

The Michigan

VETERINARIAN

A magazine of the Michigan Veterinary Medical Association



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Features

- 8 LEADERS ARE READERS
10 THE CHANGING APPEARANCE OF PROFESSIONALISM IN VETERINARY MEDICINE
12 PULSE CHECK WITH DR. ALEX
21 GREAT LAKES VETERINARY CONFERENCE PREVIEW
22 FARM ANIMAL WELFARE IN SMALL TOWN USA
24 A DAY IN THE LIFE OF AN ER VET
26 FIP: FROM DEATH SENTENCE TO ACCESSIBLE, LIFE-SAVING TREATMENT
29 AVMA UPDATE
31 YOUR MICHIGAN ANIMAL HEALTH FOUNDATION: FULFILLING ITS MISSION
33 ANIMAL HEALTH IN MICHIGAN: UPDATES ON H5N1 INFLUENZA A (HIGHLY PATHOGENIC AVIAN INFLUENZA OR 'BIRD FLU')

Departments

- 5 CEO MESSAGE
7 PRESIDENT'S LETTER
14 COMMITTEE UPDATES
17 MEMBER NEWS
36 CLASSIFIED ADS





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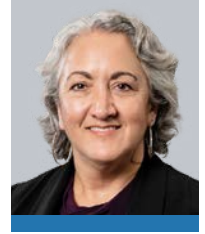
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The Three Cs of Association Membership:

Community



By Bonnifer Ballard, MLD, CAE

I want to take you through what I call the Three Cs of Association Membership: content, collaboration, and community. Over the next three issues, I will walk through why each of these is an important component to membership. I'm going to start with community because I think it's the least understood.

MVMA's membership has all personality types – introverts, extroverts, ambiverts, and so on. We also have a wide range of ages within the membership. I mention these two demographic points because they are at the heart of the topic of community.

One of the big benefits of joining organized vet med is the community that comes with it. You get community in two ways: attending an association event, and a professional network. I'll talk about community at events in a future article. I want to focus on the professional network. This is the group that you can turn to with a question or maybe that you vent to. It is that group that inspires you to think differently and that often energizes you. And I think this is where the magic happens.

As you move through your career and meet more people, you expand your potential for problem solving. It is not just your knowledge and experiences that you bring to bear on a particular situation, but that of others in your network. The really cool thing is that it works both ways. A professional network is a complex web of give and take in many directions. It isn't always about solving a problem. Sometimes it is merely connection and camaraderie.

It can be challenging for people new in their careers or perhaps more introverted or shy to build a professional network. That is why membership is so valuable. Organized vet



med gives you a forum for meeting and connecting with your network. And it's this professional network that keeps you fresh, energized, and learning.

None of us is an island. None of us, regardless of credentials has all the answers. To have a professional network is priceless. MVMA has you covered. Right now, events are the best way to meet and build your professional network, especially the conferences. And we will be expanding ways for members to connect with each other, to help you build community and stay connected. 🐾

Top 5 Tips for Building Your Network

1. Know what you're willing to share.
2. It's more than small talk. Ask meaningful questions.
3. It's about relationship building. Seek to find a connection.
4. Be open to offering help to someone. You know more than you think.
5. Think of networking like investing. It takes time to see a return.

Check out the blog article on the MVMA website for more on these tips.





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Let's Talk!

photo by Dr. David King, DVM, CVA



Current Practices for Sale in Michigan

MI: Southeast -New! North side of Detroit. Established, companion animal hospital in a great location with a long, positive history of serving clients from the region. The revenues are over \$2M and growing. It is housed in an attractive 4,300 sq. ft. facility with all the usual amenities **(MI409)**

MI: Coastal Southwest -Reduced price! Small animal clinic located only a mile from the shores of Lake Michigan. It is housed in a 3,000 sq. ft. facility with great visibility and that is well-equipped with digital x-ray, ultrasound and more. Both practice and real estate are for sale. **(MI328)**

MI: Western - NEW! Practice and real estate for sale! Small animal, general practice with revenues over \$1.1M. Housed in a 3,600 sq. ft. facility that is well-equipped. **(MI432)**

MI: Lower-central - Solo, companion animal hospital in close proximity to I-94 and 194/66. It is a solid practice in a good location. The practice is housed in an attractive facility with all the usual amenities. The owner is ready to retire so the practice is for sale and financing is readily available and the after-debt cash flow to the new owner is very good. **(MI423)**

MI: Eastern - Small animal practice located about an hour northwest of Detroit. It is an active and growing, solo practice housed in a well-maintained and well-equipped facility. The owner is ready to retire so both the practice and real estate are for sale. **(MI412)**

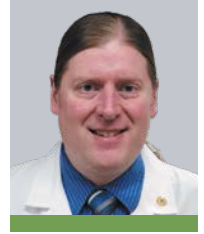
MI: Southern- Solo, small animal hospital located between Ann Arbor and Lansing, MI. It is a growing practice with hours that support a nice work/life balance. It is housed in a 2,000 sq. ft. facility that has all the usual amenities. Both practice and real estate are for sale. **(MI249)**

MI: Central - Established, solo, small animal hospital located in Lansing, MI. The practice is well-equipped and housed in an 1,800 sq. ft. facility with plenty of room for future expansion on the almost 4 acres of property. Both practice and real estate are for sale. **(MI407)**

MI: Eastern - Small animal clinic located in a delightful community north of the Detroit metropolis. The current owner has kept the practice small for a balanced life-work schedule but is still growing and up 20% this year. It is housed in a 1,200 sq. ft. facility with good visibility and easy off-street parking for clients. Both the practice and real estate are for sale. The owner will help with the transition. **(MI235)**

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Safeguarding **the Profession**

By Matt Hynes, DVM

Greetings MVMA professionals and associated veterinary industry team members! Matt Hynes, your MVMA president for 2025, here to give you a little update on our goals for this year, and provide some thoughts on discussions that will be coming up as we move forward.

So: what do we do at MVMA? Of course, we hope to be your primary source for local, in-state CE, and our conferences provide an invaluable opportunity to connect and share ideas, triumphs, and commiserate with those in our field most close to home. As 2025 progresses, we will be making some changes to our programming based on your suggestions during 2024, increasing options for pricing, as well as introducing additional content for our non-traditional CE tracks, and anticipate further additions to our conference accessibility and engagement offerings. Thank you for all the constructive feedback, members, and look out for more of your thoughts, like mentorship opportunities, photo booths/head shots, et cetera, to appear as well.

I am very proud to report that MVMA's legislative advisory wing has also been hard at work, protecting our profession and safeguarding our collective autonomy in this vast and many-faceted field we share. To sum up, MVMA helped to stop several bills, some of which would have changed the face of our VCPR in Michigan permanently, hobbled medical research in our state, and potentially changed the structure of future civil legal disputes in our field to include qualitative/emotional damages. Kudos and thanks to our team, and to those members who reached out to their representatives for their efforts.

Lastly, I'd like to mention that as a board, we have taken steps to review and revitalize our strategic plan this year. Our initial planning meeting was very productive, and incorporated many of the best thoughts and concerns expressed by our members. The future looks bright, so please expect more news on this as the process continues.

All that said, MVMA is a member-driven organization. Never hesitate to reach out to myself or your district board representative with matters you feel affect our profession. My next article will be on MVMA's continued DEI initiative, our philosophy behind it, and some thoughts on why, if 'DEI' immediately triggers a negative reaction, you may want to reconsider your position in this case... I know I did. It turns out, it's not about rules and restrictions, it's all about mutual respect and understanding for everyone who participates – colleagues, coworkers, clients, patients, and so on. If our profession itself serves diverse groups and interests in a diversity of ways, shouldn't that make this a discussion our state association really *must* have? I'll leave you with that to ponder in the meantime. Be well until next we speak! 🐾

“ MVMA is a member-driven organization. Never hesitate to reach out to myself or your district board representative with matters you feel affect our profession. **”**



Leaders are Readers

BY JULIE CAPPEL, DVM

Veterinarians, veterinary technicians, managers, and others in our field know that keeping up with medicine is a full-time job. So many medical and technological advances happen daily, and it seems impossible to keep up. The same goes for personal growth and leadership.

One day last week, I was listening to one of my favorite leadership podcasts when the host began to talk about the transformative power of reading. He listed many of his favorite books, some of which I have read and others I have not. His words and enthusiasm caused me to examine my current

reading habits and how I might improve myself. I agreed wholeheartedly with his sentiment about the need for leaders to read and grow. I consider myself a reader, but there is definitely room for improvement. How many times do we buy a book and then look at it sit on our desk or shelf while we run off to work, clean the house, answer emails, attend kids' sports or school events, and do all the other things we have on our loaded plate each day? I often ask myself, "Who has time to read?"

The answer is: we all do.

To be a great leader of yourself and others, you must invest time into

continuous growth. Reading is a key part of personal and professional development. It exposes you to new ideas, challenges your thinking, and allows you to learn from the experiences of others. You must consistently learn, grow, and change to get the most out of your work and your life. It may sound difficult to add one more thing to your crowded plate; however, growing and learning is key to being truly fulfilled in your life.

You are not a leader, you say? Remember that leadership is not confined to official positions. Even if you are not in an official leadership role like a hospital owner or manager, you can still grow in leadership and professional development. You have the potential to lead from anywhere in your organization. Leadership is not granted; it is earned. So, even if you do not currently hold an official leadership position in your hospital, you can and should strive to develop your leadership skills.

"To be a great leader of yourself and others, you must invest time into continuous growth. Reading is a key part of personal and professional development. It exposes you to new ideas, challenges your thinking, and allows you to learn from the experiences of others."





It starts with a growth mindset. Individuals who believe they can increase their skills and talents through hard work have a growth mindset. With this mindset, you will achieve more and put more effort into learning. Once you adopt the growth mindset, you must incorporate reading into your day.

Reading and learning help to keep your brain healthy and active. It leads to better self-understanding, better communication skills, and empathy towards others. Reading will also affect the people around you and those that you lead as you model growth behavior for your team. It will rub off on them. Reading allows us to learn from others' experiences and mistakes. Warren Buffet once said, "It's good to learn from your mistakes. It's better to learn from other people's mistakes."

Reading changes your perspectives. It is inspiring to learn about someone's journey to success and how they overcame odds or made their fortune. Reading humbles you as you learn about others' challenges

"Not all readers are leaders, but all leaders are readers."

– US President Harry S. Truman

or tragedies and how they overcame adversity on their journey to success. Your journey is always unique, but you can draw parallels with others and learn with them through their stories.

How do you start?

Keep it simple. If you are new to reading for leadership and personal growth, don't start with something complicated. You can read a biography of someone you admire or a short leadership text from a well-known leader, taking small steps. Fifteen to twenty minutes a day is all you need to start to make reading a habit. Take notes or highlight your book or e-reader to help you focus on the leadership lessons that you are learning.

Put your learning into action. As you learn, solidify the lessons by observing

your team and take action to put your leadership training into effect. Try one small thing to grow your skills and positively affect your clients, family, or team.

Leadership lessons are valuable in helping you communicate with clients, increase empathy, and build resilience at work and home.

Reading is a perfect way of caring for yourself, so make it part of your daily self-care routine. You will be better, smarter, and stronger for it. 🐾

If you would like some leadership or self-development book recommendations, I have a list. Email me at jacappeldvm@gmail.com.





The Changing Appearance of Professionalism in Veterinary Medicine

BY DEI COMMITTEE MEMBER MEGAN GRANT, DVM, MBA

Professionalism is defined in Merriam Webster's Dictionary as the "conduct, aims, or qualities that characterize or mark a profession or a professional person". All too often we overinterpret this definition and extrapolate what this means to each of us, especially in regard to the appearance of our associates. Over time, what this has looked like has changed in our society, and we as a profession must continue to adapt to these societal changes as we continue to strive to not only be an employer of choice, but also to create an inclusive environment for our associates and clients alike.

Tattoos are one of the most prevalent physical alterations we are seeing in society that has had controversial

“Discrimination based on tattoo presence and/or asking associates to hide this part of themselves deteriorates the quality of people that we are attracting as employees as well as creating a non-inclusive environment in our hospitals.”

interpretation in the professional realm, both in veterinary medicine as well as other professional careers such as human medicine and dentistry. Tattoos had often been perceived historically as an unprofessional appearance, associated with causing an impression

that someone may not have been as competent and/or causing others to be uncomfortable. While these impressions still exist in pockets today, it is important that we as a profession start to think differently about this topic. In becoming more educated and understanding,



tattoos are now understood as expressions of people's personalities and beliefs, being expressions of who they are as a person. When we inhibit these expressions, we are suppressing their self-expression, and we know that people function better when they are able to be their true selves. We are shutting out certain people who may be tremendous associates and provide a diverse and approachable associate base when we discriminate against this expression of self. In addition, we may be overlooking fantastic employees who may be able to not only offer exceptional performance and skills in our hospitals but offer a more diverse associate base that is more approachable for our clientele. Discrimination based on tattoo

“

A best practice is to establish a guideline in an employee handbook about appropriateness of piercings and jewelry and making sure to abide by these directives.

