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| ITEM | 8 |
| MANAGER'S REPORT NO. | 23 |
| COUNCIL MEETING | 1980 03 24 |

RE: CENTRAL VETERINARY HOSPITALS

Following is a report from the Director of Planning regarding Central Veterinary Hospitals.

RECOMMENDATION:

1. THAT the recommendations of the Director of Planning be adopted.

* * * * *

TO: MUNICIPAL MANAGER 1980 March 18
 FROM: DIRECTOR OF PLANNING
 RE: CENTRAL VETERINARY HOSPITALS

RECOMMENDATIONS:

1. THAT the Council receive the report of the Planning Department and request the preparation of a by-law by the Municipal Solicitor to permit the introduction of the proposed amendments, as described in Section "E" into the Burnaby Zoning By-law, and that these amendments be advanced to a Public Hearing on 1980 April 15.
2. THAT a copy of the report be sent to Doctors John F. Waller and T. R. Watt, representing the Burnaby-New Westminster Veterinary Clinic, 55 - 8th Avenue, New Westminster, B.C. V3L 1X6, and a copy to Dr. Paul Rumble, representing Kingcrest Animal Hospital (1974) Ltd., 6686 Kingsway, Burnaby, B.C. V5E 1E3.

REPORT

A. BACKGROUND

The Planning Department has recently received a written proposal from a group of veterinarians from the Burnaby-New Westminister area to amend the Zoning By-law in order to allow central veterinary hospitals to locate and operate in industrial districts in Burnaby. A copy of this proposal, together with some accompanying articles, is attached for the information of Council.

The report which follows, therefore, will reflect a study of the amendment proposal in consultation with the Health Department. The various aspects of central veterinary hospital development are assessed and our present zoning regulations examined, as well as those in other municipalities, with a view to making certain recommendations for the consideration of Council.

B. USE CHARACTERISTICS

As noted in the attached report, considerable changes have taken place in veterinary practice over the last few years. This new philosophy is based on the concept of a centralized hospital facility that would serve a number of individual clinics from which patients would be referred for hospitalization and treatment. This is similar to the manner in which a standard hospital operates in relation to a number of doctor's offices and where each doctor spends a portion of his time at the hospital. A central hospital would be open 24 hours a day, with at least one veterinarian and one trained assistant on duty at all times. Its staff would consist of the member doctors, resident veterinarians and trained assistants. The facilities provided would generally include a reception area, pharmacy, examination rooms, laboratory, resident's quarters, consultant's room, treatment rooms, business office and wards.

A central veterinary hospital facility would provide a higher standard of care, encourage specialization and provide economics not available to the small individual type of operation which has been the common practice in the past. Such facilities sought commercial sites with good exposure to the general public. Many of these premises, in order to supplement their income, ran boarding kennels in addition to their veterinary services. However, recent trends have been away from this supplementary kennel activity and towards a concentration on the practice of medicine.

The central veterinary hospital would not need the exposure that is characteristic of the smaller commercial type operations. These would provide the initial referrals and outpatient services for the major central facility which could occupy less expensive properties with a greater degree of locational flexibility, although centrality and accessibility are desirable attributes.

C. EXISTING REGULATIONS IN BURNABY AND OTHER MUNICIPALITIES

In the Burnaby Zoning By-law the term Animal Hospital is defined as "any building, structure or premises in which animals are cared for, treated, maintained or hospitalized". Animal hospitals are presently included as permitted principal uses in the C4 (Service Commercial) and M3a (Heavy Industrial) District categories. Accommodation within a completely enclosed building is a requirement in the C4 zone, but this is not specified in the M3a category. In both instances an animal hospital may also include caretaker accommodation.

As part of this study a review was also carried out of neighbouring municipalities and their regulations governing animal hospitals. In all of the ten municipalities surveyed provision was made for this type of use which in some cases was referred to as an animal hospital and in others as a veterinary hospital or clinic.

