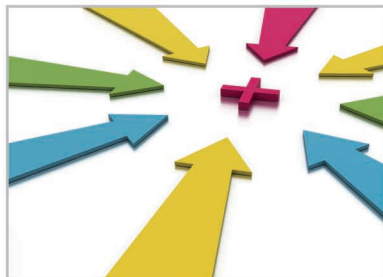
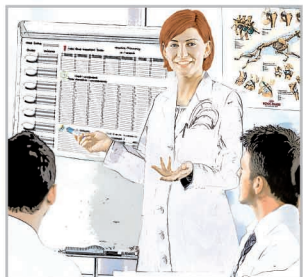


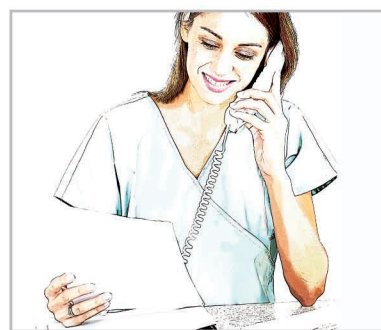
# **f**VETERINARY **focus**

Special edition

The worldwide journal for the companion animal veterinarian



## **New business opportunities for your practice**



Philippe Baralon  
Antje Blättner  
Geoff Little  
Pere Mercader

# **New business opportunities for your practice**

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## The authors



*From left to right: Geoff Little, Pere Mercader, Antje Blättner and Philippe Baralon*

### Philippe Baralon

Graduating as a Vet (Toulouse, 1984), Philippe Baralon also studied Economics (Master of Economics, Toulouse, 1985) and Business Administration (MBA, HEC, 1990). He founded his own consulting group, Phylum, in 1990 and remains one of its partners to this day.

Philippe Baralon acts as a veterinary practice management consultant in the areas of companion animals, equine practice and animal production. His main areas of specialisation are strategy, marketing and finance. He is also involved in benchmarking the economics of veterinary medicine in different parts of the world.

Philippe Baralon is the author of some fifty articles on veterinary practice management; he also designs training sessions and gives lectures in France and abroad.

### Antje Blättner

Antje Blättner graduated from Ludwig Maximilian University in 1988 after studying Veterinary Medicine in Berlin and Munich and currently practises part-time in a small animal practice.

After teaching Vet Nurses, she started lecturing to German Vets and Vet Nurses on client communication, marketing and other management-related topics in Germany.

In 2001 she took part in a post-graduation course on training and coaching at the University of Linz, Austria and founded "Vetkom" with her colleague Dr. Wolfgang Matzner. Vetkom is a company dedicated to educating Vets and Vet Nurses on practice-management through lectures, seminars and providing in-house training for practices and clinics.

Antje Blättner has been the editor of "team.konkret", a German professional journal for Veterinary Nurses since 2005.

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## Geoff Little

Geoff Little qualified from Trinity College, Dublin in 1973. He was a partner for 35 years in a small animal practice that developed into a multi-vet business working from 2 hospitals and 4 branches. He retired from the partnership in 2002.

He was a Director of Centaur Services Ltd. for 20 years, one of the UK's largest veterinary wholesalers.

Currently he is a veterinary business advisor for Anval Ltd., a UK management and finance service for the veterinary profession and the Communications Training Associate for the Veterinary Defence Society. He is also a Director of MyVet Network in southern Ireland.

He has spoken on, and published many articles, and contributed to books on various aspects of Veterinary Practice Management both in the UK and abroad, including the following congresses, BSAVA, WSAVA, VPMA and SPVS.

He is a former President of the Society of Practising Veterinary Surgeons.

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## Pere Mercader

Pere Mercader started his career in a global pet care corporation, where he spent 10 years holding different marketing management and marketing research positions.

In 2001 he became an independent practice management consultant, providing business advice to a number of Spanish and Portuguese veterinary centres.

Pere Mercader has also contributed to the design and analysis of profitability and pricing studies in the veterinary profession. He currently coordinates the Marketing and Strategy modules of the Veterinary MBA course organised by AVEPA (Spanish national veterinary association) and the University of Barcelona (UAB).

He is also a founder and a managing partner at Veterinary Management Studies ([www.estudiosveterinarios.com](http://www.estudiosveterinarios.com)), a market research firm specialising in the small animal veterinary practice channel.

Pere Mercader is the author of "Business solutions for veterinary clinics".

# Introduction



C. Renner

For a long time, the activity of the veterinary surgeon has been based on the medical treatment and surgery of sick animals.

Surprisingly, the vast majority of dogs and cats owned by the clientele of veterinary practices are... in good health! They represent a significant potential resource for the clinic since their owners are eager for information and wish to keep their companions in good health.

At a time when the Internet and other media provide easy access to all kinds of content – reliable or otherwise – the veterinary surgeon and his team have an essential role to advice and service the needs of pet owners.

However, to meet the underlying demands from pet owners, offering new preventive medicine procedures and developing new services does require strategic consideration, action plans, and mobilising the entire veterinary team.

To assist you with such a project, Royal Canin has called for the help of a team of specialists in practice management to write this Focus Special Edition. You will find – after general considerations – four illustrations of areas to develop in your practice: a breeding programme for pet owners, young pets, neutered and senior pets. Finally, we hope that this issue will contribute to the development of your “Veterinary Business”.

**Philippe Marniquet,**  
DVM, Dipl. ESSEC  
Royal Canin

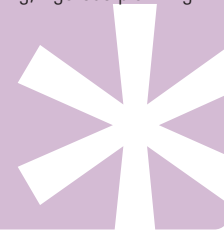
A stylized, handwritten signature in black ink, appearing to read 'Philippe Marniquet'.



# 1. Growth strategies for veterinary clinics

## > SUMMARY

Growing the business is a common objective for most veterinary practice owners. Different growth strategies may involve focusing on existing clients and/or new clients and on existing and/or new products and services. Each of these directions leads to different programmes and has different implications. The development of new services is a very classic route for business growth, but requires systematic thinking, rigorous planning and outstanding implementation to achieve a successful outcome.



## Introduction

Would it be a good idea to expand my veterinary clinic? Is it worth the effort to develop my practice? Will I be happier with a larger clinic, or will it only lead to more problems? Will I earn more, or will costs rise to the point where I end up the same or worse off than now? And my employees ... will they be happier in a larger clinic? What about my clients and patients, will they receive a better service than at present? And when I decide to retire, will it be easier or more difficult to sell a larger clinic? And if, on the contrary, my clinic does not grow, what are the downsides?

Readers are likely to have considered these or similar issues from time to time. These are questions that arise naturally when we consider the long-term development of our businesses. In other words, these are strategic issues. After all, what we are considering is what we want our clinic to look like in ten or fifteen years from now; how we imagine it in the future.

The growth of a veterinary clinic is a personal choice, not an obligation. There is no law or any ethical or moral standard that requires us to have a larger clinic. However, most businesses (veterinary or otherwise) want to grow. The rest of this chapter will discuss the major benefits of growth for veterinary clinics; it will propose several methods or strategies to achieve that growth, and recommend some management and monitoring tools.

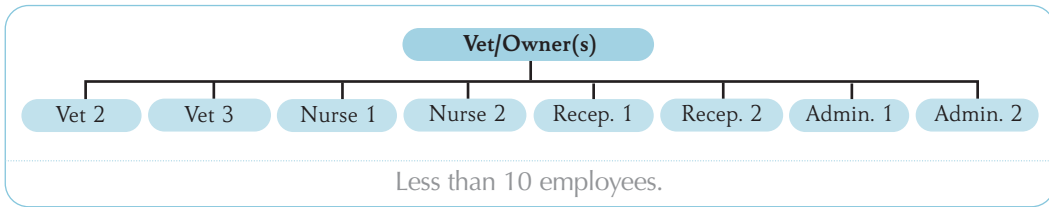
## 1/ What are the benefits of growth for a veterinary clinic?

A) It will enable my team to develop on a personal and professional level

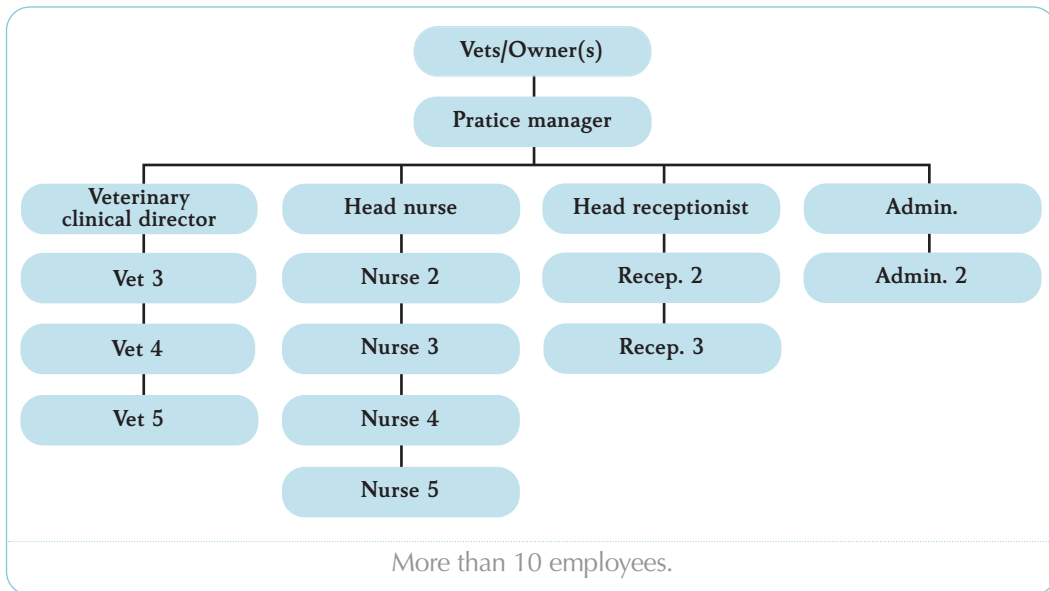
A clinic that expands offers employees increasing opportunities for personal and professional advancement:



Figure 1. Evolution of a veterinary clinic's organisational chart.



NB: Job titles may vary depending on country.



they may acquire new skills, take on greater responsibilities, be promoted, supervise other employees. In short, they may develop with the clinic. It is easier to motivate and retain brilliant employees in a dynamic and developing environment, thereby reducing stress and economic costs associated with staff turnover.

### B) It may facilitate the development of a referral service

Neurology, orthopaedics, ophthalmology, cardiology ... all medical specialities have one thing in common: the only way to master them requires seeing hundreds if not thousands of cases. Realistically, it is virtually impossible to acquire true speciality expertise and qualifications with the case load of a small- or medium-sized general clinic. From this perspective, the expansion of a clinic may lead to the acquisition of the necessary knowledge and expertise for future specialisation, which may have beneficial effects, not only from a medical standpoint, but

also by strengthening our business model and attracting, motivating and retaining qualified personnel.

### C) Economic efficiency

A veterinary clinic is predominantly a fixed cost activity, with labour and structural costs (equipment, facilities, administrative staff) typically accounting for 60% or more of the income. In any type of business with this cost structure, an increase in activity (more clients, more patients) leads to improved financial performance by diluting fixed costs. These are the so-called economies of scale: the wages of my veterinary surgeons or the depreciation and maintenance costs of my digital X-ray equipment or the costs covering my Website are the same regardless of whether we treat fifty or two hundred patients this week. We have quantitative evidence proving the existence of these economies of scale in veterinary clinics (Mercader, 2004), as well as strong empirical confirmation based on the burgeoning development of chains and groups of

veterinary clinics in several countries. In short, the largest veterinary clinics – if well managed – tend to be more profitable; and these higher returns facilitate a greater reinvestment in the business (technology, trained staff), higher wages, and a better return on company assets.

## D) Professionalising management and business “systems”

One of the inevitable requirements for the orderly expansion of a veterinary clinic is professionalising the management, together with implementing systems to ensure people do the right things the right way, and at the right time, even in the absence of direct physical supervision by the owner. When there are more than ten employees (approximately), a turning point is reached, making it virtually impossible for the owner of a veterinary clinic to control everything. It becomes essential to put procedures in writing, to create a “second level” of trusted staff who will, in turn, manage and supervise other staff in addition to implementing performance assessment and control systems. **Figure 1** provides a schematic view of the logical development of a clinic’s organisational chart as it increases in size.

At first glance, all this may seem more of a liability than an asset, but it may prove to be a blessing for the owner of a veterinary clinic. A business with a management team and well-established systems is less dependent on the permanent physical presence of the owner. Apart from providing greater personal freedom, this may also have significant long-term implications when the time comes to sell the business: the best selling clinics are those where the performance is not adversely affected when the owner is not physically present. The greater the segregation between ownership and business management, the greater the saleability and, consequently, the value of the business.

## 2/ How can a veterinary clinic expand?

To answer this question, we shall take and adapt a tool developed by Igor Ansoff, UCLA mathematician and professor, who is considered the father of modern strategic management. Back in 1957 Ansoff published an influential article (Ansoff, 1957), introducing his product (or service) and market development matrix. **Figure 2** graphically represents the above-mentioned matrix:

The idea (simple but powerful) behind this model is that we can only expand our business by following four basic strategies.

### 1) Market penetration

This strategy involves selling more of our current services and/or products to our existing customers, *i.e.* increasing the uptake of our services or products. Any action aimed at increasing the frequency of patients’ visits, at strengthening the loyalty of current clients or promoting the cross-selling of services and products would belong to this quadrant of the matrix. Examples of such actions would be: establishing a protocol involving a mandatory recording of dental condition following each physical exam, with associated actions, leading to a higher rate of proposed dental treatments; systematic recovery calls to clients who have left for no apparent reason over the last eighteen months or offering discount vouchers for first grooming sessions at the centre for new puppies. The so-called “health plans”, which are becoming more and more popular and accepted amongst pet owners, can also be seen as programmes aimed at increasing the uptake of our services by existing customers based on promoting the cross-selling of services and products through an increase in visit frequency and, therefore, of buying opportunities.

