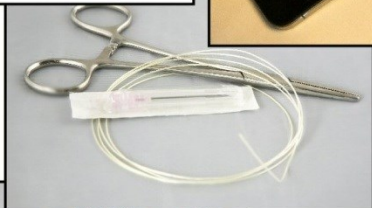
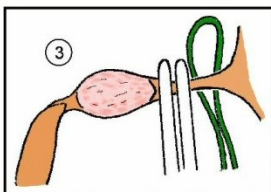


The Pocket Book of Tips for Practising Vets

A. Jeans, A. Cousin, N. Macdonald,
J. Macfarlane, N. Rowe, K. Williamson



£10

All proceeds to the
Veterinary Benevolent Fund

The Pocket Book of Tips for Practising Vets

A. Jeans, A. Cousin, N. Macdonald,
J. Macfarlane, N. Rowe, K. Williamson



Raising funds for the Veterinary Benevolent Fund

Kindly sponsored by

Elanco Animal Health



Published 2012

Contents

INTRODUCTION.....	3
GENERAL TIPS	6
TIPS FOR NEW GRADUATES	15
ON CALL TIPS.....	19
SURGICAL TIPS	25
TECHNOLOGY TIPS	34
SMALL ANIMAL TIPS	38
FARM ANIMAL TIPS.....	52
EQUINE TIPS.....	77
WORKING WITH SMALL ANIMAL CLIENTS	82
WORKING WITH FARMERS	87
ACKNOWLEDGMENTS.....	91
CONTRIBUTORS	93
NOTES / ADDED TIPS.....	95
VBF INFORMATION	99

INTRODUCTION

This collection of tips for vets in practice started life as a 10-tip presentation on our annual practitioner-led CPD sailing trip in 2011.

We are six mixed-practice veterinary surgeons, with over 200 years of experience between us, and we decided to expand the tips idea, and produce a book of tips that vets could use on a daily basis, and raise money for the Veterinary Benevolent Fund in the process.

The VBF were approached with the project, and were very enthusiastic about it, but they felt that new or recent graduates would benefit most from the book, making the step into veterinary practice easier and less stressful for them. With this in mind, it was decided that final year veterinary students and recent graduates should receive the tips free of charge in electronic format, and that a

INTRODUCTION

web based forum for tips should be set up on the VBF's Vetlife website. We would also sell the book for £10 each, with all the funds raised being donated to the VBF.

When we put out requests to the profession for their contributions, the response was reassuringly positive, with tips being sent in from all corners of the United Kingdom. These were mainly from vets, and there were also a couple of tips sent in by a veterinary nurse.

Although many of the tips in the book are aimed at new or recent graduates, vets of all ages and levels of experience will find plenty of tips that they can use on a day-to-day basis. During the collection process, all of us have picked up a surprising number of ideas that we were able to take back to our own practices.

We hope that the collection and sharing of tips will be an on-going process, and any further tips that come in will be considered for publication on the VBF support site for vets, which you can access at www.vetlife.org.uk.

DISCLAIMER

It's not a text book it's a tip book. The tips in this book have been collected as part of a charitable project by the authors from practising vets. Each tip is not intended to cover the subject comprehensively. As a result, the use of the tips is at the reader's own discretion, and with care and consideration. No responsibility can be taken by the VBF, Elanco or the authors for any issue arising from the use of the tips.

GENERAL TIPS

1 Double check any certification you put your MRCVS to. It is an easy way to stray into trouble or unwittingly upset a client. For example: there is a skill in writing insurance letters; always seek advice.

2 Recognise a ‘no win’ situation. Avoid giving yourself grief when the initial prognosis is grave (nature rules us, not vice versa). In these situations recognise your professional role of offering guidance, comfort and ‘hand holding’.

3 If you feel pressured don’t back yourself into a corner. For example: a client wanting a certificate issued that you feel is inappropriate – don’t say NO. Rather state your concern and ask that a senior colleague offers a second opinion. If you have not committed then your

GENERAL TIPS

second opinion can give guidance either way without over-ruling you, their professional colleague.

4 Never store liquids such as surgical scrub in calcium style bottles, in case they are used in a case of milk fever in error.

5 Scuba divers have a useful mantra that can equally be applied to many veterinary situations:

In an emergency:

- Stop
- Breathe
- Think
- Act



GENERAL TIPS

6 Always deal with lab result e-mails the same day, so that clients cannot accuse you of not reporting their results quick enough.

7 Always, always, always shut the doors and windows when handling animals in the consulting rooms, prep rooms and kennels etc. to avoid losing a patient. Dogs and cats will try to escape through doors, windows, small gaps and large gaps, but it is entirely preventable. Unexpected deaths are rare but inevitable and can be explained to owners as a risk of illness or surgery, but letting a client's cat get out of a window is an entirely man-made and unforgivable disaster.



8 Socialisation with colleagues is essential - take it in turns to buy doughnuts on Friday, go out for a meal together at least twice a year, and bring a cake in if it's someone's birthday,

9 When opening injectable multi-dose bottles, don't pick at the silver disc that covers the centre of the rubber bung with scissors or fingernails, etc. They are designed to pop off after being pushed in, not pulled off. Press on their centre with a biro pen top, or the tip of artery forceps, or similar, and they spring off.

10 NEVER GIVE A FAVOURABLE PROGNOSIS UNLESS YOU ARE VERY SURE. Don't be tempted to make the client feel better by saying what they want to hear, it is wiser to give a guarded prognosis and be happily wrong than the other way around.

11 YOU ARE IN CHARGE. If you can't find a vein because the animal is poorly

restrained, poorly clipped or the lighting is bad, it is your responsibility to correct the situation. Don't blame the nurse, the animal or the owner. If you are unable to control the situation or you are not in a position to do so, it is better not to 'carry on anyway', if at all possible.

12 LISTEN AND BE PREPARED TO TAKE ADVICE FROM ANYONE. If a farmer or breeder (no matter what you think of them) has been at it for 40 years, it is wise to take note of what they say. Some comments will be bizarre nonsense, but some will be gems found in no textbook or university. You can decide, but do pay some attention.

13 Don't expect to diagnose every case at the first appointment. Explain that it may need more time; consult your books at a later stage, not in front of the owner!

14 NEVER SURPRISE A CLIENT OR AN ANIMAL. The animal part is self-

GENERAL TIPS

evident, and those who do surprise an animal will soon get bitten or kicked... but equally, never surprise the client - if they expect a bill for a certain amount, it is wise to warn them if the bill is higher. If they expect the animal to have a certain procedure, do warn them if there is a change in plan.



15 IF IT LOOKS LIKE A HORSE, SOUNDS LIKE A HORSE, DON'T SEE ZEBRAS. If you have a reasonable diagnosis that fits the picture, don't spend

time and money imagining and investigating unlikely things.

16 DO IT RIGHT FIRST TIME. It is better to spend a few minutes tying an extra ligature at that spay than having to open up again later...or lying awake worrying about it!

17 When on call, spend some of your time doing household chores. That way you won't mind as much getting called out and you will be able to make more of your free time.

18 If you are not busy, but your colleagues are, ask if you can do anything for them; it makes them a lot happier to assist you when you need their help.

19 If you feel you have asked your colleagues too many clinical questions and can't find the answer in the textbooks, you can always ask your university friends, referral practices and the vets at your

GENERAL TIPS

external laboratory (who are paid to answer your questions).

20 If making a career in farm or equine practice, always remember to wash your hands **BEFORE** you make a call of nature. This avoids being infected with ringworm or worse in a sensitive area!



