

VET

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Augustus / August 2025

The Monthly Magazine of the SOUTH AFRICAN VETERINARY ASSOCIATION
Die Maandblad van die SUID-AFRIKAANSE VETERINÊRE VERENIGING



THEME

Women's Month

CPD

Gastrointestinal disorders of backyard poultry –
Part 1 of 2



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Dagboek • Diary



Ongoing / Online 2025



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August 2025



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Venue: Protea Hotel, Marriott Stellenbosch & Conf Centre
Info: https://vetlink.co.za/western_cape/



14th International Veterinary Immunology Symposium

11-14 August
Venue: Hilton Vienna Park, Austria
Info: corne@savetcon.co.za or visit www.ivis2025.org



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20 -22 August
Venue: ANEW Resort White River, Mpumalanga, SA
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Faculty Day

28 August
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September 2025



Eastern Cape and Karoo Branch Congress

12-13 September
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14-18 September
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October 2025



Northern Natal and Midlands Branch Congress

11-12 October
Venue: Fordoun Hotel and Spa, Midlands
Info: https://vetlink.co.za/northern_natal_and_midlands/



The Middle East & Africa Veterinary Congress (MEAVC)

17 -19 October: Pre- and Main Congress Workshops
Venue: Jafza One Convention Centre, Dubai
Info: www.meavc.com



SAVA Free State and Northern Cape Branch Congress

17-18 October
Venue: Goose Hill Guest Farm, Bloemfontein
Info: conference@savetcon.co.za



KwaZulu-Natal Branch Congress

25-26 October
Venue: San Lameer Resort, Southbroom
Info: www.vetlink.co.za



11th International Sheep Veterinary Congress

27-31 October
Venue: Wollongong, New South Wales, Australia
Info: <https://intsheepvetassoc.org/11th-isvc-2025>



10th Annual South African Immunology Society (SAIS) Congress

30 October – 01 November
Venue: Garden Court Marine Parade, Durban (KZN)
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Southern Cape Branch Congress

31 October – 01 November
Venue: Oubaai Hotel Golf & Spa, George
Info: <https://vetlink.co.za/southern-cape-branch/>



VET

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Dear members,

Lessons, Leadership & Looking Ahead

The past month has been extremely inspiring. From global congresses to local strategy sessions, I've come away with a renewed sense of just how much the veterinary profession is evolving and how important it is that we evolve with it. It also gave me an opportunity to reflect on the principles of good corporate governance and ethical veterinary leadership from both an individual and collective perspective.

The scale of the AVMA/WVA Congress reflected the strength of an organisation with over 100,000 members and affiliates. There were over 600 continuing education sessions, an exhibition hall filled to capacity and a global audience, a testament to the depth of scope of our profession.

I would like to take this opportunity to thank Dr Sandra Faeh, the outgoing AVMA president and IVOC host, for her warm hospitality, and congratulate Dr Michael Q. Bailey, the new AVMA president. I wish him a successful and impactful presidential term!

The WVA's General Assembly highlighted the work completed by its committees and working groups over the past year. Their focus areas include animal welfare, medicine stewardship, and veterinary education (including ethics). Their efforts in this past year resulted in the development of important position statements on the use, availability, and regulation of veterinary medicines. Updates were also shared on the WVA's One Health Initiative and efforts to improve access to veterinary services in under-resourced areas and to strengthen the veterinary team globally.

I encourage our members to visit their website and stay engaged, as the organisation often sends out calls for experts to serve on their committees. We need to significantly contribute the African perspective, which is usually unique on these platforms. We also need to maintain our membership as there is much to learn, benchmark and contribute.

The IVOC meeting was also well attended by the member countries. The focus of the coalition is to share and benchmark on critical veterinary issues, including the veterinary workforce, animal health and veterinary business. Take-homes from this meeting strengthened our business strategy process and confirmed the need to look at our value proposition again. Thus, this month, be on the lookout for a survey in this regard, and I encourage all members to participate so that we can align our activities and member offerings with your needs.

We had already started on the SAVA business strategy process as shared earlier in the year, and much progress has been made to reduce costs; ensure we continue with our advocacy for the profession and the creation of an efficient member-centred administration.

During July, the long-awaited AMR stakeholder engagement took place. I will feature outputs from this event in the next month.



We also had, as a sector, an Indaba on FMD, which continues to be a disease control challenge. The commitment shown by the minister to fight this disease will surely bear long-term dividends.

In July, I had the privilege of attending a Good Corporate Governance course—at no cost to SAVA, which is worth noting given the considerable expense typically associated with such training! The course offered a fresh and deeply insightful perspective on what it means to be a responsible professional. Its timing was particularly relevant for me, as we are in a transitional period awaiting the outcomes of the SAVC election process.

One of the key takeaways was the reminder that ethical leadership is not confined to policy documents or codes of conduct; it is reflected in our daily actions and interactions (including X and WhatsApp, as our lecturer reflected). As such, how we engage on issues with colleagues, share perspectives, and uphold standards contributes significantly to shaping the culture and sustainability of the profession. For me, this was a powerful teachable moment and one I believe we can all reflect on as we continue to build a profession anchored in trust, respect and responsibility.

Lastly, as we celebrate Women's Month, it was encouraging to observe the increasing emphasis on inclusivity and representation within the veterinary profession. One couldn't help but note the increased representation of women at the IVOC meeting as CEOs or presidents of associations, as well as the incorporation of younger professionals in influential roles.

This diversity can only lead to a more robust and sustainable global profession. I thus urge our early career veterinarians to become more involved in the professional structures. By participating, you will have the opportunity to shape the future of the profession and ensure it reflects your values and aspirations.

As we head into spring with a clear sense of purpose. Let's keep the conversations going, keep learning from each other, and keep doing the work that strengthens our profession. **V**

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Editor's notes / Redakteurs notas

"Well-behaved women seldom make history," says Laurel Thatcher Ulrich.
"A woman is the full circle. Within her is the power to create, nurture and transform," says Diane Mariechild.
"I am and always will be a catalyst for change," says Shirley Chisholm.
"A woman's success should be an inspiration to another. We're strongest when we cheer each other on," says Serena Williams.
"There is no force more powerful than a woman determined to rise," says W.E.B. Dubois.
"It's not about how many times you get rejected or fall down or are beaten up, it's about how many times you stand up and are brave and you keep on going," says Lady Gaga.
"You have to be where you are to get where you need to go," says Amy Poehler.
"A woman with a voice is, by definition, a strong woman," says Melinda Gates.

A couple of strong quotes by a couple of strong women.

August is the month when the resilience, strength, leadership and character of women are celebrated in South Africa.

When collecting material for this month's magazine, I focused more on the international female veterinarians. Only last week, the World Veterinary Association congress was held together with the American Veterinary Association's congress. Several awards went to women in the Veterinary sphere. A few are included.

While the vets were congregating in Washington, D.C., a terrible disaster happened in Kerr County, Texas. An unexpected flash flood hit the Texas Hill Country on the 4th of July. Ripping not only houses off their foundations, but also swept through a summer camp and the kids and mentors of one entire cabin were washed away. The bodies of all but 1 have been found at the time of me writing this. Those girls were 8,9,10 year olds. On the first day, the rescue dogs were deployed and with that also the veterinary support teams. On consecutive days, cadaver dogs were deployed. Mules and horses were also used to reach otherwise unreachable areas and to clear debris where possible. The role of the veterinarian was central and paramount to the well-being of these animals.

Direct Animal Care: Veterinarians, including those from the Texas A&M Veterinary Emergency Team (VET), provided medical care for animals affected by the floods. This included examining animals, treating wounds, performing surgeries, administering vaccinations, and operating medical equipment.

Disaster Relief Support: VETs worked alongside other emergency responders and organisations to provide veterinary support in flooded disaster areas. They helped stabilise animals for transport to full-service clinics and provided on-site care for minor injuries.

Coordination and Planning: The Texas Animal Health Commission (TAHC) highlighted the need for temporary shelter, feeding, and medical care for displaced animals in disaster situations. Veterinarians also played a key role in coordinating with local and state governments and nonprofits for animal-related disaster response.

Search and Rescue Support: Veterinarians provided care for search and rescue dogs, ensuring they were healthy and fit to continue their vital work. This included treating injuries and providing preventative care.

Advocating for Veterinary Resources: Efforts were made to establish a national network of Veterinary Emergency Teams to better prepare for and respond to future disasters, including those in Texas.

Again, a confirmation of how important a role Vets play in natural disasters. Keep an eye out in future Vetnewses for an interview with Dr Cindy Otto. She was one of the veterinarians on Ground Zero after the 9/11 disaster.

May the female veterinarian be valued for her contribution and respected for the role she not only plays as a professional in the practice or the field, but also in raising the future generation.

Andriette 



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The following SAVA members are available on the SAVA stress management hotline. If required, they will refer you to professionals.

Ken Pettey	082 882 7356	ken.pettey@gmail.com
Aileen Pypers	072 599 8737	aileen.vet@gmail.com
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Tod Collins	083 350 1662	tcollins@isat.co.za

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CREDO

We, the members of the Association, resolve at all times:

- To honour our profession and the Veterinary Oath
- To maintain and uphold high professional and scientific standards
- To use our professional knowledge, skills and resources to protect and promote the health and welfare of animals and humans
- To further the status and image of the veterinarian and to foster and enrich veterinary science
- To promote the interests of our Association and fellowship amongst its members.

Ons, die lede van die Vereniging, onderneem om te alle tye:

- Ons professie in ere te hou en die Eed na te kom
- 'n Hoë professionele en wetenskaplike peil te handhaaf en te onderhou
- Ons professionele kennis, vaardigheid en hulpbronne aan te wend ter beskerming en bevordering van die gesondheid en welsyn van dier en mens
- Die status en beeld van die veearts te bevorder en die veeartsenykunde te verryk
- Die belange van ons Vereniging en die genootskap tussen sy lede te bevorder.





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11-14
AUG

14th International Veterinary Immunology Symposium

Hilton Vienna Park, Austria



17-18
OCT

SAVA Free-State & Northern Cape Branch Congress

Goose Hill Guest Farm, Bloemfontein



14-18
SEPT

5th International Congress on Parasites of Wildlife and 53rd Annual PARSA Conference

Skukuza Kruger National Park



30 OCT -
01 NOV

10th South African Immunology Society Conference

Garden Court Marine Parade, KZN



11
OCT

SAVA Oranje Vaal Branch CPD Day

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2026
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Perceptions of Maternal Discrimination and Pregnancy/Postpartum Experiences Among Veterinary Mothers

Annie S. Wayne ^{1*}, Megan K. Mueller ^{1,2} and Marieke Rosenbaum ³

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Objective:

To describe perceptions of maternal discrimination and to begin to understand patterns around the timing of starting families, infertility, and post-partum depression among veterinary mothers.

Design:

Cross-sectional questionnaire with closed and open-ended questions posted to a social media platform “Moms with a DVM.”

Sample:

1,082 veterinary mothers in the United States.

Procedures:

An online questionnaire was administered regarding perceived discrimination, inequities in the workplace due to pregnant or maternal status, desired accommodations, timing of pregnancy(ies), fertility issues, and postpartum experiences.

Results:

At least one form of perceived discrimination was reported by 819 (75.7%) respondents ($M = 2.6$, $SD = 2.1$, range 0–10). Specifically, 789 (72.9%) reported maternal discrimination. Over half of the sample ($n = 632$, 58.4%) reported at least one instance of perceived inequity in the workplace due to status as a mother ($M = 1.23$, $SD = 1.4$, range 0–5). A majority (906, 83.7%) reported that their career had “definitely” or “maybe” affected the timing of their children. One hundred eighty-nine respondents (17.5%) experienced at least one miscarriage, and 192 (17.6%) used fertility treatment due to difficulty conceiving. Postpartum depression was diagnosed in 181 respondents (16.7%), and 353 (32.6%) reported symptoms consistent with postpartum depression but did not seek medical care. Of 953 participants who needed accommodations for breastfeeding and/or pumping while at work, 130 (13.6%) reported excellent accommodations, 454 (47.6%) adequate, 258 (27.1%) inadequate, and 111 (11.6%) had no accommodations provided.

Conclusions and Clinical Relevance:

Participants reported experiences of perceived maternal discrimination, as well as inequities and lack of support services due to status as a mother. These results highlight the need for attention and changes to ensure veterinarians have supportive and sustainable career options.



INTRODUCTION

In the last 60 years, veterinary medicine has shifted from a male-dominated (nearly 90%) to a mostly female-dominated (about 80%) profession (1). Despite these demographic changes, female veterinarians are still paid less than their male counterparts, have a higher debt-to-income ratio (2) and experience gender discrimination (3). The number of women in the United States becoming mothers has increased over the last 20 years, and in 2016, 86% of women were also mothers by the end of their childbearing age (4). A majority (51%) of working women in the United States say that having children has “made it harder for them to advance” in their careers, compared to 16% of men (4).

In particular, women in science, technology, engineering, and math (STEM) careers specifically experience discrimination and face challenges navigating parenting and demanding careers. One recent study found that young parents were more likely to leave full-time employment in STEM careers compared to their non-parent counterparts and that mothers left at twice the rate of fathers (5). A recent survey of physician mothers found that 66.3% perceive gender discrimination and 35.8% perceive discrimination based on their pregnant or maternal status at work (6).

Navigating the challenges of parenting and pursuing a veterinary career contributes to overall wellness among veterinary professionals. Previous research by the authors shows that parental support by veterinary schools and training programs is lacking and that many trainees perceive that having children during their training years (veterinary school, internships and residency training programs) is not feasible (7, 8). There is currently no data regarding maternal discrimination and the effects it may have on veterinarian mothers. The goal of this research was to explore perceived discrimination among veterinary mothers in the United States and was modelled after a study of physician mothers (6) to compare experiences with a similar population. An additional goal was to look at baseline data on decisions to start a family, infertility and post-partum depression in veterinary mothers to inform and direct future research in this area.

MATERIALS AND METHODS

Study Design and Overview

This study was cross-sectional in design and used an online anonymous questionnaire, composed of both closed and open-ended questions, that was posted to a social media platform closed group “Moms with a DVM.” Questions were designed to mirror data presented in the Journal of the American Medical Association (JAMA) (6) that investigated perceived rates of discrimination among physician mothers, so we could compare their results to the experiences of veterinary mothers. Additional questions about infertility, workplace accommodations for parenting, and postpartum depression were added. Participants were eligible if they were over the age of 18 years, identified as a mother or pregnant, had received a DVM or equivalent degree and lived in the United States. The research was reviewed and granted exempt status from the Tufts University Social, Behavioural, and Educational Research Institutional Review Board. The survey was administered by Qualtrics and was posted to the group three times between November 28 and December 10, 2018, with additional posts to sub-groups in the same time frame. “Moms with a DVM” had over 10 thousand members at that time, with approximately 200 new posts per day.

Survey

Inclusion criteria selected participants who were members of the group “Moms with a DVM” who were over 18 and who self-identified as pregnant or a mother. The questionnaire was composed of closed-ended questions to obtain the following data: demographic information, number and age of children, level of post-veterinary training obtained, type of current employment, whether participants had “ever felt discriminated against” based on 11 factors: their gender, maternal status, being pregnant or breast-feeding, taking maternity leave, race, ethnicity, age, sexual orientation, mental health status, or physical disability [derived from Adesoye et al. (6) study assessing maternal workplace discrimination in physicians]. Additionally, participants were asked about inequities in the workplace due to their maternal status: pay or benefits not equal to peers, not fairly considered for promotion or senior management, treated with disrespect by support staff, held to a higher performance standard than peers, and not included in administrative decision-making (6). Participants were asked to select the top three workplace changes that would be most important “to you as a mother” from a set list. Options included: more flexible weekday schedule, higher pay, longer paid maternity leave, option to work part-time, support with home services, childcare onsite, backup childcare, option to not work on weekends, more vacation days, option to not take on-call, flexibility to work from home, additional support for breastmilk pumping, more sick days, and other (6). In addition, participants were asked about support and accommodations for breastfeeding or pumping, a question about how career choices influenced the timing of pregnancy(ies), and if mothers experienced any infertility issues or post-partum depression. Finally, there was a space for open comments on any aspect of maternal discrimination.

Data Analysis

Descriptive statistics and frequencies were calculated using statistical software¹. To evaluate associations between demographic variables and material discrimination, adjusted logistic regression models were used to estimate odds ratios and 95% confidence intervals adjusting for age and race/ethnicity (6). For sexual orientation and race/ethnicity, descriptive categories were collapsed into binary variables for the regression analysis since sample sizes in the non-majority individual categories were low (see **Table 1**). Qualitative data collected in the open comments section were managed using a qualitative data analysis software tool². Responses were sorted into themes where each response could be tagged in as many thematic categories as appropriate.