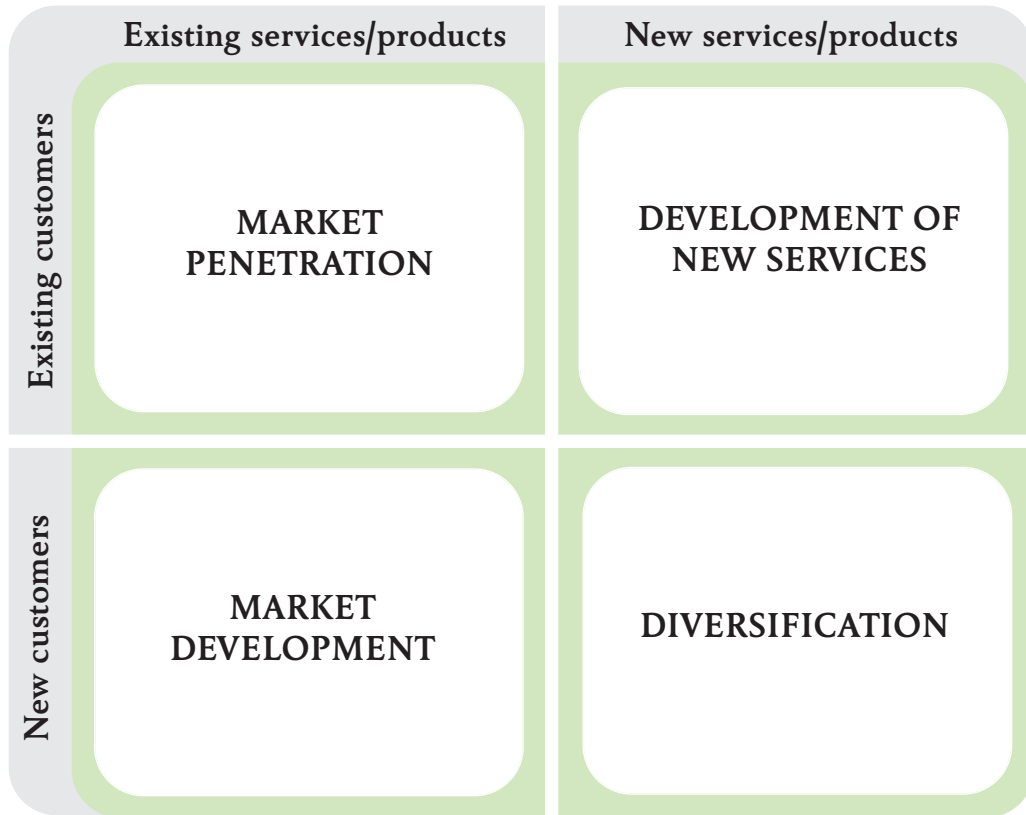
### 2) Market development

The object of this strategy is to gain new clients by offering them our current services and products. This can be achieved by intensifying promotional activities in our current geographical area, or considering geographical expansion within our catchment area (opening a new clinic or facilitating access to our current clinic to customers who live within a specific area). Some examples of actions included

Professionalising the management will ensure people do the right things even in the absence of direct supervision by the owner.



Figure 2. The Ansoff Matrix.



within this strategy would be: improving the clinic's Website and indexing it in the most popular search engines; advertising or publicity in the local media (radio programmes, school programmes, articles in local publications); offering clients one hour of free parking time; creating a "member bring member" programme, rewarding clients who recommend us to new clients.

### 3) Diversification

The boldest and most uncertain business expansion strategy is to find new types of clients by offering new services. An example would be a general veterinary clinic at a local level that decides to develop a specialised service (*e.g.* cardiology) aimed at encouraging other veterinary clinics to refer their more complicated cases. This strategy is not easy to implement. To be successful it usually requires changing the mentality ("culture") of the entire team and, in many cases, it proves more efficient to develop the new activity as a totally independent business.

### 4) Development of new services

Offering new services or products to existing clients is one of the classic ways to expand a business. Existing clients have already established a relationship of trust as well as visiting and buying habits with their veterinary clinic and therefore will be much more receptive than the general public to a range of new services from their clinic. It has been estimated that the average annual expenditure per pet at a veterinary clinic in Spain (VMS, 2010) is approximately 210 euros (includes veterinary services, drugs and products) and that the average annual number of medical visits is only 3.1. These statistics reveal a tremendous opportunity for veterinary clinics to capitalise on a greater number of needs those clients and patients may have. When speaking of "new services", we may refer to items that already exist in the market but that clients are currently buying elsewhere (*e.g.* grooming services or pet food), as well as genuinely novel items that clients have not been using to date. Examples of the latter would be services such as training and socialisation courses for

puppies; developing a “crèche service”, enabling clients to leave their pets in the morning before going to work and picking them up at the end of their work day; pet neutering programmes; rehabilitation and physiotherapy for patients with articular diseases; programmes to facilitate the birth of litters at home, or health and welfare programmes for senior pets.

### 3/ Methodology: how to plan the successful introduction of a new service at the clinic

To quote a phrase frequently used in the business world, “failing to plan is like planning to fail”. Statistics on failure rates concerning the release of new products and services from major multinational companies – despite the resources at their disposal – are quite grim. Therefore, we must be aware that the introduction of a new service in a veterinary clinic is a complex process that requires methodical planning if it is to have a good chance of success. Here we propose a number of steps to assist in this process.

Introducing a new service in a veterinary clinic is a complex process that requires methodical planning.



#### A) Consider “business logic”

There are many options when it comes to new services that can be introduced at a veterinary clinic. Some of the most diverse examples include home delivery of pet food, homoeopathy, physiotherapy and rehabilitation, puppy training and socialisation, genetic testing and the early prevention of genetic-based diseases, dentistry, etc. To avoid confusion or being overwhelmed by such a wide range of choices, certain aspects must be considered: What role will the new service play in our business model? How will it help us – or not – to achieve our long-term objectives, *i.e.* our business prospects in ten or fifteen years from now? Is it consistent with our strengths as a practice, our skills, our image, with our typical client profile? Nobody can answer these questions better than the owners with the support of the practice team. Our decision to introduce a new service should not be based on imitating other colleagues, or on an appealing idea seen or heard at a conference, but the result of systematic consideration.

#### B) Quantify, investigate, and do not (only) rely on intuition

Some of the questions we should answer – with our team – concerning any new service we are considering are:

- Realistically, what percentage of our present clients may be interested in this service?
- Why would they show any interest in buying it if they have not done so to date?
- How will the new service be priced?
- What are the fixed costs – investment in equipment, advertising, training, space – and the variable costs – staff time, supplies, etc?
- What is the break-even point – *i.e.* the minimum units of the new service that needs to be sold – so as not to incur a loss?
- How long will it take – realistically – to achieve that level of sales?
- How are other veterinary clinics that have introduced this service faring? What volume has this service achieved in proportion to the total size of their clinics?

**Figure 3** displays an economic analysis template that can be used to assess the feasibility of investing in a new ultrasound machine. The same format, with appropriate adjustments, can be used to study investments in other equipment. It assesses fixed costs (investment in equipment, maintenance, financing) and variable costs (staff time, overhead allocation, consumables) linked to the new equipment/service. This type of template offers the possibility of simulating different price scenarios and calculating the minimum volume (number of procedures) needed to at least cover the costs. It may be a useful tool to increase our understanding and that of our team of the economic implications of launching a new service. The decision to acquire the new equipment (and therefore to introduce the new ultrasound service) should not be based solely on financial criteria but a responsible manager should take them into account and share them, in advance, with the clinic's team.

careful in setting deadlines, tasks and supervisors, any plans to launch a new service will run into trouble. The template in **Figure 4** shows an example of retroactive planning (*i.e.* based on the target date for launching the service and defines who should do what and when).

It is not enough to simply draw up the template: you must assign the "players", notify the people involved, reach agreements with them and establish a regular schedule (ideally monthly) to monitor the project's progress. A common mistake when assigning responsibilities to team members such as veterinary assistants, nurses or reception staff, in the preparation phase of a new service is to assign parts of the project to people who are already fully occupied with daily tasks. When are they supposed to dedicate time to the new project? In their free time? Or when there are no clients in the clinic? We only have two realistic options: either free the said people from work for a certain amount of time each week, to dedicate it to the new project, or assign a person with a different profile (an administrative assistant, someone from marketing/communications, *i.e.* a manager) to lead the task. This person should head the project, but they mustn't forget to seek the support of a multi-disciplinary team when appropriate to do so (*e.g.* a veterinarian, a nurse, receptionist,

### C) Specify: who will do what, when and with what resources?

It is a well known fact that the day-to-day tasks at a veterinary clinic can be all time-consuming. If we are not

Figure 3. Investment analysis template, new "Ultrasound" service.

<b>Fixed costs</b>			
Equipment acquisition cost	€28,000		
Equipment lifetime	5 years		
Annual depreciation		€5,600	
Annual cost of financing (%)	5.0%	€840	
Annual cost of a maintenance contract/insurance		€1,500	
<b>Total fixed cost (annual)</b>		<b>€7,940</b>	
<b>Variable costs (per procedure)</b>			
Materials (gel, alcohol, gloves...)		€1.0	
Minutes of veterinarian's time invested in the procedure	30		
Cost of vet's time (direct salary cost + staff and overhead allocation)		€37.5	
<b>Total variable cost (per procedure)</b>		<b>€38.5</b>	
Estimated procedure price (excluding VAT)		€72.9	
Number of procedures (charged) per year in order to calculate costs	400		

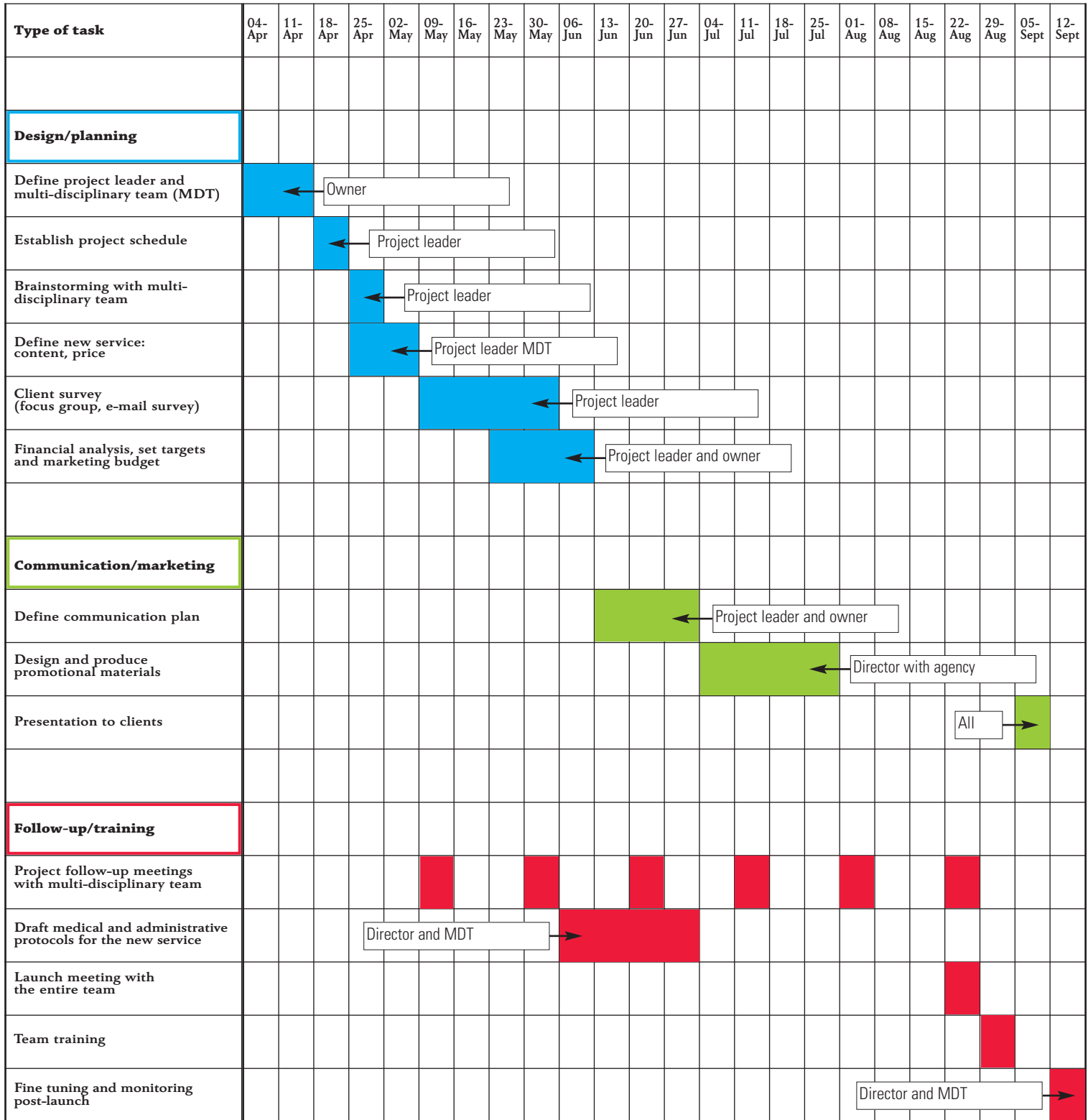
If you had to borrow money for buying the ultrasound.

The cost of the working time of the vet (allocating a fair share of overheads) is estimated in this example at €1.25 per minute.

Assuming a 25% mark-up equal to a 20% profit margin.

This table analyzes the viability of an investment in a new piece of equipment. In this particular example (ultrasounds equipment), given the necessary investment and this practice's cost of operating the equipment, and given an estimated usage of the equipment of 400 (charged) procedures per year, the investment offers a good return if each procedure is charged at 72,9 euros (vat aside).

Figure 4. Planning template, launching new “Breeding Programme for Pet Owners” service.



administrative staff, etc.) in order to ensure all relevant information is gathered and that everyone feels involved in the process. Otherwise, our team will be the first in asserting that “the boss” was wrong in coming up with the idea of launching a new service, without considering their opinion.

Both the choice of the project leader and the make-up of the multi-disciplinary team will vary depending on the nature of the new service that we are proposing to introduce.

