



Veterinary Practice Consultants®

VETERINARY PRACTICE CONSULTANTS®

Update!

a publication of Catanzaro & Associates, Inc.

“A COVENANT WITH QUALITY”

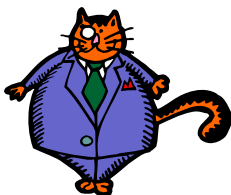
Spring 2005



TEAM-BASED CONTINUING EDUCATION

Join us for the most rewarding CE your practice will ever experience! In 2005, we have restructured the content of the VPC *Shirt Sleeve Seminars*®, so we're offering all NEW programs along with zone workshops! The SSS in Denver (April) was a great success with 21 teams from all over the country. We will continue the multiple breakout sessions, working to solve individual problems, 18 hours of continuing education, and provide 60-days of telephone consulting to follow-up the practice-specific Action Plans. This is all included in the economical fee of \$995 for a team of four. Please see more details in this Newsletter and join us in **Atlanta, GA, September 22-24, 2005!**

The *Seminars At Sea '05*® is a 14 day luxury cruise (2-16 July 2005), visiting 9 ports of call in Northern Europe, offering 31 hours of CE, with a very unique faculty of six diversified consultants. We will offer breakout sessions which explore the general sessions and allow participants to get their personal issues answered. This seminar series includes 90-days telephone support. Additional details and registration information can be found on our website, www-v-p-c.com.



Tom Cat Tips

TRAINING & COMPETENCY

Most practices seem to be searching for the secret to bonding clients, bringing in new clients, and keeping themselves busy. In the last newsletter we discussed the AVMA partnering with Fort Dodge Animal Health to present a THINK TWICE for life scenario to the pet owning population of America - National Pet Wellness Month (NPWM) . . . a year-round program. The AVMA-FDAH program provides a FREE in-practice education kit for NPWM; e-mail petwellness@lpm-adv.com and request yours today!

The challenge in most practices has been, “*We do not have enough time to train!*” - balderdash! Knowledge is doubling in veterinary medicine every 18-24 months, so any month without staff training is a 2.5 % loss of the cutting edge. Training to a level of trust, “competency,” breeds pride, and pride bonds clients. As well as allowing them to perceive pride as quality (and they happily pay more for quality).

What is a good training cycle? Here is a sample that we use as a starting point - 12-3 p.m. every Thursday is training time, so no appointments between 11:30 a.m. and 3:30 p.m. - no exceptions (emergency cell phone number can be used).

1st Thur - All staff meeting, with agenda

- Start with owner's accolades for past month's effort
- Gem Reports from staff, one gem they gleamed from:
 - www.NCVEL.org
 - www.svbt.org
 - www.npwm.com
 - www.vspn.org
 - www.upei.ca/cidd/intro.htm
- Feedback discussion on Human Resource memos
- Introduction of new theme of the month and designated trainer

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Go For The GUSTO!

By Susan Strattman, CVPM

The results of a client centered, patient advocacy, team based healthcare delivery is the GUSTO! Go for it in your practice. The “today” in veterinary medicine creates a need to change the doctor centered paradigm of hospital management structure to the team based healthcare delivery with the team being accountable and responsible for running the hospital. What has worked in the past to get you to this point is not the system to get you to the next level in delivery of veterinary services to the stewards of pets or the pet parents we call our clients. The veterinarian(s) who is the practice owner(s) must lead this transformation.

The practice owner shares his/her VISION for the practice which provides a clear picture of where practice is going in the next five years. The owner shares inviolate Core Values with the team as the team embraces these and adds additional ones to develop the teams’ Core Values as behavior expectations for team members. Behavior is the term of employment. The doctors develop Standards of Care for consistency and continuity in the delivery of services to the pets. The MISSION FOCUS is the “how” the team goes about delivering these services using Protocols based on Core Values per AAHA Standards. The Case Management is led by the doctors and supports the Standards of Care. The CONTINUITY OF CARE is established by Zone Operations: Doctors, Client Relations, Outpatient, Inpatient, and Animal Care.

