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 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 all vital aspects of the veterinary assistant position that will gain you the respect of hospital staff, fellow animal caretakers and clients.

Learning Objectives

At the conclusion of this stage you will be able to:

- **List** 15 important expectations that an employer may have from a veterinary assistant in a hospital or a clinic
- **List** six additional expectations that an employer may have from a veterinary assistant in a hospital or a clinic
- **Explain** the human-animal bond in two paragraphs as described in page nine of the Stage 1 Study Guide
- **List** the eight questions that a veterinary assistance should ask an owner upon the arrival of the owner and the animal at the hospital or the clinic
- **List** five major responsibilities of each of the following medical and business staff of a hospital or a clinic:
  - Medical
    - Veterinarian
    - Veterinary Technician
    - Veterinary Assistant
    - Kennel Staff
  - Business
    - Business Manager
    - Receptionist
    - Outside Sources
- **List** six Position Statements of the Canadian Veterinary Medical Association
- **Describe** the intent and the spirit of the Veterinarian's Oath in one paragraph
- **List** and **describe** 10 rules for maintaining a professional appearance for men and women
- **List** and **explain** 12 tips for using appropriate language in the place of work
- **List** and **explain** six principles of written communication in the workplace
- **Distinguish** the concepts of
  - Common law
Stage 1: Office and Hospital Procedures

- Statutory law
- Contract law
- Federal law
- Provincial laws

- Define the following concepts
  - Chattel
  - Liability
  - Malpractice
  - Negligence
  - Gross negligence
  - Liability insurance
  - Breach of contract

- List 10 do’s and five don’ts in observing common law

- Describe each of the following in two statements:
  - Material Safety Data Sheets (MSDS)
  - Personal protective equipment (PPE)

- List and describe procedures that a new veterinary assistant must follow upon accepting employment regarding safety issues in the workplace

- List and describe personal protective equipment

- Define the concept of “zoonoses”

- List and describe five dangers from cats

- List and describe nine dangers from dogs

- List and describe four important advice tips on how to use gloves for prevention of infections

- List and describe the six medical forms and their components in the sequence that they appear in the medical records

- Explain the legal status of medical files in one statement

- Explain the importance of computer literacy in handing medical records in one paragraph

- List and describe five steps in making an elective appointment

- Distinguish between emergency, urgent, and routine scheduling by stating five symptoms for each of the three types of patients

- List and describe the intake procedures for admitting a new, returning patient and walk-in patient

- List and describe the six types of signalment information that must be collected from the patient’s owner upon arrival to the clinic or hospital

- List and describe the seven steps in releasing medical records in the case of a referral to another facility

- List and describe the seven steps in releasing medical records in the case of a client’s change of geographical location

- Describe the purpose of a consent form in one paragraph

- List the eight components of a consent form

- List and describe the five types of client communication cards

- List and describe the 14 components and formats of a business letter

- List and describe six tips for writing a professional letter

- List and describe the nine questions that are asked from a client before discharging the patient

- List and describe the five steps in putting a caller on hold

- List and describe the protocol for handling each of the five types of client’s phone calls
• List and describe the four general reasons for a client to visit a hospital or a clinic
• List and describe the four principles for handling a difficult client
• List and describe the 13 tips to handle a difficult client according to Mr. Bacal’s tutorial
• List seven aspects of inventory control that must be closely monitored by the veterinary assistant
• List seven responsibilities of the veterinary assistant regarding inventory control
• Compare three aspects of pet insurance with human health insurance
• Explain why certifying a pet for rabies is necessary
• List the five categories of information that are usually stated in a health certificate
• Explain the procedure for transporting a pet outside of Canada
• Use a dictionary to locate definition of terms associated with veterinary practice

Your ability to fulfill these objectives will be developed and determined by the learning activities and deliverables.

Learning Activities

Read Stage 1: Office Etiquette & Hospital Procedures.

Please note that ABC offers an online Glossary and Appendix which is located in the Student Center.
Maintaining Professionalism

A professional is “characterized by or conforming to the technical or ethical standards of a profession.” In the case of the veterinary assistant, some standards are basic while others are specific to the profession. As with other positions, the veterinary 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 are 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 assistant profession.

Employer Expectations

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 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.”

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1 www.dictionary.com
2 http://www.thomas.edu/career/tips/employerexpt.htm
3 http://www.thomas.edu/assets/AnnualReport2013forJSM2.pdf
In the right-hand column, you will find a list of expectations that are specific to the veterinary assistant profession. You’ll notice that most of these specific expectations require great attention to detail, which is important in any position. However, it is especially vital when working in patient care. All of these standards should be met and exceeded, in order to become a well-rounded, competent, professional veterinary assistant. Meeting and exceeding these requirements will make you more valuable to your employer.

<table>
<thead>
<tr>
<th>Basic Expectations</th>
<th>Additional Expectations - Veterinary 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>
</tr>
<tr>
<td>5. Organizing the work activities of others</td>
<td>5. Accuracy when recording data, measuring out dosages, etc.</td>
</tr>
<tr>
<td>6. Understanding written information</td>
<td>6. Punctuality in regards to time-designated tasks</td>
</tr>
<tr>
<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>
<tr>
<td>13. Loyalty to your organization</td>
<td>13. Following safety regulations</td>
</tr>
<tr>
<td>14. Making independent decisions</td>
<td>14. Knowing how to use materials and equipment</td>
</tr>
<tr>
<td>15. Using initiative and imagination</td>
<td></td>
</tr>
<tr>
<td>16. Knowing what is expected</td>
<td></td>
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<tr>
<td>17. Basic arithmetic skills</td>
<td></td>
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<tr>
<td>18. Locating information</td>
<td></td>
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<tr>
<td>19. Having specialized training</td>
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<tr>
<td>20. Knowledge of operating procedures</td>
<td></td>
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<tr>
<td>21. Following instructions</td>
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<tr>
<td>22. Working with and without close supervision</td>
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<tr>
<td>23. Working under pressure</td>
<td></td>
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<tr>
<td>24. Adjusting to work situations</td>
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<tr>
<td>25. Good time management skills</td>
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</tbody>
</table>
The Human-Animal Bond

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 even honorary family members. According to the Canadian Animal Health Institute, approximately 41 percent of households across Canada have a dog, and 37 percent of households have at least one 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 is within your means. Owning a pet can improve your mood; pets have been proven to help control blood pressure, encourage you to go outside, exercise, and be social, can reduce stress and loneliness, and they can be a source of unconditional love.

Whatever the reason for acquiring pets, people tend to 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. This bond will likely influence the owner’s decisions when it comes to making medical decisions, dealing with an illness or injury, or coping with the animal’s death. Therefore, this bond should be respected by anyone who comes into contact with him or her, especially veterinary staff. Providing sympathy 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 are likely to continue to treat their pet well. For example, if a client exhibits excellent calming techniques that help the dog stay still for the veterinarian while he is on the examination table, 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 (i.e. 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.

In order to decide if the pet is being treated and cared for properly, a member of the veterinary staff should evaluate the patient-owner pair. The most important thing to do when evaluating the relationship between pet and owner is to observe both of their actions when they interact. Then, if the pet seems poorly cared for or abused, you should evaluate to decide whether this is due to lack of knowledge or mistreatment. Veterinarians are now responsible for reporting animal abuse, so notify the veterinarian before he/she enters the examination room if you suspect abuse. Closely observe the pair and check for the following:

- 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 is it (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 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 staff can give him/her advice and guidance. 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 Canadian Veterinary Medical Association (CVMA) Position Statement on Animal Abuse and veterinarian’s role using this link: [https://www.canadianveterinarians.net/documents/animal-abuse](https://www.canadianveterinarians.net/documents/animal-abuse)

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

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 staff 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 patient care, and the main focus should rest on this responsibility.

Veterinary Assistant

The veterinary assistant’s (VA) job is first and foremost about providing quality patient care. The assistant is responsible for facilitating the tasks and duties of the veterinarian and licensed/credentialed veterinary technician (RVT/AHT). He/she is also on-hand if someone requests assistance during examinations, procedures or surgeries. It is of utmost importance that the assistant becomes familiar with the responsibilities of all other team members, and with how he/she can enable the completion of these tasks. The VA is also involved with patient preparation and post-surgical care, which are sensitive and vital parts of the health care process. Although many veterinary 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 acquire assistance from you without excess explanations, the tasks will be completed more efficiently and the flow of the hospital will move more smoothly. Being a professional, helpful veterinary 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 several different members, depending on the particular 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 assistant position focuses on helping others to do their jobs well, and it is one of the most important positions in linking the hospital staff together.
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<th>Medicine</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Veterinarian</strong></td>
<td><strong>Business Manager</strong></td>
</tr>
<tr>
<td>• Person “in charge”</td>
<td>• In charge of monitoring all business activity</td>
</tr>
<tr>
<td>• Legally responsible for the actions and the safety of all members of the staff</td>
<td>• Allows the vet to meet patient needs</td>
</tr>
<tr>
<td>• Diagnosis, prognosis, and plan of treatment for diseases and medical conditions</td>
<td>• Creates weekly employee schedule</td>
</tr>
<tr>
<td>• Management of patient care and treatment</td>
<td>• Orders medications and supplies as requested by the veterinarian, or delegates this responsibility to another staff member</td>
</tr>
<tr>
<td>• Preventative medicine</td>
<td>• Organizes finances and pays bills</td>
</tr>
<tr>
<td>• Performing surgery</td>
<td>• Supervises employees</td>
</tr>
<tr>
<td>• Interpreting laboratory results</td>
<td>• Keeps compliance with AAHA or CCOHS, or delegates these responsibilities to a staff member</td>
</tr>
<tr>
<td>• Prescribing medications</td>
<td></td>
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<table>
<thead>
<tr>
<th>Registered Veterinary Technician /Animal Health Technologist</th>
<th><strong>Receptionist</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• “Registered Nurses” of veterinary medicine</td>
<td>• Organizes and files patient records</td>
</tr>
<tr>
<td>• Received specialized training, 2-year degree program</td>
<td>• Answers telephones</td>
</tr>
<tr>
<td>• Passed an approved licensing examination (province or national exam depending on the geographical location)</td>
<td>• Schedules appointments</td>
</tr>
<tr>
<td>• Responsibilities are defined by the veterinarian</td>
<td>• Admits patients</td>
</tr>
<tr>
<td>• May not diagnose, prognose, prescribe medication/course of treatment, or perform surgery</td>
<td>• Discharges patients</td>
</tr>
<tr>
<td></td>
<td>• First and last impression on the client</td>
</tr>
<tr>
<td></td>
<td>• Obtaining payment for services rendered</td>
</tr>
<tr>
<td></td>
<td>• Scheduling surgeries and procedures</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterinary Assistant</th>
<th><strong>Outside Sources</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Assists the veterinarian and/or technician whenever needed and requested</td>
<td>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 workdays.</td>
</tr>
<tr>
<td>• Enables the veterinarian and/or technician to complete their tasks efficiently and properly</td>
<td></td>
</tr>
<tr>
<td>• Highly involved in the preparation and follow-up aspects of patient care</td>
<td></td>
</tr>
<tr>
<td>• Assistance with examinations and surgical procedures when needed</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Kennel Staff</strong></th>
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</tr>
</thead>
<tbody>
<tr>
<td>• Works primarily in the animal housing units</td>
<td></td>
</tr>
<tr>
<td>• Maintains and cleans the facility and patient housing</td>
<td></td>
</tr>
<tr>
<td>• Provides food and water for the patients as requested by the veterinarian</td>
<td></td>
</tr>
<tr>
<td>• Exercises animals</td>
<td></td>
</tr>
<tr>
<td>• Responsible for transportation from treatment areas to housing areas</td>
<td></td>
</tr>
<tr>
<td>• Records patient bodily functions and reports changes to the veterinarian</td>
<td></td>
</tr>
<tr>
<td>• Bathes and grooms patients</td>
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</tbody>
</table>
Applying Veterinary Ethics