21 Make an effort to join a club or get to know people away from work, especially if you have moved to a new area.

TIPS FOR NEW GRADUATES

22 When choosing a position be more concerned with the feel of the practice and the friendly nature of vets and staff than the perfect location or type of job. Early support and being allowed freedom to pursue cases is vital to maintain sanity in a period that is potentially stressful.

23 Don't be afraid to ask for help and advice. Any good vet will still be doing that no matter how long they have been qualified.

24 Establish the limitations of your skills. Certainly give it a good attempt but don't delay asking for help until you are at the point of salvage. It is easier for a second opinion to resolve a problem en route than it is to turn back the clock.

TIPS FOR NEW GRADUATES

25 Most vets in a practice carry mobiles. Any vet, especially new graduates, should feel able to contact any of their colleagues, whether it is for clinical advice or help to locate that farm up a dark lane in the dead of night. Put all the available practice contact numbers (branch numbers, mobile and home numbers) in your phone on the first day at a new job.

26 Don't be afraid to discuss any mistakes you feel you may have made – we have all been there. Some of us still are!

27 First impressions last. Presenting yourself correctly will set a client at ease. Consider your dress, the appearance of your vehicle and equipment, and the confidence you convey in discussions with the client.

28 Talk to your bosses. If you're not happy about something, let them know sooner rather than later, when the problem has escalated out of control.

TIPS FOR NEW GRADUATES

29 If you're not happy with certain procedures, don't palm them off or avoid them. Experience is essential, so unless you persevere, you won't learn, no matter how daunting it can be in the early days.

30 Keep your work colleagues on side!!! Swanning into a practice and barking orders will not stand you in good stead with staff. Nurses are likely to have a lot more practical hands-on experience than you, and their advice is usually invaluable! If you keep the nurses on your side, they will take you under their wing and look after you... Life will be unbearable if the nurses turn against you!

31 If you're not sure about something; ask. Colleagues would rather you irritate them with the simplest of questions than having to clean up after something has gone wrong!

32 Perfection is the enemy of good.

TIPS FOR NEW GRADUATES

33 Nobody owes you a living. If you want to be treated as a veterinary surgeon, then act like a veterinary surgeon.

34 ALWAYS do a full clinical examination, or you will eventually miss something important. More mistakes are made through failure to carry out a complete examination than from any lack of knowledge

ON CALL TIPS

35 A container of baby wipes in the car is useful for cleaning any splatters of blood from your face after caesareans, calvings or dehorning. They are also very useful to clean blood tubes so that you can write on them. The non-fragranced ones seem to be better. Surplus teat wipes from intra-mammary tubes can be used too.



36 It can be useful to keep a few extra spares at home. A couple each of calcium and magnesium bottles, and a few other

key items, will save you a trip to the surgery when you suddenly run out during those weekends on call. In the glove compartment of the car, you can keep spare McLintock needles and a spare stethoscope and thermometer. Contents need reviewed regularly to avoid drugs going out-of-date.

37 Use a chunky plastic A4 wallet for all your paperwork including job sheets, TB readings, certificates etc. It keeps them all neat, clean and tidy, and avoids them floating about on the front seat or floor of your car.

38 If you're running very late for a call and have an angry farmer awaiting you, stop half a mile from the visit before getting there and put on your overalls. Collect everything together you're going to need before you arrive. This saves rummaging about in the boot of your car for your thermometer while the client is watching you and tapping his foot.

39 Long-johns in the winter are invaluable. Forget [the rubbish?] about keeping the core warm. Keep the extremities warm, and you stay warm. Keep a spare pair of thick socks with your wellingtons, and double up to stop your feet getting cold.



40 Carry a collapsible camping bucket for those premises where it is impossible to find a clean bucket or one that doesn't leak.

41 Make notes as soon as possible when on a visit; during, at the end, or immediately after. As you get older you cannot rely on the grey matter! The easiest place to do this is on an invoice docket, and then transfer the information to a diary or computer later as required.

42 Store glass or plastic bottles of 'white' antibiotics upside down in the car so that the solids settle out at the top of the bottle. This makes mixing much easier prior to withdrawal of the injectable from the bottle.

43 It is of utmost importance to keep the client informed and involved. It is always appreciated when a client is told as early as possible of any delays. Most of the time, this means that you get a good reception when you finally arrive.

44 To make being on-call more bearable, get Sky Plus installed, or buy a hard disk recorder, then you won't miss your favourite TV program when a call-out or phone call interrupts your viewing.

45 To help cope with being on-duty, prepare to be busy, then any spare time you have for yourself is a bonus. Don't have any definite plans: to finish that book, watch that TV programme or visit that friend, etc. Find things to do that you can easily fit in between calls, and make sure you have a packed lunch ready on weekend duty days.

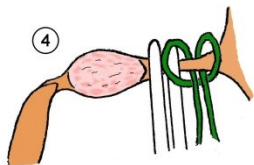
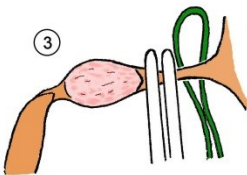
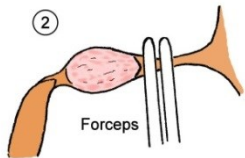
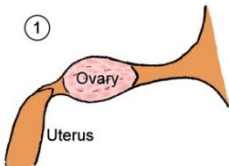
46 When arranging to meet a client out of hours, always agree a definite time; some people have very odd ideas about what "come straight down to the surgery" means. It can be very stressful waiting at the surgery for a long time, particularly if you have other calls coming in. Before arranging a time, always ask the client how long it would take them to get to the

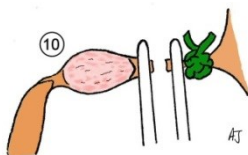
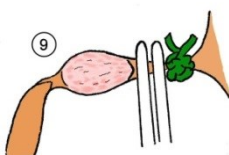
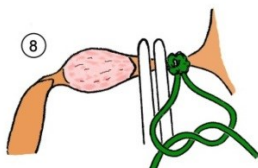
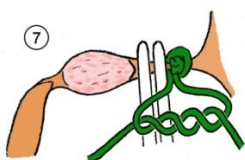
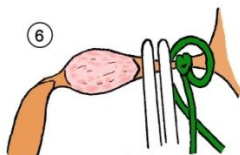
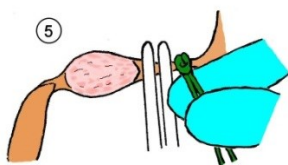
SURGICAL TIPS

48 Bitch Spay loop ligature: It is much easier to apply, and feels much more secure than a standard ligature. [1] To begin, break down the ovarian Ligament and tear the broad ligament as normal. [2] Apply two artery forceps on the ovarian artery as close to the ovary as possible. [3] Take a length of metric 4 or 5 Monofilament absorbable suture about 50cm long and double it over to make a loop. Pass this loop under the ovarian artery. [4] Then pass the two free ends through the loop. [5] Tighten the ligature by **PUSHING DOWN** on the loop towards the ovarian artery while pulling the free ends of the loop. The ligature should automatically distance itself from the forceps. [6] Now take the free ends and pass them round the ovarian artery in

SURGICAL TIPS

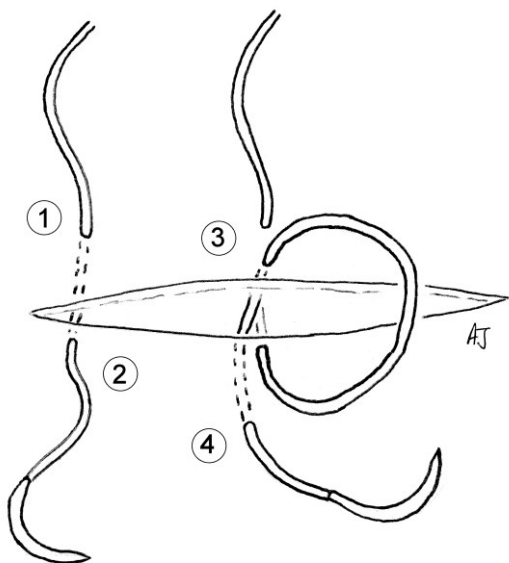
opposite directions. [7-9] Tie these ends with a double and 3 - 4 single surgical knots. [10] Tear between the forceps as normal. The cut ends of the suture material should be long enough to repeat the ligature on the other ovarian artery, and also for the cervical ligature. If you feel that you must transfix the ligature, transfix one of the free ends after you have tied two surgical knots, then finish this off with a further three surgical knots.