The practice owner meets weekly with the practice manager to discuss management and operational concerns. Policy and precedence are established at this meeting. The owner is responsible for stating OUTCOMES and does not deal with the process of how to get to the outcome. In plain English, the owner does not micro-manage the practice. The practice manager is the liaison between the ownership and the practice team. A coordinator (representative, facilitator) from each of the zones meets regularly with the practice manager. The practice manager leads the team through outreach to the zone coordinators and the zone coordinators facilitate the individual members of the zone to come up with processes to reach the OUTCOMES the owner has stated as needs in the practice. The structure in the model provides for CQI for each member of the team. The team’s goal is to make today better than yesterday and tomorrow better than today.

The reaction of the practice leaders who have adopted this system with their team most often is “Why did I not do this years ago in my practice? The clients and the pets receive a higher level of care. I can take time off with my family and know the practice will continue as if I were physically in the practice.” The results of a client centered, patient advocacy, team based healthcare delivery is the GUSTO! Go for it in your practice.

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Partners in Progress!

New in 2005, we are offering a program to better the healthcare delivery for several practices within a regional area. The focus is on wellness programs and surveillance to promote patients living longer, healthier, happier lives. Each practice gets two days with our consultant at their location followed by a group workshop for the region’s practices so that individual paradigms are left behind and a new mode of healthcare delivery can be embraced. Contact 303-277-9800 or Cat9800@aol.com for more details!



How Team-Based Healthcare Improves Practice Value

By Michael Hargrove, DVM, MBA

When determining the value of a practice, we must assess the level of risk involved with the transfer of goodwill from the seller to the buyer. We must be as certain as we can that the ongoing operation of the hospital will not be adversely effected by the change in ownership. The more risk there is, the less valuable the hospital will be.

Traditionally, the appointment schedule and the staff resources are determined based on the needs of the doctor, rather than the practice. The doctor takes a history, does an exam and provides client education as well. Sometimes the doctor even draws blood, puts in a catheter and takes x-rays. This extensive contact time results in a wonderful bond between the client/patient and the doctor and it makes the doctor feel good as well. This is what we call “doctor-centric” behavior. This type of behavior creates a high level of professional goodwill with the individual doctor(s). Unfortunately, when the doctor leaves, the goodwill leaves as well.

On the other hand, progressive practices focus on clients and patients rather than on doctors. Appointment schedules are designed to meet the needs of the clients and staff is scheduled in a manner that best supports the outpatient and inpatient needs of the hospital. Staff is “trained to trust” and is utilized in many ways, such as the taking of the history, an initial cursory exam, and is tasked with the client education as well. Technicians are actually allowed to do the work they were trained to do (such as putting in catheters, taking x-rays, etc...). The

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Owner Dilemma – Management or Medicine

By Jennifer Inbody, CVPM

The question is: “Why did you become a veterinarian?” Was it simply because you wanted to own your own business, or did your aspirations lie in the desire to help pets and pet parents? If the answer is that you have found higher purpose in being a pet advocate, then consider relinquishing the management of your practice to a qualified Practice Manager.

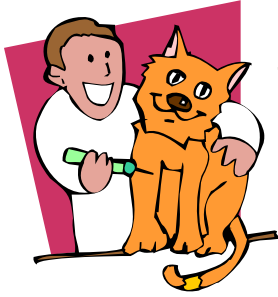
The definition of veterinary practice management is the process of planning, organizing, coordinating, directing, and controlling resources such as staff, material, time, and money to accomplish the practice mission. As a practicing veterinarian, do you have the time to manage these issues and manage them effectively? You won’t have that time if you’re doing your part by providing the highest quality of care to your patients. The benefits of utilizing a practice manager are continuous. As the veterinarian, you will have more time to do what you were trained to do: diagnose, prescribe and perform surgery. If the veterinarian is performing management duties, then they are not in the consultation room taking care of patients. Who is suffering in this scenario? The pet, the pet parent, and ultimately the entire practice are paying the price. On a day-to-day level, the veterinary hospital is the Practice Manager’s patient, and it is their responsibility to provide the necessary care to make it a healthy entity, and to free up the doctors to do what they do best: Be a doctor.