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. Every other year or so, the Canadian Veterinary Medical Association (CVMA) releases their updated “Principles of Veterinary Ethics”.

To review the most recent release, go to:
https://www.canadianveterinarians.net/principles-veterinary-medical-ethics-cvma

It is recommended that you review and familiarize yourself with these ethics, as the Canadian Veterinary Medical Association (CVMA) generally share the same principles. Adherence to these principles will ensure morality in all of your practices as a veterinary assistant.

Here are a few excerpts from the CVMA’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 must be open and honest with clients and respect their needs and requirements. Veterinarians should be honest, fair, courteous, considerate and compassionate.
- 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 to collaborate with other professionals in the quest for knowledge and professional development.
- Veterinarians and their associates should protect the personal privacy of patients

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* www.dictionary.com
and clients. Veterinarians should not reveal confidences unless required to by law or unless it becomes necessary to protect the health and welfare of other individuals or animals.

- Humane euthanasia of animals is an ethical veterinary procedure.
- Veterinarians may choose whom they will serve. Both the veterinarian and the client have the right to establish or decline a Veterinarian-Client-Patient relationship (VCPR).

In regards to proper and ethical decision-making, the veterinary staff may refer to the Canadian Veterinary Medical Association’s (CVMA) “Policy and Advocacy” webpage at: https://www.canadianveterinarians.net/policy-advocacy/default

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 some of the CVMA Position Statements:

<table>
<thead>
<tr>
<th>Animal Abuse</th>
<th>Firing of Horses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antimicrobial Use in Animals</td>
<td>Forced Moulting of Poultry</td>
</tr>
<tr>
<td>Capture of Wild Animals for the Pet Trade</td>
<td>Humane Training Methods for Dogs</td>
</tr>
<tr>
<td>Castration of Horses, Donkeys, and Mules</td>
<td>Keeping of Native or Exotic Wild Animals as Pets</td>
</tr>
<tr>
<td>Castration of Piglets</td>
<td>Onychectomy (Declawing) of the Domestic Feline</td>
</tr>
<tr>
<td>Castration, Tail Docking, Dehorning of Farm Animals</td>
<td>Pain Control in Animals</td>
</tr>
<tr>
<td>Considerations Regarding the Choice of a Pet</td>
<td>Pest Control</td>
</tr>
<tr>
<td>Cosmetic Surgery</td>
<td>Puppy Mills</td>
</tr>
<tr>
<td>Cutting Canine Teeth in Dogs</td>
<td>Purebred Dog Breeding</td>
</tr>
<tr>
<td>Declawing of Non-Domestic Felids Kept in Captivity</td>
<td>Seal Hunt in Atlantic Canada</td>
</tr>
<tr>
<td>Devocalization of Dogs</td>
<td>Tail Alteration of Horses</td>
</tr>
<tr>
<td>Disbudding and Dehorning of Cattle</td>
<td>Docking of Dairy Cattle Tail</td>
</tr>
</tbody>
</table>
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 assistant may not be required to take this oath, it is important to follow it.

The Veterinarian’s 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, prevent and relieve animal suffering, protect the health of the public and environment, and advance comparative medical knowledge.

I will perform my professional duties 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-Revised 2018

The Veterinary Technician’s Oath

The “Veterinary Technician’s Oath,” adopted by Registered Veterinary Technologists and Technicians of Canada (RVTTC), serves as a reminder of our commitment to the animal kingdom. Although the veterinary assistant may not be required to take this oath, it is important to follow it.

Try to memorize the Veterinary Technician’s Oath and follow it always.

The Veterinary Technician’s Oath

(Adopted by the Registered Veterinary Technologists and Technicians of Canada (RVTTC))

“I solemnly dedicate myself to aiding animals and society by providing excellent care and services for animals, by alleviating animal suffering, and promoting public health. I accept my obligations to practice my profession conscientiously and with sensitivity, adhering to the profession's Code of Ethics, and furthering my knowledge and competence through a commitment to lifelong learning”\[1\].

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1. https://www.canadianveterinarians.net/about/veterinary-oath
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 may 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 assistant attire. Above all, safety must be considered. If clothing is restricting or too loose, it could hinder or limit movement and cause falls. The veterinary 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. In addition, jewelry is rarely worn (outside of a wrist watch), as nails and claws can become hooked, damaging the animal or the veterinary assistant. 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 more 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 assistant carries several items in his/her pocket at all times:

- A nylon leash
- A roll of 1” adhesive tape
- A roll of 1” adhesive tape
- A working pen
- A small note pad
- A small note pad
- A small note pad

Men

The male veterinary 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 wristwatch 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 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 assistant should wear a simple, inexpensive, waterproof 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. 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. Makeup 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

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: do not swear, do not use racial slurs or sexist terms, and do not 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 appropriate acknowledgement to professionals (e.g. 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, that is, do not lose your temper or become overly emotional in front of staff or clients. When you are speaking with anyone, staff or clients, establish and hold eye contact (although this may vary depending on one’s cultural background), be upbeat in demeanor, listen closely and respond appropriately. Maintain a positive, professional demeanor at all times.

Being a veterinary professional comes with great responsibility to dress, act, and speak in a professional manner. The way you communicate with your friends and family is not the way to communicate with a client. There are slang phrases that you would not use when talking with a client that may be a part of your everyday discussions with friends and family. Profanity or vulgar language is unacceptable at any time in a veterinary practice. The way you present yourself and speak, will greatly affect how your clients will judge and respect you, and ultimately will reflect upon the practice you work for, and the type of care their animals will receive.

Practice using your appropriate medical-minded language as much as possible. As a new veterinary assistant, listen to fellow staff members and how they communicate with each other and clients. This type of communication will become second nature with time and practice. Please see the chart below for some examples of appropriate versus inappropriate language to keep in mind.
Stage 1: Office and Hospital Procedures

Tips for Using Appropriate Speech

- Think about what you are going to say before you say it
- Speak clearly and expressively
- Pay attention to the rate, pitch, and projection of your voice
- Be aware of your use of language
  - Remember: Bias works toward race, gender, age, and sexual orientation. Be cautious of your word and phrase choices.
- Avoid slang words, contractions, or words that you find difficult to pronounce
- Attempt to use the word "you" in place of "I"
- Pause when appropriate so the listener can absorb what you are saying
- Do not add extra distractions or unneeded information
- Be aware of fillers such as "um," "uh," and "like"
- Use a variety of tones; avoid sounding monotone
- Use proper pronouns (he/she) when referring to a client’s pet in front of, or to the client
- Try to utilize proper veterinary terminology, as it sounds more professional

In-House Communications

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 verbally communicating.

*Derived from research done by Arizona State University’s Communications Assessment and Learning Lab (http://www.west.asu.edu/call/tipsheets/language.htm)
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 is not 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 useful. A punctuation guide may also be beneficial to have on hand. Type-written notes also have the advantage of automatic spell-check programs and veterinary terminology spell check programs. Do not solely depend on these features however, because Microsoft Word will recognize some words as correct and cannot tell that they are out of context. For example, “from” can be mistyped as “form,” and both are technically spelled correctly. Proofread 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 “/”.

- Do not 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:
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.
1. List 5 basic expectations of any professional in any position.

____________________________________________________________________________

____________________________________________________________________________

2. List five expectations specific to the veterinary profession.

____________________________________________________________________________

____________________________________________________________________________

3. According to the Canadian Animal Health Institute, what percent of households in own at least one cat?

____________________________________________________________________________

4. Name two tasks specific to the veterinary assistant position.

____________________________________________________________________________

____________________________________________________________________________

5. Name three things the veterinary assistant should carry in his/her pocket at all times.

____________________________________________________________________________

____________________________________________________________________________

6. List three tips for using appropriate speech.

____________________________________________________________________________

____________________________________________________________________________
Laws and Legalities

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 Act 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.

