in this edition...

Nutrition - The 5th Vital Assessment
FLUTD: Using Nutrition to ‘Go With The Flow’
Excitement for 2014

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Now is the best time to renew your membership – so tell your colleagues about all the benefits of NAVTA membership, and join today!

Who are NAVTA members?
The National Association of Veterinary Technicians in America (NAVTA) is made up of people just like you… people who want to make a difference in the lives of animals.

NAVTA is a growing global network of:

- Credentialled Technicians
- Veterinary Technician Specialists
- Assistants
- Veterinarians
- Practice Managers
- Educators
- Researchers
- Industry Sales
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NAVTA empowers you to succeed in your career. Together, we strengthen the veterinary technician profession.

Why NAVTA?
NAVTA is a membership-based non-profit association that acts as the national voice of the veterinary technician profession. In addition to serving its members, NAVTA educates the allied industry and the general public about the veterinary healthcare team. NAVTA initiatives include:

- Monitoring legislation that affects the veterinary technician profession on a national level
- Continuing education and networking through state and local networks and student chapters
- Celebrating National Veterinary Technician Week
- Strengthening relationships with allied associations and NAVTA sponsors
- Distributing technician demographic and salary surveys
- Creating ongoing public relations campaign about the importance of credentialled technicians

To learn more about what NAVTA can do for you, visit www.navta.net.

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Executive Director’s Letter

We as technicians work very hard every day. Our hard work pays off when we see the tails wagging, the wiggling butts, get the lick on the face or hand, get nose bumps or feel and hear the purrs, but we don’t see much in the way of compensation typically in our paychecks or bonuses. We knew this coming into our profession. We were told throughout school and continue to experience when we graduate. We are passionate people and certainly do not do this to get rich! We have to be very cautious with what we do make and how we spend our money and it is something that most of us struggle with every day.

Shortly after I graduated as a technician, I became a single mom and worked 3 jobs trying to make ends meet with daycare costs and regular bills. Trying to make ends meet was a continuous struggle, but despite living paycheck to paycheck, there were two things that I made sure I saved money for every year and that was my Minnesota Association of Veterinary Technicians membership and my NAVTA membership and I have been a member of both every year since 1984. WOW! I’m really dating myself, but it is something I am very proud of and feel very strongly about.

For the longest time, I just paid my membership fee every year, looking forward to the MAVT newsletters, the discounted convention rates, the NAVTA Journals, etc and really thought that was why I became a member of both of these associations, not to mention it looked good on my resume. I was asked by a friend of mine a few years into my career, to help with a MAVT event and soon after that found myself volunteering in various roles for MAVT and eventually went on to volunteer in various roles within NAVTA. I found that by doing this, it was giving back to my profession and I was meeting so many different people and learning so much about the profession and how our association ran.

I know that one of the biggest things I have learned throughout the years with all of my involvement has been that I had actually have been involved in both of these organizations from day one by just becoming a member. Many people think that in order for you to be involved or to make a difference and give back to your profession, you have to become a board member or chairperson or committee member or actually do something that is a working position. They think that you only become a member for the “stuff” (Journals, newsletters, website access, etc) and yes, all of this is part of membership, but by becoming a member, you are doing much more that you actually know! You are giving back to your profession and supporting it hugely by paying that membership fee every year. Just that small membership fee gives that much more money towards projects, initiatives, keeping fees down for you and all technicians, journal costs, convention costs, etc. Everything that helps in keeping our profession moving forward.

All of us becoming one and increasing our numbers, lets the rest of the world know how many there are of us. It allows us to become a bigger voice. With increased membership numbers, it shows our strength and professionalism. The rest of the veterinary industry only sees us as players and professionals in the numbers we portray.

Continued on page 23
Help your patients get back to a normal life.

The **ONLY** nutrition clinically tested to
dissolve struvite stones in as little as 7 **days**¹ and **reduce the recurrence of FIC signs by 89%**².

CHANGE THEIR FOOD.

CHANGE THEIR WORLD.

Urinary concerns commonly cause cat owners to bring their cat to the veterinary hospital for an evaluation. Feline lower urinary tract disease (FLUTD) is a term used to describe any disorder affecting the urinary bladder and/or urethra of cats. FLUTD may result from numerous causes such as urolithiasis, urethral plugs, neoplasia, anatomical abnormalities, infection, and inflammatory conditions. Clinical signs associated with FLUTD include hematuria, stranguria, dysuria, pollakiuria, and periuria (urination in inappropriate places).

The veterinary profession has seen an increase in awareness of specific causes of FLUTD, allowing diagnostic and therapeutic efforts to be directed toward identification and elimination of specific underlying disorders. Veterinary technicians play a key role recognizing the signs of FLUTD when discussing the cat’s history with an owner and communicating this to the veterinarian. This is a critical step in the diagnostic and therapeutic plan for each cat presenting with FLUTD.

**FLUTD Prevalence and Risk Factors**

Reportedly, FLUTD is responsible for 7% to 8% of feline admissions to veterinary hospitals, and has been reported in up to 1.26% of all cats. FLUTD does not appear to have
FLUTD, continued

a gender prevalence. However, overweight cats and indoor cats are believed to be at a higher risk for developing FLUTD. The first episode of FLUTD typically occurs between 2 and 6 years of age. Finally, it has been seen that roughly 50% of cats that experience one episode of FLUTD will have a recurrence.

The most common cause of FLUTD in cats less than 10 years of age is feline idiopathic cystitis (FIC), followed by uroliths, and urethral plugs. The common causes of FLUTD are divided into two general categories, with these categories established on 1) the presence or 2) the absence of an identifiable cause.1

FLUTD or conditions with clinical signs that mimic the disease are typically a result of one of the following:
- Anatomic defects
- Behavioral idiosyncrasies
- Irritant cystitis or urinary tract infection
- Uroliths
- Neoplasia
- Neurologic disorders
- Trauma

Diagnosing FIC is through exclusion of other FLUTD causes. In older cats (over 10 years), urinary tract infection and/or uroliths are the most common cause of FLUTD.

Changing Trends in Urolithiasis
In 1981, 78% of feline uroliths were composed of struvite and only 2% were calcium oxalate. In the mid- to late-1980s, the occurrence of calcium oxalate uroliths began to increase. A shift occurred between 1994 and 2002, with approximately 55% of uroliths found to be calcium oxalate and 33% struvite. However, another shift found the number of struvite uroliths has continued to increase since 2001 while the occurrence of calcium oxalate uroliths has decreased.