”

presence and/or asking associates to hide this part of themselves deteriorates the quality of people that we are attracting as employees as well as creating a non-inclusive environment in our hospitals.

Piercings are another topic of discussion in the realm of professional appearance. While piercings are also a form of self-expression and should be respected, we also have recognized potential safety risks that some piercings may pose. For example, long, dangling earrings may pose a risk for getting caught on something and/or in pet fur and may pose a risk for patients and employees alike. For this reason, a best practice is to establish a guideline in an employee handbook about appropriateness of piercings and jewelry and making sure to abide by these directives. If a policy is becoming not as applicable or outdated, these guidelines and protocols should be updated rather than just not upholding them. By doing so, there is room to allow employees to use this form of self-expression while creating safe boundaries for them and our patients and having clarity for our employees and what is expected from a non-discriminatory standpoint. These guidelines should be focused on safety and not a discriminatory bias around different types of piercings, which sometimes takes more intentionality and partnership on creating and/or updating these policies.

Hair color is another characteristic that is still defined in some employee handbooks. This again should not be something that we are defining for our employees as this feature is aesthetic

only and does not pose a risk to patient or employee safety. Rather, it is another form of self-expression that should be respected as another way that we can support our associates as an employer to create an environment that the employee feels comfortable with being their true self in.

In conclusion, we need to be thinking differently as a profession about outward appearance and how that relates to self-expression of our employees. Misconceptions still exist about how the appearance of our employees will affect our clientele and their perception, however, there is much data now available that dismisses this notion. For example, a 2018 study in human medicine showed that body art (defined as tattoos and/or piercings) did not cause an alteration in client/patient perception of physician competence, professionalism, caring, approachability, trustworthiness or reliability, and rather, assigned high performance in all domains >75% of the time, regardless of physician appearance.¹ We need to recognize that many of our perceptions of how this self-expression affects our clients may be outdated and based on experience and/or bias, rather than what reality is telling us. Society is changing, and we need to be willing to adapt to this change as a profession, creating an inclusive environment for associates and clients alike to keep pace with this evolution. 🐾

1. Cohen M, Jeanmonod D, Stankewicz H, et al. 'An observational study of patients' attitudes to tattoos and piercings on their physicians: the ART study,' *Emergency Medicine Journal* 2018; 35:538-543.

Situational Update: HPAI in the USA

By Alexander W. Strauch, DVM, MBA



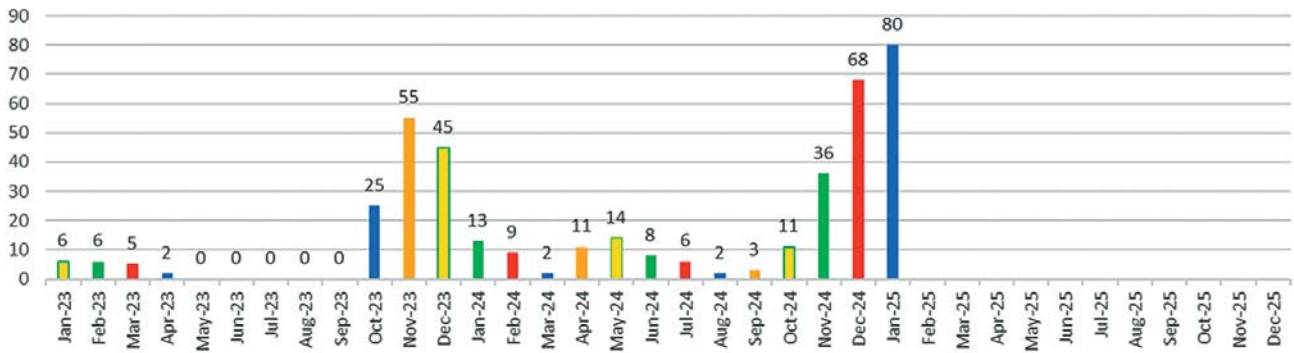
Unfortunately, the Highly Pathogenic Avian Influenza (HPAI) outbreak that began in 2022 continues to not only plague the US poultry industry but is also causing notable infections across multiple species. Commercial poultry, wildlife, backyard birds, house cats, captive big cats, dairy cattle, and humans are some of the populations that have recently been affected by the H5-type Influenza A virus domestically.

Commercial Poultry

The end of 2024 saw a monumental HPAI outbreak in California that quite literally decimated the vast majority of the state's laying hen populations over the course of November through December. As the nation's top dairy-producing state, California was primed to experience increased H5 influenza transmission risks once infected dairy cattle were detected within the state. Starting around the Central Valley region and then spreading south, poultry farms found themselves surrounded by H5-positive premises as the days went on and the state's HPAI

case count continued to rise – inevitably infecting laying hens, broilers, turkeys, and duck farms while more and more neighboring dairy farms tested positive for H5 Influenza A. In accordance with federal regulations for foreign animal disease (FAD) response, the infected premises were depopulated to reduce viral shedding and additional spread risk. On a personal note, I had the unique and tragic experience of deploying out to California three separate times to provide veterinary oversight and incident management for some of these emergency depopulations – something that is pretty 'unforgettable' to say

Number of Commercial and WOAH Poultry Premises Positive for HPAI as of January 30, 2025



Source: Dr. Eric Gingerich, President, Association of Veterinarians in Egg Production

the least. As someone who has prepared for moments like this for the last 8 years, I had always hoped that I'd never actually have to execute these plans. Sad? Yes. Necessary? Also, yes.

Locally, Michigan saw six commercial turkey premises on the west side of the state test positive for HPAI. All were subsequently depopulated and some farms have been released from their 'Control Zone' statuses already at the time of writing this article.

And as if the national egg supply wasn't feeling strained enough, a concentrated outbreak of HPAI has also been transpiring around the west Ohio-east Indiana border region involving Mercer, Darke, and Jay counties. This 'poultry-dense' area is seeing the wild bird-origin type of H5 spread amongst layer and turkey farms – heavily testing the biosecurity protocols of the local, tight-knit agricultural communities.

HPAI and Cats

The risks of feeding raw diets to our pet dogs and cats have become even more pronounced recently with the multi-species spread of H5N1. Within the last couple months, a number of feline H5 Influenza A cases have linked raw milk and raw poultry meat to fatal outcomes (NPR, 2025). One example includes a case report by the Oregon Department of Agriculture describing a house cat who died following consumption of a frozen, raw turkey product that was marketed for cats by Northwest Naturals. Traceback investigation found that "tests confirmed a genetic match between the virus in the raw and frozen pet food and the infected cat" (Oregon, 2024). Once again, the known risks of feeding raw diets to pets, such as *Salmonella* and *Listeria*, outweigh any potential and unsubstantiated benefits from the unnecessary practice. As part of the on-going outbreak response, the USDA has enhanced its pre-slaughter HPAI surveillance program for turkeys in affected states – mandating

isolation with clinical monitoring and premovement testing 72 hours prior to sending to slaughter for turkey premises outside control areas (APHIS, 2025). While this additional food safety measure is a prudent move to further protect pet cats, another group of felids is also at risk of contracting H5N1 as well – captive big cats. Such was the heartbreaking case for The Wild Felid Advocacy Center of Washington which was quarantined after bird flu killed 20 big cats at its sanctuary center over the course of one month (NPR, 2024).

Next Steps

In the interim, increased biosecurity protocols, stamping out the virus, and continued common-sense hygiene measures are all still necessary to reduce the risk and spread of HPAI across multiple species. National and international discussions regarding the potential for implementing an H5 vaccine for US poultry are slow and contentious. So, for now, poultry veterinarians such as myself must rely solely on prevention and containment. 🐾

Sources:

- USDA, APHIS Updates Policy to Enhance Surveillance of Turkey Flocks in Highly Pathogenic Avian Influenza Affected States. <https://tinyurl.com/mp57cj3j>
- NPR. Bird flu has killed 20 big cats including cougars at a U.S. wildlife sanctuary. <https://tinyurl.com/49nhkhfk>
- Ohio Department of Agriculture. Northwest Naturals of Portland Voluntary Recall of Northwest Naturals Brand 2lb Feline Turkey Recipe Raw & Frozen Pet Food Due to HPAI Contamination. <https://tinyurl.com/db7h5hwm>
- NPR. What to know about protecting your cat from bird flu. <https://tinyurl.com/4wjrpbr7>

Equine Practice Committee Update

By Lara Stephens-Brown, DVM, CVSMT, Chair of Equine Practice Committee

The MVMA Equine Practice Committee is gearing up for an exciting year ahead! We are now in the second year of our renewed committee effort and recently elected new Chair and Vice Chair positions. We hosted an excellent hands-on Continuing Education event to complement our MiVetCon topics this past fall. The most recent Chair of the Equine Committee, Dr. Ashley Pfeifer, spearheaded this amazing wetlab.

Our Equine Lab, held February 22 at Horses' Haven in Howell, featured our fantastic speaker, Dr. Stephanie C. Bell, DMV, Diplomate ACVO. She walked wetlab participants

through hands on procedures on cadavers and live horses after an engrossing morning of lectures. This could not have been such a success without our fabulous sponsors for the day – Boehringer Ingelheim, Zoetis, Midwest Veterinary Supply, Estaote, and Horses' Haven. Attendees had great reviews after the day of hands-on learning!

Stay tuned for more educational content from your Equine Practice Committee and please do not hesitate to reach out if you have an idea for a lecture for MiVetCon or future wetlab topics. 🐾

Food Animal Committee Update

By Kayla Clark, Food Animal Committee Co-Chair

I am excited to have joined the Food Animal Practice Committee in 2024 and I am looking forward to collaborating with fellow members and organizations like MSU CVM and MDARD. We are currently working to address challenges in our profession and assist in continuing education opportunities for food animal practitioners in Michigan. Recently, we have briefly touched on or received updates on topics including HPAI, Large Animal Skills Certificate Program and veterinary shortage areas in the VMLRP. I am eager to help with the Food Animal Track CE at MiVetCon and MSU CVM Large Animal CE Day for 2025.

On a more immediate note, I hope everyone made it through the recent cold snap safely! Working outside in negative-degree weather is no small feat, and I hope our fellow veterinarians were able to manage. For those facing extreme cold, a tip I have found helpful is using disposable hand warmers, especially for the non-palpating hand – placing them over the hand can provide much-needed relief during long hours outside. Another spot is in a pocket to provide relief at times. Electric hand warmers are another great option if you prefer something reusable. At our clinic, our veterinarians focus heavily on layers, from using a moisture wicking base layer to keep dry followed by insulating layers to help trap and keep heat. Waterproof or windproof layers are extremely helpful to battle the harsh winds while working outside. Another focus is proper socks utilizing wool or thermal socks to keep our feet dry and comfortable. On top of that, I know many are battling illnesses right now, so I want to echo the importance of staying home if you're feeling unwell. Limiting the number of staff in the clinic and using hand sanitizer frequently are simple, yet effective, ways to help protect your team and clients during this time.



At our practice, we have been seeing an increase in new clients who have never raised livestock before. We have recognized the need to provide additional education on keeping animals healthy during cold weather. Many new livestock owners are not familiar with the extra care and precautions required in winter months. We can help ensure that their livestock thrive despite the cold by emphasizing the importance of proper shelter, nutrition and fresh unfrozen water. We can then take it a step further by showing them how to monitor for signs of frostbite or hypothermia, teaching them when to add more bedding and how to monitor their animal's body condition. By increasing client education on these key factors, we are empowering new livestock owners to provide the best care possible and maintain the health and well-being of their animals during the harsh winter season.

I am looking forward to hearing about any challenges or concerns you might have or topics of interest for continuing education. Together, I hope we can continue to make a positive impact on the food animal practice community in Michigan! 🐾

Legislative Advisory Committee Update

By Robert Fisher, DVM, Legislative Advisory Committee Chair

The 2023-2024 legislative session has concluded. During the session there were a variety of legislative initiatives introduced that were both advocated for and opposed by the MVMA. The post-election 'Lame Duck' session was particularly memorable. Often in the lame duck session there is a flurry of activity to pass pending legislation, in particular when the majority party is going to change for the next legislative session. This occurred in the Michigan House of Representatives. However, the House was unable to achieve a quorum resulting in a failure to pass legislation in the final few days of the session. Consequently, no legislation (good or bad from the MVMA perspective) that the MVMA was tracking or had a stake in was passed.