**The Registered Veterinary Technologists and Technicians of Canada (RVTCC):**† Founded in 1989 as the Canadian Association of Animal Health Technologists and Technicians (CAAHTT), the RVTCC is a not-for-profit organization that brings provincial and regional associations together in one place. It is the joining of these associations that make RVTCC truly a national body discussing issues with a national focus and playing an integral part in international issues. The RVTCC Mission Statement is “To unite, advance, and strengthen the RVT profession across Canada.” Their Vision Statement is “RVTTC works together with provincial veterinary technician/technologist associations in an effort to unite, advance, and strengthen the RVT profession across Canada. Engaging provincial associations allows us to collaborate on areas of mutual interest, ultimately helping us to champion the RVT profession on a national level and achieve animal healthcare excellence”.

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† CVMA Mission and Vision Statements http://canadianveterinarians.net/about-mission.aspx
† http://beta.rvtcanada.ca/about-us/
RVTCC is a member of the International Veterinary Nurses and Technicians 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. RVT organizations also play a significant role in the veterinary community and may have representation within the RVTCC.

- **British Columbia** - College of Veterinarians of British Columbia (CVBC), British Columbia Veterinary Technologists’ Association (BCVTA)
- **Alberta** - Alberta Veterinary Medical Association (ABVMA), Alberta Veterinary Technologist Association (AVTA)
- **Saskatchewan** - Saskatchewan Veterinary Medical Association (SVMA), Saskatchewan Association of Veterinary Technologists (SAVT)
- **Manitoba** - Manitoba Veterinary Medical Association (MVMA), Manitoba Veterinary Technologists Association (MVTA)
- **Quebec** – Ordre des Médecins Vétérinaires du Québec, 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)
- **Newfoundland and Labrador** – Newfoundland and Labrador College of Veterinarians

Another association that sets and maintains standards of veterinary care is the **American Animal Hospital Association** (AAHA), which is an association of qualified members who primarily treat companion animals. AAHA is the organization that sets standards for veterinary hospitals themselves, and they provide accreditation to qualified veterinary hospitals in United States and
Canada. “Established in 1933 by leaders in the veterinary profession, AAHA is the only companion animal exclusive veterinary association.”

Hospitals that are AAHA accredited meet the minimum state practice requirements. Standards for members are enforced via periodic inspections, and these standards are used across the country to measure excellence in veterinary medicine. According to their website, 12% to 15% of all veterinary practices in Canada and the United States are AAHA accredited.

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**

Veterinary medicine is governed by both common law† and statutory 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

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* https://www.aaha.org/professional/about_aaha/default.aspx
‡ http://www.merriam-webster.com/dictionary/chattel
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. 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 but 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
- **Gross Negligence** – willful disregard for the safety and welfare of others

Due to 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.† In present day, however, lawsuits commonly settle at $5,000 to $10,000. For example, in the case of Rappaport versus 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

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3 http://legal-dictionary.thefreedictionary.com/Gross+negligence
5 http://www.animallaw.info/articles/arusfavrevetmalpractice.htm
6 David S. Favre. “Veterinary Malpractice.” Animal Legal and Historical Center: http://www.animallaw.info/articles/arusfavrevetmalpractice.htm
7 http://dictionary.reference.com/browse/liability-insurance
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. A legal adult must sign the forms. **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
- **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 the veterinary assistant to act responsibly in regards to the law. Although you may not personally be 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.

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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 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 in a log. This is an AAHA standard and can prevent the veterinarian from a lawsuit from a non-client.</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. 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>• Don’t allow animals to interact – keep distances between patients.</td>
</tr>
<tr>
<td>• If an owner does not have a leash and/or carrier, provide one.</td>
<td></td>
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</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 (e.g. provinces) join together in a federation (e.g. 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, the federal legislation grants power to provinces to determine minimum wage in each province and territories. 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. Some examples are listed below:

- Canadian Food Inspection Agency (CFIA) Act
- Controlled Drugs and Substances Act
- 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, 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

\footnote{https://en.wikipedia.org/wiki/Law_of_Canada}
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**

Although the laws differ from state-to-state, 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 Royal Canadian Mounted Police, SPCAs and provincial veterinary medical associations (as listed previously). These laws are meant to protect people and their pets from incompetent and unprofessional veterinary medicine delivery from either licensed veterinarians (or AHT/RVTs 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 assistant’s (VA) 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, state 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
- To determine when a person is practicing veterinary medicine
- What the minimum standards are for practicing veterinary medicine
- What the standards are for veterinary facilities
- 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)
- The administration of veterinary licenses and examinations
- Licensing of veterinary establishments
- Rules of conduct for the business of the veterinary board

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 in one province, his/her license does not carry over provincial borders, unless he/she is serving as a consultant. 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\(^{\dagger}\)
- **Prognose** – to predict the probable course and outcome of a disease\(^{\dagger}\)
- Prescribe
- 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 to have a licensed veterinarian perform 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 enough to provide this care. The veterinarian must supervise the staff member and remain in compliance with all laws.

\(^{\dagger}\) American Heritage Dictionary at www.dictionary.com
In all provinces, anyone performing veterinary tasks must be supervised by a veterinarian. Levels of supervision are described as follows:

**Immediate**: Licensed veterinarian is within sight or hearing range where the patient is being treated

**Direct**: Licensed veterinarian is readily available on the premises where the patient is being treated and has assumed responsibility for the veterinary care given to the patient by a person working under his or her direction.

**Indirect**: Veterinarian need not be on the premises; has given either written or oral instructions for treatment of the patient; is readily available by telephone or other forms of immediate communication; and has assumed responsibility for the veterinary care given to the patient by a person working under his or her direction.

The veterinarian may delegate tasks if allowed by provincial legislation. When registered, the veterinary technician is allowed to perform certain procedures under the supervision of the veterinarian. The severity and sensitivity of the procedure merit the amount of supervision required. For example, under immediate supervision of the veterinarian, the registered veterinary 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 assistant may assist the veterinarian and RVT 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 RVT, 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.

* https://www.avma.org/KB/Policies/Pages/Model-Veterinary-Practice-Act.aspx
Local Ordinances

Just as there are federal and provincial laws, there are also local laws that affect pet ownership. These will vary from location to location. The veterinary staff will often be asked questions about local animal laws, and all staff members should be able to answer these questions. These 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 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 may require a current vaccination certificate.
- 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 number 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 do not know the proper answer to a question, do not 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. Canadian Veterinary Medical Association (CVMA):
____________________________________________________________________________
____________________________________________________________________________

2. Common Law:
____________________________________________________________________________
____________________________________________________________________________

3. Chattel:
____________________________________________________________________________
____________________________________________________________________________

4. Negligence:
____________________________________________________________________________
____________________________________________________________________________

5. Diagnose:
____________________________________________________________________________
____________________________________________________________________________

6. Prognose:
____________________________________________________________________________
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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 transmit diseases. Lifting and restraining patients can cause physical injury if not done properly. Radiation exposure is a constant danger, and even a damp floor can cause slips and falls. The following sections will give you valuable information on how to keep yourself, your patients, and their owners safe from harm.

Occupational Safety and Health

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, 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.

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

In the U.S., workplace safety is controlled by the federal agency 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, as does the CCOHS.

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

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† CCOHS website: http://www.ccohs.ca/
†† https://www.osha.gov/about.html
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 (HCC) 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 that they use.

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

- Review the written workplace safety plan with the HCC or office manager
- Identify all hazards:
  - Physical
  - Chemical
  - Infectious
- 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

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☑ 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 CCOHS plans and have attended all safety meetings within the practice
☑ 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 (PPE)

As previously stated, the veterinary assistant, technician, veterinarian, their clients, and patients are constantly in danger of injury and health risks. 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 is vital to review all safety protocol and to keep an eye out for hazards. Try to complete all tasks carefully and do not 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. When you are 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 Stage 5 Study Guide: Surgical Preparation and Assisting, for additional information).
- **Goggles** – If there is a risk of infectious or toxic material splashing upwards into your eyes, such as when you are mixing toxic chemicals, wear protective goggles. They should cover your eyes completely.
• **Aprons/Lab Coats/Coveralls/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. Lab coats and/or coveralls protects your clothing from coming into contact with disease-causing organisms, such as treating a patient with parvo virus. These are easily laundered and removed immediately after coming in contact with an infectious patient.

• **Masks and Face Shields** – A mask will help you 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 (e.g. a multitude of barking dogs) from affecting or damaging your ears.

• **Boots** – Rubber boots are easily washable and will help 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 and 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 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.

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Dangers from Cats

Cats are especially clean animals, so the risks of transmitting diseases to humans are limited. Cat bites still pose a high risk, however, especially due to the fact that many domestic cats roam outdoors and hunt vermin. As a result, cat bites can be considered 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 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 six 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) as rabies is considered a public health hazard.

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 who 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).

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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, the cat 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, a bacterium that is a major cause of tuberculosis, 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.

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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 protozoan parasite. Can cause sporadic cases of pneumonia, central nervous system disease, retinochoroiditis, and hepatitis in dogs and cats.

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 from toxoplasmosis by preventing them from hunting (a collar with a bell to warn prey is recommended). Also, meat should be cooked thoroughly before it is fed 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.

  o Dermatophyte – fungi parasitic upon the skin

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• **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**

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, which subsequently leads to death. 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.
  
  o **Toxocariasis** – infection by worms of the genus *Toxocara*§

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‡ [http://www.thefreedictionary.com/Lice](http://www.thefreedictionary.com/Lice)


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- **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.§

- **Sarcoptic Mites (Scabies)** — when a human is infected by sarcoptic mites, their skin will become itchy in spots. Often termed “sarcoptic mange” or just “mange”, these 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 (larval 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****.

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*** http://www.merriam-webster.com/dictionary/hydatid
††† http://www.cdc.gov/parasites/echinococcosis/
§§§ http://www.cdc.gov/lyme/
**** http://www.cdc.gov/lyme/
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 if the symptoms have already manifested.

