



**HELPING HAND**

The author developed a passion for rescue work during her time with Georgia Veterinary Associates.



**MEET THE AUTHOR**

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# Passion Project: Going the Extra Mile for Pets in Need

**W**hen Oakley arrived at Russell Ridge Animal Hospital, he had an obvious gunshot wound to his head and an injury to his mandible. Gross and oozing from his wound, Oakley approached me and wagged his tail. His pain and misery was evident, but he still had energy and faith to approach me with trust in his eyes. My heart was full of pain and amazement for him.

Angel graduated from Macomb Community College's Veterinary Technology Program in 2007. After 1 year of working in Michigan, she decided to move back home to Georgia where she now works as an RVT. She then enrolled at St. Petersburg College and earned her bachelor's degree in veterinary technology and practice management. She joined Georgia Veterinary Associates in 2010. With a great understanding of all the positions and needs of the hospitals, she is now the Operations Manager for all 4 GVA locations. Angel helped start the CARE Fund in 2014 and was recognized with the 2019 American Humane Hero Veterinary Nurse Award, a national award that honors those behind the scenes in animal medicine.

Courtesy William Twitty

In a way, how we were able to help him had its beginnings years earlier.

I am like most veterinary nurses in the sense that I have a passion for animals. I went to school to become a veterinary technician with no intention of this being my final career choice. My childhood vision included becoming an animal doctor and living on a farm in Montana.

When I graduated tech school I had never worked in a practice; actually, my first paying job was my last externship site. My experience inside an animal hospital was minimal, but from my first day on the job I knew this would be my career path.

I immediately recognized the amount of time and attention the veterinary nurses were able to give to the patients. I fell in love with people and their love for their pets. The most rewarding and exciting thing to me is to see a family or an individual care for their pet. Typically, I witness this most in the exam room, when someone agrees to annual bloodwork for their 2-year-old dog or when someone agrees to purchase heartworm prevention for their cat. Good health care is a sign of love and it's inspiring!

I started working with Georgia Veterinary Associates in 2010. At the time, GVA was a small group of 3 hospitals; I worked at Hamilton Ridge Animal Hospital as the only RVT in the entire company. This is where I was first introduced to the idea of rescue work. Back then, this clinic had a couple of clients who tended to feral cat colonies. These cats would come into the clinic in traps, terrified. The clients tending to the colonies would know a little bit about each of them, and it was obvious they enjoyed caring for these cats. The county had a huge overpopulation of feral cats at the time, and their goals were to trap, alter, and release them back out into the population. I always thought the generosity of these clients to care for cats like this was an amazing show of selflessness.

As my career with GVA progressed, my role within the practices changed and I moved from Hamilton Ridge Animal Hospital to Russell Ridge Animal Hospital. Russell Ridge is the largest free-standing location in the group and has all the bells and whistles. The rescue work here was different than the trap-and-release work we were previously doing. Here, we worked with a large rescue organization, seeing their sick and surgery cases. We would see dogs that were neglected and surrendered,

emaciated and broken, and cats with upper respiratory infections so bad they couldn't open their eyes.

For the first time in my career I started to lose faith in people and their love of animals. These rescue groups were limited at times to what they could do for an animal either because they were out of funds or there were so many pets that needed their help. We would be told to wait until more funding was available before the group could commit to further treatment. It was disheartening. These rescue group workers are amazing people and I commend them for that, but I felt that we, as the veterinary facility, should be able to do more.

In June 2014, Dr. Brad Miller and I created the Companion Animal Rescue and Emergency Fund (CARE Fund). The idea for the CARE Fund stemmed from one idea: what would we do to change the life of some pets in need if money weren't an issue? Originally when we started the fund, we asked our team for donations. We started with a T-shirt day—if staff gave to the CARE Fund, they could wear their GVA-branded shirt to work instead of their scrub top. We did small things like this to help raise money initially, but our team was already giving so much to pets in need.

We held other fundraising events such as spirit nights at local restaurants, where portions of the sales went to the CARE Fund. At local festivals we set up booths and sold doggie snow cones—shaved ice with chicken or vegetable broth—for donations. We tried to get the word out about the CARE Fund and how the funds would be used. We had clients that elected to donate to the CARE Fund in their pet's memory. We also host an annual 5K race to raise money.

