Study Guide for Stage 1:
Office Etiquette & Hospital Procedures
Stage 1: Office and Hospital Procedures

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Stage 1: Office and Hospital Procedures

Welcome to Stage 1. In this stage, you will learn how to work in a professional animal hospital environment. As a veterinary medical assistant, it will be your responsibility to assist the veterinarian and veterinary technician in completing important tasks within the animal hospital or clinic. Becoming familiar with your responsibilities as well as those of other members of the staff will be invaluable to completing your tasks professionally and efficiently. Coexisting with and abiding by current hospital protocol, maintaining a professional appearance, and speaking and interacting with others politely are vital aspects of the veterinary medical assistant position that will gain you the respect of hospital staff, fellow animal caretakers and clients.

Learning Objectives

The following are the learning objectives set for you to complete in this section:

1. Learn how to maintain professionalism in a veterinary hospital or clinic TVA Chapter 2
   a. Become familiar with employer expectations TVA text pages 19-22, Appendix A
   b. Learn about the human-animal bond TVA text page 22-24, ASPCA Dog Care Manual pages 22-23, ASPCA Cat Care Manual pages 20-21
   c. Know veterinary staff roles and responsibilities TVA text pages 24-26
   d. Understand professional ethics TVA text page 27-28
   e. Maintain a professional appearance TVA text pages 28-31
   f. Understand appropriate language TVA text page 31-33
   g. Become familiar with the task box TVA text pages 34-37
   h. Learn about in-house communications TVA text pages 565-566

2. Understand laws and legalities in regards to animal medicine TVA Chapter 3
   a. Know about common law TVA text pages 41-43
   b. Become familiar with federal laws TVA text page 43-44
   c. Learn about province laws
   d. Understand local laws TVA text pages 56-58

3. Become familiar with safety techniques and protocol
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a. Understand the bureau of Occupational Safety and Health *TVA text pages 45-46*
b. Learn about personal protective equipment *TVA text pages 48-49*
c. Become familiar with universal precautions and zoonoses *TVA text pages 50-52*

4. Learn about front office procedures *TVA Chapter 18*

a. Understand medical records
   i. Know medical record assembly *TVA text pages 513-515*
   ii. Know how to color-code records *TVA text pages 515-516*
   iii. Understand filing *TVA text pages 517-518*
   iv. Become familiar with using computers *TVA text pages 12-13*

b. Become familiar with client relations
   i. Know how to schedule appointments *TVA text pages 519-522*
   ii. Learn how to update client information *TVA text pages 522-523*
   iii. Understand intake (admitting) procedures *TVA text pages 523-526*
   iv. Know how to enter patient information *TVA text pages 526-528*
   v. Know how to properly release patient information *TVA text pages 528-530*
   vi. Learn about consent forms *TVA text pages 535-537*
   vii. Understand client communication *TVA text pages 537-539*
   viii. Become familiar with writing letters *TVA text pages 567-569*
   ix. Learn how to discharge a patient *TVA text pages 539-542*
   x. Become familiar with telephone techniques *TVA text pages 542-545*
   xi. Know how to handle difficult clients *TVA text pages 545-547*

c. Understand inventory control *TVA text pages 561-565*

d. Learn about insurance, certificates and shipment of animals
   i. Learn about pet insurance
   ii. Understand rabies certificates *TVA text pages 531-533*
   iii. Know about health certificates and interstate shipment of animals *TVA text pages 533-535*
Maintaining Professionalism

Reading Assignment: Tasks for the Veterinary Assistant, Chapter 2

A professional is “characterized by or conforming to the technical or ethical standards of a profession.”* In the case of the veterinary medical assistant, some standards are basic while others are specific to the profession. As with other positions, the veterinary medical assistant is expected to dress appropriately, be respectful and polite, adhere to ethics, complete the tasks asked of them proficiently and completely, pay close attention to legalities and laws, and follow safety rules and regulations. In addition, you’re responsible for the health and comfort of animal patients, the cleanliness of the veterinary facility, maintaining legal records, and other critical tasks. The following sections will provide you with basic knowledge about these qualifications in regards to the veterinary medical assistant profession.

Employer Expectations

Reading Assignment: Tasks for the Veterinary Assistant, pages 19-20, Appendix A

When beginning any new position with any company, reviewing the particular employer’s expectations with a manager or administrator will help you to meet and exceed these expectations. Most professional establishments provide an employee handbook to be read by the new employee upon hire; some businesses even ask you to sign a contract stating that you’ve read the handbook and agree to abide by their rules and standards. Many of the basic requirements asked of veterinary staff mirror those of other business establishments, while others are specific to the veterinary profession. Becoming intimately familiar with all requirements will help you to do your job well and to make an impression on hospital staff, administrators, and clients.

The basic expectations listed in the left-hand column of the following table were derived from research done by Thomas College in Waterville, Maine. According to their website†, “a team of employers met recently to identify the competencies that workers need in order to succeed in an occupation. This was accomplished through an extensive survey of current occupational literature, as well as information obtained from workers, educators, and students. A list of over

* www.dictionary.com
† http://www.thomas.edu/career/tips/employerexpct.htm
500 skills was compiled. An analysis of this list by over 300 persons resulted in a list of 27 basic skills, which are necessary for minimum acceptable performance in an occupation."

In the right-hand column, you will find a list of expectations that are specific to the veterinary medical assistant profession. You’ll notice that most of these specific expectations require great attention to detail, which is important in any position; however it’s especially vital when working in patient care. To become a well-rounded, competent, professional veterinary medical assistant, all of these standards should be met and exceeded. Meeting and exceeding these requirements will make you more valuable to your employer.

<table>
<thead>
<tr>
<th>Basic Expectations</th>
<th>Additional Expectations - Veterinary Medical Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Punctuality</td>
<td>1. Attention to patient care and comfort; sympathy</td>
</tr>
<tr>
<td>2. Dependability</td>
<td>2. Extreme cleanliness; “neat freak”</td>
</tr>
<tr>
<td>3. Getting along with others</td>
<td>3. Attention to patient security to prevent escapes</td>
</tr>
<tr>
<td>4. Working as a team member</td>
<td>4. Reliable memory; ability to consistently maintain correct patient identification</td>
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<tr>
<td>5. Organizing the work activities of others</td>
<td>5. Accuracy when recording data, measuring out dosages, etc.</td>
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<tr>
<td>6. Understanding written information</td>
<td>6. Punctuality in regards to time-designated tasks</td>
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<td>7. Basic writing skills</td>
<td>7. Willingness to stay past scheduled hours if there are tasks left to be completed</td>
</tr>
<tr>
<td>8. Basic speaking skills</td>
<td>8. Ability to notify the veterinarian immediately if anything unexpected or negative occurs</td>
</tr>
<tr>
<td>10. Maintaining good health</td>
<td>10. Honesty and loyalty in maintaining confidentiality</td>
</tr>
<tr>
<td>11. Knowing your strengths and weaknesses</td>
<td>11. Ability to report errors immediately</td>
</tr>
<tr>
<td>12. Giving an honest day's work</td>
<td>12. Affinity for customer service</td>
</tr>
</tbody>
</table>
23. Working with and without close supervision
24. Working under pressure
25. Adjusting to work situations
26. Managing time and materials effectively
27. Following safety regulations

The Human-Animal Bond

Reading Assignment: Tasks for the Veterinary Assistant, page 22-23
ASPCA Dog Care Manual, pages 22-23
ASPCA Cat Care Manual, pages 20-21

Whereas domesticated animals used to exist mainly in agricultural environments in order to perform a service, humans have grown to accept animals as companions, friends, and family members. According to the American SPCA (ASPCA) Dog Care Manual, over 200 million dogs are kept as pets worldwide, and according to the ASPCA Cat Care Manual, over 30 percent of households in America and over 24 percent in Europe own a cat. People acquire pets for many different reasons – to be a playmate for a young child, an exercise buddy, a companion for an elderly person or student living on his/her own, a surrogate family member for a childless couple, to protect their property and/or family, to hunt vermin, or to simply improve the life of a homeless animal. Also, owning a pet can actually be beneficial to your health and can better your lifestyle, if it’s within your means. Owning a pet can improve your mood, pets have been proven to help control blood pressure, they encourage you to go outside, exercise, and be social, they can reduce stress and loneliness, and they’re a source of unconditional love.

Whatever the reason is that convinces people to acquire pets, people become extremely emotionally attached to their pets, and their pets become attached to them. Depending on the species of the pet, this connection can be immediate or earned; however once acquired, the bond is rarely broken. When it comes to making medical decisions, dealing with an illness or injury, or coping with an animal’s death, this connection may drive the owner’s decisions far more than financial ability will. Therefore, this bond should be respected by anyone who comes into contact with pet owners, especially
veterinary staff. Providing empathy and understanding to a client whose pet is ill, injured or dying can provide much-needed comfort during an emotionally trying and sad time.

The veterinary team plays a unique role in the relationship between animals and humans. In many ways, they facilitate the human-animal bond. People look to veterinary professionals for advice and guidance. If a veterinary professional approves of their treatment of their pet, they’re likely to continue to treat their pet well. For example, if a client exhibits excellent calming techniques with her dog while he is on the examination table causing him to stay still for the veterinarian, a member of the staff may praise her for having such a good relationship with her pet or thank her for being so helpful during the examination. This will encourage her to continue to work on relationship-building exercises with her dog, which will benefit the pair in the long run.

If a member of the staff discourages a client from doing something that can be detrimental to the pet’s health, the client will hopefully change his habits. For example, if a client enters the veterinary clinic with his dog on a slip collar (also known as a “choke chain”) and immediately exhibits compulsive behavior (giving his dog leash “pops” often and for no reason), the veterinary professional may respectfully warn the client about the dangers of tracheal damage. The client may or may not know that a slip collar can cause permanent damage to the dog’s trachea and that it can get stuck and choke the dog if applied incorrectly. Without being too intrusive, this advice may convince the client to switch to a less-harsh collar and prevent the dog from being injured. Perhaps the simple observation will show the client that his behavior toward his pet may be more noticeable and unacceptable than he thinks. As some clients may find these suggestions offensive, you should always consult the veterinarian before giving advice.

Veterinarians are now responsible for reporting animal abuse, so notify the veterinarian before he/she enters the examination room if you suspect abuse. While observing the owner and their pet, ask yourself the following questions.

- Does the owner talk to the pet?
- Does the owner speak to the animal in a pleasant tone, or is he/she annoyed or negative?
- Does the owner make physical contact with the animal often? If so, what kind of contact (petting, quieting, punishing)?
Does the owner pay close attention to the animal’s actions? Does he/she react, or is he/she indifferent?

Is the pet obviously well taken care of (groomed, not under- or over-weight, happy demeanor)?

Is the owner able to provide an accurate description of the pet’s general health status? I.e. Does the owner know when was the last time the pet ate a meal?

Is the pet trained?

Next, you should ask a few questions of the owner, or listen as he/she offers information. Pay attention to the following information:

Was the pet bought, found, rescued, or adopted?

Why did the person or family acquire the pet?

Who else does the pet live with in the household (kids, other animals)?

How active is the pet in the social structure of the household?

How does the client speak about the pet (adoration, indifference, annoyance, disdain)?

Does the pet participate in family activities (dinner time, walks, rides in the car, outings)?

Who is responsible for making decisions regarding the pet?

Who feeds, waters, grooms, walks, and provides basic care to the pet?

If the owner seems confused in regards to proper pet care, the veterinary team should offer him/her advice and guidance to educate the client about responsible pet care. This advice will hopefully be respected and followed when the client returns home with the pet. It is the responsibility of the veterinary staff to notify the veterinarian if a client’s pet is exceptionally fearful, dirty, and underweight, has unexplained marks or cuts, or appears to be abused or mistreated.

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**Important Note**

For information about animal abuse or neglect in Canada, please visit the CVMA Position Statement on Animal Abuse and veterinarian’s role using this link:


Provincial SPCA’s may also provide information about animal abuse in Canada. Here is a link to the Ontario SPCA for your review [http://www.ontariosPCA.ca/index.shtml](http://www.ontariosPCA.ca/index.shtml) and to the Alberta SPCA for your review: [http://www.albertaspca.org/](http://www.albertaspca.org/)
Veterinary Staff Roles and Responsibilities

Reading Assignment: Tasks for the Veterinary Assistant, pages 24-26

Each part of the veterinary team is influential and crucial, and each member relies on the others to complete his/her tasks properly and safely. Although each veterinary team member has a specific job and role within the hospital or clinic, many employees are cross-trained so that they may complete the duties of others in their absence. This allows scheduling to be more flexible and helps the flow of the clinic to move more smoothly. The common goal of all employees, no matter what position, is to provide excellent client service and patient care. The main focus of the team should reflect this responsibility.

Veterinary Medical Assistant

The veterinary medical assistant’s job is first and foremost about providing quality patient care. The assistant is responsible for facilitating the tasks and duties of the veterinarian and animal health technologist (AHT)/veterinary technician (VT). He/she is also on-hand if someone requests assistance during examinations, procedures or surgeries. It is of utmost importance that the assistant become familiar with the responsibilities of all other team members and how he/she can assist in the efficient and effective completion of tasks. The VMA may be involved with patient preparation and post-surgical care, which are sensitive and vital parts of the veterinary health care process. Although many veterinary medical assistants are trained on-site, having a strong, basic foundation of knowledge in veterinary medicine will put you ahead and allow you to be completely confident and comfortable in the veterinary environment. Also, if the veterinarian and technician can rely on you to provide assistance without excess explanations for safe and humane restraint, common veterinary procedures and/or medical conditions, the tasks will be completed more efficiently and the flow of the hospital will move more smoothly. Being a professional, helpful veterinary medical assistant involves impeccable attention to detail, flexibility, the ability to anticipate duties, efficiency, kindness, and the ability to assist others.

The veterinary team is made up of many members, and which roles and how many of each role are dependant on the hospital or clinic. The team is separated into the two components of the veterinary business. Take a look at the chart of duties on the following page for details regarding each staff member’s essential responsibilities. Every member of the staff is trained to do not only his/her job, but to assist others within reason. The veterinary medical assistant position in
particular focuses on helping others to do their jobs well and it is one of the most important positions in linking the hospital staff together.
### Medicine

**Veterinarian**
- Person “in charge” and leading the team each day
- Legally responsible for the delivery of veterinary medicine
- May have some legal responsibility for the actions and the safety of the staff
- Diagnosis and prognosis for animal diseases and medical conditions
- Management of patient care and treatment
- Practice preventative medicine
- Perform surgery
- Interpret laboratory results
- Prescribe treatment plans
- Prescribe medications for patients

**Animal Health Technologist/Veterinary Technician**
- “Registered Nurses” and more of veterinary medicine
- Received specialized training, 2 year diploma program
- Passed an approved licensing examination (state, province or national exam depending on geographical location)
- Responsibilities are delegated by the veterinarian
- May not diagnose, prognose, prescribe medication or a course of treatment or perform surgery

**Veterinary Medical Assistant/Animal Care Attendant**
- Assists the veterinarian and/or AHT/VT whenever needed and requested
- Enables the veterinarian and/or technician to complete their tasks efficiently and properly
- Highly involved in the preparation and follow-up aspects of patient care
- Assistance with examinations, veterinary procedures and surgical procedures when needed

### Business

**Business Manager**
- In charge of monitoring all business activity
- Allows the vet to meet patient needs
- Creates weekly employee schedule
- Orders medications and supplies as requested by the veterinarian, or delegates this responsibility to another staff member
- Organizes finances and pays bills
- Supervises employees
- Keeps compliance with AAHA or OSHA, or delegates these responsibilities to a staff member

**Veterinary Medical Receptionist/Veterinary Administrative Assistant**
- Organizes and files patient records
- Answers telephones
- Schedules appointments
- Admits patients
- Discharges patients
- First and last impression on the client
- Scheduling surgeries and procedures

**Outside Sources**
- The hospital or clinic may outsource duties such as taxes and finances to attorneys or tax specialists. The hospital often hires a trash, hazardous waste and recycling service to pick up all waste, and some even hire cleaning services to disinfect and sanitize between work days.
Kennel Staff
- Works primarily in the animal housing units
- Maintains and cleans the facility and patient housing
- Provides food and water for the patients as requested by the veterinarian
- Exercises animals
- Responsible for transportation from treatment areas to housing areas
- Records patient bodily functions and reports changes to the veterinarian
- Bathes and grooms patients
Applying Veterinary Ethics

Reading Assignment: Tasks for the Veterinary Assistant, page 27-28

Ethics, as defined by the American Heritage Dictionary, is both a set of principles of right conduct and a theory or a system of moral values. Although morals are a personal choice, a certain group’s common, agreed-upon morals can be translated into pre-set principles for everyone within a practice to commit to following. In the case of veterinary medicine, their conduct is governed by professional ethics. Each year, the American Veterinary Medical Association (AVMA), releases their updated “Principles of Veterinary Ethics” in their Directory and Resource Manual. To look at the most recent release, go to http://www.avma.org/issues/policy/ethics.asp. It is recommended that you review and familiarize yourself with these ethics. Adherence to these principles will ensure morality in all of your practices as a veterinary medical assistant.

Here are a few excerpts from the AVMA’s most recent “Principles of Veterinary Ethics”:

- Veterinarians should first consider the needs of the patient: to relieve disease, suffering, or disability while minimizing pain or fear.
- Veterinarians should obey all laws of the jurisdictions in which they reside and practice veterinary medicine. Veterinarians should be honest and fair in their relations with others, and they should not engage in fraud, misrepresentation, or deceit.
- In emergencies, veterinarians have an ethical responsibility to provide essential services for animals when necessary to save life or relieve suffering, subsequent to client agreement. Such emergency care may be limited to euthanasia to relieve suffering, or to stabilization of the patient for transportation to another source of animal care.
- Veterinarians should strive to improve their veterinary knowledge and skills, and they are encouraged to collaborate with other professionals in the quest for knowledge and professional development.
- Veterinarians and their associates should protect the personal privacy of patients and clients.
- Humane euthanasia of animals is an ethical veterinary procedure.

* www.dictionary.com
In regards to proper and ethical decision-making, the veterinary staff may refer to the Canadian Veterinary Medical Association’s (CVMA) “Policy Statements and Guidelines” (http://canadianveterinarians.net/publications-informations-position.aspx). The list includes policies on a wide range of topics that may affect the veterinary profession; therefore, you should browse the list and get a good idea of what policy statements have been released for future reference. This resource could come in very handy when a difficult decision is to be made. Here is the list of CVMA Position Statements:

- Animal Abuse
- Antimicrobial Use in Animals
- Capture of Wild Animals for the Pet Trade
- Castration of Horses, Donkeys, and Mules
- Castration of Piglets
- Castration, Tail Docking, Dehorning of Farm Animals
- Considerations Regarding the Choice of a Pet
- Cosmetic Surgery
- Cutting Canine Teeth in Dogs
- Declawing of Non-Domestic Felids Kept in Captivity
- Devocalization of Dogs
- Disbudding and Dehorning of Cattle
- Dog and Cat Spay/Castration
- Electroejaculation of Bulls
- Electroimmobilization
- Euthanasia
- Firing of Horses
- Forced Moulting of Poultry
- Humane Training Methods for Dogs
- Keeping of Native or Exotic Wild Animals as Pets
- Onychectomy (Declawing) of the Domestic Feline
- Pain Control in Animals
- Pest Control
- Puppy Mills
- Purebred Dog Breeding
- Seal Hunt in Atlantic Canada
- Tail Alteration of Horses

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Tail Docking of Dairy Cattle
Transportation of Dogs in Open Vehicles
Trapping of Fur-Bearing Animals
Use of Animals for Scientific Purposes
Use of Animals in Entertainment and Recreation
Use of Lead Fishing Sinkers and Lead Shot in Canada
The Veterinarian’s Oath

In taking the Veterinarian's Oath, the veterinarian swears to use his/her scientific knowledge to benefit animals to the best of his/her ability. He/she also promises to be ethical in all of his/her practices, actions and decisions. Although the veterinary medical assistant may not be required to take this oath, it is important to follow it. Try to memorize the Veterinarian's Oath and follow it always.

The Canadian Veterinary Oath

"As a member of the veterinary medical profession, I solemnly swear that I will use my scientific knowledge and skills for the benefit of society. I will strive to promote animal health and welfare, relieve animal suffering, protect the health of the public and environment, and advance comparative medical knowledge. I will practice my profession conscientiously, with dignity, and in keeping with the principles of veterinary medical ethics. I will strive continuously to improve my professional knowledge and competence and to maintain the highest professional and ethical standards for myself and the profession."

CVMA 2004

Maintaining a Professional Appearance

Dressing appropriately and appearing professional are important aspects of any career. In the veterinary hospital environment, clients do not get to see what goes on behind the surgery room walls; thus, they must evaluate the staff by their interactions with them. If the client speaks with a dirty, unkempt staff member, he/she is likely to doubt the ability of the veterinary team. Clients are much more likely to respect and admire a professional who is dressed suitably.

Many aspects contribute to the veterinary medical assistant attire. First of all, safety must be considered. If clothing is restricting or too loose, it could hinder or limit movement and cause falls. The veterinary medical assistant position requires a lot of movement and physical activity, so the apparel should allow for safe and efficient movement. Also, a patient could get wrapped up in loose clothing and become injured. The employee and his/her attire must be impeccably clean as there is a constant danger of transmitting disease within the veterinary clinic or
hospital. The more clean and professional you appear, the better clients will respect you and the rest of the staff.

Most veterinary practices require the assistant to wear scrubs, which are a kind of clothing designed for the medical staff performing surgery. Shoes may vary between locations, so verify protocol before choosing a pair of work shoes. Athletic shoes are a common requirement, sometimes dark, though some hospitals require clean white tennis shoes or clogs as part of the uniform. They should be easily washed. If scrubs are not required or recommended, the chosen attire must be machine-washable and must be able to withstand very hot water as this prevents disease transmission. The material should be durable and include pockets, as the veterinary medical assistant is required to carry several items in his/her pocket at all times:

- A nylon leash
- 3’ long piece of 2” gauze
- A pair of bandage scissors
- A roll of 1” adhesive tape
- A working pen
- A small note pad

Men

The male veterinary medical assistant should be clean and presentable at all times. Athletic-type shoes or clogs with non-slip soles are recommended as they provide support when standing for a long time. Jewelry should ideally be left at home; however, if a wedding ring or the like is to be worn, it should be flat and without grooves. The assistant should wear an inexpensive, water-resistant wrist watch with a flexible band. The male assistant should keep his fingernails clipped short and clean. Hair should be worn in a simple style, and if long, it should be tied back. Men should shower and shave daily; if facial hair is kept, it must be neatly trimmed. Tongue studs and other facial piercings should be taken out while at work, and tattoos should ideally be covered up. Cologne should not be worn as animals have a very keen sense of smell.

