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Protect dogs with the beef-flavored chew they love.¹

IMPORTANT SAFETY INFORMATION:
NexGard® is for use in dogs only. The most frequently reported adverse reactions included pruritus, vomiting, dry/flaky skin, diarrhea, lethargy, and lack of appetite. The safe use of NexGard in pregnant, breeding, or lactating dogs has not been evaluated. Use with caution in dogs with a history of seizures. For more information, see full prescribing information or visit www.NexGardForDogs.com.

¹Data on file at Merial.
Merial is now part of Boehringer Ingelheim.
NexGard® is a registered trademark, and FRONLINE VET LABS™ is a trademark, of Merial. ©2017 Merial, Inc., Duluth, GA. All rights reserved. NEX16TRADEADS3 (10/17).
Number of dogs in the control group with the identified abnormality. The reported adverse reaction was vomiting. The occurrence of vomiting was generally self-limiting and of short duration and tended to decrease with subsequent doses in both groups. Five treated dogs experienced anorexia during the study, and two of those dogs experienced anorexia with the first dose but not subsequent doses.

### Table 1: Dogs With Adverse Reactions.

<table>
<thead>
<tr>
<th>Treatment Group</th>
<th>Afoxolaner</th>
<th>Oral active control</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N1 (n=415)</td>
<td>N2 (n=200)</td>
</tr>
<tr>
<td>Vomiting (with and without blood)</td>
<td>17</td>
<td>4.1</td>
</tr>
<tr>
<td>Dry/Frakly Skin</td>
<td>13</td>
<td>3.1</td>
</tr>
<tr>
<td>Diarrhea (with and without blood)</td>
<td>13</td>
<td>3.1</td>
</tr>
<tr>
<td>Lethargy</td>
<td>7</td>
<td>1.7</td>
</tr>
<tr>
<td>Anorexia</td>
<td>5</td>
<td>1.2</td>
</tr>
</tbody>
</table>

1Number of dogs in the afoxolaner treatment group with the identified abnormality. 
2Number of dogs in the control group with the identified abnormality.
reported adverse reaction was vomiting. The occurrence of vomiting was generally self-recorded. The most frequent reactions reported at an incidence of > 1% within any of the

In a well-controlled US field study, which included a total of 333 households and 615

Precautions:

accidental ingestion, contact a physician immediately.

Warnings:

Tick Treatment and Control:

household with an approved flea control product.

without interruption.

Treatment with NexGard may begin at any time of the year. In areas where fleas are

been lost or if vomiting occurs within two hours of administration, redose with another full

ensure that part of the dose is not lost or refused. If it is suspected that any of the dose has

NexGard can be administered with or without food. Care should be taken that the dog

Dosing Schedule:

NexGard is given orally once a month, at the minimum dosage of 1.14 mg/lb (2.5 mg/kg).

older, weighing 4 pounds of body weight or greater, for one month.

Afoxolaner has the chemical composition 1-Naphthalenecarboxamide, 4-[5-[3-chloro-5-

is formulated to provide a minimum afoxolaner dosage of 1.14 mg/lb (2.5 mg/kg).

NexGard® (afoxolaner) is available in four sizes of beef-flavored, soft chewables for

How Supplied:

Store at or below 30°C (86°F) with excursions permitted up to 40°C (104°F).

medications, such as vaccines, anthelmintics, antibiotics (including topicals), steroids,

consumption, clinical pathology (hematology, clinical chemistries, or coagulation tests),

In a margin of safety study, NexGard was administered orally to 8 to 9-week-old

effectiveness 12 hours post-infestation. Dogs in both the treated and control groups that

In a well-controlled laboratory study, NexGard began to kill fleas four hours after initial

induced hyperexcitation results in uncontrolled activity of the central nervous system

selective toxicity of afoxolaner between insects

MSDS, contact Merial at 1-888-637-4251 or www.merial.com/nexgard. For additional

To report suspected adverse events, for technical assistance or to obtain a copy of the

received NexGard and experienced no seizures throughout the study.

remained enrolled and completed the study. A third dog with a history of seizures

In the US field study, one dog with a history of seizures experienced a seizure on the

The high points of medical marijuana

and cannabinoids

Matthew Brunke, DVM, CCRP, CVPP, CVA

Introduction to veterinary rehabilitation and sports medicine

David Bruyette, DVM, DACVIM

Thyroid disease in dogs and cats

Jennifer Chatfield, DVM, DACZM

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Stephen Cital, RVT, SRA, RLAT, VTS

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Alternative pain management techniques, not alternative facts

Becoming an anesthetic mixologist

Common myths in pain management

Exotic animal pain management:

A rapid runthrough

Local and regional nerve blocks, why feel anything?

