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





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.

Comprehensive Canine and Feline **Dental Extraction** Course



Where:

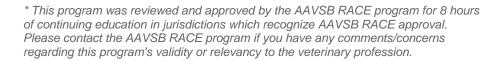
Sportsmen's Lodge Events Center 12833 Ventura Boulevard Studio City, CA 91604

When:

Sunday, November 6, 2016

Registration & Breakfast: 7:00am - 8:00am

Workshop: 8:00am - 5:00pm Lunch: 12:00pm - 1:00pm





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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:





^{*} 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.



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Registration Form

Submit all pages of this reg	istration form by fax or er	mail.		
6 855.786.1530 ≥ univ	ersity@securos.com			
Online submission:				
securosuniverstiy.com				
Attendee Name:		_ Last Name:		
Clinic Name:				
Mailing Address:				
Clinic Phone:		_Fax:		
Other Phone:		_*Email:		
	*Registration con	firmation and receipts will be sent to th	nis email address	
Best Method for Contact for E	Event Details (Select One):			
Mail Clinic Pho	one Other Phone	Email		
Training Event Selection	on			
Name of Event:	Comprehensive Canin	ne & Feline Dental Extraction Course		
Date of Event:	November 6, 2016			
	Los Angeles, CA			
How did you learn about this	event?			
Would vou like to receive em	ail notifications when new V	Vet Labs are scheduled? Ye	s No	



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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



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Payment by C	Credit Card		
call Tawni a	t 1.800.896.8873, ext. 2943 to mak	only accept credit card payments over the phone. see payment over the phone with a credit card. If you time (MDT) that is convenient for you.	
	edit card payments must be receive ay be give to the next registrant.	ed within three business days of submitting registr	ation or
l will	call Tawni and pay my registration	fee within three business days of submitting this	form.
l war	nt Tawni to call me for payment at o	one of the three times (MDT) and dates I indicate	below.
Date:	Time:	Phone:	
Date:	Time:	Phone:	
Date:	Time:	Phone:	
Must be duri	ing regualr business hours (MDT).		
	I/Securos Account os Account#:		
Do you agree to the	e payment instructions that you sele	ected above? Yes No)