Women

The female veterinary medical assistant should maintain a professional appearance as well. If scrubs are worn, the neckline should be modest and not revealing when the assistant bends over. Long hair should be pulled back into a ponytail, braid or bun. The veterinary medical assistant should wear a simple, inexpensive, water-proof watch with a flexible band. Jewelry
should be left at home as dangling earrings, bracelets and necklaces can get caught in the patient’s claws or teeth and cause injury to the assistant or the patient, not to mention the jewelry. Ear studs may be worn, depending on the preferences of the practice manager. If a wedding ring is to be worn, it should be flat and without grooves. Athletic, non-slip shoes or clogs should be worn as these provide support when standing for long periods of time. Make-up should be simple and professional and perfume should be avoided. Fingernails should be clipped short and without nail polish; long nails are dangerous since bacteria and fungus can get stuck under the nails and transfer to patients. Also, you cannot properly restrain an animal with long nails. Facial piercings should be removed and tattoos should be covered up whenever possible.

**Appropriate Language**

*Reading Assignment: Tasks for the Veterinary Assistant, page 31-33*

While working in veterinary medicine, you will interact with all types of people in various situations – veterinarians, technicians, fellow assistants, other medical professionals, clients, office staff, pharmaceutical representatives, delivery personnel, and more. To uphold the reputation and quality of the establishment for which you work, you must utilize appropriate language and vocabulary at all times. Having the knowledge and skill that veterinary medicine requires is not enough; you must also be approachable, communicative, friendly and polite.

There are obvious restrictions – don’t swear, don’t use racial slurs or sexist terms, and don’t insult or demean anyone at any time. If you think that something may come across as offensive, refrain from saying it. Be respectful of others and courteous; give due acknowledgement to professionals (refer to veterinarians as “doctor”). Avoid certain topics and leave personal matters to be discussed outside of work. Gossip can cause negativity and animosity, personal conversations are inappropriate in a professional setting, and sensational stories about your personal life should not be revealed in front of clients. Control your emotions while in the workplace – don’t lose your temper or break down in front of staff or clients. When you’re speaking with anyone, staff or clients, establish and hold eye contact, be upbeat in demeanor, listen closely and respond appropriately. Maintain a positive, professional demeanor at all times.
When speaking with a client, use appropriate, professional vocabulary. In your text on page 13, you will find a list of appropriate and inappropriate language. Review these terms if you are unsure of the proper way to refer to things such as body parts, bodily functions, etc. Also, the following is a list of guidelines for appropriate, acceptable speech. Read and become familiar with these as they will help you to speak to and interact with staff and clients effectively.

<table>
<thead>
<tr>
<th>Tips for Using Appropriate Speech</th>
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<tbody>
<tr>
<td>1 Think about what you are going to say before you say it</td>
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<tr>
<td>2 Speak clearly and expressively</td>
</tr>
<tr>
<td>3 Pay attention to the rate, pitch, and projection of your voice</td>
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<tr>
<td>4 Be aware of your use of language</td>
</tr>
<tr>
<td>o Remember: Bias works toward race, gender, age, and sexual orientation. Be cautious of your word and phrase choices.</td>
</tr>
<tr>
<td>5 Avoid slang words, contractions or words that you find difficult to pronounce</td>
</tr>
<tr>
<td>6 Attempt to use the word &quot;you&quot; in place of &quot;I&quot;</td>
</tr>
<tr>
<td>7 Pause when appropriate so the listener can absorb what you’re saying</td>
</tr>
<tr>
<td>8 Do not add extra distractions or unneeded information</td>
</tr>
<tr>
<td>9 Be aware of fillers such as &quot;um,&quot; &quot;uh,&quot; and &quot;like&quot;</td>
</tr>
<tr>
<td>10 Use a variety of tones; avoid sounding monotone*</td>
</tr>
<tr>
<td>11 Use proper pronouns (he/she) when referring to a client’s pet in front of or to the client</td>
</tr>
<tr>
<td>12 Try to utilize proper veterinary terminology as it sounds more professional</td>
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</tbody>
</table>

*Derived from research done by Arizona State University’s Communications Assessment and Learning Lab (http://www.west.asu.edu/call/tipsheets/language.htm)
The Task Box

Reading Assignment: Tasks for the Veterinary Assistant, pages 34-37

Although you will have a solid foundation of knowledge as a veterinary medical assistant going into the profession, it helps to have reminders on-hand. Using an index card box, index dividers (some blank, some monthly), and 3” by 5” lined index cards, you can create a valuable resource that will come in handy throughout your career. A personal task box is a resource that helps you remember to complete certain duties. The task box is made up of index cards describing tasks to be done on a daily, weekly, and monthly basis, filed in order of when they are to be completed.

Upon employment in a clinic or hospital, review their policies and procedures with the office manager or other person in charge, and make a flexible list of your personal responsibilities within the establishment. Weed out any task cards describing duties that are either outdated or no longer the responsibility of the veterinary medical assistant. During this task, you will more-than-likely realize that some of your responsibilities are not included in the task box. Make sure to add these duties in order to have a comprehensive data file of your duties. If you change your place of employment at any time, go through the cards and add site-specific modifications. Some tasks will be a constant from one hospital to the next while others will be unique.

The task box may be divided up into several sections, ranging from most to least urgent tasks.

- Priority tasks – important duties to be done ASAP; take precedence over daily tasks
- Daily tasks – completed on a daily basis; take precedence over weekly tasks
- Weekly tasks – completed once a week, labeled (Sunday through Saturday) according to the day it is completed on; take precedence over monthly tasks
- Monthly tasks – completed once a month; filed by month (January through December)

Each day, you should open your task box and review the cards. Check the “priority” section first, followed by the “daily” section. You should also review the weekly and monthly tasks to find out if any of them fall on that day. At the end of your work shift, review all cards to make sure that tasks were accomplished. Any uncompleted duties should be filed in the “priority” portion and done as soon as possible, even if it means staying late or coming in early.
Let’s look at some examples of task cards. For instance, you may be responsible for daily patient care and treatment. Since this is a daily task, it would be filed in the “daily” portion of the task box. Your task card for this duty may look like this:

### Patient Medical Care and Treatment

- Remove patients from cage (one by one)
- Record amounts of urine, feces, and/or vomit
- Return to a clean, comfortable cage
- NOTES: __________________________________________

Each weekly duty is also written on a card, although this time it is filed behind the day of the week on which it will be completed. Once you have completed a weekly task, you should write the date and your initials on the back of the card as a reminder. If you are responsible for cleaning the surgery/operating room (O.R.) every Monday, the card would be filed behind the “Monday” divider. It may look like this:

### Surgery Room (O.R.)

- Clean ceiling
- Wipe down/mop walls with disinfectant
- Clean counters, cupboards and shelves
- Scrub sinks and waste containers
- Wipe down equipment
- Mop floors
- NOTES: __________________________________________

When setting up your box, make sure to purchase monthly dividers for January through December. Monthly cards are filed behind the month during which they must be done. Once a monthly task has been done, move the card to the next month for which it is scheduled. If you’re responsible for changing out the radiology dosimeter badges for each employee, your task card may look like this:

### Dosimeter Badges

- Open dosimeter badge and remove the film from the previous month
- Insert the new film from the company for the new month
- Return badges from last month in self-addressed envelopes
- NOTES: __________________________________________
Stage 1: Office and Hospital Procedures

Since your task box is meant to help you personally, it should be tailored to fit your needs. You can create your own sections as you see fit. For instance, you may want a locator section describing where instruments and supplies are kept around the facility. Perhaps you’re in charge of planning company parties, such as the holiday party; this would merit a “special project” section of your task box. Phone numbers are also helpful, especially if they are needed for completing some of the tasks. Use color-coding and throw away outdated cards. Keep your task box in a visible, easily accessible location where you can get to it every day and review your cards twice daily (upon arrival and departure).

The task box is a tool that should help you manage your time wisely. Effective time management is an extremely valuable skill in any profession. This method should also help you avoid neglecting responsibilities by reminding you to complete each one in a timely manner. However, remember that veterinary medicine is unpredictable, and you must be flexible and willing to do what’s needed to serve your patients and clients.

In-House Communications

Reading Assignment: Tasks for the Veterinary Assistant, pages 565-566

Written communication is commonly used to pass along messages and reminders between staff members. You may not always have time to stop and give directions to office staff, or to remind the veterinarian of upcoming appointments. Written notes come in handy in these situations. When communicating through written word with fellow staff members, it is important to be professional, courteous, and concise, just as if you were communicating verbally. Your written notes and memos do not have to be formal; however they should still be professional. Here are some tips for written communication with fellow staff members:

- Write clearly and concisely. Typing notes is recommended, especially if your handwriting isn’t completely legible.
- Spell everything correctly, including veterinary terminology – the misplacement of even one letter can change the entire meaning of the word. Keep a dictionary and a medical dictionary in a convenient location for reference. Pocket-sized dictionaries and English guides are available; these can be especially handy. A punctuation guide may also come in handy. Type-written notes also have the advantage of automatic spell-check programs and veterinary terminology spell check programs – but be careful. Microsoft Word will recognize some words as correct and can’t tell
that they are out of context. For example, “from” can be mistyped as “form,” and both are technically spelled correctly. Proof-read all written communication.

- Utilize brief, concise wording. Long messages are time consuming for both you and the recipient. Adjectives can be omitted, and words such as “and” and “or” can be replaced by “&” and “/”.

- Don’t ramble – keep messages short and to the point. Most staff members do not have the time to read extensive messages.

- Utilize a pre-made form or memo template if using a computer program such as Microsoft Word. You can even print out one memo template, make photocopies of it and use the form for hand-written notes. Store blank forms in an easily-accessible location for all staff members to use. Keep messages short and precise. Here is an example of a memo template:

```
ABC Animal Hospital

Memo

To: ________________________  (Name of Employee)
From: ______________________  (Your Name)
CC: ________________________  (Second Recipient, if applicable)
Date: ______________________  (Today’s Date)
Re: ________________________  (Subject of Note)

(Enter Note Here)
```

- Deliver the memo directly to the recipient whenever possible. If you are unavailable and have to ask a fellow staff member to deliver it for you, confirm receipt of the note as soon as you get the chance.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. List 5 basic expectations of any professional in any position.</td>
<td></td>
</tr>
<tr>
<td>2. List 5 expectations specific to the veterinary profession.</td>
<td></td>
</tr>
<tr>
<td>3. According to the ASPCA Cat Care Manual, what percent of households</td>
<td>According to the ASPCA Cat Care Manual, 40% of households in America</td>
</tr>
<tr>
<td>in America own cats as pets?</td>
<td>own cats as pets.</td>
</tr>
<tr>
<td>4. Name 2 tasks specific to the veterinary medical assistant position.</td>
<td></td>
</tr>
<tr>
<td>5. Name 3 things the veterinary medical assistant should carry in his/</td>
<td></td>
</tr>
<tr>
<td>her pocket at all times.</td>
<td></td>
</tr>
<tr>
<td>6. What section of the task box holds the most time-sensitive and</td>
<td></td>
</tr>
<tr>
<td>important task cards?</td>
<td></td>
</tr>
</tbody>
</table>
Laws and Legalities

Reading Assignment: Tasks for the Veterinary Assistant, Chapter 3

Obeying the law is one of the most crucial aspects of the veterinary profession; however, adhering to the law is only a minimal requirement. There is much more that contributes to a dependable, ethical, professional veterinary practice. Some agencies control entire aspects of veterinary medicine, such as the Food and Drug Administration (FDA) that dictates the handling of controlled substances. Multiple laws or agencies may control one single issue. Some laws cover several different aspects of veterinary medicine. A comprehensive understanding of these laws and agencies will help you to follow laws effectively and carefully.

There are two national organizations that guide and influence standards for veterinary medicine and veterinary practice in Canada:

**Canadian Veterinary Medical Association (CVMA):** The Canadian Veterinary Medical Association (CVMA) is the national voice for the veterinary profession dedicated to serving and representing the veterinarians of Canada. The Association is committed to excellence within the profession and to the well-being of animals. It shall promote public awareness of the contribution of animals and veterinarians to society. The CVMA also accredits AHT/VT educational programs in Canada.

**Canadian Association of Animal Health Technologists and Technicians (CAAHTT):** The Canadian Association of Animal Technologists and Technicians was founded in 1989 by representatives of the provincial associations in Canada. It is the joining of these associations that make CAAHTT truly a national body discussing issues with a national focus and playing an integral part in international issues. The CAAHTT Mission Statement is “To be the national and international voice providing coordination and resources to support our members in the delivery of animal health care services.” Their Vision is “CAAHTT is the national voice providing leadership and resources to strengthen the Animal Health Technologist/Veterinary Technician profession.” CAAHTT is a member of the International Veterinary Nurses and Technicians

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† http://www.caahtt-acttsa.ca/What_is_CAAHTT.php
Association (IVNTA) and allied with the National Association of Veterinary Technicians in America (NAVTA).

In each province in Canada, the delivery of veterinary medicine is regulated by a provincial governing body that may have representation within CVMA. AHT/VT organizations also play a significant role in the veterinary community and may have representation within CAAHTT.

- **British Columbia** - College of Veterinarians of British Columbia (CVBC), Animal Health Technologists Association of British Columbia (AHTA of BC)
- **Alberta** - Alberta Veterinary Medical Association (ABVMA), Alberta Association of Animal Health Technologists (AAAHT)
- **Saskatchewan** - Saskatchewan Veterinary Medical Association (SVMA), Saskatchewan Association of Veterinary Technicians (SAVT)
- **Manitoba** - Manitoba Veterinary Medical Association (MVMA), Manitoba Animal Health Technologists Association (MATHA)
- **Quebec** - The Quebec government, Association des Techniciens en Santé Animale du Québec (ATSAQ),
- **Ontario** - College of Veterinarians of Ontario (CVO), Ontario Veterinary Medical Association (OVMA), Ontario Association of Veterinary Technicians (OAVT)
- **Prince Edward Island** - PEI Veterinary Medical Association (PEIVMA)
- **New Brunswick** - New Brunswick Veterinary Medical Association (NBVMA)

This portion of the curriculum will provide you with a basic foundation of knowledge regarding laws and legalities; however, additional research is recommended.
Common Law

- **Common law** (n.) – The system of laws originated and developed in England and based on court decisions, on the doctrines implicit in those decisions, and on customs and usages rather than on codified written laws.
- **Statutory law** [(stach-uh-tawr-ee)] (n.) – A law or group of laws passed by a legislature or other official governing bodies

Becoming familiar with these types of law is crucial – being unaware or uninformed is no excuse for disobeying laws. Common law is of utmost importance, especially those that relate to the relationships between people and those between people and property. Animals are considered to be personal property, similar to a house or car. Personal property is also known as **chattel**.

- **Chattel** - An article of movable personal property

If an animal is injured, damaged, or stolen, the owner has the same rights that he/she would have if somebody vandalized his/her house or stole his/her car. Therefore, if a patient in the veterinarian’s care escapes, it is the **liability** of the veterinarian. Similarly, if a pet owner were to take his/her dog to a doggie daycare and the dog were to get injured while there, the owner of the daycare would be liable. Liability also applies if a client is injured on the veterinary hospital’s premises. If a patient is mistreated or neglected by the veterinarian and becomes injured or dies as a result, this is referred to as **malpractice**. Note that only a licensed veterinarian is subject to malpractice. Any other staff member may or may not be charged; this is left to the decision of a judge. However, if the veterinarian and his/her staff do not do everything in their power to help the pet, or if their care of the animal is sub-standard, this is known as **negligence**. Every member of society is subject to negligence. **Gross negligence** is when a more severe form of negligence occurs, such as if a cat that was to be treated for fleas had a leg removed by the veterinarian as a result of a patient mix-up.

- **Liability** – a legal obligation or debt
- **Malpractice** – improper or negligent treatment of a patient by a veterinarian, resulting in injury, damage, or loss
• **Negligence** – failure to exercise the degree of care considered reasonable under the circumstances, resulting in an unintended injury to another party*

Because of these risks, veterinarians protect themselves, their employees and their practice by purchasing **liability insurance**. Whether the veterinarian was at fault or not at fault, defending himself/herself can be very costly; thus, insurance is a must. This has become more apparent and applicable in recent years. In the 1970’s, malpractice suits usually granted the owner with no more than the market value of the animal; however, in this day and age, lawsuits commonly settle at $5,000 - $10,000. For example, in the case of Rappaport vs. McElroy (1995 in Los Angeles, California) when a veterinarian treated a cat for fleas with a toxic product that caused the cat to perish, an out-of-court settlement of $15,000 was reached with the insurance company.†

• **Liability insurance** – insurance covering the insured against losses arising from injury or damage to another person or property.

Having clients fill out and sign contracts is an essential aspect of veterinary medicine and helps to protect the veterinarian from lawsuits and legal consequences. **Contract law** allows the relationship between the veterinarian and client to be governed by written, signed contracts. This also applies to oral and implied agreements; however, a general statement such as “Fido will feel much better after his treatment” does not apply. It is much more sensible to have every client sign a written agreement. Consent forms may include those for surgery, euthanasia or boarding, as well as the fee estimate which obligates the client to pay for services. A signature on this form means expressed consent of the client. The forms must be signed by a legal adult. **Breach of contract** occurs when either the veterinarian or the client fails to meet his/her contracted responsibilities. If the client fails to pay for services, or if the veterinarian fails to fulfill all contracted obligations, it is considered breach of contract or a violation of contractual obligation.

• **Contract law** – the branch of civil law dealing with interpretation and enforcement of written agreements between parties‡

* All definitions on this page derived from the American Heritage Dictionary at www.dictionary.com
† David S. Favre. “Veterinary Malpractice.” Animal Legal and Historical Center: http://www.animallaw.info/articles/arusbrevvetmalpractice.htm
‡ Webster’s New Millennium Dictionary at www.dictionary.com
• **Breach of contract** – a legal concept in which a binding agreement or bargained-for exchange is not honored by one or more of the parties to the contract by non-performance or interference with the other party's performance; also known as violation of contractual obligation.

It is extremely important for all members of the veterinary team to act responsibly in regards to the law. Although you may not be personally charged, the veterinarian you work for will be held responsible for your actions. It behooves you to follow laws carefully and precisely. If you're unsure of something, ask the veterinarian. Guessing can lead to disaster.

*Wikipedia.org*
Here are a few do’s and don’ts for obeying common law:

<table>
<thead>
<tr>
<th>Do</th>
<th>Don’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document any conversations you have with the client in their pet’s medical record, including telephone conversations.</td>
<td>Don’t make promises or guarantees, even if the patient has a non-serious illness.</td>
</tr>
<tr>
<td>Document all conversations with non-clients and keep their names, phone numbers and reasons for calling. This is an AAHA standard and can protect the veterinarian and hospital owners from a disciplinary finding or a law suit.</td>
<td>Don’t allow the owner to doubt the risks of any procedure by upsetting them with unimportant details.</td>
</tr>
<tr>
<td>Review and verify all signatures on consent forms and legal documents.</td>
<td>Don’t allow owners to hold or restrain their own pets. This should be left to trained staff members.</td>
</tr>
<tr>
<td>Have the client sign a fee estimate, even if you feel the cost is implied.</td>
<td>Don’t allow hazards to persist; if the floor is wet, dry it and post a “wet floor” sign.</td>
</tr>
<tr>
<td>Check all windows, screens, doors, locks, cage doors, and latches to make sure all is secure.</td>
<td>Don’t give advice or information to any clients without consulting a veterinarian or AHT/VT. This is to be left to licensed professionals, and wrong information can cause huge problems.</td>
</tr>
<tr>
<td>Lock all cage doors once an animal is inside</td>
<td></td>
</tr>
<tr>
<td>If an owner does not have a leash and/or carrier, provide one.</td>
<td></td>
</tr>
<tr>
<td>Become familiar with proper restraint.</td>
<td></td>
</tr>
<tr>
<td>Don’t allow animals to interact – keep distances between patients.</td>
<td></td>
</tr>
<tr>
<td>Put an identification collar on each patient.</td>
<td></td>
</tr>
</tbody>
</table>
Federal Law

Federal law is the body of law created by the federal government of a nation. A federal government is formed when a group of political units (such as provinces) join together in a federation (such as Canada), surrendering their individual sovereignty and many powers to the central government while retaining or reserving other limited powers as individual provinces. This means that federal law prevails over provincial law. Not all laws are strictly federal laws; for example, there are provincial requirements and federal requirements for minimum wage and employment standards, and an employer must meet both. Provincial laws are more specific and federal laws tend to be more general. Individual provinces are responsible for enforcing these laws; the laws themselves simply state the policy and proposed penalty for an infraction.

Many different federal acts impact the delivery of veterinary medicine in Canada. They are listed below:

- Canadian Food Inspection Agency (CFIA) Act
- Controlled Drugs and Substances Act
- Dangerous Goods Transportation and Handling Act and Regulations
- Environmental Protection Act-Waste Control Regulation
- Criminal Code (Section 446-Cruelty to Animals Code) Prohibits cruelty to animals that is wilful or without lawful excuse
- Food and Drugs Act
- Schedule F Drugs
- Meat Inspection Act
- Health of Animals Act and Regulations
- Livestock Industry Diversification Act
- Livestock and Livestock Products Act
- Occupational Health and Safety legislation information is available at www.ccohs.ca/

All federal laws affect all businesses and all staff members within those practices; they are not specific to licensed veterinarians. All members of the veterinary staff are subject to federal,

* `www.wikipedia.org`
provincial and municipal law. The permit holders and veterinarian(s) of each practice are responsible for knowing and complying with these laws. It is beneficial to help develop a “policies and procedures” document for the rest of the staff to follow. This document would be in your “employee handbook”; if not, ask the office manager if the hospital has an existing policies and procedures manual to review with you. If they do not, you could help develop it with the input of the staff. This document should give all staff guidance on obeying the law without having a comprehensive knowledge of federal law; however, it is in your best interest to become as familiar as possible with these laws.

Keep in mind that when it comes to obeying the law, common sense and good judgment will take you a long way.

**Provincial Laws**

*Reading Assignment: Tasks for the Veterinary Assistant, pages 53-56*

Although the laws differ from province to province, every province has laws that govern the practice of veterinary medicine. Provinces have their own veterinary medicine legislation. This legislation may be enforced by government agencies, the RCMP, SPCAs and VMAs. These laws are meant to protect people and their pets from incompetent and unprofessional veterinary medicine delivery from either registered veterinarians (or AHT/VTs in some provinces) or from members of the public engaged in practicing veterinary medicine in contravention of provincial legislation. For information on each provinces policies and provisions, visit the websites of the provincial veterinary medical associations. It is the veterinary medical assistant's (VMA) responsibility to know and become intimately familiar with the veterinary practice act in the province in which he/she is employed.