49 Far-near-near-far pulley sutures are invaluable for bringing medium to large umbilical hernia edges together. [1] The needle is initially put through the body wall far from the right side of the hernia. [2] It is pushed out close to the hernia on the left side. [3] Now return it through the body wall close to the right side of the hernia. [4] Finally, push it up through the

body wall far from the hernia on the left side. This forms a pulley system that will not slip as readily as a standard suture under tension. It is finished by a double throw and five or six single throws.



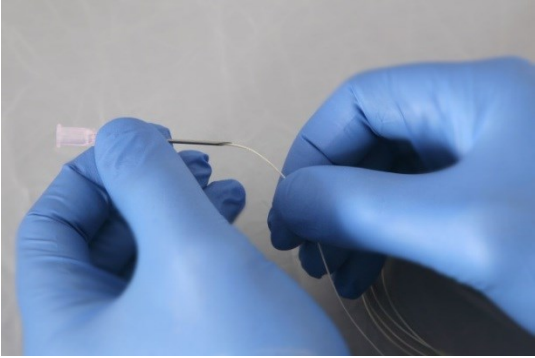
50 You can (carefully) cut the ovarian ligament on bitch spays if you can't snap it.

51 If you need a swaged suture in an emergency, you can make one with a length of suture material and a hypodermic needle of the appropriate size, using a pair of artery forceps.

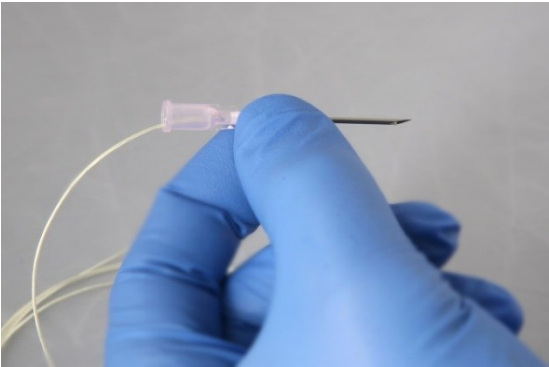
[1] Cut a length of suture material of your choice and choose an appropriately sized hypodermic needle.



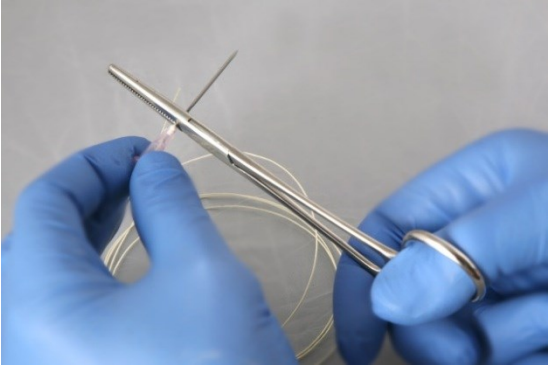
[2] Pass the suture through the needle through the tip



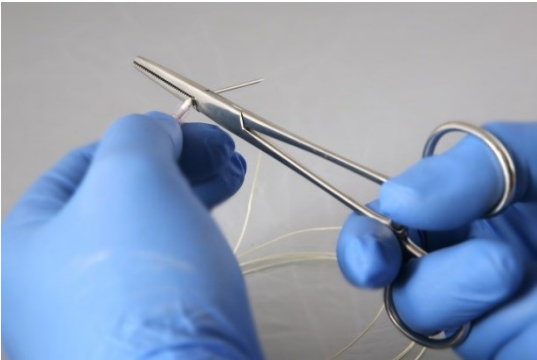
[3] until it just disappears inside the needle.



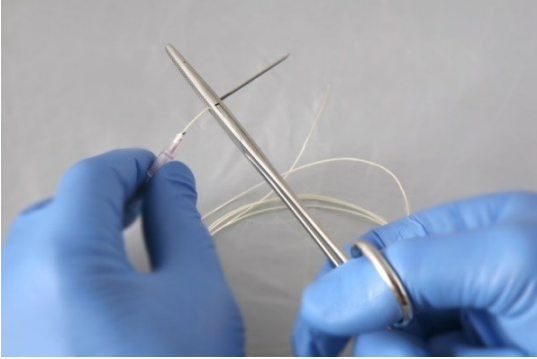
[4] Crush the needle on to the suture slightly below the hub of the needle.



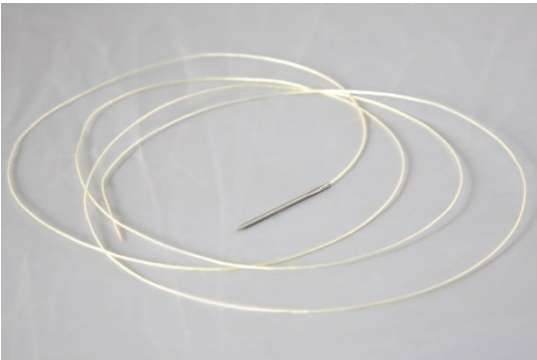
[5] Keeping the needle gripped tightly in the forceps, bend the hub back and forward until the needle breaks.



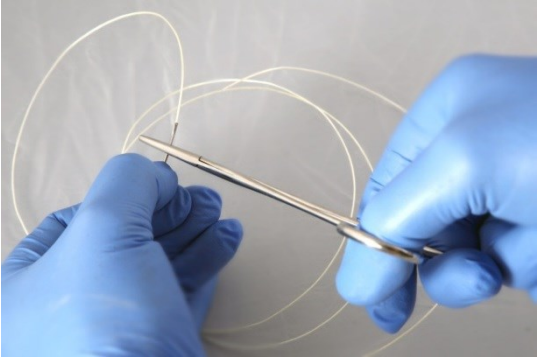
[6] Pull the hub up the suture and remove it completely.



[7] You now have a straight needle.



[8] If you prefer it curved, gently grip the needle with the artery forceps, and carefully bend the needle a few places along its length.



[9] The finished swaged suture.



TECHNOLOGY TIPS

52 Small fridges are available which run off a 12v car lighter socket, which are ideal for oxytocin, tuberculin and vaccines etc. but can also keep a can of coke icy cold on a hot day!

53 Most modern phones have a decent camera; if yours doesn't, you can always carry an inexpensive digital camera in your car. Use it to record ear numbers, take pictures of clinical cases for your records, to build up a library for use in client talks, or to show to other members of the practice. You can also use your phone as a copier/scanner on farm when filling in DEFRA or other forms, and print out paper copies on return to the practice. You can even save these 'scans' to your practice management system, which

removes the need for a paper copies altogether.