In Vancouver, animal hospitals are listed as outright permitted principal uses in both industrial zones (M1-Light Industrial and M2-Heavy Industrial) and two Suburban Commercial Districts (C2 and C2A). In addition, this use may be permitted, subject to special approval by the Technical Planning Board, in four commercial zoning categories. Similarly, an animal hospital may be located in both commercial and industrial areas in New Westminster, Port Moody and Surrey, while in Delta this applies only to industrial zones.

In the three north shore municipalities and Coquitlam, an animal hospital is regarded as a commercial activity and included as a permitted use in certain commercially zoned districts, while in Richmond it is permitted in both commercial and agricultural areas.

It should be noted that in all of the above mentioned municipalities, as in the case of Burnaby, no particular special provisions have been made for this relatively new concept of a centralized hospital facility served by a number of clinics. However, such a use would be accommodated under current zoning regulations.

D. PLANNING CONSIDERATIONS AND CONCLUSIONS

The proposal which has been made is that the Burnaby Zoning By-law be amended in order to provide for the inclusion of central veterinary hospitals as a permitted use in industrial districts. While provision has been made for animal hospitals in the M3a designation under the existing regulations, this is not regarded as a particularly suitable category considering the limited area which it covers and the types of uses accommodated (i.e. auto wrecking and junk yards, kennels, the storage of explosives, the keeping of cows, goats, horses, mules, pigeons, poultry, etc.)

Animal hospitals are already permitted in the C4 (Service Commercial) District and if we accept the statement that the trend in veterinary treatment is toward the development of a completely enclosed air conditioned facility without external runs, then there would appear to be justification for the permitting of a central veterinary hospital use in industrial categories other than the M3a designation.

On the other hand, it might well be argued that since an animal hospital is clearly a commercial use its operations should be confined to commercially zoned sites and that its widespread addition to industrial zones would add to the growing "intrusion" of commercial developments into industrial areas and the resulting preemption of industrial tracts by non-industrial enterprises.

However, this type of use, described earlier in the report as a large centralized hospital facility serving a number of clinics, would suggest an extensive catchment area. Therefore, the numbers involved would be quite minimal - likely only one or possibly two in the entire municipality.

There is little doubt that some traffic would be generated by such a use. This factor, and its animal treatment function would indicate that a site in close proximity to residential development should be avoided. The M4 (Special Industrial) District permits residential, as well as industrial, development as a principal use and would, in our opinion, provide an unsuitable location for a central veterinary hospital facility. This would also apply to the M5 (Light Industrial) District which, as spelled out in the Zoning By-law, "provides for the accommodation of light industrial uses, encourages a high standard of development and is particularly designed to be located adjacent, or in close proximity to residential areas with a minimum of conflict". This designation has been applied almost exclusively to the Winston Street area where it provides an interface with the residential district to the north.

It is considered, however, that a central veterinary hospital would be a compatible use in a number of industrial zones and that it would provide a needed service to the community. In terms of zoning districts, it is considered that provision should be made for the accommodation of such facilities in conjunction with the M1, M2 and M3 categories.

With respect to development standards, it is felt that the setback, landscaping and screening provisions which apply to all of these districts would suffice for this purpose. Insofar as the building itself is concerned, it is noted that in both the M1 and M2 Districts the housing of uses within a completely enclosed building is required with a number of specified exceptions.

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However, this is not stipulated in the M3 Zone. Because of this, such a requirement should be included as a condition of use in the M1 District since uses in this category are also permitted in the M2 and M3 designations. In addition, it is considered necessary that the terms "central veterinary hospital" and "animal clinic" be defined in the Zoning By-law and that animal clinics be included as a permitted use in the C4 (Service Commercial) District as in the case of the smaller individually operated animal hospitals.