Notable legislation that failed to pass include the following:

- 1) **House Bill 4980:** Would have allowed the establishment of the veterinary-client-patient relationship without an in-person examination of an animal for the purpose of practicing veterinary medicine via telemedicine. This was in contradiction of both the MVMA and AVMA as well as existing LARA rules.
- 2) **House Bills 5834 & 5835:** would have established additional restrictions and penalties for the misuse and diversion of xylazine without the reclassification of it as a controlled substance.
- 3) **Senate Bill 866:** Would have allowed for the awarding of non-economic damages to owners of service animals where there was a loss associated with negligence.
- 4) **House Bill 4849 and Senate Bill 1046:** Would have banned animal research in dogs and cats in public institutions where such research caused any pain or distress in the animal.



All legislation introduced in the 2023–2024 session not passed into law does not carry over to the 2025–2026 session and must be re-introduced in order to be considered.

The MVMA legislative day is planned for April 17, to meet with both Michigan Senators and House members. As in the past, member participation is important in presenting a broad statewide constituency. RSVP to participate on the MVMA website and help veterinarians have their voices heard. 🐾

ESTA affects every business. Check out the resources on the MVMA website to learn how best to implement the Earned Sick Time Act for your practice.

Leadership Development Committee Update

By Julie Cappel, DVM Leadership Development Committee Chair

The Leadership Development Committee's focus is to provide consistent, talented leaders for the organization at the state and national level. The committee recently gathered and approved nominees for the Board of Directors as well as the Second Vice President position for the Executive Committee. The committee plans to meet again in the first quarter to

plan for future nominations and work to discuss plans for our Power of Ten Program.

If you want to learn more about the MVMA or the Leadership Development Committee please reach out! We are always looking for strong leaders to join our association and to get involved. 🐾

One Health Committee Takes Shape

As the world emerged from the pandemic, the MVMA Board of Directors determined that the role veterinarians play in the health and wellness of Michiganders goes beyond zoonotic diseases like rabies. After much deliberation, the Board decided to sunset the long-standing Public Health Committee and over the ensuing months formed the One Health Committee. The Committee began organizing in late 2024 and is preparing to have a real impact on this strategic issue.

So, what is 'one health,' you might ask, and how is it different than how we used to think about public health? Here are a few definitions:

"Fulfilling society's interest in assuring conditions in which people can be healthy."
 – *Institute of Medicine*

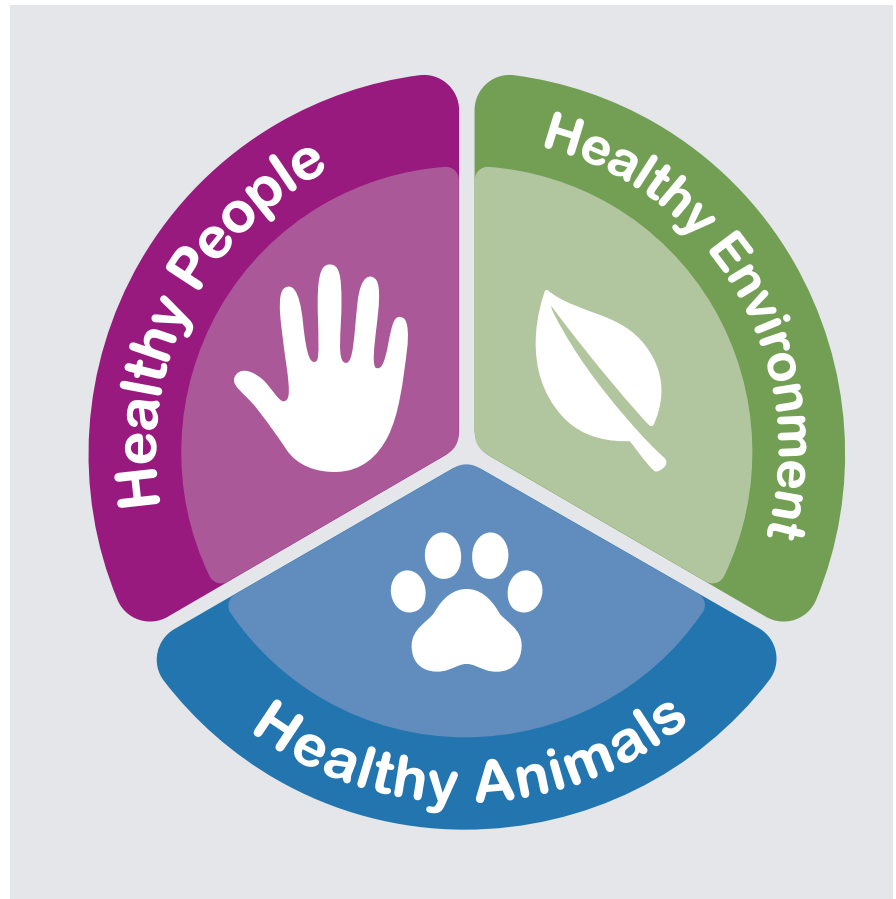
"Public health aims to provide maximum benefit for the largest number of people."
 – *World Health Organization*

The American Public Health Association defines it as a "science-based, evidence-backed field striving to give everyone a safe place to live, learn, work and play."

A progressive and broad definition to be sure, but take a look at the definition of One Health.

One Health is an approach that recognizes that the health of people is closely connected to the health of animals and our shared environment, according to the Centers for Disease Control and Prevention.

“ One Health is an approach that recognizes that the health of people is closely connected to the health of animals and our shared environment. ”



The National Institutes of Health adds that it is "an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals, and ecosystems.

What makes One Health different is that it *requires* a multidisciplinary approach. MVMA plans to be a partner in this approach to a healthy Michigan. The Committee, chaired by Dr. Megan Grant,

will focus its energy on helping MVMA members better understand how One Health impacts their practice, identifying resources for all Michigan veterinarians, and building partnerships with other disciplines. 🐾

Thank you

A heartfelt thank you to the members of the Public Health Committee for the years of dedicated service to MVMA and to protecting public health.

MiVetCon Reimagined

MVMA's Michigan Veterinary Conference used to go by MVC, and was held in Lansing in partnership with MSU CVM. Several years ago, the partnership took a turn. MVC evolved and became known as MiVetCon. Over the winter, a task force was convened to finish the work of reimagining what the conference can and should be to best serve veterinarians in Michigan.

The process started with a survey to members and non-members about the most important factors in deciding which conferences to attend. This information was particularly helpful in focusing the task force's attention on priority areas of quality CE, location, value. Although we can't make every change this year, the result is a road map for how MiVetCon will evolve in the coming years. Here are a few of the highlights.

Clear Purpose

MiVetCon's purpose is to provide high quality, practical CE for Michigan veterinary healthcare teams while providing a sense of community and belonging.

Quality CE

While MiVetCon has long offered quality CE, speakers will be asked to incorporate modern andragogy into sessions by way of points of engagement. Polls, activities, and other learning check points will be woven into each 50-minute session.

Micro-sessions will be introduced to offer 'speed dating' style learning for those who want trends and hot topics. These will consist of three 20-minute sessions done in succession, so that attendees still earn CE.

Wetlabs and practice labs will be incorporated into the program when possible for those who want hands-on learning experiences.

Rich with Features

A Conference app, Wi-Fi, mobile charging stations, and gamification will all become standard features of the conference to modernize and enhance



MI VET CON

MICHIGAN VETERINARY CONFERENCE

the attendee experience. Quiet rooms, a nursing mothers' room, a photo booth, and a comfort animals' area in the exhibit hall are all features we hope to add in the future as well.

Community and Belonging

Building a sense of community and belonging will happen through shared experiences as well as activities that allow attendees to connect in ways best for them. Veterinary professionals have challenging jobs and need time and space to feel community and to rekindle their inspiration. MiVetCon seeks to be that time and space.

A career support program is being developed that will include resume review, mentoring, and more to assist students, recent grads, and those at all stages in their career. This is yet another feature that can build community and connection.

In Partnership

MVMA is in discussions with MSU CVM on various aspects of the conference, including ways to get students and faculty more involved. All of us are enriched when we have the entire veterinary profession represented at MiVetCon.

Value

Registration packages are being crafted in a 'choose your own adventure' style, to provide maximum flexibility and

affordability. And a discount will be offered for practices who register four or more people at once. This year, registration prices will be as low as \$350.

What's next?

MiVetCon2025 is already contracted for Suburban Showplace in Novi. Given the roadmap, staff will be working with the venue to create an amazing attendee experience. There will also be information on things to do in the area so that attendees can create the kind of experience that best suits them.

Proposals for future conference venues are being explored and locations for the next five years will be secured before the end of summer.

It may take a few years, but MiVetCon is becoming a whole new conference experience. Save the date and see for yourself! 🐾

Save the date!

MiVetCon2025
Suburban Showplace
Novi, MI
Sep 26-28, 2025



MI VET CON
 MICHIGAN VETERINARY CONFERENCE

Thank you to the Reimagine MiVetCon Task Force for your work in charting a course for the future of MiVetCon.

Angel Abuelo, DVM
 Stephan Carey, DVM
 Courtney Chapin

Dana Meske, DVM
 Annah Miller, LVT
 Laura Miller, DVM

Ashley Pfeifer, DVM
 Sue Sayles, DVM
 Lauren Walker, DVM

Educational Events Calendar

MARCH

- 5** Small Animal Seminar Series: Endocrinology
- 12** Lunch & Learn Webinar: Practice Financial Health and Next Steps

APRIL

- 9** Small Animal Seminar Series: Geriatrics and Hospice for the General Practitioner
- 23** Lunch & Learn Webinar: Stopping the Storm of Conflict from Raging in your Office

MAY

- 7** Small Animal Seminar Series: Feline Medicine
- 15** Mandatory CE Day
- 21** Lunch & Learn Webinar: Minimizing the Impact of Burnout on Your Bottom Line

JUNE

- 11** Lunch & Learn Webinar: Cyber Security and Keeping Your Practice Data Safe
- 22-24** Great Lakes Veterinary Conference

MARCH

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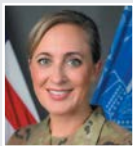
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Members on the Move

A new column sharing job changes and promotions



Megan Grant, DVM, MBA from Area Chief of Staff to Area Director of Veterinary Quality of Banfield Pet Hospital



Jill Lynn, DVM from a Major (O4) with the 432nd Civil Affairs Battalion to Lieutenant Colonel (O5) with the 352nd Civil Affairs Command in the U.S. Army Reserve Veterinary Corps.

In Memorium

Remembering members who have passed



Jack E. Sauer, DVM passed away in December 2024. Dr. Sauer has been a member of MVMA since 1972.

Welcome New Members

Welcome to members who joined from Nov 7, 2024 through Feb 4, 2025

Nichole Aldrich, DVM
Madison Barrett, DVM
Christian Brunner, DVM
Sarah Carter, DVM
Cortney Chapin, DVM
Katherine Chicotka, DVM

Leslie Karkheck, DVM
Nicholas Libio, DVM
Kay Marinac, DVM
VirI Martin, DVM
Ilyssa Meren, DVM
Kay Monroe, DVM

Parviz Najmeddini, DVM
Laurie Nelms, DVM
Melissa Nelson, DVM
Amber Olson, DVM
Kaitlin Quinter, DVM
Lori Polkowski, DVM

Christy Reagan, DVM
Janae Seneker, DVM
Anette Skoog, DVM
Ashley Steuer, DVM
Laurel Stucky, DVM
Cheyenne Vivian, DVM

VetPAC 101

Did you know that MVMA has a PAC? In today's polarized political environment, PACs are looked at unfavorably because most experiences with PACs are through partisan politics. However, that is NOT VetPAC.

VetPAC is a *nonpartisan* way for MVMA to support any state elected official who supports our legislative goals. In recent years, there have been a number of critical issues facing veterinary medicine. These legislative initiatives, if passed, would have represented both positive and negative impacts on MVMA members and the practice of veterinary medicine.

In the past five years, VetPAC contributed a total of \$10,350 to both Republicans and Democrats, based on their support of MVMA's position. Contributions are usually

“ In recent years, there have been a number of critical issues facing veterinary medicine. These legislative initiatives, if passed, would have represented both positive and negative impacts on MVMA members and the practice of veterinary medicine. ”

small, ranging from \$100 to \$500, and allow us to maintain relationships with influential members of the State House and State Senate who align with our goals of protecting animal welfare and the veterinary profession.