54 Synchronise your smartphone with your practice or personal computer. This can include your calendar, contacts, call lists, files giving you access to clinical data, equipment manuals and some textbooks. You can also use your phone to give on-screen presentations or video demonstrations to farmers on selected topics.



55 Send texts or emails to yourself if you need a reminder to do something important. These will be waiting in your inbox until you have time to deal with them.

56 Use your phone's voice recorder to record details of call-outs, and things you need to remember at a later date.

57 Make use of texting via the practice computer system for non-urgent messages between vets. It saves interrupting a colleague while they're busy. You can also use texting to send owners non-urgent messages.

58 You can have digital radiographs without having a digital radiography system. By having them digitalised, you can store x-rays on the practice computer system in the animal's record or work on a film radiograph to enhance part of the image. Simply hang the film up on the light box and take a digital photograph of

it. If you have access to a reasonably good camera and (ideally) a tripod (not absolutely necessary), you can produce a JPEG file which has a pretty good resolution and it can actually be e-mailed much better than a DICOM file. Remember to turn off the flash, and watch out for reflections from lights, people or objects that can spoil the image.

SMALL ANIMAL TIPS

59 It is important to put green plastic gutter splints on the correct way up. The shape is designed to mimic a dog's leg, with the broader "spoon" at the end being designed to cup the paw, not to cover the elbow. They are meant for the lower limb so should only reach to proximal radius/ulna region and not exert any pressure on the point of the elbow.

60 When trying to raise a cephalic vein, or when taking a cephalic blood sample, gently flex and extend the foot to improve blood flow.

61 With snappy little dogs, especially ones that fly at a muzzle, or where the owner get really distressed by their pet being muzzled, use a good sized towel, rolled on itself lengthwise like a sausage,

SMALL ANIMAL TIPS

and wrap it like a big scarf a couple of times around its neck. It should be bulky enough to allow you to hold the ends yourself so that the dog can't reach you when it tries to bite, but should be loose enough that it doesn't stress the dog or affect their breathing.



© 2012 FRIZZLE CAT PRODUCTIONS.

62 If you are struggling to take a jugular sample from a large overweight dog, try the cephalic vein.

63 Remember you often have an 'opt out clause' with small animals: the injection and repeat consultation. This allows time

SMALL ANIMAL TIPS

for you to read up on the subject or seek a second opinion, and gives a chance to assess the response to initial treatment. Don't underestimate the 'power' of an injection, and be aware of poor medicine compliance when choosing between repeat injections and oral medication.

64 Make sure you are well positioned before giving a cat a tablet or a dog its kennel cough vaccination. Anything like that is significantly easier on the first attempt, before the animal realises what is happening.



65 A towel over the eyes of a nervous dog can help relax it, for clipping nails,

kennel cough vaccination or other minor procedures.

66 Patient records: always scroll back to review the prior history before consultations. Record a logical synopsis comprising the owners presenting history, clinical signs, diagnosis & treatment. Include pertinent advice given and register the expected revisit.

67 Be comfortable promoting health. You are not a sales-person; rather you are the pet's advocate. It is your duty to recommend the best preventative therapy.

68 When inserting an intravenous catheter in a dog or cat with poor veins, and the catheter and stylet won't stay in the vein as you insert it fully, remove the stylet completely with the catheter fully inserted into the vein, and slowly withdraw the catheter until blood starts to flow. Remove the tourniquet, attach a 5ml syringe filled with saline, and slowly

reintroduce the catheter while 'inflating' the vein at the catheter tip by gently infusing the saline. This stops the catheter tip snagging on the walls of the vein, and makes it easy to fully insert the catheter.

69 If you have an ovarian bleed during a bitch spay and you cannot find the stump/source easily, do NOT root around in the region of the stump pushing fat and intestines this way and that. Put a swab in the stump region (but don't forget it's there!) and then go to the uterine horn at the point where the mesometrium is still attached to the horn. This may be at the ovarian end if you have not yet torn the mesometrium, or it may be right at the uterine body/cervical end if you have. In either case, find the mesometrium at the limit of your tear. Find the torn edge of the part that is attached to the body wall, and walk down it with your thumb and forefinger towards the ovary. This will lead you directly and precisely to the bleeding

stump, and without any fuss. There will not be blood at the mesometrium tear because it is away from the stump you have just "lost". Your bitch will not bleed out in the time it takes to do this but she might bleed out while you grapple with intestines and fat rooting around in an increasing pool of blood somewhere at the caudal pole of a kidney.

70 Confronted with a new puppy and asked to clip its nails because they are too sharp, advise the owner to rasp the nails with a good emery board whilst the puppy is snoozing. They will usually get a foot done before the puppy wakes up enough to pull away. The result is blunter nails, the puppy gets used at an early age to having its feet handled, there's no blood around the consulting room, no silver nitrate stains on your hands, and the puppy is not traumatised for life about its feet because of the pain caused by clipping a nail too short.

71 Apply a warm microwave 'beanie' or 'wheat' bag to the IV line of an anaesthetised patient to aid warming during a procedure and recovery.

72 For a dog with a damaged tail tip, use a large syringe with plunger removed, or a syringe case, and cut the closed end off so that both ends



are open. Place some Soffban around the tail but leave the 5cm at the end undressed. Slide the syringe on, freshly cut end last, over the Soffban and secure it with Elastoplast. This protects the tail but lets the air in for healing, and allows you

to monitor the wound without removing the dressing.

73 Clip the hair and apply 'Emla' local anaesthetic cream to a patient's neck or forelimb half an hour prior to blood sampling, IV injection or catheter placement. It is especially helpful in patients undergoing repeat procedures such as chemotherapy, or in very fractious cats. A small dressing should be applied to cover the area in cats, as Emla can cause haemolytic anaemia if ingested.

74 To get a reluctant dog to take its pills, cut a small sausage into pieces and throw one bit in the air, then do the same with the next bit, having inserted the pill deep into it first. It is important that the dog has to look up to the descending piece so that it swallows it without thinking. Cheese works well too.

75 If presented with a dog with a bone or stick jammed across the roof of its mouth,

SMALL ANIMAL TIPS

use a household spoon handle as a lever to prise it away, allowing the curve of the handle to guide itself over the object.



76 During a euthanasia, if there is the remotest possibility of an animal recovering from a PTS, if for example, the owner is taking it away for home burial, double dose the injection.

77 In jugular venepuncture, especially with cats, raising both jugulars enhances the effect, but only do this for a short time.

SMALL ANIMAL TIPS

78 When catheterising a male cat with a blocked urethra, use a small IV catheter (without the metal insert) to introduce a small blast of saline into the cat before attempting to introduce the urinary catheter.

79 Many lame cats have been bitten by another cat and carefully running one's finger over the fur reveals a 'paintbrush' tuft of hair sealed at the bottom by dried blood. A quick tug reveals the bite wound.



80 In unusually hot weather, a collapsed dog with a very high temperature may have heatstroke. One action that can help is to use a cold bath or water spray to help reduce the animal's temperature towards normal, but very close monitoring of the temperature is necessary to avoid rebound hypothermia, and the use of IV fluids is strongly indicated.

81 Take a thorough history before getting the cat out of the basket or the dog onto the table. Once the animal is ready for examination, the client focuses on keeping it still and expects you to start examining it immediately. You will miss important history, either because they stop telling you, or because they are talking while you are trying to auscultate the chest

82 Keep a notebook in your pocket for the first few months. Write down commonly used drug doses, computer shortcuts etc. so they can easily be found. Write lists of jobs and cross them off as

you complete them so nothing gets forgotten.

