

Comprehensive Canine and Feline Dental Extraction Course



Where:

Sportsmen's Lodge Events Center
12833 Ventura Boulevard
Studio City, CA 91604

When:

Sunday, November 6, 2016
Registration & Breakfast: 7:00am - 8:00am
Workshop: 8:00am – 5:00pm
Lunch: 12:00pm – 1:00pm

Includes:

- 8:1 Student/Teacher Ratio
- Program Catered to the DVM/Technician Team
- Hands-On Lab Using Canine & Feline Cadavers
- Hands-On Preoperative Extraction Planning on Feline Cadavers
- Postoperative Cadaver Radiograph Evaluations
- 8 CE Credits for DVMs and Technicians*
- Breakfast and Lunch Provided
- Promotional Code for 10% OFF Entire Securos Order (Expires 30 Days After Lab)

Description:

“For the Veterinarian...”

Veterinarians will learn the fundamentals of canine and feline dental extractions coupled with dental radiographic interpretation. Periodontal flap design and extraction techniques for teeth with single and multiple roots will be taught in a step-by-step fashion in both canine and feline cadavers.

“For the Technician...”

Technicians will join their veterinarians to perform intraoral regional nerve blocks and discuss their role in multimodal pain management. They will practice radiographic positioning while their veterinarians practice extraction techniques.

“Working together...”

Oral surgery instrument selection and care (sharpening and maintenance) will be discussed with both veterinarians and technicians. Time will be devoted to extraction planning on feline cadavers through the use of preoperative intraoral radiographs. Extraction success will be measured utilizing postoperative radiographs.

** This program was reviewed and approved by the AAVSB RACE program for 8 hours of continuing education in jurisdictions which recognize AAVSB RACE approval. Please contact the AAVSB RACE program if you have any comments/concerns regarding this program's validity or relevancy to the veterinary profession.*

Instructor:



Paul Mitchell, DVM, DAVDC

Dr. Mitchell graduated with his DVM from Michigan State University in 1991. He worked in mixed animal and small animal private practice for five years before starting a residency in

veterinary dentistry with Dr. Robert Wiggs at the Dallas Dental Service Animal Clinic. He became a Diplomate of the American Veterinary Dental College in 1999 and has served as the chair of the AVDC exam committee. He is the author of *Small Animal Dentistry*; Butterworth-Heinemann, 2002 and has spoken nationally and internationally. He has worked for Veterinary Centers of America in their specialty referral hospital in Boston and as their national veterinary dental educator for seven years, giving numerous lectures and wet labs on veterinary dentistry. He joined Pfizer Animal Health's Veterinary Specialty Team in 2006. Dr. Mitchell received the PAH Veterinary Specialty Team Lead Dog Award for 2008 as well as 2013 and the Peter Emily Service Award from the American Veterinary Dental College in 2012. He is currently serving on the Board of Directors of the American Veterinary Dental College as the President.

Registration:

Before October 9, 2016: \$850.00

After October 9, 2016: \$900.00

Includes DVM and Technician fee.

No discount for a DVM only registration.

To register, please complete the online application at:

<http://www.SecurosUniversity.com>.

Questions or comments?

Kelly Nix

800.762.4800 Ext. 4807

university@securos.com.

Sponsors:



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 Endowed sponsor of the Veterinary Orthopedic Society  Orders: 800.824.3703, Service Support: 877.266.3349  securus.com

Registration Form

Submit all pages of this registration form by fax or email.

 855.786.1530  university@securus.com

Online submission:

 securusuniverstiy.com

Attendee Name: _____ Last Name: _____

Clinic Name: _____

Mailing Address: _____

Clinic Phone: _____ Fax: _____

Other Phone: _____ *Email: _____

***Registration confirmation and receipts will be sent to this email address.**

Best Method for Contact for Event Details (Select One):

Mail Clinic Phone Other Phone Email

Training Event Selection

Name of Event: _____ Comprehensive Canine & Feline Dental Extraction Course

Date of Event: _____ November 6, 2016

Location of Event: _____ Los Angeles, CA

How did you learn about this event? _____

Would you like to receive email notifications when new Wet Labs are scheduled? Yes No

**For this event, you will be partnered with another veterinarian.
Please answer the questions below so that we can do our best to accommodate your preferences.**

How do you rate your experience with the topic(s) of this event?

None Some Experienced

At which experience level would you prefer your partner?

None Some Experienced

Would you like to have a contact with your partner before the event?

Yes No

Is there an attendee that has or will register for this event with which you'd like to be partnered?

Yes No

If yes, what is his/her name? _____

What is your Vet Tech-Teammate name? _____

Payment Options (Select One)

Payment by Check

Note: All checks must have the registrants name somewhere on the check. All checks must be received within seven business days of submitting the registration form or your seat may be give to the next registrant. If registration closes within seven business days of submitting registration, the check must be received before registration closes.

Submit registration form by fax or email then mail check to:

ATTN: Jodi Crain

3041 West Pasadena Drive

Boise, ID 83705

Make check payable to **MWI Animal Health**

Payment by Credit Card

Unfortunately, due to PCI compliance, we can only accept credit card payments over the phone. Please call Tawni at 1.800.896.8873, ext. 2943 to make payment over the phone with a credit card. If you prefer, you may request Tawni to call you at a time (MDT) that is convenient for you.

Note: All credit card payments must be received within three business days of submitting registration or your seat may be give to the next registrant.

I will call Tawni and pay my registration fee within three business days of submitting this form.

I want Tawni to call me for payment at one of the three times (MDT) and dates I indicate below.

Date: _____ Time: _____ Phone: _____

Date: _____ Time: _____ Phone: _____

Date: _____ Time: _____ Phone: _____

Must be during regular business hours (MDT).

Bill to my MWI/Securos Account

MWI/Securos Account#: _____

Do you agree to the payment instructions that you selected above?

Yes

No