The VetPAC together with the Legislative Advisory Committee, the MVMA lobbyist, support from AVMA, and the active

participation of members are all key factors in our successful legislative efforts. Please consider making a donation to VetPAC.

As a 501(c)6, MVMA's PAC can only receive donations from members and their immediate family members. To see details of VetPAC activities or to make a donation, visit the MVMA website. 🐾

MVMA maintains an active Legislative Advisory Committee prepared to protect the interest of veterinarians and veterinary staff with regard to state and federal legislation

“RUN WITH THE PACK.”

VET-PAC

DONATE TODAY

Michigan Veterinary Medical Association Political Action Committee

Member Spotlight

Lauren Walker, DVM

Colonial Veterinary Clinic

Graduated from Purdue University College of Veterinary Medicine, 2009 • MVMA Member since 2018

Tell us about your practice.

We are a small animal general practitioner, limited to cats and dogs.

When did you know you wanted to be a veterinarian?

I knew I wanted to be a veterinarian in kindergarten. My kindergarten graduation speech was about being a veterinarian. I have loved animals from a young age and our family veterinarian showed me that caring for animals could be a job.

What do you love about your work?

I love helping families learn how to care for their furry family members. It's fulfilling to be with a family from their pet's first visit through their last visit in old age. I also love being a part of helping keep our communities safe by educating families about zoonotic diseases and the One Health concept.

Share with us a memorable or particularly meaningful patient success.

I had a middle-aged beagle patient that was extremely obese. She weighed a little over 50 pounds and should have been 25 pounds. Her owner and I were determined to find a solution to get her in better shape. We found a diet that would address her other health concerns and allow her to lose weight. Her owner was committed and over the course of a year she got down to 25 pounds. This was early in my career and showed me the value of working collaboratively with families while advocating for my patients.



How do you recharge your batteries after a particularly challenging day?

I recharge by spending time cuddling my pets, caring for my plants and binging a good series.

What are your hopes for the larger vet med space?

I hope that veterinary medicine continues moving toward being a wellbeing space. By that, I mean a space where we are able to care for the patients we love and are also able to support our own mental, physical and financial wellbeing. I think we're making strides in adjusting our priorities and values, but there is still a long way to go.

What advice would you give a new graduate just starting out?

My advice to new graduates is to trust your instincts. You've been trained well and have a wealth of knowledge. It will take time to become confident in applying that knowledge. When you need help, ask. When you feel confident, do what you've been trained to do. Find a good mentor. A good mentor will encourage you when you're doing well, and help you think collaboratively through challenges. 🐾



Great Lakes Veterinary Conference

Great Wolf Lodge • Traverse City, MI
June 22–24, 2025

Earn CE while enjoying Northern Michigan.

This conference is a niche, small animal focused conference that offers an opportunity to earn continuing education credit and some leisure time. Attendees can learn from board certified speakers during the day and enjoy all the area (and the venue) has to offer in the evenings.

KEYNOTE AND STAFF WORKSHOP

Speaker: Richard M. DeBowes, DVM, MS, DACVS (invited)

SESSIONS

Internal and/or Emergency Medicine, Radiology,
Practice Finance, Legal, Vet Practice Efficiencies

GREAT WOLF LODGE

Enjoy the indoor water park, three restaurants,
a tour of local attractions, shopping in downtown
Traverse City, and more.

REGISTRATION*

	Member	Non-member
DVM	\$395	\$499
Veterinary Staff	\$265	\$299

* Receive a \$25 discount per person if you register four or more people at the same time.

Sponsorships are available.

Contact Kara Henrys at
henrys@michvma.org.

Register online today!

NOTE: Speakers and topics subject to change. Please visit the website for the latest program information.



Farm Animal Welfare in Small Town USA

By Margaret Schreiner, DVM, Animal Welfare Committee member

I live in a typical rural area in the Thumb of Michigan. We have several small towns surrounding my rural practice. This practice was started in the 80s as a mostly food animal practice that also did some small animal work. The 90s brought the buy out of dairy farms in our area and the practice owner at the time made the pivot to small animal and equine. When I bought the practice in 2009 the practice was small animal exclusively. I brought equine back to the clinic and we were small animal and equine until 2018. At that time, we became small animal exclusive again and I became a solo practitioner. Some of that decision was based on my age and starting a family. Most of that decision was my inability to hire and retain an associate who wanted to practice mixed animal medicine and live in our area. I struggled with the decision to leave equine medicine, not only because that was how I identified myself, but also because I knew I was going to leave animals without access to care.

Animal welfare depends on many things, but I believe an important component for horses and other farm animals is access to veterinary services. There are now only two equine practices within our two counties, and just one left in a neighboring county. One of them also primarily serves what dairy farms remain in our area and they cover a lot of counties. These practices try their best to cover a huge area. If people do not have an active account (meaning they don't see their

large animal practitioner at least once a year) then they are not considered active clients and don't have access to emergency or urgent veterinary care.

I am in *no* way calling out these practitioners in a negative way for their boundaries. If anything, I admire them and wish I had set similar protocols when I was in practice. I know being available to anyone at all times led to my burnout.

So, what to do? How do we 'solve' the problem of horses, goats, pigs or the occasional cow needing to be euthanized and no one comes out. Horses colicking and no one sells them Banamine; farm animals with injuries and no one to sew them up. How do we get the word out to our community, our counties, our states, our nation that times have changed?

There needs to be a shift in how rural people think about their horses and other farm animals (at least ones they are not running as a business). Gone are the days when they can do most of the work themselves and just call a vet for emergencies (including those emergency Coggins on Thursday for a Saturday show). The wonderful thing about living in the country is the ability to have many horses or other animals on your property. The issue becomes having a vet out for vaccines and wellness exams once a year for those animals. There are still so many people who have always had a herd of

horses (or goats, etc.) and they are clinging to the old ways, when horses were considered 'stock animals.' I would argue that horses are now companion animals. Maybe not for those that breed or train them, but certainly to their owners. They are a luxury. The cost of veterinary care per horse should be the same for the same work, same expertise, no matter where you live or how many horses you have. The same could be said of goats and even those adorable miniature cows everyone bought a few years ago.

So, what do we do? Or do we, as a profession, do anything? Is it our moral or ethical obligation to let our country know that times have really, *really* changed. I know we have all seen this coming for years, but for a lot of us, it's here now. And for a lot of animals, their suffering is happening now.

Do we make a public service announcement through the MVMA, the AVMA. Petition our local 4H clubs and agricultural offices to spread the word. Do we need to get national breed associations to start educating their members?

Would Lansing get involved? Start training animal control officers on large animal euthanasia practices or state police on humane euthanasia of large animals using firearms? How about holding classes or publishing online videos about the proper placement and technique for euthanasia by bullet.

“Is it our moral or ethical obligation to let our country know that times have really, *really* changed. I know we have all seen this coming for years, but for a lot of us, it's here now.”

Rather than trying to train and retain large animal practitioners (which seems to be futile at this point) do we just need less horses and other hobby farm animals in general, so they don't suffer?

Despite how people *should* manage their farm animals, it doesn't negate the fact that there are still horses and other farm animals that are suffering because of their human's failure to plan ahead or their inability to afford the cost of yearly preventative veterinary care in order to maintain a current account. Or sometimes it's not a money thing, just ignorance. Our profession's evolution is leaving animals without access to care. I think we all need to take a closer look and really reflect on how we can influence the next generation of large animal owners and how we can assist the animals that need help now. 🐾

RACE-Approved Michigan Mandatory CE & More! NEW ONLINE CE 2025

Medical Record-Keeping | Veterinary Law | Standard of Care
Controlled Substance Law (Contains ALL Required Topics)

Personalized support and Michigan case examples
highlighting current state trends with practice tips



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Sarah L. Babcock, DVM, JD

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A Day in the Life of an ER Vet



BY KENNY ROGERS, DVM

It's 7 am. It's dark out. I try to punch in the code to the hospital's back door only to realize it's frozen. Ugh. Clamor to the front. Lobby is quiet today, but can be deceiving.

There could be clients in exam rooms. It never fails that the 6am case is either totally fine or full-on dying. As I pass into the treatment room, I take a sigh of relief. The room is empty. But I can hear the hum of the oxygen regulators. If I'm lucky only one



patient is in the Snyder. That turns into the rhythmic noise of the ECG. It's comforting though. I pass isolation. Doesn't smell. Snow keeps the parvo at bay. I walk into the inpatient ward and see a urine collection bag hanging out of a dark kennel. Makes sense. The holidays are a stressful time for our feline friends.

I catch a glimpse of a zip-lock bag taped to the kennel door. From 10 yards, I'm guessing sock. I take a quick inventory of just the number of inpatients. Eight. That's a tricky number. I won't have additional coverage until noon but it's a random wintery Tuesday.

Winter time can be like reliving COVID: people at home, watching their pets, and deciding they suddenly have a very emergent pet crisis. I start rounding and it's one part medicine and ten parts unique client circumstance. But usually, it's about money. *It's always about money.* What was the original estimate? I see four versions? Which one has been approved? Did we get more of a deposit? No. And we are almost a thousand over? Wonderful.

As I start to filter through the cases, I typically give priority to the ones that need the most forward motion. Often that isn't the sickest. No, that one is already hooked up like a Christmas tree. Usually, it's the suspect foreign body who does in fact now need to be cut. Or the circling-the-drain ancient pet who didn't rally with fluids (shocking). Sometimes it's the really annoying pet. In that case, I remind pet owners they don't need to dress up for us. Pajamas are just fine.

“ I am just a cameo role
in their pet's healthcare. ”



It's a combination of tracking down prior records, detailing what's been done, not done, course re-direction if needed, and trying to piece together a puzzle. It's managing the DKA, hypothyroid, Cushing's disaster that the owner swears symptoms just developed. It's tricky tinkering with all the chronic conditions while reminding pet owners I am just a cameo role in their pet's healthcare.

I discuss how medicine can be a best-guess game given all the information (or often, lack thereof). That I am not going to make a round peg fit the square hole despite their conspiracy theory internet search. I act as a fiduciary and highlight the difference between could and should. I try to predict questions and educate probably beyond most clients' interest.

Lucky for me today, I have a cystotomy waiting. This is an excellent example of impressing upon a client that they are a part of the health care team. How failure to follow-up with their general care provider and advised mitigation steps only get them right back to this situation. And who wants to do this again? Insert money.

There will probably be at least a dozen calls about something someone's dog ate and am I worried or not. And due to the acute, bizarre, mentation and neurologic symptoms, at least one THC case will show up only to make for an awkward conversation between the parents and the kid still home on break. This is where I get to reach back to years of Catholic guilt and utilize shame as a wonderful teaching model. Sister Peggy, if you're still out there, I can still feel your eyes screaming.

Mid-shift showed up at some point and is tackling all the incoming cases. I will pop in when available but it's time to hide in surgery. That truly is my version of a safe place. No phone calls. No clients. But I do love to talk. I'm that rare extrovert in veterinary medicine. I try to stop in for discharges to at least be seen by owners but the technicians facilitate them so often I'm just the voice on the phone.

By late afternoon there is the question of do I get another cup of coffee or not. I may just pop-up front to get natural light and catch up with the one type of employee that isn't annoyed by patient orders: the receptionists. Just like kennel technicians, they maintain my sanity. It's getting close to closing time for our referring veterinarians so transfer calls will start up. Usually this goes very smoothly but I'm still amazed at how many times it turns into an absolute mess. A gentle reminder that the emergency room is not Olive Garden. We aren't family. And that case is not appropriate for our hospital. Also, money reigns supreme. Oh, the client is on the way. Perfect.