Communicable Diseases

In the case of communicable diseases, diseases that are transmittable from human-to-human or from animal to human‡, 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 to humans through food, as well as dog and cat feces. 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.§§

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.***

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† The American Heritage Dictionary at www.dictionary.com
‡ http://www.globalhealth.gov/global-health-topics/communicable-diseases/
§ http://www.cdc.gov/nczved/divisions/dffmd/diseases/campylobacter/
‖ http://www.cdc.gov/nczved/divisions/dffmd/diseases/salmonellosis/
†† http://www.thefreedictionary.com/flagellated+protozoan
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. It is also passed by way of ingestion of infected tissue and bites from infected animals. There are now six 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 (anti-freeze) poisoning, pyelonephritis, and Ehrlichiosis because symptoms are similar.

- **Chlamydial 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**

Bites are incredibly common, especially when working in the veterinary field. Although precautions should be taken to prevent bites, there may be accidental mishaps, and they must be dealt with immediately. Bite wounds should be cleaned immediately or as soon as possible. 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.

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2. [http://chlamydiae.com/twiki/bin/view/Animal_Infections/CanineInfection](http://chlamydiae.com/twiki/bin/view/Animal_Infections/CanineInfection)
4. [http://www.healthychildren.org/English/health-issues/conditions/from-insects-animals/Pages/Pets-and-Pasteurella-Infections.aspx](http://www.healthychildren.org/English/health-issues/conditions/from-insects-animals/Pages/Pets-and-Pasteurella-Infections.aspx)
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, as 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 –

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.
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

For a list of common medical abbreviations used in medical records, see the ABC Appendix, located in the Student Center, under “Online Study Guides”.

Customer service is an essential aspect of the veterinary assistant profession. 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 and helpful, the client will have positive associations with the clinic or hospital and will likely 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 Canadian Veterinary Medical Association (CVMA) as well as provincial veterinary associations. 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. A client may have to prove entitlement to patient records in order to receive a copy. 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 (animal’s) information is the patient record. † An individual medical record should 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 or organized in some other way 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. 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 and 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

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- **O – Objective** – observations made by the veterinarian 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
  - TDx – tentative diagnosis
  - DDx – differential 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
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- Sex
- 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 are 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).

- Laboratory report flow sheets

Note that each individual hospital may have specific preferences for the sequence of this paperwork, as well as the type of information included in the client’s record. 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, set the file aside with the paperwork in order, or paperclip the paperwork to the file until you have time to fasten them. Do not forget to come back to them when you have a moment. Have another member of the staff check your work to ensure accuracy.

**Color-Coding Medical Records**

Medical records are usually color-coded to assist the staff member in locating them more efficiently, however they may be organized differently depending on the agency. 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 typically placed on the lower, right-hand, outside margin of the folder, and each sticker is double-sided so the numbers or letters may be seen from either side (this is too general, each agency may be different. The right hand side is pretty general; however, your addition of "typically" should suffice in case a hospital files records differently). 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 three or four letters of the client’s last name. The colors of letters are always the same and are spaced out amongst the alphabet, so that two 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 (as seen with the example on the right). 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 in order 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 have not 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.
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**

Medical records are legal documents. They must be appropriately filed in order to adhere to legal precedents, and they must be held on to for a certain length of time. Misfiling can result in inconvenience and insufficient 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 as with alphabetic filing, new records are placed between existing ones, which may lead to files needing rearrangement. 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 three digits of their identification numbers. The first two numbers of the identification number signify the order of the files. Here is an example of how this system would work. Let us say that there are six files in need of filing (all names are pseudonyms):

- Penny Smith: #01-001
- Jenny Green: #32-002
- Daniella Kirby: #22-001
- Debbie Griffin: #46-003
- Vee Jones: #55-002
- Michael Cook: #02-003
These clients’ files would be grouped together by the last three digits of their client identification numbers, and then placed in order according to the first two numbers of their identification numbers:

- Penny Smith #01-001
- Daniella Kirby #22-001
- Jenny Green #32-002
- Vee Jones #55-002
- Michael Cook #02-003
- Debbie Griffin #46-003

Each of these clients would have a personal record in the hospital’s computer system stating what their client identification number is. Thus, if Jenny Green was to come into the clinic, the staff member would look up his information in the computer to decipher his identification number and then pull her file:

```
Jenny Green
3032 Palomino Ct.
Thousand Oaks, CA 91360

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

Patient: Rowdy – Male – Pit Bull/Mastiff
```

Color-coding is used for the last two 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.

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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.

**Video**

To view a short video on patient records, please log into the Student Center click Training Videos and choose Record Keeping: Strategies for Successful Veterinary Staff Members

**Computer Literacy**

In recent years, most administrative systems have changed over from paperwork to computerized databases and programs. Hard-copy files are still commonly kept due to legal purposes and as a backup, as computer crashes can cause disastrous consequences if the information is not duplicated via hard-copy files. Also, a few practices still operate mainly through 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 tablets to record information during examinations. 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. One generally learns how to use the different veterinary software on the job.

Most employers will require employees to have at least a basic understanding of computers and keyboarding. One should be familiar with computer terminology, such as what a CPU is, or a hard drive versus an external drive. One should know basic computer mechanics, such as connecting a CPU to a monitor, or changing an ink cartridge in a printer. 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). As you may be required to send
other hospitals information or present a client with documents, you should have some knowledge
with word processing programs, such as Microsoft Word. 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 various free programs available online. The better your understanding of
computers, the more helpful you will be when it comes to data entry and computer tasks.

Appointment Scheduling

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, therefore, 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 do not 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 are usually scheduled at 15, 20 or 30-minute intervals throughout the day;
however, complicated cases and new patients may 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 vaccination boosters or removal of sutures. Walk-
in clients are those who did not schedule an appointment; they are treated depending on
availability and severity of the patient’s condition.‡

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When scheduling an appointment, make sure to record basic, but crucial information (as seen below). 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:

- Client’s 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. The client should receive 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 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

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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 early to begin checking on hospitalized and boarded patients. Routine appointments 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. Complicated procedures such as surgeries are usually scheduled early on in the day so the staff has the entire day to monitor the patient’s recovery. Once the clinic is prepared to close, all current and newly hospitalized patients are cared for and the staff prepares for closing.

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.

<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>Seizure</td>
<td>Eye injuries</td>
<td>Vaccinations</td>
</tr>
<tr>
<td>Any snakebite, especially toxic snakebites</td>
<td>Unexpected bleeding</td>
<td>Suture removals</td>
</tr>
<tr>
<td>Hit by car (HBC)</td>
<td>Broken limb</td>
<td>Routine or pre-surgical laboratory work</td>
</tr>
<tr>
<td>Straining to urinate or defecate, especially urinary blockage in cats</td>
<td>Attacked by another animal but not in serious condition</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</td>
<td></td>
<td></td>
</tr>
<tr>
<td></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 should be instructed 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 sticky 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

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
7. Alerted the veterinarian of the upcoming procedure so he/she, 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, 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.

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 if there is one available. Restraint is mandatory while in the waiting room, even if there are not 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. 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 he/she is a returning client, pull his/her file from the filing system.
3. If he/she is a new client, assemble a new medical record.
4. If it is an emergency situation, notify the veterinarian or technician immediately.
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 correction fluid.** 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>Gave food and fresh water</th>
<th>Urinated outside (nb)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correction</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

At this point, open the client’s record. Make a note in the record stating that he/she arrived for the appointment. If he/she is noticeably late, make note of it. As some people tend to be habitually tardy, this information will help you in the future if he/she does not arrive on time for an appointment. 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.

Next, 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**, 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 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.

Lastly, 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 available, have them sit in the waiting room until it is prepared. Providing excellent customer service will not only help your clients feel more comfortable, it may encourage them to continue utilizing your services.

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

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

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The Signalment

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, to ensure accuracy.¹ This description should include the name of patient, species, breed, description, date of birth, sex, and date of spay/neuter, if applicable. 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>
<tbody>
<tr>
<td><strong>Species</strong></td>
<td></td>
</tr>
<tr>
<td>Dogs</td>
<td>A dog is referred to as a “canine,” and this is shortened to “K9.”</td>
</tr>
<tr>
<td>Cats</td>
<td>Cats are referred to as felines.</td>
</tr>
<tr>
<td>Other</td>
<td>Birds – avian, Rats and Mice – rodents, Rabbits – lagomorphs</td>
</tr>
<tr>
<td><strong>Breed</strong></td>
<td></td>
</tr>
<tr>
<td>Dogs</td>
<td>A general knowledge of common dog breeds is helpful. View breed specifics at <a href="http://www.AKC.org">www.AKC.org</a>. Most dogs are mixed-breeds, meaning a combination of two or more breeds.</td>
</tr>
<tr>
<td>Cats</td>
<td>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, visit the website <a href="http://www.CFAinc.org">www.CFAinc.org</a>.</td>
</tr>
<tr>
<td><strong>Description: Coat Color and Length</strong></td>
<td></td>
</tr>
<tr>
<td>Dogs</td>
<td>Dogs have different textured coats depending on the breed: curly, wiry, short, long, smooth, or silky. 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.”‡</td>
</tr>
<tr>
<td>Cats</td>
<td>Cats also have various types and colors of coats; the Cat Fanciers Association website (above) has detailed descriptions. Tabby refers to a striped cat; tortoiseshell refers to a black and orange spotted cat; calico cats have patches of orange/black with additional white markings. Calicos and tortoiseshells are almost always female.</td>
</tr>
<tr>
<td><strong>Date of Birth (DOB)</strong></td>
<td>Most owners are unsure of the precise date of birth of their pet. Estimating the month and year is usually sufficient.</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
</tr>
<tr>
<td>Dogs</td>
<td>Use M or F to abbreviate male or female. If the dog has been neutered or spayed, record M/N or F/S.</td>
</tr>
<tr>
<td>Cats</td>
<td>The sex of a cat can be more difficult to decipher, especially when the cat is very young. Stage 3 will provide further 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.</td>
</tr>
<tr>
<td>Other</td>
<td>Birds must be sexed via blood test done by the veterinarian. The veterinarian can sex rodents and other “pocket pets”.</td>
</tr>
<tr>
<td><strong>Date of Spay/Neuter</strong></td>
<td>This is the date on which the patient was spayed (ovariohysterectomy§) or neutered (orchidectomy**). The abbreviations for spaying are OVH and OHE.</td>
</tr>
</tbody>
</table>

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‡ [http://caninebreeds.bulldoginformation.com/dog-coat-colors.html](http://caninebreeds.bulldoginformation.com/dog-coat-colors.html)
1. What do the following abbreviations stand for?
   - Dx – ________________________________
   - TDx – ______________________________
   - DDx – ______________________________

2. In what two ways can veterinary facilities choose to organize their client/patient files?
   ______________________________________
   ______________________________________

3. Name three examples of animal emergencies that would require the veterinarian’s immediate attention.
   ______________________________________
   ______________________________________
   ______________________________________

4. If you make a mistake while writing in a patient’s record, how should you correct it?
   ______________________________________
   ______________________________________

5. What is the signalment and who should complete it?
   ______________________________________
   ______________________________________

6. What is the difference between a tortoiseshell and calico cat?
   ______________________________________
   ______________________________________
Release of Patient Information

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 particular veterinary hospital or clinic did not have the equipment, resources or method of treatment available to treat the patient’s particular ailment.