83 Always use a buster collar one size bigger than you think, or at least always try it on the animal before sending it home!

84 Don't forget nutrition. Get into the habit of asking owners what they feed their pet. It is amazing what they see as a balanced diet, and if forgotten you will be missing a few important items on your list of differentials.

85 Cats are often quite secretive about their actions, so don't assume owners have any idea about what they eat, their fluid intake or their toileting habits. If they have seen that their cat has PUPD it is likely to be true, but if they haven't, it could still be present. The same can apply with diarrhoea, especially in cats that do not use litter trays.

86 You can x-ray cats with respiratory problems in a clear plastic box to restrain them, as long as there is an oxygen supply to the box.

87 Always check a rabbit's teeth during your examination.

88 When anaesthetising rabbits, pre-place an ear catheter, then let them calm down in an oxygen box, to pre-oxygenate them.

89 Use an anaesthetic/sedation drug combination your anaesthetist/nurse is comfortable with. They are the ones who have to monitor it!

90 Animals can always be admitted from consults for a more thorough examination later. This is especially useful for neurological exams or for reassessment of a painful animal after giving pain relief.

91 Record the weight of any small animal at every consult. It really helps you spot subtle weight loss or gains.

92 When examining a cat's mouth or administering a pill, hold the head from behind and tilt it back until the open mouth is vertical. If the owner is present, make sure they are OK with you doing this.

93 If you are asked to put down an aggressive dog in its own home, and you have difficulty getting near it, ask the owner to put a lead on it, and take this around a door edge into the next room. Ensure that you choose a door that closes away from you and shut it until it is almost completely closed. Ask the owner to pull the lead tight, and make sure they understand that they must not slacken it. A sedative can then be safely injected into the rump of the dog.

FARM ANIMAL TIPS

94 Milk fevers: when you are on your own use a halter to tie the head around to the back leg above the hock using a non-slip knot, and then you can safely give your intravenous calcium or any intravenous injections in downer cows.

95 If asked to 'open' teats that are not milking out post calving, roll the teat with your finger, feeling for a cord running up through the middle, almost like a piece of string. This is a finding in quarters which have had summer mastitis and are not salvageable; it is pointless trying to open them.

96 You can use a rumen trochar and cannula to put a ring in a bull's nose in a controlled and easy manner. After local anaesthesia has been given, slide the

trochar and cannula through the nose, and remove the trochar from the cannula. Then fit the tip of the nose ring into cannula and pull it back through.

97 When giving intravenous regional anaesthesia (IVRA) of the foot in cattle, a bicycle inner tube works well as a tourniquet. Alternatively, a strong cable tie can be used, which has the advantage of being self-locking, and is adjustable if a releasable cable tie is used.

98 Always use an epidural on LDAs (Just 1ml) in order to stop the dirty tail being swished in your face, If you insist on tying up tails, use an arm length glove, so if you forget to untie the glove breaks before the tail is damaged.

99 20ml of local anaesthetic injected into the fatty pad between the bulbs of the heel can be used as a quick alternative to IVRA, and is very handy for lame cows if trimming is likely to be painful.

100 When attempting to take a urine sample from a cow, tickle the skin below the vulva – this is successful more than half the time. If a clean or sterile sample is needed, or if the cow doesn't respond on tickling, use an insemination sheath as a catheter.



101 Pre-thread needles with suture material before you open an abdomen

(e.g. C-section), so that you're not fiddling about by torchlight trying to get suture materials organised with a gaping hole in the cow's side. This involves wasting some suture if for some reason it is not needed, but it's well worth it to speed up the operation.

102 When removing retained foetal membranes from cows, wear a pair of nitrile gloves over your arm-length gloves. This prevents the arm-length gloves from leaking; avoiding the strong putrid smell that normally lingers on your hands all day.

103 Although a head torch is very useful, the best help with large animal surgery is having a surgical opening that is large enough. Don't be afraid to make it bigger if more access is needed.

104 Always take two hypodermic needles with you when you go to euthanase a cow. That way you can refill the syringe without

losing the vein. Having a pair of artery forceps handy makes it easy to remove the needle from the syringe when swapping over.

105 Infusing 5ml of local anaesthetic into the canal of a cut teat will partially desensitize the whole teat, allowing the skin around the cut to be injected with local, usually without too much kicking. Using a kick bar and tail restraint is helpful.

106 When examining a downer cow, always take a blood sample pre-treatment . This is invaluable if re-visits are needed.

107 Use nitrile gloves on all farm visits, including examinations, dehorning, testing and most other farm work. This prevents your hands from becoming cracked and sore, it stops them getting stained by oxytetracycline spray or iodine, and it protects against ringworm and orf infections. For castrating, wear arm-

length gloves under your nitrile ones, inside your jacket, which stops the cuffs of your clothes getting soaked.

108 To treat a rectal prolapse in pigs, insert an appropriate sized length of corrugated tubing in past the anus by 6-8cm and then place an elastic band around the whole prolapse at the level of the anus. Within a few days the prolapse will anastomose and the prolapsed portion will fall off, taking the tube with it. This method also works in calves if replacement of the prolapse is not possible.

109 As an alternative to sub-conjunctival injection of antibiotics in the upper eyelids of cows with New Forest Eye, have the head tied tightly to one side in a crush with the bad eye upwards. Apply a Minims or other local anaesthetic drop. Wait 30-60 seconds. Using a 21 or 23g 1cm needle and with the bevel outwards, hook the sclera with the tip of the needle and push the full length of the needle into the sub-

scleral conjunctiva space. Injection of 1-2ml treatment in to that space causes no reaction as there is copious loose tissue.

110 When giving intravenous replacement therapy in cows, use a clean garden sprayer with the rubber end of an old flutter valve tube attached, to pump in IV fluids quickly. You will need to use at least a 12 or 14 gauge 2 inch catheter or the fluid will tend to leak around the vein.

111 If you are experienced with LDA operations, and you are considering doing one single-handed, the right-sided flank approach is appropriate. Make an incision on the right flank parallel to the last rib and just large enough to allow introduction of your left arm. Insert arm behind and over rumen, then forward until abomasum is palpable. If distended, the abomasum can be deflated, and gas vented to outside, using a 14g x 2" needle attached to a sterile flutter valve. Using palm and fist push downwards and

gradually it will descend. Once low enough, it can be pulled under rumen to right side. Change hands and pick up omentum on right side and pull up to incision where it can be stitched to the body wall. Normally, this works well, but you may occasionally still need to open the left flank and get the farmer to hold the abomasum ventrally from the left while you go back to the right and draw it across.

112 Paravertebral anaesthesia can be used for abdominal surgery in the standing bovine. When the 6" long, paravertebral needles are inserted, the animal flinches and, just by moving its back, the muscles bend the needle. To avoid this, inject some local anaesthetic at the point of insertion with a fine needle. Then, introduce a 2" x 14g needle at the site and push it in, putting a little local in as it goes. Finally, thread the long PV needle through it and bounce the PV

needle off the lateral processes and inject the PV anaesthetic.

113 An alternative method for paravertebral anaesthesia is to use a 2 inch needle and inject horizontally below the transverse processes. L1 and L2 are easy, T13 is more tricky, up behind the last rib. Local anaesthetic also needs to be placed above the transverse processes to catch the dorsal branch of each nerve. Try both techniques and find the one that suits you best.