As circumstances change and time moves forward, laws are updated and altered. However, there are general purposes of each provincial Veterinary Practice Act:

- To define what veterinary medicine is
- To determine who can practice veterinary medicine and under what conditions
- To determine when a person is practicing veterinary medicine
- Assign responsibility for regulating veterinary medicine in each province
Each provincial Veterinary Medical Association that is identified as the regulatory body by their provincial Act determines:

- The penalties for violations of the act (e.g. members of the public practicing veterinary medicine)

Registering veterinarians (and AHTs in Alberta only) in their respective provinces

- Licensing of veterinary practice entities (e.g. clinics, hospitals)
- Rules of conduct for the business of the veterinary medical association
- The minimum standards for practicing veterinary medicine
- The minimum standards for veterinary facilities
- And more

As discussed earlier, animals are considered personal property. Therefore, as long as laws are not broken, an animal owner and his/her employees may practice veterinary medicine on their own animals. They are also the final authorities on what happens to their animals, as long as they do not break any laws.

If a veterinarian is licensed/registered in one province, his/her license does not carry over provincial borders. For example, if a veterinarian requires a consult on a patient’s electrocardiogram, he/she may send it to a cardiologist in another province for interpretation. Veterinarians are given the exclusive right to:

- **Diagnose** - to distinguish or identify (a disease, for example) by diagnosis
- **Prognose** – to predict the probable course and outcome of a disease
- Prescribe a course of treatment
- Perform surgery

Any person who performs any of the above without a veterinarian’s license is practicing veterinary medicine without a license, which is illegal and prosecutable. Make sure that a licensed veterinarian performs these tasks; do not attempt to diagnose prognose, prescribe or perform surgery. The veterinary staff may provide supplementary care, although it is the veterinarian’s choice to decide who is competent and allowed by law to complete specific veterinary tasks and provide this care. The veterinarian must supervise the staff member and remain in compliance with all laws.

* American Heritage Dictionary at www.dictionary.com
Alberta is the only province in Canada that registers animal health technologists and provides them with a protected scope of practice. Veterinary medicine in Alberta may be delivered by registered veterinarians or registered AHTs under the supervision of a veterinarian*. In all other provinces AHT/VTs may be members of provincial associations that will advocate for them, but they do not have a protected scope of practice. Therefore, the boundaries of what tasks AHT/VTs may perform in comparison to unregistered AHT/VTs or unregistered auxiliaries are not as well defined.

In all provinces, anyone performing veterinary tasks must be supervised by a veterinarian. Levels of supervision are defined as follows:
Immediate: Veterinarian is within sight or hearing
Direct: Veterinarian is on the premise and readily accessible to staff.
Indirect: Veterinarian has in person contact with staff once a day.

The veterinarian may delegate tasks if allowed by provincial legislation. The level of supervision required for each task is often determined by the level of risk the task presents. For example, under immediate supervision of the veterinarian, the technician may induce anesthesia. Under direct supervision of the veterinarian, the technician may perform euthanasia. Under indirect supervision of the veterinarian, the technician may provide emergency first aid to an animal.

The veterinary medical assistant may assist the veterinarian and AHT/VT while they perform their tasks, and they require a higher level of supervision in all cases. If a duty is not specifically limited to the veterinarian or AHT/VT, the assistant may be delegated to perform the duty as long as the veterinarian deems him/her able and provides constant supervision. Compliance with the law is mandatory; breaking the law can endanger the animal and can inspire law suits upon the veterinarian and/or practice.

**Local Ordinances**

*For more information on the Employment of AHTs and Unregistered visit [www.abvma.ca](http://www.abvma.ca) and review the ABVMA Council Guidelines.*

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questions may include how many pets a person can have on his/her property, how a person can license his/her pet, how much it costs to license a pet, and if a special permit is needed to breed or own a certain type of pet.

It is vital to stay current on local animal regulations. These laws and regulations are formed mostly to protect animals and their owners. These regulations may include:

- **Leash laws** – Leash laws require dogs to be on a leash when outside of enclosed properties. Animals roaming the streets are subject to being picked up by animal control officers. It is recommended by the AVMA that domesticated cats are kept indoors.

- **Nuisance laws** – citations may be given to owners whose barking dogs disturb other people, to those who don’t pick up feces off of other people’s personal property, and to those whose dogs chase or harm other animals.

- **Licensure laws** – dogs and cats should be licensed; this is commonly a requirement. Fees for licensure depend on whether the animal is spayed/neutered and the length of time the animal is licensed. Licensure often requires a current rabies vaccination certificate. Veterinarians will sometimes provide certification services and will forward paid fees to county officials.

- **Breeding permits** – certain local ordinances govern breeding and require special permits in order to breed animals.

- **Zoning restrictions** – special permits may be required to have more than a certain amount of animals on one’s property.

- **Species restrictions** – depending on the area, a person may need a license to own certain types and breeds of animals.

Stay current on local laws. The veterinary staff should be a resource of information for pet owners in their area. You will be asked questions regarding the health and safety of people’s pets – if you don’t know the proper answer to a question, don’t guess. Ask the veterinarian or technician, and if he/she does not know the answer, consult your local animal control office.
**Vocabulary Review**

Do your best to define the following terms without checking their definitions in the text. Then, confirm your answers for accuracy.

1. American Veterinary Medical Association (AVMA):
   __________________________________________________________
   __________________________________________________________

2. Common Law:
   __________________________________________________________
   __________________________________________________________

3. Chattel:
   __________________________________________________________
   __________________________________________________________

4. Negligence:
   __________________________________________________________
   __________________________________________________________

5. Breach of Contract:
   __________________________________________________________
   __________________________________________________________

6. Prognose:
   __________________________________________________________
   __________________________________________________________
Safety Techniques and Protocol

The veterinary hospital can be a hazardous place, and employees, patients and clients can easily become ill or injured if safety techniques are not closely followed. The veterinary staff is at high risk for injury; animal patients bite, scratch, and may transmit disease. Lifting and restraining patients can cause physical injury if not done properly. Radiation exposure is a constant danger, and a damp floor can cause slips and falls. The following sections will give you valuable information on how to keep yourself, your patients and your clients safe from harm.

Occupational Safety and Health

Reading Assignment: Tasks for the Veterinary Assistant, pages 45-46

Every workplace has certain hazards. Veterinary clinics and hospitals are no exception. Veterinary medicine involves working with hazardous substances and taking other risks that can severely endanger both staff and patients. Workplace safety is controlled by a variety of federal and provincial legislative Acts, Regulations and agencies. The Center for Canadian Occupational Health and Safety is an excellent resource for OHS, regardless of what province you are in. This agency is not specifically dedicated to the practice of veterinary medicine, but their laws apply to various aspects of the profession. Visit their website for education and training, legislation information, support for employees and employers and links and discussions about relevant topics in the workplace.

In addition, the agency in the U.S. that oversees occupational health and safety is OSHA – the Occupational Safety and Health Administration. There is a plethora of information about this agency at their website, www.osha.gov. This agency is not specifically dedicated to the practice of veterinary medicine, but their laws apply to various aspects of the profession.

- OSHA – the federal agency that oversees American workplace safety and enforces the laws designed to reduce dangers in the workplace

* CCOHS website: http://www.ccohs.ca/
OSHA’s Mission

“To assure the safety and health of America’s workers by setting and enforcing standards; providing training, outreach, and education; establishing partnerships; and encouraging continual improvement in workplace safety and health”*

CCOHS and relevant provincial legislation generally requires all workplaces to display posters describing potential hazards, how to minimize hazards, the employee’s rights and provincial agencies contact information for all employees to have access to. These may be located in the employee areas or throughout the hospital. It is of utmost importance to become familiar with these federal laws, as failure to comply can lead to large fines and even closure of the hospital or clinic.

In addition, the hospital should have a binder containing Material Safety Data Sheets (MSDS). Ask the office manager or hazard communication coordinator to review these with you upon employment. These sheets will provide information on hazardous materials within the hospital, how to handle them, and what to do if you are exposed to these materials. Your employer should provide personal protective equipment (PPE) to protect you when handling these substances. Make sure to utilize this equipment whenever necessary; it can save your life. (See Personal Protective Equipment in this stage.)

- **MSDS** - Chemical manufacturers and importers shall obtain or develop a material safety data sheet for each hazardous chemical they produce or import. Employers shall have a material safety data sheet in the workplace for each hazardous chemical which they use.†

When starting a new job at a veterinary clinic or hospital:

- Review the written workplace safety plan
- Identify all hazards:
  - Physical
  - Chemical
  - Infectious

---

*www.OSHA.gov
Stage 1: Office and Hospital Procedures

- Locate and review MSDS sheets
- Locate all hazardous materials and read safety labeling
- Review emergency procedures for:
  - Accidents
  - Hazardous spills
  - Gas releases
- Review emergency evacuation routes for staff and patients
- Find hazardous waste disposal containers and become familiar with their locations
- Know the location of all PPE and review usage
- Know where the eye wash station is in case of accidental contamination to someone’s eyes
- Learn how to lift heavy animals properly as not to injure yourself
- Sign and date any documents showing that you have reviewed and understand the hospital’s OHS plans
- Be careful and safe during all procedures at all times
- Tell your employer if you are ill, injured, pregnant or possibly pregnant. Many substances that are not deemed hazardous under normal conditions can be especially dangerous to pregnant women.

Personal Protective Equipment

Reading Assignment: Tasks for the Veterinary Assistant, pages 48-49

As previously stated, the veterinary medical assistant, AHT/VT, veterinarian, their clients and patients should be constantly aware of the risks to their health and the risk of injury. For example, while restraining a patient, he/she may bite the handler. Cats, dogs and other animals can bite, scratch and draw blood. An infected patient’s bodily fluids may transmit disease; direct contact with a patient can put the handler at risk of infection. Lifting a patient improperly can cause injury to the patient and the person lifting him/her. Medications can be toxic, anesthesia is especially dangerous, and other chemicals pose harmful consequences. Being a part of the veterinary team means paying close attention to rules and regulations, and it’s vital to review all safety protocol and to keep an eye out for hazards. Try to complete all tasks carefully and don’t rush as this can cause you to skip necessary safety steps.

Veterinary hospitals and clinics provide certain safety equipment called personal protective equipment (PPE) that can help to prevent harm to the veterinary staff. Make sure, upon touring...
the facility when hired, to locate and know the location of this equipment. In your training, ask questions about how to use specific PPE properly to ensure you are effective using the equipment. When you’re done using the safety tools, clean them properly and return them to their appropriate locations for future use. Also, check all equipment for cracks or breaks before using it as this will compromise the effectiveness of the equipment. Some common safety tools include:

- **Gloves** – If there is a possibility that a certain material, chemical, or toxic agent will cause harm to the handler, wear safety gloves. Durable gloves are made for more hazardous tasks. When disinfecting equipment, gloves will help to maintain sterile conditions *(See Aseptic Technique in the Surgical Preparation and Assisting stage)*.

- **Lab Coats, Coveralls, Wraps**: This PPE protects your outwear from coming into contact with disease causing organisms. It should be laundered daily and removed immediately if it gets soiled with bodily fluids from a patient or client.

- **Goggles** – If there is a risk of infectious or toxic material splashing upwards into your eyes, such as when you’re mixing toxic chemicals, wear protective goggles. They should cover your eyes completely.

- **Aprons and Gowns** – If you are in danger of being exposed to toxic materials or highly contagious patients or materials, wear an apron or disposable gown to protect yourself from contracting the disease or transmitting it to others. A sterile gown is worn by the veterinarian performing surgery to maintain sterile conditions, while other staff members may only be required to wear a cap, mask and shoe covers *(See Aseptic Technique in the Surgical Preparation and Assisting stage)*. Surgical laundry is kept separate from other hospital laundry.

- **Masks and Face Shields** – A mask will help you to avoid splashing toxic materials into your mouth and nose. It will also prevent you from inhaling toxic gases.

- **Ear Protectors** – Ear protectors will protect loud sounds (such as a multitude of barking dogs) from affecting or damaging your ears.

- **Boots** – Rubber boots are easily washable and will help to keep your pants and socks clean while mopping, spraying down floors, or walking through wet or muddy areas.

- **Specialized Equipment** – Specialized equipment is often made for various toxins and hazards like chemotherapeutic agents. Review the location of this equipment and become familiar with its use.
Universal Precautions & Zoonoses

In veterinary medicine, there are many risks posed to both patients and staff. **Universal precautions** are measures taken whenever there is a possibility of infection from a patient or their bodily fluids to the handler. Precautions were originally established to prevent the transmission of hepatitis and AIDS from patients to human medical staff. These precautions must be applied to veterinary staff as well as there are certain diseases, called **zoonotic diseases** or **zoonoses**, which may be transferred from animals to humans.

- **Zoonoses** – Zoonoses are diseases that can be transmitted from animals to humans.†

Gloves should always be worn when cleaning up animal feces, urine or bodily fluids. When in doubt, wear gloves. Infectious microorganisms typically live in a specific species; however, there are still some diseases that may be transferred from patient-to-handler. The following sections will focus on transmittable diseases from cats and dogs.

**Dangers from Cats**

Cats are especially clean animals, so the risks of transmitting diseases to humans are limited. However, cat bites still pose a high risk, especially due to the fact that many domestic cats roam outdoors and hunt vermin. Cat bites are more dangerous than dog bites. The most common feline zoonoses are as follows:

**Rabies**

Rabies is highly zoonotic and is the most dangerous disease that can be passed from animals to humans. It is highly contagious and is transmitted via the saliva of the afflicted animal. It is most commonly transmitted via bite from wildlife, such as raccoons, skunks, foxes and bats or exposure to

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* Paula Pattengale, *Tasks for the Veterinary Assistant*. Ames, Iowa: Bla
† C. Blood, V.P. Studdert. *Saunders Comprehensive Veterinary Dictionary* 1999
aerosols in bat caves from feces being stirred up in the air. Death occurs within 10 days after clinical signs appear; however, rabies can be carried in the body for up to 6 months without clinical signs.

- **Rabies** – a highly fatal viral infection of the nervous system that affects all warm-blooded animal species, transmitted in the saliva. The most common transmission of this disease occurs via bite.

There is no known treatment for humans or animals affected by this disease; thus, prevention via routine vaccinations is vital. Most provinces even require rabies vaccinations (See Rabies Certificates in this stage). The three stages to this disease are:

1. **Prodromal phase** – during the prodromal phase, the animal experiences a change in behavior; friendly animals may become shy and irritable while aggressive animals may become passive and affectionate. A cat that is typically friendly and kind may become nervous and hide. He/she may exhibit aggression, viciousness, irritability, excitability, nervousness and/or anxiety. He/she may also salivate and become hydrophobic (hesitant to drink water).

2. **Furious phase** – during the furious phase, the cat will experience increased aggression and excitement he/she may become enraged and show increasingly abnormal behavior. He/she may try to bite or scratch, seem disoriented and wander erratically.

3. **Paralytic stage** – during the paralytic stage, will not be able to swallow making him/her refuse to eat or drink. He/she may drool excessively (foaming) and choke on his/her saliva. This is usually followed by paralysis and coma. The cat will die in this stage, often from respiratory failure.

**Bacterial Enteritis**

Bacterial enteritis occurs when a cat eats contaminated or poorly cooked meat containing bacteria. Salmonella bacteria, though a rare cause of enteritis, can be transmitted to humans.

- **Bacterial Enteritis** – inflammation of the intestine
- **Salmonella bacteria** – any of various rod-shaped bacteria of the genus *Salmonella*, many of which are pathogenic, causing food poisoning, typhoid, and paratyphoid fever in humans and other infectious diseases in domestic animals.

Signs of bacterial enteritis may include:

1. Fever
2. Vomiting
3. Diarrhea
4. Excessive drinking (to replace lost fluids)

**Tuberculosis**

Tuberculosis infects cats and other domestic animals as well as humans. It has become uncommon in most countries; however it is still a risk.

- Tuberculosis – a mycobacterial, infectious disease of humans and animals caused by the tubercle bacillus and characterized by the formation of tubercles on the lungs and other tissues of the body, often developing long after the initial infection.

Signs of tuberculosis include fever and severe loss of health. Tuberculosis is rare in cats and dogs but can be transmitted by a cat drinking infected milk, and it can also be transmitted from owners to their pets. The lungs, spleen and liver are mainly affected by this disease.

**Toxoplasmosis Gondii**

This disease is quite common in cats and can be transmitted to humans through the handling of contaminated cat feces and infected raw meat. It is caused by a microscopic intestinal parasite, which enters the cat via infected prey or raw meat. Once the cat has been infected, cysts can shed in the animal’s feces.

- Toxoplasmosis gondii – a contagious disease of all warm-blooded species caused by a sporozoan parasite. Can cause sporadic cases of pneumonia, central nervous system disease, retinochoroiditis, and hepatitis in dogs and cats.¹

Although most infected cats show no signs of illness, severe cases will manifest in certain symptoms. Common signs and symptoms of a serious case of this disease are:

1. Fever
2. Loss of appetite
3. Weight loss
4. Breathing difficulties

Pregnant women are at the highest risk of contracting toxoplasmosis since the parasite can penetrate the uterus and affect the human fetus; thus it is recommended that they do not handle cat feces (they should refrain from cleaning litter boxes during pregnancy). Cats can be

protected by preventing scavenging (a collar with a bell to warn prey is recommended). Also, meat should be cooked thoroughly before it is feed to a cat.

Skin Problems
Skin problems, such as ringworm, fleas, lice, and fur mites can affect both cats and humans.

- **Ancylostoma caninum** and **tubaeforme** – the hookworm of cats; can cause human skin infections.
- **Ringworm** – a common fungal infection of the superficial layers of the skin and hair fibers with one of a group of **dermatophytic** fungi.
  - **Dermatophyte** – fungi parasitic upon the skin
- **Flea** – a small, wingless, blood-sucking insect
- **Lice** – a general name for species-specific parasitic insects which infest mammals
- **Fur mites** – arthropod of the order Acarina; characterized by minute size, usually transparent or semi-transparent body, free-living or parasitic on animals or plants. Can cause irritation of the skin.*

Symptoms of ringworm in animals include small, round, bald patches on a cat’s head and ears; in humans, symptoms include circular red patches on the human’s arms and legs. Fleas, lice and fur mites may bite humans and cause skin reactions such as itchiness and red blotches.

Dangers from Dogs

*Reading Assignment: ASPCA Dog Manual, pages 126-127*

Certain parasites can be transmitted from dogs to humans, and dogs can carry microorganisms that can make humans and other animals sick. There are certain diseases that are transferable. These are normally transmitted through dog bites, urine, and saliva.

Zoonoses

Zoonoses from dogs include:

- **Rabies** – as mentioned in cats, this disease is transmitted via saliva and is most commonly transferred via bite. Dogs should be vaccinated regularly, and if a particular human is exposed to high bite-risk situations, he/she should be vaccinated as well. The three stages of Rabies are consistent between both dogs and cats. Symptoms include

behavior changes and profuse salivation until they exhibit paralysis, at which point they are dying. Death typically occurs within 10 days of onset of symptoms.

- **Toxocariasis** – if a person unintentionally ingests infectious *Toxocara* roundworm larvae, the infection (referred to as *visceral* and *ocular larval migrans*) will cause him/her to go blind. Dogs should have routine worming every three months to reduce the risk of infection. Owners should also make sure to routinely clean up feces in areas where the dog commonly defecates because larvae live in the soil of grass and can penetrate human skin, such as through the human’s feet.
  - *Toxocariasis* – infection by worms of the genus *Toxocara*
  - *Toxocara* – a genus of *nematode* (roundworm) parasites in the family *Ascarididae*. The two most common forms are *Toxocara canis* (dogs) and *Toxocara cati* (cats).
- **Ancylostoma caninum** – hookworms; larvae can cause cutaneous larval migrans in humans and are transferred from dog feces to the soil where the larvae live and can penetrate the human skin causing infections.
- **Ringworm** – as with cats, ringworm is a common fungal infection of the superficial layers of the skin and hair fibers with one of a group of dermatophytic fungi. It causes circular skin lesions in humans and hair loss in dogs.
- **Mange Mites** – when a human is infected by mange mites, their skin will become itchy in spots and they may develop scabies or walking dandruff. Mange mites can be controlled by the regular use of parasiticides.
  - *Mange* – a skin disease of domestic animals, caused by a number of genera of mites
  - *Mites* – any arthropod of the order Acarina (except ticks); characterized by minute size with a transparent or semi-transparent body
  - *Parasiticides* – an agent that is destructive to parasites
- **Echinococcosis** – a hydatid (cyst) disease; humans are infected with this disease upon eating raw meat from an animal infected with the echinococcus tapeworm.
• **Flea- and Tick-Borne Diseases** – several diseases can be transmitted to humans via fleas and ticks, such as Lyme disease.
  - **Lyme Disease** – an acute, often recurrent polyarthritis of dogs, cats and humans caused by the spirochete *Borrelia burgdorferi* and transmitted via tick
  - **Polyarthritis** – inflammation of several joints
  - **Spirochete** – a highly coiled bacterium

Fleas and ticks can be prevented and controlled by regular bathing of the dog and usage of parasiticides.

• **Tuberculosis** – as with cats, tuberculosis is an infectious disease of humans and animals caused by the tubercle bacillus and characterized by the formation of tubercles on the lungs and other tissues of the body, often developing long after the initial infection.† Tuberculosis can pass between dogs and humans, just as with cats. Symptoms include coughing, shortness of breath, and bloody saliva. If a dog is afflicted with tuberculosis, he/she may be treated with antibiotics; however, euthanasia is often necessary.

**Communicable Diseases**

In the case of **communicable diseases**, dogs can often be a carrier of the disease yet show no sign of infection:

• **Campylobacteriosis & Salmonellosis** – bacteria causes cramps and diarrhea in both dogs and humans. These diseases are commonly contracted by dogs, cats and humans from the same source, such as infected milk or raw meat. They are both passed through food and dog and cat feces to humans. Risk factors include young age and crowded conditions such as kennels and animal shelters.

• **Giardiasis** – a flagellate protozoan parasite transmitted through water; if a dog drinks contaminated water, such as from rivers or ponds, they may become infected. Diarrhea is the most common symptom.

• **Brucellosis** – this is most likely to occur in breeding kennels. In humans, symptoms include high fever, shivering, and weakness. Dogs should be routinely tested for brucellosis.

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† The American Heritage Dictionary at www.dictionary.com
• **Leptospirosis** – this is usually most common in rats; however, dogs can be infected through bacteria in urine and can infect humans, causing death if untreated. Leptospirosis causes diseases in the kidney and liver; also known as **Weil’s disease** in humans. It can be prevented in animals by vaccination. Leptospirosis is a bacterial zoonosis that is transmitted through the bodily fluids of an infected animal and attacks the kidneys and liver. It can also be passed through water, food, soil, and bedding that is contaminated with urine, ingestion of infected tissue, and bites from infected animals. There are now 6 prevalent pathogenic forms of Leptospirosis that are currently recognized and vaccinated for. Leptospirosis is seen more commonly in outdoor dogs or working dogs in rural areas because the pathogens are carried by raccoons, skunks, opossums, cattle and pigs. This infection is commonly misdiagnosed as pancreatitis, Ethylene Glycol poisoning, pyelonephritis and Ehrlichioses because symptoms are similar.