E. PROPOSED ZONING BY-LAW AMENDMENTS

The following amendments are proposed to the regulations governing central veterinary hospitals, animal hospitals and animal clinics in the Burnaby Zoning By-law:

1. Definition of "Animal Clinic"

The addition of the following definition to Section 3:

"Animal Clinic means any building, structure or premises in which the business of minor treatment or diagnosis of animal sickness or disease is carried on and in which no provision is made to keep or board animals. An Animal Clinic shall be operated by a qualified veterinarian and be subject to the provisions of the Burnaby Kennel Regulation By-law 1960."

2. Definition of "Central Veterinary Hospital"

The addition of the following definition to Section 3:

"Central Veterinary Hospital means an animal hospital which operates 24 hours a day providing hospital facilities for the patients of participating member veterinarians and which serves a number of animal clinics on an area wide basis, and where no provision is made for the keeping or boarding of healthy animals."

3. Uses Permitted in the C4 (Service Commercial) District

The amendment of Section 304.1 (Uses Permitted) to allow for the addition of "Animal Clinics".

4. Uses Permitted in the M1 (Manufacturing) District

The amendment of Section 401.1 (Uses Permitted) to allow for the addition of the following:

"(18) Central Veterinary Hospitals, subject to the following conditions:

- (a) Resident veterinarian or caretaker quarters shall be located within and form an integral part of the principal building and not be used for family accommodation.
- (b) All facilities shall be located within a completely enclosed building.
- (c) All facilities shall meet the requirements of the Health Act and pertinent regulations made pursuant thereto.
- (d) No outside storage of goods or materials shall be permitted."

(This use and the related conditions would automatically extend to the M2 (General Industrial) and M3 (Heavy Industrial) Districts, including the M3a designation.)

5. Uses Permitted in the M3a designation of the M3 (Heavy Industrial) District

The deletion of sub-clause (c) (animal hospitals, including caretaker accommodation) of Clause (15) of Section 403.1 (Uses Permitted).

(This would remove animal hospitals as a permitted additional use in the M3a designation and replace it with the preceding item 4 above.)

Finally, the approval of the foregoing regulations would necessitate some revisions being made to the Burnaby Kennel Regulation By-law 1960 in order to bring it into conformity with the provisions of the Zoning By-law. This would be the subject of a separate report to Council.



A. L. Parr
DIRECTOR OF PLANNING

RBC/hf

Attach.

c.c. - Chief Public Health Inspector
Municipal Solicitor
Assistant Director - Long Range
Planning and Research

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BURNABY-NEW WESTMINSTER
VETERINARY CLINIC

126

55 - 8TH AVENUE, NEW WESTMINSTER, B.C. V3L 1X6

DR. JOHN F. WALLER
DR. T. ROBERT WATT

PHONE: 526-2861

February 27, 1979

Mr. R.B. Chilton,
Assistant Director,
Long Range Planning and Research,
The Corporation of the District of Burnaby

Dear Mr Chilton,

Re: Application for amendment to the Burnaby District Planning Bylaw to allow animal hospitals to function in all other Industrial Districts including M3(a).

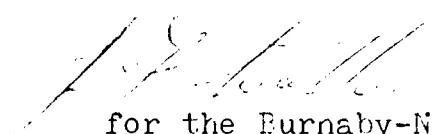
Further to our discussions today, a decision was made by our veterinary group to proceed with an application to amend the current municipal bylaw to allow animal hospitals to operate in all other Industrial Districts including M3(a).

Although we as a group, are proposing a different approach to practice for economic reasons, as well as for overall improvement in veterinary practice, the bylaw amendment should not affect traditional ways of practice. Instead, it would simply allow veterinary hospitals to locate in less expensive but useful areas, if they so desired.

We enclose herein our proposal, the economic factors, the trends in veterinary hospital design the philosophy of our approach, some current articles on the utility of this approach and a preliminary sketch of our proposed hospital.

Hoping to hear from you directly if further information is requested.

Yours very truly,


for the Burnaby-New Westminste
Veterinary groups.