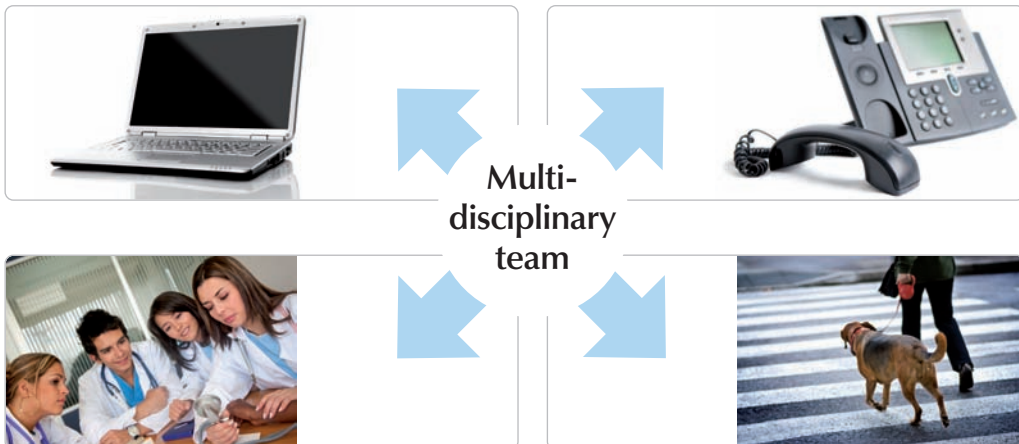
### D) Communicate, communicate and communicate

Although the owner of the clinic may have a clear vision on how to implement the new service, this does not imply that his view will be fully understood by the practice team and clients.

It is essential to involve the team in the design phase (what will the new service include? What is the rationale from a medical point of view? Whom does it target? How much will it cost? How will clients be informed?); in the implementation phase (Who will do what? Will any training be required? When will it be launched?); and in the monitoring phase (How is it progressing? Should we make any changes?). If we don't do the above we risk generating the typical critical situation in which clients ask a member of the team about a service that has been announced in the

waiting-room or on the Web, and they get a response such as “you'll have to talk to the veterinarian, I'm afraid I don't know anything about it”. It is also essential to inform our clients about the new service in an efficient and attractive manner. There should be a budget (however small), dedicated to the launching of any new service, to cover a number of promotional activities. Examples include: a note on the Website, a specific e-mail campaign targeting a specific client segment, a poster in the reception area, a folder or brochure to be handed out by the veterinary surgeon in the consulting-room or by reception staff, and other similar activities. For example, many businesses spend between 10% and 20% of the revenue expected during the first year of the launch of a new service on promotional activities. If we want good results, it is advisable to rely on media professionals to design and produce these types of materials. Start with the name of the new service, because often the best way to kill a new service before it is even launched is to give it an unattractive name. Receiving outside professional assistance should not imply excluding our own team from the process. A good advertising agency will have common sense and display emotional intelligence to seek the support of our team and make them part of the process in creating the promotional materials. Another alternative that should be explored is to involve commercial partners such as pet food or pharmaceutical manufacturers we regularly work with. If they are in a position to offer us promotional material that has been professionally designed and tested, why reject it and insist on trying to reinvent the wheel?

Key factors for a successful project.





## E) Prioritise: less is more

One of the challenges facing any good manager is in making efficient use of the scarce resources available. Our time, the time of our employees, our attention and monitoring capacities, our promotional budget. All these resources are scarce and are diluted among our many projects. It is therefore preferable to focus on one (best option) or two new services per year: plan them carefully, provide the appropriate follow-up and support them with resources. We all find motivation in results and success. If we accumulate a number of failed operations in relation to new services, our team will receive each new project with less enthusiasm than the previous one.

## 4/ After the launch: follow-up and assessment of the new service

Many new services introduced by veterinary clinics are not consolidated due to the lack of proper follow-up procedures. Once the excitement and the novelty are over,

it is easy to lose interest. If the management does not implement a methodical system to monitor the new services, the message the rest of the team will receive is a lack of commitment towards the project. To avoid this mistake, we suggest the following actions:

### A) Do not disband the multi-disciplinary team after launching the service

The best way to prove the project does not end with the launch of the new service is to keep the multi-disciplinary team together (consisting of one person from each "department" in the clinic) for at least 6 months after the launch. The team may meet briefly at pre-set intervals (*e.g.* 15 mins/month), when required by the project leader, to take stock and monitor any practical issues related to the new service. For example: What do the team members think about how the new service is working? Are we actively promoting it to clients? Do they ask about it? How do clients react when they are offered the service? Are the promotional materials fit for purpose? Does any team member need training/coaching to feel more comfortable explaining or providing the service? Do we need to make changes to the content or operation of the service?

### Monitoring the new "Senior Check-up" service.

- Reception checks the medical records of all patients before they see the vet and, in the case of potential users ("seniors") of the new service, the records (either on paper or on the computer) are marked with a colour code and a client information sheet and leaflet on the "Senior check-up" service are attached.
- Once in the surgery, the nurse (or vet) offers the service and registers one of three answers on the clinical records: accepted, rejected (indicating a reason why), postponed (indicating a date to make a follow-up call).
- Each week, reception will prepare a mini-report indicating how many sales opportunities existed (*i.e.* how many potential clients for the new service visited the clinic); how many were actively offered the service (if possible, broken down by which veterinarian, nurse, or other team member) and how many accepted and where the service was declined, the reasons given.
- This mini-follow-up report, along with a summary of the telephone satisfaction survey conducted with new users of the service, should be shared, with the multidisciplinary team at the fortnightly or monthly follow-up meetings. The report itself only needs to take up a small portion of the meeting.



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## B) Customer satisfaction: ask the first clients who have used the service

It is important to ensure the new service is launched properly. A five-minute call from the receptionist to the first group of clients to use the new service, with a view to confirm that everything has gone according to plan, will enable us to correct any mistakes and improve processes. This task can be arranged weekly: reception staff must generate a list of clients who have used the new service for the first time, call them, and write down the information obtained. Two or three closed questions (such as "Would you recommend this service to a friend or acquaintance?" or "Did this service meet your expectations?") together with an open question (such as, "Would you like to make any comment or suggestion with a view to improving this service?") may provide valuable information.

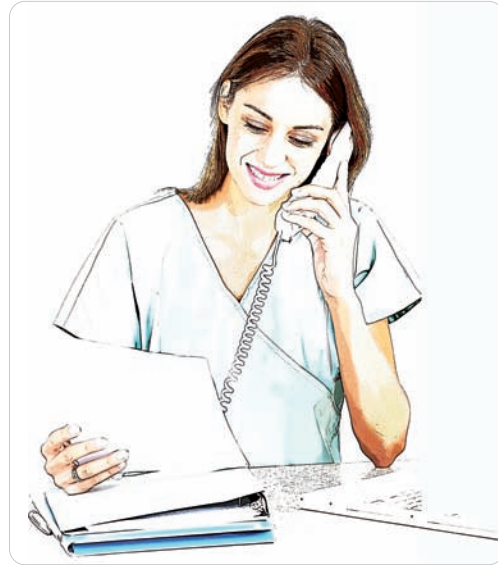
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## C) Quantify and share information

In the planning phase leading up to the launch of the new service, it is important to define certain measures or indicators that will enable us to assess the results. Some examples: What percentage of "target customers" do we hope to offer the service during the first year? What "acceptance rate" (percentage of customers who are offered the service and take it up) can we expect during the first year? What "repetition rate" (percentage of customers using the service at least a second time, in relation to those who tried it)? This indicator only makes sense in the case of services that are repetitive in nature, such as Senior Pet check-ups.

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A five-minute call from the receptionist to the first group of clients who used the service will help correct mistakes and improve processes.



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## Conclusion

The successful launch of a new service at a veterinary clinic requires creativity and inventiveness combined with discipline, attention and method in equal proportions. A brilliant idea is useless if we fail in the execution phase. In fact, a well executed standard idea will provide better results than a brilliant idea that is poorly implemented.

We must strive for excellence before launching a product (design, planning, financials and numbers), during the launch phase (communication, procedures for measuring customer satisfaction) and after the launch phase (follow-up with our team).

## 2. Is the team onboard?

### > SUMMARY

No one person can be perfect, but a team can. Once the team is onboard and working in unison, and only then, should it turn its attention to promoting the practice's services and products to its clients. Without a cohesive approach the end result will be much less in terms of success.

Every individual has strengths and allowable weaknesses and the successful team will have a mix of motivated individuals, in appropriate roles, who collectively possess all the necessary skills. It is the duty of the leader to ensure best use is made of the skills sets in the practice team, to address any deficiencies and to provide the team with the necessary resources to allow it to function to its maximum potential.



### 1/ The leader

Every good team deserves a great leader and the practice owner will be seen by others, both within and outside the practice, as a leader in their clinic. And it would be a very special individual who possessed all of the qualities listed below and who knew how and when to use them and in what measure. Individuals may well be born with some of the attributes, but may still need to work on them to improve their skills; others attributes may have to be acquired. It is also possible to use others in the team who have skills to take over the leadership in certain projects or situations.

An effective leader will possess the following qualities:

- Vision
- Toughness
- Fairness
- Adaptability

- Integrity
- Warmth
- Enthusiasm

All leaders, even those whom perhaps we do not admire as individuals, have a clear vision as to where they want to get to and by when and how they are going to get there. Effective leaders will share that vision and end point with their team. Leaders need to demonstrate toughness in dealing with barriers that may get in the way of their journey and with individual team members on occasions, but they must demonstrate fairness in doing so, dealing with individuals in an even-handed and fair manner. Not to tackle problematic team members, who for example are not pulling their weight, can easily have an adverse effect on the rest of the team.

Toughness must not be confused with stubbornness, and if for example during the course of a journey towards a goal, it becomes obvious that a change of direction is necessary the leader must be adaptable in their approach.

People are more likely to want to come on that journey, and are much more likely to contribute on the way if they know where they are heading to and why. If it is a long journey, better still to have regular waypoints along the way, that once reached, reassure the travellers they are still on track. You may even consider celebrating reaching those waypoints, as there is nothing like success to spur a team on to greater achievements.

Generally people follow a leader for two main reasons. Firstly out of fear, and secondly because they want to. And it makes a leader's role that much easier if the team members are keen to follow as opposed to having to pressgang people into staying with them. After all, a good team is one that functions just as effectively and efficiently in the leader's absence as it does when he or she is standing by watching with either a stick or carrot in hand. What is it that makes team members keen to follow in addition to the qualities already mentioned? When dealing with people, leaders need to have integrity and display warmth. A good leader will display warmth in being approachable and will have the integrity to ensure what is shared with individual team members remains confidential.

Most great team leaders have tremendous enthusiasm for what they have achieved or for what they do. That enthusiasm is infectious and ensures they are going to lead from the front. When it comes to leading the team, an effective leader will know the strengths of each individual and use those attributes for the betterment of all. Being able to delegate is key to having an effective and motivated team.

## 2/ Delegation

The one thing we all have an equal amount of, is hours in the day, even though some people always seem to achieve more than others in that same 24 hours. And although it may be the leader's role to provide the vision, decide on the strategy and perhaps the tactics, they will have to hand the baton to other to achieve their objectives; something we call management. The problem is that most veterinarians display A Type personality traits and nobody can quite do the job as well as they can and as such are poor delegators. They can be good abdicators and all too often, if they do delegate, they stand over the individual offering helpful advice, on how they would do it!

*"The best leader is the one who has sense enough to pick good men to do what he wants done and self-restraint to keep from meddling with them while they do it".*

Theodore Roosevelt

The simple rules of delegation are:

- Tell the individual exactly what it is you want them to do and why.
- Ensure the task is SMARTER.
- Provide the necessary resources and training.
- Encourage regular meetings to discuss progress and provide feedback.
- Have an open door policy regarding help, but don't stand in the doorway!
- Don't forget to provide praise for a job well done.

## 3/ Smarter objectives

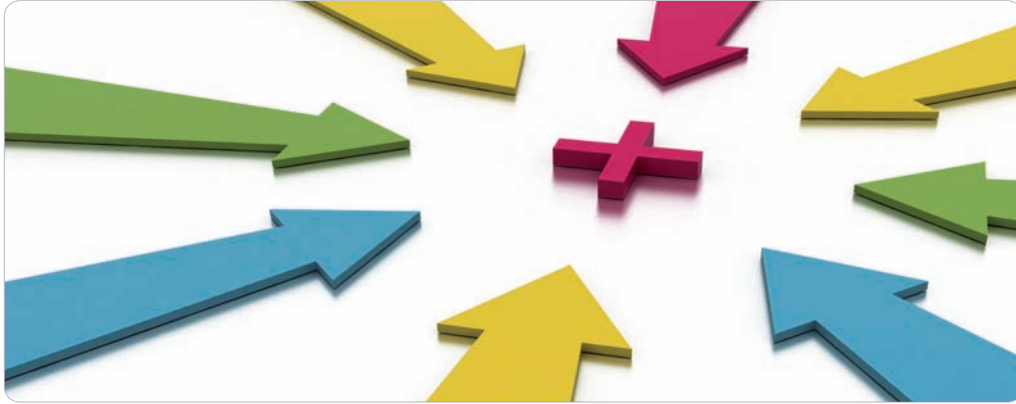
It is important, where possible to set the team SMARTER Objectives. SMARTER is an adaptation of the more usual business acronym SMART and stands for:

- Specific
- Measurable
- Agreed
- Realistic
- Timed
- Extending
- Rewarding

So instead of setting a goal of "introducing a stock control system into the practice to deal with consumables", you would be better to "research, agree and successfully implement a new stock control system that will achieve a 10% saving within 9 months". Or instead of "needing to make sure we book more client appointments", set the following goal, "to look into the reasons behind the low conversion of enquiries into "appointments made", and agree proposals for actions to be taken that will lead to a conversion percentage of 50% in 3 months' time".

Objectives need to be specific in terms of what it is you want to achieve and by when. The target needs to be realistic and agreed amongst the team. You may want to set the bar a little higher to make it extending and have some

Introducing SMARTER objectives will spur the team into achieving bigger and better things.



reward in place when the objective is achieved. Be careful that the bar is not set too high, as failing to achieve an objective can be disheartening and can be demotivational. If you're introducing the concept of SMARTER objectives it is probably better to set easy targets initially. There is nothing like a few successes to spur the team on to bigger and better things!

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## 4/ Motivation and recognition

We all need feedback. We all need to know we are doing a good job. Where deficiencies are recognised, they need to be addressed in a constructive manner and solutions found. Too many bosses spend too much of their time finding fault with their team members instead of finding them doing something right and let them know!

Motivation is a process not an event. You cannot hold a meeting and "do motivation". Everything you do in your practice will have an effect on the motivation of the team, and that effect can be either positive or negative.