A Practice Manager can also help the veterinarian to be a more effective leader within the practice. It is vital for the owner veterinarian to maintain credibility with the healthcare team. Often times, the owner comes across as having an ulterior motive that money is the driving force for them to be in practice. An example is an owner saying to their healthcare team that the most important thing to them is the patient, and then turning around to the veterinary software and looking to see where the gross sales

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doctor can then focus on diagnosing, prescribing and doing surgery. With proper core values and standards of care, a consistent quality of care is provided by all staff members. In this manner, the client bonds with all members of the hospital, not just the doctor. As a result, there is a high level of “practice goodwill”. Fortunately, this type of goodwill stays, even when the doctor is gone.



In these progressive practices, there is a much higher chance that clients will continue to come to the hospital, even after the current owner has sold the hospital. This results in a lower risk assessment and a higher value at the time of the practice sale.

Oh and don't forget – the more the doctor does “doctor stuff” and delegates all other tasks, the more efficient he/she can be and the more profitable the business will become, which also makes the practice more valuable. So, the team-based approach to healthcare results in a more profitable business now and a more valuable business at the time of sale.

For more information about our practice valuation services or team-based healthcare, please contact our office at 303-277-9800 or Cat9800@aol.com.

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are for the day. Is this a mixed message? Definitely. The veterinarian's focus must be on the clients and the patients of the practice. When it is not, the vision of the entire team will be influenced. The practice manager can help by being the doctor's resource and by keeping the medicine and the business issues separate, as they should be.



Veterinary practice management has evolved into a specialty of it's own, and the wealth of information on management has grown by leaps and bounds. This is evident by the emergence of several associations, including: the Veterinary Hospital Managers Association (VHMA) and their sponsored designation of Certified Veterinary Practice Manager (CVPM); the Veterinary Management Development School (AAHA); and the Veterinary Management Institute (AAHA), just to name a few. These associations are leading the way for Practice Managers all over the country to acquire the knowledge and training they need to fulfill their roles as the binding center for a new breed of progressive, professional veterinary practice where the wellbeing of the pet and the pet parent is the goal.

The success of the Practice Manager, and ultimately the practice itself, is directly related to the hospital owner's desire (and ability) to release the control of the practice to a qualified individual. It is vital that the education, resources and support be present for the manager to be successful, and it is vital for progression of any practice that a manager be utilized to the fullest extent possible. You will be amazed by the impact of an empowered and well-trained Practice Manager on the success of your business, the performance of your healthcare team, the wellbeing of your patients and clients, and your personal satisfaction with your career.

After all, why did you become a veterinarian?

ji

Leaders Grow People Through Work

By Steve Amsberry, DVM

What if every person in your veterinary practice was allowed to do what he or she does best every day? What if every team member was a self-leader, passionate about making the practice vision a reality? What a major transformation we would see in the work place if we were able to unleash the human potential that already exists. Recent Harris and Gallup polls indicate that only 20% of workers fit into the above categories. Large corporations struggle with the failure of their organizations to “focus and execute.” So what is the problem preventing large and small businesses alike to enter this land of greatness? They’ve developed excellent tools, like GE’s Six Sigma, to track and measure production and service, but they lack the tools/systems to consistently develop the strengths of their employees.

I’m not positive, but I have a pretty good gut feeling the answer is basic, yet difficult. Basic, because it seems so universally right; difficult because it requires living the right way all the time and inspiring others to do the same.



Albert Einstein has been quoted as saying, “The significant problems we face cannot be solved at the same level of thinking we were at when we created them.”