The legalities of a patient’s medical record can be simplified: the hospital that created the records owns the record and the client owns the information inside the record. Consequently, 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 must 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 current 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. Making photocopies of information from the inclusive dates in the patient’s file is usually sufficient.

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.

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 courier.

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1-65
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.

Note: Each agency may have different policies and procedures regarding the release of client information. It is essential that you become familiar with these policies, as your primary legal and ethical responsibility is to protect the client’s wellbeing, which includes confidential information.

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 UPS or FedEx 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, which may vary from state to state.
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 updated 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 do not 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 consents to certain procedures and that the veterinarian is contracted to perform requested services. A new form must be completed upon a patient and client’s first visit to the hospital. The form should then 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 it 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
- Signature and date line for the client to sign

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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, as do the provincial VMA’s. The hospital or clinic may also create their own consent form, as long as it abides by practice standards. 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.
I, the undersigned owner, owner’s agent or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that I am 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 25% of the estimated fees and assume financial responsibility for the balance of all services rendered on a cash, credit card or check basis at the time the pet is discharged from the hospital. In the event the pet is hospitalized for more than 48 hours and the attending doctor 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

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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 is 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 often 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 a friend or family member referred him/her. 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 likely increase the number 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 is 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
When 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 do not have any apparent health issues. The reminder card serves as a reminder that an annual physical, dental prophylaxis, or round of vaccinations are 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**: Do not 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. A “Follow-Up Phone Call Reminder” sheet may be utilized by the practice to ensure that all clients are called; this is preferred over pulling each patient’s medical record, which can be time consuming and involves re-filing. This form should include fields for:

- The owner’s name
- The owner’s phone number
- A description of the current problem with the pet’s health
- Date of discharge
- Date of follow-up appointment (if applicable)
- Empty field for telephone conversation notes

A separate form is used each day and the forms are then filed using the hospital’s preferred method. A three-ring binder designated specifically for these forms is recommended.

**Letter-Writing**

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 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, or left- or right-
justified. Word processing programs, such as Microsoft Word also provide templates for letterheads.

1. Create the letter in a word-processing program such as Microsoft Word.
2. 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.
3. Once completed, print a sample copy out on plain white paper.
4. 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.
5. 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.
6. 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:

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

* American Heritage Dictionary at www.dictionary.com
October 31, 2013

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 Assistant
Tips for Professional Letter-Writing

- Open politely and cordially
- 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. The veterinarian likely gave them instructions regarding home care. They now approach the reception area. Smile and acknowledge their presence, even if you cannot immediately assist them. If you are 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.

Make sure to smile, and be polite, positive, and patient, as some clients will ask a lot of questions. Remember that they are 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.)
Stage 1: Office and Hospital Procedures

- 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, have the RVT 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, but it is not common. 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 is sometimes filled out by the veterinarian at the end of the physical examination and prescription 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 fondly remember the veterinary hospital and clinic staff and services, they are likely to return.
Let's Review

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 Etiquette

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 sound cheerful even if you are overly busy and stressed. Speak clearly and slowly, 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 do not 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 is as 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 will not 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 longer than five minutes, pick up and ask, “May I please
Stage 1: Office and Hospital Procedures

take down your name and number and call you back in five minutes?” Record their name and number, thank them, and hang up. Call them back as soon as you are available.

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 and my name is (first name), 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, identify the name of the practice, 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, found 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 are “shopping around” for a veterinary clinic. If they inquire about a specific service, mention the cost of the routine service last, only after describing the steps of the procedure involved. 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
Treasured in case they are disconnected during the call, but 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 the patients that are currently hospitalized, what their conditions are, and when they are expected to be released. Inform the owner if the patient is scheduled to be discharged on the day of the call. 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, a chronological order (in reverse) of the patient’s progress*, to keep the office staff informed.

**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 will likely be too busy to answer basic client calls. Try to have the caller ask you, and if you do not know the answer, ask the veterinarian and report back to the caller. Do not 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 is an emergency. Ask your friends and family to refrain from calling you at work (including on your cell phone) unless it is urgent.

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**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.

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Handling Difficult Clients

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 patients nervous. Some clients care for and worry about their pets more than others, so they may be highly afraid that they will receive bad news. Also, many people make a negative association with the vet’s office (perhaps they have had a pet euthanized in the past).

- **Health problems** – if the pet is acting unusual (e.g. they will not eat, is scratching his/her ears excessively, is straining to urinate, etc.), they may have 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 very nervous and upset. The age of the pet or devotion of the owner 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 and often with heightened emotions. If an animal is seriously hurt, the owner will be upset and 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. Do not 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 Bacal, M.A., of the Institute for Cooperative Communication. His manual, *Defusing Hostile Customers, a Self-Instructional Workbook for Public Sector Employees*, gives a 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 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 are only trying to do what is 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 is standing close to you and he is 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\(^1\) 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, as there may be 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 he has a reason to be upset. Be empathetic and exercise active listening. As Robert begins to feel like you

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understand his situation and relate with it, that you are listening to his complaints and that you are fully intent on solving the issue, his anger will begin to fade.

**R – Refocus**

Now that you have 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 agitated. 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 are in a secluded location where he feels comfortable and not vulnerable, you can begin to solve the problem. If you have 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 does not 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 will know Robert is not ready to solve the problem. Do not jump to problem solving too soon, or the situation could escalate again.

Here are some more tips that Mr. Bacal 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
- Do not lose control of your own temper
- Do not avoid the issue – *solve* the problem instead of *ignoring* the root problem
- Do not supply the client with ammunition, such as rolling your eyes, sighing, or showing your frustration
- Do not 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
- Do not ask questions to which you do not want to know the answer to
- Avoid accidental errors – evaluate each phrase before you say it
Stay away from “high risk, high gain” behavior

- 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 do not lose your temper. Prevent problems before they happen by only providing well-informed answers. If you are unsure of the answer to a question, do not 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**

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 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 the following 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 us review a sample situation.

Penny, the office manager, is in charge of ordering inventory. Sonya, the veterinary assistant, is responsible for delivering the Supply Request List to Penny 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 Penny. She replaces the list with a blank sheet. Penny 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 Penny, 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 Stage 5: Surgical Preparation and Procedures, for additional information). 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.

Penny 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 appears 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, Penny 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 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. It is cheaper than human medical insurance. Companies such as Trupanion and Nationwide (US-only, formally VPI) provide insurance plans that are similar to PPO insurance plans for humans, and they average between $60-$80 per month for dogs and a bit less for cats. 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 companies differ, however, they normally require 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 Nationwide/VPI insurance, filing a claim works as follows:

1. Download a claim form from their website to take to your next veterinarian visit.
2. Complete the claim form and submit it along with all supporting receipts and invoices.
3. Make copies of the completed claim form and itemized veterinary bill for your records.\(^1\)

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

\(^{1}\) [https://www.petinsurance.com/submit-claim](https://www.petinsurance.com/submit-claim)
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.

<table>
<thead>
<tr>
<th>Veterinary Invoice</th>
<th>Amount paid by policy holder</th>
<th>Benefit schedule allowed per incident</th>
<th>Amount reimbursed by the insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive exam and surgical treatment fees</td>
<td>$1114</td>
<td>$936</td>
<td>$936</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>$156</td>
<td>$123</td>
<td>$123</td>
</tr>
<tr>
<td>Total claim amount filed</td>
<td>$1270</td>
<td></td>
<td>$1059</td>
</tr>
<tr>
<td>Per-incident deductible</td>
<td></td>
<td></td>
<td>-$50</td>
</tr>
<tr>
<td>Sub-total of eligible expenses</td>
<td></td>
<td></td>
<td>$1009</td>
</tr>
<tr>
<td>Eligible expenses x 90% paid by insurance company = total reimbursement</td>
<td></td>
<td></td>
<td>$908.10*</td>
</tr>
</tbody>
</table>

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 ongoing 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, now Nationwide. Review the procedure for veterinary insurance within your particular practice. VPI/Nationwide provides veterinary medical staff education on pet insurance at their website, www.petinsurance.com.

* Example from VPI Pet Insurance at www.petinsurance.com
Vaccine/Rabies 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.

Interesting Fact

In the U.S., the major source of exposure to rabies has changed from domestic dogs and cats prior the 1960's to wild carnivores. In 2011, the CDC stated that 90% of reported rabid animals were wildlife, mostly raccoons, bats and skunks. In Canada, the Canadian Food Inspection Agency reports that the animals that most often transmit rabies are bats, skunks and foxes.

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.