Pain management in birds and reptiles: They have feelings too

Sue Ettenger, DVM, DACVIM

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Mary Gardner, DVM

The little things to make euthanasia better in clinics

India Lane, DVM, MS, Ed. D, DACVIM

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Deborah Linder, DVM, DACVN

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Debbie Martin, LVT, VTS (Behavior)

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Tasha McNerney, BS, CVT, CVPP, VTS

(Anesthesia/Analgesia)

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Paula Plummer, LVT, VTS (ECC, SAIM)

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In the trenches of transfusion medicine

The unstable feline diabetic patient

What every technician should know about feline hyperthyroidism

Danielle Russ, LVT, BS, BA, AS

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Kari Santoro Beer, DVM, DACVECC

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Oriana Scislowicz, BS, LVT

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Steven Stockham, DVM, MS, DACVP

Unidentified microscopic objects (UMOs): Red cell cadavers

No Proceedings Required

Unidentified microscopic objects (UMOs): White cell cadavers

No Proceedings Required

Sarah Wooten, DVM, CVJ

Introverted much? Getting the most out of an introverted team member
Flea and tick protection that goes on and on and on... all month long

NOT ALL FLEA AND TICK CHEWS ARE CREATED EQUAL
Recommend Simparica to your clients
Simparica acts fast—it starts killing fleas within 3 hours and ticks within 8 hours*—and keeps going strong for 35 days* without losing effectiveness at the end of the month.

Premium protection without the premium price— with our rebate offers and affordable price, you can compete against OTC brands and bring flea and tick protection back into your practice.

IMPORTANT SAFETY INFORMATION:
Simparica is for use only in dogs, 6 months of age and older.
Simparica may cause abnormal neurologic signs such as tremors, decreased conscious proprioception, ataxia, decreased or absent menace, and/or seizures. Simparica has not been evaluated in dogs that are pregnant, breeding or lactating. Simparica has been safely used in dogs treated with commonly prescribed vaccines, parasiticides and other medications. The most frequently reported adverse reactions were vomiting and diarrhea. See full Prescribing Information on the back of this page and at www.zoetisUS.com/SimparicaPI.

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* Studies show Simparica starts killing ticks in 8 hours and is ≥ 96.9% effective for 35 days against weekly reinfestations of Ixodes scapularis, Amblyomma americanum, Amblyomma maculatum, Dermacentor variabilis, and Rhipicephalus sanguineus. 1,2


Learn more about Simparica.
Contact Zoetis Customer Service at 1-888-ZOETIS-1 or 1-888-963-8471.

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*Studies show Simparica starts killing ticks in 8 hours and is ≥96.9% effective for 35 days against weekly reinfestations of *Ixodes scapularis*, *Amblyomma americanum*, *Amblyomma maculatum*, *Dermacentor variabilis*, and *Rhipicephalus sanguineus*.1,2


Learn more about Simparica.
Contact Zoetis Customer Service at 1-888-ZOETIS-1 or 1-888-963-8471.
Dosage Schedule:

Rhipicephalus sanguineus (American dog tick), (black-legged tick), and Dermacentor variabilis (lone star tick),

Indications:

The chemical structure of the S-enantiomer of sarolaner is:

H-spiro(azetidine-3,1'(2)benzofuran)-1-yl)-2-(methylsulfonyl)ethanone. SIMPARICA contains

Description:

Sarolaner is a member of the isoxazoline class of parasiticides and the chemical name is

Indications:

SIMPARICA kills adult fleas, and is indicated for the treatment and prevention of flea infestations (Chenopodails felis), and the treatment and control of tick infestations (Amblyomma americanum (lone star tick), Amblyomma maculatum (Gulf Coast tick), Dermacentor variabilis (American dog tick), Ixodes scapularis (black-legged tick), and Rhipicephalus sanguineus (brown dog tick)) for one month in dogs 6 months of age or older and weighing 2.8 pounds or greater.

Dose and Administration:

SIMPARICA is given orally once a month at the recommended minimum dosage of 0.91 mg/kg (2 mg/kg).