• **Chlamydia diseases** – this rarely causes disease in dogs, however it can be transmitted to humans and can cause several different diseases. These infections usually respond to antibiotics. Cats can also get Chlamydia but it is not contagious to humans.

**Infections from Bites**

Animal bite injuries are incredibly common, especially when working in the veterinary field. Although precautions should be taken to prevent bites, there are often accidental mishaps and they must be dealt with immediately. Bite wounds should be cleaned immediately and been examined by a human medical doctor. There are two main types of infections that can occur as a result of a dog bite:

• **Pasteurella infections** – if a dog or human is bitten by an infected dog, he/she may develop purulent (full of pus) infections and abscesses. This is caused by **Pasteurella**, which is a common bacterial inhabitant of a dog’s mouth.
  - **Pasteurella** – rod-shaped bacteria

• **Tetanus** – this is generally rare in dogs; however, the microorganism that causes tetanus can be passed to humans through deep bite wounds. If the affected human has not had a recent tetanus shot, he/she should seek immediate medical advice regarding antiserum. If he/she has been recently vaccinated, he/she should still seek medical attention.
Preventing Infection – Gloves

With all of the apparent dangers of diseases being transmitted from mammal to mammal, it is extremely important to protect yourself against infection. It is crucial for veterinary staff to utilize gloves at all times, whether they believe there is a risk of cross-infection or not. If another member of the staff becomes injured, you should apply gloves before attempting to assist them. Make sure to check gloves for holes or tears before putting them on. A hole in the glove negates its effectiveness.

Here is some important advice for using gloves:

- Change gloves between patients
- Utilize the same pair of gloves throughout the handling of one patient or when handling laboratory samples
- Wash your hands upon removing gloves, even if you can’t visibly see holes or tears
- Make sure hands are completely dry and moisturized with hand lotion after washing. As the skin is the first barrier against infection, broken skin compromises this protective layer.

Removing Gloves – Degloving

1. Pinch the glove between your forefinger and thumb approximately 2” above the cuff.
2. Pull the glove downwards and pull your hand out of the glove, turning the glove inside-out as you do so; be careful not to touch the outside of the glove with your hands or fingers.
3. Gather the first glove into the still-gloved hand using the same forefinger and thumb.
4. Pinch the remaining glove with the ungloved hand on the inside of the glove, about 2” above the cuff of the glove.
5. Pull the glove upward, revealing the formerly gloved hand, allowing the first glove to slip inside the newly removed glove.
6. Throw gloves away in the appropriate biohazard container, if contaminated with bodily fluids or hazardous materials.
7. Wash hands thoroughly with disinfectant soap immediately after removing gloves.
8. Dry hands completely.
9. Apply hand lotion to prevent cracking and peeling.
### LET'S REVIEW

**Please indicate whether the following statements are true or false.**

1. CCOHS stands for Center for Canadian Occupational Support and Health Association.
   - □ True
   - □ False

2. Gloves should be worn while cleaning with any disinfectant.
   - □ True
   - □ False

3. Zoonoses are diseases that can be transmitted from animals to humans.
   - □ True
   - □ False

4. Cats are more susceptible to rabies because they have finer fur.
   - □ True
   - □ False

5. In the case of communicable diseases, dogs show symptoms of disease but are not contagious to humans.
   - □ True
   - □ False

6. Tetanus is generally rare in dogs.
   - □ True
   - □ False
Front Office Procedures

Customer service is an essential aspect of the veterinary medical assistant. As it is the assistant’s responsibility to facilitate the tasks of all other members of the staff, he/she may often be responsible for assisting with the receptionist’s duties. Keeping a positive, upbeat attitude while helping clients is of utmost importance; their first and last impressions of the clinic or hospital rely on the admittance and discharging of their pet done by the front office staff. Remember to be helpful, to be nicely groomed and presentable, keep an organized work space, complete tasks efficiently and ahead-of-schedule when possible, maintain pristine accuracy and remain calm. Keep smiling and try to remember clients’ names and their pets’ names. If you are personable, helpful and are effective, the client will have positive associations with the clinic or hospital and will be more likely to return the next time they need a veterinarian. Also, he/she may refer friends to the veterinary practice, and this will increase the number of regular clients that frequent the facility.

Medical Record Assembly

The medical record is an important legal document; it must contain information required by the guidelines set by the provincial Veterinary Medical Association (VMA). The American Animal Hospital Association (AAHA) requires their certified hospitals to use standardized forms to ensure that all necessary information is documented. Veterinary hospitals and clinics are responsible for preserving the patient’s entire file at all times. Laws in Canada, as well as veterinary medical ethics, deem patients’ medical records confidential and privileged. Clients are entitled to a copy of their pet’s medical record but the original file is the property of the veterinary hospital. Client information, such as contact information, should also be included in the file. The compilation of client and patient information is referred to as the client record. The part of the client record containing patient information is the patient record. An individual medical record must be kept for each patient, even if he/she has only visited the hospital or clinic once. If the client has more than one pet who visits the same hospital, the client’s record should be visibly divided with color-coded tabs to mark the separation of information. The particular hospital or clinic may have a separate file for each patient depending on protocol.
Paper medical records are less common in recent years than computer-based records, so they must be extremely organized and neatly assembled for ease of access. Most practices continue to document some or all patient information on paper, while others back up computerized patient records on paper in preparation for unexpected computer crashes. Some provincial jurisdictions may require all computerized records to be backed up daily and the backup kept in offsite storage to protect patient files from loss.

Pre-printed forms are usually utilized to maintain consistency and to ensure that all information is appropriately documented. Pre-printed stickers or pre-made stamps may be used for common, brief information fields. Keeping a multitude of blank records in a convenient location ensures that every new client fills out every necessary form. It also prevents clients from waiting while forms are located, collated and assembled.

The medical record contains several different forms in a specific, sequential order:

- **Patient summary sheet**, also known as the master problem list
  - Patient ID# (if applicable)
  - Patient description
  - Summary of immunizations
  - Laboratory procedures
  - Medications dispensed
  - Problem list
    - Date diagnosed for each problem
    - Date resolved for each problem
    - Drug allergies & adverse reactions
    - Behavioral problems
- **Progress notes** – SOAP
  - **S** – **Subjective** – observations made by the client and the reason he/she is bringing the patient to the veterinarian, also known as the **chief complaint (CC)**; this section also contains patient history
Stage 1: Office and Hospital Procedures

- **O – Objective** – observations made by the veterinarian or AHT/VT during the initial physical examination. The veterinarian’s patient examination notes are included in this section
  - Body temperature
  - Weight
  - Respiratory rate
  - Pulse/heart rate
  - Clinical signs of illness

- **A – Assessment** – the diagnosis is entered here by the veterinarian
  - Dx – diagnosis

- **P – Plan** – includes the action plan for different follow-up procedures or treatments
  - Diagnostic procedures
  - Surgeries
  - Treatment
  - Follow-up appointments
  - Discharge medications

- **NOTE:** If a patient is an inpatient at the hospital, this is where daily notes would be recorded. These would include the date, observations, physical examinations, laboratory procedures, treatments, surgery notes, and nursing care.

- **Information and contact sheets:**
  - Client contact information
    - Home and work addresses
    - Phone numbers
    - Driver’s license number
    - Emergency contacts
      - NOTE: Emergency contact person(s) are designated people who may give consent for treatment in an emergency.

- **Patient information, or signalment (for all pets belonging to the owner)**
  - Date of birth (DOB)
  - Species
  - Breed
  - Sex
Stage 1: Office and Hospital Procedures

- Description: color, tattoos, microchip, etc.

⇒ Financial information
  - Preferred method of payment
  - Payment history

⇒ Statement of ownership

⇒ Consent for treatment for each visit

⇒ Acceptance of financial responsibility
  - NOTE: Statement of ownership, consent for treatment and acceptance of financial responsibility may be signed by the client upon their first visit to the facility, before they see the veterinarian for the first time.

⇒ Referred by?
  - NOTE: This field helps the veterinary practice to track their advertisements and referrals. If the client was referred by a friend, the person they were referred by may be sent a “Thanks for the Referral” card (see Client Communication in this stage). If they were referred by a Yellow Page ad or something similar, this should be tracked to monitor the effectiveness of advertising avenues.

☑ Consent forms
  - This should be signed each time the client must consent to a procedure.

☑ Telephone log
  - The telephone log keeps a record of all phone conversations between veterinary staff and the client. If the assistant speaks with the client, he/she should keep an accurate record of what they discussed and what advice was given (if any).

Note that each individual hospital may have specific preferences for the sequence of this paperwork. Forms are hole-punched and fastened to the folders with metal fasteners. Loose paperwork can fall out of folders and get misplaced, which can cause problems. Make sure to secure all paperwork within the file. If you are in a hurry, place the file to the side with the paperwork in order or even paperclip the paperwork to the file until you have time to fasten.
them. However, don’t forget to come back to them when you have a moment. Have another member of the staff check your work for you to ensure accuracy.
Color-Coding Medical Records

Medical records are usually color-coded to assist the staff member in locating them more efficiently. This also helps to reduce mistakes in filing of patient records. They may be coded by letter or number, and they always have a sticker showing the year of activity. The stickers are placed on the lower, left-hand, outside margin of the folder, and each sticker is double-sided so the numbers or letters may be seen from either side. Color coding allows the patient’s file to be easily recognized from a distance.

Filing systems coded by letter are commonly organized using the first 3 or 4 letters of the client’s last name. The colors of letters are always the same and are spaced out amongst the alphabet so that 2 adjacent letters are not the same color. To create more colors to eliminate confusion, some may be dual colored or have a pattern, such as red with white stripes.

For example, if the client’s last name is Smith, the record would display colored stickers showing “S,” “M,” and “I.” Perhaps “S” is green, “M” is yellow and “I” is black. The folder would have a green “S” on top with a yellow “M” below it, followed by a black “I” below the “M.” As records are kept alphabetically, all clients’ records whose names start with “SMI” will be grouped together. Any misfiling will therefore be blatantly obvious.

The client’s name should also be typed right next to the colored letters at the bottom of the folder for easy access. That way, the file does not have to be pulled from the shelf and opened to be identified. You can also color-code the first letter of the client’s first name to further facilitate the process. Other stickers can be used on the bottom of the folder to show the date of the patient’s last visit, drug allergies, and insurance company. Patients who haven’t visited the hospital in a long time may have their records archived by year, or filed in a separate location to make room for current patients’ files. Stickers showing drug allergies will ensure that the staff doesn’t accidentally give the patient medication that he/she will react adversely to. Insurance stickers will assist the office staff in facilitating billing.
Inside the folder, certain forms may be color-coded as well. They may be coded with colored tabs or dividers to signify different forms, such as blue tabs for insurance forms or red tabs for financial records.

Check all forms and files for completeness before filing. Keep all organization tools in one place for ease of use. The organization of the hospital or clinic’s filing system depends on preference. Make sure to review the filing system with the office manager to ensure proper filing. This will prevent misfiling and loss of patient information.

**Filing**

*Reading Assignment: Tasks for the Veterinary Assistant, pages 517-518*

Medical records are legal documents. They must be appropriately filed in a consistent order to make them easy to find and to adhere to legal precedents. They must be maintained for a certain length of time. Misfiling can result in inconvenience at best and inadequate or improper patient care; thus, the filing system must be pristinely organized. As previously mentioned, filing may be done by letter or number. This is done according to the preference of the facility. Numeric filing is often preferred over alphabetic filing. Depending on the hospital’s filing system, each client may be assigned an identification number. A Rolodex or card catalog file is utilized to keep track of each client’s personal identification number.

**Terminal digit filing** may be used to organize records. Using this system, files are grouped together by the last 3 digits of their identification numbers. The first 2 numbers of the identification number signify the order of the files. Here is an example of how this system would work. Let’s say that there are 6 files in need of filing:

- Mary Smith: #01-001
- Nathan Green: #32-002
- Kim Kirby: #22-001
- Lois Griffin: #46-003
- Marleigh Jones: #55-002
- Michael Cook: #02-003

These clients’ files would be grouped together by the last 3 digits of their client identification numbers, and then placed in order according to the first 2 numbers of their identification numbers:
Each of these clients would have a personal card in the Rolodex file stating what their client identification number is. Thus, if Nathan Green was to come into the clinic, the staff member would flip to his card in the Rolodex to decipher his identification number and then pull his file:

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Nathan Green
3032 Palomino Ct.
Thousand Oaks, CA 91360

Home: (805) 555-1212
Cell: (805) 555-3232
E-Mail: nathangreen@email.com

Patient: Rowdy – Male – Pit Bull/Mastiff
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Color-coding is used for the last 3 digits of the client’s identification number. For example, “0” may be red and “2” may be blue. When a file is removed from the shelf, an out-guide may be used to mark its place. This is a simple manila folder or cardboard sheet that signifies when a file has been taken from the shelf. It commonly has fields for writing the date the file was pulled and the name on the file. This will assist in replacing the file once it is ready to be put back on the shelf, and it will eliminate confusion if another member of the staff is searching for the same file. He/she will be aware that the file is temporarily out of the system and being used.

At the end of each day when the designated staff member calls owners reminding them of their next-day appointment, the staff member in charge of pulling files should review the daily schedule and pull all files for the following day’s scheduled patients. Out-guides should be replaced where the files are taken from, and the identification number and client name should be written on the out-guide. Files should be placed in the designated location, preferably near the appointment book. When you are done using a file, make sure to file it in its proper place. Misfiling can cause confusion and can make the facility appear unorganized to clients.
Computer Literacy

Reading Assignment: Tasks for the Veterinary Assistant, pages 12-13

In recent years, many administrative systems have changed over from paperwork to computerized databases and programs. Hard-copy files are still commonly kept for legal purposes and as a back-up; computer crashes can cause disastrous consequences if the information is not reinforced by hard-copy files or backed up on a daily basis. Some practices still operate mainly using paper files. However, computers have quickly become the primary resource for storing information. Some doctors and veterinarians have even switched over from taking hand-written notes to using lap-top computers to record information during examinations or may dictate their notes to an AHT/VT or VMA for entry into the computer during the exam. Computer programs can be specialized for specific purposes; contact management programs allow office staff to keep track of client contact information and keep a record of phone conversations, appointments, special instructions, etc. There are programs for invoices and billing, calculating fees, making reminder cards, and printing out special instructions for clients.

Most employers will assume that a new employee has at least a basic understanding of computers and keyboarding. Your job within the facility may involve data entry, which requires immaculate accuracy and attention to detail as well as moderate typing skills (approximately 35-40 words per minute). If you have a limited knowledge of computers, it is recommended that you take a beginning computer class. A typing class can also prove useful. There are home-study classes available online or through CD-Rom. The better your understanding of computers, the more helpful you will be when it comes to data entry and computer tasks.

Appointment Scheduling

Reading Assignment: Tasks for the Veterinary Assistant, pages 519-521

Scheduling elective appointments, meaning non-emergency appointments, is a crucial task that involves attention to detail, consideration, and careful organization. If done well, daily activities should flow smoothly, the veterinarian and veterinary staff should not become overwhelmed, and every client should be given the time he/she deserves and requires. Unfortunately, emergencies will undoubtedly arise and will throw off the carefully-planned schedule; thus, the staff must be prepared to be somewhat flexible. When emergency patients come into the clinic,
clients should be notified that there will be an unexpected wait for seeing the veterinarian. Clients may be given the option of rescheduling if they don’t have the time to wait.

The particular hospital or clinic may complete scheduling using a computerized system or an appointment book. If using a hand-written system, pencil should be used so appointments can be easily cancelled or rescheduled. When scheduling, several things should be taken into account, including the clients’ needs, availability of staff, and flow of activities throughout the day.

Elective appointments may be scheduled at 15, 20 or 30-minute intervals throughout the day; however, complicated cases and new patients require additional time consideration. If a patient requires surgery or if the procedure is lengthy, check with the veterinarian to ensure that sufficient time is allotted for the patient’s needs. **Double-booking**, or scheduling two patients for the same time slot, can be done for patients who only require simple procedures that the technician or assistant can complete, such as removal of sutures. **Walk-in** clients are those who did not schedule an appointment; they may be examined depending on availability of the veterinarians and support staff and severity of the patient’s condition.

When scheduling an appointment, make sure to record basic, crucial information. Also, repeat the information back to the client to ensure accuracy. Spell names correctly and carefully record contact information. If information is incorrect, it will be difficult to contact the client if the appointment must be rescheduled. Minimum basic and crucial information includes:

- Client’s first and last name
- Patient name
- Reason for appointment
- Client’s daytime phone number where they can be reached while their pet is in the hospital; some clients stay with friends or work during the day and cannot be reached at home.

If the client is physically present when scheduling the appointment, the clinic or hospital may provide him/her with an **appointment card**. The appointment card is similar to a business card with the hospital’s name, address and phone number on one side; the other side is designated for recording appointment information. Excellent customer service includes giving the client a **confirmation call** approximately 24 hours before the scheduled appointment to remind them of
their appointment and confirm their intent to attend. If the client must reschedule, assist him/her in doing so. If he/she confirms the appointment, initial next to their name in the appointment book or make a note in the computerized database.

An average day at a veterinary clinic or hospital starts early in the morning, pauses for a staff lunch break, continues for afternoon appointments and finishes in the evening. The daily schedule depends on the preference of the veterinarian, hospital policy and the duties to be accomplished. Before the clinic opens and during the early hours, the veterinarian should be allotted time to check up on hospitalized patients. This should be done before the first scheduled patient arrives as hospitalized patients commonly require more attention than routine examinations. Therefore, the first appointment of the day should be scheduled roughly 15 to 30 minutes after the scheduled opening time of the hospital. The veterinary staff should arrive at work at least 30 minutes prior to the opening of the hospital to begin checking on hospitalized and boarded patients. Routine appointments and elective surgeries, such as spays and neuters, are commonly scheduled before lunch. The clinic may close for lunch hours; this client-free time is often used to make phone calls, finish charting duties, complete surgeries, or for the staff to take the time to eat. Once the clinic is prepared to close, all current and newly-hospitalized patients are cared for and the staff prepares for closing. Some patients may be transferred to an emergency or overnight care facility.
In order to treat all patients in order of importance, it is vital for all members of the veterinary staff to learn to distinguish between emergency, urgent, and routine patients. The following table represents some examples of these cases. It is often dependant on the veterinary staff to determine a true emergency versus a “client perceived” emergency.

<table>
<thead>
<tr>
<th>Emergency</th>
<th>Urgent</th>
<th>Routine</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Choking</td>
<td>• Frostbite</td>
<td>• Annual physicals</td>
</tr>
<tr>
<td>• Collapse/Shock</td>
<td>• Hives – allergic reaction</td>
<td>• Re-examinations</td>
</tr>
<tr>
<td>• Ingestion of a known toxin or poison</td>
<td>• Worsening of pre-existing disease</td>
<td>• Health certificate physicals</td>
</tr>
<tr>
<td>• Coma</td>
<td>• Eye injuries</td>
<td>• Vaccinations</td>
</tr>
<tr>
<td>• Seizure</td>
<td>• Unexpected bleeding</td>
<td>• Suture removals</td>
</tr>
<tr>
<td>• Any snakebite, especially toxic snakebites</td>
<td>• Broken limb</td>
<td>• Routine or pre-surgical laboratory work</td>
</tr>
<tr>
<td>• Sudden on-set of paralysis</td>
<td>• Attacked by another animal but not in serious condition</td>
<td></td>
</tr>
<tr>
<td>• Hit by car (HBC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Straining to urinate or defecate, especially urinary blockage in cats</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <strong>Dystocia</strong> – difficult birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Uncontrolled bleeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Respiratory failure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Attacked by another animal and in serious condition or shock</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Frostbite</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Hives – allergic reaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Worsening of pre-existing disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Eye injuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Unexpected bleeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Broken limb</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Attacked by another animal but not in serious condition</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Remember that these are simply examples; there are many more emergency, urgent and routine cases that you may be responsible for scheduling.

**Updating Client Information**

A returning client’s information should be confirmed for accuracy upon arrival of the client and patient. Keeping an accurate record of all clients’ contact information is crucial to the organization and efficiency of the veterinary clinic or hospital. Also, if an emergency arises, it is extremely important for the veterinary staff to be able to reach the client immediately.

When a client visits for the first time, he/she may be asked to complete a client information sheet as discussed earlier. Each time the client visits, his/her contact information should be verified and the page initialed. If records are computerized, the client’s file should be located in the database and all information confirmed. The client should fill out a new information sheet.
upon each annual visit; thus, if a client schedules an annual appointment, the staff member recording the appointment should place a new, blank client information sheet loosely in the file for the client to complete upon arrival. The old information sheet should be kept in the patient's file for legal purposes.

A Post-It note or a computer generated “red flag” may serve as a reminder to update client information upon his/her next visit. If it has been more than a month since the client’s last visit, a note should be placed in his/her file reminding the office staff to verify all information upon the client’s arrival.

**Intake Procedures – Admitting Patients**

*Reading Assignment: Tasks for the Veterinary Assistant, pages 523-526*

Before the *returning* client and patient arrive for a *scheduled* appointment, you should have already:

1. Confirmed the appointment by calling the client the day prior
2. Pulled the client’s file from the filing system
3. Committed the patient and clients' names to memory
4. Inserted any necessary new paperwork and highlighted necessary fields
5. Inserted a new progress sheet if former progress sheets are full
6. Placed the client's file next to the appointment book or in the appropriate appointment file holder slot.
7. Notified the veterinarian of the upcoming procedure so he/she and the technician and assistant could prepare for the procedure or examination

Before the *new* client and patient arrive for a *scheduled* appointment, you should have already:

1. Confirmed the appointment by calling the client the day prior
2. Created a new file folder for the client
3. Committed the patient and clients’ names to memory
4. Inserted all necessary blank forms and highlighted necessary fields
5. Inserted a progress sheet
6. Placed the new file near the appointment book
7. Alerted the veterinarian and veterinary staff

Now it is time for the client to arrive with the patient, ready for their appointment. The admitting process is crucial; this is the time during which the client forms his/her initial opinion regarding the veterinary practice. Also, especially if the situation is urgent or emergency, the client and patient will already be shaken and nervous. It is the staff’s responsibility to make them feel comfortable, calm and welcome. The staff should be upbeat, smiling, and personable but should adjust their demeanor to fit that of each client. When the client and patient enter, immediately make eye contact, greet them by name and welcome them to the facility. If you are presently assisting someone else, kindly ask the newly arrived client to take a seat and inform him/her that you will be with him/her shortly unless it is an emergency. If you are not currently helping someone else, ask the new client to approach the counter.

The waiting room should be stocked with magazines, including magazines and/or crayons and coloring books suitable for children, for clients who must wait for the veterinarian. Make sure to keep the magazines current by replacing them each month. A veterinary display board is a great addition to the waiting room to help educate clients about specific veterinary issues or health concerns. A community bulletin board for posting “lost pet” and “dog training” advertisements will help tie the facility in with the community and also gives clients something to look at while they’re waiting.