¹SPSS version 25 and Stata/IC version 14. ²NVivo 12.3.0.

TABLE 1: Demographic characteristics of the survey respondents and maternal discrimination.

Characteristic	Respondents, n(%)			
	Total n = 1,082	Experienced maternal discrimination n = 789	OR (CI) for experiencing maternal discrimination	P value
AGE IN YEARS				
≤30	123 (11.4)	85 (69.1)	Reference	
31–35	388 (35.7)	278 (71.6)	1.1 (0.7–1.7)	0.596
36–40	384 (35.5)	289 (75.3)	1.3 (0.9–2.1)	0.190
41–45	111 (10.3)	84 (75.7)	1.4 (0.8–2.5)	0.282
≥46	76 (7.0)	53 (69.7)	1.0 (0.5–1.9)	0.924
RACE/ETHNICITY				
Non-Hispanic White	1020 (94.3)		740 (72.6)	Reference
Non-Hispanic Black	2 (0.2)	49 (79.0)	1.4 (0.7–2.6)	0.306
Asian	22 (2.0)			
Hispanic	27 (2.5)			
Other, or prefer not to say?	11 (1.0)			
SEXUAL ORIENTATION				
Straight/heterosexual	1069 (98.8)	780 (73.0)	Reference	
Gay/lesbian/homosexual	3 (0.3)	9 (69.2)	0.9 (0.3–3.0)	0.308
Bisexual	10 (0.9)			
Transsexual	0 (0)			
MARITAL STATUS				
Not currently married, never married, divorced, widowed.	28 (2.6)	22 (78.6)	Reference	
Married	1021 (94.3)	742 (72.7)	0.7 (0.3–1.8)	0.478
Partnered but not currently married	33 (3.0)	25 (75.8)	0.8 (0.2–2.8)	0.743
NUMBER OF CHILDREN				
0	14 (1.3)	11 (78.6)	Reference	
1	411 (37.6)	285 (69.3)	0.6 (0.1–2.1)	0.389
2	483 (44.1)	364 (75.4)	0.7 (0.2–2.8)	0.662
3	154 (14.1)	113 (73.4)	0.7 (0.2–2.6)	0.572
>3	32 (2.9)	26 (81.2)	1.1 (0.2–5.3)	0.9
AT LEAST 1 CHILD <6 YEARS				
No	161 (14.9)	115 (71.4)	Reference	
Yes	921 (85.1)	674 (73.2)	1.1 (0.7–1.8)	0.551
CURRENTLY PREGNANT OR GAVE BIRTH IN THE LAST YEAR				
No	753 (69.6)	560 (74.4)	Reference	
Yes	329 (30.4)	229 (69.6)	0.8 (0.6–1.1)	0.232
PRACTICE TYPE				
Small animal clinical	775 (71.6)	549 (70.8)	Reference	
Large animal clinical	63 (5.8)	52 (82.5)	2.0 (1.0–3.9)	0.043*
Mixed animal clinical	86 (7.9)	68 (79.1)	1.6 (1.0–2.9)	0.072
Laboratory animal/public sector/other	158 (14.6)	120 (75.9)	1.3 (0.8–1.9)	0.25
EMPLOYER				
Private company/small business	909 (84.1)	664 (73.1)	Reference	
Academic institution /government/other	173 (16.0)	125 (72.3)	0.9 (0.7–2.6)	0.7
POST-DVM TRAINING				
Current student /intern/resident	17 (1.6)	14 (82.3)	Reference	
Internship trained	177 (16.4)	132 (74.6)	0.6 (0.2–2.3)	0.494
Residency trained	100 (9.2)	72 (72.0)	0.5 (0.1–2.0)	0.367
No internship or residency completed	788 (72.8)	571 (72.5)	0.6 (0.2–2.1)	0.413

*Denotes statistical significance of $P < 0.05$.

RESULTS

A total of 1,160 respondents participated in the survey. There was a response rate of approximately 10% based on the total number of members in the group. Four surveys were removed for not meeting inclusion criteria, and 74 were removed for incomplete quantitative data (only participants with complete questionnaires were retained), leaving an analytic sample of 1,082 participants. The age of the participants ranged from 24 to 71 years old, $M=36.3$, $SD=5.1$; demographic characteristics are listed in **Table 1**.

Of the 1,082 respondents, 819 (75.7%) reported experiencing at least one form of perceived discrimination ($M=2.6$, $SD=2.1$, range 0–10), see **Figure 1**. There was overlap between maternal and non-maternal discrimination, with 317 (29.3%) participants reporting both types. Likelihood of experiencing maternal discrimination did not vary significantly by the demographic variables, although veterinarians who worked in large animal practice were more likely to have experienced discrimination (**Table 1**).

Over half of the sample ($n = 632$, 58.4%) reported experiencing at least one instance of perceived inequity in the workplace due to status as a mother ($M = 1.23$, $SD = 1.4$, range 0– 5) (**Figure 2**). Specifically, 346 (32%) reported not being included in administrative decision making, 312 (28.8%) reported having pay or benefits not equal to peers, 289 (26.7%) were treated with disrespect by support staff, 206 (19.0%) felt they were held to a higher performance standard than peers, and 179 (16.5%) felt they were not fairly considered for a promotion or senior management position due to their status as a mother.

Participants were asked to report the top three workplace changes that would make a difference to them as a mother: 602 (55.6%) selected a more flexible weekday schedule, 544 (50.3%) longer paid maternity leave, 324 (29.9%) childcare availability onsite, 298 (27.5%) having the option to not work on weekends, 288 (26.6%) having the option to work part-time, 248 (22.9%) higher pay, 224 (20.7%) having the option to not take on-call, 209 (19.3%) backup childcare, 159 (14.7%) additional support for breastmilk pumping, 119 (11.0%) more vacation days, 97 (9.0%) flexibility to work from home, 107 (9.9%) more sick days, 15 (1.4%) support with home services, and 9 (0.8%) would like other changes.

A majority of the sample (906, 83.7%) reported that their career had “definitely” or “maybe” affected the timing of their children. Maternal age at the time of first child ranged from 18 to 44 years ($M = 31.2$; $SD = 3.7$). With regard to fertility, 189 (17.5%) of the sample experienced at least one miscarriage, and 192 (17.6%) used fertility treatment due to difficulty conceiving. During the postpartum period, 181 (16.7%) experienced diagnosed postpartum depression, and 353 (32.6%) reported symptoms but no diagnosis, yielding a total of nearly 50% of the study population who experienced symptoms of postpartum depression. See **Table 2** for full descriptive results regarding fertility, pregnancy, and postpartum experiences. Of the 953 participants who needed accommodations for breastfeeding and/or pumping while at work, 130/953 (13.6%) reported their accommodations as excellent, 454/953 (47.6%) as adequate, 258/953 (27.1%) as inadequate, and 111/953 (11.6%) had no accommodations provided by their workplace. Of the 521 individuals who needed breastfeeding and/or pumping accommodations at continuing education or a conference, 24/521 (4.6%) reported available accommodations as excellent, 152/521 (29.2%) reported them as adequate, 189/521 (36.3%) as inadequate, and 156/521 (29.9%) reported experiencing no availability of accommodations.

Open-Ended Responses

There were a total of 269 meaningful responses to the question, open to any comments on maternal discrimination or challenges in the workplace due to status as a parent. Comments that included “none,” “N/A,” or an incomplete thought were excluded.

Comments that illustrate the range of responses for each category are provided in **Table 3**. Sixty-three responses (23.4%) were coded as “sexist, discriminatory or disrespectful comments made by staff due to maternal or pregnant status.” There were 54 responses (20.1%) regarding pay or promotion status.

Of these responses, 20/54 (37.0%) describing losing a job due to maternal or pregnancy status, 14/54 (25.9%) described pay or status (full-time vs. part-time) was negatively impacted by maternal or pregnancy status, 10/54 (18.5%) said their promotion status was negatively impacted based on pregnancy or maternal status, 10/54 (18.5%) described being discriminated against during an interview process due to future or current maternal or pregnancy status, and 10/54 (18.5%) said they were not hired for a job due to pregnant or maternal status.

There were 53 comments (19.7%) on issues of time pressure related to childcare and working status; 22/53 (41.5%) described difficulties around lack of a flexible schedule related to securing childcare, 18/53 (33.9%) described lack of ability to take time off to care for sick children, and 11/53 (20.8%) described other types of challenges around childcare and working. Forty-six respondents (17.1%) commented on lack of adequate leave time and/or pay. Thirty-six respondents commented on lack of appropriate time (20/36; 55.6%) or lack of appropriate space (14/36; 38.9%) for pumping. Sixteen respondents (5.9%) commented on safety issues during pregnancy; 12/16 (75%) said they had inadequate accommodations and 4/16 (25%) said they felt unsafe during their pregnancies. Five respondents (1.9%) said they regretted their choice to be veterinarians and/or were actively looking to leave the profession. Eighteen (6.7%) had positive comments and 38 (14.1%) were categorized as “other.”

DISCUSSION

In this anonymous survey of veterinarians who are also mothers, the vast majority (about 75%) reported experiencing at least one type of perceived discrimination, with nearly 73% of respondents reporting discrimination based on their maternal status.



Figure 1: Perceived discrimination among 1,082 survey respondents. Respondents could select multiple types of perceived discrimination

PERCEIVED WORKPLACE INEQUITIES



Figure 2: Perceived inequity by 1,082 survey respondents. Respondents could select multiple types of perceived discrimination.

In addition, more than half of the respondents reported perceived inequity based on their maternal status. Although these responses targeted a specific social media group, a subjective description of the group is an inclusive, supportive and diverse group of women that offers support and advice on a wide range of topics, both professional and personal.

Respondent experience	n(%)
Experienced a premature birth	167 (15.4%)
EXPERIENCED MISCARRIAGE	
No	726 (67.1%)
One	241 (22.3%)
Two	74 (6.8%)
More than two	35 (3.2%)
I prefer not to say	6 (0.6%)
Fertility treatment due to difficulty conceiving	192 (17.6%)
POSTPARTUM DEPRESSION (PPD)	
Yes, diagnosed and treated by a medical professional	181 (16.7%)
Symptoms but not diagnosed by a medical professional	353 (32.6%)
No	531 (49.1%)
Not applicable (currently pregnant)	13 (1.2%)
I prefer not to say	4 (0.4%)
CAREER CHOICES AFFECTED THE TIMING OF PREGNANCY(IES)	
Definitely yes	731 (67.6%)
Maybe yes	175 (16.2%)
Not sure	22 (2.0%)
Probably not	92 (8.5%)
Definitely not	62 (5.7%)

TABLE 2: Frequency of experiences with premature birth, miscarriage, fertility treatment, and postpartum depression among 1,082 veterinary mothers administered a questionnaire through the closed, online group “Moms with a DVM.”

These data were from a small group of women who likely have an interest in this topic; however, the responses indicate that maternal discrimination and other issues for veterinary mothers are problematic,

deserve additional research with more robust methodology and should prompt discussion of systemic institutional changes in the profession. Given that the veterinary profession is now largely made up of women (1), the widespread perceived discrimination likely has far-reaching and long-lasting impacts for the profession. As has been demonstrated in the human medicine literature (6), perceived discrimination may impact rates of burnout, retention and career satisfaction in addition to impacting earning power.

Overall frequency of perceived discrimination among veterinarian mothers, as compared to a similar survey of physician mothers, was similar: 75.7% of veterinarians and

77.9% of physicians experienced discrimination of any type (6). However, in our study, 72.9% of veterinarians reported perceived maternal discrimination as compared to 35.8% of physician mothers responding to a similar survey (6). Discrimination based on gender demonstrated a reverse pattern, with 39.1% of veterinarians reporting perceived discrimination and 66.3% of physician mothers (6). One possible explanation is that the higher percentage of women in veterinary medicine as compared to human medicine (in 2017, 80.5% of matriculating veterinary school students were women, compared to 50.7% of medical school students) (1, 9) influences the prevalence of gender discrimination. Compared to veterinary medicine, in which the first published papers exploring the social and cultural implications of the increasingly female workforce began to emerge in the late 90s (10) and the first paper focusing on parenting was published in 2018 (7), attention to the struggle of female physicians dates back to the late 70s (11) and attention to the struggle physician mothers face as they balance dual roles (parenting and being a physician) dates back to the late 90s (12). The human medical profession may have dedicated more attention to this issue dating further back, which has resulted in increased awareness and in lower rates of perceived maternal discrimination in physicians as compared to veterinarians. Regardless of the differences between perceived maternal discrimination among veterinary and physician mothers, the high prevalence of perceived discrimination in the workplace in both populations is significant and warrants attention as the professions work to improve wellness.

The top three ranked accommodations desired by veterinary mothers were flexibility in the workday schedule, longer paid maternity leave, and childcare onsite. According to a recent survey of veterinarians by DVM 360, 64% of women and 42% of men would take less pay for more flexibility in working hours, highlighting the importance of flexibility in the workforce (13). Our results suggest that employers could improve job satisfaction by prioritising flexibility for parents in the workplace. More research into types of flexibility that are desired by parents (i.e., can leave for an extended lunch break to visit child, taking a weekday off as needed, revisiting schedule yearly as parenting roles change with age) and the feasibility and management systems that can be applied to provide flexibility is needed. This may differ by workplace setting, and this data is skewed toward small animal veterinarians. Additional research to further describe the accommodations desired and possible in different settings would be needed to help guide any future recommendations.

Nearly 84% of respondents reported that the timing of children was definitely or maybe influenced by their career choices. Recent literature found similar results among veterinary surgeons and found that women delay childbearing for longer than men (14). Given that the profession is predominantly made up of women and childbearing age overlaps with veterinary training and early career building phases for most people, this is unsurprising. In this study, over 30% of

Comment type	Representative comment(s)	Number of comments
Sexist, discriminatory or disrespectful comments due to maternal or pregnant status	The office manager commented that we should only hire male vets in the future so they don't leave to start a family. I have had clients choose other Drs since I am not as available after office hours. I devote that time to family. A client actually told me she was appalled I chose to be a mom and a vet. She felt I couldn't do that as a vet since my primary duty should be to my patients as a vet and not my kids.	63
Pay or promotion negatively impacted or loss of job, or not hired due to maternal or pregnancy status	I was fired from my last job 2 days before returning from maternity leave. I was replaced by the doctor I recommended to cover my maternity leave. I had been the only associate at the practice for 7 years, and no problems or anything other than praise until I announced my pregnancy. I watched 4 support staff get fired while pregnant or on maternity leave prior to me being fired. I was not considered for partner even though I was a high producer and had a large client base. When I asked my boss for consideration, he flat-out out to my face said no because I chose the family track. At an interview, a male owner told me that I could never be a good vet and a good mom.	54
Difficulties around a lack of a flexible schedule related to securing childcare	My Chiefs of Staff were fine with schedule modifications for employees to care for their own pets, yet considered it unfair if I needed to leave at a certain time to meet the school bus or worked fewer nights than the other associates (even though I had reduced pay due to these scheduling necessities to provide care for my child).	22
Lack of ability to take time off to care for sick children	The few times my child has been sick, I have been unable to care for her adequately due to a lack of support from my job to help find coverage.	18
Other types of challenges around childcare	I requested to move my lunch break to the afternoon to pick up my kids from school, am so was told that I was "stealing company time" when I was simply moving the hour provided to me for lunch.	11
Lack of adequate leave time and/or pay	The biggest struggle as a mother was the length of maternity leave: only 6 weeks and unpaid. I work at a small practice, so being short a vet is tough for my coworkers, but 6 weeks was not enough time home with my baby!	46
Lack of appropriate time or lack of appropriate space for pumping	I'm having problems finding the time to pump as I'm not allowed to block out time, and when we get busy, that ends up dropping to the wayside. I am also expected to answer phones and write charts while I pump, and therefore can never get a good letdown like I get at home, so I end up engorged and sore at the end of every day. My staff sees me pumping as an inconvenience and gets huffy when I ask them to finish things up while I go pump. I was shamed for pumping at work. I was told it was disgusting and reprimanded for washing my pumping equipment at work after pumping. I pumped in a supply closet with chemotherapeutic waste!	36
Inadequate safety accommodations	Unsafe radiation practices continued, although I requested they end (rads taken without warning while unshielded people were in the way).	16
Regretted their choice to be veterinarians and/or were actively looking to leave the profession	I am actively seeking to leave the profession. The stress, lack of adequate pay, and time I am required to spend away from my children is not worth it. By the time I can get home from my job, there is minimal to no time to interact with my children. I am seeking to completely leave veterinary medicine. It has been detrimental to my mental, financial, and physical health.	5
Positive	I was working in a corporate hospital while pregnant and pumping, and I was treated with respect and given the time I needed. My short-term disability and generous PTO helped pay for most of my 12 weeks maternity leave. I have been very lucky to have a supportive male boss who allowed me with no complaints 3 months of unpaid maternity leave, pumping accommodations, and the freedom to pick the days and hours I wanted to work part time. It has made returning to work very manageable and he has beyond earned my loyalty as an associate to stay indefinitely with the practice.	18
Other	My work was supportive - more invasive comments from clients. Previous employer (equine private practice) asked that I give a three-year verbal commitment to not having a baby when I joined the practice.	38

TABLE 3 | Representative comments from 269 meaningful responses to the open-ended question regarding maternal discrimination or challenges in the workplace due to status as a parent.

respondents said they had experienced at least one miscarriage, which is higher than nationally reported rates of 8–20% (15). Reasons for the higher rates are unknown, but delaying pregnancy due to career choices and/or lack of accommodations and unsafe workplace environments may be contributing factors, as it is widely accepted that veterinarians face numerous hazards to reproductive health in the workplace (16). This study also showed higher rates of fertility treatment (17.6%) as compared with national rates (12%) (15), and higher rates of self-reported post-partum depression (over 30% in this study as compared with about 10% reported by the CDC) (17, 18). However, subclinical depression is underexplored and should be an important component of future research in this area. Infertility has previously been shown to evoke distress, anxiety, and feelings of failure, loss and pain (19). This initial survey of veterinary mothers indicates that rates of infertility, and as a result, stress associated with infertility, may be higher among the veterinary profession, contributing to recent literature and commentary on mental health in the veterinary profession. Additional data to determine if this is true across more diverse samples of female veterinarians is needed. The higher rate of fertility treatment observed among our sample may be associated with intentional delays in starting a family among the profession due to the perception that it is not feasible to do both at the same time (7), however more research is needed to determine the drivers of fertility treatment among veterinary women, as well as the financial burden of fertility treatment on a profession known to be plagued by high student debt upon graduation.