So what can you do in your practice to help ensure the needle on the motivation meter remains in the positive and not the negative? Right now you could carry out a critical, honest, objective audit as to how the practice

team interfaces with leadership and you make it a priority to rectify any shortcomings. Secondly, you could establish an updated profile of your team members to establish what makes them tick as individuals and you could seek to match intrinsic motivators with their current needs. This is really part of the appraisal process. Individuals have mixed feelings about appraisals. Some say they have tried them and that they "didn't work" and the very word seems to alienate others. What if we called them "Structured meetings to explore ways of developing team members, and by doing so, enhancing our business"? If you don't develop your people at the pace they desire, they will usually find somebody else who will!

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## 5/ Standard operating procedures (SOPs)

Although we may want to empower team members to deal with situations in the best way they feel fit, there are certain procedures, both clinical and non-clinical where we would wish every member of the team behaved in the same way. This is easy to understand if we have a patient with cardiac or respiratory arrest during a surgical procedure. We would hope everybody knows what the Standard Operating Procedure is in that situation. Other, non-clinical situations also lend themselves to having an SOP, for example:

Regular meetings are essential to keep the team members focused.



- Admitting operations
- Dealing with complaints
- Pricing-up of hospitalised cases
- Clients who cannot afford to pay their bill
- Dispensing of medicines
- Waste disposal

SOPs should provide clear guidelines as to what action is taken under that specific topic and the best individual to draw up the draft SOP is the team member nearest that task. The draft SOP can then be circulated to the rest of the team for comments. Once the SOP has been refined it can be adopted and can take its place with the other SOPs in the Practice Manual. SOPs should be reviewed on a regular basis to ensure the guidelines are still appropriate.

## 6/ Practice meetings

Regular, frequent practice meetings are essential if the team is to behave in a coherent and focused manner and as practice teams grow in terms of numbers, meetings

become more important. What are the essential elements of effective meetings?

- A chairperson whose skills include the ability to keep the meeting on track and at the same time encouraging all to participate in the discussion.
- A pre-circulated agenda that participants can add to before the meeting.
- Minutes of what was decided against each agenda point and more importantly.
- Action points as to who is going to do what and by when.

The size of the practice in terms of personnel and sites may well dictate the structure and frequency of meetings. In single site, one vet practices it may be possible to manage the business and have excellent internal communications by having *ad hoc* meetings. However in larger practices and in particular where there is more than one site involved, it will be necessary to have a structure in terms of how often meetings are held and who attends. Some clinical meetings may include nurses, receptionists and/or other team members. Management meetings may involve heads of departments, relying on representatives to feed information back to the rest of their teams. In addition to meetings that are aimed specifically at management issues, whole practice outings that are held away from the practice can be excellent team builders.

## 7/ Internal marketing

It is vital to ensure you do your internal marketing before you promote services or products to your clients. Individuals who are expected to promote services and products must not only be conversant as to their features and functions, but more importantly their benefits. As veterinarians and scientists, we are understandably interested in features and functions. For example, in the case of a TPLO (tibial plateau levelling osteotomy), veterinarians are primarily interested in the surgical procedure itself and the challenges it offers, whereas the client is interested in the fact their dog will have a more rapid recovery, a greater chance of becoming less arthritic, better range of movement in the knee and a return to athletic or working activity, in other words the perceived benefits. Once all members of the team are familiar with the features and functions and above all the benefits of all the services and products we are asking them to

promote, they will be comfortable doing so and the uptake from clients will increase.

When it comes to providing training on products as opposed to services, who better to involve in that training than representatives from the associated manufacturing companies. However, the practice should maintain a controlling influence on the content of the training and how it is conducted.

Encouraging individuals to come up with new ideas should improve the running of the business and working conditions.



## 8/ Staff suggestion scheme

Having winning ideas is not the sole prerogative of the leader. All team members will have ideas from time to time that could prove to be winners. And who better, for example, to come up with an idea on how to improve the running of the kennel area that the person who works there all day,

### How to conduct a successful “brainstorming”

#### The concept

“Brainstorming” is a meeting designed to find new ideas or solutions to a specific problem by using the creativity of a team and their combined intellect.

#### The ground rules

All ideas should be aired, even the most far-fetched, with no censoring. What may appear to be a stupid or impractical idea may give another participant an idea that could prove excellent.

#### Practicalities

- A period of 30 to 60 minutes should be assigned and an area chosen where a team of 4 to 6 people can get together without being disturbed.
- One person should be set the task of noting down all of the ideas on a flipchart, without omitting any or making any negative remarks. When sheets are full they are removed and attached to the wall so that everyone can still see them.
- In the second half of the meeting the team goes back over the ideas that have been proposed, eliminating the worst and prioritising the remainder, putting the most interesting first.
- Alternatively, to de-personalise the process, each participant notes their ideas on post-it notes and these are then read by the facilitator and grouped together on the flipchart.
- At the end of the meeting, action points, assigning specific tasks to individuals are allocated to each idea that is to be progressed.

every day? Encouraging individuals to come up with ideas to improve the running of the business or working conditions has to be a good for the individual, the team and the business.

When introducing the scheme it should be explained to the entire practice team in terms of what is involved in submitting an idea and what feedback will be provided. The scheme itself should provide a mechanism to receive ideas in writing, providing details of what it is, how it will work, and whom it will involve. Above all, the benefits need to be explained; these can be financial or an enhancement in service to the clients, an improvement in working conditions, or a mixture of all three.

In return, there must be a commitment from management to get back to that team member with a response, within a fixed period of time, *e.g.* 3 weeks. That may be an outright acceptance of the idea, a request for further information or a suggestion of a meeting to move it forward or the idea may have to be declined. However, if that is to be the case, in fairness to the individual, valid reason for doing so must be provided.

A team is no stronger than its weakest link. You owe it to your patients, their owners, your employees and indeed yourself, to ensure you invest in your team, after all they are one of your biggest investments.

## 3. Bringing your clients onboard

### > SUMMARY

Creating new services that cater for the needs of clients is essential in keeping them interested in your practice, in attracting new clients and in developing and growing your business. Effective communication is crucial for maximising the uptake of new services and products by clients and various tools should be specifically chosen and blended with others to produce a “promotional cocktail” in which each element enhances the other. The entire practice team should be aware that media communication and personal dialogue are the central means of communicating with clients and are their most powerful tools in promoting new services and products. This chapter describes how to successfully create powerful communication tools and how to use them in a professional manner to ensure maximum success.



### 1/ A new service at the veterinary practice – How can I bring my clients onboard?

When a practice develops a new service for its clients, there are three key elements to consider, in addition to the service itself, and its marketing:

- Clients must understand the service and appreciate how both they and their pet will benefit from it; they should feel that they are actively contributing to the health of their beloved pet.
- The practice team, including all the veterinary and non-veterinary employees who come into contact with the client, must be familiar with the new service and understand it sufficiently to enable them to offer it to the clients in a convincing manner (**see Chapter 2**).

- In addition, it is essential that the entire team fully supports the new service.

Provided we achieve the above and there is an agreed routine that sets out who will communicate the new service to the client, and the manner in which it is to be done, it will usually not be difficult to bring clients onboard.

### 2/ Bringing clients onboard – specific methods

In general, there are two methods available for communicating with clients and if they are combined in a balanced manner, they can be used to reach every client:

- **Media communication**, which covers all communication routes apart from direct dialogue with the client.
- **Interpersonal communication**, which covers all methods used in direct dialogue.



Various communication tools should be specifically chosen and blended with others to produce a “promotional cocktail”.



With both communication methods (media and dialogue), the message to the client must be presented in such a way that the information is formulated in a language the client understands, with both methods conveying the same message and complementing each other.

## A) Media communication

Media communication and target marketing are the best ways to reach a large number of clients with details of a new service or product. It provides the client with new information that can then be addressed by the veterinary surgeon and/or the practice team who can detail the benefits through the medium of direct dialogue. If the client has heard about a “Senior Care Programme”, for example, from reading about it in a flyer, the team already has an entree for direct dialogue.

Media communication aims to raise clients’ awareness of certain topics and aims to educate them, using specific information thereby making them aware of aspects of pet health they had not been previously conscious of.

Clients who receive in-depth information from their practice that is interesting, and ideally targeted at their specific needs, are much less likely to get their information from less reliable sources, such as certain Internet sites or non-professional healthcare providers. In addition, surveys in which clients are asked whom they would like to get information on their pet from, repeatedly report that they definitely prefer their veterinary practice as the source of information.

### 1) The media

The following media can be used that have an impact both within (internal marketing) and outside (external marketing) the practice (**see Table on page 26**):

- Posters, freestanding displays and interactive material
- Flat-screen display in the waiting-room
- Flyers (also as aids during consultation)
- Targeted mailing (regular mail, e-mail) with for instance a response element such as, an invitation to an evening, featuring a specific topic, a lecture or an open day.
- Reminders
- Website(s)
- Articles in the public media, such as the local press

**Please note:** The legal aspects of external marketing must be clarified for the particular country in which this type of marketing is to be used. For example, in some countries, veterinary surgeons are not allowed to advertise their services.

All media should contain clear, precise and concise information on the service. It should be presented as a set of core statements, using between three and a maximum of five points. Too much information, or information that is incomprehensible to clients, makes them feel overwhelmed and confused. Ultimately it causes them to reject the information and thereby refrain from buying the service.

This brings us to the key specifics that you need to keep in mind when designing successful promotional material:

- What emotional impact will this have? What should the client feel, learn and do as a result of the information?
- What specific actions do I want the client to take? How can I involve and stimulate the client into action?
- What are the core messages I want to convey? What is the real essence of the topic?

## 2) Organising media communication

Once these questions have been answered, the various media can be designed and used in different formats. Ideally, the practice will initiate a campaign of specific services offered by the practice at regular intervals, employing a mix of various media. Each campaign should be like a guided path that starts outside the practice, leading through the reception area and consulting-room and ending up at the cash desk. That journey should be supplemented by active discussion, appropriate to each specific individual.

Here is an example of how a campaign could be run:

- The service is introduced and detailed in a targeted mailing campaign using regular mail or e-mail sent to a group of clients who potentially might be interested in the service. To this end, the salient information can be contained in the letter/e-mail itself, or an additional flyer could be enclosed or attached.
- At the same time, an article is published in the local press. This article could, for example, report on the new service at the practice or feature an interview with a veterinary surgeon on the topic. However, the legal aspects must be clarified for the particular country in which this type of external marketing is to be used. In some countries, veterinary surgeons are not allowed to advertise their services.
- During the same period, the new service is added to the practice's Website and, if possible, to the Websites of linked businesses such as dog trainers, groomers and kennels. The information should be supplemented with, for example, an interactive element such as a quiz or an online survey to engage the client with the new topic in a light-hearted and informal way. Survey feedback will indicate the extent of interest in using the service.

- At the entrance of the practice, the client's eye should be drawn to a poster or free-standing display promoting the new service, and this should be followed up by further information on the service in the waiting-room. Useful materials for the waiting-room include posters, as well as information screens, a flat-screen display and interactive displays.
- At this point, close cooperation between the veterinary surgeon and the team is very important. For instance, the veterinary surgeon should make certain notes on the client's record for the receptionists, so that they will be aware of the best way to discuss the service with the client and to encourage them to use it. The reception and the consultation are the two interfaces at which passive and active promotion, internal and external marketing, intersect and overlap. These are the principal "hubs", at which it is vital to ensure that everything comes together, enabling all the information to be both available and utilised. At the end of the visit to the practice, when making follow-up appointments and issuing the invoice, the team may want to provide certain clients with additional take-home materials about the new service on offer, even if the veterinary surgeon has already spoken about it with the client during the consultation.

### Target the client's vital areas when creating media!



**Heart:** which feelings do you want to evoke?



**Hand:** what actions do you want to stimulate?



**Brain:** what knowledge do you want to instil?

## B) Active promotion – direct dialogue with the client

In order to present a new service in an optimal manner, in addition to passive promotion, directly addressing and advising the client on that service is extremely important. The purpose of media communication is to reach a larger number of clients than is possible with one-to-one dialogues and to help prepare clients for the consultation. If clients have already been informed about certain services, there is even a possibility they may actively approach the veterinary surgeon and ask whether the new service might be appropriate for their pet!

In order to optimise one-to-one dialogue, it is a good idea to first of all clarify who within the practice will broach

the subject with the client, and at what point during the visit. It should therefore be decided when the veterinary surgeon will become involved and when the practice staff should speak to the client.

It must be kept in mind that a vet's express recommendation carries a great deal of weight in the client's eyes. As another point of contact for the client, the practice staff can and should, of course, actively support and reinforce the sales of new services to the extent that they are qualified to do so.

Communication is most successful when the "choreography" of the dialogue has been planned, meaning that the individual steps have been defined and assigned in advance. Planning the dialogue and recording it in writing like a protocol or SOP (Standard Operating Procedure) has

Examples for the use of different media in veterinary practice.

Type of media	Flyer, leaflet	Targeted mailing	Posters	Website
Description	Short and precise information on a certain topic: <i>e.g.</i> vaccinations, neutering, puppy care, senior care.	Letter with special information dedicated to a specific target group, <i>e.g.</i> for senior pets, puppies.	Illustration of physiological and pathological conditions concerning a certain topic, <i>e.g.</i> skin diseases, arthritis, gums and teeth disease.	General image of a practice on the Internet. Must be updated frequently to remain interesting and bring people back.
Aims	Information and education of clients during consultation. In addition to a targeted mailing, to display in the waiting-area. Very important media for the client to take home and explain to family members!	To create awareness, to educate and motivate clients. To offer new services to target groups and to inform clients in general about what is going on in "their" vet practice. Can be sent by post or by e-mail; should contain a response-element.	Valuable during consultations to explain individual conditions of a patient and to point out specific correlations and therapeutic measures. Also creates awareness at the reception desk or waiting-room of certain topics.	Should contain important general information in easy accessible ways. Different pages for particular client-groups with targeted information should be created, <i>e.g.</i> for puppies, seniors, etc. In this space specific details can be placed for downloading. Interactive elements such as a quiz or a survey are ways to get the client involved in a certain topic.

the advantage that in addition to making it clear who says what and when, all team members can understand and appreciate the content of the programme. Based on this protocol, targeted training of the practice team members can be undertaken in order to ensure that each relevant client receives the same message regarding the new service.

**1) When planning the “choreography”, the following questions should be clarified in advance**

**• Who will offer the new service?**

All veterinary surgeons, or only specialists for whose discipline the service is relevant? If specialists alone are to promote certain services, it must be determined how the other team members will “refer” the appropriate clients, so that this potential is not lost.

**• How can the team support the veterinary surgeon promoting the service in their work?**

What should and may individual team members do?