Dose Schedule:

<table>
<thead>
<tr>
<th>Body Weight</th>
<th>SAROLANER per Tablet (mg)</th>
<th>Number of Tablets Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.8 to 5.5 lbs</td>
<td>5</td>
<td>One</td>
</tr>
<tr>
<td>5.6 to 11.0 lbs</td>
<td>10</td>
<td>One</td>
</tr>
<tr>
<td>11.1 to 22.0 lbs</td>
<td>20</td>
<td>One</td>
</tr>
<tr>
<td>22.1 to 44.0 lbs</td>
<td>40</td>
<td>One</td>
</tr>
<tr>
<td>44.1 to 88.0 lbs</td>
<td>80</td>
<td>One</td>
</tr>
<tr>
<td>88.1 to 132.0 lbs</td>
<td>120</td>
<td>One</td>
</tr>
<tr>
<td>&gt;152.1 lbs</td>
<td>Administer the appropriate combination of tablets</td>
<td></td>
</tr>
</tbody>
</table>

SIMPARICA can be offered by hand, in the food, or administered like other tablet medications. Care should be taken that the dog consumes the complete dose, and treated animals should be observed for a few minutes to ensure that part of the dose is not lost or refused. If a dose is missed, administer SIMPARICA and resume a monthly dosing schedule.

SIMPARICA should be administered at monthly intervals.

Flea Treatment and Prevention:

Treatment with SIMPARICA may begin at any time of the year. In areas where fleas are common year-round, monthly treatment with SIMPARICA can continue the entire year without interruption.

To minimize the likelihood of flea re-infestation, it is important to treat all dogs and cats within a household with an approved flea control product.

Tick Treatment and Control:

Treatment with SIMPARICA can begin at any time of the year (see Effectiveness).

Contraindications:

There are no known contraindications for the use of SIMPARICA.

Warnings:

Not for use in humans. Keep this and all drugs out of reach of children and pets. For use in dogs only. Do not use SIMPARICA in cats.

SIMPARICA should not be used in dogs less than 6 months of age (see Animal Safety).

Precautions:

SIMPARICA may cause abnormal neurologic signs such as tremors, decreased conscious proprioception, ataxia, decreased or absent menace, and/or seizures (see Animal Safety).

The safe use of SIMPARICA has not been evaluated in breeding, pregnant, or lactating dogs.

Adverse Reactions:

SIMPARICA was administered in a well-controlled US field study, which included a total of 479 dogs (315 dogs treated with SIMPARICA and 164 dogs treated with active control once monthly) for three treatments.

Over the 90-day study period, all observations of potential adverse reactions were recorded.

Table 1. Dogs with adverse reactions

<table>
<thead>
<tr>
<th>Adverse reaction</th>
<th>simparica</th>
<th>sarolaner</th>
<th>active control</th>
<th>active control</th>
</tr>
</thead>
<tbody>
<tr>
<td>N (n = 315)</td>
<td>N (n = 164)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td>3</td>
<td>0.95%</td>
<td>9</td>
<td>5.50%</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>2</td>
<td>0.63%</td>
<td>2</td>
<td>1.20%</td>
</tr>
<tr>
<td>Lethargy</td>
<td>1</td>
<td>0.32%</td>
<td>2</td>
<td>1.20%</td>
</tr>
<tr>
<td>Inappetence</td>
<td>0</td>
<td>0%</td>
<td>3</td>
<td>1.80%</td>
</tr>
</tbody>
</table>

Additionally, one female dog aged 6.6 years exhibited lethargy, ataxia while posturing to eliminate, elevated third eyelids, and inappetence one day after receiving SIMPARICA concurrently with a heartworm preventative (ivermectin/pyrantel pamoate). The signs resolved one day later. After the day 14 visit, the owner elected to withdraw the dog from the study.

For a copy of the Safety Data Sheet (SDS) or to report adverse reactions call Zoetis Inc. at 1-888-963-8471. Additional information can be found at www.SIMPARICA.com. For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or http://www.fda.gov/AnimalVeterinary/SafetyHealth.

Clinical Pharmacology:

Sarolaner rapidly and well absorbed following oral administration of SIMPARICA. In a study of 12 Beagle dogs the mean maximum plasma concentration (Cmax) was 1000 mg/mL and the mean time to maximum concentration (Tmax) occurred at 3 hours following a single oral dose of 2 mg/kg to fasted animals. The mean oral bioavailability was 86% and 107% in fasted and fed dogs, respectively. The mean oral T1/2 values for fasted and fed animals was 10 and 12 days respectively.