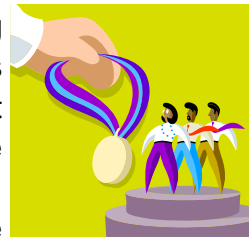
Stephen Covey (in his book *The Eighth Habit*) suggests we are still treating people in our organizations as we did in the industrial age. The control philosophy with the carrot and

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Team Fit Begins With Hiring Winners “Are you asking the right questions?”

By Julie Singer, CVPM

Team fit begins with hiring winners and these winners create the team synergy that is the driving force in the programs in your practice. This team synergy is the lifeblood of the day-to-day team fit concept. We are all challenged with the ongoing task of trying to hire the right person for the right job. Often we weigh skills and knowledge pretty heavily on paper and often during the personal interview as well. Old trained habits of the interview process are hard to break, but if we are to make the hiring process less tasking and improve staff retention, we must begin with hiring for ATTITUDE first, then skills and knowledge. We can train the skills and provide the knowledge during training, but you can’t train “attitude” into a person.



The costs and time involved in looking for your next employee can be better well spent simply by asking the right questions! Asking the right questions reveal inner values of the individual and allow you to listen for their values, ethics, and caring intentions. The interview questions still cover early background, education, and work experience. When these questions are asked properly, they allow for an open-ended approach in which the applicant is lead to tell a story about themselves.

For example, if you want to know more about their early background you might ask, “What aspects of growing up did you enjoy the most, the least, and why?”

When asking about their educational

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Notable Pet Quotes

"The average dog is a nicer person than the average person." --Andrew A. Rooney

"No one appreciates the very special genius of your conversation as the dog does." --Christopher Morley

"In order to keep a true perspective of one's importance, everyone should have a dog that will worship him and a cat that will ignore him." --Dereke Bruce, Taipei, Taiwan

"Some days you're the dog; some days you're the hydrant." --Unknown

"If you pick up a starving dog and make him prosperous, he will not bite you; that is the principal difference between a dog and a man." --Mark Twain

"Whoever said you can't buy happiness forgot about puppies." --Gene Hill

"Women and cats will do as they please, and men and dogs should relax and get used to the idea." --Robert A. Heinlein



"I wonder if other dogs think poodles are members of a weird religious cult." --Rita Rudner

"Did you ever walk into a room and forget why you walked in? I think that's how dogs spend their lives." --Sue Murphy

"Cat's motto: No matter what you've done wrong, always try to make it look like the dog did it." --Unknown

"I've seen a look in dogs' eyes, a quickly vanishing look of amazed contempt, and I am convinced that basically dogs think humans are nuts." --John Steinbeck

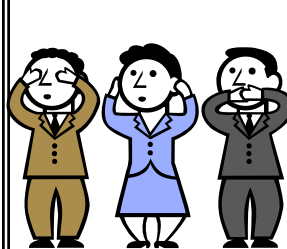
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background, you might ask, "Who influenced you most during high school?", or "Who had the greatest influence upon your direction in life during your college days?" When inquiring about previous work experience, you may ask, "What are some of the first things that you would do to make this position yours? Which would you save for later?"

Your interview questions should also be searching for answers to their personal effectiveness as well. "What is your most effective way to avoid conflict?" Here's a good one, "If we had three of your closest work peers in this room, how would they describe your personality under stress?". Better yet, "If there was something you could change about yourself, what would it be? What would you want to change it to?" Now that's a loaded question! What information will you derive from the applicant's answer?

A good listener hears the attitude within their answers and can differentiate between people that are problem solvers, giving and caring, and "we" centered versus "I" centered. Team fit is the ability to work in harmony with all staff, doctors, and clients. This open-ended approach to interview questions uncovers the person behind the resume. The leaders may commit to developing the skills and knowledge needed by each staff member to support the practice goals, but in veterinary healthcare, we must always remember to hire for attitude first.