Also, keep a few extra leashes and a pet carrier in the reception area. If the client enters and his/her pet is not on a leash or in a carrier, offer one to him/her. Restraint is mandatory while in the waiting room, even if there aren’t any other patients currently waiting. Remember that not all animals are friendly; aggressive pets can attack other pets and cause further problems. Also, a loose animal can escape out the front door if someone else comes in. Loose pets also present a disease transmission risk and should not be allowed to interact with other patients or waiting clients and their pets. These situations are preventable.

If the client is a walk-in client:
1. Welcome him/her with a smile and ask, “How may I help you today?”
2. If it is an emergency situation, notify the veterinarian or technician immediately.
3. If he/she is a returning client, pull his/her file from the filing system.
4. If he/she is a new client, assemble a new medical record.
5. If it is a non-emergency situation, inform him/her that you will fit him/her in as soon as possible but that he/she may have to wait.
6. Ask him/her to take a seat. Offer him/her water if possible.

Before opening the medical record or beginning a new medical record, note that the record is a legal document and all occurrences should be logged. According to the law, if it is not written in the medical record, it did not occur. All entries in the client’s record should be made in ink, not pencil. Mistakes should never be erased, heavily scratched-out or covered with White-Out. If you would like to strike something from the record, make one straight line through the printed words and initial the strike-through.

Example:

<table>
<thead>
<tr>
<th>Walked outside</th>
<th>Has food and water, nil void</th>
<th>Saved food and fresh water. Urinated outside [NB]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mistake with one-line strike-through</td>
<td>Corrected statement</td>
<td>Always include your initials when correcting a mistake in the pet’s medical record.</td>
</tr>
</tbody>
</table>

At this point, open the client’s record. If the patient is new and the client has not yet completed the necessary paperwork, provide him/her with a clipboard and a pen. Highlight the required fields on all forms; if all fields are required, instruct the client to fill out all fields. Ask the client to take a seat while he/she fills out the forms. Once finished, you can proceed to the next step. If the client is returning, make sure all necessary forms have been completed. If it has been several months since his/her last visit, it may be necessary to complete a new client information form. Verify all contact information including address, phone number, and emergency contacts. Initial and date the contact information to show that it has been confirmed.

Now, start a new entry on the patient’s progress sheet (directly below the last entry) and record the date. To the right of the date, enter the chief complaint, or CC or Subjective (S), meaning the reason why the patient has been brought to the veterinary facility for this visit. This information may be located in the appointment book if the appointment was scheduled ahead of time. Walk-in clients should verbally provide this information. Also, it may or may not be the responsibility of the veterinary medical assistant or receptionist to complete a history of chief
complaint form. This form provides background information on the current problem. Some clinics have the client complete this form before entering the examination room, while others reserve this task for the veterinarian or technician.

Now, slip the progress sheet into the patient's file along with the following:

- Charge slip or fee estimate sheet
- Consent forms
- Discharge instructions

Alert the appropriate staff member that the patient is ready for his/her examination. If the examination room assigned to the client and patient is free, escort them to the examination room and place their file in the file holder outside or on the examination room door. If the room is not free, have them sit in the waiting room until it is prepared. Going the extra mile will create loyal, returning clients; make sure to ask clients if you can provide anything to make their wait more comfortable (such as water).

Keep the following in the reception area in case of accidental urination or defecation by patients:

- Alcohol based hand sanitizer
- Roll of paper towels
- Spray bottle containing disinfectant
- Mop
- Mop bucket with clean disinfectant solution
- Box of tissues

**The Signalment**

_Reading Assignment: Tasks for the Veterinary Assistant, pages 526-528_
_ASPCA Cat Care Manual, pages 22-23, 26-27, 31, and 70-71_
_ASPCA Dog Care Manual, pages 23-25, 62-63_

[www.CFAinc.org](http://www.CFAinc.org)

The signalment is the patient description information that must be added by a member of the veterinary staff as opposed to the owner of the patient. This description should include the information on the following page. Read over the chart and become familiar with all required observations.
<table>
<thead>
<tr>
<th><strong>Patient's Name</strong></th>
<th>Make sure to confirm the spelling of the patient’s name. There can be various spellings of names, such as “Spike” and “Spyke.”</th>
</tr>
</thead>
</table>
| **Species**       | **Dogs** A dog is referred to as a “canine,” and this is shortened to “k-9.”  
|                   | **Cats** Cats are referred to as felines. |
|                   | **Other**  
|                   | **Birds** – avian  
|                   | **Rats & Mice** – rodents  
|                   | **Rabbits** – lagomorphs |
| **Breed**         | **Dogs** A general knowledge of common dog breeds is helpful. Study pages 23-25 of your ASPCA Dog Care Manual. Some dogs are mixed-breeds, meaning a combination of 2 or more breeds. |
|                   | **Cats** Domestic cats are normally generalized as domestic short hair (DSH), domestic medium hair (DMH) or domestic long hair (DLH). For more information on different breeds of cats, study pages 26-27 of the ASPCA Cat Care Manual. |
| **Description:**  | **Coat Color & Length**  
| **DOB**           | **Dogs** Dogs have different textured coats depending on the breed: curly, wavy, short, long, smooth, or silky. See pages 62-63 of your ASPCA Dog Care Manual for coat types. They can also be solid or multi-colored and can have markings such as white socks. With dogs, dark reddish brown is called “liver” and dogs with brown/black blended coats are called “brindle.” |
|                   | **Cats** Cats also have various types and colors of coats; review pages 22-23 of your ASPCA Cat Care Manual for basic body types, and pages 70-71 for coat types and colorings. **Tabby** refers to a striped cat; **tortoiseshell** refers to a black and orange spotted cat; **calico** is a tortoiseshell with additional white markings. Calicos and tortoiseshells are almost always female. |
| **Sex**           | **Dogs** Use M or F to abbreviate male or female. If the dog has been neutered or spayed, record M/N or F/S. |
|                   | **Cats** The sex of a cat can be more difficult to decipher, especially when the cat is very young. Page 31 of your ASPCA Cat Care Manual gives illustrated instructions on how to sex a cat; it explains how the male’s anus and penis are further apart than the female’s anus and vulva. |
|                   | **Other** Birds must be sexed via blood test done by the veterinarian. Rodents and other “pocket pets” can be sexed by the veterinarian. |
| **Date of Spay/Neuter** | **This is the date on which the patient was spayed (ovariohysterectomy) or neutered (orchidectomy). The abbreviations for these procedures are OVH and OHE.** |

Make sure to double-check all information to ensure accuracy.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What does the abbreviation “Dx” stand for?</td>
<td></td>
</tr>
<tr>
<td>2. In what two ways can veterinary facilities choose to organize their client/patient files?</td>
<td></td>
</tr>
<tr>
<td>3. Name 3 examples of animal emergencies that would require the veterinarian’s immediate attention.</td>
<td></td>
</tr>
<tr>
<td>4. If you make a mistake while writing in a patient’s record, how should you correct it?</td>
<td></td>
</tr>
<tr>
<td>5. What is the signalment and who should complete it?</td>
<td></td>
</tr>
<tr>
<td>6. What is the difference between a tortoiseshell and calico cat?</td>
<td></td>
</tr>
</tbody>
</table>
A patient's medical information is private and confidential, whether the patient is human or animal. Sometimes a patient's record or the information within a record will need to be released or transferred from one medical facility to another, such as a teaching hospital or specialist. This would occur if the primary veterinary hospital or clinic did not have the equipment, resources or method of treatment available to treat the patient's particular ailment. It may also occur if a client moves, or decides to seek care at another clinic.

The legalities of a patient's medical record can be simplified – the hospital that created it owns the record itself, and the client owns the information inside the record. Therefore, in order for the information to be released or transferred, the client must sign a Waiver of Confidentiality or Consent for Disclosure form. This form is a legal document that allows the primary hospital to send the record or the information inside the record to the other facility. The record should be sent directly from facility to facility through a method that allows for tracking of the record, such as certified mail, courier, or UPS/FedEx. If the primary veterinary hospital is referring the patient to the new facility, it is not customary to charge the client a fee for transferring records.

The steps for releasing a medical record in the case of a referral to another facility are as follows:

1. The primary hospital furnishes a Waiver of Confidentiality or Consent for Disclosure form to the client, who reviews and signs the form. The primary hospital will keep this form on file for legal purposes.

2. A referral form, which is a letter stating why the record must be transferred, where it is being transferred from, and where it is being sent to, is prepared and sent to the receiving facility. It may be prepared by the primary hospital, although it is often created by the receiving hospital so that it fits their legal needs. An existing, pre-printed form may be used.

3. The primary hospital prepares a compilation of relevant information. This may be done by making photocopies of information from the inclusive dates in the patient's file.

4. The signed waiver/consent form is kept in the patient's record. A note is made in the patient's file documenting the date, what information was sent, and where the information was sent to.
5. The referral form and patient information are sent to the new facility. It must be sent in a method that allows it to be tracked, such as certified mail, or a commercial carrier such as Loomis, or Purolator.

6. If the tracking service provides a receipt, it should be filed in the patient’s medical record.

7. The medical record is re-filed in its appropriate location.

Also, if a client moves to a new area and needs to change his/her primary veterinarian, he/she may request that the patient’s information be sent to the new facility. This is common as it provides continuity of care. A client will want his/her pet to receive quality treatment from the new clinic or hospital, and this will require a past history. The process for transferring medical records in this situation is similar, although it is customary in this case for the current veterinary hospital to charge a fee for transferring records.

The steps for releasing patient information in the case of a client’s change of geographical location are as follows:

1. The client signs a waiver or consent form.
2. The client provides the current veterinary facility with the name and address of the new facility as well as the name of the new veterinarian.
3. The current hospital creates a summary or makes a copy of the medical record.
4. This summary or copy is sent via certified mail or a commercial carrier such as Loomis or Purolator directly to the new veterinary facility.
5. The signed waiver or consent form is filed in the patient’s file with a written notation of when and where the record was sent.
6. The current veterinary hospital does not discard the patient’s record; this file must be kept for the legally allotted amount of time.
7. If the tracking service provides a receipt, it should be filed in the patient’s medical record.
8. The medical record is re-filed in its appropriate location.

Although the information within the record belongs to the client, he/she may not be given the actual record. Upon the client’s first visit, the hospital or clinic may or may not provide the client with a patient medical record folder. This folder includes the hospital’s name, address, and phone number and is made to assist the client in organizing all of his/her pet’s veterinary bills and receipts. It also may include data sheets for the client to record vaccinations, laboratory examinations, annual examinations, drug allergies, or other information regarding the patient’s
health. This way, he/she can keep an up-to-date record at all times. The staff may help the client by updating this file each time he/she brings the patient in for a visit. While some pet owners are diligent about this task, others rely on the veterinary hospital’s record and don’t keep their own account.

## Consent Forms

Consent forms are legal contracts that clients sign upon bringing their pets to a veterinary clinic or hospital. These forms do not protect the veterinarian from malpractice or negligence; the veterinarian and staff must still be certain to provide the most quality patient care possible. This form does however prove that the client consented to certain procedures and that the veterinarian is contracted to perform requested services. Consent should only be given by a client after they have been fully informed of the procedure, including risks and often costs associated with the procedure.

A new form must be completed each time a patient is admitted to the hospital, regardless of why they were submitted. The form must be filed in the patient's medical record. Make sure to review the entire form when the client submits it. He/she may not alter the form in any way, all fields must be completed, and the form must be signed and dated.

Necessary fields include:

- Veterinarian’s name, name of hospital, address, and phone number
- Owner’s name, address, and phone number
- Patient’s name, species, breed, description, age, and sex
- Verification that the signer is legally applicable to sign the form (over 18 and in good mental standing) and at least partial owner of the pet
- Authorization statement for the procedure
- Statement confirming that the client has been informed of the risks and possible complications involved in the procedure
  - Irrevocability of the procedure is also confirmed in the case of tail docking and spay/neutering
- Other applicable statements
- Signature and date line for the client to sign
A general consent form may be used for several procedures, or there may be separate consent forms for surgery, boarding, and euthanasia. In their annual directory, the American VMA publishes a generic consent form; the hospital or clinic may also make their own consent form. The following page is an example of a general consent form created by the Priority Veterinary Management Consultants; review the form and become familiar with it. Upon employment, ask the office manager to furnish an example form for you and review that as well.
ABC Animal Hospital
222 Sycamore Dr.
Goleta, CA 93116

Consent for Treatment and/or Admission

Client’s Name____________________ Emergency Contact #_____________________________________
Pet’s Name______________________ Month & Year of Birth_____________________________________
Description ________________ Species ______________ Breed _____________ Sex (circle one) M  F

I, the undersigned owner, owner’s agent or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that I am/I am not (circle one) over eighteen years of age, and hereby consent to the examination of this pet by staff veterinarians at ABC Animal Hospital. I also agree that after consultation with me, the hospital’s doctors may prescribe medication for, treat, hospitalize, sedate, anesthetize and/or perform surgery on this animal. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure is initiated. Should some unexpected life-saving emergency care be required and the attending veterinarian is unable to reach me, the hospital’s staff has my permission to provide such treatment, and I agree to pay for such care.

I understand that an estimate of the costs for veterinary services will be provided to me and that I am encouraged to discuss all fees attendant to such care before services are rendered and during this pet’s ongoing medical treatment. If this animal is hospitalized, I agree to pay a deposit of ___% of the estimated fees and assume financial responsibility for the balance of all services rendered within 7 days of the date of the charge. At the time the animal is discharged from the hospital, in the event the pet remains in the hospital for more than 48 hours and the attending veterinarian is unable to reach me, I understand it is my responsibility to call the hospital at least every 48 hours to inquire as to the medical status of this animal and the fees incurred for medical services up to that day. In the event of an open balance, I agree to pay a monthly billing and financial fee equal to 1.5% of the unpaid balance. I understand that the veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours.

I agree that either I, or an authorized agent of mine, will pick up this pet and pay for all accrued charges within 5 days after receiving written or oral notification that this animal is ready to be released from the hospital. Such notice will be given at the address maintained on the hospital’s patient/client record or the address listed in my record. I agree that if I fail to comply with this policy, ABC Animal Hospital may handle this abandonment in the best interests of the animal and the hospital.

____________________________________
Signature of Owner/Agent or Parent/Legal Guardian
____________________________________
Date
____________________________________
Home Address and Phone Number of Owner/Agent *

Client Communication

Client communication is not limited to interactions within the veterinary facility. Although face-to-face communication is crucial, the facility should also communicate with clients through other methods. **Client communication cards** are often used to contact clients for a myriad of reasons; they serve to welcome the client after their first visit, to remind the client when it’s time for an annual visit, to console the client when his/her animal dies, to thank them for recommending the hospital to friends and family, etc. These cards take little time to generate but can create long-lasting relationships between the hospital and its frequent clients.

**Welcome Cards**

The welcome card is sent out to first-time clients to show appreciation for choosing the practice as their primary veterinary resource. This serves as a “thank you” card and encourages the client to return next time they require veterinary services. The clinic should also express concern over the well-being of the pet. It is addressed to the client and the pet, and includes a phone number at which the client can reach a member of the veterinary staff if he/she is to have any questions.

**Thank-You Cards**

As previously mentioned, most practices will ask a new client if he/she was referred by a friend or family member. If a current client refers a friend to the practice, the practice may send the client a “thank you” card for referring their friend to the practice. This card thanks the client for the referral and encourages them to continue to recommend the practice to others. This will increase the amount of clients frequenting the practice.
Holiday Cards
Veterinary practices commonly send out holiday cards to all clientele. This shows care and concern and is a light-hearted reminder of their last visit to the hospital. This will often spark a client’s memory that it’s time for an annual appointment; also, if a friend or family member asks the client for a referral to a quality veterinary practice, the hospital will be fresh in his/her memory.

Sympathy Cards
Whenever a pet dies, a sympathy card is sent to the owner of the pet. Perhaps the veterinarian will include a personal message to the owner. All members of the staff should sign this card. Losing a pet is an extremely emotional and tragic experience, especially when the death is unexpected; the owner will appreciate the gesture. A member of the staff may also call the owner within 24 hours of the pet’s death to check on them and express their sympathy.

Reminder Cards
All pets should be brought to the veterinary facility annually, even if they don’t have any apparent health issues. The reminder card serves as a reminder that an annual physical, dental prophylaxis or round of vaccinations is due. The office staff may have the client pre-address an envelope during a previous visit for easy sending of the reminder card in the future. At the
beginning of each month, the office staff should send out reminder cards for all patients who are due for a visit during that month. These reminders may also be computer generated. When a patient dies, remove the reminder card from the file. It can be traumatic for the owner to receive a reminder card for a pet who has already passed.

  - **NOTE:** Don’t confuse the reminder card with the reminder phone call; the card is sent to clients who have not yet scheduled an appointment. Clients who have scheduled an appointment receive a reminder call 24 hours prior to the appointment.

Client communication also occurs via telephone. If a patient has recently undergone surgery or is ill but not hospitalized, he/she should be checked up on regularly to ensure that recovery is going smoothly. A phone call from a veterinary staff member may help to determine if the patient should return for another visit. It also gives the pet owner a chance to ask questions of the veterinary staff. There is commonly a daily routine for follow-up calls. Each communication with a client should be documented in the medical record. This is especially easy in practices with computerized records and can be time consuming in practices with hard copy paper records. Some hospitals may use a mix of systems, keeping some information in a hard copy file and client communication in a computer file. Each file would be considered part of the medical record.

**Letter-Writing**

*Reading Assignment: Tasks for the Veterinary Assistant, pages 567-569*

A professional business letter is written as either an individual or as a representative of the establishment; thus it should be correctly written and formatted. Letter-writing is not always the responsibility of the veterinary medical assistant; however, learning to write a proper, professional business letter can prove useful in any profession.

The veterinary practice may provide **letterhead paper**. Letterhead paper is a simple template with the facility’s name and address in the top region of the paper, either centered, left- or right-justified. Word processing programs such as Microsoft Word also provide templates for letterheads. Your text provides a helpful tip for printing letters on pre-made letterhead paper:

>Create the letter in a word-processing program such as Microsoft Word.
Before entering text, press “Enter” several times to leave sufficient space at the top of the page for the address on the letterhead. There is also a ruler on the left side of the screen in Microsoft Word that allows you to determine how many inches you are spacing down; measure the size of the address on the letterhead and space the top of the letter accordingly.

Once completed with the letter, print a sample copy out on plain white paper.

Place the piece of paper with the letterhead on it underneath the plain white paper with the type-written letter and hold it up to the light. You will be able to see where the letterhead will show up once you print the letter on this paper.

Put the letterhead into the printer, ensuring that it is faced the right way with the correct side up. The office manager should be able to help you determine which direction it should face and which side should be up.

Print the letter on the letterhead paper.

The margins of the document should be set for 1” on all sides. Black ink is ideal. The body of the text may be left-justified, which means the text is evenly aligned on the left side of the page, or block text, which means the text is aligned on both side margins. The following page is an example of a proper business letter. There are several elements to the business letter:

- **Date**
- **Name and address of the recipient**
- **Salutation** – a word or phrase of greeting used to begin a letter or message*
- **Body text**; paragraphs should be separated by a double space
- **Closure** – signifies the end of the letter, such as “sincerely”
- **Signature**
- **Full name underneath the signature**

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* American Heritage Dictionary at www.dictionary.com
October 31, 2007

Ms. Michele Johnson
12345 Labrador Lane
Cincinnati, OH 45202

Dear Ms. Johnson:

This is where the body of the letter begins. In the first paragraph, you should clearly and concisely state the purpose of the letter and allow the reader to understand why you are writing to him/her today. Use proper language, especially medical terms; consult a medical dictionary if needed. Correct spelling and punctuation are a must. Be polite and positive, and remain professional throughout the entire letter. If you are unsure of how to write in a professional manner, purchasing a writing guide can assist you in writing, spelling, and punctuating properly.

The second paragraph of the letter should contain supporting information and additional details. For example, if the letter is accompanying a package of supplies, you may give further information on what will be found in the package.

The final paragraph gives the reader instructions as to what he/she is expected to do in regards to the information in the letter. It also informs him/her of what the writer intends to do. Include your office hours or the hours during which you are available, along with your direct phone number so the recipient can respond easily, (888) 555-1212. The writer then thanks the reader politely and closes the letter with a phrase such as, “I look forward to hearing from you.”

Closure  
Sincerely,

Signature  
__________________________________

Full name and title  
Mary Jane L. Hanson, Veterinary medical assistant
Tips for Professional Letter-Writing

- Open politely and cordially, even if the purpose of the letter is to complain.
- Clarify the purpose of the letter.
- Include any details that will help your reader to see your point and respond.
- If necessary, make the expected action of the recipient clear.
- Express your appreciation for the time that the reader devoted to reading your letter and responding appropriately.
- Make sure to include all appropriate contact information so response to your letter is simple. This will make the reader more likely to respond.

Tri-fold the letter and insert it in a business envelope. You may write the recipient’s address on the outside; however labels are neater and more efficient. The practice may have a label maker; ask the office manager to assist you in learning how to use it. Envelopes also are commonly pre-printed with the facility’s name and address. If not, include the return address in the upper left-hand corner of the envelope.

Discharging Patients

The client and patient have just exited the examination room. They have been given instructions by the veterinarian regarding home care. They now approach the reception area. Smile and acknowledge their presence, even if you can’t immediately assist them. If you’re currently helping another client, politely ask them to take a seat in the waiting area and let them know that you will be with them shortly. If you are currently free to help the client, kindly ask him/her to approach the reception desk.
Again, be polite and positive, and smile. Also, be patient – some clients will ask a lot of questions. Remember that they're simply trying to gain an understanding of the procedure, aftercare instructions, payment, etc. The client should be asked the following questions:

- How did everything go?
- Have you received everything that you came for?
- Were all services performed? (Make sure to check the patient’s file and ensure that all services were performed and initialed by the staff member who completed the service.)
- Have all medications been prescribed, obtained, and has their administration been explained?
- Do you fully understand the discharge and aftercare instructions?
- Did the veterinarian demonstrate the administration of the medication during the examination?
  - If not, ask an AHT/VT to show the client how to administer the medication or give him/her a handout on the subject.
- Some veterinary clinics sell products such as healthy pet food. Ask the client if he/she would like to purchase anything before departing.
- Is a follow-up appointment needed?
  - The veterinarian will have given this information. This is when the follow-up appointment would be scheduled. Remember to give the client an appointment card.
- Do you have any more questions?

It is customary to request payment at the time of service. Some practices will allow the client to be billed; however it is NOT common practice anymore. The procedure for calculating a client’s total bill is specific to each veterinary practice, so review this procedure with the office manager or person in charge of billing. A charge slip (also known as a billing sheet, circle sheet, invoice etc.) is sometimes filled out by the veterinarian at the end of the physical examination and prescribing of medications. When asking the client for payment, explain each item on the charge slip individually before giving them a grand total.