Veterinarians who worked in large animal practice were more likely to have experienced discrimination than veterinarians in other specialties. A recent study found that among veterinary surgeons, large animal private practitioners worked longer hours and had the most on-call responsibility, and that women earned less than men in this field even after adjusting for all relevant covariates (20). In another study of veterinary surgeons, the same group found that women in large animal practice were less likely to be married, in a domestic partnership, and to have children compared to women in small animal practice (14). Collectively, these findings indicated that there are differences in work culture regarding gender dynamics among subspecialties in veterinary medicine, and that issues surrounding gender equity and maternal discrimination warrant closer attention—and provide an opportunity for meaningful intervention—across the profession. Women in veterinary medicine (14, 20) and STEM professions in general are adversely affected in terms of their earning power and having children may widen the gap. “Even mothers who remain in the professional workforce full time encounter stereotypes painting them as less competent than equally qualified men and childless women, and face salary penalties and career barriers even while contributing the same dedicated work” (5). Maternal discrimination and lack of perceived support for veterinarians who are also parenting contributes to the mental health load and stress of many.

This survey was a convenience sample administered through a Facebook group, and limitations include a lack of diversity among respondents, possible selection bias and small sample size. Additional studies are needed to determine if these data are replicable in a larger population of veterinary mothers in the US. Despite these limitations, the high frequency of perceived discrimination among veterinarian mothers should be considered when thinking about the future of the profession and how to support current veterinarians.

Recently, an article with a description of parental leave policies during medical training was published and included a call to action

in the medical profession (21). The results from this study and prior related work (7, 8) support the need for similar recommendations in the veterinary profession and indicate that veterinarians want changes. Qualitative comments from participants in this survey said, “I feel like we are still in the dark ages. I faced discrimination when all three of my children were born, and it has continued. My children were referred to as parasites. My maternity leave was considered a hardship for my co-workers. The other women without children I work with are resentful and have continued to insinuate I don’t work as hard [as they do] due to my children.” “During veterinary school, one of the doctors in the clinic during my fourth year told me that I could choose to be a mother or a doctor, but I couldn’t do both effectively. She was a woman. I’ll never forget how that statement made me feel, as I already had two children. It was terribly deflating.” The real changes needed to accommodate all veterinarians who also wish to be parents and have work-life balance are far reaching and require commitment at all levels of training and employment. In order to continue to attract top level talent and to create successful long-term careers, the professional organizations should consider implementing changes that support veterinary mothers (and fathers).

The findings from this study support the need for future research in this area to further encourage changes to the profession that support veterinarian mothers and fathers as well as to further describe the ways in which maternal and gender discrimination impact the profession and how changes can be incorporated into veterinary medicine in a sustainable way. **U**

DATA AVAILABILITY STATEMENT

The datasets generated for this study are available on request to the corresponding author, pending IRB approval.

ETHICS STATEMENT

The research was reviewed and granted exempt status from the Tufts University Social, Behavioral and Educational Research Institutional Review Board. The ethics committee waived the requirement of written informed consent for participation.

AUTHOR CONTRIBUTIONS

AW, MM, and MR contributed to the design of the survey. AW and MR distributed the survey and reminders to closed groups via social media platform. MM and MR performed quantitative data analysis. AW compiled and sorted qualitative data. AW, MM, and MR.

References available on request.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC7069349/?ref=blog.modernanimal.com>



Women practice owners projected to overtake men within a decade

Corporate ownership spikes while private holdings fall

By R. Scott Nolen

Published on December 03, 2020

Updated January 11, 2021

The size of the nation's active veterinary workforce in 2019 was approximately 116,000 members, of whom 63% were female, marking a 12% increase in women veterinarians over the past decade.

"From these statistics, along with what we know about the gender distribution of new DVM graduates and veterinary college students, it's clear that we have a profession that is a majority female and will remain so for the next several decades," said Frederic Ouedraogo, PhD, AVMA assistant director of economics.

These findings were among the latest information about the U.S. market for veterinary services that Dr. Ouedraogo shared at the annual AVMA Economic Summit, held virtually Oct. 26-28. His talk also covered trends in the veterinary workforce, the number of veterinary practices in the U.S., and how clinics have been impacted by the COVID-19 pandemic.

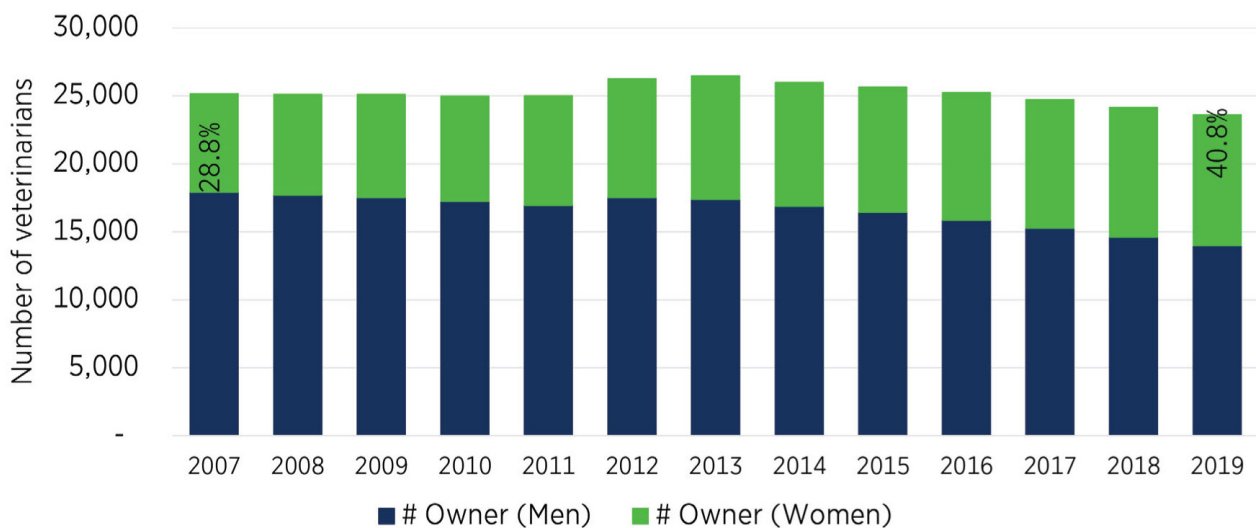
The percentage of the veterinary workforce under the age of 50 declined from about 61% in 2007 to 58% in 2019. At the same time, the proportion of the workforce over 65 increased from about 4% to 9%.

It's important that we start as a profession to think about ways to promote and encourage ownership. One way to do that is to include business management or startup finance classes in our curriculum. Another way is to advocate for government support for new DVM graduates who want to start a new business. It can be similar to the loan repayment program or any other incentives.

Frederic Ouedraogo,
AVMA assistant director of economics

"The question," Dr. Ouedraogo said, "is, do we have a sustainable replacement plan? By that, I mean do we have enough workers to continuously meet the national demand as our seniors retire from the workforce?"

Ownership and gender



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The U.S. veterinary workforce comprises five generations—the silent generation (1928-45), baby boomers (1945-64), Generation X (1965-80), millennials (1981-96) and Generation Z (1997-2012)—making it one of the nation's most generationally diverse professions.

Practice ownership

Another trend Dr. Ouedraogo highlighted is the decline in the percentage of private practitioners who are owners, from 43% in 2007 to 33% in 2019. Practice ownership or co-ownership is associated with several benefits, including higher lifetime earnings and improved work-life balance, he noted. "It's important that we start as a profession to think about ways to promote and encourage ownership," Dr. Ouedraogo said. "One way to do that is to include business management or startup finance classes in our curriculum. Another way is to advocate for government support to new DVM graduates who want to start a new business. It can be similar to the loan repayment program or any other incentives." Men currently make up the majority of private practice owners, but Dr. Ouedraogo said the percentage of women owners is increasing, shifting from 29% in 2007 to 41% in 2019. By 2028, the majority of U.S. practice owners will be women, he said.

Practice growth

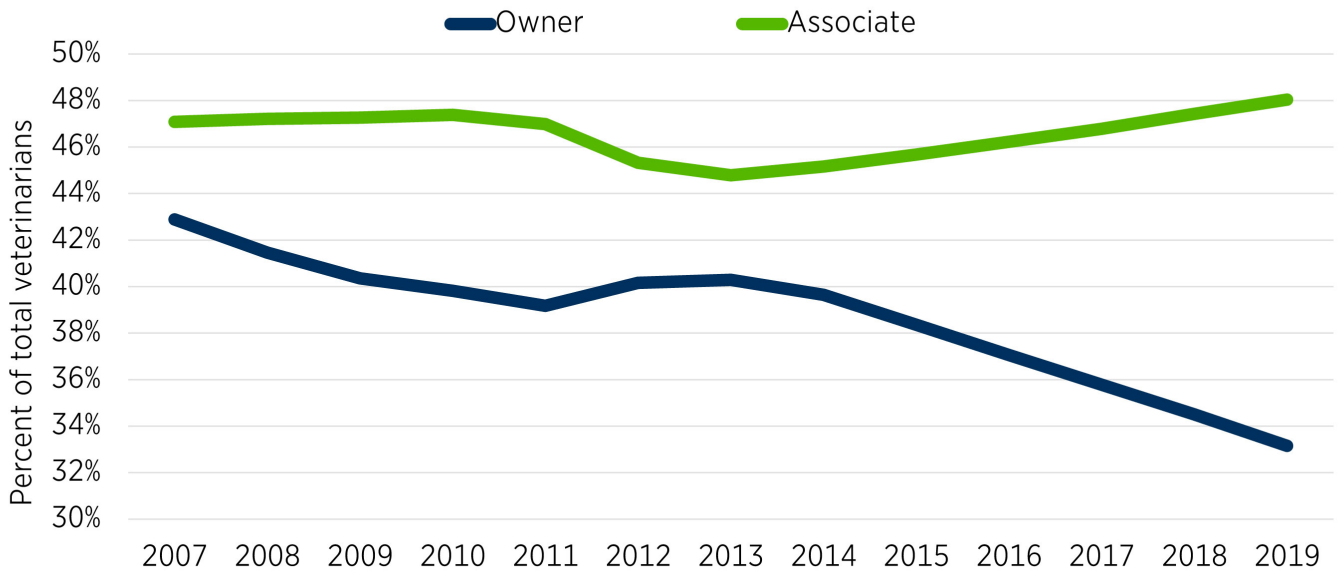
More than 3,000 new veterinary practices opened between 2005-17, according to U.S. Census Bureau data, while the total number of practices was estimated to be around 32,000 in 2019. The share of small- and medium-size practices is declining, while the percentage of large practices—those with 10 or more employees—is trending up. As Dr. Ouedraogo explained, 41% of veterinary practices were large practices in 2009. By 2017, that had increased to 44%. During that same period, the share of practices with fewer than 10 employees dropped from 59% to 56%. Approximately 77% of U.S. veterinary practices were corporate owned in 2019. The figure is based on how a practice is recorded on the Internal Revenue Service tax form. Dr. Ouedraogo explained later that this categorization is different from what most people think of when referring to corporate veterinary practices.

In fact, the term "corporations" in the veterinary profession traditionally refers to large groups such as consolidators and national group practices, including Banfield, VCA, VetCor, National Veterinary Associates, Southern Veterinary Partners, and PathwayVet Alliance. These large groups currently represent less than 25% of all practices in the U.S. The largest proportion of veterinary practices in the U.S. are S corporations, according to the Census Bureau. These corporations can have up to 100 shareholders, with each shareholder paying taxes only on profits received. In his presentation, Dr. Ouedraogo cited data from the Implan Group showing U.S. veterinary services to be a \$33 billion market representing less than 2% of the national GDP. Despite that small percentage, veterinary services "remain a vital component of our economy. The veterinary sectors, of course, include the livestock and dairy industries, pharmaceutical companies, and many more," he said.

COVID impacts

Dr. Ouedraogo concluded his presentation with a summary of the economic impacts of the COVID-19 pandemic on U.S. veterinary practices. The data come from a survey the AVMA Veterinary Economics Division conducted between April and May that estimated the change in productivity from before to during the pandemic in the following areas: patients per examination room, patients per full-time employee, and patients per day. The highest drop in productivity occurred in veterinary partnerships, which experienced a decline of more than 50% in all three areas. "In other words, partnerships were not able to reach half of their typical production," Dr. Ouedraogo said. "Individual proprietorships were also hard hit. Corporate-owned practices, on the other hand, reported the lowest variation in room and staff productivity." Additionally, patients per examination room fell by 47% in urban practices, 46% in rural practices, and 44% in suburban practices. The number of patients per day dropped 46% in urban practices and 42% in suburban ones. **V**

Private practice veterinarians by position

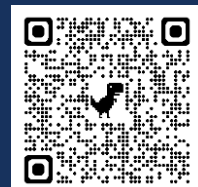


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Practices in urban areas were the most impacted by the pandemic. For instance, the number of patients per medical staff member for urban practices was reduced by nearly half. For rural and suburban practices, the decline was around 44%.

<https://www.avma.org/javma-news/2020-12-15/women-practice-owners-projected-overtake-men-within-decade>



WOMEN VETERINARIANS

The early women veterinarians were pioneers who paved the way for other women who studied veterinary medicine in later years.

The first women to receive Doctor of Veterinary Medicine degrees in the United States were **Mignon Nicholson (1876-1906)** from McKillip Veterinary College in 1903, followed by two more women one month apart in 1910, **Elinor McGrath (1878-1963)** from Chicago Veterinary College and **Florence Kimball (1885-1947)** from Cornell University.

Mignon Nicholson (1876-1906)

An online search for “Who was the first female veterinarian in the United States?” generates top results that are a bit misleading.

No, it wasn't Dr. Florence Kimbell.

Nor was it Dr. Elinor McGrath.

While both of these 1910 vet school grads helped pave the way for other women in a male-dominated field, the search should have favoured a woman who graduated seven years earlier: Dr. Mignon Nicholson.

Dr. Howard Erickson, Kansas State University: “If you go worldwide, there were some earlier than her, but she was the first in the U.S.... Unfortunately...nobody really knew much about Mignon Nicholson.”

When Dr. Erickson, a professor emeritus with Kansas State University's veterinary college, was asked once to give a speech about pioneering women in veterinary medicine, he found Mignon Nicholson's story elusive enough that he asked a couple of librarians for help. Together, they were able to pull together a rough picture of the 1903 graduate's life.

Dr. Howard Erickson, Kansas State University: “Her childhood, as far as we know, was in Ravenswood. It's a part of Long Island in... New York City. And all I know is she took care of the dogs and cats in the community. She read about dogs and cats, and she read about human medicine and surgery... She also married at a young age, as well, from what we know. And her first husband was a travelling salesman, so she was home alone.”

It's unclear what brought an end to the marriage, but by the time she was in her early 20s, she had moved to Chicago. Defying the odds – and likely surprising administrators when she applied -- Nicholson was accepted into McKillip Veterinary College in **1900**.

Dr. Howard Erickson, Kansas State University: “It was one of the largest private veterinary colleges of that day. It had some 1200 graduates, I think, at that time. McKillip was probably one of the more progressive schools.”