Based on 10,093 feline uroliths analyzed at the Minnesota Urolith Center (MUC) in 2006, the most common mineral types were struvite (50%) and calcium oxalate (39%), followed by purine (5%). It would appear that the percentages have evened with the number of feline struvite uroliths (45 percent) submitted to the MUC in 2004 were slightly past those containing calcium oxalate (44 percent). These trends have continued into 2011. 2

The analysis of urethral plugs has remained consistent through the years. In 2006, 88% of urethral plugs evaluated at the Minnesota Urolith Center were composed of struvite, 9% were matrix, < 1% were calcium oxalate, and 2% were of other mineral compositions. 3

Diagnostic Evaluation
When managing cats with FLUTD, it is recommended that a multimodal approach be used to attain the best results. This approach includes identifying and treating underlying medical conditions, modifying the home environment, addressing behavioral issues, and managing nutritional factors. Diagnostic evaluation of cats with recurrent or persistent lower urinary tract signs should include a urinalysis and diagnostic imaging.4 If there is a history of urinary tract manipulation (e.g., urethral catheterization), evidence of urinary tract infection (e.g., pyuria, bacteriuria, malodorous urine), or the cat is older (usually 8-10+ years of age), a urine culture should be done. More

GLOSSARY

Bacteriuria: Bacteria in the urine
Crystalluria: Crystals in the urine
Cystitis: Inflammation of the urinary bladder
Dysuria: Painful or difficult urination
Hematuria: The discharge of blood in the urine
Infection versus Inflammation:
  - Infection: Invasion and multiplication of microorganisms in body tissues
  - Inflammation: A localized protective response elicited by injury or destruction of tissues, which serves to destroy, dilute, or wall off both the injurious agent and the injured tissue
Periuria: Urination in inappropriate places
Pollikiuria: Frequent urination
Pyuria: Pus in the urine. The pus may be obvious or detectable only on microscopic examination and be in the form of leukocytes in casts or rafts. Usually accompanied by bacteria
Stranguria: Slow and painful discharge of urine
Urinary tract infection (UTI):
  - Colonization and persistence of bacteria (rarely fungus) in an otherwise sterile portion of the urinary tract (kidney, ureter, bladder)
  - Infection in the urinary tract; types are named for the part of the tract involved, such as urethritis, cystitis, ureteritis, pyelonephritis, and glomerulonephritis
Urolithiasis: Often used interchangeably with urinary calculus; an abnormal stone formed in body tissues by an accumulation of mineral salts

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advanced procedures (e.g., contrast radiography) may be appropriate in some cases.

Urinalysis is an integral part of evaluating patients with signs of lower urinary tract disease. Ideally, the veterinary technician should perform urinalyses in-hospital. This is especially true given that fresh urine samples analyzed within 30 minutes of collection are preferred. Evaluating urine after this time may result in crystal formation not actually present in the patient. Samples may be refrigerated for up to eight hours and then evaluated (after the sample has returned to room temperature); however, this method is not best for evaluating crystalluria.

Veterinary technicians must perform a complete urinalysis. Oftentimes, urine sediment examination is overlooked, and only dipstick analysis and urine specific gravity are measured. However, the only way to accurately detect pyuria, hematuria, bacteriuria, and crystalluria is by sediment examination. Diagnosis cannot rely solely on urine dipstick analysis since results for detection of pyuria are often false positive in cats and the occult blood reagent pad on the dipstick is not specific for hematuria (in addition to red blood cells, it also becomes positive with hemoglobin and myoglobin). Pyuria (>5 WBCs/hpf) is indicative of inflammation and may be caused by several disorders (uro lithiasis, bacterial infection); pyuria is less commonly observed in cats with FIC. The healthcare team must remember to look carefully for bacteria when increased numbers of white cells are seen. It is important to not misinterpret the presence of cellular debris and Brownian motion as bacteriuria.

Several different types of crystals may be identified on urine sediment examination; struvite (triple phosphate) and calcium oxalate being the most common. The presence of crystals shows that the urine is supersaturated with that substance and the patient is at risk for forming uroliths. Although it is important to remember that cats may have crystals and never develop uroliths. In the absence of other findings such as uroliths or urethral plugs, the presence of crystals alone is not diagnostic of urolithiasis or struvite disease. Struvite crystals may be present in normal cats and cats with struvite uroliths (sterile or infection-induced), non-struvite uroliths (including some cats with calcium oxalate uroliths), urethral plugs, or other urinary disorders such as FIC.

Abdominal survey radiographs are necessary to assist with the diagnosis and are helpful for identifying radiopaque uroliths and crystalline-matrix urethral plugs. Radiographs should include the caudal abdomen (urethra), so potentially important information (e.g., urethral uroliths) is not missed. Normal survey radiographs do not exclude FIC, radiolucent uroliths (urate/purine), small uroliths (<2 mm), neoplasia, blood clots, or anatomic defects. Abdominal ultrasonography and/or contrast urethrocystography is helpful in these cases. If no cause is identified after thorough diagnostic evaluation, FIC is likely.

Managing Cats with Feline Idiopathic Cystitis
The goals of managing cats with FIC are to reduce stress, provide pain relief, decrease severity of clinical signs, and increase the interval between episodes of lower urinary tract disease. Over the past 40 years, many different treatments have been recommended to control signs in cats with FIC; yet only a few have been evaluated in clinical trials of cats with FIC.1,5

Feeding moist food (>60% moisture) has been associated with a decreased recurrence of clinical signs in cats with FIC. During a 1-year study, clinical signs recurred less often in cats with FIC when fed a moist food compared with cats fed the dry formulation of the same food.6 Beneficial effects have been observed in cats with FIC when urine specific gravity values decrease from 1.050 to values between 1.032 and 1.041. Additional methods for increasing water intake (eg, adding broth to foods, placing ice cubes in the cat’s water, and providing water fountains) also may be helpful for some cats.

Increasing salt content of food is an effective method of causing urine dilution in cats; however, potential for adverse effects should be considered. Currently, there are differing opinions regarding the role of sodium in cats with kidney disease. In one study, effects of high-salt [1.2% sodium, dry matter basis (DMB)] intake for 3 months were evaluated in 6 cats with mild azotemia due to naturally occurring chronic kidney disease.7 These cats had progressive increases in BUN, serum creatinine, and serum phosphorus compared with consumption of food with 0.4% sodium (DMB). Based on all findings to date, further study is needed to better determine the role of sodium in healthy cats fed long-term as well as cats with hypertension, chronic kidney disease, and calcium oxalate uroliths. Until more studies are reported, it is reasonable to avoid high-salt foods in cats with chronic kidney disease and monitor kidney function when high-salt foods are fed to other cats, especially those at risk for kidney disease.