**Example:** “Ms. Johnson, Rowdy received a full physical examination at $(individual cost), a rabies vaccination at $(individual cost), flea treatment at $(individual cost), and the total for all four medications is $(individual cost). That brings your total to $(total cost). Would you like to pay cash, check, or credit card?”
Receipts are usually computerized, although a written invoice or receipt may also be given. Know the procedure for processing credit card payments within your practice as these procedures differ. If the client pays in cash, give him/her appropriate change. Procedures for verifying checks also vary, so review these with the proper staff member.

The client has now been given home care instructions, medications, an appointment reminder card (if applicable) and a receipt for payment. He/she is ready to leave the facility. Last impressions are just as important as first impressions. Make sure to thank the client for coming, and welcome him/her to return at any time. Also, let him/her know that he/she is welcome to call with questions at any time, and give him/her a business card including the clinic’s phone number and office hours. Say “goodbye” to the patient, and be friendly. If the client and patient remember the veterinary hospital and clinic staff and services fondly, they’re likely to return.
Please answer the following questions regarding the preceding information.

1. In the case of medical records, the ________________ owns the physical file and the ________________ owns the information within the file.

2. Which client communication card would you send to a patient if he/she referred a friend to the practice?

3. Which part of the business letter is the salutation? Which part is the closure?

Please indicate whether the following statements are true or false.

4. If the client and patient are finished with their examination but are unsure of how to use the medications prescribed, you should explain and demonstrate the procedure of administering medication.
   - True
   - False

5. If you are unsure of the gender of the person you are writing a business letter to, you should begin the letter with “to whom it may concern.”
   - True
   - False

6. Annual appointment reminder cards should still be sent to clients whose pet has been euthanized as a happy reminder of their pet’s life.
   - True
   - False
Telephone Techniques

**Reading Assignment: Tasks for the Veterinary Assistant, pages 542-545**

Answering the telephone professionally is an important task for any member of the veterinary staff. Callers are often staff members of other clinics, current clients, or potential clients. All callers deserve respect and conscientious treatment. Try to pick up the phone within three rings whenever possible. A helpful tip for sounding happy and upbeat when answering the phone is to smile; smiling changes the tone of your voice and can help you to sound cheerful even if you’re overly busy and stressed. Consider keeping a small mirror beside the phone as a reminder to all staff to smile! Speak clearly and slowly, especially your name, even if you are in a rush.

There are normally several phone lines within the clinic, with connecting phones in different areas of the hospital. Multiple phone lines are installed to prevent clients from hearing a busy signal when they call, to allow more than one staff member to help phone-in clients at once, and to have phone stations at different areas within the facility. Also, staff members can make outgoing calls whether someone else is on the phone or not. If you are not at the reception desk, make sure you have a pen and message book or notepad for recording messages and other information. If you are at the reception desk and the contact management system is computerized, pull up the client’s file. Otherwise, make sure to have a pen and paper before picking up the phone whenever possible, but don’t risk losing the call. If necessary, ask the caller to hold so that you can gather these materials. The procedure for asking a client to hold follows.

If you are currently helping another client, or if you are on an alternate phone line with someone else:

- “Thank you for calling ABC Animal Hospital. Can you please hold for a moment?” Then, wait for an answer. The caller could be reporting an emergency and should not be cut off. Also, if the person is in a hurry and does not have time to hold, or if he/she feels that the staff member is rude, he/she probably won’t call back after being hung up on.
If yes, say “Thank you” and put the person on hold. If you must have them hold for longer than a minute, check in every minute or so and say “I’m sorry for the wait, please continue to hold. Thank you!” If the hold is anticipated to be longer than five minutes, pick up and ask, “May I please take down your name and number and call you back in 10 minutes?” Record their name and number, thank them, and hang up. Call them back as soon as you’re available within the time frame you gave the client.

If no, say “May I please take down your name and number and call you back in five minutes?” Record their name and number, thank them, and hang up. Stay true to your word and call them back as soon as possible.

- **NOTE:** There may or may not be recorded information or music playing throughout the client’s hold time.

If you are currently available to speak with the caller:

- “Thank you for calling ABC Animal Hospital. My name is (first name). How can I help you?” OR “Good morning/afternoon/evening, you’ve reached ABC Animal Hospital, how can I help you?” The particular practice may have a preference as to how you answer the phone. Notice how both greetings greet the caller, introduce the staff member, and ask why he/she is calling.

- If the caller introduces him/herself, write down his/her name. It may sound impolite if you have to ask him/her after he/she has already informed you.

- The caller will now inform you of his/her reason for calling. Callers normally fall into one of the following categories:

  - **Clients Wishing to Schedule an Appointment** – see Appointment Scheduling earlier in this stage. If the client is calling about an emergency with his/her pet, instruct him/her to come in immediately. There is no need to schedule an appointment. In the case of an emergency, notify all members of the staff that are present. Also, warn all waiting clients that their wait may be extended due to an emergency. They may be given the choice of rescheduling. Locate and pull the emergency patient’s record from the filing system.

  - **Potential Clients** – these callers are inquiring about services and fees for services. They’re “shopping around” for a veterinary clinic. If they inquire about a specific service, mention the cost of the service last, only after describing the steps of the procedure involved. This gives an indication of the
value of the service that the individual is inquiring about. Immediately after answering any and all questions, ask if the caller would like to schedule an appointment. You can also offer them a tour of the facility and an introduction to the veterinary staff if they would like to stop by for a visit. This can make a potential client feel at ease and in control of the situation. A log should be kept of non-clients who call with their name and phone number. You can tell the client that this information is being requested in case they are disconnected during the call; however, it serves a much greater purpose. Keep track of what they asked and what you told them. This is for legal purposes as a non-client can attempt to sue. Never give advice to a non-client over the phone. Have them make an appointment to come in to see the veterinarian if they are seeking medical advice.

- Present Clients Inquiring About a Hospitalized Pet – you should already have a good idea of what patients are currently hospitalized, what their conditions are, and when they are expected to be released. If the patient is scheduled to be discharged on the day of the call, inform the owner of this. If the veterinarian needs to speak with the owner, facilitate the conversation. Information regarding currently hospitalized patients can usually be found on a white board or bulletin board in the treatment area. The nursing staff customarily copies this information down onto a hospital patient status sheet to keep the office staff informed. In some hospitals, it may be policy that only AHT/VTs or veterinarians communicate with clients regarding the status of their hospitalized pet. Be clear on your clinic policy and why it is in place.

- Callers Who Require Redirection – If the caller asks for another member of the staff or asks a question that is better answered by someone else, make sure to ask for their name and let them know that you will be putting them on hold before doing so. Callers will commonly ask for the veterinarian personally, but the veterinarian should not be forwarded every single call. He/she is too busy to answer basic client calls. Try to have the caller ask you, and if you don’t know the answer, ask the veterinarian and report back to the caller. However, don’t interrupt the veterinarian if he/she is in the middle of an examination or procedure. Take a message and let the caller know that you will get back to him/her.
Personal Phone Calls – Most businesses frown upon personal phone calls, unless it’s an emergency. Ask your friends and family to refrain from calling you at work unless it’s urgent.

Important Note

If you are unsure of the answer to a question, 
→ Do not answer it! ←

Pull the patient’s file and take it with you while you ask someone who does know the answer. Then, report back to the caller, or forward the call to the appropriate member of the staff.

Handling Difficult Clients

Reading Assignment: Tasks for the Veterinary Assistant, pages 545-547

Going to the vet is usually an exceptionally stressful experience. Think about some common reasons why a person brings their pet to the veterinarian:

- **Annual visits** – although these are routine, they can make clients nervous. Some clients care for and worry about their pets more than others, so they may be anxious that they’ll receive bad news. Also, many people make a negative association with the vet’s office (perhaps they’ve had a pet euthanized in the past).

- **Health problems** – if the pet is acting unusual (he/she won’t eat, is scratching his/her ears excessively, is straining to urinate, etc.), he/she has an apparent health problem. The veterinarian is the authority who determines what the health problem is, how severe the problem is and what must be done to treat it. Again, this situation can make clients nervous and upset. The age of the pet, devotion of the owner and resources available to an owner to pay for medical treatment can put additional stress on this situation.

- **Routine surgeries** – with surgery, there is always a chance of complications. Even if a cat or dog is coming in for a simple ovariohysterectomy or orchidectomy (spay or neuter), the owner will be anxious.

- **Emergencies** – different people react to emergency situations in various ways. If an animal is seriously hurt, he/she will be upset, and he/she may not react rationally.
Remember that some people’s personalities are naturally abrasive. Being a professional means knowing how to deal with these clients with charisma and prudence. Also, keep in mind that the client may have had a particularly difficult day. Try putting yourself in the client’s shoes. Don’t make any promises regarding the outcome of the pet’s medical treatment, but be understanding and sympathetic of the client’s anxiety.

Here is some advice from Robert Macal, M.A., of the Institute for Cooperative Communication. His manual, Defusing Hostile Customers, a Self-Instructional Workbook for Public Sector Employees gives the following formula for dealing with abrasive customers.

For the sake of instruction, we will assume that a male client named Robert is upset that his Corgi dog, Rascal, is not being released within the originally estimated amount of time. Rascal requires additional monitoring after his surgery, but Robert feels that Rascal would heal better at home. Robert is in person at the veterinary clinic and is irate. He is showing his dismay by yelling loudly. He is refusing to listen to you as you try to explain that you're only trying to do what’s best for Rascal. He has even verbally attacked you; he insulted your intelligence and is using offensive language. He is a tall, intimidating man, he’s standing close to you and he’s making you feel uncomfortable.

The first thing to do is take a deep breath and relax. Getting upset will only worsen the situation. Any person would become agitated in this situation; however, as a professional, you cannot react negatively. Next, calmly convince him to move from the highly-public waiting area to an examination room, if one is available. Otherwise, take him to an office or another location out of hearing range of other clients. One angry client can give the impression that the veterinary staff has done something wrong, even if nobody is at fault.

Using the CARP method of handling difficult clients, you can remind yourself to do the following:

C – Control
Your first goal in diffusing this argument is to take control of the situation. The problem will not be solved during a screaming match. If you can persuade Robert to calm down and discuss the issue rationally, you will be able to interject a realistic explanation for why Rascal must stay under the staff’s care longer. Also, you have to dissipate the non-verbal hostility as well; there is a possibility of him asserting physical aggression. While Robert raises his
voice and attempts to intimidate you, remain calm. If you attempt to say anything, maintain a cool, calm manner and speak in an even tone. The best way to gain control of the situation is to show the client that his methods of expressing his rage are not affecting you.

**A – Acknowledge**

Acting like you do not care about Robert and his emotions will only further anger him. The next element of calming him down is acknowledging that he is upset and that, from his point of view, he has a reason to be upset. Be empathetic and exercise active listening. As Robert begins to feel like you understand his situation and relate with it, that you’re listening to his complaints and that you’re fully intent on solving the issue, his anger will begin to fade.

**R – Refocus**

Now that you’ve dealt with the client’s emotions, you can try to redirect the conversation and begin the process of solving the problem. Now that he is somewhat calm, Robert is ready to discuss the issue at hand. However, he is probably still heated. Proceed with caution.

**P – Problem-Solve**

Once the client’s voice returns to a normal level, his body posture becomes slightly more relaxed, and you’re in a secluded location where he feels comfortable and not “on the spot,” you can begin to solve the problem. If you’ve refocused Robert and he seems prepared to discuss the problem somewhat calmly, you can start explaining the situation to him. Some signs that the client is not ready to solve the problem would be if he doesn’t listen to you or continues to interrupt you as you try to provide a solution. If you find yourself repeatedly explaining the rational reason behind Rascal’s stay, you’ll know Robert isn’t ready to solve the problem. Don’t jump to problem solving too soon or the situation could escalate again.

Here are some more tips that Mr. Macal offers in his tutorial:

- Deal with the client’s feelings first
- Avoid coming across as bureaucratic (unfeeling and uncaring or overly formal)
- Remember that each situation is unique and so are its circumstances
- Attempt to take control of the interaction
- Begin defusing early
  - NOTE: *The angrier the client becomes, the more difficult it will be to calm him down.*
- Be assertive instead of passive or aggressive
- Don’t lose control of your own temper
- Don’t avoid the issue – solve the problem instead of ignoring the root problem
Don’t supply the client with ammunition

Don’t agree with the client or form a bond against your facility; remember that any negative comments against the hospital or clinic can come back later to haunt you.

Don’t ask questions to which you don’t want to know the answer to

Avoid accidental errors – evaluate each phrase before you say it

Stay away from “high risk, high gain” behavior

  o For example, in some situations, telling a person to “be quiet” may be effective in making them stop talking; however, it could also backfire and make them even angrier. Some personalities may translate “be quiet” to “shut up.”

Above all, maintain composure, be courteous and polite, and don’t lose your temper. Prevent problems before they happen by only providing well-informed answers. If you are unsure of the answer to a question, don’t guess or estimate. In this case, an uninformed employee may have told Robert that Rascal would definitely be ready to be picked up on Wednesday, when the veterinarian would have allotted more time for recovery. This information would have prevented the entire interaction.
Inventory Control

Reading Assignment: Tasks for the Veterinary Assistant, pages 561-565

Inventory is an intricate and vital duty. If too little of a product is ordered, the veterinary staff may be limited in their ability to perform procedures and patient care may be jeopardized. If too much of a product is stocked, it may expire. An excess of supplies compromises valuable storage space.

Several aspects of inventory control must be closely monitored:

- Which products are used
- How quickly the products are used
- How soon more of the product can be obtained
- Who removes products from the shelf
- Who orders the products
- Who unloads, unpacks and takes inventory of incoming shipments
- Who pays for the supplies for the practice

The veterinary medical assistant may be responsible for the following tasks regarding inventory control:

- When to request more supplies on the “Supply Request List”
- How to unpack incoming shipments of supplies and confirm that all items listed on the invoice are present and accounted for
- Where to store all incoming items
- How to keep the storage area clean, organized, and efficient

Including items on the “Supply Request List” is not simply a matter of ordering items that the clinic is currently low on. You must take into account:

- How quickly and often the product is being used
- How many units of a product are contained within one package
- The length of time it takes to receive ordered products

Let's review a sample situation.
Alyssa, the office manager, is in charge of ordering inventory. Sonya, the veterinary medical assistant, is responsible for delivering the Supply Request List to Alyssa each week, reviewing the invoice that accompanies the ordered supplies, and storing all received inventory. Every Tuesday, Sonya retrieves the Supply Request List from its designated spot in the storage area, checks it to make sure all needed supplies are included, and gives it to Alyssa. She replaces the list with a blank sheet. Alyssa then calls each supplier and places orders for all needed supplies.

On Thursday, the supplies arrive in boxes with inventory sheets included. As Sonya unpacks the boxes, she checks the amount of all received inventory and checks each item off the list. If an item is missing or there is less than the requested amount, she will check the invoice to see if the item is back-ordered, or BO. She then highlights the item on the invoice and enters the date next to it. The invoice is returned to Alyssa, who in turn calls the supplier to either inform them that the order was incomplete (if missing) or to determine when the item will be re-stocked (if back-ordered). She also files the invoice to be compared when paying the bill for the items.

Sonya then begins putting the new items on their appropriate shelves. Some items will need to be refrigerated; these items are stored in the refrigerator accordingly. Smaller items are placed on shelves or in designated bins on the storage shelves; other, larger items are placed on pallets on the floor of the stock room. Using the FIFO method, meaning first in, first out, Sonya pulls existing inventory to the front of the shelves and places the new inventory behind it. This way, newer items with later expiration dates will be used after older items with impending expiration dates. At this time, she will also ensure that there are no expired products on the shelves. Expired products will be disposed of properly (see Disposing of Hazardous Waste in the Surgical Preparation and Procedures stage). Keeping expired products on the shelves can compromise patient care. For example, expired medication is not only illegal to administer but its efficacy is potentially reduced. While putting items away, Sonya will dust the existing items and the shelves on which they are stored. She will sweep the floor underneath the pallets before replenishing the supplies. This procedure assists in keeping a persistently clean storage area, which is vital in maintaining an organized and clean facility.

Alyssa will receive a monthly bill from all supply companies. She will pull the filed invoice from its designated location, compare the invoice with the bill, and account for all billed supplies. If
something shows up on the bill that was not shipped, she will inquire as to why it was not received. Once all invoices and bills are appropriately accounted for, Alyssa will pay the bill.

This process is intricate and requires the cooperation of all members of the staff. If a staff member notices that a product is low, he/she is responsible for adding it to the Supply Request List. Again, failure to do so can compromise patient care and can limit the staff from completing vital tasks.
Insurance, Certificates, and International Shipment of Animals

The following sections will provide information on some technical aspects of the veterinary profession. A comprehensive knowledge of pet insurance, rabies certificates, health certificates and the legal interstate shipment of animals will assist you in providing well-informed, accurate information and patient care.

Pet Insurance

Veterinary bills can be expensive, even for routine treatments. Emergencies will undoubtedly arise, and they will incur further costs on the owner. Pet insurance can be an extremely useful thing to purchase for any pet of any age. Companies such as VPI (Veterinary Pet Insurance) offer pet insurance plans that average between $20-$40 per month for dogs and $15-$30 per month for cats. Coverage for other pets is available as well, so insurance is not specific to dogs and cats as pets. It is recommended that the owner purchases pet insurance while the pet is still young for two reasons:

- Young pets are like young children – they are clumsy and still getting used to their body movements. Injury is common and can cost the owner large amounts of money in vet bills.
- Pets over 10 years of age are commonly denied coverage.

Pet insurance normally requires paying the full amount at the time of service, then sending a claim to the insurance company for reimbursement. This is in contrast to human medical insurance which requires co-payment at the time of service and an insurance group and ID number. In the case of VPI insurance, filing a claim works as follows:

1. Take a copy of your personalized claim form to your next veterinarian visit.
2. Have your veterinarian provide your pet's diagnosis.
3. Complete the claim form and submit it along with all supporting receipts and invoices.
4. Make copies of the completed claim form and itemized veterinary bill for your records.

* VPI Pet Insurance at www.petinsurance.com
After paying a $50 per-incident deductible, this particular insurance company will cover 90% of the pet’s medical expenses. Let’s look at an example of how much money this will save the pet owner.

A three-year-old Labrador retriever named Dingo in Los Angeles, CA, swallows a bottle of Tylenol. He will require surgery, hospitalization, medication and follow-up care. The pet’s owner, Kyle, has an insurance plan for Dingo.

Keep in mind that these expenses are simply an estimate and will vary between practices and from province to province. Incidents are individual and each incident will not be handled in the same manner, except for on-going ailments. With existing illnesses or conditions, all visits relating to this condition will be treated as one incident.

The next page is an example of an insurance claim form from VPI Pet Insurance. Become familiar with this form as clients who possess veterinary medical insurance will present this form to you upon payment. Review the procedure for veterinary insurance within your particular practice. VPI provides veterinary medical staff education on pet insurance at their website, www.petinsurance.com.

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* Example from VPI Pet Insurance at www.petinsurance.com
### VPI PET INSURANCE CLAIM FORM

NO COVER SHEET NECESSARY. Fax to: 714-986-5600  
No.of pages: ____  
Take this form to your veterinarian to complete Section 2. Veterinarian’s signature not required.

#### 1 POLICYHOLDER INFORMATION

<table>
<thead>
<tr>
<th>POLICY NO.</th>
<th>PET NAME</th>
<th>BRED</th>
<th>AGE</th>
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<th>NAME</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>PHONE (H)</th>
<th>PHONE (B)</th>
<th>EMAIL</th>
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#### 2 Fill in below. ONE CLAIM FORM PER PET. You must submit  

<table>
<thead>
<tr>
<th>WELLCARE TREATMENTS</th>
<th>TREATMENT DATE</th>
<th>HOSPITAL/CLINIC</th>
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<tbody>
<tr>
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<tr>
<td>AnnualLabTests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td></td>
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</tr>
</tbody>
</table>

#### 3 TOTAL AMOUNT SUBMITTED

$ ___________

You must submit receipts for all veterinary service charges. All submitted fees may not be eligible for coverage. Fees that exceed benefit schedule limits are your responsibility.

By signing this Claim Form, I confirm that to the best of my knowledge the information I have provided is true and correct. I authorize the release of my pet’s medical records to Veterinary Pet Insurance Company/DVM Insurance Agency.

#### 4 POLICYHOLDER SIGNATURE and DATE

X

#### 5 FAX: (Preferred Method) OR MAIL:

VPI Claims Department  
P.O. Box 2344, Brea CA 92822  
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<table>
<thead>
<tr>
<th>VPI DOCUMENT CENTER</th>
<th>CLAMS NOTES (VPI use only)</th>
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Vaccine Certificates

Vaccine certificates should be issued to owners of animals following the administration of any vaccine by the veterinarian. The certificate is a legal document only after signed by a licensed veterinarian. Vaccine certificates are commonly needed for pets going into a kennel for boarding, shows and exhibitions and in group training environments. In the event owners lose their copy of the vaccine certificate, you may reprint one, complete the relevant information, mark is as COPY and ask the veterinarian to sign the copy for the client. When asking the veterinarian to sign a copy certificate, have the pet’s medical record ready also so the veterinarian confirm the information on the certificate and the vaccine status of the animal.

In Canada, rabies vaccination of animals is not compulsory with the exception of some municipalities in Ontario that require animals to be vaccinated against rabies. Read the article Rabies Immunization for Dogs by Anne Borenstein about Ontario legislation regarding rabies vaccine for dogs. For additional clarity, read the legislation that can be accessed from this article by clicking on the link in the article.

According to public health policy in Canada, if a dog bites a person, with or without cause, that animal may be quarantined for a minimum of 10 days to monitor it for a possible rabies infection. If an owner can prove the dog has a current rabies vaccination, they may be able to bypass the quarantine.

Interesting Fact

Of the 32 human rabies cases reported between 1990 and 2000, 24 were caused by contact with bats, making bats a major concern when it comes to rabies and humans.

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* Dogs in Canada-Disease at the Door; http://www.dogsincanada.com/diseases-at-the-door
‡ www.rabies.com
A **rabies certificate** is issued to the owner of a pet when the pet receives a rabies vaccination. A designated member of the veterinary staff is responsible for creating this certificate, and the veterinarian’s signature validates the certificate. When a rabies vaccine is administered to a pet, the vial that contains the liquid commonly has a removable label that is peeled off and placed on the patient record to further prove the administration of the vaccine. Information required on the rabies certificate can commonly be found on the vaccine vial:

- Manufacturer of the vaccine
- Type of vaccine, killed (K) or modified live (MLV)
  - **Killed** – killed vaccines contain a dead version of the rabies virus with an **adjuvant** that stimulates immune response. Killed vaccines are made by growing the virus or bacteria, then inactivating or killing the organisms using either heat or chemical.
    - **Adjuvant** – assisting or aiding
  - **Modified live (MLV)** – Modified live vaccines are made from an isolate of virus or bacteria. The virus has been attenuated, meaning the virus cannot cause disease but it can reproduce in the body cells and stimulate immunity. A modified live organism is grown in a production facility, and then dried to a cake in the vaccine bottle. MLV should not be given to pets with compromised immune systems.
- Product lot or serial number
- Expiration date of the vaccine
- Owner information
- Description of patient

Provincial law ultimately dictates how frequently the patient must receive the vaccination; however, the manufacturer also provides guidelines for the specific product:

- Species on which it can be used
- Minimum age of the pet for receiving the vaccination
- Recommendations for follow-up vaccinations (1 year or 3 year protocols are common)
- How to administer the vaccination
- Proper storage of vaccination vials
For additional information on rabies in pets and people, visit the Public Health Agency of Canada website through this link: http://www.phac-aspc.gc.ca/im/vpd-mev/rabies-eng.php.