Enclosures

1. Proposal
2. Photocopied articles
3. Sketch of proposed central

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BURNABY - NEW WESTMINSTER
VETERINARY CLINIC

55 - 5TH AVENUE, NEW WESTMINSTER, B.C. V3L 1X6

DR. JOHN F. WALLER
DR. T. ROBERT WATT

PHONE: 526-2861

Proposal to amend the corporation of the District of Burnaby Bylaw to allow Veterinary Hospitals to operate in Industrial Districts.

Introduction:

Veterinary hospitals have traditionally been associated with highly visible, commercial core areas to ensure that client traffic patterns and the hospital are on the same path thus ensuring a degree of financial success. Problems associated with this viewpoint have been the nuisance value associated with veterinary hospitals; the costs of operating these facilities in expensive locations; and the availability of properly zoned locations.

In the districts of Burnaby two specific zoning districts, C4 and M3(a) will allow a veterinary hospital to operate. This proposal will demonstrate that industrially zoned land should be available for use by veterinary hospitals. Many of the businesses legally able to utilize this class of district have more "nuisance" problems than a modern veterinary hospital. A Veterinary Hospital would pose no problem to the "community" of an industrial area, were it allowed to operate in an industrial zone.

Economic Factors:

Traditionally, as stated in the introduction, veterinary hospitals have situated themselves within commercial property. They have housed complete facilities, i.e. offering laboratory, radiographic, surgical and consultative services. The location of the facilities have been partly based on zoning restrictions as well as the need to be highly visible.

Inflation has affected the cost of operating these facilities to the point where many hospitals have found, especially in leased premises that the cost of running the business easily outpaces any fee or volume increases. Hence it has been recommended that veterinary practices should follow the lead of human medicine, where by centralized facilities are available for those patients requiring outpatient type care and not hospitalization.

The advantages at first glance are obvious. More professionals utilizing one facility, the cost of which is shared by those using it. More efficient utilization of the facility 24 hours a day, 7 days a week.

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BURNABY - NEW WESTMINSTER
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55 - 8TH AVENUE, NEW WESTMINSTER, B.C. V3L 1X6

DR. JOHN F. WALLER
DR. T. ROBERT WATT

PHONE: 526-2861

A further advantage is that the facility can be central but does not by necessity have to be highly visible; the outpatient facilities will achieve that goal. It can occupy less expensive property and make the outpatient facilities it serves more viable.

This is in essence is the economic basis for our proposal.

Practice Trends Hospital Design in Veterinary Medicine:

Over the last decade or more veterinary hospital design and facilities associated with veterinary practice have changed quite dramatically. Many practices, in order to supplement their income ran boarding kennels in addition to their veterinary services. The consequent nuisance problems as well as the uneconomic return for time spent has in large part moved veterinarians to the view that they can generate more income by practicing only medicine and surgery within their premises.

The other trend to be aware of is that due to improved practice standards, design and environmental concerns the modern veterinary hospital is a totally enclosed operation. No longer are outdoor runs acceptable and furthermore, the modern animal hospital is air conditioned, with ventilation and air exchange and venting being a prime concern in hospital design. The fact is, that with the improvements in design and practice standards it is most probable that the modern veterinary hospital could function very well in all the commercial districts and would pose absolutely no difficulty in operating in the industrial district.

B.N.W. Veterinary Groups Philosophy of Practice:

The thread of practice philosophy which underlies our proposal is that centralized veterinary hospitals provide a higher standard of care for their patients a central facility should be able to utilize facilities and locations not commonly thought to be useful to conducting veterinary practice. A central facility encourages specialization and economics of scale not found by individuals operating total operations on a limited budget. In essence centralized facilities are the future trend and as new veterinary students graduate this philosophy will be considered "traditional".

We enclose four photocopies of articles written about other veterinary groups who have put this philosophy into practice and their comments about its successes and failures.