Of course, it is most effective if there is an agreement between the veterinary surgeon and the practice staff, whereby the practice team provides optimal support for the work of the veterinary surgeon by doing the following:

- Once the client has decided to use the service, the practice team reassures the client that they have made the right decision.

- If the client decides not to avail themselves of the service, the team can double check and discuss any concerns the client may have regarding the new service with the client.

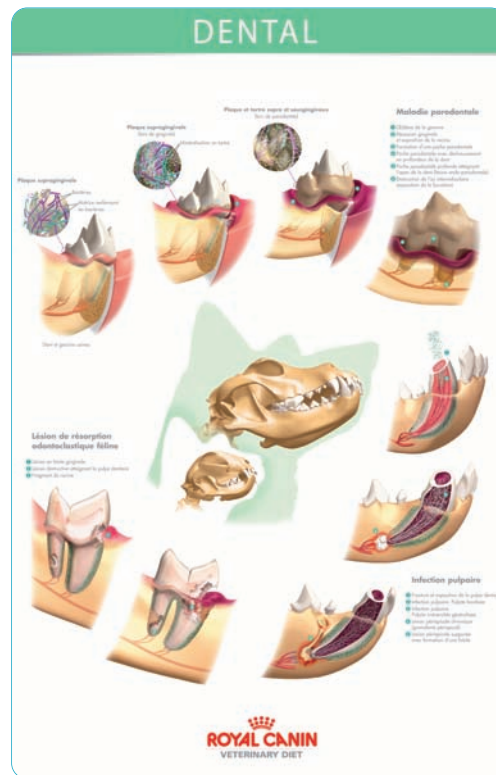
**2) The dialogue between the vet and the client consists of the following steps**

**• Preparation on the part of the veterinary surgeon**

The veterinary surgeon checks the client’s records and refreshes his memory of the client and the pet, with a particular view to the transactions of the current year. This not only the veterinary consultations for which the pet has been presented in the recent past, but also which

non-medical services and products were purchased. This indicates the level of commitment of the client to his pet, the preferred products and services, and which (new) offers might suit this client. Based on the information in the client’s and pet’s records it is often obvious what benefits both would derive from any special offer. This information can also be used to, perhaps pleasantly surprise the client by demonstrating just how much their veterinary surgeon is in the picture regarding their pet. However, the veterinary surgeon should never let the information in the client’s record prejudice the way he sees the client. Just because the record shows that a client has purchased very few services from the practice in the past does not mean that this will always be the case. Perhaps the client was simply never offered an attractive proposition in the past.

Posters are valuable during consultations to explain individual conditions.



• **Timing**

Of course, there is an ideal point during the consultation to present advice on the new service offered at the practice. The best time is when the pet owner is as relaxed as possible, *i.e.* the actual consultation is over and the animal is healthy, cured or stable. This is the case, for instance, when a health check-up or a follow-up has been carried out and everything is okay.

• **Initiating the conversation**

Ideally, you should create a positive atmosphere in order to initiate a dialogue. One way to do this is for the veterinary surgeon to compliment the client on how well he has taken care of the pet or by recalling an illness that was overcome in the past through the joint efforts of the practice and the client. Afterwards, the veterinary surgeon can present the new service. To make the most effective use of one-to-one dialogue it is sensible to ask the client, what he already knows about a certain topic and which information he already has. This allows the vet to adapt the message that will fit the precise needs of his client, thereby providing the right amount of information in a way the client can ideally understand and assimilate. If

the level of communication is too high, the client gets overburdened and stops listening. If the level is too low, which can be the case if the vet is talking to a fellow professional, the result is the same – the client stops listening because “he already knows it all”. When presenting a new service it is very important that the client should be able to immediately recognise the benefits the service will provide for both themselves and their pet, and how they can profit from them. The benefits a buyer perceives from a purchase are critical for a successful sale, and for establishing a long-lasting client relationship. At a veterinary practice in particular, the notion of “sales” is a highly sensitive topic that must be dealt with carefully. In most cases, the relationship between the client, the veterinary surgeon and the practice team is particularly characterised by trust and this relationship can be jeopardised very easily if the client has the feeling he is being forced into a purchase. This pressure may arise from the veterinary surgeon’s high level of enthusiasm and commitment, but may nonetheless be uncomfortable for the client. The client must never feel he has been pressured into doing something. Instead, he should always feel relaxed during the consultation and feel that he has been given sound advice.



Positive body language signals during the conversation include eye contact and the way the body is turned. If eye contact is averted and the person’s body is turned away, these are signals that the listener is no longer interested.

• **Guiding the conversation and presenting benefits**

The benefits should be presented in a number of ways as opposed to simply providing a list of medical and professional facts. Here, care must be taken that the client does not feel that he is just a passive element and that the dialogue has turned into a mini-lecture. In order for the consultation to become a positive experience for the client, the following points need to be considered:

- Reduce the medical facts to a minimum, using the maxim, "As much as necessary, but as little as possible". Keep the following question in mind at all times: What does the client really need to know in order to understand the new service?
- Reduce the use of medical jargon and translate the information into language that the client can readily understand.

Use aids (media) during the conversation in order to support and illustrate your words. People can learn significantly better if they are provided with an image to look at and/or something to handle and experience, rather than simply written text. Suitable aids may include pictures and models that complement the particular service on offer and materials that can be taken home to reflect on information provided in the clinic and which can be shared with and explained to the rest of the family. For a successful relationship between the practice and the client it can be crucial that the whole family living with a pet understand what has happened during the consultation, what services have been offered and which benefits can be enjoyed.

• **Obtaining feedback and concluding the consultation**

In order for the team member to obtain a sense of how the proposal and discussion is coming across to the client during the sales pitch, it makes sense to observe the client's body language during and towards the end of the dialogue, getting feedback from the client as to their opinion of the service.

- Body language expresses what a person is feeling inside, even if they are saying something different. Positive body language signals during the conversation

**Why use media?**

**People learn in different and individual ways:**



1/3 learn by listening (auditive learning).



1/3 learn by seeing (visual learning).



1/3 learn by experience and feeling (haptic learning).

=> Using media means anchoring your message in the client's memory and addressing his needs!

include eye contact and the way the body is turned. If eye contact is averted and the person's body is turned away, these are signals that the service is not (no longer) interesting or that the listener is overwhelmed by the length and type of conversation. If this should occur, the consultation must be concluded and a transition into the feedback phase must take place.

- In concluding the dialogue, it is a good idea to ask the client for verbal feedback, for instance, by asking: "So what do you think about this service?" This gives the client the opportunity to express how and what they think and to give positive feedback or alternatively to express their reservations. If the client responds positively to the new service, the veterinary surgeon can ask whether the client would like to take it up now or make an appointment for the new service. If there are reservations, now is the time to address them, mitigate them and convince the client otherwise. If this does not work,

it is a good idea to agree on a time with the client when you can contact him again in order to discuss the service at a later date.

- Depending on the situation, be sure to thank the client for his purchase, and most importantly, for the time he has taken and to say goodbye in a warm and friendly manner.

- **Reminders**

Last but not least, the practice staff should make a note in the appointment schedule to remind clients who have taken up a new service to come back, and to re-present the service to clients who have not yet purchased it.

### Five steps to optimise the effectiveness of reminders.

- The first step is to make every effort to maintain an accurate client database. This relies on the daily work of receptionists in charge of checking the details of clients at every contact. Furthermore, as long as security measures are in place, the practice's Website should offer clients the possibility of modifying their personal details at any time.
- The second step is to obtain the consent of the client before sending any reminders. A huge majority will accept. Also offer an easy way to unsubscribe, repeated on every reminder by mail or e-mail.
- The third step is to offer a choice of media used to send reminders, e.g. mail, e-mail or text and to ask every client about their preferred method.
- The fourth step is to stick to simple messages. Texts are very efficient for short term reminders and short messages such as "May we remind you Charley is due to X vet clinic tomorrow, Tuesday, November the 9th at 6pm". For more sophisticated messages choose e-mail (or mail). Nevertheless, e-mails must be short and simple but could include a link to the practice's Website for additional information.
- The last step consists of a standard response to "no show" patients, e.g. for non urgent actions (annual health checks): a new reminder using the same media, then a phone call, or for urgent actions (post-surgery checks): a phone call.



## 4. Case studies

### 1/ Breeding programme for pet owners

#### > SUMMARY

The consensus in the veterinary profession is to recommend neutering of all bitches that are not owned by professional breeders. Is it a good reason to ignore those individuals who want to breed from their pet?

On the contrary, these owners need information and moreover professional services to support them in every step of their breeding project. Although this may represent a niche market, vets should pay attention to it because it is technically interesting and can strengthen the strategic and economic position of the practice.



Over the past few years, veterinarians have put a lot of effort into promoting neutering in bitches, not only to control the canine population, but also for behavioural and health reasons (cf. neutering case study). This message has been so well communicated that the majority of veterinary clinics have come to ignore the small minority of owners who are truly motivated to breed from their bitches.

First and foremost, it is important to agree on the meaning of the term “Breeding Programme for Pet Owners”. We are not going to discuss the services that a veterinary clinic can offer professional breeders, *i.e.* those who make a living or some income from breeding dogs. For breeders, it is absolutely essential to design a specific range of services (the commonly made error being simply to offer a discount on services that are offered to private owners). Some owners of one or more bitches may express the desire to breed from them for their own reasons, but not professionally as such. Is it advantageous to design a range of services targeted at these clients? If so, how does one go about it?

#### Motivation and commitment

The first important point is to check that the client is aware of the implications of their decision. The decision to breed from a bitch requires considerable motivation and commitment and the veterinarian is under an obligation to provide advice, *i.e.* he must ensure that his client is fully informed of the various difficulties he might encounter. Let's be clear, it is not the vet's job to systematically dissuade clients who chose this path, before abandoning those with the courage to ignore their warnings, leaving them to cope with it by themselves! On the contrary, it is advisable to clearly explain the consequences of a breeding project to the owner, and once you are sure they have properly considered their decision, to offer the help of the clinic throughout the duration of the process.

Of course, the market is very limited, and even then, veterinarians would not want to encourage it, indiscriminately.



Having said that, a range of services and products aimed at owners who wish to breed from their bitches presents a dual advantage for the veterinary clinic:

- Firstly from a technical standpoint, it enables the clinic to develop or confirm their expertise in terms of gynaecology, obstetrics, and peripartum & neonatal medicine.
- Secondly it presents a strategic and economic advantage, in that the clients in question will be very grateful to the clinic for their help, given that these services are highly differentiated from the standard range of services and may also represent a base on which a clinic could develop a range of services aimed at professional breeders. Furthermore, some of the adopted puppies' owners might become new clients.

- Consultation prior to breeding.
- Monitoring heat
- Consultation to confirm pregnancy
- Assistance during parturition
- Domiciliary post-partum checks
- Paediatric consultations

The target (whom is the service for?), objectives (what is the service for?), content (what are the components of the service?), procedure (how is the service organised and delivered?), and a suggestion of pricing for each of the above services is presented in the **Table on the opposite page**.

The range of ancillary services may include elements such as assistance with the choice of stud dog, or helping to home the puppies, notably through the data mining of information held on client records.

### Range of services

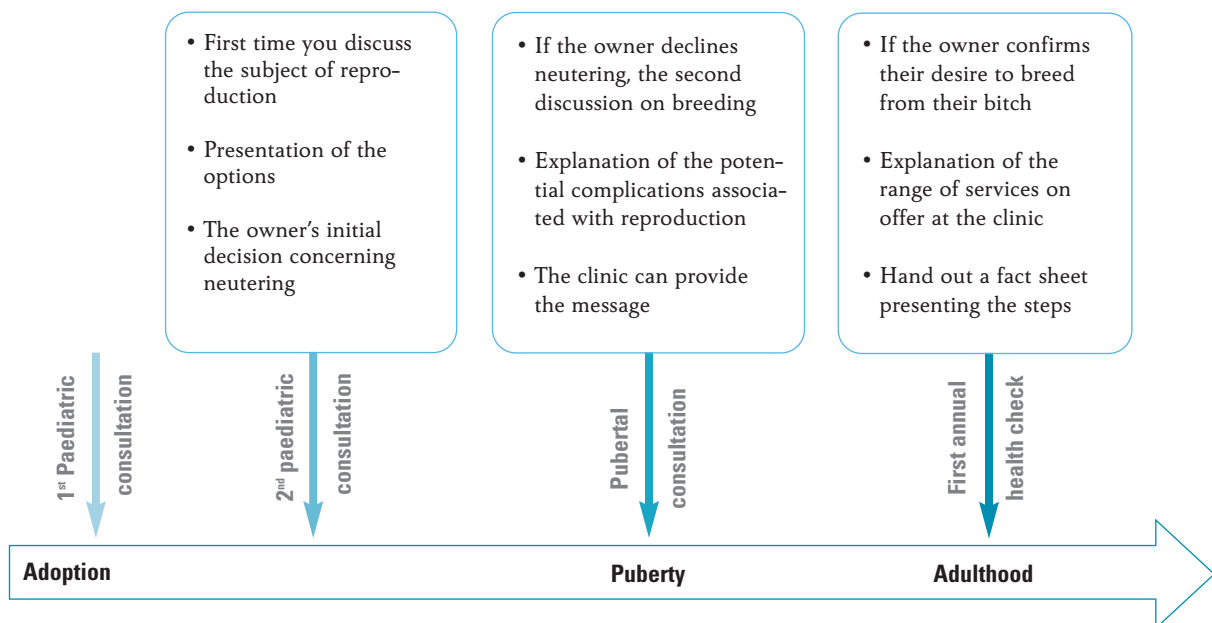
A "Breeding Programme for Pet Owners" does not represent one single service but a range of services that are used to assist the client throughout the process: before mating, during mating, gestation, parturition, lactation, weaning, and post-weaning. Within this range there are both professional and ancillary services.

The range of professional services may comprise the following elements:

One of the main challenges faced by veterinarians who wish to promote this range of services, is in identifying potential clients to offer them the support of the clinic. To this end, it is important to present the services as part of the standard healthcare program to a young bitch, as illustrated in the **Figure page 32**.