Vaccine certificates are commonly computer-generated. A copy is kept by the veterinary clinic and a copy is given to the client. This certificate may be required for licensing a pet,
Health Certificates and International Shipment of Animals

To prevent animal diseases and zoonoses (rabies, heartworm, Brucellosis, Lyme disease etc) from transferring across international borders and infecting animals in other countries, there are certain precautions that must be taken before an animal can be transported. Depending on current federal and province law, a health certificate may be required for transporting an animal across Canadian province or international borders or for boarding an animal on any commercial airline. This is an important legal document that may not be omitted. Large and small animals have different requirements. The veterinarian must be accredited by the Canadian Food Inspection Agency (CFIA), in order to sign an export health certificate. This department also supplies these certificates. Export health certificates are pre-printed with statements that, once signed by the veterinarian, ensure that the animal can cross province or international borders. Verification of these statements shows that the animal has been recently examined by the veterinarian (within 10 days), is free from contagious disease, has not attacked and bitten anyone (within 10 days), and that the signing veterinarian is licensed by the province and accredited by the CFIA. There are no requirements for transporting pets across provincial borders within Canada.

Export or travel health certificates give the following information:

- Name, address, and phone number of the pet owner
- Name, address and phone number of the pet’s destination
- Description of animal(s), including:
  - Species
  - Breed
  - Description
  - Age
  - Sex
  - License number, tattoo, and/or microchip number
  - Health problems or diseases
- For small animals, the certificate often includes vaccine information such as the manufacturer of the vaccine, serial number of the vaccine, type of vaccine, date vaccination was given and date of revaccination.
• Large animals and poultry may require further information such as the health status of their herd or flock, identification information, and disease testing dates and results. This is due to the fact that large animals and poultry are commonly meant for consumption, which increases the human health risk in the event that a disease is present in the animals.

• Signature of a CFIA accredited veterinarian

If a client wishes to transport the pet across international borders, he/she must bring the pet in for an examination by the veterinarian. The practice is responsible for completing the necessary steps to legally transport the pet. Staff members can become familiar with the USDA’s requirements for pets travelling in the US by calling (800) 545-8732. This is an automated, pre-recorded service that gives crucial information about this process. If a species code is required, refer to Appendix B in your textbook.

Once the pet has been tested, sufficiently vaccinated, and his/her health has been ensured, the veterinarian will sign the certificate. A copy is given to each of the following and the client is charged a fee for the examination and for the service:

• The client
• CFIA
• One copy is kept in the patient’s permanent medical file

International transport may require additional steps. Visit the CFIA website* for more information on requirements of shipping live pets and for requirements for specific countries.

Terminology

It would be difficult and tedious to learn hundreds of medical terms and permanently memorize their definitions. It is far more sensible to learn the basic rules of grammar along with the definitions of root words, prefixes, suffixes, and combining forms. This will enable you to break down a medical term into different parts, and knowing what each part means, define it quickly and effortlessly. In this section, you will learn how to separate medical terms into their different word parts. This will help you learn how to build, define, and pronounce the different terms. In this section, word parts will be separated by a “/” (forward slash).

All words have a root word, which is the foundation and basic definition of the word. Sometimes root words are whole words, and sometimes root words are only part of a word.

- **Root word** (n.) – the element that carries the main component of meaning in a word and provides the basis from which a word is derived by adding affixes or inflectional endings or by phonetic change.

Each root word can be combined with various affixes to change the overall meaning of the word.

- **Affix** – a grammatical element that is combined with a word, stem, or phrase to produce derived and inflected forms.

There are three types of affixes – **prefixes**, **infixes**, and **suffixes**. Note that you will not have to be too concerned with infixes; the main affixes that you will encounter will be prefixes and suffixes.

- **Prefix** – An affix, such as *dis*- in *disbelieve*, attached to the front of a word to produce a derivative word or an inflected form. Basically, a prefix occurs at the beginning of a word or stem, such as in the words *sub/mit*, *pre/determine*, and *un/willing.*

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- **Suffix** – An affix added to the end of a word or stem, serving to form a new word or functioning as an inflectional ending, such as -ness in gentleness, -ing in walking, or -s in sits.† Some other examples of suffixes are -ful in wonder-ful, -ent in depend-ent, and –ion in act-ion.

- **Infix** – An inflectional or derivational element appearing in the body of a word.‡ English has no infixes, but they are found in American Indian languages, Greek, Tagalog, and elsewhere. Examples of English inflectional suffixes are illustrated by the -s of "cats," the -er of "longer," and the -ed of "asked."

A **derived word** or **derivative** is a word formed from another word through the adding of affixes to a base (as in hard to hard/ness or serve to service), changing its shape (as in sing to song), or another change that alters its meaning. An **inflected form** is a word altered by the addition of an affix, as in dog to dogs, or by changing the form of a base, as in spoke to speak, that indicates grammatical features such as number, person, mood, or tense.

- **Derivation** (n.) – the process or device of adding affixes to or changing the shape of a base, thereby assigning the result to a form class that may undergo further inflection or participate in different syntactic constructions, as in forming service from serve, song from sing, and hardness from hard.§

- **Derivative** (n.) or **derived word** (n.) – A word formed from another by derivation, as atomic from atom or electricity from electric**. Also: a word formed from another word, by a prefix or suffix, an internal modification, or some other change; a word which takes its origin from a root.††

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• **Inflection** (n.) or **Inflectional** (adj.) – An alteration of the form of a word by the addition of an affix, as in English *dogs* from *dog*, or by changing the form of a base, as in English *spoke* from *speak*, that indicates grammatical features such as number, person, mood, or tense.

• **Inflect** (v.) or **inflected** (v. pt) – To alter (a word) by inflection.†

Here are some examples of the same root word with different affixes added to it. Each word contains the root word *port* (meaning “carry”), so each word’s definition involves carrying. The affix (prefix or suffix) of each word pinpoints its definition:

- trans/*port* – to carry from one place to another
- im/*port* – to bring or carry in from an outside source, especially to bring in (goods or materials) from a foreign country for trade or sale
- sup/*port* – to bear or carry the weight of, especially from below
- *port*/able – carried or moved with ease
- *port*/age – the act or instance of carrying

Words that are comprised of two or more complete words are called **compound words**.

• **Compound word** (n.) – A word that consists either of two or more elements that are independent words, such as *loudspeaker*, *baby-sit*, or *high school*, or of specially modified combining forms of words, such as Greek *philosophia*, from *philo-*, “loving,” and *sophia*, “wisdom.”‡

Some other examples of compound words that we commonly use in everyday language are *hand/shake*, *down/load*, and *tumble/weed*.

Sometimes the formation of compound words requires the usage of a **combining form**.

• **Combining form** (n.) – A modified form of an independent word that occurs only in combination with words, affixes, or other combining forms to form compounds or derivatives,
as **electro-** (from **electric**) in **electromagnet** or **geo-** (from Greek **geō-**, from **gē** "earth") in **geochemistry.**

Essentially, a combining form is a root word plus a vowel (A, E, I, O, U or Y). For instance, if a root word ended with a consonant (i.e., electric), and the suffix you were trying to add on began with a consonant (i.e., magnet), you would use a combining form (i.e., electro) to join the two words (i.e., **electromagnet**). Adding a vowel to a root word to create a combining form also makes terms easier to pronounce. A combining form does not need to be used if the prefix, suffix or root words are already separated by a vowel. An example of a word that does not need a combining form is “gastr/itis” because the suffix “itis” begins with a vowel. There are many exceptions to the rules about using combining forms. You should always consult a medical dictionary for the correct spelling of new terms.

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Here are some examples of prefixes and combining forms added to root words to create medical terms. Remember that a prefix is added to the beginning of a root word and the combining form (a vowel) is usually added in the middle of the word.

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Combining Form</th>
<th>Root Word</th>
<th>Word Formed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Micr</td>
<td>Micr/o</td>
<td>Scope</td>
<td>Micr/o/scope</td>
</tr>
<tr>
<td>Therm</td>
<td>Therm/o</td>
<td>Meter</td>
<td>Therm/o/meter</td>
</tr>
<tr>
<td>Radi</td>
<td>Radi/o</td>
<td>Graph</td>
<td>Radi/o/graph</td>
</tr>
</tbody>
</table>

Here are some more examples of prefixes and suffixes added to medical terms. Again, remember that a suffix comes after, or at the end of, a word. Adding a prefix or suffix can change the meaning of the word or the part of speech as prefixes and suffixes hold their own meanings and modify the word to which they are attached. For instance, in the first example, the prefix “a-” means “without.” Prior to the prefix being added, the original word was “septic,” which means “affected by sepsis.” Sepsis means “the presence of pathogenic organisms or their toxins in the blood or tissues.” When the prefix “a-” is added to “septic,” the word becomes “aseptic,” which means “free of pathogenic microorganisms.”† Asepsis is thus the opposite of sepsis, with only an “a-” prefix separating the two words.

Another example is the word “cyanosis,” which is a noun that means “a bluish discoloration of the skin.” The root word “cyan” means blue, and the suffix “-osis” denotes a condition. If you changed the suffix from “-osis” to “-otic,” the word would be “cyanotic” and the meaning would change. Cyanotic is an adjective describing the condition of having blue skin, or cyanosis.

<table>
<thead>
<tr>
<th>Prefix / Suffix</th>
<th>Meaning</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>a-, an</td>
<td>Without</td>
<td>Aseptic</td>
</tr>
<tr>
<td>ab-</td>
<td>Away from</td>
<td>Abduct</td>
</tr>
<tr>
<td>abdomin(o)-</td>
<td>Around the belly</td>
<td>Abdominal</td>
</tr>
<tr>
<td>-ac</td>
<td>Having to do with</td>
<td>Iliac crest</td>
</tr>
<tr>
<td>aden(o)-, aden(i)-</td>
<td>In reference to a gland</td>
<td>Adenocarcinoma</td>
</tr>
<tr>
<td>adren(o)-</td>
<td>Relating to adrenal glands</td>
<td>Adrenaline</td>
</tr>
<tr>
<td>-aemia</td>
<td>Condition of the blood</td>
<td>Anemia</td>
</tr>
<tr>
<td>alg(e), -algia, alg(i)o-</td>
<td>Pain</td>
<td>Algesiology</td>
</tr>
<tr>
<td>ambi-</td>
<td>Both sides</td>
<td>Ambiguous</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prefix / Suffix</th>
<th>Meaning</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>an-</td>
<td>Not or without</td>
<td>Antihistamine</td>
</tr>
<tr>
<td>angi(o)-</td>
<td>Blood vessel</td>
<td>Angioplasty</td>
</tr>
<tr>
<td>ankyl(o)-, ancyl(o)-</td>
<td>Bending or crooked</td>
<td>Ancylostoma</td>
</tr>
<tr>
<td>anti-</td>
<td>Against each other</td>
<td>Antibiotic</td>
</tr>
<tr>
<td>arteri(o)-</td>
<td>Relating to an artery</td>
<td>Arteriogram</td>
</tr>
<tr>
<td>arthr(o)-</td>
<td>Joints or limbs</td>
<td>Arthroscopy</td>
</tr>
<tr>
<td>-asthenia</td>
<td>Frail or feeble</td>
<td>Myasthenia</td>
</tr>
<tr>
<td>aur(i)-</td>
<td>Referring to the ear</td>
<td>Auricular</td>
</tr>
<tr>
<td>aut(o)-</td>
<td>Self</td>
<td>Autoclave</td>
</tr>
<tr>
<td>axill-</td>
<td>Under the arm</td>
<td>Axillary fascia</td>
</tr>
<tr>
<td>bio-</td>
<td>Life</td>
<td>Bioscience</td>
</tr>
<tr>
<td>blast(o)-</td>
<td>Budding</td>
<td>Blastocyst</td>
</tr>
<tr>
<td>brachi(o)-</td>
<td>Indicating the arm</td>
<td>Brachiocephalic</td>
</tr>
<tr>
<td>brachy-</td>
<td>Shallow or small</td>
<td>Brachycardia</td>
</tr>
<tr>
<td>brady-</td>
<td>Slow</td>
<td>Bradykinesia</td>
</tr>
<tr>
<td>bronch(i)-</td>
<td>Bronchus (lungs)</td>
<td>Bronchitis</td>
</tr>
<tr>
<td>carcin(o)-</td>
<td>Cancer</td>
<td>Carcinogen</td>
</tr>
<tr>
<td>cardio-</td>
<td>Referring to the heart</td>
<td>Cardiomyopathy</td>
</tr>
<tr>
<td>cata-</td>
<td>Down</td>
<td>Catatonic</td>
</tr>
<tr>
<td>-centesis</td>
<td>Drawing for aspiration</td>
<td>Cystocentesis</td>
</tr>
<tr>
<td>cephal(o)-</td>
<td>Referring to the head</td>
<td>Cephalic</td>
</tr>
<tr>
<td>chem(o)-</td>
<td>Chemistry or drug</td>
<td>Chemosynthesis</td>
</tr>
<tr>
<td>chondri(i)o)-</td>
<td>Cartilage or granular</td>
<td>Mitrocondria</td>
</tr>
<tr>
<td>chrom(ato)-</td>
<td>Color</td>
<td>Chromosomes</td>
</tr>
<tr>
<td>-cidal, -cide</td>
<td>Kill or destroy</td>
<td>Insecticide</td>
</tr>
<tr>
<td>circum -</td>
<td>Surrounding another</td>
<td>Circumvent</td>
</tr>
<tr>
<td>col-, colo-, colono-</td>
<td>Colon</td>
<td>Colitis</td>
</tr>
<tr>
<td>crani(o)-</td>
<td>Toward the head</td>
<td>Cranium</td>
</tr>
<tr>
<td>cyan(o)-</td>
<td>Describing a blue color</td>
<td>Cyanobacteria</td>
</tr>
<tr>
<td>cyst(o)-, cyst(i)-</td>
<td>Relating to the urinary bladder</td>
<td>Cystocentesis</td>
</tr>
<tr>
<td>cyt(o)-</td>
<td>Cell</td>
<td>Cytoplasm</td>
</tr>
<tr>
<td>-cyte</td>
<td>Cell</td>
<td>Monocyte</td>
</tr>
<tr>
<td>dactyl(o)-</td>
<td>Finger or toes</td>
<td>Polydactyl</td>
</tr>
<tr>
<td>dent-</td>
<td>Tooth or teeth</td>
<td>Dentures</td>
</tr>
<tr>
<td>dermat(o)-, derm(o)-</td>
<td>Pertaining to the skin</td>
<td>Dermatitis</td>
</tr>
<tr>
<td>di-</td>
<td>Two or apart</td>
<td>Diaphragm</td>
</tr>
<tr>
<td>dors(o)-, dors(i)-</td>
<td>Toward the back</td>
<td>Dorsolumbar</td>
</tr>
<tr>
<td>dys-</td>
<td>Bad or difficult</td>
<td>Dyspnea</td>
</tr>
<tr>
<td>ect(o)-</td>
<td>Outside or outer</td>
<td>Ectoplasm</td>
</tr>
<tr>
<td>-ectomy</td>
<td>Surgical operation or removal</td>
<td>Gastrectomy</td>
</tr>
<tr>
<td>-emesis</td>
<td>Vomiting</td>
<td>Emesis</td>
</tr>
<tr>
<td>-emia</td>
<td>A condition of the blood</td>
<td>Leukemia, Anemia</td>
</tr>
<tr>
<td>encephal(o)-</td>
<td>Of the brain</td>
<td>Encephalitis</td>
</tr>
<tr>
<td>endo-</td>
<td>Inside or within</td>
<td>Endoscopy</td>
</tr>
<tr>
<td>enter(o)-</td>
<td>Relating to the intestine</td>
<td>Enterology</td>
</tr>
<tr>
<td>epi-</td>
<td>Outside of</td>
<td>Epidural</td>
</tr>
<tr>
<td>erythr(o)-</td>
<td>Red color</td>
<td>Erythroid</td>
</tr>
<tr>
<td>ex-</td>
<td>Out of or away from</td>
<td>Extubate</td>
</tr>
<tr>
<td>Prefix / Suffix</td>
<td>Meaning</td>
<td>Example</td>
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<td>----------------</td>
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</tr>
<tr>
<td>extra-</td>
<td>Outside</td>
<td>Extracapsular</td>
</tr>
<tr>
<td>fibr(o)-</td>
<td>Fiber</td>
<td>Fibromyalgia</td>
</tr>
<tr>
<td>gastr(o)-</td>
<td>Refers to the stomach</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>gingiv-</td>
<td>Refers to the gums</td>
<td>Gingival</td>
</tr>
<tr>
<td>glauc(o)-</td>
<td>Bluish-grey color</td>
<td>Glaucoma</td>
</tr>
<tr>
<td>glouc-</td>
<td>Glucose</td>
<td>Glucocorticoid</td>
</tr>
<tr>
<td>glycol-</td>
<td>Sugar</td>
<td>Glycolysis</td>
</tr>
<tr>
<td>-gram</td>
<td>Record or picture</td>
<td>Cardiogram</td>
</tr>
<tr>
<td>-graph</td>
<td>Record or picture</td>
<td>Radiograph</td>
</tr>
<tr>
<td>-graphy-</td>
<td>Process of recording</td>
<td>Radiography</td>
</tr>
<tr>
<td>hemat-, haemato-</td>
<td>Referring to blood</td>
<td>Hematoma</td>
</tr>
<tr>
<td>hem(a)-, hem(o)-</td>
<td>Referring to the liver</td>
<td>Hepatitis</td>
</tr>
<tr>
<td>humer(o)-, histio-</td>
<td>Tissue</td>
<td>Histopha</td>
</tr>
<tr>
<td>hydr(o)-</td>
<td>Water</td>
<td>Hydrotherapy</td>
</tr>
<tr>
<td>hyper-</td>
<td>Beyond or above normal</td>
<td>Hypertrophy</td>
</tr>
<tr>
<td>hyp(o)-</td>
<td>Below normal</td>
<td>Hypothyroid</td>
</tr>
<tr>
<td>-ic</td>
<td>Pertaining to</td>
<td>Hepatic</td>
</tr>
<tr>
<td>-idio</td>
<td>Self</td>
<td>Idiology</td>
</tr>
<tr>
<td>infra-</td>
<td>Below</td>
<td>Cardio infarction</td>
</tr>
<tr>
<td>inter-</td>
<td>Between</td>
<td>Intermolecular</td>
</tr>
<tr>
<td>intra-</td>
<td>Within</td>
<td>Intravenous</td>
</tr>
<tr>
<td>-ism</td>
<td>Disease or condition</td>
<td>Dimorphism</td>
</tr>
<tr>
<td>iso-</td>
<td>Equal</td>
<td>Isotonic fluids</td>
</tr>
<tr>
<td>-ist</td>
<td>Someone who specializes in</td>
<td>Pharmacist</td>
</tr>
<tr>
<td>-itis</td>
<td>Inflammation</td>
<td>Bursitis</td>
</tr>
<tr>
<td>-ium</td>
<td>Tissue</td>
<td>Epicardium</td>
</tr>
<tr>
<td>lacrim(o)-</td>
<td>Tear (as in the eyes)</td>
<td>Lacrimal needle</td>
</tr>
<tr>
<td>lact(i)-, lact(o)-</td>
<td>Milk</td>
<td>Lactose</td>
</tr>
<tr>
<td>lapar(o)-</td>
<td>Pertaining to the abdomen, or wall</td>
<td>Laparoscopy</td>
</tr>
<tr>
<td>laryng(o)-</td>
<td>Pertaining to the larynx (voice box)</td>
<td>Laryngitis</td>
</tr>
<tr>
<td>-lepsis, -lepsy</td>
<td>Attack or seizure</td>
<td>Epilepsy</td>
</tr>
<tr>
<td>leuc(o)-, leuk(o)-</td>
<td>White color</td>
<td>Leukemia</td>
</tr>
<tr>
<td>lip(o)-</td>
<td>Fat</td>
<td>Lipoma</td>
</tr>
<tr>
<td>lymph(o)-</td>
<td>Lymph</td>
<td>Lymphoma</td>
</tr>
<tr>
<td>lysis-</td>
<td>Destruction</td>
<td>Autolysis</td>
</tr>
<tr>
<td>lys(o)-</td>
<td>Separate into parts</td>
<td>Lysosome</td>
</tr>
<tr>
<td>macr(o)-</td>
<td>Large or long</td>
<td>Macrophage</td>
</tr>
<tr>
<td>-malacia</td>
<td>Softening</td>
<td>Osteomalacia</td>
</tr>
<tr>
<td>mamm(o)-</td>
<td>Of or pertaining to the breast</td>
<td>Mammogram</td>
</tr>
<tr>
<td>mast(o)-</td>
<td>Of or pertaining to the breast tissue</td>
<td>Mastectomy</td>
</tr>
<tr>
<td>mega-, megal(o)-</td>
<td>Enlargement</td>
<td>Splenomegaly</td>
</tr>
<tr>
<td>-megaly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>melan(o)-</td>
<td>A black color</td>
<td>Melanoma</td>
</tr>
<tr>
<td>mening(o)</td>
<td>Pertaining to the meninges</td>
<td>Meningitis</td>
</tr>
<tr>
<td>Prefix / Suffix</td>
<td>Meaning</td>
<td>Example</td>
</tr>
<tr>
<td>----------------</td>
<td>---------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>-meter</td>
<td>Measure</td>
<td>Refractometer</td>
</tr>
<tr>
<td>-metry</td>
<td>Taking a measurement or measuring</td>
<td>Geometry</td>
</tr>
<tr>
<td>micr(o)-</td>
<td>Small or little</td>
<td>Microscope</td>
</tr>
<tr>
<td>morph(o)-</td>
<td>A form or shape</td>
<td>Morphology</td>
</tr>
<tr>
<td>muscul(o)-</td>
<td>Muscle(s)</td>
<td>Musculoskeletal System</td>
</tr>
<tr>
<td>my(o)-</td>
<td>Relating to a muscle</td>
<td>Myopathy</td>
</tr>
<tr>
<td>myel(o)-</td>
<td>Relating to the bone marrow</td>
<td>Myelogram</td>
</tr>
<tr>
<td>narc(o)-</td>
<td>Sleep or sleeping</td>
<td>Narcoleptic</td>
</tr>
<tr>
<td>nas(o)-</td>
<td>Pertaining to the nose</td>
<td>Nasogastric Tube</td>
</tr>
<tr>
<td>necr(o)-</td>
<td>Death, dead or dying</td>
<td>Necrosis</td>
</tr>
<tr>
<td>neo-</td>
<td>New</td>
<td>Neonatal</td>
</tr>
<tr>
<td>nephr(o)-</td>
<td>Pertaining to the kidney</td>
<td>Nephrototoxic</td>
</tr>
<tr>
<td>neur(i)-, Neur(o)-</td>
<td>Pertaining to the nerves or nervous system</td>
<td>Neurology</td>
</tr>
<tr>
<td>ocul(o)-, Optic(o)-</td>
<td>Pertaining to the eye</td>
<td>Ocular</td>
</tr>
<tr>
<td>odont(o)</td>
<td>Pertaining to the teeth</td>
<td>Odontitis</td>
</tr>
<tr>
<td>odyn(o)-</td>
<td>Pain</td>
<td>Odynometer</td>
</tr>
<tr>
<td>-oid</td>
<td>Resembles or looks like</td>
<td>Mucoid</td>
</tr>
<tr>
<td>-oma (singular) ;</td>
<td>A tumor</td>
<td>Sarcoma</td>
</tr>
<tr>
<td>onco-</td>
<td>Tumor, bulk, volume</td>
<td>Oncology</td>
</tr>
<tr>
<td>onych(o)-</td>
<td>Pertaining to the finger/toe</td>
<td>Onychotomy</td>
</tr>
<tr>
<td>oo-</td>
<td>Pertaining to an egg or female’s ovum</td>
<td>Oocyst</td>
</tr>
<tr>
<td>or(o)-</td>
<td>Relating to the mouth</td>
<td>Oral</td>
</tr>
<tr>
<td>orchil(o)-</td>
<td>Testicle</td>
<td>Orchidectomy</td>
</tr>
<tr>
<td>orth(o)-</td>
<td>Straight or correct</td>
<td>Orthodontist</td>
</tr>
<tr>
<td>-osis</td>
<td>Condition or disease or increase of disease</td>
<td>Coccidiosis</td>
</tr>
<tr>
<td>ossi-</td>
<td>Bone or</td>
<td>Ossifying</td>
</tr>
<tr>
<td>osseo-</td>
<td>Bony</td>
<td>Osteoporoasis</td>
</tr>
<tr>
<td>ost(e)-</td>
<td>Bone</td>
<td>Osteoporosis</td>
</tr>
<tr>
<td>oste(o)-</td>
<td>Bony</td>
<td>Osteoporoasis</td>
</tr>
<tr>
<td>ot(o)-</td>
<td>The ear</td>
<td>Otoscope</td>
</tr>
<tr>
<td>ovaril(o)-</td>
<td>The ovaries</td>
<td>Ovariohistorexy</td>
</tr>
<tr>
<td>palpebr-</td>
<td>The eyelid</td>
<td>Palpebral Reflex</td>
</tr>
<tr>
<td>pan-</td>
<td>Everything, Complete</td>
<td>Panleukopenia</td>
</tr>
<tr>
<td>para-</td>
<td>Alongside, beside</td>
<td>Paralumbar</td>
</tr>
<tr>
<td>-paresis</td>
<td>Slight or incomplete paralysis</td>
<td>Hemiparesis</td>
</tr>
<tr>
<td>path(o)-</td>
<td>Disease</td>
<td>Pathology</td>
</tr>
<tr>
<td>-pathy</td>
<td>Denotes presence of disease or disorder</td>
<td>Neuropathy</td>
</tr>
<tr>
<td>ped-</td>
<td>The foot or footed</td>
<td>Pedial Reflex</td>
</tr>
<tr>
<td>pelv(i)-</td>
<td>The hip bone</td>
<td>Pelvis</td>
</tr>
<tr>
<td>pelv(o)-</td>
<td>The hip bone</td>
<td>Pelvis</td>
</tr>
<tr>
<td>Prefix / Suffix</td>
<td>Meaning</td>
<td>Example</td>
</tr>
<tr>
<td>----------------</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>-pepsia</td>
<td>Relating to digestion or the digestive tract</td>
<td>Dyspepsia</td>
</tr>
<tr>
<td>peri-</td>
<td>Surrounding, covering</td>
<td>Periodontal</td>
</tr>
<tr>
<td>-phage</td>
<td>Relating to eating or digestion</td>
<td>Coprophagia</td>
</tr>
<tr>
<td>-phagia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>phag(o)-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pharmac(o)-</td>
<td>A drug or medication</td>
<td>Pharmacologist</td>
</tr>
<tr>
<td>phleb(o)-</td>
<td>Pertaining to a vein</td>
<td>Phlebotomy</td>
</tr>
<tr>
<td>-plasia</td>
<td>Formation or development of</td>
<td>Dysplasia</td>
</tr>
<tr>
<td>-plasty</td>
<td>Surgical repair of</td>
<td>Rhinoplasty</td>
</tr>
<tr>
<td>-plegia</td>
<td>Paralysis</td>
<td>Cardioplegia</td>
</tr>
<tr>
<td>pleur(o)-</td>
<td>Pertaining to the ribs or to the side (lateral)</td>
<td>Pleurodont</td>
</tr>
<tr>
<td>pleur(a)-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-pnea</td>
<td>Pertaining to respiration or breathing</td>
<td>Dyspnea</td>
</tr>
<tr>
<td>pneum(o)-</td>
<td>Pertaining to the lungs or air</td>
<td>Pneumothorax</td>
</tr>
<tr>
<td>pulm(o)-</td>
<td>Pulmonary Artery</td>
<td></td>
</tr>
<tr>
<td>pod(o)-</td>
<td>Pertaining to the foot or footed</td>
<td>Podology</td>
</tr>
<tr>
<td>-poiesis</td>
<td>Production, making of</td>
<td>Hematopoiesis</td>
</tr>
<tr>
<td>poly-</td>
<td>More than one of, plural</td>
<td>Polydipsia</td>
</tr>
<tr>
<td>post-</td>
<td>Behind or after</td>
<td>Postictal</td>
</tr>
<tr>
<td>pre-</td>
<td>Before, first in either position or time</td>
<td>Premature</td>
</tr>
<tr>
<td>pro-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>psych(e)-</td>
<td>Pertaining to the mind</td>
<td>Psychological restraint</td>
</tr>
<tr>
<td>psych(o)-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-ptosis</td>
<td>Downward placement or prolapse</td>
<td>Apoptosis</td>
</tr>
<tr>
<td>pyo-</td>
<td>Pus</td>
<td>Pyometra</td>
</tr>
<tr>
<td>quadr(i)-</td>
<td>Denotes the number Four</td>
<td>Quadriped</td>
</tr>
<tr>
<td>ren(o)-</td>
<td>Pertaining to the kidney</td>
<td>Renal</td>
</tr>
<tr>
<td>rhin(o)-</td>
<td>Pertaining to the nose</td>
<td>Rhinitis</td>
</tr>
<tr>
<td>-rrhage</td>
<td>Burst forth, or rapid flow</td>
<td>Hemmorrhage</td>
</tr>
<tr>
<td>-rrhag / ia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-rhea</td>
<td>Flowing or discharge</td>
<td>Diarrhea</td>
</tr>
<tr>
<td>sarc(o)-</td>
<td>Flesh-like or muscular</td>
<td>Sarcoma</td>
</tr>
<tr>
<td>scler(o)-</td>
<td>Hardness or hardening</td>
<td>Atherosclerosis</td>
</tr>
<tr>
<td>-scope</td>
<td>A tool or device for viewing</td>
<td>Stethoscope</td>
</tr>
<tr>
<td>-scopy</td>
<td>To use a tool or device for viewing</td>
<td>Endoscopy</td>
</tr>
<tr>
<td>sinistr(o)-</td>
<td>Left or the Left side</td>
<td>Sinistrodextral</td>
</tr>
<tr>
<td>-sis</td>
<td>Condition of</td>
<td>Osteopenodextral</td>
</tr>
<tr>
<td>splen(o)-</td>
<td>The spleen</td>
<td>Splenomegaly</td>
</tr>
<tr>
<td>-stasis</td>
<td>To stop or stand still, not moving</td>
<td>Homeostasis</td>
</tr>
<tr>
<td>steth(o)-</td>
<td>The area of the upper chest</td>
<td>Stethoscope</td>
</tr>
<tr>
<td>stom(a)-</td>
<td>The mouth or oral cavity</td>
<td>Stomatitis</td>
</tr>
<tr>
<td>stomat(o)-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prefix / Suffix</td>
<td>Meaning</td>
<td>Example</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>sub-</td>
<td>Beneath or below</td>
<td>Subgingival</td>
</tr>
<tr>
<td>tachy-</td>
<td>Fast or faster than normal</td>
<td>Tachycardia</td>
</tr>
<tr>
<td>therm(o)-</td>
<td>Pertaining to heat</td>
<td>Thermometer</td>
</tr>
<tr>
<td>thromb(o)-</td>
<td>Relating to the clotting of blood or a blood clot</td>
<td>Thrombosis</td>
</tr>
<tr>
<td>-tomy</td>
<td>To make an incision</td>
<td>Cystotomy</td>
</tr>
<tr>
<td>-stomy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-trophy</td>
<td>Relating to the body tissues</td>
<td>Dystrophy</td>
</tr>
<tr>
<td>-ula</td>
<td>Small or smaller than</td>
<td>Nodule</td>
</tr>
<tr>
<td>-ule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>un(i)-</td>
<td>One, only</td>
<td>Unilateral</td>
</tr>
<tr>
<td>ur(o)-</td>
<td>Pertaining to the urine (chemistry)</td>
<td>Urolith</td>
</tr>
<tr>
<td>vas(o)-</td>
<td>A duct or blood vessel</td>
<td>Vasoconstriction</td>
</tr>
<tr>
<td>vascul(o)-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ventr(o)-</td>
<td>The belly or stomach cavities</td>
<td>Ventrodorsal</td>
</tr>
<tr>
<td>-y</td>
<td>Denotes a process of</td>
<td>Surgery</td>
</tr>
<tr>
<td>zo(o)-</td>
<td>Denoting an animal or animal life</td>
<td>Zoonosis</td>
</tr>
</tbody>
</table>
In the following table, you will find the Greek and/or Latin roots for common anatomical terms. You will often come in contact with medical terms pertaining to an animal’s anatomy and will not always be told what they mean. Knowing the Greek and/or Latin roots can prove very helpful in these circumstances.