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1 http://www.cdc.gov/rabies/location/usa/index.html
2 Dogs in Canada-Disease at the Door; http://www.dogsincanada.com/diseases-at-the-door
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, 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; 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
- How to administer the vaccination

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‡ http://www.dvmvac.org/killvmodified.asp
§ http://www.merriam-webster.com/dictionary/adjuvant
§ http://www.dvmvac.org/killvmodified.asp
Stage 1: Office and Hospital Procedures

- Proper storage of vaccination vials

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 United States Department of Agriculture (USDA) requirements by visiting the USDA’s website:
https://www.aphis.usda.gov/wps/portal/aphis/home

Once the pet has been tested, sufficiently vaccinated, and his/her health has been ensured, the veterinarian will sign the certificate. The client is charged a fee for the examination and service, and a copy is given to each of the following:
• The client
• CFIA
• One copy is kept in the patient’s permanent medical file

Visit the CFIA website1 for more information on requirements of shipping live pets and for requirements for specific countries. Please note that airlines may also have their own specific guidelines for traveling with pets.

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1 CFIA Export Program website http://www.inspection.gc.ca/english/animal/health/export/exporte.shtml
Terminology

Video
To view a video on medical terminology, please log into the Student Center, click on Training Videos and choose Basic Understanding: Veterinary Medical 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, know what each part means, and to 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 serv/ice), 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.

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 *handshake*, *download*, and *tumbleweed*.

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 “gastritis” 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.

---


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>Micro</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>

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, thus, is the opposite of sepsis, with only an “a-” prefix separating the two words.

Another example is the word “cyan/osis,” 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 “cyan/otic” and the meaning would change. Cyan/otic is an adjective describing the condition of having blue skin, or cyan/osis.

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>Cyst(o)</td>
<td>Dors-</td>
</tr>
<tr>
<td>Bladder</td>
<td>Vesc(o)</td>
<td></td>
</tr>
<tr>
<td>Blood</td>
<td>Haemat-, hemat-</td>
<td>Sanguin-, sanguine-</td>
</tr>
<tr>
<td>Blood clot</td>
<td>Thromb(o)</td>
<td>Thrombus</td>
</tr>
<tr>
<td>Blood vessel</td>
<td>Angi(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></td>
</tr>
<tr>
<td>Intestine</td>
<td>Enter(o)</td>
<td></td>
</tr>
<tr>
<td>Kidney</td>
<td>Nephr(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>Trache(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>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>Dactyl(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>
</tbody>
</table>
### Roots of Body

<table>
<thead>
<tr>
<th>Root of Description</th>
<th>Greek Root</th>
<th>Latin Root</th>
</tr>
</thead>
<tbody>
<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>Porphyr(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-</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, the term “necropsy” means “the examination of a body after death.” Knowing the meanings of these root words will surely prove helpful during your veterinary assistant career.

### Root of Description

<table>
<thead>
<tr>
<th>Incorrect</th>
<th>Dys, mal(e)</th>
<th>Dyslexia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crooked</td>
<td>Ankyl(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>Pseudoephedrine</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>Megal(o), 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), angust(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>Hemicolecotomy</td>
</tr>
<tr>
<td>Many or a lot</td>
<td>Poly-, multi-</td>
<td>Polydipsia</td>
</tr>
<tr>
<td>Twice</td>
<td>Bi-</td>
<td>Bilateral</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 would be able to guess their definitions based on the meanings of their word parts.

<table>
<thead>
<tr>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-ne-mia</td>
</tr>
<tr>
<td>Ep-is-taxis</td>
</tr>
<tr>
<td>He-ma-turia</td>
</tr>
<tr>
<td>Leu-k-emia</td>
</tr>
<tr>
<td>Lymph-o-cyte</td>
</tr>
<tr>
<td>Mon-o-cyte</td>
</tr>
<tr>
<td>Myo-card-ial</td>
</tr>
<tr>
<td>Pan-crea-ti-tis</td>
</tr>
<tr>
<td>Throm-bo-cyto-penia</td>
</tr>
</tbody>
</table>


The following pages are an alphabetical list of commonly used prefixes, suffixes, and root words. ABC recommends that you study this list throughout the duration of your studies.
### Prefix / Suffix / Root