Inflammation plays a role in many causes of FLUTD, especially FIC and urolithiasis. Therefore, a key nutritional factor for managing cats with FLUTD includes omega-3 fatty acids, which are known to have potent anti-inflammatory effects. In addition, vitamin E and beta-carotene are helpful for countering oxidative stress and reducing free radical damage, conditions that often accompany inflammation.

Managing Cats with Struvite Uroliths or Urethral Plugs
Treatment options for cats with struvite uroliths include physical removal of uroliths or dissolution via nutritional management. Typically, the average time required for dissolution of sterile struvite uroliths is approximately 3 – 4 weeks. A recent study comparing two foods designed for struvite dissolution showed dissolution of struvite crystals in as little as seven days (Hill’s® Prescription Diet® c/d® Multicare Feline).8 It is important for
veterinary technicians to communicate and educate clients whose cats are suspected to have struvite uroliths, to transition to feeding a calculolytic food over a 7-day period. Some transitions may take longer, so follow up by the veterinary technician with the client is crucial to monitor how the cat is doing with the transition to the new food. Cats should be re-evaluated every 2-4 weeks (urinalysis and abdominal radiographs). Urine pH should remain < 6.1 and if canned food is fed exclusively, the urine specific gravity should be < 1.040. Nutritional management should be continued four weeks beyond radiographic resolution of the urolith.

After dissolution or removal of struvite uroliths or urethral plugs, nutritional management is indicated to prevent recurrence. The study referenced above states that Hill’s® Prescription Diet® c/d® Multicare Feline which is formulated for long-term maintenance feeding, eliminates the need to transition cats back to a maintenance food following urolith dissolution and allows for the convenience of feeding all cats in a household a single food.

Managing Cats with Calcium Oxalate Uroliths
The treatment of choice for calcium oxalate urolithiasis is urolith removal, followed by methods to prevent recurrence. At present, the standard of care for preventing calcium oxalate urolith recurrence is to feed moist therapeutic food and encourage water intake.

All cats should be monitored for recurrence by performing urinalysis every three months to detect calcium oxalate crystalluria and diagnostic imaging every six months to detect uroliths. If uroliths recur, less-invasive procedures such as voiding urohydropropulsion are more likely to be effective when uroliths are smaller.

Nutritional Management of Multiple Disorders Using a Single Food
It is possible for one food, in the proper formulation, to manage both struvite uroliths and calcium oxalate uroliths, and as discussed earlier address the inflammatory nature of FIC. Nutritional management of struvite and calcium oxalate uroliths involves controlling mineral constituents in the urine, increasing urinary inhibitors of the uroliths, and controlling urine pH. Typically this goal can be achieved by limiting the constituents in the food, reducing their absorption in the gastrointestinal tract, and/or reducing their excretion from the kidneys.

Controlling levels of magnesium, calcium, phosphorous, and oxalate will help to reduce the building blocks of crystals and uroliths. Adding citrate to the food will help inhibit crystals and uroliths. Vitamin B6 levels should be enhanced because a deficiency of this vitamin has been associated with increased urinary oxalate excretion. Nutritional management that includes antioxidants, specifically vitamin E and beta-carotene, helps counteract oxidative stress and create an unfavorable environment for uroliths. Omega–3 fatty acids, specifically EPA & DHA, help break the cycle of inflammation associated with uroliths and FIC. Finally, controlling sodium chloride levels helps avoid aggravating potentially undiagnosed kidney disease.

Recommending nutritional management through a specially formulated food designed to address the three most frequently diagnosed conditions associated with FLUTD will lead to improved compliance and overall better health care for cats. The role of the veterinary technician is to educate clients about lower urinary tract disorders and how nutritional management will allow the owner to participate in the long-term management of urinary health for their cat.

Environmental Enrichment
In addition to nutritional management, the currently recommended treatment for cats with FIC also includes environmental enrichment and stress reduction. Environmental enrichment is also an important adjunct to therapy in all types of FLUTD. Health care team members, especially veterinary technicians, play a crucial role in educating cat owners about the importance of environmental enrichment, stress reduction, and litter box management. A prospective study evaluating effects of multimodal environmental modification was reported in 46 client-owned cats with FIC.9 Findings showed significant reductions in lower urinary tract signs, fearfulness, and nervousness after treatment for 10 months. Cats with FIC should avoid stressful situations (e.g., conflict with other cats in the home). Owners should be educated to provide opportunities for play/resting (horizontal and vertical surfaces for scratching, hiding places, and climbing platforms). Any changes (e.g., switching to a new food) should be made gradually so the cat has adequate time to adapt and avoid becoming stressed.

An additional critical component to managing cats with FLUTD, specifically FIC, involves appropriate use and maintenance of litter boxes in the home. The majority of cats prefer clumping, unscented litter; however, it may be best to give cats several choices and let them select their preference. Veterinary technicians also need to remind cat owners that it is possible to have cats within the home that prefer different types of litter or litter boxes. Generally, uncovered litter boxes are recommended because they are less likely to trap odors inside. For older cats with mobility issues, the owner should select a litter box with low sides to facilitate the cat getting in and out of the box. Litter boxes should be scooped daily and washed every few weeks with warm, soapy water. Plastic can absorb odors over time (months to years), so it is important to educate owners about the importance of replacing litter boxes with new ones periodically. Finally, owners should follow the 1 + 1 rule and provide an adequate number of litter boxes (1 more than the number of cats) in the home and they should be located on multiple floors where cats can enter and exit readily.

More detailed information about environmental enrichment and litter box management is available.10-14 It may be helpful to encourage owners to read this additional information as
well because their involvement is critical for a successful outcome.

**Summary**
The veterinary technician role is crucial in assessing the signs associated with FLUTD. Veterinary technicians must educate, communicate, and follow up with the client to ensure the treatment plan is understood and is executed. Ensuring the entire healthcare team – including the pet owner – is in alignment with and understands the recommendations for managing cats with FLUTD will lead to successful management of FLUTD and improved health of the patient.