- The first step takes place during the last paediatric consultation, which is usually held at around 4 months of age, when the vet (or qualified nurse) broaches the

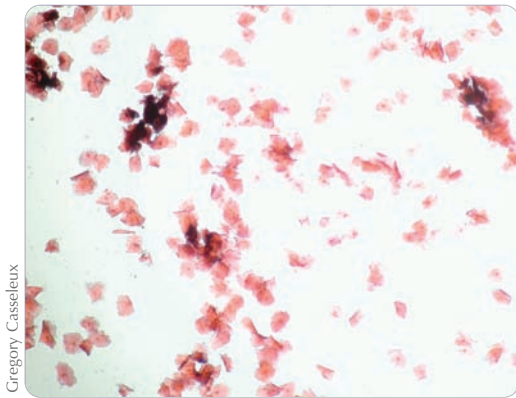
When to offer the "canine reproduction for owners" range of services.



Professional services in a “canine reproduction for owners” programme.

Service	Target	Objectives	Content	Procedure	Price
Consultation on preparation for breeding.	Pubertal bitches before breeding.	To check that the bitch is fit for breeding. To give advice about mating and early pregnancy.	In depth clinical examination. Review of infectious disease and parasite prophylaxis. Review of the diet. Targeted explanations about the bitch's oestrus cycle. Presentation of the heat monitoring service if needed; if not presentation of the pregnancy diagnosis service. Screening for genetic anomalies as a function of the breed. Advice on administrative procedures for pure breed dogs (country dependent).	Consultation at the clinic. Around 20 minutes. Give the owner a fact sheet about reproduction (if the owner has not already got it) and a detailed fact sheet concerning heats and mating.	For an idea of the time needed book a standard consultation x 1 to 1.3 + any necessary further diagnostic tests.
Monitoring heat.	Bitches in heat that are to be bred from, particularly if the male is some distance away.	To determine the ideal moment for mating.	Clinical examination. Vaginal smear or hormone assay. Presentation of the pregnancy diagnosis service.	Consultation at the clinic. Repeat consult may be needed. Give the owner a detailed fact sheet concerning gestation.	Standard consultation + further diagnostic tests.
Consultation to confirm pregnancy.	Bitches thought to be pregnant, at around day 25 of gestation.	To confirm pregnancy and/or check the viability of the foetuses. To determine the number of foetuses a radiograph can be carried out at around day 50 of gestation.	Clinical examination. Ultrasound. Radiograph. Dietary prescription for the end of gestation, lactation, and the weaning of the puppies. Advice related to parturition. Presentation of the services offered by the clinic in terms of assistance during parturition and the paediatric consultation.	Consultation at the clinic; date defined as a function of the objective. Give the owner detailed fact sheets presenting what to do at parturition and how to look after the puppies up to weaning. Hand out a dietary prescription sheet for the bitch and puppies.	Standard consultation + further diagnostic test.
Assistance during parturition.	Bitches about to give birth.	To provide the owner with a safety net in the event of a problem.	The bitch gives birth at home but has the clinic's emergency number if they need it.	Telephone call in the event of a problem. Emergency treatment at the clinic if necessary.	Specific invoicing depending on the procedures performed.
Domiciliary post-partum checks.	Bitches and puppies 1 to 3 days, then 2 weeks post-partum.	To check the health status of the animals.	Complete clinical examination.	Domiciliary consultation by appointment.	Domiciliary consultation + travel expenses.
Paediatric consultation.	Puppies just after weaning at around 8 weeks of age.	To check the health status of the animals. Microchip and vaccinate.	Complete clinical examination. Microchip and vaccination. Review antiparasitic treatment. Advice related to preparing the puppies for adoption.	Consultation by appointment. Time adapted to the number of puppies. Hand out a detailed fact sheet presenting the adoption of puppies and what advice to give future owners.	Specific pricing with reductions per puppy as a function of the number of puppies.

A vaginal smear is a very simple technique for determining the best date for the mating. Below a vaginal smear from a bitch in oestrus.



Gregory Casseleux

subject of reproduction for the first time with the owner (cf. neutering case study). This is when the different options, neutering or breeding, are presented. If the owner expresses interest, however slight, in breeding from their bitch, it is particularly helpful to arrange a pubertal consultation, which will present another occasion on which to review the subject.

- During the pubertal consultation, which is conducted at varying ages depending on the breed, the veterinarian or qualified nurse checks the owner's motivation to breed from their bitch, explaining the limitations of the project, but also offering the services of the clinic to assist them throughout the process. In short, this consultation is used to explain the ideal age for implementing a breeding programme, relative to the specific breed of the bitch in question.
- During the first annual health check, which usually occurs at around 16 months of age, the vet or qualified nurse verifies that the owner is still keen to go ahead with their project, and if so to help them plan it. It is at this stage that one has truly recruited the client.

## From mating to adoption

The main objective is then to provide comprehensive support starting with mating and finishing when the puppies have been weaned, microchipped, vaccinated,

and are ready for adoption. Indeed, each phase of the service provides a natural link to the next; as such one can provide targeted recommendations about the next phase without overburdening the owner with too much information to retain. Moreover, several themes recur throughout the overall programme, such as the prevention of infectious and parasitic diseases or nutrition, firstly of the bitch, and then of the litter.

In terms of nutrition, the veterinarian or qualified nurse should start by checking the diet and weight of the bitch prior to breeding and make any necessary adjustments. It is then important to differentiate the key phases:

- No change in the bitch's diet, or excessive supplementation during the first 6 weeks of gestation; the main objective being to avoid weight gain.
- During the seventh week of gestation, start the transition towards a diet that has been specially designed for the end of gestation and lactation; then adopt a specific feeding plan related to the specific needs of that individual bitch; at this stage the objective is to control weight gain at the end of pregnancy and prevent weight loss during lactation.
- With regards to the puppies, the mother normally provides for their needs during the first three weeks of life, but an appropriate milk substitute may prove necessary if milk supply is insufficient.

Offering a digital or printed photo of the ultrasound of the puppy is very much appreciated by the owner and can be included in the price of the ultrasound procedure. Below an ultrasound image showing a foetus in utero.



Gregory Casseleux

- Progressively introduce the puppy diet during the fourth week, initially in a very moist form with the gradual introduction of more solid food at seven weeks, the recommended age for weaning; at this stage, the dietary advice should be centred on the practical aspects: How and with what should one moisten the food? Dividing the ration up into many small meals, etc.
- Either towards the tenth week or two weeks before the departure of the puppies, the owner “breeder” should organise a transition to a growth diet, specific to the breed.

### Simplifying the recommendations

One of the difficulties of such a wide range of services resides in the number of possible variations on offer, hence the need to target the advice to the specific phases, to be precise, and to use several simple hard copy aids to support these recommendations, making them more effective. Here are a few examples of such aids:

- A document presenting the approach to reproduction giving an overview of the entire process and a set of fact sheets for each phase providing a clear explanation of the key points of mating, gestation, parturition, the neonatal phase, weaning, and adoption.
- A record of the pregnancy diagnosis, an ultrasound image for example, which represents a very important step for the owner.
- A dietary prescription sheet for the bitch and puppies; this can be given to the owner and discussed at the pregnancy diagnosis consultation, which often takes place between 25 and 45 days of gestation, just before the first important change in the bitch's diet.

Veterinarians have put so much effort into promoting neutering that some have come to ignore the small minority of owners who are truly motivated to breed from their bitches.



Yves Lancelaux

- A calendar highlighting all the various stages: appointments with the vet, changes in the bitch's and puppies' diet, antiparasitic treatments, etc.
- Reminders sent by text messages can also increase compliance.

In conclusion, offering a range of services for canine reproduction aimed specifically at owners requires a well thought out strategy and a few simple aids. Even though the market is limited to a small number of clients, they will be very loyal to the clinic and become its most fervent promoters. The recommendation of neutering remains a global priority, but it should not lead one to neglect those owners who show a real desire to breed from their bitches and who confirm this interest after being given a detailed explanation of the advantages and potential drawbacks.

## 2/ Designing and implementing a “puppy and adolescent dog programme”

### > SUMMARY

A puppy is a family member and as such the acquisition of a new puppy is an exciting event for an owner. Pet owners have an ever increasing choice of where to go and whom to refer to, when seeking advice and products. As such, it is vitally important to make optimum use of the interaction afforded to practices by the owners of new puppies to create and build upon relationships. And a happy occasion, as opposed to a sad one, provides us with a much better opportunity to forge those bonds.



#### Initial contact

Unless the practice has been involved with the dam’s pregnancy, the first point of contact is usually when the owner telephones or visits the practice to seek advice. Often this is in relation to routine matters such as vaccinations, worming or flea control. It may be routine to the practice, but remember it may be the first puppy the potential client has ever owned; indeed it may be the first time the owner has ever contacted your practice.

It could be that the new owner is phoning around to obtain prices before deciding which practice to register with and we need to provide that potential client with more than just price upon which to base that decision. What can we do? We can demonstrate genuine interest in the puppy by using its name and by asking open questions about its time with the family to date. We need to address any current concerns the client may have and at the same time provide what we regard as important additional information. However, we mustn’t overburden the client with too much information; instead, having captured the client’s and puppy’s details, we can contact them by post or e-mail with a personalised message and further information. If we have a Website with specific information on puppy care we can point them in that direction.

#### The first appointment

The most important action we can take at the initial contact is to make an appointment to see the puppy, irrespective of its age. A significant failing of too many practices is in not making that appointment.

We all know just how important first impressions are, and hopefully whoever greets the client with the new puppy will anticipate their arrival and greet both, using their names.

There is a great deal of information we will want to impart during a client’s first visit, but a limit to how much anybody can take on board and retain to share with the rest of the family later. Fortunately most puppies will be seen on more than one occasion over a relatively short time scale and this provides us with an opportunity to structure each visit, deciding what information is provided during each one. Below are just some of the topics we may want to discuss:

- Vaccinations
- Feeding
- Worming
- Neutering or breeding
- Flea control
- Microchipping
- Behaviour

The challenge is that there is often not enough time to do justice to each topic. This is where structure is so important. We need to divide the list into those that need to be addressed at some depth during the first visit and others that can be referred to and dealt with at subsequent visits. Having a structure that everybody in the practice agrees with and adheres to ensure every visit is used in the most effective and efficient manner. Topics that we know have been detailed at a previous visit, irrespective of who saw the client, can be picked up on and discussed at some length, and new subjects can be introduced that were omitted last time.

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## Puppy pack

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We have already referred to the amount of information we need to impart and the time constraints. And there are other challenges to take into account. We need to ascertain the client's starting point. This may be their first ever pet, or they may be experienced breeders. We need to appreciate this is an exciting time for the owner and indeed the puppy, which may be a distraction during the consultation and partly to blame why the client doesn't retain much of what we tell them.

With that in mind it is very important to provide the client with written information to take away. This can take the form of commercially or in-house produced literature. Having a professional looking folder, a Puppy Pack, in which to house the literature is important and allows us to personalise each owner's pack. We can also guide the client to our Website if it has relevant information to impart.

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## Safety netting

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Providing the new owner with a great deal of information may well give rise to queries that arise after they have left the practice. We need to provide the client with a safety net, a reassurance that the practice team is there to answer all their questions relating to the puppy's care and development. The message we need to get across is that "There is no need to go anywhere else when it comes to looking after your puppy. We are here to help and are delighted to do so."

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## Subsequent checks

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A practice will need to decide on how often it recommends subsequent checks. The benefits of these regular checks must be conveyed to both the practice team and individual owners to optimise buy-in.

Depending on breed, puppies will reach puberty as young as 6 months of age and will stop growing at between 12 and 15 months old. Compare this with humans where it will take up to 18 years or more to reach maturity and you realise you don't have much time to get things right! With this in mind monthly checks are appropriate, to monitor such things as, weight and body condition, feeding regime, dentition, parasite control and behaviour, etc. Remember, not every monthly check requires direct veterinarian input.

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## 6-month-old health check

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Irrespective of whether a practice opts for regular monthly checks or not, the 6-month-old health check is an important milestone in a puppy's development.

It provides an excellent opportunity to discuss whether the client plans to have the puppy neutered or, in the case of a bitch, whether they would like her to have a litter of puppies. As responsible veterinarians we need to ensure we provide the owner with sufficient information to enable them to make an informed decision and at the same time convey the message that whatever choice they do make, we are the best source of advice and help.

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## Role of the team

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As said elsewhere, the one thing all team members have in common is the number of hours in the day. Team members are drawn to work in veterinary practice for different reasons. Often, the compelling factor for veterinarians is the opportunity to solve problems as evidenced by the move towards specialisation in many marketplaces. Support staff are usually driven by a desire to work with animals and these different drivers can often be evidenced in their differing approaches to a client with a new puppy;



the receptionist or the nurse is usually eager to take the puppy from the owner to give it a cuddle whilst the veterinarian is often keen to get on with the clinical side of things and move on to the next, more challenging case.

There is no reason why support staff shouldn't take a significant role in the "Puppy and Adolescent Dog Programme". What non-veterinarians will be permitted to do will vary from region to region, but if the programme is broken down into its component parts there will be many areas where support staff can play a significant and rewarding role.

For example, when we look at the list of topics we want to cover during the initial visits, some clearly come under the remit of the veterinarian, *e.g.* vaccinations, neutering and breeding. But what about microchipping, behaviour and feeding? Are these topics that could be delegated to an enthusiastic and well trained member of support staff? The initial puppy consultations can be split between a veterinarian and a nurse, adding value for the client, enhancing job satisfaction for the nurse and freeing up the veterinarian to see other cases.

Some subsequent routine adolescent checks, depending on content, could be carried out solely by a nurse. This is perfectly acceptable to clients as long as they are made aware of the role of the nurse and have confidence in

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Allowing puppies to mix with one another as young as possible will help with their socialisation.



their knowledge. But it does not suggest nurse consultations should be free of charge.

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## Puppy parties

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If the practice is large enough such that you see a sufficient number of puppies, then holding weekly puppy parties is popular with clients, support staff, not to mention the puppies! The primary purpose of these parties, often held in the practice after normal hours, is to allow healthy puppies the opportunity to mix, before they are allowed out into public areas. Dogs are pack animals and allowing them to mix with other puppies, as young as possible helps with their socialisation and behaviour training. It also provides the practice with a golden opportunity to show clients around the practice and talk to them in more detail about subjects like nutrition, parasite control and behaviour etc.

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## Building the relationship

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Building a successful practice is all about turning prospective clients (those individuals who may do business with you) into advocates (those who actively promote your practice to others). It is all about using every interaction between the client and the practice to develop and enhance the relationship and giving the client no reason for going elsewhere when it comes to caring for their pet.

When asked what's important to clients, they often speak about how their puppy will get on with the veterinarian. "Will he or she like my puppy?" One way of demonstrating you like their pet is to take a photograph of the latest addition to their family and display it on a notice board in the reception area, along with photos of all the other puppies the practice has seen over a given period.

