMA Twinspired in June sponsored by BluePearl.
17. Meeting adjourned 5:20

KVMA 5/22/2019 Minutes Addendum

On May 22, 2019, a conference call was conducted with a quorum of KVMA Executive Board members to vote on the above change to the Constitution By-Laws. Motion made - Vote passed.
KVMA Animal Hall of Fame

Presented by the Kentucky Veterinary Medical Association

Objectives
- To honor and recognize exceptional animals
- To allow KVMA members to share in their patients' outstanding accomplishments by serving as nominators.
- To share with owners in the joy of the human-animal bond by recognizing outstanding pets.

Requirements
- Nominee must be an animal that has exhibited an act of bravery or performs a service to an individual or community, or exemplifies the affection, loyalty, and value of the human-animal bond.
- A KVMA member must make nominations for the award.

Award Recipient
- A committee of the KVMA will determine recipient of the award.
- The award will be presented during the 2019 KVMA Mid-America Veterinary Conference.
- Plaque and monetary award will be presented.
- Animal(s) and their owner(s) should be available to receive the award and participate in the public recognition.

Nomination Form

KVMA Sponsor:
Name of DVM: ___________________________

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Investigating the Incidence of *Brucella canis* in the State of Kentucky

By Cleon G. Hendricks, DVM, MPH, CPH; Debbie C. Reed DVM, MPH; & Bernard A. Okech, MS, PhD

Recent reports of *Brucella canis* affecting humans serve as sobering reminders that this underrated pathogen does not routinely demand nor receive the same attention and precautions as the other zoonotic diseases such as *Salmonella spp* and *Escherichia coli*. Thus, more than ever, it is imperative that small and mixed animal veterinarians, public health practitioners, and family physicians are reminded of *Brucella canis*, its pathogenesis, clinical signs, diagnosis and treatment.

**Key points:**

- *Brucella canis* is a zoonotic pathogen carried by dogs and a likely cause of abortions in pregnant animals housed in breeding facilities.
- Workers that inappropriately handle canine reproductive tissues and aborted fetuses are at the greatest risk of contracting the disease.
- Clinical signs of the disease are often vague and non-specific, making diagnosis difficult; thus, human fatalities are possible due to the unprecedented delay in administering treatment for this organism.
- Blood culture, a diagnostic technique routinely used in veterinary medicine for the pathogen, offers the only reliable method for detecting *B. canis* in human patients.

**Background:**

*Brucella* is a gram-negative species of bacteria capable of infecting cows, elk, buffalo, bison, pigs, sheep, goats, dogs and rarely horses, as well as a select number of marine mammals (Jorgensen et al, 2015; Merck Manual, unknown; Duncan et al, 2014). Lesions associated with the disease in animals result in orchitis in males and placentitis and abortions in females (Merck Manual, unknown; Duncan et al, 2014). Aside from veterinarians being the likely cohort to be exposed to *Brucella* from self-inoculation with a live strain for cattle vaccination such as RB51 (CDC 2012), any human could contract brucellosis from affected pigs (*B. suis*), sheep/goats (*B. melitensis*), cows (*B. abortus*) and dogs (*B. canis*) via self or peer-inoculation during routine animal care, unsuspected ingestion of raw dairy products from infected animals, and contact with tissues and feces of aborted animals (Nomura et al, 2010; CDC, 2012, Jorgensen et al, 2015). In addition to animal contact, humans are also at risk of contracting brucellosis if the bacteria is intentionally aerosolized, which should make the bacteria an interest of national security (Pappas et al, 2006; Jorgensen et al, 2015).

Mild human infections with this genus of bacteria could present as weakness, fever, insomnia and/or arthralgia (Saleem et al, 2010). Severe symptoms of infection that develop months after infection could range from constipation, abortion, encephalitis and spondylitis; all signs which could be confused with well known and familiar diseases such as malaria, influenza, rheumatoid arthritis, or tuberculosis (Saleem et al, 2010). Thus, due to the lag time between infection and symptoms, treatment protocols are variable in humans and could last well over 4 weeks, depending on the drugs used (Saleem et al, 2010; Nomura et al, 2010; Jorgensen et al, 2015).