Sarolaner is distributed widely; the mean volume of distribution (Vss) was 2.81 L/kg bodyweight following a 2 mg/kg intravenous dose of sarolaner. Sarolaner is highly bound (>99.9%) to plasma proteins. The metabolism of sarolaner appears to be minimal in the dog. The primary route of sarolaner elimination from dogs is biliary excretion with elimination via the feces.

Following repeat administration of SIMPARICA once every 28 days for 10 doses to Beagle dogs at 1X, 3X, and 5X the maximum intended clinical dose of 4 mg/kg, steady-state plasma concentrations were reached after the 6th dose. Following treatment at 1X, 3X, and 5X the maximum intended clinical dose of 4 mg/kg, sarolaner systemic exposure was dose proportional over the range 1X to 5X.

Mode of Action:

The active substance of SIMPARICA, sarolaner, is an acaricide and insecticide belonging to the isoxazoline group. Sarolaner inhibits the function of the neurotransmitter gamma aminobutyric acid (GABA) receptor and glutamate receptor, and works at the neuromuscular junction in insects. This results in uncontrolled neuromuscular activity leading to death in insects or arachnids.

Effectiveness:

In a well-controlled laboratory study, SIMPARICA began to kill fleas 3 hours after initial administration and reduced the number of live fleas by ≥96.2% within 8 hours after flea infestation through Day 35.

In a separate well-controlled laboratory study, SIMPARICA demonstrated 100% effectiveness against adult fleas within 24 hours following treatment and maintained 100% effectiveness against weekly re-infestations for 35 days.

In a study to explore flea egg production and viability, SIMPARICA killed fleas before they could lay eggs for 35 days. In a study to simulate a flea-infested home environment, with flea infestations established prior to the start of treatment and re-infestations on Days 1, 3, 7, and 17, SIMPARICA was administered monthly for three months demonstrated >96.6% reduction in adult fleas within 14 days after treatment and reached 100% on Day 60.

In well-controlled laboratory studies, SIMPARICA demonstrated >99% effectiveness against an initial infestation of Amblyomma americanum, Amblyomma maculatum, Dermacentor variabilis, Ixodes scapularis, and Rhipicephalus sanguineus 48 hours post-administration and maintained >96% effectiveness 48 hours post-re-infestation for 30 days.

In a well-controlled 90-day US field study conducted in households with existing flea infestations of varying severity, the effectiveness of SIMPARICA against fleas on Day 30, 60 and 90 visits compared to baseline was 99.4%, 99.8%, and 100%, respectively. Dogs with signs of flea allergy dermatitis showed improvement in erythema, papules, scaling, alopecia, dermatitis/oxid dermatitis and pruritus as a direct result of eliminating fleas.

Animal Safety:

In a margin of safety study, SIMPARICA was administered orally to 8-week-old Beagle puppies at doses of 0, 1X, 3X, 5X, and 120 mg. Each tablet size is available in color-coded packages of one, three, or six tablets.

SIMPARICA (sarolaner) Chewables are available in six flavored tablet sizes: 5, 10, 20, 40, 80, and 120 mg. Each tablet size is available in color-coded packages of one, three, or six tablets.
Table 1. Dogs with adverse reactions

<table>
<thead>
<tr>
<th>Body Weight</th>
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<th>% (n = 315)</th>
<th>N</th>
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<tbody>
<tr>
<td>5.6 to 11.0 lbs</td>
<td>10 One</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2.8 to 5.5 lbs</td>
<td>5 One</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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<tr>
<td>44.1 to 88.0 lbs</td>
<td>80 One</td>
<td>2</td>
<td>0.63%</td>
<td>2</td>
<td>1.20%</td>
</tr>
<tr>
<td>88.1 to 132.0 lbs</td>
<td>120 One</td>
<td>4</td>
<td>1.28%</td>
<td>4</td>
<td>2.44%</td>
</tr>
</tbody>
</table>

Adverse Reactions:

The safe use of SIMPARICA has not been evaluated in breeding, pregnant, or lactating dogs.

Animal Safety

There are no known contraindications for the use of SIMPARICA.

Tick Treatment and Control:

To minimize the likelihood of flea re-infestation, it is important to treat all dogs and cats within a household with an approved flea control product.