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## Everyone benefits

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As veterinarians our primary responsibility is to our patients and there is no doubt that a comprehensive "Puppy and Adolescent Dog Programme" brings benefits to those pets.

Seeing a puppy on a regular basis during its adolescent period and providing expert advice and top quality products gives it the best chance of developing into a healthy, well adapted adult. And because a great deal of the interaction with both the team and the premises is not associated with unpleasant or painful experiences, puppies that attend on a regular basis, enjoy coming to the practice and make more amenable patients as adults.

Clients benefit from knowing they are receiving the best advice from people who care about their family member.

If nurses are given area of responsibility within the Programme it fulfils two of their main motivational factors, working with animals and doing an interesting job.

Apart from providing veterinarians with an interesting role, by involving nurses in the Programme it can free them up to deal with what they may regard as more challenging clinical cases.

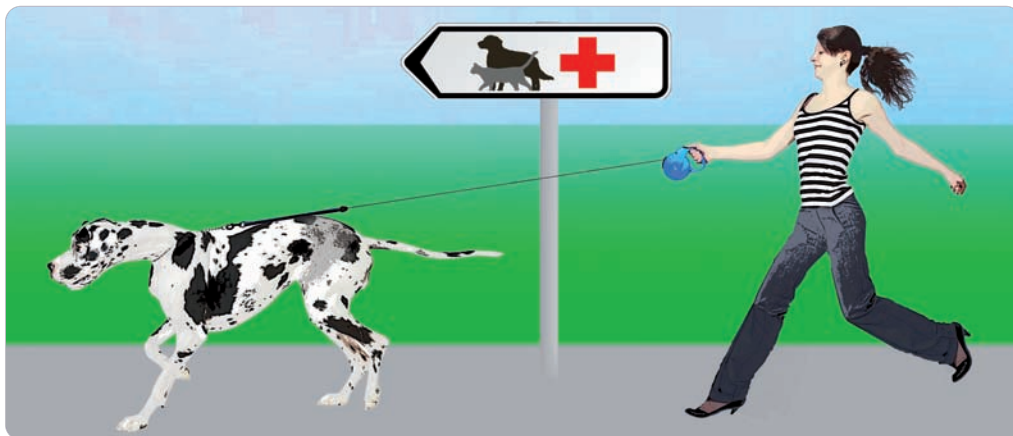
The practice owner benefits from all that is associated with clients who are practice advocates. Word of mouth is still a very powerful and cost effective marketing tool when it comes to building a client base. The caring owner is going to spend a significant amount on their pet during its puppy and adolescent phases. Much better for that owner and the practice finances to have them spend it with you where they know they are receiving value for money along with the best advice and quality products that are approved by the practice team.

Sometimes we need to see the puppy the same way as the client does.



When it comes to the financial rewards associated with running a “Puppy and Adolescent Programme” the profit margin will very much depend on the pricing structure. How much do you charge for the monthly checks with the nurse or attendance at the Puppy Parties? Do you charge an overall fee for the Programme, including vaccinations? If so, do clients pay up-front, or on a monthly basis? Do you give clients discount on products, *e.g.* pet food, and parasiticides, whilst they are on the Programme?

Dogs that have experienced puppy school at the veterinary practice are less stressed when they come for subsequent visits.





There are many ways you can structure the financial aspects of a scheme. And it is easy to appreciate that if you take the period between a puppy's primary vaccinations and its first booster vaccination at 16 months of age, and simply provide those vaccinations, the income and profit will be insignificant compared with what could be produced by a greater involvement with that growing

puppy. The chart below providing the vaccinations versus a comprehensive Programme.

Introducing and running a "Puppy and Adolescent Dog Programme" will mean Healthier patients, Happier clients and Higher profits.

Chart showing the difference in income between providing a comprehensive, as opposed to a basic service.

Age of puppy	9 wks	12 wks	4 mths	5 mths	6 mths	7 mths	8 mths	9 mths	10 mths	11 mths	12 mths	13-15 mths	16 mths	Total for comprehensive programme	Total for basic service
1 <sup>st</sup> paediatric check/ 1 <sup>st</sup> vaccination	€45													€45	€45
2 <sup>nd</sup> paediatric check/ 2 <sup>nd</sup> vaccination		€45												€45	€45
1 <sup>st</sup> annual health check/ 1 <sup>st</sup> booster vaccination <sup>1</sup>													€45	€45	€45
Kennel cough vaccination					€30									€30	
Worm/flea/tick treatment course	€20				€19			€19			€19		€19	€96	
DAP collar	€19													€19	
Pet food	€56	€17	€56	€56	€56	€56	€56	€56	€56	€56	€56	€168		€728	
Microchip		€17												€17	
Tooth paste/brush			€4		€4		€4		€4		€4	€8		€34	
Nurse paediatric/adolescent check			€15	€15		€15	€15		€15					€75	
Vet paediatric/adolescent check					€30			€30			€30			€90	
<b>TOTAL</b>														<b>€1224</b>	<b>€135</b>

### 3/ Canine neutering

#### > SUMMARY

Finding a section dedicated to canine neutering in a document devoted to the development of new services could be a surprise to many readers. Indeed, small animal neutering procedures are amongst the top services offered in all first opinion veterinary clinics and do not present, at first sight, anything innovative.

However, it is not only possible, but often necessary, to adopt a new approach to neutering services, which are an important generator of value for the owner and for the vet. The main goal is to design and implement efficiently a differentiation strategy adapted to these “simple” services.



The importance of small animal neutering merits analysis, from both an owner’s point of view and a business perspective.

There are many aspects to consider regarding the neutering of dogs and bitches and many perceived benefits for their owners:

- Firstly, it is of course a practical and radical means of reproductive management. The collective advantage is well recognised, in that the control of canine populations is an important aspect of animal welfare and public health. Individual owners, when considering the question of reproduction, either decide to breed from their pet to ensure the continuation of their pet’s lineage, or, more commonly, opt for neutering to prevent genuine problems, whether minor (staining of carpets and furniture, straying, etc.) or more serious (unwanted pregnancies, etc.).
- From a behavioural standpoint neutering may result in a pet that is more focused on its relationship with the members of its host family and although one must not ignore the desires of those who wish to preserve the behaviour of their dog “intact”, the vast majority of owners find neutered pets easier to handle and, as a result enjoy a more gratifying relationship with them.
- The effects of neutering on the health of a pet dog remains controversial in the scientific literature. The general consensus is that it is beneficial for females (notably through the prevention of uterine infections and a certain number of cancers), whilst the pros and cons seem to be more balanced for males. In all cases, the informed consent of the owner, regarding neutering, implies they are fully aware not only of the advantages but also the potential adverse effects of neutering, notably of the increased incidence, common but manageable, of weight gain that may eventually lead to obesity (see below).
- Finally, other than the advantages cited above, neutering often represents the first general anaesthetic in the life of most young animals and as such, is always an important step for the owner. Consequently practices should not treat these perceived simple procedures lightly.

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For the veterinary business, neutering is also significant for several reasons

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- First of all, neutering is a common procedure. The proportion of neutered animals varies significantly from country to country and between breeds. Over 75% of

both male and female dogs are neutered in the United States (1), whilst only 20% of males and 40% of females undergo the procedure in France (2). The rate of neutering is on the increase the world over and there is a trend towards routinely recommending it to owners who do not wish to breed from their bitches.

- Its importance in the eyes of the owners as well as the impact on the pet – in terms of reproduction, behaviour, and health – demand a highly structured educational approach on the part of the practice team.
- From an economic standpoint, these common surgical procedures represent a significant source of income, not only through direct sales, but also from owners who may well become regular clients.

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### A cultural bias

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However, the realities observed in the field conflict with the importance that we have just referred to. The principal problems encountered are due to familiarity with the procedures, unreasoned low cost strategies often termed “loss-leader” and finally low interest given to the performance of these surgical procedures deemed to be “routine”.

The most convincing explanation of this attitude comes from a “cultural” bias. Trained in a system that promotes technical prowess, veterinarians find it hard to get excited or interested in simple, routine procedures. Worse still, they project this image of simplicity, or even banality, to their clients by implementing, whether consciously or sub-consciously, a strategy that combines low perceived value with a low price tag.

Low cost strategies are found in clinics that make it their principal means of development, such as the “pet neutering and vaccination clinics” that are particularly prevalent in the United States and the United Kingdom. These strategies are coherent and effective for businesses focused on simple procedures (sick or injured animals are referred) in countries where the range of veterinary practices is well differentiated, where veterinary businesses are allowed to advertise, and where neutering rates are very high. Here, neutering as a routine procedure becomes a strategy, and the approach “why pay more for a

standard service” finds resonance, with very diverse social groups.

Such strategies are also found in “traditional” first opinion clinics with purposefully aggressive pricing on neutering in the hope of attracting clients who will then discover other aspects on offer at the clinic, notably competence and quality of service. However, unlike the previous strategies this one cannot be considered as coherent or effective, in that in terms of services, the quality-price inference does not make it possible to occupy the “low cost” position and the “most competent” position at the same time. As a result, either the competitive pricing positioning on neutering will not have been effective in recruiting new clients and it is a shame to have lost money, or it will have worked well and the recruited owners will have taken onboard the message of a cheap clinic which will subsequently find it difficult to sell them services which are principally linked to competence and quality.

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### Neutering procedures can be differentiated

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Moreover, low cost strategies do not offer the possibilities of differentiating neutering services, in spite of their importance. Let us then try to build a strategy whereby we maximise the value perceived by the client, centred on two main areas: restoring neutering to its “status” as an important surgical procedure in its own right, and integrating neutering into the general health care programme of young pets.

Evidence has shown that owners of pets that are to be neutered do not consider the procedure as routine, in that it presents all of the characteristics of surgery under general anaesthesia, generally the first in the life of their pet. The veterinarian should therefore try to reassure the owner regarding the procedure. However, in doing so, they should not promote the surgery as simple and routine but should refer to the degree of safety obtained through the use of a rigorous procedure, skilled personnel, and an appropriate surgical unit. In real terms, the recommendation is to apply the same standard procedure as for all surgical interventions carried out within the clinic. In other words to include a pre-anaesthetic examination (and if appropriate, according to the practice protocol, a

pre-anaesthetic blood test), pain management, post-operative monitoring, and postoperative check-up 48 to 72 hours after the procedure. These elements are obviously brought to the attention of the owner – not forgetting that it is important to maximise the perceived value – at different key steps in the process, when advising the neutering (backed up with a fact sheet), when discharging the pet (with a simple surgical report), and on the detailed invoice.

### An important step of almost every puppy programme

Integrating neutering into the health care programme of young pets implies integration with preceding and subsequent phases.

- The first key moment when advising neutering usually occurs at the last paediatric consultation at around 4 months of age. At this stage, it is essential to discuss the subject of reproduction with the client: do they have any plan to breed? If the owner does not plan to breed from their pet, the various alternatives should be discussed, relative to the gender and breed of the particular pet. When they are presented for surgical neutering, the vet or a qualified nurse discusses the advantages of the procedure, the associated risks, notably in terms of weight gain or even obesity, a risk that warrants careful adaptation of the diet of neutered animals, and the cost of the procedure. If the owner gives their informed consent for surgical neutering, the vet discusses the practical aspects, notably the ideal age for the procedure and what it involves; they then offer to send a reminder to the owner at the appropriate time. Team work, for example with an initial recommendation from the vet, reinforced by a nurse who can answer any other questions that the owner may have, will have an enhanced effect. In all cases, it is a good idea to back-up the recommendation with a simple and concise owner fact sheet, reiterating the main points of the discussion. But under no circumstances should such a document replace a face-to-face discussion.
- At the pubertal consultation prior to neutering, the advice can be reiterated and the clinical team has a new opportunity to answer the owner's questions. In

Veterinarians should not promote neutering as simple and routine but should refer to the degree of safety obtained throughout the use of a rigorous procedure, skilled personnel and an appropriate surgical unit.



cases, generally less commonly in dogs than in cats, when neutering may represent the first contact with the clinic, it is essential to plan a preoperative consultation as opposed to a preoperative examination, meaning the owner is present. During this consultation, in addition to checking the pet's health the vet verifies that the owner understands the procedure and gives their informed consent, but also that they are aware of the potential downsides of neutering.

- Following neutering, it is important that a vet or qualified nurse takes time to talk to the owner, firstly to prescribe a diet that is appropriate for the pet's new metabolism, then to discuss the principal preventative measures, notably in terms of internal and external parasite control and to present the subsequent steps in the pet's health-care programme. The latter may involve a pubertal consultation (if it is scheduled by the clinic after neutering), or the first annual health check. The post-operative check-up, 48 to 72 hours after the procedure, is the best time to discuss these issues. At the discharge consultation, on the day of the operation, the owner is primarily concerned about the immediate condition of their pet and what they need to do for them



over the next few hours. As such they are not very open to discussions about the pet's mid to long-term future and the visit to remove the stitches is slightly too long after the operation to have this discussion.

- The post-neutering consultation should not be the first time that the need to adapt the pet's diet is discussed. Depending on the case, it should have been discussed during the last paediatric consult or at either the pubertal or preoperative consultation. The prescription protocol should follow a standard procedure. The starting point is a brief overview of the change in metabolism induced by neutering, with a reduction in energy requirements, combined with an increase in food intake. It is then important to explain the characteristics of the recommended diet, with a lower energy density, satietogenic effect, and the presence of all necessary nutrients to cover the pet's requirements, many of which will not have finished growing. These characteristics cannot therefore be met by the prescription of a light diet, nor by reducing the quantity of a standard diet. To be specific, the owner should be given the name of the prescribed diet and the amount to be

The discharge consultation is not the best moment to discuss future issues and prescriptions, the owners being primarily concerned about the immediate condition of their pets.

fed. A dietary prescription sheet can be helpful for reinforcing what has been said. Finally, the practical aspects should not be neglected: What is the price of the adapted diet (in comparison with the animal's previous feed)? How many meals should be given; and how should the new diet be introduced?

- Other than the dietary prescription, the vet or qualified nurse should remind the owner of internal and external parasite control and if necessary renew or adjust any current prescriptions. Finally, they will provide a quick overview of the next stage in the pet's health care.