<table>
<thead>
<tr>
<th>Prefix / Suffix / Root</th>
<th>Meaning</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>a-, an-</td>
<td>not or 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-abdomen</td>
<td>abdominal</td>
</tr>
<tr>
<td>-ac</td>
<td>pertaining to</td>
<td>iliac crest</td>
</tr>
<tr>
<td>aden(i)</td>
<td>in reference to a gland</td>
<td>adenocarcinoma</td>
</tr>
<tr>
<td>aden(o)</td>
<td>relating to adrenal glands</td>
<td>adrenaline</td>
</tr>
<tr>
<td>adren(o)</td>
<td>relating to adrenal glands</td>
<td>adrenaline</td>
</tr>
<tr>
<td>adip(o)</td>
<td>fat</td>
<td>adiposis</td>
</tr>
<tr>
<td>alba-</td>
<td>white</td>
<td>albino</td>
</tr>
<tr>
<td>-algia</td>
<td>pain</td>
<td>neuralgia</td>
</tr>
<tr>
<td>ambi-</td>
<td>both sides</td>
<td>ambiguous</td>
</tr>
<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>anis(o)</td>
<td>unequal</td>
<td>anisocytosis</td>
</tr>
<tr>
<td>ancyl(o)</td>
<td>bending or crooked</td>
<td>ancylostoma</td>
</tr>
<tr>
<td>ankyl(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>of a joint</td>
<td>arthroscopy</td>
</tr>
<tr>
<td>-asthenia</td>
<td>weakness</td>
<td>myasthenia</td>
</tr>
<tr>
<td>auricul(o)</td>
<td>referring to the ear</td>
<td>aural</td>
</tr>
<tr>
<td>aur(o)</td>
<td>referring to the ear</td>
<td>aural</td>
</tr>
<tr>
<td>auscult/o</td>
<td>to listen</td>
<td>auscultation</td>
</tr>
<tr>
<td>aut(o)</td>
<td>self</td>
<td>autoclave</td>
</tr>
<tr>
<td>axill(o)</td>
<td>under the arm</td>
<td>axilla</td>
</tr>
<tr>
<td>bio-</td>
<td>life</td>
<td>bioscience</td>
</tr>
<tr>
<td>blast(o)</td>
<td>immature cell, budding</td>
<td>blastocyst</td>
</tr>
<tr>
<td>brachi(o)</td>
<td>limb</td>
<td>brachial plexus</td>
</tr>
<tr>
<td>brachy-</td>
<td>short</td>
<td>brachycephalic</td>
</tr>
<tr>
<td>brady-</td>
<td>slow</td>
<td>bradycardia</td>
</tr>
<tr>
<td>bronch(i) / bronchi(o)</td>
<td>lungs</td>
<td>bronchitis</td>
</tr>
<tr>
<td>Prefix / Suffix / Root</td>
<td>Meaning</td>
<td>Example</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>bucc(o)</td>
<td>cheek</td>
<td>buccal</td>
</tr>
<tr>
<td>carcin(o)</td>
<td>cancer</td>
<td>carcinogen</td>
</tr>
<tr>
<td>cardi(a)</td>
<td>referring to the heart</td>
<td>cardiomyopathy</td>
</tr>
<tr>
<td>cardi(o)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cata-</td>
<td>down</td>
<td>catatonic</td>
</tr>
<tr>
<td>-centesis</td>
<td>surgical puncture of</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>chemically induced</td>
<td>chemotherapy</td>
</tr>
<tr>
<td>chondr(o)</td>
<td>cartilage</td>
<td>chondrosarcoma</td>
</tr>
<tr>
<td>chrom-</td>
<td>color</td>
<td>hypochromasia</td>
</tr>
<tr>
<td>-cide</td>
<td>kill or destroy</td>
<td>bactericidal</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>copr(o)</td>
<td>feces</td>
<td>coprophagia</td>
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<tr>
<td>crani(o)</td>
<td>head</td>
<td>cranium</td>
</tr>
<tr>
<td>crypt(o)</td>
<td>hidden</td>
<td>cryptorchid</td>
</tr>
<tr>
<td>cutane(o)</td>
<td>skin</td>
<td>subcutaneous</td>
</tr>
<tr>
<td>cyan(o)</td>
<td>describing a blue color</td>
<td>cyanosis</td>
</tr>
<tr>
<td>cyst(i)</td>
<td>relating to the urinary bladder</td>
<td>cystocentesis</td>
</tr>
<tr>
<td>cyst(o)</td>
<td></td>
<td></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(i)</td>
<td>tooth</td>
<td>dentures</td>
</tr>
<tr>
<td>derm(o)</td>
<td>skin</td>
<td>dermatitis</td>
</tr>
<tr>
<td>dermat(o)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dips(o)</td>
<td>thirst</td>
<td>polydipsia</td>
</tr>
<tr>
<td>dors(i)</td>
<td>the back</td>
<td>dorsolumbar</td>
</tr>
<tr>
<td>dors(o)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dys-</td>
<td>bad or difficult</td>
<td>dyspnea</td>
</tr>
<tr>
<td>ect(o)</td>
<td>outside or out</td>
<td>ectoplasm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prefix / Suffix / Root</th>
<th>Meaning</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>-ectomy</td>
<td>removal, excision</td>
<td>splenectomy</td>
</tr>
<tr>
<td>-edema</td>
<td>swelling</td>
<td>edematous</td>
</tr>
<tr>
<td>eosin(o)</td>
<td>rose colored</td>
<td>eosinophil</td>
</tr>
<tr>
<td>-emesis</td>
<td>vomit</td>
<td>emesis</td>
</tr>
<tr>
<td>-emia</td>
<td>condition of the blood</td>
<td>anemia, leukemia</td>
</tr>
<tr>
<td>encephal(o)-</td>
<td>brain</td>
<td>encephalitis</td>
</tr>
<tr>
<td>endo-</td>
<td>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>above, upon</td>
<td>epiglottis</td>
</tr>
<tr>
<td>epitheli(o)</td>
<td>skin</td>
<td>epithelium</td>
</tr>
<tr>
<td>erythr(o)</td>
<td>red</td>
<td>erythrocyte</td>
</tr>
<tr>
<td>ex-</td>
<td>out of or away from</td>
<td>extubate</td>
</tr>
<tr>
<td>extra-</td>
<td>outside</td>
<td>extracapsular</td>
</tr>
<tr>
<td>fibr(i)</td>
<td>fever</td>
<td>febrile</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>gest(o)</td>
<td>pregnancy</td>
<td>gestation</td>
</tr>
<tr>
<td>gingiv(o)</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>-globin</td>
<td>protein</td>
<td>hemoglobin</td>
</tr>
<tr>
<td>gloss(o)</td>
<td>tongue</td>
<td>glossitis</td>
</tr>
<tr>
<td>gluc(o)</td>
<td>glucose/sugar</td>
<td>glucocorticoid</td>
</tr>
<tr>
<td>glycol-</td>
<td>sugar</td>
<td>glycolysis</td>
</tr>
<tr>
<td>-gram</td>
<td>record</td>
<td>cardiogram</td>
</tr>
<tr>
<td>-graph</td>
<td>instrument for recording</td>
<td>radiograph</td>
</tr>
<tr>
<td>-graphy</td>
<td>process of recording</td>
<td>radiography</td>
</tr>
<tr>
<td>-helminth</td>
<td>worm</td>
<td>antihelminthic</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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prefix / Suffix / Root</th>
<th>Meaning</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>histi(o)</td>
<td>tissue</td>
<td>histiocytoma</td>
</tr>
<tr>
<td>hist(o)</td>
<td>tissue</td>
<td>histopath</td>
</tr>
<tr>
<td>humer(o)</td>
<td>humerus or upper arm</td>
<td>humeroulnar</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>hyperthermia</td>
</tr>
<tr>
<td>hyp(o)</td>
<td>below normal</td>
<td>hypothyroid</td>
</tr>
<tr>
<td>hyster(o)</td>
<td>uterus</td>
<td>ovariohysterectomy</td>
</tr>
<tr>
<td>-iac</td>
<td>pertaining to</td>
<td>cardiac</td>
</tr>
<tr>
<td>-ic</td>
<td>pertaining to</td>
<td>hepatic</td>
</tr>
<tr>
<td>-ical</td>
<td>pertaining to</td>
<td>medical</td>
</tr>
<tr>
<td>infra-</td>
<td>below</td>
<td>infracortical</td>
</tr>
<tr>
<td>inguin(o)</td>
<td>groin</td>
<td>inguinal</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>process or condition</td>
<td>dimorphism</td>
</tr>
<tr>
<td>iso-</td>
<td>equal</td>
<td>isotonic fluids</td>
</tr>
<tr>
<td>-ist</td>
<td>a specialist</td>
<td>pharmacist</td>
</tr>
<tr>
<td>-itis</td>
<td>inflammation</td>
<td>nephritis</td>
</tr>
<tr>
<td>-ium</td>
<td>tissue</td>
<td>epicardium</td>
</tr>
<tr>
<td>jaund(o)</td>
<td>yellow</td>
<td>jaundice</td>
</tr>
<tr>
<td>kerat(o)</td>
<td>cornea (eye) or hard tissue</td>
<td>keratoconjunctivitis</td>
</tr>
<tr>
<td>lacrim(o)</td>
<td>tear (as in the eyes)</td>
<td>lacrimal duct</td>
</tr>
<tr>
<td>lact(i)</td>
<td>milk</td>
<td>lactate</td>
</tr>
<tr>
<td>lact(o)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>lapar(o)</td>
<td>abdominal wall, abdomen</td>
<td>laproscopy</td>
</tr>
<tr>
<td>-lapse</td>
<td>to fall, slide</td>
<td>relapse</td>
</tr>
<tr>
<td>laryng(o)</td>
<td>pertaining to the larynx (voice box)</td>
<td>laryngitis</td>
</tr>
<tr>
<td>-lepsy</td>
<td>seizure</td>
<td>epilepsy</td>
</tr>
<tr>
<td>leuk(o)</td>
<td>white color</td>
<td>leukocyte</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prefix / Suffix / Root</th>
<th>Meaning</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>lip(o)</td>
<td>fat</td>
<td>lipidosis</td>
</tr>
<tr>
<td>lith(o)</td>
<td>stone</td>
<td>urolith</td>
</tr>
<tr>
<td>-logy</td>
<td>study of</td>
<td>nephrology</td>
</tr>
<tr>
<td>lumb(o)</td>
<td>lower back</td>
<td>lumbar</td>
</tr>
<tr>
<td>lux(o)</td>
<td>to slide</td>
<td>patellar luxation</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</td>
<td>macrophage</td>
</tr>
<tr>
<td>-mal</td>
<td>bad</td>
<td>malignant</td>
</tr>
<tr>
<td>mamm(o)</td>
<td>pertaining to the breast</td>
<td>mammary gland</td>
</tr>
<tr>
<td>mandibul/o</td>
<td>lower jaw bone</td>
<td>mandibular</td>
</tr>
<tr>
<td>mast(o)-</td>
<td>breast tissue</td>
<td>mastitis</td>
</tr>
<tr>
<td>maxill(o)</td>
<td>upper jaw bone</td>
<td>maxilla</td>
</tr>
<tr>
<td>mega-</td>
<td>enlargement</td>
<td>splenomegaly</td>
</tr>
<tr>
<td>megal(o)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-megaly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>melan(o)</td>
<td>black color</td>
<td>melanoma</td>
</tr>
<tr>
<td>metacarp(o)</td>
<td>bones of the front paw (hands)</td>
<td>metacarpal</td>
</tr>
<tr>
<td>mengi(o)</td>
<td>membrane surrounding the brain and spinal cord</td>
<td>meningitis</td>
</tr>
<tr>
<td>metatars(o)</td>
<td>bones of the rear paw (feet)</td>
<td>metatarsal</td>
</tr>
<tr>
<td>-meter</td>
<td>measure</td>
<td>refractometer</td>
</tr>
<tr>
<td>method(o)</td>
<td>procedure or technique</td>
<td>methodology</td>
</tr>
<tr>
<td>metri(o)</td>
<td>uterus</td>
<td>endometriosis</td>
</tr>
<tr>
<td>micr(o)-</td>
<td>small or little</td>
<td>microscope</td>
</tr>
<tr>
<td>morph(o)</td>
<td>form or shape</td>
<td>morphology</td>
</tr>
<tr>
<td>-mortem</td>
<td>death</td>
<td>postmortem</td>
</tr>
<tr>
<td>muc(o)</td>
<td>mucus</td>
<td>mucoid</td>
</tr>
<tr>
<td>muscul(o)</td>
<td>muscle</td>
<td>musculoskeletal</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Prefix / Suffix / Root</th>
<th>Meaning</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>my(o)</td>
<td>relating to muscle</td>
<td>myopathy</td>
</tr>
<tr>
<td>myel(o)</td>
<td>bone marrow/spinal cord</td>
<td>myelogram</td>
</tr>
<tr>
<td>narc(o)</td>
<td>sleep</td>
<td>narcolepsy</td>
</tr>
<tr>
<td>nas(o)</td>
<td>nose</td>
<td>nasogastric tube</td>
</tr>
<tr>
<td>necr(o)</td>
<td>death</td>
<td>necrosis</td>
</tr>
<tr>
<td>neo-</td>
<td>new</td>
<td>neonatal</td>
</tr>
<tr>
<td>nephr(o)</td>
<td>kidney</td>
<td>nephrotoxic</td>
</tr>
<tr>
<td>neur(o)</td>
<td>nerves</td>