To administer SIMPARICA:

- SIMPARICA should be administered at monthly intervals.
- If a dose is missed, administer SIMPARICA and resume a monthly dosing schedule.
- SIMPARICA should be administered at a minimum of 7 days prior to expected exposure to ticks.

SIMPARICA kills adult fleas, and is indicated for the treatment and prevention of flea infestations on dogs up to 132 lbs. SIMPARICA prevents infestations of varying severity, the effectiveness of SIMPARICA against fleas on Day 30, 60, 90, and 180 after initial treatment, and for 12 weeks following the last dose in dogs treated with SIMPARICA 4X and 5X the maximum intended clinical dose. SIMPARICA provides statistically significant reductions in flea infestations and flea populations compared with placebo following a single dose and at steady state plasma concentrations.

In a margin of safety study, SIMPARICA was administered orally to 8-week-old Beagle dogs at 1X, 3X, and 5X the maximum intended clinical dose of 4 mg/kg, steady-state plasma concentrations of sarolaner were approximately 100 times below maximum observed toxicological concentrations in dogs. In a 90-day study, female C57BL/6 mice orally administered SIMPARICA 100 mg/kg once daily for 14 days exhibited a 10-fold increase in plasma concentration compared to dogs. A 90-day toxicity study in beagles dosed at 100 mg/kg once daily for 6 months showed no evidence of toxicity. The mode of action of sarolaner is unique compared to approved products, which have a mode of action of interference of the insect nervous system with ion channels or voltage-gated sodium channels on the nervous system leading to convulsions and death. Sarolaner is a member of the isoxazoline class of parasiticides and the chemical name is <chem>2-[(2S)-3-[(3S)-3-methyl-2-[[(2S)-2-methyl-4-piperidin-1-yl]methyl]-2-cyclohexenyl]propyl]-1,3-oxathiolane-4,5-dione</chem> or sarolaner (sarolaner).

Sarolaner is a flavoured, chewable tablet for administration to dogs over 6 months of age and weighing 2.8 pounds or greater.

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- SIMPARICA should be administered at a minimum of 7 days prior to expected exposure to ticks.

SIMPARICA kills adult fleas, and is indicated for the treatment and prevention of flea infestations on dogs up to 132 lbs. SIMPARICA provides statistically significant reductions in flea infestations and flea populations compared with placebo following a single dose and at steady state plasma concentrations.

In a margin of safety study, SIMPARICA was administered orally to 8-week-old Beagle dogs at 1X, 3X, and 5X the maximum intended clinical dose of 4 mg/kg, steady-state plasma concentrations of sarolaner were approximately 100 times below maximum observed toxicological concentrations in dogs. In a 90-day study, female C57BL/6 mice orally administered SIMPARICA 100 mg/kg once daily for 14 days exhibited a 10-fold increase in plasma concentration compared to dogs. A 90-day toxicity study in beagles dosed at 100 mg/kg once daily for 6 months showed no evidence of toxicity. The mode of action of sarolaner is unique compared to approved products, which have a mode of action of interference of the insect nervous system with ion channels or voltage-gated sodium channels on the nervous system leading to convulsions and death. Sarolaner is a member of the isoxazoline class of parasiticides and the chemical name is <chem>2-[(2S)-3-[(3S)-3-methyl-2-[[(2S)-2-methyl-4-piperidin-1-yl]methyl]-2-cyclohexenyl]propyl]-1,3-oxathiolane-4,5-dione</chem> or sarolaner (sarolaner).

Sarolaner is a flavoured, chewable tablet for administration to dogs over 6 months of age and weighing 2.8 pounds or greater.
Suzanne Fricke, DVM, MLIS

Mary Gardner, DVM
“I sleep with a stuffed animal. It’s a walrus a friend gave me years ago. It just fits under my arm perfectly and makes sleeping so comfy.”

Richard Gerhold, DVM, MS, PhD
“I played ultimate frisbee in college.”

Laird Goodman, DVM

Eleanor Green, DVM, DACVIM, DABVP
Hey, don’t miss her talk on Veterinary telemedicine: Are we leading? Catch her at 7 a.m. Saturday at breakfast in Ballroom 20A.

Sheila Grosdidier, BS, RVT, PHR
“No one would ever guess I am shy.”

Tamara Grubb, DVM, PhD, DACVAA

Bash Halow, LVT, CVPM
“I NEVER guilt out about eating.”

Holly Irish, DVM

Rebecca Johnson, PhD, RN, FAAN, FNAP

Matthew Keats, DVM, DACVS

Jeremy Keen, DVM
“I was taught to play basketball by Jerry Rice.”