The overnight doctor has arrived. Sometimes I'm still finishing up cases or putting in notes. It's a toss-up if they'll start seeing outpatients or we round. Naturally there will be gossip and grievances aired but its cathartic. In an environment we have little control of what comes in our doors, at least we will always have our sarcasm. 🐾



FIP: From Death Sentence to Accessible, Life-Saving Treatment

By Emmett McVey, RPh

As previously published in VPN Magazine, October 2024 Issue

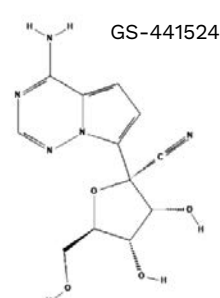
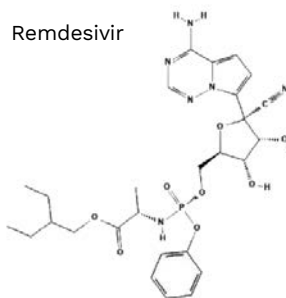
The rumors are true. US veterinarians can now treat feline infectious peritonitis (FIP) with GS-441524. FIP has historically been a common and fatal virus – one in every 200 new feline cases at American veterinary teaching hospitals presents with FIP,¹ and nearly all cats who develop FIP will die from the disease.² First described as a specific disease in 1963,³ for decades, FIP was a death sentence and a major cause of mortality in kittens under one year of age. FIP is a disease caused by feline coronavirus, which is an RNA virus, and pivotal tests in 2019 for a class of antivirals (nucleoside analogs) that includes remdesivir (GS-5734) and GS-441524, showed promise in treating FIP in felines. These drugs disrupt viral replication and result in high rates of survival when used to treat:

- Effusive ('wet') FIP – fluid may accumulate in the abdomen, chest, and occasionally around the heart
- Non-effusive ('dry') FIP – any organ can be affected, including intestines, lymph nodes, brain, kidneys, and eyes.
- Neurological FIP – if the brain or spinal cord is affected, cats will show signs such as seizures, an abnormal way of walking (wobbly gait), changes in behavior, or trembling.
- Ocular FIP – the eyes may look cloudy, bloody, or present with different pupil sizes, and the cat may show signs of pain, such as holding the eye or eyes closed.

Many cats have a combination of forms of FIP; for example, neurological cases can have an effusion.

Veterinarians in Australia were first able to legally prescribe this new class of antiviral drugs in 2020, while in the UK, human remdesivir became legally available for veterinary use in 2021 – proving highly effective but cost-prohibitive and painful if injected subcutaneously. Over a half million units of legally prescribed FIP products have been prescribed since their launch in Australia and the UK.

Remdesivir (GS-5734) and GS-441524



US veterinarians are now allowed to prescribe GS-441524.



of information sharing, both in the international veterinary community and in social media for pet owners, undoubtedly saved many lives.

The interest in and need for an effective and safe treatment for FIP are clear: one Facebook FIP group has 70,000 members, and another has 26,000. A group of UK feline specialist vets has answered over 2,500 emails from around the world about the novel treatments and continues to be contacted for advice.

Dr. Samantha Evans, Colorado State University, who has been studying the unlicensed use of GS-441524 since 2020, estimates that around 100,000 cats have been treated with black market drugs in the US, largely without the guidance of vets. Dr. Evans states, “The irony is, the first cats cured of FIP back in 2016 were in California, and until now, there has never been a regulated drug available to veterinarians in the US. It’s a really big day for us in the world of FIP in the US.”

Black market, unauthorized use of drugs for FIP treatment without the oversight of veterinarians, and appropriate veterinary pharmacy quality controls have undoubtedly saved lives, but at a cost. Pet owners searching for answers on social media and participating in parking lot drug exchanges to treat their cats without the help of a veterinarian still saw success. Still, those drugs have a high degree of variation in potency and lack clear instructions for use.

In a February 2024 study, every single GS-441524 drug tested did contain GS-441524, but there was considerable variation in the content of the drug, particularly in oral formulations – on average 75% more for those with higher-than-expected potency, and an average of 39% less for those of lower potency, demonstrating clear and significant quality control issues. Overly high concentrations of drugs can result in potential adverse events, including the formation of urinary stones, which has not been reported with compounded drugs.

Labeling of these black-market drugs has also proven to be an issue for the proper treatment of FIP. The oral formulation of these drugs is often labeled by the presumed amount absorbed into the body, which assumes a certain bioavailability, and on a per-kg of cat basis, leaving much room for error when treated by a layperson.

Treatment Options Today

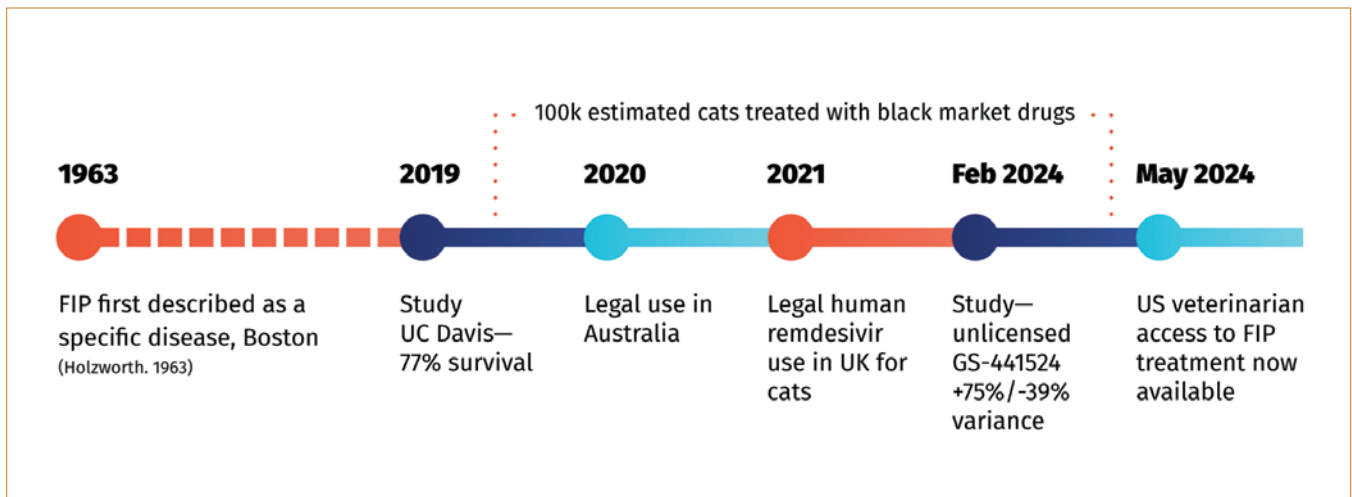
May 10, 2024, was a pivotal point in the treatment of FIP. Until the FDA announced its position on the use of compounded GS-441524, veterinarians were concerned with potential threats to their licenses and legal and financial penalties for recommending or prescribing treatment for FIP. Because no FDA-approved drug is available to treat FIP in cats, the FDA announced that it does not intend to enforce new animal drug approval requirements⁸ for products compounded from GS-441524 when prescribed by a veterinarian for a specific cat patient for treatment of FIP under the conditions listed in Guidance for Industry (GFI) #256. The drug is currently under review for bulk drug substances and is allowable for office use while under review in most states. Even in one of the nine states that do not allow bulk drug dispensing,

The use of these drugs in the UK and Australia has yielded promising results in several studies:

UC Davis trials, 2019 ⁴ – 31 cats	Australian Study – 28 client-owned cats ⁵
Cats with effusive or dry-to-effusive or non-effusive FIP treated with GS-441524 at a dosage of 2.0 mg/kg for 12+ weeks. 77% survival rate	Remdesivir injections followed by GS-441524 tablets 83% survival rate at 18 months. 92% if survive the first 48h
UK Study – 307 cats ⁶	UK Study (Royal Vet College) – 32 cats ⁷
84.4% overall complete response 4.9% relapse during treatment 6.6% relapse after treatment	Retrospective study of 32 client-owned cats with effusive or non-effusive FIP. 87.5% clinical response Minimal adverse effects

Treatment Without Veterinarian Guidance and Quality Control

Meanwhile, in the United States, word of GS-441524 success spurred a sizable black market for pet owners looking to save their cats’ lives. US veterinarians’ hands were tied, and they could not help advise and prescribe. The groundswell



Credit: Stokes Pharmacy

overnight shipping from a compounding pharmacy for patient specific prescriptions has shown promising results in treating these cases.

Human-use medicine, like remdesivir, does not have to be a veterinary formulation to be prescribed off-label by veterinarians for animal patients. However, because it's more difficult for vets to get remdesivir and it's a painful course of treatment for patients, attention turned to GS-441524 as the path to getting cats in the US effective and prescribable treatment.

Veterinarians now have accessible treatment options for FIP and, building on the pioneering work of feline specialist vets in Australia, the UK, and the US, can offer new hope and clear guidance to clients whose cats present with FIP.

What's Next for FIP Diagnosis & Treatment

With a new path forward to treat FIP, vets may now need to set strategies for diagnosing FIP, which presents challenges, as a single definitive and minimally invasive diagnostic test remains elusive. Previously, the gravity of decisions related to euthanasia argued for caution. Now, veterinarians may have the opportunity to treat FIP early, and empiric therapy with GS-441524 can be used to support the diagnosis in a patient that is strongly suspected to have FIP. Over-treatment, however, must be avoided as viral resistance to these effective drugs would be extremely concerning. Therefore, it is critical to pursue additional diagnostics in cases that do not respond to antiviral therapy, as there are many feline diseases can which imitate the clinical signs and laboratory results of FIP. With continued research, we expect great strides to come in practical, affordable diagnosis and treatment of FIP in cats in the coming years.

About the Author

Emmett McVey, RPh is the pharmacist-in-charge and co-owner of Stokes Pharmacy. McVey has owned and overseen operations of the pharmacy since it was purchased in 2002. Emmett holds a pharmacy degree from Temple University School of Pharmacy in Philadelphia, Pennsylvania.

Emmett McVey is a dedicated pharmacist with over 35 years of experience. As the owner of Stokes Pharmacy, Emmett has been committed to providing exceptional pharmaceutical care, ensuring all patients receive the highest quality of service and medication management.

In addition to managing Stokes, Emmett is a licensed consultant pharmacist, offering expert advice on medication therapy management, regulatory compliance, and patient care optimization. 🐾

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AVMA Update

The Annual AVMA Veterinary Leadership Conference was held in Chicago, IL January 9–11, 2025. The House of Delegates (HOD) met during this time and discussed, amended and voted on resolutions as well as discussed topics of current interest to our profession.

RESOLUTIONS

All resolutions and bylaws amendments can be found on www.avma.org/about/house-delegates/hod-resolutions-and-proposed-bylaw-amendments.

Resolution 1 – Rules for AVMA Officer Election Campaigns. This resolution was adopted as amended.

Resolution 2 – Evidence-Based Biosecurity. This resolution was adopted as amended

Resolution 3 – New Policy Endorsing Research, Production, and Sales of Cellular Agriculture Animal Protein Products for Food. This resolution failed.

Resolution 4 – Revised Policy on Removal of Antlers (Velveting). This resolution was adopted as amended.

Resolution 5 – Annual Membership Dues Increase. This resolution was adopted as amended.

Resolution 6 – Revised Policy on Complementary, Alternative, and Integrative Veterinary Medicine. This resolution was adopted as amended.

Resolution 7 – New Policy on License by Endorsement. This resolution was adopted as amended.

Resolution 8 – Revised Policy on Guidelines for Pet Ownership. This resolution was adopted as amended.

Veterinary Information Forum – Two Topics Discussed:

1. Supporting rural veterinarians

- This topic covered many of the professional and personal challenges existing in today's society for sustaining this demographic of the veterinary profession. Veterinarians play an indispensable role in rural communities supporting animal health, food safety, and public health. Challenges veterinarians face in rural communities include lack of proximity to referral and emergency clinics, quality of life concerns with on-call responsibilities and staffing limitations. There was discussion on how the AVMA could provide resources to support and encourage the establishment and sustainability of rural veterinary practices.
- Several options were recommended to the HOD for the AVMA to explore in support of veterinarians in rural practice:
 1. Data driven resources that identify factors that impact sustaining and retaining veterinarians in rural practice
 2. Potential model programs used by other health professions to support rural professionals (i.e., AMA, ADA, etc.)
 3. Survey of existing programs that have provided substantial support for rural veterinary practices

4. With respect to the area of emerging technology, augmented forms of AI that AVMA could provide that meet the unique needs of rural veterinarians and telehealth
5. Member benefits that exist with AVMA affiliated support groups that seek to address unique needs of rural veterinarians (i.e., AVMA Insurance Trust, etc.)