The now-defunct Chicago college was co-founded in 1892 by a local horse farrier, Matthew McKillip, who also had a veterinary practice. Although not owned by his descendants and now in a different location, his veterinary practice still exists today.

Besides admitting a woman, McKillip Veterinary College also had, four years earlier, admitted Thomas Madison Doram, believed to be the third African American to earn a professional veterinary degree in the U.S.



Erickson said there can be challenges in determining these “firsts” in veterinary medicine due to a failure to preserve journals and other documents from more than 40 now-defunct vet schools. In 2011, a University of Missouri veterinary school librarian showed that no indexed records could be found for 18 of these schools, which the author described as a loss of essential information in the history of veterinary medicine. Although most of McKillip College's journals have been lost to history, a handful did survive, including several at the University of Illinois-Urbana-Champaign, but they aren't from the years when Nicholson was a student.

Erickson did find evidence in a Chicago city directory that Nicholson ran a small animal practice during her first year at McKillip, probably from her home. She added pet boarding during her second year.

Dr. Howard Erickson, Kansas State University: “The horse was the primary species that was studied at the time, although they did study dogs and cats and small animals. But it was unusual for someone to establish a small animal hospital.”

It's possible some of her peers and professors were less than welcoming to a woman. An American Veterinary Medical Association article reported that one of Michigan State University's earliest female vet students, Dr. Dorothy Segal, ran into barriers three decades later. According to the article, the dean called Segal and the six other female students into his office and told them to "go back to the kitchen." Segal, at least, didn't listen. And today, women account for about 80% of U.S. veterinarian college students.

As Nicholson neared her graduation, she was featured in a 1902 article in the Chicago Tribune, which declared: "No other woman, so far as known, has done this kind of work." Within six months of graduating, in September of 1903, she married a man named John Jackson, co-owner of a Chicago restaurant called Becker & Jackson. It's unclear if she continued practising after her marriage, but later news articles would imply she was struggling with alcohol addiction. Her marriage fell apart. Finally, just three years after becoming the first female to earn a veterinarian degree in the U.S., her life came to a tragic end.

Dr. Howard Erickson, Kansas State University: "She'd gone to the café to try to patch things up again, and he said, 'It's no use.' They had gone back together once before, and she'd gone back to drinking again, and he said it's no use. So she stood up and pulled out a revolver and shot herself, right there in the café." Back then, Dr. Erickson points out, alcohol and mental health treatment were less advanced than today, and her struggles should not diminish her accomplishments.

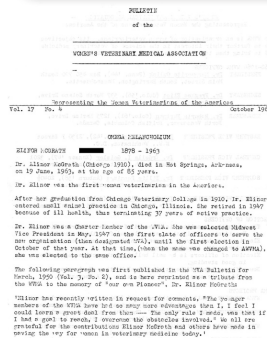
Dr. Howard Erickson, Kansas State University: "I would just say that there is suicide in all professions today, and it happens in veterinary medicine too... You gotta admire her that she had enough, you know, grit to go through the curriculum at McKillip."

By Colleen Bradford Krantz, colleen.krantz@iowapbs.org 

Elinor McGrath

In 1950, Dr. Elinor McGrath wrote to the Women's Veterinary Medical Association (WVMA) Bulletin: "The only rule I made [in my life] was that if I had a goal to reach, I overcame the obstacles involved."


Dr. McGrath is widely acknowledged as the first female veterinarian in the U.S. Born around 1888, Dr. Elinor McGrath developed an affection for animals early on and was determined to overcome barriers to enter the male-dominated field.



She endured bullying and harassment from schoolmates, but persevered and graduated in 1910—a decade before U.S. women were granted the right to vote.

She was successful in this endeavor, and in 1907, she became the first woman admitted to Chicago Veterinary College.

At the time, the nation relied heavily on farm animals, but Dr. McGrath chose to build her practice around pets—a decision that many thought odd.

Dr. McGrath practiced veterinary medicine for 37 years, and she also established Chicago's first pet cemetery, recognizing the strength and importance of the human-animal bond. 

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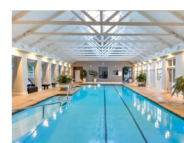


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Florence Kimball



"Florence Kimball, D.V.M. 1910, who became the first American woman ever to earn a doctorate in veterinary medicine. Seven of the first 11 women to become licensed veterinarians in this country were Cornell University graduates. While Kimball is a badge of pride for CornellVet, it is marred by the fact that up until 1970, only a small number of seats were made available to female applicants. Mary Smith, D.V.M. '72, professor in the Department of Population Medicine and Diagnostic Sciences, recalls her application process to the college. 'After fifty-eight men had been selected, four women were summoned to the Hagan Room,' Smith says. 'We were told, 'Two of you we will accept and two we will reject,' and one at a time we were called out for an interview.'"

In Europe, **Marie Kapsevitch [Kapczewitsch] (b. 1855)** from Loknistoe, Chernigov, Ukraine graduated from the Ecole Nationale Veterinaire d'Alfort in France in 1897 and **Aleen Cust, MRCVS (1868-1937)** completed degree requirements in 1900 at the New Veterinary College at Edinburgh, Scotland. In Australia, **Isabelle Bruce Reid (1883-1945)** finished 4 years of study at the Melbourne Veterinary College in 1902. **V**

Marie Kapsevitch [Kapczewitsch]

Marie Kapsevitch, born on September 2, 1855, in Loknistoë (Chernihiv province), then in the Russian Empire (and today in Ukraine), and died in 1917 during the Russian Revolution, was the first student and the first woman to graduate from the National Veterinary School of Alfort. She is the first woman to graduate in veterinary medicine in France and probably the first in Europe.

Biography

Born into a wealthy Russian family from Ukraine, Marie Kapsevitch was born in 1855 in Loknistoë. Passionate about greyhounds, she moved to Paris in the 1890s to take some courses at the National Veterinary School of Alfort, in order to learn how to care for her animals herself. In 1893, she obtained permission to officially enter as a student.

Four years later, the July 23, 1897, she graduated, mentioned as "(Unclassified), Miss Kapcevitch (Marie), from Loknistoë (Russia)" at the end of the list of students accepted [4]. Several newspapers relayed the news, presenting Marie Kapsevitch as "the first person of her sex" to have completed such studie, and emphasizing that she was "a kind person, very liberal and loved by all her classmates". She was probably the first European to graduate in veterinary medicine. At the beginning of the 20th century, she bought the Ker Arvor villa in Pornichet, in the Sainte-Marguerite district [9]. In a study with walls covered in pitch pine woodwork, she embroidered tapestries depicting Russian rural scenes. Her habit of going to the beach after bathing and then entrusting it to her maid to bathe naked in the sea caused a stir.

In April 1913, she became a member of the Veterinary Society of Calvados, Manche and Orne.

Returning to Russia, she was shot during the Russian Revolution in 1917. Her businessman, Mr. Le Bédeff, inherited her villa in Pornichet. **V**

Aleen Cust



Aleen Isobel Cust (7 February 1868 – 29 January 1937) was an Anglo-Irish veterinary surgeon. She was born and began her career in Ireland. In 1922, she became the first female veterinary surgeon to be recognised by the Royal College of Veterinary Surgeons.

Early life and education

Aleen Cust was born in 1868 in Cordangan Manor, County Tipperary. Her father, Sir Leopold Cust, 2nd Baronet, was the grandson of Brownlow Cust, 1st Baron Brownlow, and worked as a land agent to the Smith-Barry family.[3] Her mother, Charlotte Sobieske Isabel (née Bridgeman), was the daughter of Vice-Admiral Charles Orlando Bridgeman and granddaughter of Orlando Bridgeman, 1st Earl of Bradford and Sir Henry Chamberlain, 1st Baronet.

The fourth of six children, she enjoyed the outdoors as a child, and when asked about her future, she claimed, "A vet was my reply ever and always."

She began training as a nurse at London Hospital, but gave it up to become a veterinary surgeon. Following the death of her father in 1878, Major Shallcross Fitzherbert Widdington, her guardian, encouraged her to pursue an education and funded her attendance at William Williams's New Veterinary College in Edinburgh.

As her mother was acting as a Woman of the Bedchamber to Queen Victoria, Cust enrolled under the name A.I. Custance to avoid any embarrassment for her family. She completed her veterinary studies in 1897, winning the gold medal for zoology, but was denied permission to sit the final examination and consequently was not admitted as a member of the Royal College of Veterinary Surgeons (RCVS).[6] She challenged this in the Court of Session, seeking to overturn the decision of the RCVS examination committee, but the court declined to rule on the basis that the RCVS was not domiciled in Scotland. She refrained from legal action in London, perhaps due to the potential cost or potential social embarrassment to her mother.

Career

Cust nevertheless went on to practise in County Roscommon with William Augustine Byrne MRCVS, having received a personal recommendation from William Williams, and lived at Castlestrange House (location of the Castlestrange stone, in the Suck Valley) near Athleague. The Oxford Dictionary of National Biography states that there is reason to believe that Byrne and Cust "lived as man and wife and that she had two daughters, born in Scotland, who were later adopted". In 1904, she was briefly engaged to Bertram Widdington, the son of her former guardian, but following objections from his family regarding her career, the wedding did not go ahead.

Cust was later appointed as a veterinary inspector by Galway County Council under the Diseases of Animals Acts, an appointment that was denied by the RCVS due to her lack of professional recognition. The post was advertised again, and when Cust was again selected for the post, an agreement was reached under which she carried out the duties of the position with an amended title. Upon the death of Byrne in 1910, Cust took over the veterinary practice. She practised from Fort Lyster House near Athleague. (Both Castlestrange and Fort Lyster were later demolished.)

Upon the outbreak of the First World War in 1914, Cust left Ireland to volunteer at the front and appears to have aided in the treatment

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Article

and care of horses, working with the YMCA from a base near Abbeville. In 1917, she was appointed to an army bacteriology laboratory which was associated with a veterinary hospital. She is listed as a member of the Queen Mary's Army Auxiliary Corps from January to November 1918, and it has been suggested that it was her wartime work that aided in her acceptance into the RCVS after the war.

The Royal College of Veterinary Surgeons in London did not recognise Cust's right to practice in her own right in Britain until 1922, following the enactment of the Sex Disqualification (Removal) Act 1919. Given her years of experience, she was only asked to take the oral part of the final examination. On 21 December 1922, the president of the RCVS, Henry Sumner, personally presented Cust with her diploma, and she thus became the first woman to be awarded such a diploma.

Later life and recognition

Due to failing health, Cust only continued to practice as a veterinarian for another two years, retiring in 1924. Having sold her practice, she moved to the village of Plaitford, in the New Forest in Hampshire, England. She died of heart failure in Jamaica on 29 January 1937 whilst visiting friends. **U**

Isabelle Bruce Reid

Isabelle Bruce "Belle" Reid (21 December 1883 – 13 December 1945) was an Australian veterinarian. She was the first woman to qualify as a veterinarian in Australia and established a practice in Balwyn, Victoria.

Early life

Reid was born in 1883 in Melbourne, Victoria, and was the youngest of ten children. Her mother was Mary Jane Clancy, and her father, Robert Reid, born in Scotland, was a wealthy merchant and Victorian politician. She grew up in the Melbourne suburb of Balwyn, where she developed an interest in the care of animals, especially horses, and attended school at Genazzano FCJ College. She originally aspired to pursue a career in singing, but her parents considered such a pursuit inappropriate for a woman of her class, so Reid enrolled in the Melbourne Veterinary College instead in 1902.

Veterinary career

Reid graduated from the Melbourne Veterinary College in 1906—she was one of five students who sat the final-year examinations and was the only one to pass. She was registered with the Veterinary Board of Victoria the same year and was considered the first woman in the world to formally qualify as a veterinary surgeon. She was the first Australian woman to train as a veterinarian, and one of only three women to receive a veterinary education in Australia in the first 50 years after the Victorian Veterinary Register was established in 1888.

Following her graduation, Reid established a private veterinary practice, the Balwyn Veterinary Surgery, near her childhood home in the house where the Reid family's chauffeur had once lived. She continued to run the practice until her retirement in 1923.

Later life

Reid moved from Balwyn to Bundoora, another suburb of Melbourne, in 1925. She lived on a farm that she called "Blossom Park" on an estate which she and her sister had purchased in 1911. There she bred horses, cattle and dogs, and constructed stables and a dairy to accommodate them. She regularly exhibited her animals at shows run by the Royal Agricultural Society of Victoria. She died from coronary thrombosis on 13 December 1945 in Canterbury, Victoria.

Legacy

In 1996, Reid was inducted into the National Pioneer Women's Hall of Fame in Alice Springs.[1] In 2006, the centenary of her registration as a veterinary practitioner, the University of Melbourne Faculty of Veterinary and Agricultural Sciences—which succeeded the Melbourne Veterinary College in 1908—awarded the Belle Bruce Reid Medal to 100 notable women veterinarians. She was inducted onto the Victorian Honour Roll of Women in 2007. **U**



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Women veterinarians discuss their mentors, inspiring the next generation

Veterinarians talk about their sources of support and sisterhood during Women's History Month

By Coco Lederhouse, March 25, 2024

<https://www.avma.org/news/women-veterinarians-discuss-their-mentors-inspiring-next-generation>



In honor of Women's History Month this March, AVMA News spoke to three women veterinarians from across the profession about the value of mentorship, how they overcame challenges and embraced their strengths, and what advice they would give to girls interested in veterinary medicine. The answers have been lightly edited for clarity and brevity.

Dr. Rena Carlson, AVMA president, responds:



Q. Tell me about your job.

A: I have been in clinical practice pretty much my whole career. I started at a practice in Pocatello, Idaho. I worked at that practice as a receptionist and came back as a veterinarian. Within a couple of years, I was able to buy in and was the owner for 25 years.

I served in the AVMA House of Delegates for 10 years, then on the AVMA Board of Directors. I was fortunate enough to be elected as AVMA president for 2023-24. I also work with new graduates through National Veterinary Associates as a general practice mentor.

Q. Have you always wanted to be a veterinarian?

A: You know, I'm actually one of the minorities in our profession in that regard. I didn't start thinking about going to veterinary school until I was in my third year of undergrad. I had a lot of influence as a child growing up on a farm—we had all kinds of animals. But it really wasn't something I thought of as a career until later.

I've had a few people tell me that I was "just a farm kid." That there wasn't a good chance I was going to get into veterinary school. So I said, "I'll show you!"

Q. Who has inspired you? Any specific women in the profession?

A: I would point to the owners of the practice that I bought, Drs. Linda Merry and Jeff Anderson, who were very involved in organized veterinary medicine. Dr. Merry was president of the American Animal Hospital Association during my first year out of veterinary school.

I look at the number of women who were presidents of the Idaho VMA who I was able to work with, and then getting involved with AVMA. I think there were 17 women at the time in the entire House of Delegates. And so again, I looked up to those women for help with leadership, how they got to be where they were, and how I could be more like them.

Becoming a veterinarian, I didn't think about being a woman. All of the veterinarians who I met as a kid growing up were all men. I had never met a woman veterinarian until I started working at Alpine Animal Hospital in Pocatello. I just thought, if there's something I want to do, I'm going to do it.

Many of my mentors in my early career were men. I had lots of colleagues and friends in the profession that really encouraged me and helped me along the way.

Q. What does mentorship mean to you?

A: I'm continuing to develop my skills as a mentor. I feel like there's so much to mentorship. It's helping transfer knowledge. It's coaching, encouraging, and challenging mentees to do new things.

There are so many layers, and there are also so many different kinds of mentors. Mentorship is a very complex component of our profession.

The new graduates who I get to work with inspire me the most. They're smart. They're enthusiastic. They want to do the right thing. They want to develop as professionals and that makes me want to work harder as well.

Q. What are your strengths and challenges at this time in your career?

A: Well, as a mentor, I think one of the biggest things I've learned is to just listen. The only way I can be the best help is to truly understand where someone else is coming from. I can come in with all my ideas and all my experience, but if I don't meet someone where they're at, I'm not going to be much help.

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Q. Do you have any advice for young women interested in veterinary medicine? Or is there anything you wish you knew before pursuing the career?

A: When I look back on my career, there are very few things that I would change. The biggest thing is that I wish I learned some of my lessons a little faster.

I also wish I had looked into some of the leadership training opportunities earlier to understand how much control I had. Looking at my attitude and how I could influence the (practice) culture every day, and how I can influence our delivery of care, you know, just with my attitude.

In my mentorship, I'm hoping to impart some of that knowledge a little earlier. My advice is, if you're passionate about veterinary medicine, it's an amazing career. I don't know where else you get to go to work every day and truly love what you do. **U**

Dr. Joya Griffin, veterinary dermatologist and star of National Geographic Wild's "Pop Goes the Vet With Dr. Joya" responds:



*Dr. Joya Griffin
(courtesy of
Joya Griffin)*

Q. Tell me about your job.

A: I am a boarded veterinary dermatologist in Louisville, Kentucky, and I've been practicing with Animal Dermatology Clinic since 2010.