114 When doing manual PDs in cows there are three possible verdicts. [1] In your opinion the animal is in calf. [2] In your opinion she is not in calf. [3] You are not sure. All three are equally important. If you are not sure, SAY SO! Don't guess! If you prefer the term 'inconclusive', use that instead. Offer to check the animal again in a month's time free of charge.

115 In jugular venepuncture in sheep and calves, where there is no assistance, stand astride the sheep or calf with its hindquarters in the corner. Turn the patient's neck and head to the left, and while leaning forward, hold the head there with the left elbow, allowing the left hand to raise the jugular vein from the ventral position. The right hand is thus free to allow venepuncture. This is often easier and better than having the animal held by a non-compliant assistant.

116 When giving IV injections in cattle, especially for milk fevers, use a 14g 2" needle, and puncture the raised vein, stabbing perpendicular to the skin. Make sure blood is flowing through the needle, then turn it in line with the vein and feed the whole needle length down the still raised vein.

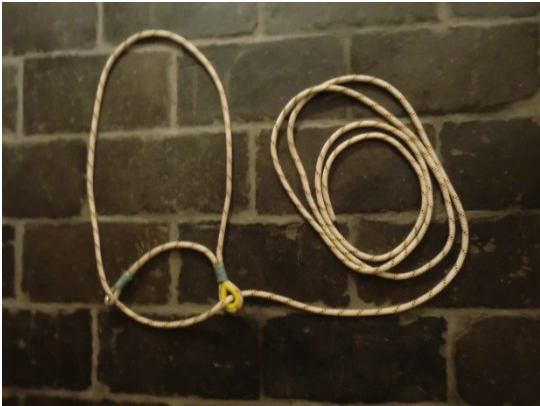
117 Left Displaced Abomasum (LDA):

- is common in periparturient milk cows.

FARM ANIMAL TIPS

- can be dynamic: here today, gone tomorrow, RDA the next day.
- in the absence of other periparturient disease, they often have a slightly subnormal temp, but concurrent conditions are often present which masks this.
- are often mildly hypocalcaemic and/or hypokalaemic, so will benefit from stomach tubing or pumping with potassium and magnesium chloride. This can be achieved by dosing with one Agger's Fresh Cow sachet in 20 – 50 litres of water.
- can't always be diagnosed in standing position, so cast on to right semi lateral recumbency and re-auscultate.
- clip hair before casting for dorsal recumbency approach; it is easier to select the site when the cow is standing up. Otherwise, the veins collapse when the cow is rolled on

to her back and they are harder to avoid when you make your incision.



118 You can make a halter from climbing rope and a quick release latch. This allows you to quickly release the halter if the cow runs off, and it also avoids having to prise the halter over the top of the head to remove it, which could otherwise lead to the loss of an ear tag. The rope holds over a tonne and can be used to pull cows out of cubicles, ditches, lagoons, etc.

119 Make a short length of plastic pipe (70cm) with a hole drilled through one end, through which the handles of a carrier bag are fed through and tied together. When the pipe is moved the bag inflates and makes a noise which can be used to bring the cows' head up in a race when waved in front of their nose, and can considerably speed up TB tests.

120 On farms, bulldog or humbug nose clips attached to a calving rope are great for restraining difficult patients for IV injections, administering local pre-op etc.

121 Always carry a halter in the car; otherwise you can never be sure there will be one available when you need it.

122 To avoid getting kicked by a cow during teat surgery, put the cow in a foot crush and lift the hindleg on the same side as the damaged teat, as high and as tight as possible.

123 If you have to go into a pen with a potentially dangerous animal such as a bull or a protective freshly calved cow, always work out the exit route first. Take advice from the stock-hand: they know the animals and the handling system.

124 Cattle Caesareans: Always give a straining cow an epidural. If you are worried that the cow is likely to go down during the operation, attach a rope to the back leg on the far side and lead it under the cow to left hand side you are working on. Instruct the farmer to pull this rope if the cow starts to go down, and she will fall with the wound facing up. Also, try to put the cow's head through a feed barrier or similar then pull the head to the side, tie the halter off, and cover the feed barrier with a feed bag to prevent her seeing the operation or the calf. Alternatively, with a wild cow, attach them to a fixed gate or similar using a bale strap around the cow just behind the shoulders. If the farmer

assists by holding the uterus during a caesarean section, ask him to wear gloves, as it is difficult to be sure of how clean their hands are. The use of uterine forceps can help.



Uterine forceps

125 For new graduates, try and get one of the senior vets to assist you with a ewe caesarean before you tackle the operation on a cow. The operation is more or less the same, but bigger. It's not always easy

FARM ANIMAL TIPS

to arrange, but it is useful as potential problems can be talked through while doing the operation on the ewe.

126 Revive a non-breathing newly born calf with a bucket of cold water over the head. This works far better than a piece of straw up the nose.



127 When a calf is coming backwards, and the tail head is 'locking' on the cow's dorsal symphysis of the pelvic canal, a bar

or wood post can be put between the calf's legs and used to rotate the whole calf by 10-15 degrees to relieve the obstruction.

128 Use a Lectade bag to "pump" in J-lube and water into the uterus when calving a cow with a dry dead calf. Alternatively, you can administer half a bucket of lube and water mix via an Agger's pump for an extremely dry or fizzing dead calf!

129 Following a calving, always check for a second calf and be seen doing so! Similarly, when lambing a ewe, it is crucial to verify that both horns of the uterus are completely empty when you are finished. You can do this by placing your hand in each horn in turn, and moving the whole uterus gently around - its weight will tell you if there are any more lambs present or not.

130 Progression is the key for a difficult calving, and let the farmer know what progress you are making.

131 Halter every calving cow and tie her as low down as possible, so that she can go down if she needs to. This also applies to caesarean sections and when you are casting a cow. If you carry a halter with a 3 – 4 metre ‘tail’ in your car, this will allow you to quickly examine a calving cow and put calving ropes on to the calf while she is still in the crush . You can then halter her and pass the long end through a post or ring a reasonable distance away from the crush. Pulling on the rope while releasing the cow from the crush will get the cow into a position which will enable you to deliver the calf.



Long Halter

132 Do not calve cows in crushes. Sooner or later a cow will go down and you may have a disaster on your hands.

133 When delivering a calf in anterior presentation, always use a head rope to guide the head through the cervix and pelvis.

134 During a calving, if the cow's uterus is torn, it is possible to salvage the situation by doing a left flank laparotomy and stitching the uterus, generally with a good outcome. It is doubly important to

instil antibiotics into the abdomen prior to closure, as the abdomen will nearly certainly be contaminated.

135 When calving a cow with a true breech presentation, after correcting the breech, check that the umbilical cord is not looped around the back of the calf's thigh, which would cause the cord to break early and result in a less viable calf.

136 If you are calving a cow and the calf is dead and in hip lock, tie a bull nose ring to the embryotomy wire and feed it up over the calf tail head; retrieving it from between the calf's legs is easy. A loop obstetric introducer (**d** or **b**), if available, can be used instead. Proceed to cut the calf's pelvis in two, crossing the wires to prevent damage to the cow.

137 When presented with a bovine prolapsed uterus and the cow is down, roll the cow on to her abdomen with the hind legs pulled straight out behind her. In

combination with an epidural and a relaxant, this makes the job of replacing the uterus much easier. A car tow rope may be used to anchor the hindlimbs to a solid object.