2. Current status of accreditation in veterinary education

- Programmatic accreditation is a standards-driven, evidence-based peer review process relying on key quality control measures to ensure graduates have the knowledge and essential skills needed for entry-level practice. The Council on Education (COE) follows the criteria required by the Higher Education Act and seeks recognition as an accrediting body through the US Department of Education. The COE is required to demonstrate that its accreditation decisions are independent of the AVMA and are not influenced by any partner organization or recognized affiliate organizations.
- Currently there are 53 COE-accredited veterinary schools. There are 30 accredited veterinary schools in the United States, five Canadian and 18 international. In addition, there are four new, provisionally accredited U.S. schools and

10 proposed, developing schools working toward accreditation. Historically, the Council on Education has limited the number of sites conducted per year to 12. Due to the increased number of proposed programs, this number was expanded to 14 in 2023, 15 in 2024, and 14 site visits to date in 2025. The AVMA also added two new staff positions to support COE operations. On the veterinary technician horizon, there are 220 accredited veterinary technology programs with two new programs scheduled for a site visit. A dedicated staff position and the new Committee on the Advancement of Veterinary Technicians and Technologists (CAVTT) were added last year to support the accreditation process and further promote veterinary technology.

Elections

Two council positions were filled during the HOD meeting. Dr. Yung-Yi Mosley was elected to Council on Biologic and Therapeutic Agents (COBTA) – Immunology, and Dr. Jennifer Glass was elected to Council on Veterinary Service (CoVS) – Mixed Private Practice.

President-Elect Candidates

Two candidates for the office of AVMA President-Elect, Dr. Mary Ergen and Dr. Jennifer Quammen, addressed the House of Delegates. Voting for the office of President-Elect will occur during the summer House of Delegates session in Washington, D.C.

Dr. Mary Ergen is a small animal practice owner from suburban Nashville, TN. A 1982 grad of TNCVM, she has been active in AVMA for more than 30 years.

Dr. Jennifer Quammen is the chief veterinary officer for a technology from Walton, KY. A 2011 grad of the Ohio State University CVM, she has been involved in both the KY VMA and AVMA leadership initiatives.

Membership Update

AVMA has hit a milestone membership number of 108,016 which is 3% increase over 2024. This number surpassed the original goal of 106,000. AVMA boasts a 95% retention rate and 74% market share. Student AVMA membership has grown to over 20,000 with 90% participation rate. The new target AVMA membership goal for 2025 is 110,600.

Registration is open for the AVMA Convention, Washington, D.C.

The AVMA Convention is scheduled to take place from July 18 to July 22, 2025 in Washington, D.C. It will be held in conjunction with the 40th World Veterinary Association Congress.

AVMA WINTER PAC UPDATE

1. The AVMA PAC collected a record total of \$647,150 from its members during the 2023 to 2024 election cycle.
2. The total amount contributed to candidates was \$682,000 which was also a record amount. 95 percent of these candidates won election to federal office. The AVMA PAC support is split 50/50 between both parties.
3. The AVMA staff and Ambassadors attended 249 PAC sponsored events, which is the largest number on record.
4. At the AVMA Leadership Conference, which was just held in Chicago, \$74,000 was raised to start the new year.



Dr. Larry Letsche speaking in support of Resolution 2, as Michigan was one of the co-sponsors of this resolution on biosecurity.

5. The AVMA PAC Board and the Government Relations Department will be placing major emphasis on the following bills this session:
 - A. Combating Illicit Xylazine Act
 - B. Farm Bill Update
 - C. Healthy Dog Importation Act
 - D. Rural Veterinary Workforce Act.
6. Michigan Veterinarians, for the first time in many years, led the way with the highest percentage of contributions from its members in AVMA District 5. Thank you for your participation. Keep it up!
7. The AVMA PAC Alumni Derby takes place from January to the end of the AVMA Convention in July. If you contribute and Michigan State Alumni land within the top three, the MSU SAVMA organization will receive a large donation.

Please share your thoughts and opinions:
avma_delegate_mi@avma.org

If you are interested in volunteer opportunities, please visit:
www.avma.org/volunteer. 🐾



Drs. Jill Lynn (Delegate) and Larry Letsche (Alternate Delegate) at the VLC HOD meeting in Chicago.



Your Michigan Animal Health Foundation: Fulfilling its Mission

By Mike Chaddock, DVM, Chair of the MAHF Board of Trustees

Recently I have received several questions from MVMA members concerning the MAHF's Educational and Research Grants Programs and Companion Animal Fund. Specifically, the questions have been focused on how to apply for grants for these programs and how are the awardees determined. So, let's look at these programs and answer those questions.

The MAHF Educational Grants Program provides monetary support for educational projects that help animals to have longer, better, and healthier lives. The MAHF may offer grants of up to \$10,000 for projects related to educating students, the public and/or animal health care workers on animal care, health, and/or disease. The funding period for these grants is one year. Grant applications are accepted on an annual basis and calls for applications are posted and due in the early summer of each year. Proposals are reviewed and evaluated by the MAHF Board of Trustees. Successful applicants are notified and presented with the grant monies in two installments; 50% of approved grant monies are dispersed following grant approval, and the remaining 50% are dispersed once a satisfactory progress report is received on the project. Upon completion of the project, the project leader will submit a final report suitable for distribution by the MVMA in their publications, website, and other appropriate means. The MAHF requires recognition for its contribution in press releases, marketing programs, and presentations even if it provides only a portion of the total budget.

The MAHF Research Grants Program supports critical research that benefits the health and welfare of animals up to a maximum of \$10,000 for a one-year funding period. Research projects of an applied nature that will rapidly solve problems seen in clinical practice are preferred. As with the Educational Grants Program, applications are due in early summer and are reviewed and evaluated by the MAHF Board of Trustees. Successful applicants receive grant monies in two installments and progress and final reports are due to the MAHF and recognition of MAHF funding is required when publicizing the research.

The MAHF has developed and adopted evaluation rubrics to guide the MAHF Board of Trustees in reviewing, assessing, and determining what Educational and Research Grant proposals will receive funding which is driven by the amount of funds available in any given year. The rubric is a scoring guide that helps assess and communicate among the evaluators the expectations and components of the proposed educational and research programs. The rubric helps ensure that assessments are consistent, transparent, and fair and assists the evaluators in making informed professional judgements. Among the scored items in the educational grant rubric to assist in evaluation include, but are not limited to, the need for the project to improve animal health and welfare through education, clear project goals and objectives, benefit of the project to animals and people in Michigan, adequate and qualified personnel, and sufficient budget free of unnecessary costs to accomplish

“The MAHF Research Grants Program supports critical research that benefits the health and welfare of animals up to a maximum of \$10,000 for a one-year funding period. Research projects of an applied nature that will rapidly solve problems seen in clinical practice are preferred.”



“The MAHF Companion Animal Fund is a service to MVMA members and was created to subsidize non-elective veterinary care for companion animals whose owners would otherwise be unable to afford to obtain treatment in the case of unforeseen circumstances due to inadequate finances.”

project objectives. The rubric also considers if a similar project was previously funded and if informative reports were received in a timely manner.

The research grant rubric scoring is used to assist evaluators to determine if the proposed research addresses a significant need to improve animal health and welfare, that the proposal's hypothesis and objectives are clearly described and align with the MAHF's mission, that the proposed research is directly beneficial to animals and people in Michigan, the qualifications of the research team, the plans to disseminate research findings to the scientific community and the target lay audience, and to assess that the budget is sufficiently detailed to accomplish the objectives and is free from unnecessary cost. In making grant funding decisions for MAHF research projects, the MAHF requires humane care of animals being used in the investigations, and if animals are being used appropriate approved documentation from oversight groups or agencies is required before funds are released.

The MAHF Companion Animal Fund is a service to MVMA members and was created to subsidize non-elective veterinary care for companion animals whose owners would otherwise be unable to afford to obtain treatment in the case of unforeseen circumstances due to inadequate finances. More specifically, the MAHF created the Companion Animal Fund to help companion animal owners who have income under the federal poverty level, are on Medicaid, or are enrolled in USDA's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). MVMA members may apply for funding on behalf of their clients when the companion animal owner is unable to pay for necessary non-elective treatment and meets one of the above requirements. An existing veterinary-client-patient-relationship is required. The maximum amount of Companion Animal Fund assistance is \$500 per client per year and a total of up to \$500 per clinic/hospital per year. Funds are distributed on a

first-come, first served basis and the MAHF budgets a total maximum amount of funds that can be allocated per year for the program based on annual donations to the MAHF.

The Educational Grants Program, the Research Grants Program, and the Companion Animal Fund Program fulfill the mission of the MAHF which is a 501(c)3 charitable organization. The MAHF can derive its financial support by raising funds from the public (i.e., individuals, government, corporations, other organizations, and private foundations). The above-described programs are very popular and the requests for funding highly exceed the funds that the MAHF has available. Your tax-deductible contributions are very much needed and appreciated.

More information about these MAHF programs and application forms can be found at the MAHF website, www.michanimalhealthfoundation.org and/or by contacting the MVMA office at (517) 347-4710. Your contributions, or contributions you can obtain from other sources of funding, can be provided to the MAHF by visiting www.michanimalhealthfoundation.org/donate. 🐾

MAHF Donor Thank You

The Foundation did a special campaign, and a special thank you goes to:

Dr. Jeff Dizik

Dr. Mary Beth Leininger

Thank you for your generous end-of-year support of the Michigan Animal Health Foundation!

The mission of the Michigan Animal Health Foundation (MAHF) is to provide financial assistance to individuals and institutions for educational and scientific purposes to advance science to benefit the health and welfare of animals including to subsidize the cost of veterinary care for those individuals who cannot afford veterinary care in accordance with the rules adopted by the Governing Trustees from time to time.



Animal Health in Michigan: Updates on H5N1 Influenza A

(Highly Pathogenic Avian Influenza or ‘Bird Flu’)

A message from MSU College of Veterinary Medicine Dean Kimberly Dodd, DVM, MS, PhD and State Veterinarian Nora Wineland, DVM, MS, DACVPM

We realize we've been providing updates on highly pathogenic avian influenza (HPAI) for three years, since it was first detected in Michigan in February 2022, but the situation continues to evolve. We strive to keep Michigan veterinarians updated on developments and the latest information regarding this virus. Veterinary practitioners are critical partners in protecting animal health, and we hope you feel supported by our teams at the Michigan Department of Agriculture and Rural Development (MDARD) and the Michigan State University College of Veterinary Medicine, including the Veterinary Diagnostic Laboratory (MSU VDL).

First, a brief reminder about avian influenza viruses – these viruses are continually circulating in wild bird populations, especially waterfowl. Exposed domestic poultry may develop clinical disease, and the severity of disease in poultry determines if the virus is classified as HPAI or low pathogenic avian influenza (LPAI). The current avian influenza outbreak is associated with high mortality in poultry and has been classified as HPAI. Given the broad host range of this virus, it is often referred to by its subtype, H5N1. Within this subtype,

we're tracking two genotypes closely, B3.13 and D1.1. These genotypes are useful in epidemiological investigations, as B3.13 is associated with dairy cattle and poultry and D1.1 is associated with wild birds and poultry.

Avian influenza remains a prominent topic in the news, and we continue to address it due to the unusual scale and scope of this HPAI outbreak. This February marks three years since the first detection of H5N1 in Michigan poultry. A few months after the initial detection, we discovered the virus was infecting wild mammals in addition to birds, mainly juvenile carnivores and scavengers. Later, high mortality was reported in marine mammals with close contact to infected wild waterfowl. Last March, nearly a year ago, H5N1 was identified as the cause of illness in dairy cattle in Texas and several other states, including Michigan. Nationally, we have seen infections in dozens of domestic cats. Last, but certainly not least, there have also been dozens of human cases and now one human death associated with H5N1 infection in the United States. As long as this disease remains active and circulates in the wild bird population, the legacy of this virus will continue to unfold, making our efforts toward testing, diagnosis, and collaboration even more crucial.

EFFECTS ON COMMERCIAL AND BACKYARD POULTRY

Since the beginning of the outbreak in 2022, more than 148 million domestic birds have been affected in all 50 states. These detections have occurred in both commercial and backyard flocks. In Michigan alone, more than 7 million birds have been affected.

Since late December 2024, Michigan has had several new detections in commercial facilities and backyard flocks. Detections in commercial flocks create additional testing demands because a confirmed positive premises triggers required surveillance testing of nearby facilities to ensure they remain negative. In addition, permits with evidence of negative test results are required to move birds or products off nearby premises.

Personnel at the MSU VDL stepped up to meet these testing needs over the last few weeks, including the winter holidays. We expect this increased demand to last at least through early March, with personnel frequently working seven days a week.

On the MDARD side, we continue to receive calls and investigate all suspected cases of HPAI. As the beginning of spring migration for wild birds looms, this open line of communication is just as vital now



as it was at the start of the outbreak. Reporting this disease as soon as it is suspected allows for the quickest possible response, helping best protect the health of Michigan's animals.