Detection of *Brucella canis* in humans is complicated due to the unique makeup of the lipopolysaccharide (LPS) coat compared to other Brucella species, with *Brucella canis* lacking an O-side chain in its LPS (Smith, JA, 2018; Saleem et al; 2010; Nomura et al, 2010) and thus requires culturing the bacteria, which could take up to two weeks more, further delaying treatment (Hensel et al, 2018; Jorgensen et al, 2015).

A new look at this old pathogen:

Prior to January of 2019, the incidence of *Brucella canis* within the state of Kentucky was unknown other than previously identified cases arising from other states reported in recent literature and news reports (CBS News, 2019; Johnson et al, 2018). An unpublished study entitled, “*Spatial and Temporal Incidence of Brucella canis in the state of Kentucky: A retrospective study.*” was conducted between the University of Florida’s College of Public Health and Health Professions and Murray State University’s Breathitt Veterinary Center, evaluating the incidence of human and animal cases of *Brucella canis* in the state of Kentucky between January 2008 and January 2019. The supplemental aim of the project was to identify areas of the state that are possible “hot-beds” for *B. canis* transmission between the data drawn from Breathitt’s Veterinary Center’s sample submission database and the public information provided by the Kentucky Cabinet for Health and Family Services (KCHFS).

Canine data was categorized based on test requests (blood culture, tissue culture, IFA for *Brucella canis* and PCR for *Brucella genus*), with only test results pertaining to either *Brucella canis* via culture or seropositivity being included in the study. Additional information obtained
per accession was the number of samples submitted, the age of the subjects, the subject’s sex, the reproductive ability of the subjects and the origin of the sample within the state. Supplemental information extracted from the database was the date of sample submission, the outcome of the tests requested, notation if confirmatory testing was performed and the reason given by the submitter for sample testing. For humans, reportable disease summaries provided by the Infectious Disease Branch of KCHFS was searched over an 11 year period for any mention or case of brucellosis caused by *B. canis*. Additionally, several health departments within districts were contacted to assist in providing information for human cases of *B. canis*. Information obtained between both human and canines pertaining to the origin of positive samples were reported in the state’s recognized Area Development Districts (Fig 1), to avoid isolating a single county, should a high number of positives arise from said county. The intent of overlapping of positive cases between human and canines was to assist the researchers in the creation of disease “hot-beds” or areas of the state where *B. canis* is thought to be endemic for canines and subsequent human infections.

From the identification of these hot beds, the researchers explored risk factors, such as environmental causes for humans, as well as preferred breeds serving as vectors for the transmission of the disease.

**Incidence of *B. canis* in Kentucky:**

For canine cases within the state of Kentucky, 36 samples were submitted for *Brucella* genus testing, across 8 different dog breeds in the state. Of these samples, only 7 tested positive. Thus, the cumulative incidence of the *Brucella* genus within the sample population during the 11 year time frame was 0.19. Out of the 71 blood samples tested via culture for *B. canis*, 6 samples were positive for growth, for a cumulative incidence of *B. canis* within the tested population of 0.08. The samples for this testing came from 8 breeds in 3 different locations of the state. 31 tissue samples originating from 12 canine breeds were obtained for culturing for *Brucella canis*. Of the 31 cases, zero positives were reported for a cumulative incidence of 0 within the tested population. Kentucky submissions requesting *B. canis* specifically (via IFA or card agglutination) resulted in 1028 accessions, containing 1336 cases, from 78 dog breeds. Of this number, 11 accessions (32 cases) were excluded due to invalid testing or mixed results generating 1017 accessions and 1304 cases. The cumulative incidence of positive results per 1000 test requests was 7.5.
For human cases within the state of Kentucky, obtaining information for *Brucella canis* proved difficult due to both KCHFS and the Centers for Disease Control and Prevention (CDC) not speciating reported brucellosis infections. After 2015, it appeared that KCHFS decreased public access to surveillance information of Brucellosis infections within the state. The CDC’s National Notifiable Disease and Surveillance System on the other hand did have information available after 2015, but again, did not speciate the cause of human brucellosis cases reported from the state of Kentucky (only one case in 2017 between the time frame of 2016 to 2019). From 2008 to 2015, KCHFS reported six unspeciated infections with brucellosis, thus resulting in a 0.05 incidence of the disease between this time frame. Historically, the year with the most reports for human cases of brucellosis was 2004, which back then, results were reported via respective area development districts and not across the state. Due to the lack of speciation, the researchers were not able to determine the true incidence of *Brucella canis* for the state and defaulted to tracking the incidence of human cases of brucellosis instead.

