



Dear Friends and Neighbors,

Spring is upon us and the snow is almost gone. Luckily, we had a reprieve from the winter when Dr. George, Jenni, and Alli visited Florida for the North American Veterinary Conference. Attending classes for five days provided a fantastic opportunity to learn all the newest medicine! Allison attended her dental lab and learned how to administer nerve blocks to help make tooth removal a less painful experience. Simon learned the tightrope procedure to repair torn cruciate ligaments (a knee injury) in dogs. And Jenni refreshed herself on ways to make your visits to us more enjoyable. All in all it was a great learning experience. And thanks to Dr. Eldredge, Ruthanne, Kayla, Lisa, Rick, Ruth, and Libby for making it possible for us to attend!

One of the changes that has come from our trip is to switch our canine vaccine protocol. We have gone to a three year distemper combo. You can learn more about canine vaccines on the next page. A change will be coming for the feline vaccine protocol as well once we choose the best vaccines available.

Another change that is happening is the rebuilding of our barn downstairs. We are adding a larger stall for mares and foals and we will be putting in stocks to make treating our equine patients much safer. Keep an eye out for pictures of the renovations which will be posted on our website when construction is complete.

Finally, you will be seeing a few more new faces around here. Learn more about Dr. Robyn Alizzeo Eldredge and Lisa in this newsletter and on our website. Without all the support of our friends and clients, we would not be able to grow as we have. So thank you all from the bottom of our hearts!

Sincerely,  
Simon, Jenni, and Elayna George

### Hours of Operation

Mon—Wed: 8am—6pm      Thurs: 8am—8pm  
Fri: 8am—5pm      Sat: 8am—Noon  
**24-Hour Emergency On-Call 7 Days a Week**



Laynie helping with a baby goat



## What You Need To Know About Dog Vaccines

As soon as you get a dog, the vaccines should begin. Your veterinarian becomes your best friend after 4-5 visits within the first 6 months. During each visit, your puppy is examined and given a series of shots. And then visits continue every year. But, are all these vaccines really necessary? And, what are we vaccinating for anyway? Here is a list of canine vaccines, the diseases they fight, and the recommendations of Deerfield Veterinary Clinic.

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### **DAP** (Referred to as the “Distemper Combo”)

- Protects against three very contagious diseases
- Distemper is a viral disease that affects the respiratory and gastrointestinal systems and can often be fatal
- Adenovirus causes hepatitis
- Parvovirus strikes quickly, causing damage to the gastrointestinal tract and may cause sudden death in some cases
- Should be repeated 3 times in puppies and every three years after the initial booster given at one year

### **Rabies**

- Neurological disease of all warm-blooded mammals
- Deadly and untreatable if contracted
- Infection can come from a bite wound from an infected animal
- All puppies legally must receive this vaccine after 12 weeks of age and every three years after the initial booster given at one year



### **4-Way Leptospirosis**

- A bacteria transferred through nasal secretions, saliva, or urine of infected animals which may collect in bodies of water
- Can cause permanent kidney damage
- This vaccine should be given to any dog that may run in the woods, go camping, or play near any lakes or streams in the wild.
- Should be given twice to all dogs receiving it for the first time and once a year after the initial vaccine

### **Lyme**

- Transferred by ticks (80% of ticks in New Hampshire carry this disease)
- May cause swollen and painful joints, fevers, and depressions and may cause irreversible kidney disease
- Should be given twice to all dogs receiving it for the first time and once a year after the initial vaccine

### **Bordetella** (Referred to as Kennel Cough)

- Airborne bacterial respiratory infection
- Given every year to dogs who attend puppy classes, daycare, grooming facilities, dog parks, or boarding facilities



## New Faces at DVC

We have two new faces at DVC. Dr. Robyn Alizeo Eldredge (left) joins us from Pembroke Animal Hospital. She enjoys working on everything from horses and alpacas to dogs



and cats. Lisa Roy (right) is studying to be a Certified Veterinary Technician. Both Dr. Robyn and Lisa are wonderful assets to our team. They both fit the ideals of Deerfield Veterinary Clinic as being a country veterinary clinic where the focus is on the quality of care for our patients and their humans. Please learn more about Dr. Robyn and Lisa on our web site in the “Staff” section at [www.deerfieldvetclinic.com](http://www.deerfieldvetclinic.com).

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## Simon Says...

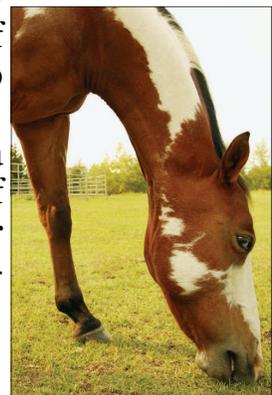


**“Do I have to worry about my horse returning to pasture after being on hay all winter?”**  
— Cynthia Tufts

The problem that we worry about is all that beautiful lush green grass causing digestive issues for horses that can lead to founder or colic due to the high starch content of spring grasses. If your horse is turned out on the pasture while it’s growing in and your horse grazes it down as it grows, there is not much concern for these problems. However, if your horse is going to be introduced to a new pasture that has a lot of grass and has not had access to pasture, then the horse needs to be introduced slowly over a period of time to prevent problems.

I recommend that horses be started out at an hour a day on pasture. After every seven days, you add another hour to pasture time. Continue this until they reach four hours a day. After a month of slowly increasing the time, the horses can have full access to pasture.

Any horse that we deem an “easy keeper” or any horse with a history of founder or laminitis should be limited to one hour of lush pasture per day. The grasses early in the morning or later in the afternoon are better for these horses because they contain less starch.





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## Laughter Is The Best Medicine

Two patients limp into two different medical clinics with the same complaint. Both have trouble walking and appear to need a hip replacement.

The first patient is examined within an hour, is x-rayed the same day, and scheduled for surgery the following week. The second patient sees his family doctor after waiting 3 weeks for an appointment, then waits 8 weeks to see a specialist, then gets an x-ray which isn't reviewed for another week, and finally has surgery scheduled 6 months from now.

Why the different treatment for the two patients?

The first is a golden retriever and the second is a human.

- Circulated on the internet from unknown source