Linda Kidd, DVM, PhD, DACVIM

Mary Krakowski Volker, DVM, DAVDC
“I love luxury paper products (letterpress, etc.)”

India Lane, DVM, MS, Ed.D, DACVIM
“I am usually covered in minor bruises (from mountain biking and playing with my Aussie). On my bucket list is writing a book.”

Thomas Lewis, DVM, DACVD

Jonathan Lidbury, BVMS, MRCVS, PhD, DACVIM, DECVIM

Deborah Linder, DVM, DACVN
“I am a black belt in karate.”

Nicole MacLaren, DVM, DACVO

Debbie Martin, LVT, VTS (behavior)
“I ride a Ducati motorcycle.”

Tasha McNerney, BS, CVT, CVPP, VTS (anesthesia/analgesia)
She has a favorite blue conference sweater with a Frenchie on it. See if you can spot her. Then check out her anesthesia dead space hack at dvm360.com/deadspace.

Reuben Merideth, DVM, DACVO

Dave Nicol, BVMS, MRCVS
“No one would guess I’ve been vegan for about 9 months.” (Oh no, Dave. We know that. We bet you do CrossFit too.) Check out his Vets Ask Dr. Dave column on dvm360.com, or email us your questions for Dr. Dave at dvm360@ubm.com.

Mark Opperman, CVPM

Garret Pachtinger, VMD, DACVECC
“I cry during Disney movies.” (We hear ya! Bambi gets us a little weepy too!)

Bess Pierce, DVM, DABVP, DACVIM, DACVSMR

Meghan Leigh Pierson
She lives in New York City so she’s probably seen Hamilton more times than you.

Paula Plummer, LVT, VTS (ECC, SAIM)
“I like to jam out in the car.”

Rachel Pollard, DVM, PhD, DACVR
“I am a certified professional Telemark ski instructor. I want to hike the Torres del Paine W-Trek in Patagonia.”

Kimberly Pope-Robinson, DVM, CCFP
“I have a fear of swimming with fish.”

Kathryn Primm, DVM
“No one in the world would guess I was in a wheelchair for several weeks with brain trauma. The top item on my bucket list is to complete a survival class.”

Larry Rawson, DVM

Daniel Richter, DVM

Andrew Roark, DVM, MS
“I have been in over 20 rap battles in the last year.”

Edmund Rosser, DVM, DACVD

David Rousseau, DVM

Danielle Russ, LVT, BS, BA, AS
We know you’ve seen plenty of the “Needs care, no $$$” pets and their owners. Hear her solutions in room 30B at 11:15 Sunday or read her article at dvm360.com/daniruss.

Kari Santoro Beer, DVM, DACVECC
“The top item on my bucket list is taking in the Tour de France with my husband.”

Bill Schroeder
“I would have loved to be a teacher.” But, you are!
Oriana Scislowicz, BS, LVT
She’s written some of the most popular team building articles on dvm360.com. Find her advice on toxic teams at dvm360.com/breedpositivity. Send your questions about toxic teams to firstline@ubm.com.
Kelly St. Denis, DVM, DABVP

Steven Stockham, DVM, MS, DACVP
Rustin Sturgeon, DVM, DACVO
Kimberly-Ann Therrien, DVM
Denise Tumblin, CPA
Francesca Venturi, DVM, DACVO

John Volk
He’s a wine connoisseur and an avid international traveler. This year he’s been to Portugal and Romania.

Fred Wininger, VMD, MS, DACVIM
Tina Wismer, DVM, DABVT, DABT
“My favorite guilty-pleasure conference food is Skittles!”

Sarah Wooten, DVM
She enjoys camping with her family, skiing, SCUBA and participating in triathlons. She’s the co-creator of the Vets Against Insanity card game, available at the Fetch dvm360 booth. Join her and the WVLDI crew at 9:15 a.m. Friday in room 33AB to play live. She’s also wildly funny and insightful with client service conundrums. Check out some of her funniest moments (and sage advice) at dvm360.com/backofficeblunders.
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—Marianne Mallonee, CVPM, Hospital Administrator and part owner of Wheat Ridge Animal Hospital

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—Mandi Johnson, RVT, Practice Manager, Animal Emergency and Pet Care Clinic of the High Country, PLLC

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—Stuart Robson, DVM, Fox Creek Veterinary Hospital

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