**Area Development Districts (ADD) affected:**
After 2004, human brucellosis cases were reported on a statewide level, and not by area development districts. Although a goal of this study was to focus on human cases that occurred between 2008 and 2019, the lack of ADDs accompanying reported positives from health firms provided minimal insight to the proximity of human brucellosis cases in relation to canine cases. Using the ADDs for human infections reported by the KCHFS between 2000 to 2004, ADD#1, ADD#2 and ADD#15, with one case each in ADD#1 and #15 and two cases in ADD#2, were identified sites. For canine data obtained between the 2008 and 2019 timespan, ADD #4 had the highest number of positive samples (11 positives) for IFA/card agglutination testing, followed by ADD#1, with six samples testing positive for *Brucella* genus via PCR and *Brucella canis* via blood culture. ADD #3 had four positive samples consisting of one pooled sample that tested positive for Brucella genus via PCR and three other positive samples submitted for *B.canis* IFA/card agglutination. Both ADD #2 and #5 were tied at two positive samples each resulting from test requests for *B.canis* IFA/card agglutination.

**Closing thoughts:**
For human cases of brucellosis, it was interesting to note that very few cases occurred in densely populated areas of the state (Figure 2). Since majority of cases did occur in less populated areas of the state, it seems highly unlikely that canine brucellosis was responsible for these human infections due to the abundance of farmland and inhabitants (Amish and Mennonite communities) that reside in this area of the state. However, there are some members of both communities that are involved in dog breeding. For canine cases of brucellosis truly caused by *B. canis*, the area development district that appears to be a hot-bed for the *B. canis* (ADD #4), encompasses a number of cities that host a transient population and contains several tourist attractions. The number of kennel operations within this area are unknown, and the number of those operations that remain vigilant in preventing and detecting brucellosis in their breed stock is likely smaller.

Despite literature demonstrating human infections with *Brucella canis* is possible from dogs carrying the pathogen (Acha et al, 1980; Hensel et al, 2018; Johnson, C., 2018), the zoonotic potential of this disease remains unappreciated to the medical community at large. It is vital that human medicine and health departments mobilize efforts to speciate brucella infections in order to build the foundation towards discovering the true incidence of this zoonotic disease within the state. Veterinarians, practitioners of Public Health and physicians of human medicine must remain vigilant and proactive of this clandestine threat instead of assuming a reactive posture to sudden reports of the human infections. Thus, it is essential that all practitioners not only become familiar with the state’s Area Development Districts, but also utilize said districts during disease reporting to afford investigators the ability to accurately determine the epidemiology of diseases within the state.

**Acknowledgements:**
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**References available on request.**
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Jerry Allen, DVM, Monticello, KY. 34 years practice experience, practice ownership experience. Available for small animal relief work in the South Central KY area (roughly, along TN border up to Lexington, west to Bowling Green area, east to around Hazard). Surgery and medicine or either one if desired. Can do limited large animal, need to discuss in advance. Available for part time or a full time position. email: drjallen@gmail.com Text only to: (606) 307-2926

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Dr. Tracy Boehm, Relief and part-time, Northern KY and Greater Cincinnati, Small Animal. 859-803-4987 or sdrgc@yahoo.com

Dr. C. Perry Brown, 2444 Lexington Road, Winchester, Kentucky 40391 SA. 859-745-1050 email: lbrown32@bellsouth.net

Dr. Mark Butler, Available for small animal relief work throughout Northern Kentucky and Southwest Ohio. More info and resume available. Contact: 1106 Mt Zion Rd., Union, KY 41091 markbutlerdvm@gmail.com 859-534-0658 (home), 740-705-1500 (cell)

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