THE SITUATION WITH DAIRY CATTLE

As of early January 2025, there have been confirmed cases of H5N1 in more than 900 dairy herds across 16 states. In Michigan, 31 cattle herds have been confirmed to be affected. While Michigan received attention last spring for the many infected herds found early on, the focus is now on California, which has been hit particularly hard with more than 700 affected herds.

Experts nationwide, including researchers at the MSU College of Veterinary Medicine in partnership with MDARD, continue to monitor herds and are working to more fully understand the disease in, and modes of transmission among, cattle. Even though cows are not severely affected by the virus, controlling the spread of the disease as much as possible will help not only to protect highly

susceptible species (such as domestic poultry) but also provide fewer opportunities for the virus to adapt and develop mutations, allowing it to infect or be transmitted by other species.

To help understand where the virus is and to work toward achieving 'HPAI-free' status, the U.S. Department of Agriculture (USDA) partnered with State veterinarians across the country to implement a National Milk Testing Strategy. Michigan is one of six states included in the first round of states brought into the testing program. Milk from all Michigan dairies will be tested monthly, and testing for this program began at the VDL in December.

PROTECTING CATS AND OTHER POTENTIALLY VULNERABLE SPECIES

Although we previously knew that avian influenza viruses can infect cats, it appears cats are particularly susceptible to the currently circulating H5N1 virus. Dozens of cats – house cats as well as captive and wild big cats – have been infected during the current outbreak, with most of those cases occurring after the outbreak began in dairy cattle.

Animal owners are encouraged to limit contact between their animals and wildlife as well as ill livestock and environments that could be contaminated with the virus. Some recent cases in domestic cats have been linked to feeding them raw, poultry-based diets or treats, and the American Veterinary Medical Association advises owners not to feed pets unpasteurized milk or raw or undercooked meat.

Possible signs of infection include neurologic signs (lack of coordination, inability to stand, tremors, seizures, blindness) and/or respiratory signs (heavy discharge from the nose and/or eyes, rapid shallow or unusually heavy breathing). Risk factors for infection include exposure to sick or dead livestock or wildlife, eating raw meat or unpasteurized dairy products, or exposure to people who have been on affected farms or working with infected animals.

Owners whose pets display these signs and have these risk factors should contact their veterinarian immediately. If you suspect a cat might have HPAI, gather a detailed history from the owner

and call MDARD regarding the possibility of testing. When a cat has been exposed to wild birds, potentially infected animals or materials, and/or has been given raw meat or milk to consume, it could be a candidate for testing.

CONCERNS ABOUT HUMAN HEALTH

Local, state, and federal agencies are working together to closely monitor infections in humans and animals. Every animal sample tested at a diagnostic laboratory that is suspected of containing the virus is sent to the USDA's National Veterinary Services Laboratories for genetic sequencing to monitor the virus for any mutations that would make it more adapted to human transmission. Experts are using a One Health approach to track this virus over time to look for any indications that the risk to humans is increased. To date, the Centers for Disease Control and Prevention considers the public health risk to be low.

The MSU VDL is a member of the National Animal Health Laboratory Network, an organization serving as the first line of testing for high-consequence animal disease outbreaks. As the only laboratory in Michigan approved by USDA to test for HPAI in any animal species, the MSU VDL has tested more than 27,000 specimens and performed more than



“While no one can predict exactly what the future impacts of this virus will look like, we know that veterinary professionals will be the first to see it, which is why our continued vigilance and collaboration are so necessary.”

35,000 tests for HPAI since the beginning of the outbreak in early 2022.

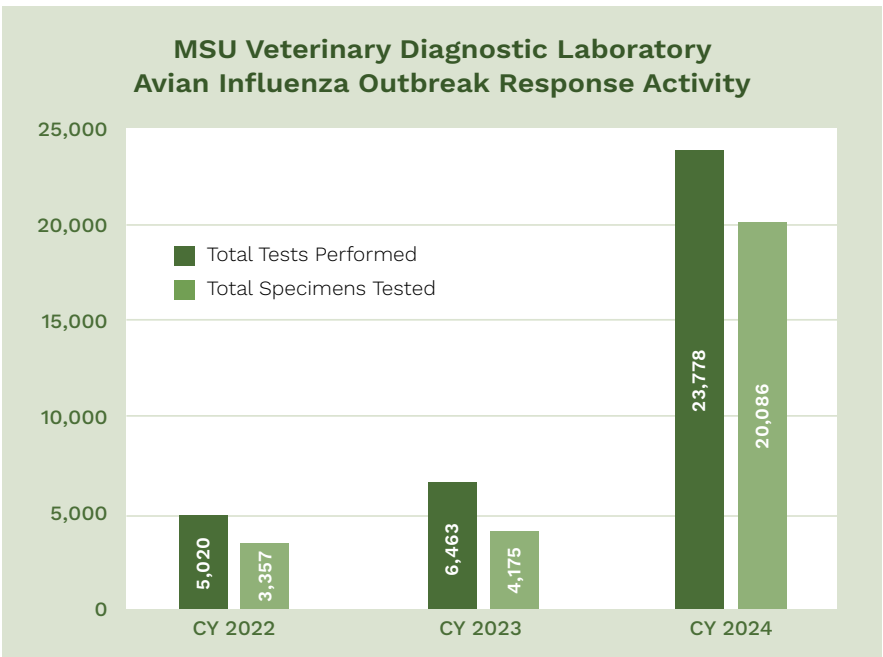
We know the virus can live on surfaces (like shoes, for example) and be transferred from one environment to another by people and equipment. To help prevent potential environmental contamination, the MSU VDL implemented a curbside sample pick up system. Personnel who collect these samples wear PPE and are trained for safe sample receipt and handling. All H5N1 testing is performed in the biosafety level three (BSL-3) laboratory. This area requires additional PPE to protect personnel, and structural features like negative air pressure and HEPA filters to provide biosecurity.

In conclusion, this is a complex and evolving animal disease outbreak, with implications for public health. MDARD

and the MSU VDL continue to work closely with other state and federal agencies to investigate suspect cases and provide rapid diagnostic testing to identify infected birds and animals. The longer H5N1 circulates in animal populations, the more likely it is to become more transmissible among animals, potentially including humans. In addition to the diagnostic work at the VDL, College of Veterinary Medicine researchers are working with colleagues at MDARD and nationally to better understand the dynamics of the virus in cattle to inform strategic efforts to curb the spread of the virus.

While no one can predict exactly what the future impacts of this virus will look like, we know that veterinary professionals will be the first to see it, which is why our continued vigilance and collaboration are so necessary.

**MSU Veterinary Diagnostic Laboratory
Avian Influenza Outbreak Response Activity**



RESOURCES FOR MORE INFORMATION

- Avian Influenza (MDARD) www.michigan.gov/birdflu
- Avian Influenza Information and Resources (MSU VDL) <https://tinyurl.com/urjyhxttd>
- Detections of Highly Pathogenic Avian Influenza (USDA) <https://tinyurl.com/mtj3e533>
- H5N1 Highly Pathogenic Avian Influenza in Cats (MSU VDL) <https://tinyurl.com/bdzebttj2>
- Highly Pathogenic Avian Influenza in Cattle (MSU VDL) <https://tinyurl.com/ms3hk93w>
- HPAI in Livestock (USDA) <https://tinyurl.com/mntt3epf>
- HPAI Surveillance for Producers (MDARD) <https://tinyurl.com/mrxcwy7j> 🐾

MVMA Classified Ads



VETERINARIANS

Pytel Veterinary Clinic in Goodrich is seeking a full-time veterinary associate to join the amazing animal care team at our busy small animal (with the option of mixed) practice, and with potential for buy in. We have state-of-the-art equipment (digital x-ray, IDEXX in-house laboratory, GE Logic e ultrasound) and a full pharmacy. We provide all aspects of patient care including routine, diagnostic, surgical and dental. We are a well-established, privately owned practice with great community support! The ideal candidate will be skilled in diagnosing and treating patients, performing surgical procedures, and communicating with clients in a compassionate manner. Full time hours include 4 days/week with NO weekends. There is an excellent compensation package with paid holidays, PTO, medical/dental/vision insurance, Simple IRA, paid CE, membership dues and licensure. If interested in joining our highly skilled team, please send a letter and resume to pytelvet@gmail.com, attention Anne.

Full or Part-time Veterinary Position: Eastwood Veterinary Hospital is a small animal practice located in Eaton Rapids, Michigan, an easy drive from Lansing. We are seeking a part- or full-time veterinarian to join our team. Our hospital is well supplied to help you practice medicine and surgery with the latest technologies and equipment. We have a welcoming, supportive work environment and enjoy collaborating on cases. This position will include routine surgery and appointments, and there is no on-call or after-hours emergency duty. We offer a competitive salary and benefits that include health and dental insurance, retirement plan and match, paid maternity/paternity leave, and CE budget. Enjoy a four-day work week with paid holidays and paid time off for vacation and CE! Our clientele is friendly and our workplace is relaxed and pleasant. Interested candidates can review the hospital at www.eastvet.com. Please submit resumes or inquiries to Kristen Weber at contactus@eastvet.com.

Thorpe Animal Hospital is seeking a FT/PT veterinarian to join our team of patient advocates. Optional flex-time schedule for work-life balance in a rapidly growing practice focused on dogs, cats, and pocket pets. Being a privately owned business, teamwork is essential, and every patient is treated as if they were our own. We do not declaw or perform any unnecessary cosmetic surgeries. All staff maintain Fear Free certification. We are AAHA accredited and Feline-Friendly certified. We have recently moved to a 4600 sq. ft., newly remodeled facility with a therapy pool. Thorpe Animal Hospital offers a full suite of specialty equipment and encourages advancement of surgical and diagnostic skills. Practice offers surgery including: soft tissue and orthopedic, dentistry and general medicine including a mixture of preventative medicine, internal medicine and daytime emergencies. Equipped with digital x-ray, digital dental x-ray, endoscope, ultrasound, surgical laser, therapy laser, and a full in-house laboratory, we provide our clients with state-of-the-art medicine. Our practice includes three doctors and six LVTs, who are hard-working, dedicated, passionate, motivated, and love keeping current on veterinary education. We offer a very competitive salary and benefits package, as well as a signing bonus. Benefits include health and vision insurance, pet insurance, pet discounts, profit-sharing, 401K w/ employer match, CE and uniform allowances, paid licensing fees, professional membership fees, paid vacations, paid holidays, and more. Future leadership and ownership possibilities in a thriving area are here for the right individual. We do not have after-hours shifts or emergency rotations. If you would like to meet us and see how Thorpe Animal Hospital does things differently, please submit your resume to jwaterman@thorpevet.com.

Bangor Veterinary Clinic located in Bay City, Michigan is seeking to fill a position for a full or part-time veterinarian to

join our two-doctor practice. Situated within the Great Lakes Bay Region, Bay City and the surrounding area offers many amenities including: outdoor activities such as hunting, fishing, kayaking, a beautiful downtown area with shopping and restaurants, local theaters offering entertainment, as well as many festivals and concerts. Our privately owned hospital offers a schedule where no weekend, holidays, or after-hour emergencies are required. We strive to use a 'team medicine' approach, which offers a positive atmosphere for learning and mentoring from experienced doctors. With in-house diagnostic equipment and a seasoned staff, including four LVT's, we have all the tools needed to provide excellent patient care. We offer a work/life balance with a family-first approach which allows our hospital to boast low employee turnover. This position offers a competitive salary, health insurance stipend, Simple IRA match, and a signing bonus. All licensing fees, dues to professional organizations, as well as continuing education, are paid for by the employer. New graduates and experienced doctors are encouraged to apply. Future buy-in is possible for the right candidate. If you would like to be part of our team where you are not just another employee, but valued and a member of the family, please email your resume and contact information to bangorvetclinic@charter.net.

Kalamazoo Animal Hospital strives to provide a workplace with a positive work culture and work-life balance. If you are seeking this type of culture, our clinic is the place for you. We are currently seeking a full-time associate to join our team. KAH has been serving our community since 1972. We are an independently owned two-doctor small animal practice in Southwest Michigan focusing on preventative health care and building lasting relationships with our clients and their pets. Our veterinary team practices high-quality medicine, surgery and dentistry.

Our remodeled hospital is well equipped with in hospital lab, digital x-ray, digital dental x-ray and an ultrasound. We offer a competitive salary and benefits package, including a signing bonus and a schedule that helps maintain a positive work/life balance. We would love the opportunity to share with you more about our practice and the community we serve! If you are interested, please visit www.kalamazooanimalhospital.com/about-us.html to upload your resume. You may also reach out to Rebekah at kzooanimalhospitalmanager@gmail.com.