<td>neurology</td>
</tr>
<tr>
<td>nutria(o)</td>
<td>to nourish</td>
<td>nutrition</td>
</tr>
<tr>
<td>ocul(o)</td>
<td>eye</td>
<td>ocular</td>
</tr>
<tr>
<td>odont(o)</td>
<td>teeth</td>
<td>periodontal</td>
</tr>
<tr>
<td>odyn(o)</td>
<td>pain</td>
<td>odynamometer</td>
</tr>
<tr>
<td>-oid</td>
<td>resembles or looks like</td>
<td>mucoid</td>
</tr>
<tr>
<td>olig(o)</td>
<td>scant</td>
<td>oliguria</td>
</tr>
<tr>
<td>-oma</td>
<td>tumor/mass, filled with fluid</td>
<td>hematoma</td>
</tr>
<tr>
<td>onc(o)</td>
<td>tumor, bulk, volume</td>
<td>oncology</td>
</tr>
<tr>
<td>onych(o)</td>
<td>nail of finger/toe</td>
<td>onychectomy</td>
</tr>
<tr>
<td>oo-</td>
<td>egg</td>
<td>oocyst</td>
</tr>
<tr>
<td>ophthalm(o)</td>
<td>eye</td>
<td>ophthalmic</td>
</tr>
<tr>
<td>-opsy</td>
<td>to view</td>
<td>biopsy</td>
</tr>
<tr>
<td>or(o)</td>
<td>mouth</td>
<td>oral</td>
</tr>
<tr>
<td>orch(i)o</td>
<td>testis (testicle)</td>
<td>orchidectomy</td>
</tr>
<tr>
<td>orchid(o)</td>
<td>testis (testicle)</td>
<td>orchidectomy</td>
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<tr>
<td>-orexia</td>
<td>appetite</td>
<td>anorexia</td>
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<tr>
<td>organ(o)</td>
<td>organ</td>
<td>organomegaly</td>
</tr>
<tr>
<td>orth(o)</td>
<td>straight</td>
<td>orthodontist</td>
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<tr>
<td>-osis</td>
<td>condition or disease or</td>
<td>coccidiosis</td>
</tr>
<tr>
<td>ossi-</td>
<td>bone or</td>
<td>ossifying</td>
</tr>
<tr>
<td>osse(o)</td>
<td>bony</td>
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<tr>
<td>Prefix / Suffix / Root</td>
<td>Meaning</td>
<td>Example</td>
</tr>
<tr>
<td>-----------------------</td>
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<td>---------------------------------</td>
</tr>
<tr>
<td>ost(e)</td>
<td>bone</td>
<td>osteoporosis</td>
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<td>oste(o)</td>
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<td></td>
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<tr>
<td>ot(o)</td>
<td>ear</td>
<td>otoscope</td>
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<td>ov(o)</td>
<td>egg</td>
<td>ovary</td>
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<td>ovari(o)</td>
<td>ovary</td>
<td>ovariohysterectomy</td>
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<tr>
<td>-oxia</td>
<td>oxygen</td>
<td>hypoxia</td>
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<tr>
<td>palliate(o)</td>
<td>soothe, relieve</td>
<td>palliative care</td>
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<td>palpebr(o)</td>
<td>eyelid</td>
<td>palpebral reflex</td>
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<tr>
<td>palp(o)</td>
<td>to gently touch</td>
<td>palpate</td>
</tr>
<tr>
<td>palbate(o)</td>
<td></td>
<td></td>
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<tr>
<td>pan-</td>
<td>all</td>
<td>panleukopenia</td>
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<tr>
<td>pancreat(o)</td>
<td>pancreas</td>
<td>pancreatitis</td>
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<tr>
<td>para-</td>
<td>alongside, beside</td>
<td>paralumbar</td>
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<tr>
<td>-paresis</td>
<td>weakness</td>
<td>hemiparesis</td>
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<tr>
<td>path(o)</td>
<td>disease</td>
<td>pathogen</td>
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<tr>
<td>-pathy</td>
<td>disease or emotion</td>
<td>neuropathy</td>
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<tr>
<td>ped(o)</td>
<td>foot</td>
<td>podiatrist</td>
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<tr>
<td>pelv(i)</td>
<td>pelvis, hip bone</td>
<td>pelvic</td>
</tr>
<tr>
<td>pelv(o)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-penia</td>
<td>deficiency</td>
<td>neutropenia</td>
</tr>
<tr>
<td>-pepsia</td>
<td>digestion or the digestive tract</td>
<td>dyspepsia</td>
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<tr>
<td>peri-</td>
<td>surrounding</td>
<td>pericardium</td>
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<tr>
<td>peritone(o)</td>
<td>peritoneum</td>
<td>peritonitis</td>
</tr>
<tr>
<td>-phage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-phagia</td>
<td>Relating to eating or digestion</td>
<td>macrophage</td>
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<td>phag(o)</td>
<td></td>
<td></td>
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<tr>
<td>pharmac(o)-</td>
<td>drug</td>
<td>pharmacologist</td>
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<tr>
<td>phleb(o)</td>
<td>vein</td>
<td>phelbotomy</td>
</tr>
<tr>
<td>plant(o)</td>
<td>bottom of foot</td>
<td>plantar</td>
</tr>
<tr>
<td>-plasia</td>
<td>formation or development of</td>
<td>dysplasia</td>
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<table>
<thead>
<tr>
<th>Prefix / Suffix / Root</th>
<th>Meaning</th>
<th>Example</th>
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<tbody>
<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>plex(o)</td>
<td>network of nerves</td>
<td>brachial plexus</td>
</tr>
<tr>
<td>pnea</td>
<td>breathing</td>
<td>dyspnea</td>
</tr>
<tr>
<td>pneum(o)-</td>
<td>lungs or air</td>
<td>pneumothorax</td>
</tr>
<tr>
<td>pod(o)</td>
<td>foot</td>
<td>pododermatitis</td>
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<tr>
<td>-poiesis</td>
<td>production, making of</td>
<td>hematopoiesis</td>
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<tr>
<td>poikil(o)</td>
<td>varied or irregular</td>
<td>poikilocytosis</td>
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<tr>
<td>poly-</td>
<td>many, excessive</td>
<td>polydipsia</td>
</tr>
<tr>
<td>post-</td>
<td>after</td>
<td>postoperative</td>
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<tr>
<td>-prandial</td>
<td>meal</td>
<td>postprandial</td>
</tr>
<tr>
<td>pre-</td>
<td>in front of, before</td>
<td>premature</td>
</tr>
<tr>
<td>pro-</td>
<td>near</td>
<td>proximal</td>
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<tr>
<td>prurit(o)</td>
<td>itching</td>
<td>pruritus</td>
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<tr>
<td>pseudo-</td>
<td>false</td>
<td>pseudoparasite</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>droop or sag, prolapse</td>
<td>proptosis</td>
</tr>
<tr>
<td>pulmon(o)</td>
<td>lung</td>
<td>pulmonary</td>
</tr>
<tr>
<td>pyo-</td>
<td>pus</td>
<td>pyometra</td>
</tr>
<tr>
<td>pyrex(o)</td>
<td>fever</td>
<td>pyretic</td>
</tr>
<tr>
<td>quadr(i)-</td>
<td>four</td>
<td>quadruped</td>
</tr>
<tr>
<td>radi(o)</td>
<td>x-rays</td>
<td>radiograph</td>
</tr>
<tr>
<td>ren(o)</td>
<td>kidney</td>
<td>renal</td>
</tr>
<tr>
<td>rhin(o)</td>
<td>nose</td>
<td>rhinitis</td>
</tr>
<tr>
<td>-rrhage</td>
<td>excessive flow or discharge (blood)</td>
<td>hemorrhage</td>
</tr>
<tr>
<td>-rrhag / ia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-rheaa</td>
<td>excessive flow or discharge</td>
<td>diarrhea</td>
</tr>
<tr>
<td>Prefix / Suffix / Root</td>
<td>Meaning</td>
<td>Example</td>
</tr>
<tr>
<td>-----------------------</td>
<td>----------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>sarc(o)</td>
<td>flesh-like</td>
<td>sarcoma</td>
</tr>
<tr>
<td>scler(o)</td>
<td>hardening</td>
<td>atherosclerosis</td>
</tr>
<tr>
<td>-scope</td>
<td>an instrument for viewing/exam</td>
<td>stethoscope</td>
</tr>
<tr>
<td>-scopy</td>
<td>to view</td>
<td>endoscopy</td>
</tr>
<tr>
<td>sinistr(o)</td>
<td>left</td>
<td>oculus sinister (O.S.)</td>
</tr>
<tr>
<td>-sis</td>
<td>condition of</td>
<td>osteoporosis</td>
</tr>
<tr>
<td>splen(o)</td>
<td>spleen</td>
<td>splenomegaly</td>
</tr>
<tr>
<td>spondyl(o)</td>
<td>vertebrae, spine</td>
<td>spondylisis</td>
</tr>
<tr>
<td>-stasis</td>
<td>to stop or control</td>
<td>homeostasis</td>
</tr>
<tr>
<td>-static</td>
<td>to stop or control</td>
<td>bacteriostatic</td>
</tr>
<tr>
<td>sten(o)</td>
<td>narrowing</td>
<td>arterial stenosis</td>
</tr>
<tr>
<td>steth(o)-</td>
<td>chest</td>
<td>stethoscope</td>
</tr>
<tr>
<td>stom(a) / stomat(o)</td>
<td>mouth or oral cavity</td>
<td>stomatitis</td>
</tr>
<tr>
<td>sub-</td>
<td>Beneath or below</td>
<td>subgingival</td>
</tr>
<tr>
<td>supra-</td>
<td>above or beyond</td>
<td>supragingival</td>
</tr>
<tr>
<td>tachy-</td>
<td>rapid or fast</td>
<td>tachycardia</td>
</tr>
<tr>
<td>tars(o)</td>
<td>hind foot</td>
<td>tarsal joint</td>
</tr>
<tr>
<td>therm(o)</td>
<td>heat</td>
<td>thermometer</td>
</tr>
<tr>
<td>thorac(o)</td>
<td>chest</td>
<td>thoracotomy</td>
</tr>
<tr>
<td>trans-</td>
<td>across</td>
<td>transtracheal wash</td>
</tr>
<tr>
<td>thromb(o)</td>
<td>to clot</td>
<td>thrombosis</td>
</tr>
<tr>
<td>-tocia</td>
<td>to give birth</td>
<td>dystocia</td>
</tr>
<tr>
<td>-tomy</td>
<td>to cut</td>
<td>cystotomy</td>
</tr>
<tr>
<td>-trophry</td>
<td>development or growth</td>
<td>dystrophy</td>
</tr>
<tr>
<td>tympan(o)</td>
<td>ear drum, middle ear</td>
<td>tympanic membrane</td>
</tr>
<tr>
<td>-ula</td>
<td>small or little</td>
<td>nodule</td>
</tr>
<tr>
<td>-ule</td>
<td></td>
<td>miniscule</td>
</tr>
<tr>
<td>un(i)-</td>
<td>one</td>
<td>unilateral</td>
</tr>
<tr>
<td>-uria</td>
<td>urine</td>
<td>hematuria</td>
</tr>
<tr>
<td>ur(o)</td>
<td>urine, urinary tract</td>
<td>urolith</td>
</tr>
</tbody>
</table>

## Stage 1: Office and Hospital Procedures

### Prefix / Suffix / Root | Meaning | Example
--- | --- | ---
vas(o)- | A duct or blood vessel | vasoconstriction
vascul(o)-
ven(i) | vein | venipuncture
ven(o) | front side (of the abdomen) | ventral
ventr(o)-
-volemia | blood pressure | hypovolemia
-y | Process or condition of | surgery
zo(o) | animal life | zoonosis


Now that you have 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 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.
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 interstate shipment of animals in particular states?
____________________________________________________________________________
____________________________________________________________________________

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
Deliverable

Complete and submit the Stage 1 exam.