138 When replacing a prolapsed uterus in a cow which is standing, get two assistants to support the organ holding a towel between them. That takes the strain off you while you push the uterus back in. An epidural (4 - 5mls procaine hydrochloride) and liberal amounts of J-lube are essential.

139 In a ewe with a cervical prolapse which has been out for some time, and is so swollen that it is impossible to replace, get a bag of sugar from the farmer and keep sprinkling it on the swollen cervix. Fluid will start to ooze from it and eventually it will soften and reduce in size, and it can be replaced in the normal manner.

140 In bovine uterine torsion, almost all are anticlockwise (as seen from the rear of cow), so you should turn the calf clockwise to correct it. If you are able to reach the calf, get a pendulum motion going to gain momentum prior to the final swing. The shoulder of a kneeling assistant on the cow's right side can assist to move the calf, especially if synchronised with the pendulum. If the cow needs to be rolled, cast her on to left lateral recumbency, hold the calf and roll cow anticlockwise, the only way possible from left lateral recumbency.

141 Use a square or circle of tractor tyre inner tube, approx. 25cm across, with an arm diameter hole in the middle. Pull it up and over your rectal glove to hold the glove in place and give some splash back protection for your sleeve.

142 Double glove using arm-length gloves for routine work. The bottom glove will stay in place for the whole routine and

you can easily rotate the top glove for clean ones as needed. It keeps your hands and arms clean and relatively free of smells.

143 For farm work, a good head torch helps light up those hard to reach places and is great for surgery. A top quality waterproof one is best, as they stand up better to the treatment they get in the boot of a vet's car.

144 Always use gloves when assessing a calving. It is easy to take them off when you need to go back to the car to pick up another piece of kit, or if you need to do a caesarean, and is much easier than washing off lubrication gel.

145 When TB testing, hang the callipers round your neck with baler twine. It's one less thing to hold, and especially handy if there's nowhere to put your equipment.

146 To keep an ultrasound scanner clean when hanging it over your shoulder, place

it inside a plastic carrier bag. When scanning is finished, the bag can be disposed of with the rest of the rubbish.

147 When castrating groups of calves and using a crush, get the first calf in and yoke and inject local. Use this calf as a decoy to encourage successive calves in for injection of local. Mark them and back them out. Calves will go in much better and stand easier with another already in. Similarly you can castrate them side by side.

148 When castrating calves, the scalpel can be made safe in a bucket of water using a cork so that it floats and is easier to locate. Always cut away from your fingers to avoid giving yourself a nasty cut. Hold the scrotum 'back-hand' to avoid exposing the larger vessels on the inside of your wrist.

149 Restraint for dehorning - Attach the halter to a calving pulley attached to a

solid object or a tractor so the head is pulled straight out in front - this stops the calf turning itself over in the crush.

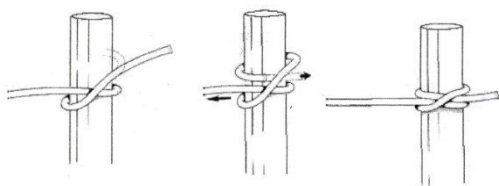
150 When lifting a cow's foot, the correct position to suspend the rope or pulley from is above the cow's hook/tor bones (wings of the Ilium). Many crushes & other devices or setups get this wrong which results in more kicking than is necessary.

151 Hoof testers are useful when working with cows' feet as well as horses.

152 When castrating calves, keep a set of artery forceps in the bucket. If the cord breaks short, quickly grip the neck of the scrotum, and use the forceps to retrieve the end of the cord.

EQUINE TIPS

153 The Mexican ligature for donkey castrations is a half-hitch knot with two reef knots over the top, and is useful for ligating any vascular pedicle. It doesn't require transfixion of tissue, and it doesn't need much pulling effort to produce an extremely secure lock over the previously crushed vessels. If you prefer to transfix, this can be added, followed by a double throw knot and a couple of single throws.



Half-hitch knot.

154 When paring out foot abscesses in horses, using a hoof knife often puts too much pressure on the painful spot. Once the location of the abscess is known, the soft white horn around the hole can be cut away using a scalpel, taking small bites at a time. The hole can be enlarged significantly with less discomfort for the horse!

155 Donkeys are very stoical so a 'dull donkey' may have a serious problem i.e. colic or hyperlipaemia, but may only express this by being quiet or not eating. These cases should be seen without delay.

156 Ensure that a donkey can see its bonded companion when you are clinically examining it, or giving it some treatment, as they will behave much better within sight of each other.

157 Drug metabolism varies in a donkey in regard to NSAIDs. Do not dose them as you would a horse. Phenylbutazone

2.2-4.4mg/kg BID. Flunixin 1.1mg/kg BID. Carprofen 0.7mg/kg SID

158 Digestible energy requirements for a donkey are much less than for a pony of comparable size so feed 75% of pony DE requirement in winter but only 55-60% in summer.

159 Donkeys with colitis rarely have diarrhoea associated with the condition, so don't rule this out as a diagnosis if they are passing normal faeces.

160 When treating a horse with choke, pass a stomach tube as far in as the obstruction and introduce water until the oesophagus is partly full, then let it drain out through the tube. Keep repeating this until it eventually softens the mass which is causing the choke, and it disappears. **You must be careful that you do not over-fill the oesophagus and risk inhalation**, but the technique is not as difficult as it looks. IV fluids are often indicated.

161 When trying to treat a nervous horse, placing a jacket over its face often calms it down enough to allow you to inject it.

162 If you are examining a horse with colic and your examination suggests it may require surgical referral, explore this option as soon as possible with the owner; it is better to refer a colic promptly even if it turns out not to require surgery than to trial medical treatment and only mention referral when this fails, by which time the chances of successful surgical treatment are much reduced. Pay particular attention to the pulse rate - if it is greater than 50 BPM, it is a strong indicator that the horse should be considered for referral.

163 For fractious horses where it is otherwise impossible to give an IV injection, pass a rope around the back of the head, then through the rings of the bridle. Tie a reef knot under the chin and then tie another rope to it. Anchor this

rope to the stall rail - the horse will not rear up more than twice, allowing you to give an IV injection safely.

WORKING WITH SMALL ANIMAL CLIENTS

164 Small animal clients judge on how much you care, not how much you know. Openly show concern for their cherished pet, greet the patient directly and pay it a great deal of attention. Ask to see them again to re-assess and check the patient's progress.

165 Follow up your cases with a phone call to check how the patient is progressing.

166 More complaints stem from lack of treatment offered than do from bills generated. It can make you appear disinterested or dismissive of the animal's problems. Also, offer further work ups when appropriate, and let the client choose if they wish to proceed with it.

WORKING WITH SMALL ANIMAL CLIENTS

167 People cannot digest huge chunks of information in one go. A typical client remembers 3 to 5 key points from a consultation. It is far more productive to have a client leaving a consult with a few important pieces of information that they will remember than a long list of things they will forget. It is also important not to confuse the client with a large list of differentials or over complicate your explanations with science.

168 If you're not sure of the sex of a patient, don't guess. Owners can get very protective over their pets, and addressing the animal with the wrong gender can get any consult off to a bad start!

169 Small animal clients appreciate being listened to, just a few probing questions to guide the conversation in the right direction ensures you get a detailed history.

WORKING WITH SMALL ANIMAL CLIENTS

170 No matter who the client is, have a plan A, and if that doesn't work make them aware that you have a plan B. Keeping clients informed keeps them on side, and lets them know you've got things under control.