**References/Suggested Reading**
FLUTD Quiz

1. FLUTD is responsible for ____ of feline admissions to veterinary hospitals.
   a. 1%
   b. 5%-6%
   c. 7%-8%
   d. >10%

2. The most common cause of FLUTD in cats less than ten years of age is:
   a. Struvite uroliths
   b. Feline idiopathic cystitis (FIC)
   c. Calcium oxalate crystals
   d. Urethral plugs

3. The Minnesota Urolith Center sees urethral plugs comprised mainly of:
   a. Matrix
   b. Calcium oxalate
   c. Struvite
   d. other mineral compositions

4. Diagnostic evaluation of felines with recurrent or persistent lower urinary tract signs should include:
   a. Urinalysis
   b. Diagnostic imaging
   c. A & B
   d. None of the above

5. To evaluate urine for crystalluria:
   a. Urinalysis should be performed within 30 minutes of sample collection
   b. Is best performed after urine has been refrigerated for eight hours
   c. Sample should always be sent out for evaluation
   d. All of the above

6. Methods for increasing water intake in cats include:
   a. Placing ice cubes in water
   b. Adding broth to foods
   c. Providing water fountains
   d. All of the above

7. A key nutritional component to managing the inflammation seen in FIC is:
   a. Adding salt to the cat's food
   b. Adding omega-3 fatty acids to the diet
   c. Feeding only once daily
   d. Feeding various types of food

8. Treatment options for cats with struvite uroliths include:
   a. Physical removal of uroliths
   b. Dissolution via nutritional management
   c. Both A & B
   d. None of the above

9. The current recommended treatment(s) for cats with FIC include:
   a. Nutritional management
   b. Environmental enrichment
   c. Stress reduction
   d. All of the above

10. To help reduce the building blocks of crystals and uroliths, the following nutritional components should be controlled:
    a. Magnesium
    b. Calcium
    c. Phosphorous
    d. All of the above

This article is worth one continuing education credit and will be accepted for grading until January 1, 2016. To receive credit, please complete the quiz online at www.VetMedTeam.com. There will be a $5 fee for each quiz.

*Due to updates and changes authorized by NAVTA, the online quiz may not be the same as the printed exam within The NAVTA Journal. Read each question thoroughly and answer it as it appears in the online exam. Please do not simply copy your answers from the printed version.
When it comes to your patients, you are the expert — the one voice clients listen to for answers they can trust. Nutrition should be no different. According to the American Animal Hospital Association (AAHA) Nutritional Assessment Guidelines for Dogs and Cats, you should perform a nutritional assessment and make a specific dietary recommendation as part of your physical exam for every pet, every time they visit.

Be the expert

When it comes to your patients, you are the expert — the one voice clients listen to for answers they can trust. Nutrition should be no different. According to the American Animal Hospital Association (AAHA) Nutritional Assessment Guidelines for Dogs and Cats, you should perform a nutritional assessment and make a specific dietary recommendation as part of your physical exam for every pet, every time they visit.

To learn more, visit everypeteverytime.com.
Nutrition is the lifeline of our patients, yet we consistently neglect to talk about it. Why? Most veterinary technicians indicate that they do not have enough time in the exam room, or other topics take priority, such as vaccines, dental care, or spaying and neutering. Although these topics are also important, the veterinary healthcare team must remember that clients feed their pets’ everyday, and poor nutrition can lead to nutrient deficiencies, toxicities, obesity, and overall, a poor quality of life. The overall goal for the veterinary healthcare team is to help patient’s live a long, happy, and healthy life. Let’s get on board with discussions about nutrition every time the pet comes in to the hospital – every pet, every time, with every client.

The American Animal Hospital Association (AAHA) recommends five vital assessments of patient health at every examination to ensure the highest standard of care. Nutrition, being the newest edition, is added to temperature (T), pulse (P), respiration (R), and pain. Veterinary technicians are already responsible for TPR and pain recognition; adding nutrition to your essential task list adds a new challenge, job satisfaction, and increased client compliance and great medical care for the pet. Nutritional assessments and client education are veterinary technician responsibilities. Let’s start thinking nutrition – every pet, every time!

How do we assess nutrition for every patient, every time they arrive in our hospital? Follow these guidelines to help implement a successful program.

**Screening Evaluations**

As a part of routine history taking and physical examinations, ask the following questions:

- What food does your pet eat?
- What type of food is fed – canned, dry, both?
- How much does your pet eat? (Do you measure the food, and what size is your measuring cup?)
- How often do you feed your pet?
- Does your pet receive any treats? What kind and how much/many?
- Who is responsible for feeding the pet(s) in your household?
- Does your pet receive any human foods?
- Does your pet have access to any other food source(s)?

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**Nutrition – The 5th Vital Assessment:**

What Is Your Role as a Veterinary Technician?

Heather Prendergast, RVT, CVPM
Kara M. Burns, MS, MEd, LVT, VTS (Nutrition)
Next, assess the patients’ condition:
- Body Condition Score (BCS)
- Muscle Condition Score (MCS)
- Hair coat quality
- Age
- Activity level

If any abnormalities arise from your screening questions or assessment, and extended evaluation should follow.

**Extended Evaluations**

54% of the patients we see in practice are overweight or obese.1 Extended evaluations are essential for these patients. The biggest concern: clients perceive their pet is an ideal weight, when in fact the pet is overweight or obese. 22% of dog owners and 15% of cat owners (in the above mentioned study) characterized their pet as being at normal weight. Client education is essential to change this perception – and it is up to the veterinary technicians to educate! They don’t know if we don't tell them!

Many of our patients are experiencing a disease process that nutrition may play a role in managing. Obesity falls into this category; but many other disease conditions may also benefit from nutritional management such as joint disease (i.e., osteoarthritis), diabetes, renal insufficiency, or gastrointestinal sensitivities, to name a few.

Proper nutrition throughout the various life stages is critical to disease prevention, as well as assisting in disease management. Clients may not understand the life stage concept. Veterinary technicians must educate clients with regard to metabolism changes that occur, essential nutrients and potential excesses or deficiencies, and that overall caloric intake that should be monitored on a daily basis. Clients expect a nutritional recommendation from the veterinary healthcare team. You are the expert. In a recent study completed by AAHA, 90% of clients wanted a nutritional recommendation; however, only 15% perceived that they received one from the veterinary team.2 Make a specific recommendation for that patient’s lifestage requirements – every time they come into the hospital!

**What Your Clients Need to Know**

**Nutrient Composition**

**Puppies and Kittens** (see figure 1 pg. 16)

When compared to adult food, puppies and kittens require food with:
- More energy (this is the most demanding time of their life!)
- Higher protein (help build that muscle!)
- Omega-3 fatty acids
- Controlled mineral levels (consider our large breed dogs)
- Added taurine for kittens

When puppies and kittens are spayed or neutered, their metabolism decreases therefore, they do not need excess calories.3,4 Many cases of obesity are beginning at this time; make a specific recommendation to your client about caloric intake when releasing patients post operatively. Calculate the amount to feed that patient, review with the client, and write it down for the client.