I really enjoy my job. I've been fortunate to only have one job, which I think is somewhat rare among veterinarians.

Q. When did you want to become a veterinarian?

A: I mean, really forever. I think I was probably about 6 or 7 and, as a little girl, would take in strays, so we had a bunch of cats. I also had a snapping turtle. My dad found it on the side of the road and it ended up living in our bathtub upstairs.

I felt like I had a special connection with animals. I wanted to be like Dr. Dolittle where you speak to them, so that was my idea as a kid and I just kind of stuck with it.

Q. Who has inspired you?

A: My parents supported me with whatever I wanted to do. They pushed me academically and gave me experiences that they thought would help me get to where I needed to be.

I was extra fortunate because I lived across the street from a veterinarian, Dr. Walter Belue, who worked out of his house. He worked as an eighth-grade science teacher during the day.

Then, on the evenings and weekends, he worked as a veterinarian in his own clinic. He was inspirational to me because it was my first look at a veterinarian. He ended up being my science teacher and gave me a little extra time and perspective when he was teaching me, because he knew I was interested in being a veterinarian.

There was another veterinarian in the city, Dr. Bell. He was a Black veterinarian, and he gave me old textbooks to learn from that I took with me all the way to veterinary school.

Q. Who were your mentors?

A: As I went further on in my career, I spent a lot of time with the two dermatology chiefs at Cornell: Drs. Bill Miller and Danny Scott.

They were great and gave me extra work to do. So, I ended up doing some dermatology research while I was in veterinary school that I went on to present as my senior seminar and published as a paper.

They helped me pad my resume in my application when I was going to go forward with applying for residency, which was really helpful. My mentors never put any limitations on me, and I never felt like I was in an 'old boys club.'

Q. What was your exposure to women veterinarians when you were growing up?

A: I didn't see women veterinarians when I was young. In veterinary school, I ended up working at a multi-doctor general practice as a veterinary technician, and it was about 50% female doctors. They were great. They were all young, willing to teach me things, and take me under their wing. I felt really supported in that clinic.

Q. What are your strengths and challenges at this time in your career?

A: You have to be able to communicate and build a rapport with humans to be able to best treat pets. I have learned these soft skills over the years. Working with different types of people and learning those kinds of social skills helps in an examination room quite a bit.

I think one of the challenges that I faced early on as the newest person in the practice was trying to fit in with more senior doctors. That can be an intimidating spot when you're young and trying to establish yourself.

It's a bit more challenging if you have a counterpart that may not be as accepting or supportive of you as they should be. When I first started in this practice, I worked with a male veterinarian who didn't seem supportive of women in general.

It made me feel awful and self-conscious. Is he acting this way because I'm a woman or I'm not doing something right? Is it because I'm African American? It turned out his behavior had nothing to do with me.

All the women in the clinic had this shared experience. It was challenging in the beginning, and I think when you're young it can be hard to navigate when and how to speak up. Sometimes as women, we've been taught not to speak up as much.

Q. Who have you mentored and what does that mean?

A: I have kids as young as 3 years old come by the clinic to learn about veterinary medicine. Teens in high school and college students have shadowed and spent time with us in the summer. It's been great to be a mentor for them. At this point in my career, it's time for me to start helping the next generation in whatever way I can.

Q. What advice do you want to pass along to young women interested in veterinary medicine?

A: I've had so many moms and educators reach out and say, 'You've really inspired our little ones to want to explore veterinary medicine.'

To think that I have some foothold in changing the face of veterinary medicine just by being a live example is amazing. Little girls see me and identify with that. I think it's great for them to see a woman in veterinary medicine because all my mentors were men, but how much more inspiring would it have been if I had seen a woman doing that? **U**

Dr. Marie Bucko, chief of staff for the chief veterinary officer at the U.S. Department of Agriculture, responds:



Q. Tell me about your job.

A: It is a fun and challenging role that requires me to provide strategic direction on policy and program developments, connect the dots for executive leadership, and build relationships both internally to the federal government and externally with our valuable industry stakeholders. It's exhilarating.

Q. When did you want to become a veterinarian?

A: Growing up on a farm in Wisconsin laid the foundation and inspiration to pursue veterinary medicine. I loved whenever our farm veterinarian came over to help our horses or during lambing and calving season and stitching up anything that needed it. The National FFA Organization and 4-H propelled me into opportunities that opened up the avenues for veterinarians working in policy, which was incredibly life changing.

Q. Who has inspired you? Any specific women in the profession?

A: Through every season in my life, women have shaped and impacted my personal and professional worlds. From my great-grandmother to my mother to my daughter to the women I've had the honor of working with and my best friends—there is an underlying theme among all of them. They are women who strike a balance of strength, resilience, empathy, unconditional love for those around them, and honor their values. I'm so blessed to have them in my life, and they continue to inspire me each day. I can only hope to be half the person these women are. They are truly the best.

Q. What are your strengths and challenges at this time in your career?

A: Strengths evolve and grow. Right now, I'd say it includes building relationships and bringing them to the table to accomplish a big-picture goal.

A challenge includes time management. There's so much to be done at work and then so much to experience and enjoy in my personal life—there's just not enough time in the day. When someone invents a machine to create more time, please let me know. I'll be the first to invest.

Q. What advice do you want to pass along to young women interested in veterinary medicine?

A: Our profession is so dynamic and it's proving to be more and more each year. Look at all of the avenues you can take: policy development, clinical practice, research, teaching, business management, Fortune 500 companies, etc. Change does not happen by following the same path. Change happens when we each pave our own paths and push the boundaries of the trail. Get uncomfortable, get dirty, help those next to you to do the same, and create the change you want to see. **U**

Ministerial Appeal Committee Findings: V-Tech Secures Continued Access to Life-Saving Trilostane for Pets

Johannesburg, South Africa – The South African veterinary community can now breathe a collective sigh of relief, thanks to the unwavering efforts of V-Tech. Following pivotal findings by a Ministerial Appeal Committee in V-Tech's favour, the continued access to Trilostane - the cornerstone treatment for Cushing's disease - is now assured. This significant outcome, achieved by V-Tech's dedicated advocacy, confirms their right to compound and sell Trilostane formulations, bringing much-needed clarity and stability for managing hyperadrenocorticism mainly in canine patients, but also in feline and equine cases.

Cushing's disease, a debilitating condition stemming from an overactive adrenal gland, requires consistent management with Trilostane to alleviate symptoms and enable affected animals to maintain a good quality of life. While there was a period of concern regarding Trilostane availability, V-Tech's commitment to the veterinary sector has led to these recent findings by the Ministerial Appeal Committee, which provide a clear path forward for its continued provision.

The dispute with SAHPRA emanated from an embargo placed by SAHPRA on a consignment of Trilostane imported by V-Tech in 2023. This consignment was subsequently released following a Court application brought by V-Tech and a subsequent settlement at the time, releasing the batch to V-Tech.

However, a second shipment of Trilostane imported by V-Tech in 2024, SAHPRA instructed that it may not be used to produce the critical Cushing's disease medication supplied by V-Tech to veterinarians. After V-Tech approached the Minister of Health, Dr. Motshaledi, to intervene in the deadlock, a Ministerial Appeal Committee was appointed to review the situation and confirmed on 18 July 2025 that V-Tech has the explicit right to prepare and sell Trilostane.

"These findings represent a significant step forward for animal welfare and the veterinary profession," stated Dr. Johan Oosthuysen, CEO of V-Tech. "It directly affirms V-Tech's ability to provide essential, life-saving medication to our patients."

However, we remain committed to working with SAHPRA to find solutions for the unique circumstances the veterinary community find themselves in. We aim to ensure that vets can continue to offer their animal patients world-class care."

Vets in South Africa face unique challenges in treating diverse animal species, which often differ from human medical care.

These veterinarians can now confidently continue to prescribe Trilostane, supplied by V-Tech, knowing that its availability is secured, allowing for uninterrupted management of Cushing's disease in their patients. **V**

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Vet Ordered to Compensate Yorkie Owner for 'Emotional Trauma'

By Isabel Venter: Maroela Media (maroelamedia.co.za)

The High Court has ordered a veterinary practice in Pretoria to compensate the owner of a Yorkie for the emotional distress he suffered after the dog was severely injured during an operation.

Judge Aubrey Ledwaba delivered his ruling last Friday.

Maroela Media previously reported on the owner of Triesie turning to the High Court to claim damages from the Pierre van Ryneveld Veterinary Practice.

According to Triesie's owners, she is a purebred dog and was supposed to be entered into dog shows, but this could not happen due to the failed operation.

Riaan Nortjé, Triesie's owner, welcomed Ledwaba's ruling, saying he had fulfilled his promise to fight for Triesie's rights.

In his sworn statement, Nortjé explained that he took her to the practice on 27 February 2019 for a cruciate ligament injury. She was operated on the following day.

According to Nortjé, the vet told him that Triesie had been placed on a wrapped hot water bottle after being sedated for the ligament repair. The hot water bottle allegedly caused burns on her left side, which later became septic.

The practice, in its affidavits (also obtained by Maroela Media), denied this version of events.

The practice pointed out in its statement to the court that, according to clinical notes, Triesie was only brought back two weeks after the surgery, on 14 March, due to experiencing pain.

They argued that it would have been impossible for Triesie to have sustained the injuries during the operation, as she would have shown discomfort within two days if the burns had occurred during the procedure.

The practice also stated that a follow-up took place on 3 March – shortly after the operation – and again telephonically on 8 March to check in on Triesie. "No discomfort was reported at the time. Triesie's stitches were removed on 11 March, and no mention of pain was made then either," the statement read.

They added that the fact they treated Triesie free of charge afterwards should not be seen as an admission of guilt. They did so purely because she was in severe pain and they wanted to help her recover.

Nortjé testified before Judge Ledwaba that he contacted the practice the day after the surgery because Triesie began to hyperventilate while sitting on his lap. This call, however, was not recorded in Triesie's clinical notes, and the vet argued it should therefore not be admissible in court.

Ledwaba disagreed and found that just because Nortjé's version was not supported by the notes, it did not mean it held no weight.

He thus concluded that Nortjé had succeeded in proving that Triesie's injuries were caused by her right side resting on a hot water bottle during surgery.

"Nortjé testified with tears in his eyes about how the surgery and wounds emotionally drained him. I do not believe he was pretending. The practice did not dispute his claim that Triesie was like a child to him."

In addition to the emotional trauma, Nortjé claimed he suffered significant financial loss due to the income he could have earned from Triesie as a show dog. According to the details of his claim, Nortjé sought damages totalling R400,263.35 from the practice, including the R4,955.86 surgery bill, additional expenses for Triesie's treatment, R100,000 for the income lost over the next three years, and R200,000 for the emotional trauma and shock experienced by both himself and his dog.

Ledwaba awarded only the claims for emotional trauma and Triesie's additional treatment.


He found that there was insufficient evidence to support the other claims. "It is unclear to what extent Triesie was disfigured and how exactly this contributed to the loss of income and sponsorships," the judgment read.

Nortjé's claim for the surgery costs was also dismissed. According to Ledwaba, the practice provided a service that required medication to be administered, and therefore, they were entitled to payment.

No cost order was made.

Dr. Ampie Viljoen, who has run the Pierre van Ryneveld practice for more than 30 years, said the full judgment would be reviewed thoroughly before a final decision is made on whether to appeal.

"In all my years, this is the first claim against us, and the Veterinary Council didn't even make a finding of negligence. Yet we were taken straight to court.

We always act in the best interest of the animals brought to us for treatment," Viljoen said. 

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Women in Practice: A Glimpse into V-Tech's Leading Ladies



In celebration of Women's Month in August, V-Tech is proud to spotlight some of the incredible women who are making a significant impact in the animal health industry. These dedicated professionals, from various departments within V-Tech, share their journeys, insights, and what drives their passion for improving animal well-being.

Helia Vorster – R&D Manager

Helia Vorster, the R&D Manager at V-Tech, oversees the daily operations of the research and development department, makes critical decisions, and assists the product development officer. She qualified from Onderstepoort as a small animal veterinary nurse. Her journey at V-Tech started as a link between pharmacists and veterinarians, where she developed an interest in compound development and subsequently earned a BTech in Pharmaceutical Sciences.

When asked about her passion, Helia expressed a love for making a difference for all species. She finds production animals particularly rewarding, knowing she contributes to the safety and disease-free nature of the food consumed by end-users. Similarly, making a difference for treasured small pets, keeping them healthy, and improving their quality of life for both the pet and owner is also deeply fulfilling.

Helia has faced barriers to leadership but emphasises the importance of knowing what you stand for and why.

Her approach involves understanding other parties' reasoning, thinking clearly to resolve issues, and stepping back when emotions run high and revisiting the discussion later.

Prof. David Gerber has been a pivotal mentor in her professional and personal life, shaping her into the person she is today.

For Helia, compassion is the most important tool in animal health, stating that without it, even thousands of platforms and resources would be worthless.

Dr. Marne Theron - Technical Sales Executive

Dr. Marne Theron's passion for animal health is rooted in a deep love for animals and a strong interest in science. She finds immense fulfilment in roles that directly contribute to animal well-being, whether in veterinary medicine, pharmaceutical sales, research and development, or animal welfare. Dr Theron holds a Bachelor of Veterinary Science degree and worked as a small animal practitioner for two and a half years before moving into the pharmaceutical industry, focusing on livestock medicine.

Her experience as a woman in the animal health field has been both incredibly rewarding and deeply painful. The reward comes from knowing she makes a difference, however small or large, in healing lifelong companions or contributing to food and human health safety. The pain stems from giving pieces of herself without recognition, and the heavy weight of guilt and responsibilities. Dr. Theron advises embracing change, as it is a constant guarantee in life, and understanding that you are never stuck in a situation.

For Dr. Theron, leadership in animal care means guiding others with compassion, knowledge, and integrity, setting a tone and example for others to follow. Given the emotionally draining and labour-intensive nature of the career with little work-life balance, leaders need to exemplify resilience, balance, and purpose.

Leaders must also prioritise animal welfare, human well-being, and the advancement of the profession in every decision. Her advice to women entering the field, especially those looking to start a family or business, is to define success on their own terms and to remember to put family first.

Jhanelle De Vries - Production Manager

Jhanelle De Vries was inspired to pursue a career in animal health by her deep love for animals and a passion for the science behind medicine. She finds that compounding offers a perfect balance, allowing her to apply problem-solving skills and pharmaceutical expertise to make a real impact on animal health.

Jhanelle holds a B.Pharm degree and began her career in retail pharmacy before joining V-Tech just over two years ago as a dispensary pharmacist. She quickly transitioned to production pharmacist and now proudly serves as Production Manager.

As a production manager, Jhanelle plays a crucial role in improving animal health by ensuring the safe and efficient compounding of veterinary medicine and optimising the production line to ensure medicine availability for veterinary practices. A key mindset that has contributed to her career growth is a constant openness to learning and consistently seeking opportunities for both professional and personal improvement.

She manages her work-life balance through planning, clear boundaries, and self-awareness. Jhanelle also emphasises the importance of mental health, finding that staying physically active and spending time outdoors significantly contributes to maintaining a positive outlook.

Bronwyn Thaver - Quality Officer

As a Quality Officer in the veterinary pharmaceutical industry, Bronwyn Thaver focuses on maintaining compliance, investigating product complaints and deviations, and continually adapting quality systems to meet evolving standards. With a BSc Honours degree in Microbiology and Biotechnology and over 10 years of experience in quality management, she brings both technical expertise and practical insight to her work. Bronwyn also helps oversee Occupational Health & Safety (OHS), recognising that a safe team environment supports better products and outcomes. While not on the frontlines with animals, she plays a crucial part in ensuring every product released meets V-Tech's high standards.

Bronwyn contributes to improving animal health by ensuring the integrity of veterinary medicines through strict quality and regulatory systems. Her work ensures safe, effective treatments - helping animals with every product released. A balance of confidence and resilience has helped her grow in her career; she has learned to trust her voice and show up with purpose, especially in a technical environment. Resilience has enabled her to adapt, grow through challenges, and continue improving even when things get tough. Bronwyn is inspired by women who protect animals and the planet, citing Dr. Jane Goodall for proving that science and compassion must go hand in hand, and Lesley Rochat, the "Shark Warrior," for her fearless advocacy for marine life.

Tasmiya Abdulla - Responsible Pharmacist

Tasmiya Abdulla is the Responsible Pharmacist at V-Tech Prescriptions Pharmacy. She obtained her Bachelor of Pharmacy (Honours) degree in 2017 and completed her internship at Charlotte Maxeke Johannesburg Academic Hospital, followed by community service at Carletonville Hospital. Tasmiya joined V-Tech in 2020 as a dispensing pharmacist, was promoted to compounding pharmacist in 2021, and became the Responsible Pharmacist in 2022.