The CARE Fund earnings could be used to help pets in need. This meant if clients had financial hardships we could help them get care for their pet, the next time someone dropped a box of kittens off at the front door we didn't have to call animal control to pick them up, and the next dog that was tied out in front of the clinic didn't get shipped off to a rescue group. We were so excited about the CARE Fund.

The first pet we were going to use the funds for was the dog of a child with autism. The dog had a broken leg that required amputation—we lost this dog under anesthesia. All the excitement about the CARE Fund was completely deflated. However, it's when you feel like you have nothing left to give that you must give a little more—and that's when miracles happen.

**CHEWABLES**

**CAUTION:** Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian.

**INDICATIONS:** For use in dogs to prevent canine heartworm disease by eliminating the tissue stage of heartworm larvae (*Dirofilaria immitis*) for a month (30 days) after infection and for the treatment and control of ascarids (*Toxocara canis*, *Toxascaris leonina*) and hookworms (*Ancylostoma caninum*, *Uncinaria stenocephala*, *Ancylostoma braziliense*).

**DOSAGE:** HEARTGARD<sup>®</sup> Plus (ivermectin/pyrantel) should be administered orally at monthly intervals at the recommended minimum dose level of 6 mcg of ivermectin per kilogram (2.72 mcg/lb) and 5 mg of pyrantel (as pamoate salt) per kg (2.27 mg/lb) of body weight. The recommended dosing schedule for prevention of canine heartworm disease and for the treatment and control of ascarids and hookworms is as follows:

Dog Weight	Cheewables Per Month	Ivermectin Content	Pyrantel Content	Color Coding On Foil Backing and Carton
Up to 25 lb	1	68 mcg	57 mg	Blue
26 to 50 lb	1	136 mcg	114 mg	Green
51 to 100 lb	1	272 mcg	227 mg	Brown

HEARTGARD Plus is recommended for dogs 6 weeks of age and older. For dogs over 100 lb use the appropriate combination of these chewables.

**ADMINISTRATION:** Remove only one chewable at a time from the foil-backed blister card. Return the card with the remaining chewables to its box to protect the product from light. Because most dogs find HEARTGARD Plus palatable, the product can be offered to the dog by hand. Alternatively, it may be added intact to a small amount of dog food. The chewable should be administered in a manner that encourages the dog to chew, rather than to swallow without chewing. Chewables may be broken into pieces and fed to dogs that normally swallow treats whole.

Care should be taken that the dog consumes the complete dose, and treated animals should be observed for a few minutes after administration to ensure that part of the dose is not lost or rejected. If it is suspected that any of the dose has been lost, redosing is recommended.

HEARTGARD Plus should be given at monthly intervals during the period of the year when mosquitoes (vectors), potentially carrying infective heartworm larvae, are active. The initial dose must be given within a month (30 days) after the dog's first exposure to mosquitoes. The final dose must be given within a month (30 days) after the dog's last exposure to mosquitoes.

When replacing another heartworm preventive product in a heartworm disease preventive program, the first dose of HEARTGARD Plus must be given within a month (30 days) of the last dose of the former medication.

If the interval between doses exceeds a month (30 days), the efficacy of ivermectin can be reduced. Therefore, for optimal performance, the chewable must be given once a month on or about the same day of the month. If treatment is delayed, whether by a few days or many, immediate treatment with HEARTGARD Plus and resumption of the recommended dosing regimen will minimize the opportunity for the development of adult heartworms.

Monthly treatment with HEARTGARD Plus also provides effective treatment and control of ascarids (*T. canis*, *T. leonina*) and hookworms (*A. caninum*, *U. stenocephala*, *A. braziliense*). Clients should be advised of measures to be taken to prevent reinfection with intestinal parasites.

**EFFICACY:** HEARTGARD Plus Chewables, given orally using the recommended dose and regimen, are effective against the tissue larval stage of *D. immitis* for a month (30 days) after infection and, as a result, prevent the development of the adult stage. HEARTGARD Plus Chewables are also effective against canine ascarids (*T. canis*, *T. leonina*) and hookworms (*A. caninum*, *U. stenocephala*, *A. braziliense*).

**ACCEPTABILITY:** In acceptability and field trials, HEARTGARD Plus was shown to be an acceptable oral dosage form that was consumed at first offering by the majority of dogs.

**PRECAUTIONS:** All dogs should be tested for existing heartworm infection before starting treatment with HEARTGARD Plus which is not effective against adult *D. immitis*. Infected dogs must be treated to remove adult heartworms and microfilariae before initiating a program with HEARTGARD Plus.