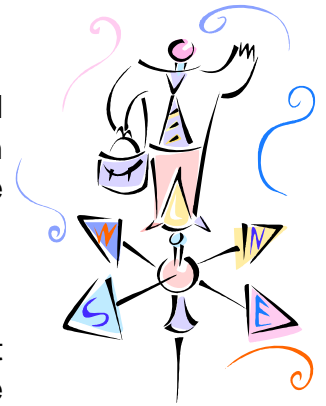


Inappropriate interview postures.....

js A small cartoon illustration of a person pouring tea from a teapot.

stick motivational tools worked during that age. Performance evaluations and 360 feedback systems focus on past weaknesses. Some current practices in corporate America (forced downsizing, forced early retirement, etc) are carryovers of the industrial age.

If we change our paradigm to look at individuals as gems, whole persons, unique, especially talented resources and assets in our practices, we can start to release their potential and empower them grow. Covey talks about the whole person having a need to be balanced in the four areas of human endowment: mental, physical, emotional/social and spirit/soul. His point is that if any one of these four areas are neglected the person is turned into an object. Our minds might say to the employer “allow me to be creative-offer my opinion respectfully.” Our physical nature needs to be safe and fairly compensated. Our hearts might say, “please treat me with respect/try to understand me”. Our spirit/soul will feel complete if we know the work we do is serving human (and I would add animal) needs in a principled way.



The paradigm shift from the industrial age to the knowledge/wisdom age must occur before our behavior changes. Ken Blanchard (author of *One-Minute Manager*, etc) is passionate about encouraging servant leadership in corporate America. Marcus Buckingham in his books (*First Things First, Now, Discover Your Strengths*) focuses on treating every person as an individual and helping him or her find personal talents and develop them into strengths. In Tom Cat's *Volume 3 of Building the Successful Veterinary Practice*, he discusses the Gem Score of individuals. Covey's *Eighth Habit* is “Find your voice and help others find theirs”. All of this goes along with our focus of changing the doctor-centered practice paradigm to the client/patient/staff-centered paradigm.

It really boils down to the development of trusting relationships. We can't help others grow if we don't know who they are, what values they hold dear, what their needs are, etc... Others cannot trust us unless we trust ourselves. We can't trust ourselves if we don't do the right things for the right reasons at the right time. Leadership is a daily choice, not a title we hold.

Keep these ideas in mind as you lead yourself and your team to the next level of greatness. Take the risk of discussing individual and shared core values. Ask your employees what they are most excited about in their work and be creative in getting them in those situations more consistently. Be careful not to promote individuals out of their areas of passion and strengths. Redesign job descriptions to fit an employee's talents and strengths instead of forcing people into boxes that don't fit.

If we truly value the unique, dynamic, multi-faceted, talented, whole people we lead (including ourselves), and seek to enable them to grow in all four areas of human endowment, we are well on our way to becoming uncommon leaders. This basic paradigm shift to viewing humans as whole people with needs in mental, physical, emotional/social and spirit/soul aspects of life precedes any major behavior change in our leadership skills. Go forth and change our profession for the better.

Carpe'Diem

- Review of coming month's transition plan, and accountable zones/people
- Inter-zone problem of the month
- Doctor/Manager/Administrator introduces (then they do not participate)
- Staff evolves alternatives and establishes Plan A and Plan B
- 1-3 people are identified as champions to ensure implementation
- AFTER Staff meeting, zones look at upcoming projects with identified action person/teams
- Designated trainer starts monthly theme one-on-one or zone training

2nd Thur - Individual Training Time (self-directed training is core to system)

- Designated trainer continues monthly theme one-on-one or zone training
- Coordinators meeting
- Doctor's meeting on standards of care

3rd Thur - Zone staff meetings, with agenda

- Designated trainer continues monthly theme one-on-one or zone training
- Zone training also conducted at this time

4th Thur - Individual Training Time (self-directed training is core to system)

- Doctor's meeting on continuity of care
- Designated trainer continues monthly theme one-on-one or zone training

5th Thur - Inter-zone Training (resolving efficacy issues and increasing harmony)

- Doctor's might need to be involved if they are part of problem
- Coordinator team acts as leadership team in resolving these issues (no turf protection)



While this once a week system seems too easy to be true, it is not. Doctors tend to think that their own poor planning is a reason to derail this training effort - that is not only wrong, it is a discourtesy to the team! Unskilled trainers believe that by saying it, people learn it - this is not only shallow thinking, it is a disservice to the competency of the team-based healthcare delivery system! Some staff believe that if they attend the meeting, they have learned, yet they do not change their own behavior - that is not only proof of NOT learning, it is a disservice to the harmony of the zone and/or practice! That mysterious emergency that will prevent this from occurring is actually a once a year chance, and could be handled by the triage nurse.