Her daily responsibilities include ensuring the pharmacy complies with various laws and regulations, including the Pharmacy Act 53 of 1974, Medicines and Related Substances Act 101 of 1965, Good Pharmacy Practice guidelines, ISO 9001, and ISO 13485 standards. Tasmiya directly contributes to improving animal health by ensuring all medication received by patients is safe, effective, and of the highest quality, thereby ensuring optimal therapeutic outcomes and a better quality of life. She credits her continued success to the unwavering support of her family and the spirit of teamwork and collaboration demonstrated by her colleagues.

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SAVA AWARDS

2024 AWARDS

Soga Medal - 2024

Awarded in recognition of exceptional community service rendered by a veterinarian registered with the SAVC or a veterinary student enrolled at a South African veterinary faculty. In addition to veterinary-related services, other forms of community service may be considered to support the nomination.

DR MARIJKE HENTON



Dr Marijke Henton receiving her Soga Award with Dr Ziyanda Majokweni and Prof Gareth Bath

Soon after graduating BVSc at Onderstepoort in 1968, Marijke found her calling in diagnostic microbiology in 1970 when she joined the Bacteriology Section of the OVI. Here she faced a myriad of diagnostic problems emanating from all over South Africa, testing and expanding her skills and knowledge on a wide spectrum of organisms. As a key member of diagnostic teams, Dr Henton was able to help unravel a wide range of diseases and deaths in all domestic species, as well as several exotic animals. The organisms ranged from aerobes, anaerobes, mycoplasmas, protozoa to mycotoxins, each demanding different diagnostic techniques and expertise for successful and reliable identification of the pathogen.

The excellent services rendered to the full array of animal industries and interest groups made Marijke Henton a byword for outstanding contributions to the communities that benefitted from her expertise over her 32 years of service at OVI, where she eventually served as Head of the Section from 1997 until her resignation in 2002.

Contributions continued with IDEXX (2002 to 2016) and to date with Vetdiagnostix. Apart from diagnostic microbiology, Marijke made time to assist knowledge in the veterinary community by writing 24 sections of the authoritative book Infectious Diseases of Livestock, nearly all as first or sole author. She also ensured that the Bacteriology Section was the first at OVI to become SANAS-accredited.

Her postgraduate studies culminated in the conferral of the degree M.Med.Vet (Bacteriology) in 1997, and she was registered as a Specialist with the SAVC in 2001. Her expertise has been recognised by the Registrar, Act 36 of 1947, to serve as Technical Advisor. She has been regularly invited by Veterinary Groups and Branches to deliver practical, scientific papers on a wide range of microbiological issues and is a major contributor to establishing standards for antimicrobial stewardship.

In a career that spans over half a century, Marijke Henton has rendered exceptional services to the veterinary community and is rightfully recognised as the best veterinary bacteriologist in South Africa, with an international reputation. She richly deserves the recognition of the SAVA by the conferral of the Soga Award for 2024. **U**



Boswell Award - 2024

Awarded to any member of the SAVA for eminent service rendered to the profession through the SAVA. The award may be bestowed upon more than one person in a particular year.

PROF GARETH BATH



Prof Bath receiving the Boswell award from Dr Ziyanda Majokweni

Prof Gareth Bath was active in the Eastern Cape and Karoo SAVA Branch in various capacities for 10 years from 1971 onwards and was later awarded Life Membership of the Branch.

On transfer, he joined the Natal Branch and was active in many capacities there including Chairman and was subsequently awarded Life Membership of that Branch.

From 1983 onwards he became involved in national matters as a nationally elected Federal Councillor, serving as Chair of the Advisory Committee on Ethical Matters. He served on the Legislation, VetNews, Awards Committee and later the History Committee.

He was a member of Exco for 12 years and Trustee, Vice Chair and then Chair of the Veterinary Foundation for 10 years, with a collective service in SAVA organisations of 80 years.

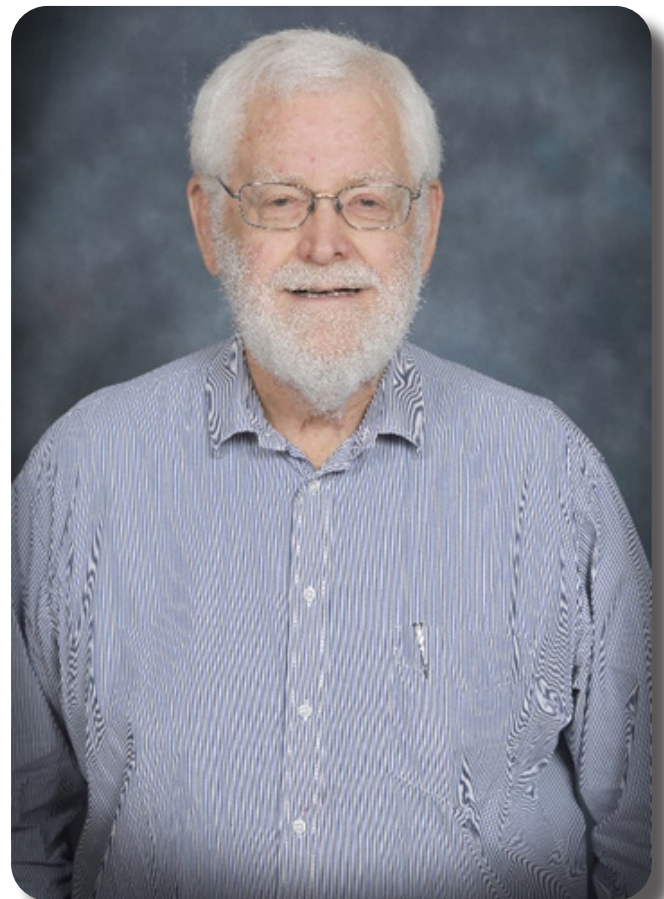
In addition, Prof Bath has made dozens of contributions to SAVA congresses at Branch, Group, national and international level, in organization and active participation.

Over the decades his contributions included weekly scanning of Government Gazettes, improvements to VetNews, SAVA policies on advertising, charitable work, after-hours services, specialization, paraveterinary services, tail and ear docking, SAVC changes, the amalgamation of the Faculties, strategic planning and many other items of concern to the SAVA.

During his term as SAVA President, he was involved in setting proper job descriptions and assessment of VetHouse staff, the creation of the Veterinary Certificates, acquisition of the Willie Neitz properties that enabled VetHouse improvements, and managing the political turbulence of those times.

He suggested and oversaw the creation of the Public Relations and History Committees and representation for black veterinarians on Fedco. Through the SAVF he piloted the funding of 4 veterinary books, and the creation of the Pet Memorial Fund as well as ring-fencing contributions to the costs of overseas experts in South Africa. Improvements have subsequently been made to all the committees on which he served.

For his consistent and valued services to the veterinary profession through the SAVA, the Boswell Award for 2024 is conferred on Prof Bath. **V**



AWARDS CONTINUE »

Gold Medal - 2024

Awarded to any person, in recognition of outstanding and sustained scientific achievement, with a major impact in the field of veterinary science in South Africa. The medal will only be awarded once to a particular person, and there will be one award per year. The award requires a very comprehensive curriculum vitae and motivation.

PROF FRED REYERS



Prof Fred Reyers receiving his SAVA Gold Medal from Dr Ziyanda Majokweni with Dr Ginelle Viviers from Virbac and Prof Gareth Bath

Following graduating BVSc in 1971, Fred Reyers worked at the Veterinary Research Laboratory in Harare from 1973 to 1978, where he started a long and distinguished career in veterinary research.

From 1979 to 2003 he was appointed to increasingly senior posts in the Department of Medicine at the Pretoria Faculty of Veterinary Science and obtained BVSc Honours, a Tertiary Education Diploma, and an MMedVet (Clinical Diagnostics) – all cum laude.

On retirement as Head of the Department, he was accorded Professor Emeritus status. His international standing is evident by his being a Visiting Professor at Cornell University and Principal Lecturer at the University of Lincoln, and he is a highly valued consultant for laboratories and private practices, both local and foreign. His publications include 101 articles in Journals and Proceedings, covering a very wide range of subjects on diseases and conditions of a great variety of wild and domestic animals.

As a member of the research teams involved, Fred has enriched his knowledge of important subjects.

Of particular note is a series of 12 articles on key aspects of canine babesiosis. Understanding the pathobiology and clinical pathology of this important, complex disease has played a major role in elevating South Africa to a leading position in understanding its many aspects and enabling clinicians to monitor cases correctly, including the best treatment decisions to be made.

In another seminal series of 6 articles on the pathobiology, clinical pathology and treatment of heartwater, the teams laid a solid foundation for understanding several aspects of this major ruminant disease.

Appreciation of Prof Reyers' expertise and knowledge is evident from the very extensive list of 177 Congress and CPD presentations he has made. In addition, he has published many less formal but science-based articles in the veterinary media. He was part of the worldwide WHO / FAO team that exposed the dangers of adding melamine to animal feeds and the international scandal that ensued.

In a career that spans half a century, Fred Reyers has made outstanding contributions to veterinary science with a major impact in South Africa. The SAVA Gold Medal 2024 is a fitting tribute. **U**

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President's Award - 2024

Awarded to any veterinarian registered with the SAVC in recognition of outstanding service to and advancement of the veterinary profession in South Africa. The award will only be bestowed once on a particular person, and there will be one award per year. The award requires a very comprehensive curriculum vitae and motivation.


PROF GARETH BATH



Prof Gareth Bath has made many significant contributions to the knowledge, improvements and practice of veterinary science in the small ruminant industries. There are over 40 disease conditions and problems that he has investigated, researched and helped to solve in a career spanning more than 5 decades and his findings and expertise have been shared with veterinarians and others in 140 scientific papers, 46 of which are in peer-reviewed journals or books, mostly as first or sole author. Additionally, he has presented 136 papers at Veterinary or other congresses, 52 of which were International, and given in 28 countries.

This attests to his standing, locally and internationally, borne out by invitations from outside Faculties to evaluate undergraduates, and postgraduates and as an assessor for promotions. Gareth is a co-editor and major contributor to 3 books and 11 chapters in other veterinary books.

In livestock welfare, he has led the LWCC for 15 years and made it the authoritative voice of consensus for livestock industries. The Red Meat and Wool Industries have used Prof Bath as a consultant/ advisor over decades, he has trained staff of many pharmaceutical firms and has contributed to 165 Farmers' Days. Internationally he inspired the creation of the International Sheep Veterinary Association and served as its first President; he represented SAVA on the Commonwealth Veterinary Association, served on the American Consortium for Small Ruminant Parasite Control, the FAO, EU, the Wellcome Trust, and IFAD, with consultancies in four countries.

As a co-creator of the internationally acclaimed FAMACHA System, and the later 'Five Point Check' and 'Big Five' developments, Gareth Bath is recognised around the world for his work in sustainable helminth control. The creation of the Veterinary History Society under his guidance has ensured that this aspect of the Profession will continue to thrive. There has been a string of innovations in his teachings: in Medicine, in Reproduction, in Nutrition, in Animal handling, in farm visits; and in evaluation of farm reports, different forms of student tests, in class debates, and a small stock prize. In recognition of his many contributions to the Veterinary Profession, the SAVA President's Award is conferred on Prof Bath. 



Prof Bath receiving the President's award from Dr Ziyanda Majokweni

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CVC Projects 2025

Bitou CVC



Dr. Bert van Reenen and his wife, Tina, are now retired from private practice but continue to provide essential primary veterinary care for the Plettenberg Bay Animal Welfare Society (PAWS). With support from SAVA-CVC, they recently acquired a vehicle canopy, allowing them to transport more cats and dogs each week from Kranshoek to town for sterilisation procedures. Dr. Bert and Tina have been at the helm of Bitou CVC for over 30 years —and their dedication remains as strong as ever.

HAWS (Hartbeespoort Animal Welfare Society)



The HAWS CVC (Community Veterinary Clinic) provides affordable veterinary care to help prevent the unnecessary suffering of pets whose owners may face financial challenges. The dedicated clinic team—Dr. Kate Hall and clinic support staff Ilka, Mari & Sam—focuses primarily on sterilisation, a vital step in reducing the number of unwanted litters and supporting overall animal welfare in our community.

We place a strong emphasis on education, promoting preventative care through vaccinations and parasite control, and encouraging responsible pet ownership. Our services are offered at reduced rates to ensure accessibility while maintaining quality care.

A key part of our mission is educating pet owners about the dangers of self-medicating animals based on social media advice or traditional folklore. Many of the conditions we treat—such as tick-borne diseases, skin issues caused by parasites, and digestive or urinary problems from improper feeding—are entirely preventable with basic care.

SAVA-CVC supported HAWS with the installation of an insulated ceiling to help regulate the building’s temperature. As a result, the clinic is now able to operate for longer hours.



John Moore CVC

John Moore Animal Welfare CVC was established in October 2017 by Dr. Helen Moore with the mission to uplift animal welfare in poor, under resourced and marginalized areas of Robertson, Nkqubela township and surrounding farming communities.

John Moore CVC offers a weekly clinic every Wednesday in the low income, coloured community. We try maintaining a continuous presence within our community and are hoping to expand our clinic to Nkqubela township, just outside Robertson where the need for welfare services is enormous. During our weekly clinic, we also put a lot of emphasis on educating pet owners about basic care of their pets and educating owners about cruelty such as tail docking and why it should never be done.




In addition to our weekly clinic, we hold regular mass sterilization days and we are passionate about education and hold regular school education visits. We are a small team with a BIG heart and are passionate about improving the lives of the animals in our community.

SAVA-CVC contributed to purchasing price of the small vehicle used for their CVC work.

Funda Nenja

The Funda Nenja Veterinary Outreach Program aims to reach as many rural dogs and cats as possible through weekly mobile clinics. These clinics are being led by experienced veterinarians, Dr. Daniela Hughes and Dr. Lee Pachonick, supported by one or two assistants. Each week, the team focuses on a different area, and after just one or two visits, word quickly spreads within the communities about the services being offered.

The outreach services include rabies and 5-in-1 vaccinations, tick and flea treatments, deworming, and monthly sterilisation procedures. Dr. Lee, a registered mobile veterinarian, is using her own mobile clinic vehicle to deliver these essential services.

SAVA-CVC purchased portable tables and dog crush crates for their activities. 



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Company
Registration No:
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SAVA Community Veterinary Clinics

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Company
Registration No:
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Cheque Account:**
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Branch: Brooklyn
(632005)
Swift Code:
ABSA ZAJJ

Vetnews

To read the monthly publication that keeps you up to date with member news, member activities and current topics in the world of veterinary research and events, go to "Members Menu" and click on the VetNews Tab.



To complete the CPD articles in the VetNews magazine, go to "Members Menu". Click on the VETNEWS tab - all back issues, CPD articles and relevant quizzes are available [HERE](#). Now you can answer the questions and earn your CPD points.

Exciting News!

SAVA will be hosting **10 x CPD webinars** in 2025.

- **FREE** to SAVA members
- **Interesting topics**
- **The best speakers**

These webinars will be designed to equip you with the latest knowledge and skills to enhance your personal and professional growth



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Its content includes reviews on various topics, clinical and non-clinical articles, research articles and short communications as well as case reports.

The JSAVA is published in digital format and is available free (open access).

Members of SAVA can publish in the JSAVA free of charge (non-members to pay a fee).

For more information, please go to www.jsava.co.za

Journal of the South African Veterinary Association



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SAVA's event & webinar company, SAVETCON offers discounts to SAVA members.

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South African Veterinary Foundation

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For more information, please contact Ashton Chetty on: Ashton.chetty@vodacom.co.za or 082 858 9909.

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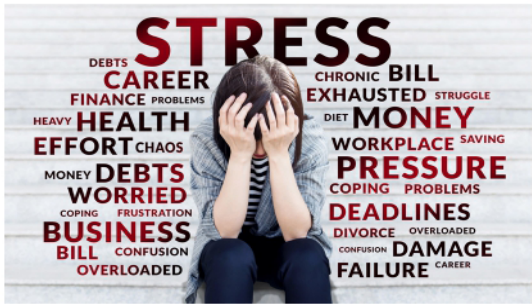
LocumBaseVETS full access subscription reduced from R299/m to R249/m with a 10% facilitation cost. (If a SAVA member does not opt-in for renewal, the retail pricing will stay at a 20% facilitation fee.) Full access pay-as-you-book fees, reduced from 20% to a 15% facilitation fee. Permanent placements sourced with LocumBaseVETS will have the 15% fee reduced to a 7% fee of the total annual salary.