171 No matter how well you've treated a pet during its life, you will be remembered for how you put it to sleep at the end of its life. Avoid muzzling if possible, and use a sedative first where you can - it makes the IV process less stressful for the pet and the owner.

172 Warn owners that their pet may twitch or gasp after being put to sleep. It may feel awkward to say, but it is worse if happens and they aren't expecting it.

173 Ask at every vaccination when the dog or cat has last been wormed. You will prescribe a lot more wormers which is good for the patients and the practice!

WORKING WITH SMALL ANIMAL CLIENTS

174 Always show an owner how to apply ear drops in the consultation, applying the 1st dose for them. They often don't understand the anatomy and therefore need to be shown how to massage the drops deep into the ear.

175 Offer alternative treatment options but be ready to guide your client to the best treatment option for the circumstances. They are coming to you for your advice, but they do appreciate being part of the decision making process

176 Try to summarise what you want the owner to do at the end of a consult to aid memory. Concentrate on the most important things you want them to remember.

177 Offer estimates regularly. When giving an estimate, always add 20% on top of what you are expecting, as you will inevitably have forgotten to include suture

WORKING WITH SMALL ANIMAL CLIENTS

material, dressings, an injection or medications to go home with.

178 If operating on something where the owner can't see the result, e.g. an oral mass, take photographs while the animal is still anaesthetised to show them when they collect it.

179 Offer to show owners any radiographs you have taken. They may not understand them, but they do appreciate it, and they can see where their money has been spent.

180 If blood results are normal/negative, explain to the owner that this rules out condition X, Y or Z, rather than just saying it doesn't give us the answer. It helps them to understand that the costs are worthwhile.

181 If an owner thinks that giving tablets to their cat is going to be difficult, give them a pill giver and use it there and then to demonstrate how to use it.

WORKING WITH FARMERS

182 When you are castrating calves, most farmers will restrain the calves well by holding their tails correctly, and will take it as a personal affront if you get kicked. Others don't seem to care much if you get kicked, or find it amusing if you do. Once you know who this second group are, make sure they are in the crush with you, so that if you get kicked, so do they, which makes them take the task more seriously. If this isn't enough, you can tell the farmer that if you get kicked, it is more likely you will remove the wrong pair of testicles! Insist that they hold the tail completely straight up - this is essential to reduce the risk of being kicked, but usually requires that the farmer holds the tail with both hands.

183 Keep a book in your car with details of farm staff, their names and whatever is happening to their families. Most farm clients will hold you in high regard if you can remember who everyone is, and if you take a real interest in them and their lives, they will do anything for you.

184 If a farmer offers you a cup of coffee, take him up on the offer! It is a good way to get to know the farmer and how they run their farm. Farmers like talking about their farms and will appreciate you taking an interest.

185 Really listen to what farmers have to say. The likelihood is that they will have had years and years more handling and general farm experience than you, especially if you have recently graduated from university.

186 If you have a bit of a disaster on a farm, don't avoid it. It is easier to go back to the farm on a routine matter such as

WORKING WITH FARMERS

misalliance injecting some heifers than it would be to a caesarean at 4am!

187 Always park your vehicle facing out of the farm yard – this allows for a hasty exit if disaster strikes. It also gives the farmer less time to ask you to look at 'just one more thing' when you are ready to leave for the next call.



188 Gift of the gab always helps, but a farmer is usually more impressed with a vet getting stuck in and getting on with the job (there is always time for tea, biscuits and a blether afterwards.) Farmers also judge you on how hard you try, not on your clinical knowledge.

189 If you have visited a farmer or are meeting a client for the first time, ring up later to ask how the cow, horse, cat or dog is getting on. Maybe even consider a fly-by visit if it seems appropriate (free-of-charge of course!). Good customer care goes a long way to supplement your veterinary skills, especially if you are a little less trusted than some of your more senior colleagues.

190 On arrival at a farm always listen to the stockman's or owner's first words. This may alert you to additional or alternative concerns than those you expected.

191 Get the farmer's wife on your side. They are usually more understanding if things go wrong. They are definitely better at nursing and tending sick animals, as they have more patience and sympathy with the animal, which can result in a better outcome for your patient.

ACKNOWLEDGMENTS

We would like to thank all those who contributed by sending in tips; a list of their names can be found in the next section.

We would also like to thank Nick Short and the VBF for being enthusiastic about this project, and supporting it from the start.

When Elanco Animal Health limited were first approached, they immediately agreed to help. We would like to thank Elanco for agreeing to fund all the publication costs of the book, and their Scottish representative, Graeme Crawford, for his and Elanco's continuing support since then.

Centaur Services, Henry Schein Animal Health and National Veterinary Supplies have agreed to distribute the book at no cost.

ACKNOWLEDGMENTS

Further thanks go to Dave Frankland for the photographs, which he did free of charge.

Special thanks go to Rosie Greaves for doing the fantastic cartoons at a reduced rate.

All this means that every £ from the sale of the book will go to VBF funds.

Many people helped proof read and correct the book, and check the tips for suitability, but a mention must go to David Logue who checked the tips out from the large animal teaching angle, and to Jenny Maud who checked them from a recent graduate's perspective.

Finally, thanks to Peter Jinman, Carl Padgett and Bradley Viner for reviewing the book, and for their kind comments.

CONTRIBUTORS

A. David Weaver	J. Garven
Alan Cochrane	John Hughes
Alan Jeans	John Macfarlane
Alan Stevens	Julian Earl
Alastair Cousin	Karen Pickering
Ali Budgell	Niall Macdonald
Andrew Sawyer	Nick Blaney
David Crawford	Nick Rowe
Donkey Sanctuary	Pam Brown
Eleanor Lamont	Paul Rodgers
Freddie Marshall	Peter Edmondson
Gerard Roche	Gary Jennings
Ian Sloan	Lucy Preece

CONTRIBUTORS

Thomas Johnson

Stuart Jefferson

Rod Welford / XL Vets

Claire Camilleri RVN

Synergy Farm Health / XL Vets

W. J. (Bill) Ferries

Paul J Oliver-Smith

Jenny Maud / NOVICE

Wolfgang Dohne

Millcroft Veterinary Group

Mark Crawshaw

Anon

NOTES / ADDED TIPS

NOTES / ADDED TIPS

NOTES / ADDED TIPS



recover
your Vetlife

Independent & Confidential Support

- Financial Assistance
- Health Support Programme
- 24/7 Helpline - **07659 811118**
- Website & On-line Community
www.vetlife.org.uk

VPF - Here to help vets get back on track



Veterinary Benevolent Fund is a Charitable Company Limited by Guarantee, Company No. 153010 Charity Registration No. 224776.

The VBF has been supporting the veterinary profession for over a hundred years. As well as providing assistance for vets and their families in financial difficulties, the charity also provides a network of other support services which includes the Veterinary Surgeons' Health Support Programme, the Vet Helpline and the Vetlife website, delivering professional advice and treatment for vets with mental health problems and addictive disorders.

‘This little gem of a book is a distillate of the ‘art’ of veterinary medicine written by those who daily use the science for the benefit of the animals under their care.’

Peter Jinman, Veterinary practitioner,
past BVA president

‘I defy anyone, however long qualified, to honestly say that they did not learn something worthwhile from this little treasure of a book. And the cartoons are a great giggle as well!’

Bradley Viner, Small animal practitioner,
veterinary columnist

‘A great little book. Easy to read and full of those tips that rarely make the covers of academic texts. Tricks, old and new, that help get the job done written by those who are doing the job.’

Carl Padgett, Large animal practitioner, past BVA
and BCVA president