Dickman Road Veterinary Clinic is a multi-doctor privately owned small animal practice located in Battle Creek, Michigan. We offer excellent work-life balance and a competitive salary and benefits. Our package includes paid vacation and holidays, health insurance, AFLAC, paid license and association dues, uniforms, continuing education and a 401(k) plan. No evenings or after-hours emergencies; limited weekend hours. We have a five-to-one staff-to-doctor ratio, with a large number of experienced licensed technicians to ensure we are able to work efficiently as a team to provide high quality care to our patients. Mentoring is as important to us as it is to you. Our veterinarians have 160 years of combined experience and are willing to share their knowledge. We presently have openings for full-time or part-time associate veterinarians. We are accepting applications from new graduates or any level of experience. Our clinic offers specialized care to our patients in many areas including ultrasound, advanced soft tissue and orthopedic surgery and oncology (including chemotherapy). Our facility is fully equipped with state-of-the-art clinical pathology instrumentation, electronic records, ultrasound, surgical and therapy lasers, Covidien Force Triad electrosurgery/cautery unit, digital x-ray equipment (including digital dental x-ray), and more. The Battle Creek/Kalamazoo area is home to beautiful natural areas, with Lake Michigan just a short drive west. There is a lot to do in the area from festivals and farmer's markets to fine dining and a nearby casino. Camping, biking and hiking opportunities are here

for the outdoor enthusiasts. It has small town charm and offers big city feel and amenities. We look forward to talking with you. For more information or to schedule an interview, please contact our practice manager, Pam Weakley, at 269-963-9347 or email drvc455@yahoo.com. To take a virtual tour of our main clinic, please visit our website at dickmanroadvet.com.

Animal Clinic of Holland is looking for an associate veterinarian, either full-time or part-time to join our team. We love to learn, collaborate, have a good time, while also striving to enjoy a good work/life balance. One or two positions available. New graduates welcome. We are located in the beautiful town of Holland, MI, just minutes from the shores of Lake Michigan. The practice is a long-standing member of the community with an excellent reputation. We are a four-doctor, privately -owned small animal practice working almost exclusively with dogs and cats. No emergency work required. Two of our current doctors are looking to reduce their hours in the future. Potential for future ownership as well for the right candidate. We have a great support staff, some of whom have been with us for many years. We believe in team spirit, both at work and away from work, and prioritize a healthy work/life balance. Our practice equipment includes Avimark software, client communication platform, digital radiography, ultrasound, acupuncture, new therapy laser, Tonovet, in-house IDEXX CBC, chemistry and urine analyzers and more. One doctor is working towards board certification in behavior. The right candidate will be a motivated, team-oriented individual with good communication skills and a good work ethic. A strong interest in surgery is a plus. Mentoring is offered and encouraged. Pay is competitive, based upon experience. Salary range \$100-130,000, negotiable based upon experience. Salary or Pro-Sal considered. Licensing fees and a yearly CE stipend are also included. A signing bonus is being offered, this can be discussed in detail upon inquiry and submission of a resume. Please submit inquiries to: suevetdogcat@gmail.com, 616-396-6543,

Attn. Dr. Sue Vanderjagt.
Cell 616-886-9452, business location:
1106 Washington Avenue, Holland, MI
49423, animalclinicofholland.com.

St. Joseph, Michigan is a beautiful vacation destination. Our location has it all: great schools, beaches, and other attractions. Our independently-owned practice is seeking a FT/PT veterinarian. We believe in work/life balance. (No weekends, no after-hour emergencies, two-to-four-day work week) We are well equipped. (Digital rads, digital dental rads, Vscan ultrasound, full in-house labs) We provide competitive benefits. (Base wage with production bonuses, retention bonuses) Join our team! Contact Dr. Ed Blesy at edthetvet@sbcglobal.net or cell: 269-845-2436. Visit us at sjvet.com or facebook.com/stjomivet.

Must be able to laugh and joke, only fun people are allowed to apply. Arbor Hills Veterinary Clinic in Jackson, MI: Work life balanced maximum five-day work week, no weekends, no emergency after hours, newly built clinic. We are look to add another doctor to our small animal exclusive state-of-the-art practice. Salary based off of production (with a base salary provided). Very lucrative remuneration package. Send an email to drmiller@arborhills.vet.

Busy, well established small animal clinic in Milford, Michigan looking for a veterinarian to join our team. We have in-house blood and urine laboratory equipment, digital radiography and dental, cold laser therapy and portable ultrasound. We offer base salary with production percentage, continuing education budget, health insurance and profit-sharing plan. Flexible scheduling for full or part-time. If interested, please send a resume to georgia@milfordveterinaryclinic.com.

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Coming soon: Western Michigan. Gross \$1.7M. Small animal, with a well-maintained facility, and diagnostics. Call for more information. (MI-9525). Contact Total Practice Solutions Group – Great Lakes at 440-933-9522 or bret@tpsgsales.com.

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Southern Michigan in Kalamazoo/Jackson Area. Gross \$1.43M. Long standing, small animal practice with strong staff. Call for more information. (MI-9350). Contact Total Practice Solutions Group – Great Lakes at 440-933-9522 or bret@tpsgsales.com.

Central Michigan. Gross \$1.2M. Long standing and well-equipped small animal practice. Facilities are well-maintained and practice is well staffed. Px is offered at \$730K, RE is offered at \$250K. Call for more information. (MI-9410). Contact Total Practice Solutions Group – Great Lakes at 440-933-9522 or bret@tpsgsales.com.

Buying or selling a veterinary practice? Rely on the expertise of Total Practice Solutions Group. See display ad in the printed issue. Contact us for a free consultation. We are happy to help. Contact Total Practice Solutions Group – Great Lakes at 440-933-9522 or bret@tpsgsales.com.

 **RELIEF ADS**

Anvita Bawa, DVM

517-927-6863
(MSU 08, MVMA Member) Available for SA GP or general surgery in southeast MI/ Metro Detroit. bawaanvi@gmail.com

Sharisse Berk, DVM

248-851-0739
(MSU 95, MVMA Member) Available for SA relief or part-time work in Southeast MI.

Rhonda Bierl, DVM

248-467-1987
(MSU 00, MVMA Member)
SA relief work within one-hour of Highland. General medicine, soft tissue surgery, ultrasound experience. rhondabierl@gmail.com

Cortney Chapin, DVM

616-901-5660
(MSU 09, MVMA Member) Available for emergency and SA general practice. Willing to travel. alaskavet80@gmail.com

Catherine Collins, DVM

517-980-0528
(MSU 06, MVMA member) Offering case by case soft tissue and orthopedic surgical services as well as general surgery relief. Based in the greater Lansing area, travel negotiable. presspawsplc@gmail.com

Kenneth Corino, DVM

248-217-5235
(MSU 94, MVMA Member) Small animal relief work. SE Michigan, medicine and surgery. corinodvm@aol.com

Nichole Corner, DVM

616-634-9777
(MSU 99, MVMA Member) SA Relief, General Practice. Providing relief services since 2007. Greater Grand Rapids area, up to one-hour drive radius. Excellent communication, education and reliability. haweslake@charter.net

Bryan Cornwall, DVM, MBA

248-227-0562
(MSU 89, MVMA Member) SA medicine and general surgery in SE Michigan; practice owner for 24 years. Great with clients and staff. bcornwalldvm@gmail.com

Jennifer M. Dec, DVM

248-224-1990
(MSU 04, MVMA Member) Small animal general practice and emergency relief. Surgery, ultrasound, and excellent communication skills. drrockstarbc@gmail.com

Julie K. Eberly, DVM

616-218-8105
(MSU 93, MVMA Member) 13 years mixed practice. SA relief since 2016. Soft tissue, spay/neuter, dentistry, good communication and charting skills. W. Michigan, Lakeshore, Holland, GR. docjulie5@msn.com

Heather Ferguson, DVM

734-260-3098
(MSU 90, MVMA Member) General SA medicine and surgery. Practice owner 25 years. SE Michigan. Excellent client and staff communication. fergdvm90@gmail.com

Naomi Fleischmann, DVM

248-266-5677
(MSU 21, MVMA Member)
Available for SA and Exotics (including some wildlife) GP relief work in SE Michigan. Excellent client and staff communication. Detailed record keeping. drfleischmannvet.com or drfleischmannvet@gmail.com

Lisa Harris, DVM

616-204-2670
(MSU 89, MVMA Member) Available for relief in Grand Rapids/Lakeshore area. Experienced SA medicine and surgery, avian, exotics. Friendly, good communicator. drllharris@gmail.com

Victoria Hekman, DVM

616-227-0627
(MSU 12, MVMA member)
SA soft tissue surgery, dentistry, ultrasound, acupuncture, wellness, internal medicine. Excellent client communication. vhek86@gmail.com

Sean D. Hughes, DVM

517-552-0993
(MSU 76, MVMA Member) SE Michigan SA relief since 1999. Part-time, prefer SE; will travel for the right circumstances. hughesdvm@aol.com

Sarah Jones, DVM

248-910-1329

(Tuskegee University 12, MVMA Member) SA, urgent care relief in SE Metro Detroit area. 12 years of experience. Great with staff, communication, and record keeping. Will travel up to an hour from the Detroit area. sarah.hopkins12@yahoo.com

Cindy Kalicki, DVM

313-291-2466

(MSU 94, MVMA Member) Eight years full-time, two years relief in SA general medicine/soft tissue surgery. SE MI, part-time or relief.

Jane Merrills, DVM, DABVP

517-719-2062

(Tufts University 98, MVMA Member) 26 years' experience in GP, urgent care, ER. Prefer to stay within one-hour of East Lansing, open to travel if travel/housing is supported. jmerrillsdvm@gmail.com

Anne Meyers, DVM

248-867-2601

(MSU 19, MVMA member) Available for SA GP, dentistry, and surgery in Metro Detroit area. Travel negotiable. Flexible, great client communication, organized. meyers.anne4@gmail.com

Katherine O'Connor, DVM

248-207-3528

(MSU 14, MVMA Member) Exceptional medicine when you need it most. SA, exotics, emergency relief. Based in Southeastern, Michigan. References available. www.myreliefvet.com

Amy Peck, DVM

231-557-4423

(MSU 97, MVMA Member) Available for relief in West MI, Grand Rapids, Lakeshore area. SA general medicine. Excellent communication skills, experienced and reliable. apeckdvm@gmail.com

Sabita Rakshit, DVM

734-564-8587

(JNAU89, MVMA Member) Proficient in small animal medicine and surgery with strong communication and record-keeping abilities. Available for relief or part-time positions in SE Michigan. sabita.rak@gmail.com

Hollie Rebo, DVM

517-673-8281

(MSU 06, MVMA Member) SA relief in metro Detroit/Downriver. Will consider travel. Excellent client education and surgery skills. pawssforreliefpc@gmail.com

Susanna Rori, DVM

248-563-2264

(MSU 15, MVMA Member) Small Animal ER, Urgent Care, and GP Relief. Medicine and Surgery. Based in Southeast, MI. Travel negotiable. rorirelief.com, rorisusa@gmail.com

Jim Sharp, DVM

810-533-3598

(MSU 71, MVMA Member) SA relief, SE Michigan. Former practice owner. Proficient in sophisticated dentistry and medicine. Excellent communicator. vetseanarian@comcast.net

Linda Vanassche, DVM

517-896-9086

(MSU 90, MVMA Member) SA medicine, surgery and emergency; excelling in dermatology and internal med. Travel negotiable more than one and a half hours from Lansing. Excellent written/verbal communication and record keeping. drmomma789@aol.com

Sharon Waugh, DVM

989-875-6257

(Iowa State Univ. 08, MVMA Member) SA GP, Urgent Care, Surgical relief Mid-Michigan (within one hour drive of Alma). Experienced practice owner, excellent client/staff communication. waughdvm@gmail.com

Amy Wildrose, DVM

517-420-5891

(MSU 00, MVMA Member) Experienced, proficient, dependable, and convivial. Available for SA relief or part-time. Based in Lansing. Willing to travel. a_wildrose@hotmail.com

Erinn Williams, DVM

517-980-3323

(MSU 06, MVMA Member) Experienced SA/urgent care relief in southeast MI based in Macomb. Travel negotiable. Thorough records, excellent communication, open to surgery (S/N, dentistry). erinndvm@gmail.com

Jennifer Zaboltny, DVM

517-896-9146

(MSU 97, MVMA Member) Experienced SA relief for SE and mid-Michigan. References. drzaboltny@gmail.com 🐾

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of one’s soul remains unawakened.”*

– Anatole France



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