While some microfilariae may be killed by the ivermectin in HEARTGARD Plus at the recommended dose level, HEARTGARD Plus is not effective for microfilariae clearance. A mild hypersensitivity-type reaction, presumably due to dead or dying microfilariae and particularly involving a transient diarrhea, has been observed in clinical trials with ivermectin alone after treatment of some dogs that have circulating microfilariae.

**Keep this and all drugs out of the reach of children.**

In case of ingestion by humans, clients should be advised to contact a physician immediately. Physicians may contact a Poison Control Center for advice concerning cases of ingestion by humans.

Store between 68°F - 77°F (20°C - 25°C). Excursions between 59°F - 86°F (15°C - 30°C) are permitted. Protect product from light.

**ADVERSE REACTIONS:** In clinical field trials with HEARTGARD Plus, vomiting or diarrhea within 24 hours of dosing was rarely observed (1.1% of administered doses). The following adverse reactions have been reported following the use of HEARTGARD: Depression/lethargy, vomiting, anorexia, diarrhea, mydriasis, ataxia, staggering, convulsions and hypersalivation.

To report suspected adverse drug events, for technical assistance, or to obtain a copy of the Safety Data Sheet (SDS), contact Boehringer Ingelheim Animal Health USA Inc. at 1-888-637-4251. For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS, or online at <http://www.fda.gov/AnimalVeterinary/SafetyHealth>.

**SAFETY:** HEARTGARD Plus has been shown to be bioequivalent to HEARTGARD, with respect to the bioavailability of ivermectin. The dose regimens of HEARTGARD Plus and HEARTGARD are the same with regard to ivermectin (6 mcg/kg). Studies with ivermectin indicate that certain dogs of the Collie breed are more sensitive to the effects of ivermectin administered at elevated dose levels (more than 16 times the target use level) than dogs of other breeds. At elevated doses, sensitive dogs showed adverse reactions which included mydriasis, depression, ataxia, tremors, drooling, paresis, recumbency, excitability, stupor, coma and death. HEARTGARD demonstrated no signs of toxicity at 10 times the recommended dose (60 mcg/kg) in sensitive Collies. Results of these trials and bioequivalency studies, support the safety of HEARTGARD products in dogs, including Collies, when used as recommended.

HEARTGARD Plus has shown a wide margin of safety at the recommended dose level in dogs, including pregnant or breeding bitches, stud dogs and puppies aged 6 or more weeks. In clinical trials, many commonly used flea collars, dips, shampoos, anthelmintics, antibiotics, vaccines and steroid preparations have been administered with HEARTGARD Plus in a heartworm disease prevention program.

In one trial, where some pups had parvovirus, there was a marginal reduction in efficacy against intestinal nematodes, possibly due to a change in intestinal transit time.

**HOW SUPPLIED:** HEARTGARD Plus is available in three dosage strengths (see DOSAGE section) for dogs of different weights. Each strength comes in convenient cartons of 6 and 12 chewables.

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**THE TLC MODEL**

3-D reconstruction image of Oakley's mandible from a NewTom 5G CT.

That's what we did with the CARE Fund—we kept pouring efforts into fundraising and helping pets when sweet, trusting Oakley came into our lives.

I got a call from a woman who helped with rescue groups in south Georgia. She said she'd learned about our CARE Fund from a festival we had attended and needed help with Oakley. He was in a high kill shelter after being shot in the head and left to die in a ditch.

The shelter would only allow her to pull him if she had a veterinarian to take him to. She called me after she had exhausted her resources and no one would help her pull him from the shelter. Without question we agreed, thanks to the money from the CARE Fund and the surgical skill of Dr. Brad Miller.

Oakley was pulled from the shelter and driven 4 hours to our clinic. Once Oakley was evaluated, we sedated him and performed a CT of his skull, which revealed the trajectory of the bullet entering his skull, passing through his sinus, and exiting his mandible. How could someone do this to a dog?

Dr. Miller felt that plating his jaw was a better option than removing it. So, we took Oakley to surgery and after a plate, a few screws, and a few less teeth he recovered smoothly and was eager to greet people again. Oakley stayed in the clinic for a couple weeks as we wanted to see how the plate and his gum tissue would respond and ensure that he would continue to eat well. Oakley was in and out of the clinic for repeat CT scans and re-checks for 6 months.

The CARE Fund allowed us to give complete care to Oakley; 6 months after his procedure, he was adopted out to a loving family in Canada. **TVN**