**Adult Dogs and Cats**

A basic adult food will have:
- Less protein and fat
- Controlled mineral levels
- Adult cats = produce a normal acidic urine (6.2-6.4)

**Senior Dogs and Cats**

This is an ideal time to make specific recommendation based on the patients’ health and environment. A basic senior food will have:
- Higher levels of protein
- Lower levels of Phosphorus, Sodium and Calcium
- Increased fiber

**Feeding Amounts**

Every pet’s required caloric intake depends on their life stage and activity levels. The Daily Energy Requirement (DER) is the average daily expenditure of any animal, dependent on lifestage and activity. The Resting Energy Requirement (RER) is the energy required for a normal but fed animal at rest. Make specific caloric recommendations for your patients. Calculate the RER using the following equation:

$\text{RER} = (\text{BWkg} \times \text{BWkg} \times \text{BWkg}, \sqrt[3]{\text{Wt}, \sqrt[3]{\text{Wt}}}) \times 70$

or use figure 3 pg. 18 to help guide your recommendations.

Treats should never equal more than 10% of the total caloric intake per day. For example, your small canine patient “Fluffy” needs a maximum caloric intake of 350kcal per day; therefore “Fluffy” cannot have more than 35kcal of treats. Consider the calories of common treats, and compare to that of vegetables or fruits. A ¼ cup of carrots contains 17 calories, a ¼ cup of green beans contains 9 calories, and a ¼ of an apple contains 12 calories.

Advise your clients not to feed people food. This can lead to obesity, as well as build resistance to eat a complete and balanced diet made for their species. Many clients want to “spoil” their pet with people food; encourage the use of vegetable and fruits only, if this is the case (don’t forget to educate about overall caloric intake).

**Implementation of the 5th Vital Assessment**

Programs can be hard to implement within our veterinary team. Practices are busy, often short handed, and many times, team members lack the training needed to have a successful program. Unfortunately, this is a program that MUST be implemented if we want to continue to provide the best medicine possible to our clients and patients.

**Team Discussion**

Every team member must understand the importance of nutrition. Talk about it as a team, and determine what the strengths and weaknesses are that must be overcome to make this program work.

Take the self assessment (Figure 4 pg. 20) and determine how you can optimize the role that nutrition plays in patient care.
Nutrition – The Fifth Vital Assessment, continued

FIGURE 1

Nutrition: Puppy/Kitten Nutritional Needs

Feeding a high-quality food specifically designed for growth can help ensure normal, healthy development of a young puppy or kitten. Here are key nutrients identified to aid puppies and kittens in the development process:

<table>
<thead>
<tr>
<th>VITAMIN</th>
<th>SOURCE</th>
<th>BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Fish oil, liver, vitamin A supplements</td>
<td>Supports vision, healthy skin and a healthy immune system</td>
</tr>
<tr>
<td>D</td>
<td>Liver, vitamin D supplements</td>
<td>Helps build bones and teeth</td>
</tr>
<tr>
<td>E+C</td>
<td>Vegetable oils, vitamin E+C supplements</td>
<td>Helps protect cells and supports a healthy immune system</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MINERAL</th>
<th>SOURCE</th>
<th>BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcium</td>
<td>Ingredients that contain bone (such as chicken meal, lamb meal, fish meal)</td>
<td>Supports healthy, strong bones and teeth; helps blood clot and muscle function. Less calcium is required for large breed puppies to help reduce the chance of developing bone and joint abnormalities.</td>
</tr>
<tr>
<td>Phosphorus</td>
<td>Meats, eggs, dairy products</td>
<td>Supports healthy, strong bones and teeth; helps cells and muscle function</td>
</tr>
<tr>
<td>Sodium</td>
<td>Mineral mix</td>
<td>Maintains body fluid levels and helps muscle function</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER</th>
<th>SOURCE</th>
<th>BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proteins</td>
<td>Chicken by-product meal, corn gluten meal and ground whole grain wheat</td>
<td>Helps build strong cells</td>
</tr>
<tr>
<td>Carbohydrates</td>
<td>Corn gluten meal, flaxseed and ground whole grain</td>
<td>Provides an easily absorbed, quick source of energy</td>
</tr>
<tr>
<td>Fats</td>
<td>Dried egg product, fish oil and soybean oil</td>
<td>Helps pets store energy for later. Less fat is required for large breed puppies to help reduce the chance of developing bone and joint diseases.</td>
</tr>
<tr>
<td>Omega 3+6</td>
<td>Eggs, fish oil, flaxseed</td>
<td>Promotes healthy skin and shiny coat</td>
</tr>
<tr>
<td>DHA</td>
<td>Omega-3 fatty acid</td>
<td>Essential for proper neurological development</td>
</tr>
</tbody>
</table>
FIGURE 2  The authors wish to thank www.everypeteverytime.com for permission to use figures 1-4 in this article.

Nutrition: Adult/Senior Nutritional Needs

The proper balance of nutrients, avoiding both excesses and deficiencies, is important for the overall health and development of adult and senior pets. Here are key nutrients known to promote and maintain good health in adult and senior pets:

<table>
<thead>
<tr>
<th>VITAMIN</th>
<th>SOURCE</th>
<th>BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Fish oil, liver, vitamin A supplements</td>
<td>Supports vision, healthy skin and a healthy immune system</td>
</tr>
<tr>
<td>D</td>
<td>Liver, vitamin D supplements</td>
<td>Helps support bones and teeth</td>
</tr>
<tr>
<td>E+C</td>
<td>Vegetable oils, vitamin E+C supplements</td>
<td>Helps protect cells and supports a healthy immune system</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MINERAL</th>
<th>SOURCE</th>
<th>BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcium</td>
<td>Ingredients that contain bone (such as chicken meal, lamb meal, fish meal)</td>
<td>Supports healthy, strong bones and teeth; helps blood clot and muscle function.</td>
</tr>
<tr>
<td>Phosphorus</td>
<td>Meats, eggs, dairy products</td>
<td>Supports healthy, strong bones and teeth; helps cells and muscle function. Reduced phosphorus helps maintain kidney health.</td>
</tr>
<tr>
<td>Sodium</td>
<td>Mineral mix</td>
<td>Maintains body fluid levels and helps muscle function</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER</th>
<th>SOURCE</th>
<th>BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proteins</td>
<td>Chicken by-product meal, corn gluten meal and ground whole grain wheat</td>
<td>Helps build strong cells</td>
</tr>
<tr>
<td>Carbohydrates</td>
<td>Corn gluten meal, flaxseed and ground whole grain</td>
<td>Provides an easily absorbed, quick source of energy</td>
</tr>
<tr>
<td>Fats</td>
<td>Dried egg product, fish oil and soybean oil</td>
<td>Helps pets store energy for later. Less fat is required for large breed dogs to help reduce the chance of developing bone and joint diseases.</td>
</tr>
<tr>
<td>Omega 3+6</td>
<td>Eggs, fish oil, flaxseed</td>
<td>Promotes healthy skin and shiny coat</td>
</tr>
<tr>
<td>DHA</td>
<td>Omega-3 fatty acid</td>
<td>Essential for proper neurological function</td>
</tr>
</tbody>
</table>
Many practices will identify a weakness of nutritional training. This is EASY to overcome, and FREE! Visit the following websites for nutritional information, RACE approved continuing education, and ideas to help implement nutritional conversations.