For instance, cystocentesis is the process of removing urine from an animal's bladder using a needle placed through the abdomen and into the bladder. If you were unaware of the meaning of cystocentesis and a veterinarian at your clinic ordered one, you could deduce from the information in this table that since “cyst/o” is the Greek root of “bladder,” it is most likely a procedure pertaining to the bladder.

<table>
<thead>
<tr>
<th>Roots of Body</th>
<th>Greek Root</th>
<th>Latin Root</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdomen</td>
<td>Lapar(o)</td>
<td>Abdomin-</td>
</tr>
<tr>
<td>Dorsal or Back</td>
<td></td>
<td>Dors-</td>
</tr>
<tr>
<td>Bladder</td>
<td>Cyst(o)</td>
<td>Vesic(o)</td>
</tr>
<tr>
<td>Blood</td>
<td>Haemat-, hemat-</td>
<td>Sangui-, sanguine-</td>
</tr>
<tr>
<td>Blood clot</td>
<td>Thromb(o)</td>
<td>Thrombus</td>
</tr>
<tr>
<td>Blood vessel</td>
<td>Angl(o)</td>
<td>Vascul-, vas-</td>
</tr>
<tr>
<td>Bone</td>
<td>Oste(o)</td>
<td>Ossi-</td>
</tr>
<tr>
<td>Bone marrow</td>
<td>Myel(o)</td>
<td>Medull-</td>
</tr>
<tr>
<td>Mammary or breast</td>
<td>Mast(o)</td>
<td>Mamm(o)</td>
</tr>
<tr>
<td>Chest</td>
<td>Steth(o)</td>
<td></td>
</tr>
<tr>
<td>Ear</td>
<td>Ot(o)</td>
<td>Aur-</td>
</tr>
<tr>
<td>Eye</td>
<td>Ophthalm(o)</td>
<td>Ocul(o)</td>
</tr>
<tr>
<td>Fat, fatty tissue</td>
<td>Lip(o)</td>
<td>Adip-</td>
</tr>
<tr>
<td>Finger</td>
<td>Dactyl(o)</td>
<td>Digit-</td>
</tr>
<tr>
<td>Gland</td>
<td>Aden(o)</td>
<td></td>
</tr>
<tr>
<td>Head</td>
<td>Cephal(o)</td>
<td>Capit(o)</td>
</tr>
<tr>
<td>Heart</td>
<td>Cardi(o)</td>
<td>Cordi-</td>
</tr>
<tr>
<td>Hip, hip-joint</td>
<td></td>
<td>Cox-</td>
</tr>
<tr>
<td>Intestine</td>
<td>Enter(o)</td>
<td></td>
</tr>
<tr>
<td>Kidney</td>
<td>Nepro(o)</td>
<td></td>
</tr>
<tr>
<td>Liver</td>
<td>Hepat(o), hepatic-</td>
<td>Jecor-</td>
</tr>
<tr>
<td>Lungs</td>
<td>Pneumon-</td>
<td>Pulmon(i)</td>
</tr>
<tr>
<td>Mouth</td>
<td>Stomat(o)</td>
<td>Or-</td>
</tr>
<tr>
<td>Muscle</td>
<td>My(o)</td>
<td></td>
</tr>
<tr>
<td>Nail</td>
<td>Onych(o)</td>
<td>Ungui-</td>
</tr>
<tr>
<td>Neck</td>
<td>Trachel(o)</td>
<td>Cervic-</td>
</tr>
<tr>
<td>Nervous system</td>
<td>Neur(o)</td>
<td>Nerv-</td>
</tr>
<tr>
<td>Nose</td>
<td>Rhino(o)</td>
<td>Nas-</td>
</tr>
<tr>
<td>Pelvis</td>
<td>Pyel(o)</td>
<td>Pelv(i)</td>
</tr>
<tr>
<td>Rib</td>
<td>Pleur(o)</td>
<td>Cost(o)</td>
</tr>
<tr>
<td>Rib cage</td>
<td>Thorac(i), thorac(o)</td>
<td></td>
</tr>
<tr>
<td>Shoulder</td>
<td>Om(o)</td>
<td>Humer(o)</td>
</tr>
<tr>
<td>Roots of Body</td>
<td>Greek Root</td>
<td>Latin Root</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Skin</td>
<td>Dermat(o)</td>
<td>Cut-, cuticul-</td>
</tr>
<tr>
<td>Skull</td>
<td>Crani(o)</td>
<td></td>
</tr>
<tr>
<td>Stomach</td>
<td>Gastro(o)</td>
<td></td>
</tr>
<tr>
<td>Throat (upper)</td>
<td>Pharyng(o)</td>
<td></td>
</tr>
<tr>
<td>Throat (voice box)</td>
<td>Laryng(o)</td>
<td></td>
</tr>
<tr>
<td>Tooth</td>
<td>Odont(o)</td>
<td>Dent(i)</td>
</tr>
<tr>
<td>Tongue</td>
<td>Gloss-, glott-</td>
<td>Lingu(a)</td>
</tr>
<tr>
<td>Toe</td>
<td>Dacthy(o)-</td>
<td>Digit-</td>
</tr>
<tr>
<td>Tumor</td>
<td>Cel-, onc(o)</td>
<td>Tum-</td>
</tr>
<tr>
<td>Urine, urinary system</td>
<td>Ur(o)</td>
<td>Urin(o)</td>
</tr>
<tr>
<td>Vein</td>
<td>Phleb(o)</td>
<td>Ven-</td>
</tr>
<tr>
<td>Black</td>
<td>Melano-</td>
<td>Nigr-</td>
</tr>
<tr>
<td>Blue</td>
<td>Cyano-</td>
<td></td>
</tr>
<tr>
<td>Gray</td>
<td>Polio-</td>
<td></td>
</tr>
<tr>
<td>Green</td>
<td>Chlor(o)</td>
<td>Vir-</td>
</tr>
<tr>
<td>Purple</td>
<td>Porphyry(o)</td>
<td>Purpur-, purpreo-</td>
</tr>
<tr>
<td>Red</td>
<td>Erythro(o), rhod(o)</td>
<td>Rub-, rubr-</td>
</tr>
<tr>
<td>Red-yellow</td>
<td>Cirrh(o)</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>Leuc-, leuk</td>
<td>Alb-</td>
</tr>
<tr>
<td>Yellow</td>
<td>Xantho(o)</td>
<td>Jaun- (other root)</td>
</tr>
</tbody>
</table>
In this table, you will find some root words that indicate descriptions. For instance, the root word “necro” means “dead.” In veterinary medicine, you may be responsible for performing a “necropsy,” which is “the examination of a body after death.” Knowing the meanings of these root words will surely prove helpful during your veterinary medical assistant career.

<table>
<thead>
<tr>
<th>Root of Description</th>
<th>Root Word</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorrect</td>
<td>Dys, mal(e)</td>
<td>Dyslexia</td>
</tr>
<tr>
<td>Crooked</td>
<td>Ankylos(o)</td>
<td>Ankylosis</td>
</tr>
<tr>
<td>Large</td>
<td>Mega-, megal(o)</td>
<td>Megaloblastic</td>
</tr>
<tr>
<td>Cold</td>
<td>Cry(o), frig-</td>
<td>Cryogenics</td>
</tr>
<tr>
<td>Dead</td>
<td>Necro(o), mort-</td>
<td>Necropsy</td>
</tr>
<tr>
<td>Equal</td>
<td>Is(o), equ(i)</td>
<td>Equilibrium</td>
</tr>
<tr>
<td>False</td>
<td>Pseudo(o)</td>
<td>Pseudoephedrin</td>
</tr>
<tr>
<td>Great</td>
<td>Mega-, megal(o)</td>
<td>Megaloblastic</td>
</tr>
<tr>
<td>Hollow or empty</td>
<td>Coel(o)-, cav-</td>
<td>Coeliac disease</td>
</tr>
<tr>
<td>Huge</td>
<td>Mega-, magn(i)</td>
<td>Megaloblastic</td>
</tr>
<tr>
<td>Long</td>
<td>Macr(o), long(i)</td>
<td>Macromolecules</td>
</tr>
<tr>
<td>Narrow</td>
<td>Sten(o), angusti(i)</td>
<td>Stenosis</td>
</tr>
<tr>
<td>New</td>
<td>Neo-, nov(i)-</td>
<td>Neonatal</td>
</tr>
<tr>
<td>Correct, not crooked</td>
<td>Ortho(o), rect-</td>
<td>Orthopedic</td>
</tr>
<tr>
<td>Short</td>
<td>Brachy, brev(i)</td>
<td>Brevibacterium</td>
</tr>
<tr>
<td>Small or tiny</td>
<td>Micr(o)-</td>
<td>Microscope</td>
</tr>
<tr>
<td>Slow</td>
<td>Brady-, tard(i)</td>
<td>Brachiocephalic</td>
</tr>
<tr>
<td>Fast or quick</td>
<td>Tachy-, celer-</td>
<td>Tachypnea</td>
</tr>
<tr>
<td>Thickened</td>
<td>Pachy-</td>
<td>Pachymeningitis</td>
</tr>
<tr>
<td>Varied</td>
<td>Poikilo-</td>
<td>Poikilocytosis</td>
</tr>
</tbody>
</table>

When learning how to break down medical terms, knowing root words that indicate position or quantity is crucial. Here are some examples.

<table>
<thead>
<tr>
<th>Roots of Position or Quantity</th>
<th>Root Word</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Around or surround</td>
<td>Circum-</td>
<td>Circumcision</td>
</tr>
<tr>
<td>In the middle</td>
<td>Mes(o)-, medi-</td>
<td>Mesothelioma</td>
</tr>
<tr>
<td>Double or twice</td>
<td>Diplo-, dupli-</td>
<td>Duplicate</td>
</tr>
<tr>
<td>Equal</td>
<td>Iso-, equi-</td>
<td>Equilibrium</td>
</tr>
<tr>
<td>Half</td>
<td>Hemi-, semi-</td>
<td>Hemicolec tomy</td>
</tr>
<tr>
<td>Many or a lot</td>
<td>Poly-, multi-</td>
<td>Polydipsia</td>
</tr>
<tr>
<td>Twice</td>
<td>Dis-</td>
<td>Disjointed</td>
</tr>
</tbody>
</table>
In the following table, you will find a few examples of medical terms and their definitions. Try browsing through the previous tables to locate the definitions of the root words, prefixes, and suffixes of the terms in this table to see if you’d be able to guess their definitions based on the meanings of their word parts.

<table>
<thead>
<tr>
<th>Examples</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A-ne-mia</td>
<td>Low levels of red blood cells</td>
</tr>
<tr>
<td>Ep-is-taxis</td>
<td>Nose bleed</td>
</tr>
<tr>
<td>He-ma-turia</td>
<td>Blood in urine</td>
</tr>
<tr>
<td>Leu-k-emia</td>
<td>Various neoplastic diseases of the bone marrow with a proliferation of white blood cells</td>
</tr>
<tr>
<td>Lymph-o-cyte</td>
<td>Type of white blood cell</td>
</tr>
<tr>
<td>Mon-o-cyte</td>
<td>Type of white blood cell</td>
</tr>
<tr>
<td>Myo-card-ial</td>
<td>Muscles that surround the heart</td>
</tr>
<tr>
<td>Pan-crea-ti-tis</td>
<td>Inflammation of the pancreas</td>
</tr>
<tr>
<td>Throm-bo-cyto-penia</td>
<td>Very few platelets in the blood</td>
</tr>
</tbody>
</table>

Now that you’ve learned how to break down medical terms and define their parts, you will be better prepared to tackle difficult medical terminology in your everyday working life as an ABC Certified Veterinary Medical Assistant. Should you have any troubles, it is recommended that you purchase a medical dictionary, namely one that focuses on veterinary medicine. A dictionary as well as the information provided here could prove useful references throughout your years in veterinary medicine.
Please answer the following questions about the preceding information.

1. What is the proper way of answering the phone at a veterinary hospital or clinic?

____________________________________________________________________________
____________________________________________________________________________

2. What is the CARP method?

____________________________________________________________________________
____________________________________________________________________________

3. What is a modified live vaccine (MLV)?

____________________________________________________________________________
____________________________________________________________________________

4. Where can you obtain information about the international shipment of animals to particular countries?

____________________________________________________________________________
____________________________________________________________________________

Please indicate whether the following statements are true or false.

5. Recently received inventory should be placed in front of old items on the stock shelves.
   □ True
   □ False

6. Pet insurance is available to animals of all ages, young and old.
   □ True
   □ False

7. Not all veterinarians can sign health certificates; they must be accredited by the CFIA.
   □ True
   □ False