Training is accomplished when people learn, not when the trainer talked. We believe in "credentialing staff" at each step of development - credentialed first at grade 1+ dental prophylaxis before grade 2+ prophylaxis, credentialed for induction at risk level 1 before risk level 2, etc. Each level is celebrated at the staff meeting on the first Thursday as an individual recognition. The VPC *Signature Series* Monograph, *Staff Orientation & Training*, provides a self-directed model in Appendix C and on its disc. Any of the VPC consultants can conduct an economical "Short Course in Your Clinic" and initiate this level of "training to trust" competency development and operational structure for your team, rather than fighting it yourself.

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Our consulting team has been growing and our expertise is becoming more diversified. Get your copy of our 2005 **Management Aids and Services Catalog** with the new on-site consulting program, Partners in Progress.

We DARE YOU TO COMPARE - visit www.v-p-c.com!

Retirement Arithmetic

By Terry Hall, DVM, CFP



Two recent news items demonstrate the importance of retirement arithmetic. The first was an article on the Motley Fool website (www.fool.com) entitled "The cost of Not Saving for Retirement." It discussed tax implications and the loss of employer matching from not saving money in an IRA, 401(k), or 403(b) plan.

The second article (*The Denver Post*, 7-26-2004) was the report about United Airlines and their proposed plan to stop making contributions to their employee pension plans. It stated that if the United Airline Pension Plans failed they would be taken over by the Pension Benefit Guaranty Corp. (www.PBGC.gov), and many employees would likely receive much lower payments than they expected or have planned on!

Good fundamental financial planning requires that we all need to be focused on strategies to provide for our own retirement. Making the assumption that we can count on others to provide for our retirement is not realistic. The information below outlines the funding requirements to accumulate an adequate retirement fund.

Contributions Necessary for \$2 Million Retirement Account

<u>Age</u>	<u>\$Monthly</u>	<u>\$ Annually</u>	<u>\$ Total Required</u>
25	526.78	6,321.36	221,247.60
30	884.76	10,617.12	318,513.60
35	1507.35	18,088.20	452,205.00
40	2633.77	31,605.24	632,104.80
45	4825.44	57,905.28	868,579.20

Retirement Age 60

Desired Annual Retirement Income \$100,000

Rate of Return on Investment *10%

Withdrawal Rate ("spending Rule") 5%

*ROI = Rate of Return on Investment. If the ROI is less than 10% funding requirements are increased significantly.

In other words, if we want to provide investment income of \$100,000, given a 5% withdrawal rate, we need capital of \$2,000,000 (this assumes a scenario where the principle is preserved.) This calculation does not take into account income tax implications or inflation.

The important question then becomes: how do we accumulate two million dollars by age 60? The answer is – it is not easy, but the numbers may surprise you, and with good planning it can certainly be accomplished.

Given the assumptions above, the key factor is time or as I like to refer to it "the time horizon." How many years do we have to accumulate retirement funds until we will need to use them? Planning and contributing to a retirement plan at an early age can make a huge difference in the amount that you will need to contribute. The table above outlines the contributions necessary to achieve the investment goal. It also demonstrates that contributing to a retirement fund early makes achieving the goal more realistic. (Initially published in DAVMS Pulse 2004, Issue #4, Page 14)

You may reach Terry at terry@terryhallassociates.com or 303-734-9500.