- Every Pet, Every Time: http://www.everypeteverytime.com
- AAHA Nutritional Assessment Guidelines: https://www.aahanet.org/Library/NutritionalAssmt.aspx
- Royal Canin®: http://www.royalcanin.com
- Reading Food Labels: https://www.vetlearn.com/_preview?_cms.fe.previewId=fb28ab20-dd55-11e0-9094-0050568d3693
- Academy of Veterinary Nutrition Technicians http://nutritiontechs.org

**Client Discussions and Recommendations**

Now that you and your entire team are up to date on nutrition, how can you implement this conversation with clients? We know what information clients need:

- What to feed, how much and how often
- Why that particular recommendation is being made

This conversation is based off your initial screening assessment, +/- the extended assessment. Determine the DER for the pet (calculate it out!), and explore the clients’ ideas and beliefs about nutrition. Great questions to ask the client when determining their needs include:

- “Is the current food working for you?”
- “Do you have any concerns with this particular food?”
- “What is important to you when selecting a food for Fluffy?”

Once all of the above information is gathered, a veterinary technician may proceed with: “We both want what is best for Fluffy. Based on the

### FIGURE 3

**Calculating DER**

1. Find weight on the chart
2. Determine the RER
3. RER x lifestyle energy requirement = kcal/day requirement

**Feline DER**

<table>
<thead>
<tr>
<th>LIFESTAGE</th>
<th>DER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitten</td>
<td>2.5 x RER</td>
</tr>
<tr>
<td>Intact adult</td>
<td>1.4 x RER</td>
</tr>
<tr>
<td>Neutered adult</td>
<td>1.2 x RER</td>
</tr>
<tr>
<td>Obese prone</td>
<td>1.0 x RER</td>
</tr>
<tr>
<td>Weight loss</td>
<td>0.8 x RER</td>
</tr>
</tbody>
</table>

**Canine DER**

<table>
<thead>
<tr>
<th>LIFESTAGE</th>
<th>DER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Puppy (up to 4 mos.)</td>
<td>3 x RER</td>
</tr>
<tr>
<td>Puppy (4 mos. and older)</td>
<td>2 x RER</td>
</tr>
<tr>
<td>Intact adult</td>
<td>1.8 x RER</td>
</tr>
<tr>
<td>Neutered adult</td>
<td>1.6 x RER</td>
</tr>
<tr>
<td>Obese prone</td>
<td>1.4 x RER</td>
</tr>
<tr>
<td>Weight loss</td>
<td>1.0 x RER</td>
</tr>
<tr>
<td><strong>WORKING ADULT CANINE DAILY ENERGY REQUIREMENTS</strong></td>
<td></td>
</tr>
<tr>
<td><strong>WORKLOAD</strong></td>
<td>DER</td>
</tr>
<tr>
<td>Light</td>
<td>2 x RER</td>
</tr>
<tr>
<td>Moderate</td>
<td>3 x RER</td>
</tr>
<tr>
<td>Heavy</td>
<td>4-8 x RER</td>
</tr>
</tbody>
</table>

**ESTIMATED ENERGY REQUIREMENTS FOR BODY WEIGHS IN DOGS AND CATS**

<table>
<thead>
<tr>
<th>LBS.</th>
<th>KG</th>
<th>RER (kcal/day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0.5</td>
<td>39</td>
</tr>
<tr>
<td>2</td>
<td>0.9</td>
<td>65</td>
</tr>
<tr>
<td>3</td>
<td>1.4</td>
<td>88</td>
</tr>
<tr>
<td>4</td>
<td>1.8</td>
<td>110</td>
</tr>
<tr>
<td>5</td>
<td>2.3</td>
<td>130</td>
</tr>
<tr>
<td>6</td>
<td>2.7</td>
<td>149</td>
</tr>
<tr>
<td>7</td>
<td>3.2</td>
<td>167</td>
</tr>
<tr>
<td>8</td>
<td>3.6</td>
<td>184</td>
</tr>
<tr>
<td>9</td>
<td>4.1</td>
<td>201</td>
</tr>
<tr>
<td>10</td>
<td>4.5</td>
<td>218</td>
</tr>
<tr>
<td>11</td>
<td>5.0</td>
<td>234</td>
</tr>
<tr>
<td>12</td>
<td>5.5</td>
<td>250</td>
</tr>
<tr>
<td>13</td>
<td>5.9</td>
<td>265</td>
</tr>
<tr>
<td>14</td>
<td>6.4</td>
<td>280</td>
</tr>
<tr>
<td>15</td>
<td>6.8</td>
<td>291</td>
</tr>
<tr>
<td>16</td>
<td>7.3</td>
<td>310</td>
</tr>
<tr>
<td>17</td>
<td>7.7</td>
<td>324</td>
</tr>
<tr>
<td>18</td>
<td>8.2</td>
<td>339</td>
</tr>
<tr>
<td>19</td>
<td>8.6</td>
<td>353</td>
</tr>
<tr>
<td>20</td>
<td>9.1</td>
<td>366</td>
</tr>
<tr>
<td>25</td>
<td>11.4</td>
<td>433</td>
</tr>
<tr>
<td>30</td>
<td>13.6</td>
<td>497</td>
</tr>
<tr>
<td>35</td>
<td>15.9</td>
<td>558</td>
</tr>
<tr>
<td>40</td>
<td>18.2</td>
<td>616</td>
</tr>
<tr>
<td>45</td>
<td>20.5</td>
<td>673</td>
</tr>
<tr>
<td>50</td>
<td>22.7</td>
<td>729</td>
</tr>
<tr>
<td>55</td>
<td>25.0</td>
<td>783</td>
</tr>
<tr>
<td>60</td>
<td>27.3</td>
<td>835</td>
</tr>
<tr>
<td>65</td>
<td>29.5</td>
<td>887</td>
</tr>
<tr>
<td>70</td>
<td>31.8</td>
<td>938</td>
</tr>
<tr>
<td>75</td>
<td>34.1</td>
<td>988</td>
</tr>
<tr>
<td>80</td>
<td>36.4</td>
<td>1,037</td>
</tr>
<tr>
<td>85</td>
<td>38.6</td>
<td>1,085</td>
</tr>
<tr>
<td>90</td>
<td>40.9</td>
<td>1,132</td>
</tr>
<tr>
<td>95</td>
<td>43.2</td>
<td>1,179</td>
</tr>
<tr>
<td>100</td>
<td>45.5</td>
<td>1,225</td>
</tr>
</tbody>
</table>