## Teamwork and simple marketing tools

Such a strategy relies first and foremost on the commitment of the team in devising a standard medical protocol and above all of applying it day-to-day. Four simple aids can provide valuable assistance: an information sheet, given to the owner at the time of advising neutering, the neutering reminder card, the postoperative report, which presents all of the steps of the procedure (notably the pre-anaesthetic examination, pain management, and postoperative monitoring), and the dietary prescription sheet.

The strategy that we have described makes it possible to differentiate canine neutering in an effective manner. Strengthened by pricing in the upper sector of the market, it is an important element in the success of first opinion veterinary practices.

## 4/ “Senior Care” at your veterinary practice – a service for the future

### > SUMMARY

Senior Care is not only a current topic in human medicine, it is also a growing issue for pet owners who recognise that modern veterinary medicine can do a great deal to keep their pet in good health during the latter stages of its life. A veterinary practice will be well advised to create a dedicated service aimed at the needs of the growing population of elderly pets. If the whole area of senior care is introduced into the practice by professionally designing a “Senior Care Programme”, it provides a great opportunity to develop a new service and to increase the financial fortunes of the practice. This chapter shows how to create a “Senior Care Programme” and provides you with a good deal of hands-on advice, helping you avoid major mistakes, so that your approach to this new service can result in it being a great success.



### Introduction

Thanks to modern medical care, the patients at our veterinary practices live longer and longer, and with our specialised support, they can enjoy their old age with an excellent quality of life.

Our clients expect their pets to benefit from all the achievements of modern veterinary medicine, and to be communicated with in a manner that is easily understood and logical. As such, designing a programme for older pets and offering it to our clients as a special service is an obvious step.

When designing a “Senior Care Programme”, the first issue to take into consideration is to clarify the term “senior pet”. A senior pet is not only an old pet, but an adult in the second half of its life and the age at which that individual enters senior age differs according to breed and size.

A “Senior Care Programme” supports the pet and its owner during the later stages of life. Its goals include the following:

- Using targeted screening to monitor the health of senior pets at regular intervals and to detect and immediately treat incipient diseases at an early stage.

- Using the right products (food and medication) to delay the onset of certain diseases typically associated with old age.
- Treating existing illnesses in the best possible manner to ensure continuing quality of life.

Senior is a term to be used for every dog that reaches the second half of its life not only for old dogs.



Christophe Hermeline

## The benefits

For the veterinary practice, a programme for senior pets offers better utilisation of existing equipment and the team, thereby increasing client loyalty and generating higher profits.

For clients, "Senior Care" means receiving competent support during this important phase of their pet's life, sharing the responsibility for the health of their beloved pet with the practice team and, last but not least, providing them with the peace of mind they have done everything possible to ensure their pet will continue to enjoy good health even as it grows older. The status of the pet as a family member means that clients will clearly wish to take advantage of the best service your practice can offer. The practice team needs to be aware of this situation and a shift in mindset needs to occur from an attitude of "Your pet is old. There is nothing more we can do" to "Let's work together to do whatever we can to take care of and promote all aspects of your pet's health".

## Steps to designing a "Senior Care Programme"

### A) Defining the objectives

At the outset, and before a new programme can be established, the practice team must define the objectives they wish to achieve. This means answering the questions, "Why are we doing this?" and "Is the effort worthwhile?"

Statements such as "We want to offer our clients with elderly pets a new special service" are too vague and not specific enough to develop a plan or to achieve the overall objectives.

It is a good idea to set objectives according to SMART criteria. With these criteria, an objective is broken down into the principal components, which are taken into consideration and serve as a basis for planning any type of new endeavours.

**SMART** is a well-known acronym tool in standard management literature and stands for:

**S** = specific, *i.e.* the objective must be formulated in such a way that it is well-defined. Objectives such as "We would like to increase our clients' interests in Senior Care" are visions, not objectives.

**M** = measurable, *i.e.* achievement of the objective must be measurable and the criteria for measurement (measurement unit) should be defined. Results can be expressed by figures such as higher sales resulting from the uptake of a new service, increase in sales per client or increase in the number of clients.

**A** = action-oriented, *i.e.* the various components of the overall objective must be actionable. They must be practical, feasible and it must be planned and defined within the available resources: WHO does WHAT, WHEN and HOW?

**R** = realistic, *i.e.* it must be possible to achieve the objective that has been set, if appropriate efforts are undertaken. An objective such as "We want to use a Senior Care Programme to double our previous year's sales in six months" is unrealistic. Setting unrealistic objectives is a (primary) reason why many ambitious plans fail.

**T** = time-related, *i.e.* there must be one or more deadlines by which the objective or milestones should be reached.

### B) Definition and analysis of the target group

The first step in developing a "Senior Care Programme" involves defining the target group to be contacted within the total pet population contained within the database of your practice.

According to a consensus among the authors of relevant veterinary publications, seniority or the onset of maturity is defined as follows:

Cats: 7 years  
 Small dogs: 8 years  
 Medium dogs: 7 years  
 Large dogs: 5 years

As you can see, the larger the pet, the earlier the onset of old age. For instance, at five years of age, a Great Dane is already a senior whilst a Jack Russell Terrier may just be



entering its “prime of life”. Be this as it may, it is a fact that a pet that appears to be healthy and completely fit can already be affected by the insidious onset of disease or age-related degeneration, since pets, especially cats, tend to instinctively hide their weaknesses.

For this reason, it is absolutely necessary to define an overall, lower age limit for the target group when designing and introducing the programme.

Thus the target group for a senior programme should be all clients with a pet five years of age or older.

In order to identify this important target group, the practice software can be used to search and collate the clients in question. Most veterinary software programmes facilitate a client or pet search facility to be filtered according to certain criteria and owners with senior pets thus identified can be stored as a list. As potential candidates for the “Senior Care Programme”, all active clients should be identified who have a dog or cat over the age of five and who have presented their pet at the practice, at least once during the past two years. This client group serves as a target group for receiving information on the “Senior Care Programme”.

### C) Defining and designing the “Senior Care Programme”

In order for a new health care programme to succeed, the individual components, just like the formulation of a good medication, must be meticulously selected and combined. It is important to match the service options with the client’s needs within the wrapper of a worthwhile programme, to continually interest the clients and the practice team and keep them motivated. A programme that is overloaded with services and products is guaranteed to end up overwhelming both the practice and the pet owner and is bound to fail. This is a fairly common occurrence in practice, when for example a team member comes back from a seminar and is fired up about the idea of a “Senior Care” service. Full of enthusiasm, they launch a new programme in the practice, but within a matter of months, the senior programme disappears from the radar screen. Not even the client can recall it. In order to keep this from happening and to ensure that a truly high-quality programme remains successful at the practice in the long run, a structural framework is an absolute must.

Depending on their size, puppies become senior between 5 and 8 years of age.



Since the fundamental concept of the “Senior Care Programme” is based on developing a special service for older pets, this service must also have a special name with specific components, so that clients can recognise it as something different from the usual annual check-up their pet has previously had.

#### 1) The basic programme

The following services and products can serve as components of a basic “Senior Care Programme” with the objective of ongoing and frequent health check-ups for older pets:

- Individual counselling on the general subject of ageing, but stressing the particular risk factors for the individual because of its particular breed or medical history. This can also serve as preparation for additional procedures that may be required, depending on the results of the general examination, but that are not included in the basic programme.
- In addition to the usual questions on the patient’s health, specific questions on symptoms of typical age-related illnesses are raised in order to reveal subtle changes in the pet’s condition. Close questioning of the client regarding the pet’s behaviour may reveal discrete changes, pointing towards possible problems. In many cases, pet owners do not report things they have noticed until they are specifically asked about them, because they do not think they are important.



Close questioning of the client regarding the pet's behaviour may reveal discrete changes, pointing towards possible problems.



- A thorough general clinical examination with a particular focus on symptoms and indicators of the beginning of organ degeneration and diseases. In particular, these should include heart function, kidneys, brain (often recognisable through behavioural changes) as well as the skeletal system and teeth.
- Lab screening with blood and urine tests, using parameters that are especially useful for early detection of age-related illnesses.
- Results-oriented consultation based on the findings of the clinical examination, history and laboratory tests and, if any abnormalities are suspected, a recommendation for additional tests.
- Advice regarding the special dietary requirements of an ageing pet; the recommendation of a specific product to support the pet's health and targeted treatment of any organ systems that are already diseased or compromised.
- Inclusion of clients and their pets in a dedicated reminder system that recalls them to the next "Senior Care" check-up. To do this, the practice has to define the frequency of these check-ups; once a year or more often? For "young" seniors, that are still in overall good health, in many cases it is sufficient to carry out the "Senior Check-up" once a year. As the pet gets older or if it already has manifested patterns of ill-health, it is a good idea to arrange check-ups twice a year or even more frequently".

## 2) Additional options

As an adjunct to the basic programme, additional services can be offered as "elective services" depending on the case, the capabilities of the practice and its areas of specialisation. These may include:

- A "Heart Diagnostic Package" consisting of an ECG, ultrasound and radiographs; the prescription of suitable heart medication and a diet that supports the cardiovascular system.
- An "Arthritis package" consisting of a specific examination of the musculoskeletal system with a separate examination of all accessible joints at rest and in motion as well as relevant radiographs; subsequent to this, the prescription of medications and a senior diet containing ingredients that support joint function and delay the progression of arthritic processes.
- A "Dental package" consisting of a special examination of the conscious patient and assessment of the degree of damage to the teeth and gums; depending on the circumstances, anaesthesia, additional radiographs and subsequent dental repair work may be indicated; here too, it is important to emphasise prevention by adjusting feeding habits and providing a diet with plaque-reducing properties.

## D) Pricing

It goes without saying that for a new service, a fee must be calculated and explained to the client. As a special service, the "Senior Care Programme" justifies a higher fee than the annual health check-up, for example:

- Multiplication of the fee for the basic check-up by a factor of 1.3, *i.e.* the senior check-up costs 1.3 times more than the annual health check-up.
- Lab costs are charged separately and individually.
- Additional services are charged separately.

It is also important for clients to receive straightforward information regarding fees, so that they are not unpleasantly surprised when they receive the bill. The costs of the "Senior Pet" check-up should be mentioned both directly

during the consultation with the client, within the accompanying promotional material and for instance on a price list displayed in the waiting-room.

### Offering the programme at your practice

Due to the special trust-based relationship between the veterinary surgeon and the client, it makes sense that the offer to join the “Senior Care Programme” should come from the pet’s regular veterinary surgeon. For more information about how the practice staff can support the veterinary surgeon, and for general tips on planning and carrying out a sales and advisory consultation, go to **Chapter 3**.

#### 1) The dialogue with the client

A good opportunity for initiating a conversation about starting senior care is the last regular annual health check-up. Ideally, the pet will still be healthy and fit, but there may be the first slight signs of the onset of ageing that can be used as a starting point for recommending the enrolment of the pet on the “Senior Care Programme”.

Here, veterinary surgeons have the following responsibilities:

- They must clearly point out the differences between the senior check-up and the standard health check-up that has been carried out every year, to date, so that the clients realise it isn’t merely the same programme with a different name, but rather a completely different service.
- They must explain the objectives of the check-up, and that it will be specifically tailored to the particular pet in question.
- They must explain the new cycle of the senior health check-ups and the reasons for them: perhaps twice a year instead of annually.

The consultation must focus on the benefits for the client and their pet. They must understand why “their” veterinarian recommends the programme and what the positive benefits for them and their pet(s) are. These benefits are personal, in that that they can be different for each client



and are dependent on their basic motivation. For some clients, safety is important, which means they prefer to buy products that give them the feeling they have received protection from adversities such as illnesses. Other customers are “trend followers”, meaning they prefer to buy products with which they can be seen as trendsetters, giving them the feeling they are getting something new that not everyone has (yet). Other types are “laid-back” clients, who prefer easy, pragmatic solutions, or “price-conscious” clients, who are particularly aware of the price-performance ratio and “nice” clients, who like to buy things that are considered by the outside world to be lovable and positive. You can sense what type of client a particular pet owner is when speaking with them. In addition, you can “read” their preferences in their records or simply ask them. When you ask your clients the following question (the best time to do this is as you are introducing a sales consultation) “What is important to you with respect to the health check-up for your pet?” you will find out valuable information on the client’s motivation for making purchases, seeing as the motivational factors are synonymous with the benefits. When the motivational factors have been revealed, the client can be offered the appropriate benefits and he or she (generally) will not be able to resist.

## 2) Media promotion for the “Senior Care Programme”

To support the dialogue during the consultation, the new programme must of course be advertised and presented via media within and outside the practice.

In addition to the media presented on **page 24**, the following media are especially important for any “Senior Care Programme”:

- Targeted mailing: a letter addressed to the target group with the key points (keep in mind: less is more) of the “Senior Care Programme” and an incentive for visiting the practice, such as an introductory discount for a certain period or a coupon for nutritional counselling.
- Promotion in the waiting-room, addressing the topic with posters, flyers, interactive displays and for example, a “true story”, a report about a pet owner and their pet, in which names, pictures and quotations show how both parties have profited from the “Senior Care Programme”.
- Presentation of the “Senior Care Programme” on the practice’s Website, for instance, where the pet owners can complete an interactive quiz which, for example,

provides answers to the following questions: What signs should I look for in my pet that indicates the onset of ageing? At what point should I take my pet for a senior check-up?

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## Monitoring and compliance

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In order to successfully establish a “Senior Care Programme” as part of the practice profile in the long term, it is a good idea to:

- Check at regular intervals whether the objectives that were defined initially have been achieved and if not, adjust the tactics accordingly.
- Check the rate of compliance on the part of the clients for the programme, *i.e.* count how many clients quit the programme. If it can be observed that a large number of clients do not appear at the follow-up appointments after they have started the programme, it definitely makes sense to contact them and ask why. The only way for the team to have the opportunity to learn and improve is by addressing the reasons for non-compliance.

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# Personal notes

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# Personal notes

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*This book has been prepared with the greatest care, taking into account the latest research and scientific discoveries. It is recommended that you refer to the specificities of your country. The publisher and authors can in no way be held responsible for any failure of the suggested solutions.*

Editorial coordination: Laurent Cathalan and Olivia Amos  
Art director: Youri Xerri  
Technical Management: Buena Media Plus

Illustrations: Youri Xerri

Photos: Fotolia, Shutterstock

© 2011 Royal Canin  
BP 4  
650 avenue de la Petite Camargue France  
30470 Aimargues  
Tél. : + 33 (0) 4 66 73 03 00 - Fax : + 33 (0) 4 66 73 07 00  
[www.royalcanin.com](http://www.royalcanin.com)

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