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DR. JOHN F. WALLER
DR. T. ROBERT WATT

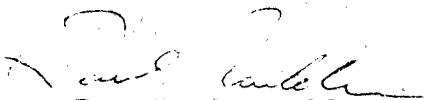
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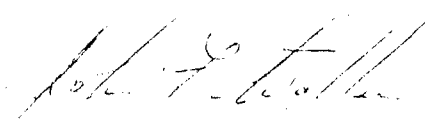

Our veterinary group would emphasize that the decision to allow veterinary hospitals to operate in these districts should not be made on the basis of this philosophy alone, as we feel traditional practice philosophy could utilize the industrial districts as well. Our group feels however that our approach would make better use of these districts because we would maintain outpatient offices in the commercial zone for viability but be able to house the expensive and spaceintensive aspects of the hospital in less expensive and less residential areas. This approach also means that outpatient hospitals can be closely associated with the community it serves but the central hospital does not have to have this close contact.

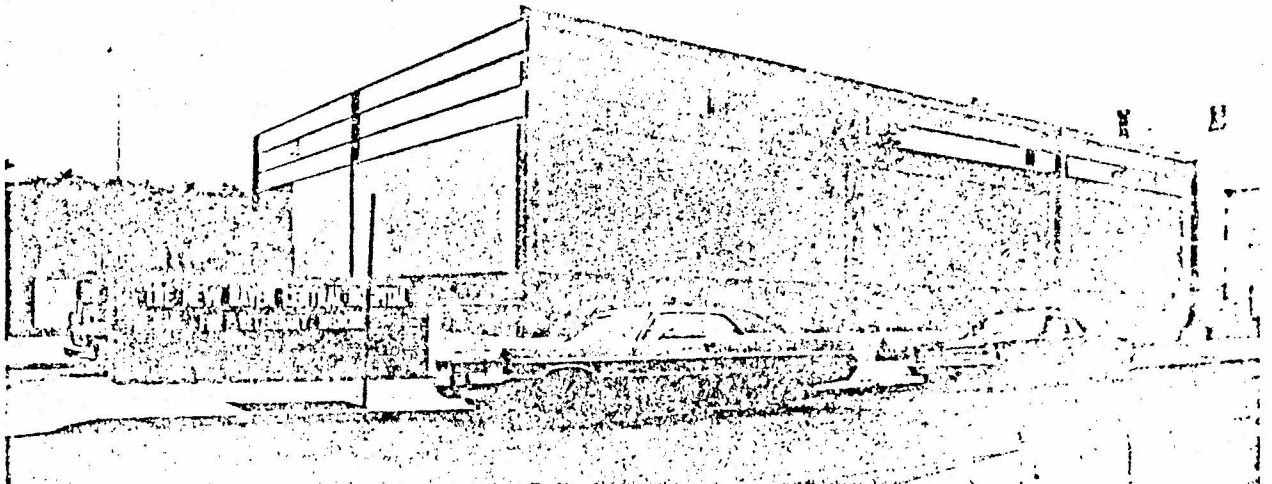
Our groups encloses a water colour sketch of the facility we envisage constructing. We feel that it is both aesthetically pleasing and maximizes environmental and landscaping principles and would enhance any location in which it was constructed.

Our veterinary group would encourage recommendation of an amendment to the planning bylaw to allow animal hospitals to operate in all other industrial districts in addition to M3(a). Certainly the precedences of other municipalities in this regard would suggest that such a use is acceptable to others in this type of location. We know that for ^{the preferred} ~~the~~ preferable economically and we feel that the interests of the community are not jeopardized but in fact are enhanced.

Burnaby-New Westminster
Veterinary Groups,


Dr. Paul Rumble
Kingcrest Animal Hospital

 
Dr. John F. Waller Dr. T.R. Watt
Burnaby-New west. Vet. Clinic



NEW HAVEN'S CENTRAL HOSPITAL

Truly A Central Hospital



Featured in the New Haven hospital building are a two-level floor plan and some special features to help in handling trauma cases.