The authors wish to thank www.everypeteverytime.com for permission to use figures 1-4 in this article.
information you have shared; and my experience and my research, I believe xx is best for Fluffy. This food is important to the health and longevity of Fluffy, and the levels of protein will help support her muscle mass as she ages”. Explain to clients why you are making this recommendation. Remember, it is up to us to educate the client about the health and well being of their best friend.

Be sure to address the concept of changing diets with clients and the need to transition from one diet to the recommended diet. If a diet change causes the pet to have diarrhea, the client will switch back to their original diet, and dismiss all of the information you worked so hard to provide.

Following up with clients is key to implementing a successful diet change. Remember to call owners and check in on the patient and to see how they are doing with the recommendations. Address any concerns the client might have.

Many team members still have concerns about having nutritional discussions with clients. The following are a few suggestions to help alleviate this concern:

- **Role play.** Develop conversations with team members that one may have with a client. Practice different scenarios and concerns that may come up. Consider, for example, addressing an obese pet. Many clients get their feelings hurt when you identify that their pet is overweight. Instead of “telling” them that their pet is overweight, consider educating them on the proper BCS, and then ask them to score their pet. You would be amazed at the number of people who are then willing to admit their pet could lose a few pounds!

- **Create written protocols/standards of care (SOC).** When SOCs are implemented into the practice, every team members know what to say, and how to say it. The entire team is on the same page, and the client will receive the same message every time they come to the hospital. Your protocols can then be displayed on your webpage, and in the client education handouts you are going to create.

- **Client Handouts:** Clients need information to take home with them each time they leave your hospital. It is estimated that only 30% of the information you present clients in the hospital will be retained. Send home client education brochures reinforcing the importance of nutrition, and include your specific recommendation on these handouts.

**Potential Challenges to Overcome**

Many clients have turned to Dr. Google and pet stores to provide them with nutritional recommendations (historically, veterinary practices have not made specific recommendations). However, many myths have surfaced, and your team needs to be prepared to deal with them. Here some common myths and helpful concepts to overcome them.

**“I only feed organic or all natural food!”**

- Organic foods must be grown with only animal or vegetable fertilizers, such as manure, bone meal, compost etc.
- All natural products must be produced or exist in nature, not artificial or manufactured. According to AAFCO, the term “natural” requires a pet food to consist only of natural ingredients; no chemical alterations can be supplemented.
- These are two different categories. Natural does not mean organic.
- Under new regulations, four categories were created for organic.
  - 100% Organic
  - Organic (95% of content is organic by weight)
  - Made with Organic (At least 70% of content is organic, but cannot carry organic seal)
  - Anything less than 70% cannot carry the USDA Organic Seal.

**“By-products are terrible, and I will not feed anything that contains them!”**

- By-products are a common ingredient in both human and pet food. A by-product is simply produced in the making of something else.
- When processing soybeans, the by-product Vitamin E is produced.

- Vegetable oils (such as flaxseed oil, rice bran oil, corn and soy oil) are by-products extracted from the seeds that are processed for consumption purposes.

- Do you like Jell-O? This is a by-product!

**“I will not feed a diet that contains corn!”**

- Corn is an ingredient that supplies the pet with protein, antioxidants, fatty acids and carbohydrates.
- Corn is easily and highly digestible and it not common cause of allergies in pets.
- Corn is not a filler (as many people think). Fillers are defined by AAFCO as an ingredient that does not provide nutrients.

**READY, SET, GO!**

Educating clients is imperative to building a long lasting client/patient/veterinary bond. Ideally, we want to offer lifelong patient service, and nutrition is one area that can have a severe impact on all life stages. Build loyal clients and create the trust to retain these clients for the lifetime of the pet.

**References**

2. Data on file with AAHA
3. Debraekeleer, J, Gross, KL, Zickler, SC; Feeding Young Adult Dogs: Before Middle Age, Small Animal Clinical Nutrition 5th ed. (SACN V), 2010. MMI, Topeka, KS.
FIGURE 4

Nutrition Optimization Self Assessment

Have you optimized the role that nutrition can play in patient care?

<table>
<thead>
<tr>
<th>Category</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passionate And Committed Leadership</td>
<td>Do the practice owner and senior staff set an example that demonstrates a strong belief in the value of nutrition in patient care?</td>
</tr>
<tr>
<td></td>
<td>Does your website or customized clinic client-education materials communicate your belief in the importance of nutrition?</td>
</tr>
<tr>
<td>Team Approach</td>
<td>Does every member of the healthcare team understand their role with regard to incorporating nutrition into patient care?</td>
</tr>
<tr>
<td></td>
<td>Is there an opportunity at patient rounds to discuss cases that nutrition has been a critical success factor?</td>
</tr>
<tr>
<td>Belief and Culture</td>
<td>Do all members of the healthcare team truly believe that it is “best medicine” to provide a nutritional assessment and specific dietary recommendation for every patient every time as part of the examination process?</td>
</tr>
<tr>
<td>Continuous Training</td>
<td>Do you currently have a forum for regular staff meetings?</td>
</tr>
<tr>
<td></td>
<td>Can every member of the healthcare team (including the front desk staff) answer basic questions regarding the clinic’s nutrition philosophy and key points regarding the diets you recommend?</td>
</tr>
<tr>
<td></td>
<td>Are one or several of the veterinary technicians in your practice an in-clinic champion for nutrition or fill the role of a nutrition counselor?</td>
</tr>
<tr>
<td>Documentation</td>
<td>Does the clinic have written protocol(s) that clearly defines the roles and responsibilities of every member of the healthcare team to ensure that every patient has a nutritional assessment and receives a dietary recommendation at every visit?</td>
</tr>
<tr>
<td>Evaluation Process</td>
<td>Is there a process in place to review medical records to ensure that your clinic’s nutritional protocols are being executed?</td>
</tr>
</tbody>
</table>