Contact us on hello@locumbase.com or visit www.locumbasevets.com

Veterinary Mental Health Wellness Programme

The SAVA stress hotline, where colleagues make themselves available to talk to members in need through difficult situations or to refer them for professional help. For assistance, please contact our hotline on **0800 21 21 21**.



Members can also contact one of our mentors:

Ken Pettey: 082 882 7356, ken.pettey@gmail.com

Aileen Pypers: 072 599 8737, aileen.vet@gmail.com

Willem Schultheiss: 082 323 7019, Willem.schultheiss@ceva.com

Mike Lowry: 084 581 2624, mikelowry@sai.co.za

Tod Collins: 083 350 1662, tcollins@isat.co.za

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SAVA Vaccination Booklets: For more information or to place an order, please contact Debbie Breeze on debbie@sava.co.za



For more information on the purchases of name badges and books contact Sonja van Rooyen on assistant@sava.co.za



WhatsApp Communication Platform



Join our community and stay up to date with important topics in the veterinary industry and relevant matters as they arise.

SAVA WhatsApp Number: 081 849 6088

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Community Veterinary Clinics



SAVA-CVC offers support to practices that offer CVCs in the form of central fundraising, donations of stock as well as very low cost short dated veterinary supplies.

For more information, please email Claudia Cloete on: cvcmanager@sava.co.za

Have you joined yet?

*Our new WhatsApp Communication Platform is now active!
Stay updated on member news and important topics
in the veterinary industry.*



Joining the Community: A Step-by-Step Guide

Prerequisites:

- Ensure you have WhatsApp installed on your device.
- Please add/save SAVA's WhatsApp number to your contacts: 081 849 6088.
- To join, you will need an invitation link or an invite from a community admin or an existing SAVA member.

Joining via an Invitation Link:

1. Obtain the invitation link from a SAVA member or community admin.
2. Click the link, which will open WhatsApp and prompt you to JOIN.
3. Tap "Join" to confirm your membership.

Tips for a Smooth Experience:

- Use the latest version of WhatsApp, update when needed
- Ensure a stable internet connection
- Be respectful and follow the community guidelines

Did not receive the link invite? Are you encountering other issues?

Please contact Sonja van Rooyen at +27 (0) 12 346 1150 or at assistant@sava.co.za

We look forward
to connecting with
our members on
this community
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Support:

If you have any questions or need assistance, please contact
Sonja van Rooyen at assistant@sava.co.za on 012 346 1150

Thank you for your continued commitment to excellence in veterinary care.
We look forward to supporting your ongoing professional development.

In Memoriam

Bruce Harold Fivaz : 1946 - 2025

Bruce was born in, the then, Salisbury, Rhodesia, to parents Harold Fivaz (1916-1999) and Ethel nee Chimowitz (1921-1996) and he had two sisters, Sue (now Kennedy) and Debbie (now Hay). He attended Avondale Junior School and Churchill Boys High, and after A Levels in 1964, proceeded to the University of Natal in Pietermaritzburg before being accepted for the BVSc degree at Onderstepoort from 1966-1969. Following graduation, he served as Government Veterinary Officer at Rusape, where he was highly regarded by the farming community, before moving to the Diagnostics Section of the Central Veterinary Laboratory in (then) Salisbury, followed by a spell in private practice with Crispian Trace in Highlands. He was awarded a Master of Science degree by the University of Birmingham (UK) in 1979 and a Doctorate in Philosophy by the Faculty of Science, University of Zimbabwe in 1985.

In 1983, Bruce moved to a small animal private practice with Lawson Cairns in Hillcrest in Natal, South Africa and in 1988, he joined the Tick Research Unit at Rhodes University in Grahamstown, where he became Head and Professor until 1993. His research focus was on the host resistance to ticks in ruminants and immunological responses to ticks, but included the first report of Lyme Disease in South Africa. His tick research culminated in his senior authorship of the book "Tick Vector Biology: Medical and Veterinary Aspects", 193 pages and published in 1992. His research was recognised by the conferral of the SAVA's Research Award in 1992. He published 37 scientific articles, of which 28 were in peer-reviewed, accredited journals. Bruce Fivaz was a multi-talented man who could turn his hand successfully to many endeavours – private practice, companion animals, livestock, wildlife, diagnostics, research and pharmaceuticals. He set up an ostrich farming venture on the Dawson family farm and was the consultant vet for the Malilangwe Conservancy, where he was also involved in breeding buffalo. He was appointed as Veterinary Consultant to Pfizer in Zimbabwe to advise on the company's products and their use, and later consulted for a veterinary product supply company, Fivet.



Photo: Facebook
Mdala Trust

Bruce was also an avid sportsman, playing rugby for the Onderstepoort team in the UP Hostel League, and later participated in long-distance running events, including two Comrades Marathons. Long-distance cycling was his favourite sport, and he took part in numerous cycling events like the Cape Argus. The most epic of these marathons was cycling from Harare to Cape Town to raise funds for destitute pensioners in Zimbabwe. He was always quick to help those in need, and many attest to his kindness, generosity and consideration towards others.

Bruce was the devoted husband of Jane Dawson, whom he married in Rhodesia in 1975. They had two daughters, Nicola, 'Nikki' (now Crouch), and Angela, 'Ang' (now Dales). Bruce was always very supportive of his family and proud of his daughters' progress through life. He will be sadly missed but fondly remembered by those who knew him and whose lives he touched.

The veterinary profession salutes our colleague and friend for his many contributions over the years. **V**

Gareth Bath



We honour and remember the contribution made by our colleagues who recently passed away.

**Dr Paul Bartels
Dr Clive Peter Marwick**

We honour their contribution to our profession and society in general and pray that their families and loved ones will find the strength to carry them through this time of bereavement.

Navigating Professional Conduct and Ethics: A Focus on the Unique Challenges Faced by Women in Veterinary Practice

Trudie Prinsloo (Legalvet Services)



This article is intended to provide information and educate veterinarians on relevant aspects of the law. It is not intended as personal legal advice. SAVV is not responsible or liable for any advice or other information provided herein.

Every day in veterinary practice tests our resilience, our knowledge, and our compassion. As South African vets, we navigate a demanding landscape of complex cases, emotional client interactions, and the relentless pursuit of animal welfare. What's increasingly clear, however, is the evolving face of our profession, with a growing number of women stepping into leadership roles, practice ownership, and every facet of veterinary care. While the core principles of our profession remain steadfast, the journey for women in practice sometimes comes with its own distinct set of challenges.

This month, as we reflect on "Women in Practice," it's timely to consider how the SAVC Code of Conduct addresses the unique experiences of female veterinarians. Although the ethical and professional standards set out by the SAVC apply equally to all registered veterinarians, regardless of gender, certain situations can manifest differently or affect women differently. Understanding these nuances helps to create greater awareness, empathy, and resilience within our entire profession.

Understanding the SAVC Code of Conduct

The SAVC Code of Conduct is designed to serve as our compass, guiding the decisions and actions we take. It outlines our fundamental responsibilities: to uphold the highest standards of professionalism, to prioritise animal welfare, to act with integrity and honesty, and to provide competent, compassionate care to our patients and their owners. These principles are non-negotiable.

The Code demands that we maintain professional boundaries, avoid conflicts of interest, ensure clear communication with clients, and respect our colleagues. The framework is also designed to protect the public, our patients, and the integrity of the veterinary profession itself. However, applying these universal principles in the daily realities of practice often means navigating complex human interactions and workplace dynamics. For female veterinarians and other female para-veterinary professionals, this often presents a unique set of considerations.

Unique Challenges and Ethical Considerations for Women in Practice

While all vets face hurdles, the experiences of women in practice often require additional challenges and considerations while upholding professional conduct.

Client Interactions and Communication

We have all encountered difficult or disrespectful clients. For women veterinarians, these interactions can, unfortunately, sometimes include subtle or overt gender bias, dismissiveness, or even outright harassment – *perhaps a client questioning your diagnosis and asking to speak to "the male vet," or making an inappropriate comment.* Ethically and legally, we are obliged to maintain a professional demeanour, but knowing how to effectively de-escalate situations and set firm professional boundaries without compromising your safety or standing is crucial. It is also about ensuring your expert advice is heard and respected, particularly when discussing sensitive issues like financial constraints, prognosis, or euthanasia, where clients might, perhaps unconsciously, question a female vet's authority. Documenting such incidents meticulously can be vital if formal action becomes necessary.

Workplace Dynamics and Harassment

The veterinary profession is not immune to workplace harassment, be it sexual, gender-based, or general bullying. The SAVC Code implicitly demands a respectful and professional working environment, and our labour laws explicitly protect against such behaviours. For women, recognising and addressing these issues promptly is not just a personal matter but an ethical obligation to maintain the integrity of the profession. This extends to navigating power dynamics, where unconscious bias might influence interactions with male colleagues, senior partners, or staff. Fostering a culture where open communication is encouraged and where support networks for reporting concerns are clear and accessible is essential for ethical leadership.

Balancing Professional and Personal Life

The increasing number of women in veterinary medicine also brings into sharper focus the challenges of balancing professional obligations with personal and family responsibilities. Take maternity leave and re-entry, for instance. Legally, the Basic Conditions of Employment Act (BCEA) outlines employees' rights. Ethically, practices have a responsibility to support their staff through such periods, ensuring a smooth transition back to work without compromising professional competence or patient care. Similarly, managing childcare responsibilities often falls disproportionately on women, making flexible working arrangements a critical consideration for retaining talent and preventing burnout.

The ethical dilemma arises when these personal demands clash with the rigorous demands of practice, highlighting the need for employers and colleagues to support female vets in maintaining their well-being and, by extension, their professional conduct. Burnout and mental well-being are universal concerns in our high-stress profession, but statistics often show a higher prevalence among women. Recognising the signs in oneself and others, and promoting an ethical environment that encourages seeking support, is paramount to sustaining a long and healthy career.

Strategies for Navigating Challenges and Upholding Professionalism

So, how do we, as women veterinarians, navigate these unique facets while steadfastly upholding our professional and ethical duties?

Firstly, proactive education and training are vital. Understand your rights and responsibilities under both the SAVC Code and South African labour law.

Be clear on what constitutes harassment and where to report it. If it is within your power, ensure that your workplace has clear policies in this regard. Secondly, clear communication and boundary setting are your best defence. This applies to interactions with clients, colleagues, and even practice owners. Don't be afraid to assert your professional judgment and to protect your well-being. Thirdly, seeking support is not a sign of weakness; it's a mark of strength. Lean on mentors, professional organisations like SAVA, and when necessary, mental health professionals and legal professionals. Finally, meticulous documentation and recordings of challenging incidents can be invaluable, serving as a factual record should formal intervention be required. Ultimately, we must all advocate for inclusive practice environments – individual vets and practice owners alike – to foster supportive workplaces where all professionals can thrive.

Conclusion

Our commitment to professional conduct is the foundation of veterinary medicine in South Africa. As more women enter and shape our profession, understanding how certain challenges can uniquely impact women strengthens our collective ability to meet these challenges.

By fostering an environment of awareness, support, and ethical leadership, we empower every veterinarian, regardless of gender, to lead with integrity, advocate for themselves and others, and continue to elevate the standard of veterinary care in South Africa. The future of our profession must be inclusive and ethical, respecting the diverse needs of all individuals in our profession.

If you have any questions, please feel free to contact me at trudie@legalvetservices.co.za 





Deep Pyoderma in Dogs: When Infection Gets Under the Skin

By Monica Burger, BSc BVSc (UP)

Deep pyoderma isn't just a severe superficial pyoderma. It is a distinct, complex disease process driven by a vicious cycle of inflammation and infection. The initial trigger is often inflammation caused by follicular rupture, trauma, or chronic friction, which breaks down the skin's natural defences and allows bacteria to invade deeper tissues. Without addressing both the infection *and* the underlying inflammation, treatment will be prolonged, frustrating, and prone to failure, resulting in recurrence.

The Inflammation-Infection Cycle: The Root of Deep Pyoderma

The hallmark of deep pyoderma is the inflammatory cascade that compromises local immune defences and tissue integrity. Common initiating factors include:

- **Furunculosis:** ruptured hair follicles spill keratin and bacteria into the dermis, triggering intense inflammation.
- **Traumatic impaction of hair shafts**, especially in short-coated breeds, after grooming or lying on hard surfaces (think of these short hairs as little spears poking the dermis and subcutis, causing chronic irritation).
- **Chronic friction or pressure points:** such as over bony prominences like hocks and elbows, or interdigital skin, axillae and even the inguinal area of obese dogs.

Inflammation causes tissue damage and creates a hostile environment where bacteria flourish. Secondary bacterial invasion exacerbates inflammation further, creating a self-perpetuating cycle.



Figure 1: classic deep pyoderma on the elbow of a large breed dog. Elbow hygromas often present with deep pyoderma due to compromised skin, furunculosis and constant traumatic impaction of hair shafts when lying on hard surfaces.

Why Managing Inflammation is Just as Important as Killing Bacteria

Antibiotics are vital, but **deep pyoderma cannot be successfully treated without targeted inflammation control**. Unchecked inflammation:

- Delays healing by damaging healthy tissue
- Fuels further follicular rupture and furunculosis
- Sustains a chronic infection-prone environment

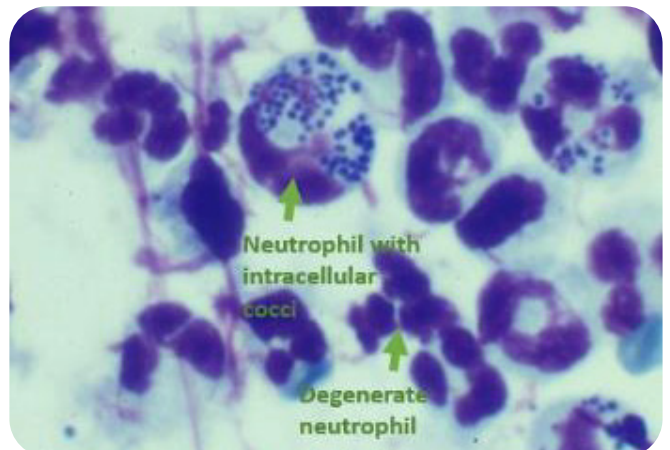
Anti-inflammatory treatment strategies include:

- **Topical therapies:** Use of antiseptic shampoos (chlorhexidine 2–4%) and topical glucocorticoids or calcineurin inhibitors can reduce inflammation and bacterial load locally. Shampoos are important adjuncts to systemic therapy, but be careful how these dogs are washed, as grooming can cause further trauma and spread infection.
- **Systemic anti-inflammatories:** Short courses of systemic corticosteroids (e.g., prednisolone 0.5–1 mg/kg/day) may be warranted in severe, painful, or highly inflamed cases to break the cycle quickly. For chronic recurring cases, Cyclosporin can be considered, but bear in mind the onset of clinical effect is 3–6 weeks, therefore not ideal for acute severe inflammatory lesions. Also, due to immunosuppression, culture and sensitivity, and appropriate antimicrobial therapy are essential, as cyclosporin may unmask other resistant bacteria.
- In patients with comorbidities that prevent corticosteroid use, one can consider Oclacitinib (Apoquel) at the higher end of the dose range (0.6mg/kg), twice daily to reduce some of the inflammation – this is off-label use and in the author's experience not very effective in controlling severe inflammation.
- **Address underlying causes:** Allergies, ectoparasites, conformational friction, or other primary diseases must be identified and managed to prevent recurrence.

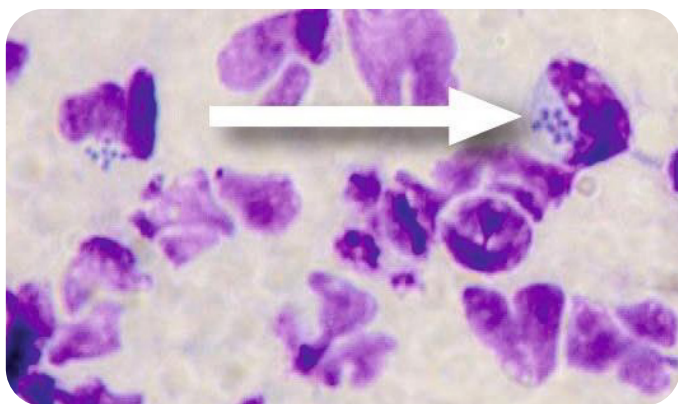
Cytology: Your Day One Diagnostic Cornerstone

Cytology in the first consultation remains indispensable to confirm infection, identify bacterial morphology, and assess inflammatory cell types. Collect samples by:

- Direct impression smears from moist lesions
- Swabs from draining tracts or interdigital spaces
- Fine needle aspirates from nodules – if nodules are painful, topical lidocaine cream can be applied and FNA reattempted 40-60 minutes later.



Figures 2 & 3: both showing phagocytosed (intracellular) cocci in neutrophils.