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Veterinary Practice Consultants presents
Shirt Sleeve Seminars®
Atlanta, GA



September 22-24, 2005

Sponsored in part by:

CareCredit®
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Team-Based Wellness Healthcare Delivery

We offer you a mix of personalities from our VPC team and invite other industry notables to join us as guest facilitators so you have unbelievable resources upon which to draw!

Topics Include:

Team-Based Healthcare Delivery
Profit Center Management
The Uncommon Leader's Perspective
Legal Issues of Healthcare Team Management
Partners in Pet Parenting
Healthcare Team Leadership
Communication Skills
Coaching Your Dream Team
Community Fit / Front Door Swing
Work Smarter, Not Harder
Through the Clients Eyes (A Pet Parent's Perspective)
Your Future: Financial & Retirement Planning
Gainsharing!

**The seminar is being
held at:**



Atlanta Airport
4700 Southport Road
College Park, GA 30337
Phone: 404-669-3168

Registration Fees:

\$995 Hospital Team (up to 4)
\$125 each Team Member > 4
\$495 Single Participant

Shirt Sleeve Seminar® offers:

Three days of intensive team-based CE
60 days follow-up telephone support!
Action Planning!

Friday night there's a special Owner's Dinner

CE Certificate for 18 hours of CE!

Text Support & Proceedings provided

One consultant for One practice team

Registration does not include travel or hotel accommodations. Make your hotel and travel arrangements with your own travel agent, but be sure to tell the hotel you are attending the Veterinary Practice Consultants® seminar and request a room from the reserved block at the hotel. They are at a preferred rate! To register for the seminar please contact us at 303-277-9800 or Cat9800@aol.com, or through our website at www.v-p-c.com.

Bring more of your team to future SSS in Reno, NV or Minneapolis, MN in 2006.



On the Move..... Where are They?
*Meetings where they may be available for
eye-to-eye consults.*



Tom Cat (DrTomCat@aol.com)

June 4-5	VHMA	Toronto, Ontario
June 8-24	United Kingdom/Netherlands	Rx Works Speaking Tour
July 2-16	Northern Europe	Seminars at Sea
July 16-20	AVMA	Minneapolis, MN



Alison Chiswell (alcvet@telus.net)

July 2-16	Northern Europe	Seminars at Sea
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Michael Hargrove (drharg@cpinternet.com)

July 16-20	AVMA	Minneapolis, MN
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Jennifer Inbody (j.inbody@sbcglobal.net)

June 4-5	VHMA	Toronto, Ontario
August 25-26	AVPMCA	Kansas City, MO



Sam Morris (DrSamHere@aol.com)

July 2-16	Northern Europe	Seminars at Sea
July 16-20	AVMA	Minneapolis, MN



Julie Singer (jsinger@consolidated.net)

July 16-20	AVMA	Minneapolis, MN
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Susan Stratman (SStratman@aol.com)

June 4-5	VHMA	Toronto, Ontario
August 25-26	AVPMCA	Kansas City, MO
August 25-26	Central Veterinary Conference	Kansas City, MO



The Veterinary Practice Consultants Booth (Cat9800@aol.com)

June 4-5	VHMA	Toronto, Ontario
July 16-20	AVMA	Minneapolis, MN
September 7-11	IVECCS	Atlanta, GA
September 22-24	Shirt Sleeve Seminars	Atlanta, GA





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Shirt Sleeve Seminars

Team-based Veterinary Healthcare
Delivery is coming near you!

September 22-24, 2005

at the Airport Embassy Suites

Atlanta, Georgia

April 6-8, 2006

at Circus Circus Hotel & Casino

Reno, Nevada

September 7-9, 2006

Minneapolis, Minnesota

Bring your team of core staff to the best
"Train the Trainers" 3 day workshop you'll
find. Find more details on page 10!

Seminars at Sea

July 2-16, 2005

Northern Europe

Summer 2006

The Caribbean

A series of interactive seminars geared to the practice owner wanting to take it to the next level, whether to break the glass ceiling or succession planning. Seminar sessions are held only while at sea to allow plenty port of call play-time, shopping, and tours!