The authors wish to thank www.everypeteverytime.com for permission to use figures 1-4 in this article.
About the Authors:

Heather Prendergast, RVT CVPM
Heather Prendergast has spent over 19 years in small animal practice, and has taught several years for both veterinary technology and assistance programs. She has also authored the book "Front Office Management for the Veterinary Team". Heather has lectured for several local, state and national organizations on topics ranging from grief management for healthcare professionals to nutrition, inventory, communications and team management for the veterinary healthcare teams. She has authored several articles and participated in published roundtable discussions with the goal of increasing client compliance and communication within the veterinary practice. Currently, Heather provides consulting services for veterinary hospitals, Nestle Purina Pet Care and is an instructor for Patterson Veterinary University, VetMed Team and St. Petersburg College. Heather serves on several advisory committees, including the Bayer Animal Health Technician Advisory Council, Nestle Purina Senior Pet Advisory Committee and the AAHA Pet Nutrition Alliance Tools Committee.

Kara Burns, MS, MEd, LVT, VTS (Nutrition)
Kara Burns is a licensed veterinary technician originally from New England, now living in Kansas. She holds a master’s degree in physiology and a master’s degree in counseling psychology. She began her career in human medicine working as an emergency psychologist in the Maine Medical Center emergency department. She also worked at Maine Poison Control as a poison specialist dealing with human and animal poisonings. She then made the move to veterinary medicine and worked in small animal private practice and a small animal and avian practice in Maine. Kara is the Founder and President of the Academy of Veterinary Nutrition Technicians, the tenth recognized specialty for veterinary technicians. Currently, she works for Hill’s Pet Nutrition as the veterinary technician specialist working with the graduate technician profession in all aspects – National association, State vet tech associations, specialty vet associations, and national, regional, and specialty conferences. She is also a member of many national and state associations and holds positions on many boards in the profession - such as the AAHA Yearly Conference Development Committee – Technician Chair; AAVN technician liaison; the NAVTA Journal editorial board; Chair - NAVTA Committee on Veterinary Technician Specialties; Exceptional Veterinary Team Advisory Board; VSPN Nutrition Board Moderator; NAHERC; and is the president of the Kansas Veterinary Technician Association, to name a few.
The two not-for-profit associations will work together to develop new products and services for Veterinary Technicians, including webinars, articles, conference lecture tracks and online courses. This partnership is exciting for Veterinary Technicians because it opens up a large number of opportunities to provide leading edge continuing education choices for North America, with the best use of people and resources. NAVTA will remain its own entity, operate under its same Constitution and By-Laws and continue to work with all sponsors and conferences as they have in the past, embracing many veterinary organizations and allied associations. This partnership will now enable NAVTA to offer and provide input into many additional benefits and opportunities for Veterinary Technicians, while polishing and enhancing the communications and services provided to its members.

NAVTA and NAVC are currently reviewing resumes of applicants for the position of Executive Director for technician initiatives for the two groups. We should have this position filled by early January 2014. As if this is not exciting enough, this will allow the entire Board and the Executive Director to move projects along that have been in the minds of fellow technicians. It also means improved communication and benefits for all of you, more outreach and engagement for future industry partnerships, better education to the public and ultimately better care for the animals out there. Great ideas can become reality!

So here’s to a fantastic year for you and NAVTA!

Happy 2014!
UPCOMING EVENTS

Calendar of Events

January 18 – 22, 2014
North American Veterinary Conference (NAVC)
Orlando, FL
[www.navc.com]

February 16 – 20, 2014
Western Veterinary Conference (WVC)
Las Vegas, NV
[www.wvc.org]

February 20 – 23, 2014
Midwest Veterinary Conference
Columbus, OH
[www.mvcinfo.org]

March 20 – 23, 2014
American Animal Hospital Association Conference
Nashville, TN
[www.aahanet.org]

May 8 – 12, 2014
CVC in Washington, DC
National Harbor, MD
[www.thecvc.com]

June 4 – 7, 2014
American College of Veterinary Internal Medicine (ACVIM) Forum
Nashville, TN
[www.acvim.org]

June 19 – 22, 2014
Pacific Veterinary Conference
San Francisco, CA
[www.pacvet.net]

July 25 – 29, 2014
American Veterinary Medical Association (AVMA) Convention
Denver, CO
[www.avmaconvention.org]

August 22 – 25, 2014
CVC in Kansas City
Kansas City, MO
[www.thecvc.com]

September 25 – 28, 2014
Southwest Veterinary Symposium (SWVS)
Fort Worth, TX
[www.swvs.org]

October 8 – 12, 2014
Wild West Mountain States Veterinary Conference
Reno, NV
[www.wildwestvc.com]

October 12 – 18, 2014
National Veterinary Technician Week
[www.navta.net]

October 13 – 16, 2014
Atlantic Coast Veterinary Conference (ACVC)
Atlantic City, NJ
[www.acvc.org]

December 4 – 7, 2014
CVC in San Diego
San Diego, CA
[www.thecvc.com]

Editor’s note: This is not an endorsement for any conference or convention, but rather to help give you information on some conferences.

Executive Director’s Letter
(continued from page 5)

Increasing membership increases the awareness to these various industry representatives, potential sponsors and partners, as well as our allied associations lets them see how strong we are and enlightens them to consideration of partnerships with NAVTA and supporting projects and initiatives we are working on or wanting to pursue.

By becoming a member of your state association and NAVTA, it gives you the voice that you deserve and allows you to weigh in on what direction you want out profession to go. You are given the chance to take advantage of resources specifically for your career path and give you options for your future. It allows you to network with others in your profession and provides you with many opportunities in many ways to advance your career and head in a direction designed for yourself that you may not have otherwise known existed. There are so many things out there for us these days and many times the only way you know they are there is though professional organizations and networking.

Be proud of your profession, support it and let your voice be heard! Become a member today! Pass the word onto your co-workers and others, so that we can build strength in our professions by letting others know we are here and do have a voice!

Julie Legred, CVT
Interim Executive Director, NAVTA
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