Look for **phagocytosed bacteria within neutrophils**. This is the gold standard for confirming true infection. Cytology also differentiates cocci from rods to guide empiric antibiotic choice.

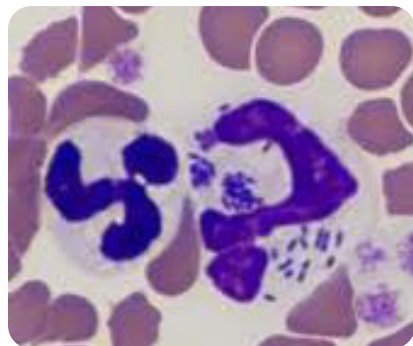


Figure 4:
phagocytosed
(intracellular)
rod bacteria in a
neutrophil.

Empiric Antibiotic Therapy: Use Wisely, Based on Cytology

Culture and sensitivity testing are always recommended in deep pyoderma cases. Treatment courses are long and costly. Therefore, it is essential to choose the correct antibiotic from the start. When culture is not feasible, cytology can still guide empiric choice:

Cocci (most likely *Staphylococcus pseudintermedius*):

- Clindamycin 5.5 mg/kg q12h: penetrates abscesses and anaerobic pockets well, generally well tolerated, but potential adverse reactions must be discussed in advance.
- Cephalexin 20–30 mg/kg q8–12h: first line for uncomplicated cases
- Amoxicillin-clavulanate 20 mg/kg q12h: use with caution due to rising resistance
- Trimethoprim-sulphonamide 15–30 mg/kg q12h: good tissue penetration, be careful of drug interactions and adverse reactions.

Rods:

- Culture and sensitivity strongly recommended!
- Fluoroquinolones (enrofloxacin 5–10 mg/kg q24h, marbofloxacin 2–4 mg/kg q24h) may be used empirically if culture is not feasible, but are reserved for confirmed resistant or rod infections due to resistance risks.

Treatment Duration: Patience is Essential

Continue antibiotics **for at least 2 weeks beyond full clinical resolution** to ensure clearance of deep-seated bacteria and resolution of inflammation. Most cases require 6 to 12 weeks of therapy. Premature cessation risks relapse and worsened resistance.

The Critical Role of Two-Week Rechecks

Regular rechecks with repeat cytology every two weeks allow:

- Monitoring of infection status and inflammatory cell burden
- Adjustment of antibiotics based on clinical and cytological response
- Early detection of new lesions or adverse drug reactions
- Prevention of premature treatment discontinuation

Consistency of the examining clinician is important: monitoring response is largely subjective and comparative. These cases should ideally be followed up by the same clinician.

If cytology hasn't improved after two weeks, or looks worse, it's a red flag for resistance, and culture is the only way forward.

Practical Takeaways for Clinicians

- Deep pyoderma is an interplay of inflammation and infection: treat both.
- Cytology on day one and at every recheck is essential – ensure the same clinician follows up their cases.
- Use topical antiseptics and consider systemic anti-inflammatories alongside antibiotics.
- Recommend culture & sensitivity for every case.
- Tailor empiric antibiotic choice to cytology; culture rods if possible.
- Treat for at least 2 weeks beyond complete clinical resolution.
- Two-weekly rechecks with cytology guide therapy to prevent relapse.

Message to Clients to aid Compliance:

“Treating deep pyoderma is like pulling weeds by the root. If you only trim the leaves, they'll grow back. We need to destroy the root and keep checking to be sure the weeds don't return.”

References

1. Hillier, A., et al. (2014). Guidelines for the diagnosis and antimicrobial therapy of canine superficial bacterial folliculitis. *Veterinary Dermatology*, 25(3), 163–e43.
2. Medleau, L., & Hnilica, K.A. (2006). *Small Animal Dermatology: A Color Atlas and Therapeutic Guide* (2nd ed.). Saunders.
3. Beco, L., et al. (2013). Antibiotic use in dogs and cats: principles, prescribing guidelines, and use of bacterial culture and sensitivity testing. *Veterinary Record*, 173(11), 267–268.
4. Besignor, E., et al. (2002). Canine deep pyoderma: a review of clinical, diagnostic and therapeutic features. *Veterinary Dermatology*, 13(4), 193–202.
5. Mueller, R.S. (2003). Treatment protocols for deep pyoderma: an evidence-based review. *Veterinary Dermatology*, 14(3), 157–167.
6. Fig 1: https://www2.zoetis.ca/content/assets/images/Conditions/cki_dp_img06_s.jpg
7. Fig 2: <https://o.quizlet.com/IORfcsDPrpgJg7Xfm4iA7g.png>
8. Fig 3: © Ana Oliveira
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Bats: not that blind after all

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Bats exist on every landmass, apart from the Polar regions and a few oceanic islands. There are more than 1230 species, which makes nearly 1 in 5 mammal species (21%) a bat, with only the order Rodentia exceeding them. As such, they are one of the most diverse groups of mammals.

Bats are divided into 2 suborders.

- Yinpterochiroptera, previously known as megabats (old world fruit bats or flying foxes), with seven families distributed in Africa, Asia and Oceania;
- Yangochiroptera, which includes most of those previously known as microbat families.

Echolocation systems are present in many species of bat, which aid in flight orientation and hunting across varied ecological niches. Some fruit bats evolved incredible olfactory senses; the Eastern tube-nosed fruit bat possesses nostrils that function independently from one another (stereo olfaction), which allows them to precisely locate and follow an odour trail three-dimensionally. Some bats possess a sensory mechanism that allows them to detect the Earth's magnetic field, which allows them to navigate their environment.

Most bat species have a very well-developed visual system, and the age-old saying "As blind as a bat" is mostly incorrect. The Yinpterochiroptera bat visual system is generally more developed, and the Yangochiroptera have visual acuity comparable to that of a mouse and can see fairly well. Some small species of bats, however, do have very small eyes (absolutely and relatively speaking), which probably will favour other sensorial skills, such as echolocation and olfaction. Visual acuity will vary according to specific needs as dictated by the ecological niche the species occupies. It has been reported that certain small insectivorous bats may have vision equivalent to that of larger-eyed frugivorous or nectarivorous bats.

Yinpterochiroptera bats are generally crepuscular or nocturnal, and Yangochiroptera bats are nocturnal; thus, the retinas in both suborders of bats are rod-dominated. Some Yinpterochiroptera bats have the potential for trichromatic vision, with the majority possessing dichromatic vision, and some are even monochromatic. Bats possess an anangiomatic retina (devoid of retinal blood vessels), which requires diffusion of oxygen from the choroid for oxygenation of the retina. Anangiomatic retinas are usually very thin (<140 µm) to allow this diffusion to occur. Some Yinpterochiroptera species have surprisingly thick retinas (250–350 µm) despite being avascular, and they have a

unique morphological adaptation present to ensure adequate oxygen delivery occurs to the retina. This consists of numerous choroidal spike-like projections or papilledema. This adaptation ensures that all portions of the retina are no more than 100 µm away from a blood supply. Bat globes are small and positioned well forward in the orbit with binocular overlap of 40-50° in the horizontal visual field. The eyeball is remarkably spherical, and the cornea is very large. The pupils are round to horizontal ovoid when constricted, depending on the species. Pupil size has a considerable range depending on ambient lighting conditions. Considering bats generally live in large colonies, ocular trauma from individual interactions and the spread of infectious organisms would be possible. In bat sanctuaries, the two most common ocular abnormalities are trauma-related (lacerations and swelling) and infectious conjunctivitis of unknown origin.

Bats are considered sentinel species due to their highly specialised habitat requirements and complex interactions with the environment. They have adapted to thrive in a variety of ecosystems and on a variety of diets, including insects, small mammals, fish, blood, nectar, fruit and pollen. Many insectivorous bats are highly mobile predators and play a significant role in the control of agricultural pests. **V**

Reference:

1. Montiani-Ferreira F, Moore BA, Ben-Shlomo G, editors. Wild and Exotic Animal Ophthalmology Volume 2: Mammals. In: Wild and Exotic Animal Ophthalmology: Volume 2: Mammals [Internet]. Cham: Springer International Publishing; 2022 [cited 2024 Feb 13]. p. 145–54. Available from: <https://link.springer.com/10.1007/978-3-030-81273-7>

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I hope this article finds you and your families well and safe!!! Last month, we looked at priorities. We then discussed a few key points that would help simplify your hectic lives. This month, I would like to discuss "devotion". I watched multiple video clips of military dogs working and training with their handlers. It triggered something inside of me, not only because I was impressed by the skill of both dogs and handlers, but more importantly, by **the bond** that exists between them.

Initially, my attention was on what the dogs could do on command and the soundtrack that makes them look even more impressive. Then my attention shifted to the way these dogs look at their handlers and how the handlers are with these dogs. It was incredibly obvious that the relationship between these military dogs and their handlers is the most intimate and **closest you will ever get**. That is the visual representation of **loyalty and devotion** that cannot be surpassed.

"What are you devoted to?"

Some people look at those working dogs and all they see is aggression. I did not see that. I saw complete and utter trust, love and devotion for their handlers; **totally committed** to their handlers. I have seen similar relationships between the invaluable anti-poaching teams that protect our wildlife here in South Africa and their beloved companions. Some may say these individuals are obsessive-compulsive, but one can focus on love in their training, too. Their "obsessive compulsive" behaviour can be channelled to be **constructive and purposeful**. Watch the way these handlers communicate by touch! They guide, they lead, they protect, they respect, they reward, they love, and they appreciate their dogs! Training is training, but love is love.

When these handlers first receive a puppy or even an adult dog, they give them no commands at all. They let the dogs be dogs. They just let them run around. They will often sit in the middle of the yard and wait until the dog comes to them. What the dog learns is that this person is always going to be there to take care of me and play with me. Your mind will be distracted away from your goals from time to time, and more so in the beginning than later. But **there should always be something that brings you back to your goals and centres you!**

Many of us have goals and dreams in life that we strive for. **Are we truly devoted to these goals?** Do we think about them daily? Do we train daily for them? Do we love them? Do we look forward to working on them? Do we value them? Do we reward ourselves for our successes? Do you give yourself "me time"?

There is another element to being devoted to your goals! When you do all the above, you also become attractive to other people too. Like-minded people. So, inevitably, **you are not alone. You attract people**, ideas, conversations, opportunities, and so much more that you are not aware of. People will want to work with you, maybe even be led by you. You will learn from one another and become better versions of yourselves. You will inspire others, and you will be inspired by those same like-minded people. So, does this mean that if I commit myself to a goal that everything will be smooth sailing? Absolutely not. Training those amazing dogs is **not all smooth sailing** either. Sometimes they will not want to work or train or be with you. They may even show you their teeth. You will have good days and bad days. You need to be patient and persevere. Sometimes you will need to take a break and wait a little. Sometimes hours and sometimes days. You are bound to hit some rough spots, but working through them is worth it!!!! That is **where the lessons and the growth come from, and they will serve you way past your achievements and completion of your goals!!!!**

Love and care for your goals and dreams like no other, and they will reward you with the best gifts anybody can ever have. The goals you value will reward you with everything you deserve. We don't always get the best teachers and mentors at the beginning. However, with each day committed, you start to feel more secure in your relationship with your goals, as well as your skills to get the job done. I am here to be that one person who tells you, **"I believe in you!"** I know you are capable! The weight will get lighter, and the fear will become smaller. If you happen to have someone in your corner who supports you, hold on to them! If you do not, become that person for yourself and then for someone else. I am here to create that spark in you and light the fire you thought was gone. **Belief is contagious!!!**

*Next month, we will continue looking at more ideas for improving our quality of life and overall performance both at work and at home. **V***

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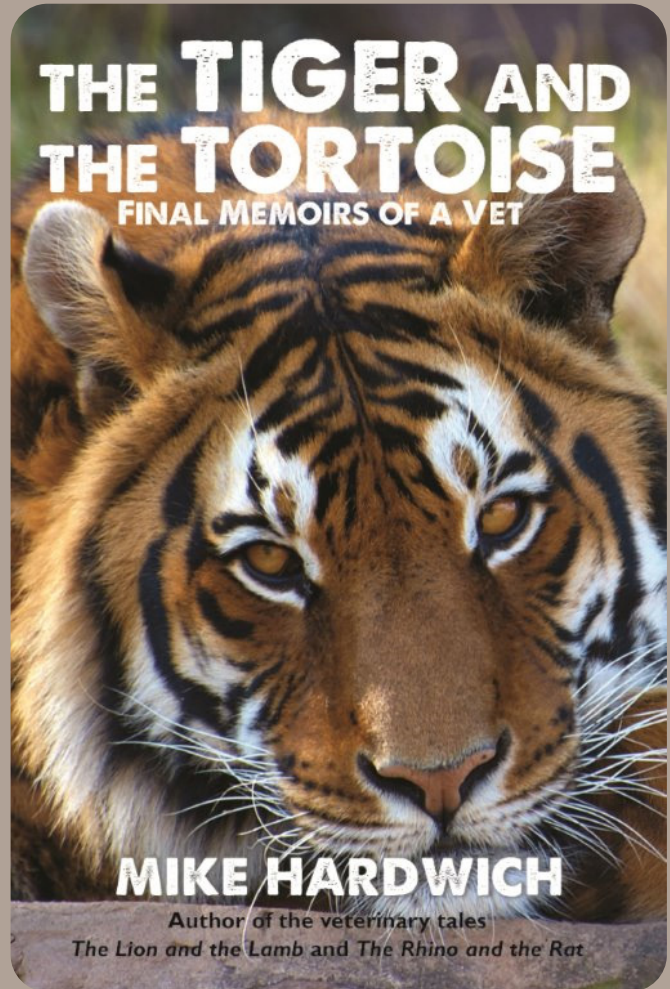
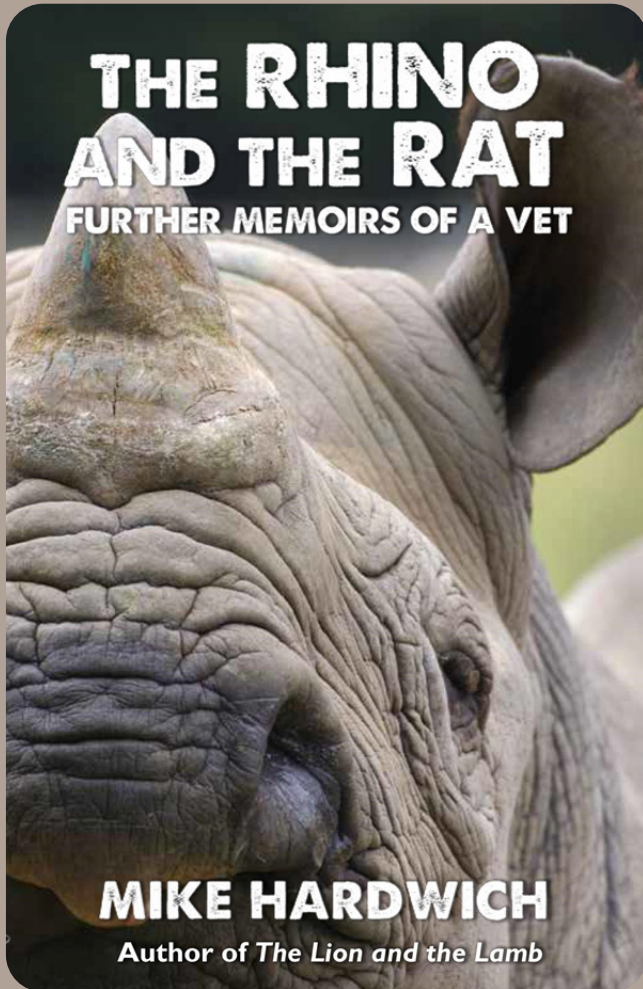
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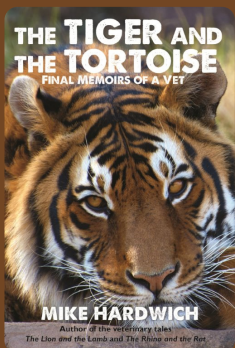
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As a country vet whose territory covers the rich valleys and farmland of KwaZulu-Natal, his clients range from cattle farmers to owners of domestic pets, from game ranchers to circuses. The demands on a vet are constant and often arrive at very inconvenient times. Called upon day and night, Mike brings to each case his skills, ingenuity and years of experience, and although he never loses sight of his aim of preserving and improving the lives of the animals he is called upon to treat, sometimes he is sorely challenged by their owners.

Whether he is describing the difficult birth of a two-headed calf, discovering sheep scab on the Isle of Man, caring for Dorothy the elephant in her declining years, or helping Reggie the rat's grieving owner accept his impending demise, Mike's compassion and pragmatic humour never seem to flag.

These enjoyable tales of the trials, tribulations and triumphs of a veterinarian who always sleeps with one ear cocked, will leave you wanting more.....



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