AMERICAN HOSPITAL ASSOCIATION
MERIT AWARD

ONE OF THE MAJOR problems in establishing a central veterinary hospital is getting people to understand what you are trying to do. In New Haven, an attempt has been made to remedy this with a hand-out sheet which is available at each member clinic. By answering questions about the central hospital concept and the New Haven facility, it increases client understanding and helps assure smoother handling of hospital cases.

In 1974, according to the literature, Connecticut defined a central veterinary hospital as one which is, "... organized, controlled and operated by licensed veterinarians as a facility with a fixed location, which receives patients from offices, clinics, or other hospitals, is equipped to care for medical, surgical and dental cases and has a resident veterinarian in attendance at all times." In keeping with this definition, the New Haven central hospital is devoted entirely to surgical, diagnostic, emergency and hospital care of the patients of

participating member veterinarians. It is open 24 hours a day, with at least one veterinarian and one trained assistant on duty at all times. Its staff consists of the member doctors, resident veterinarians and several trained assistants.

Two-Floor Structure

The 8,600 square feet of usable space in the building is divided into two levels. The upper has been designated the medical floor and the lower, the surgical floor.

Originally, it had been planned for a single level. The intent was to develop a floor plan around a central prep/treatment area, with an adjoining intensive care ward. On one side of that central hub would have been four surgical suites, with laboratory, pharmacy and wards beyond them. On the other side would

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CENTRAL HOSPITAL *continued*

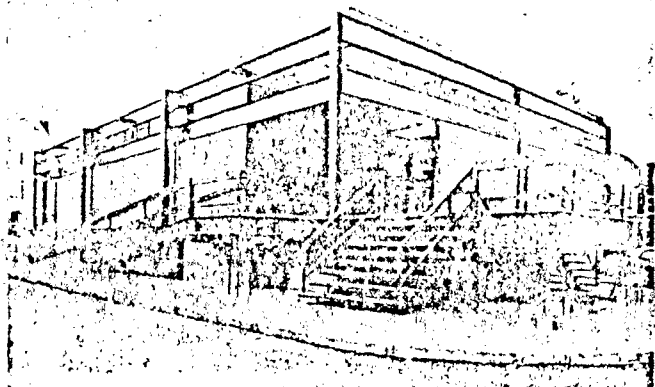
have been the reception area, exam rooms, business office, radiology, etc. It was felt that this centralized design approach would permit the best possible utilization of personnel.

When preliminary plans were sketched, it became evident that the one-floor approach would be impractical. In order to include all the desired features, an extremely long, spread-out building would be necessary. The 16,000 square-foot construction site simply could not accommodate such a structure and have enough space left over for necessary parking. Thus, the decision was made to construct a two-story building. And while they were at it, the doctors decided to have their architect design a building onto which a third floor could be added without altering the basic structure. This requirement was in anticipation of specialty practices which will require office space in the hospital.

Medical Floor

Stairs and a ramp on the outside of the building lead from the parking lot up to the medical floor. On that level are the reception area, pharmacy, exam rooms, laboratory, resident's apartment, consultation room, treatment rooms, business office and wards.

Startling departures from standard concepts are evident throughout, beginning with the view which is seen by clients as they



RAMP permits injured patients to be placed on treatment table in parking lot and transported into the hospital with a minimum of handling.

enter the building. Dominating one wall of the waiting room is a 25-foot mural depicting the association of mankind and the dog throughout history. It is the work of Ernest H. Hart, an internationally known animal painter, illustrator and abstract impressionist. Mr. Hart is also the father of Dr. Allan H. Hart who is one of the veterinarians in the New Haven Central Hospital group. It is that mural which is illustrated on the cover of this issue. Details about it are given on page 21.

A feature almost as startling as the waiting room mural is the elevator which takes patients from the medical floor down to surgery. There is probably no slower-moving conveyance anywhere. And no one is complaining about it.

When they developed specifications for equipment to be installed in the hospital, the

continued

GENERAL INFORMATION

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| Hospital: | New Haven Central Hospital for Veterinary Medicine 843 State Street New Haven, Conn. 06510 |
| Owners: | see page 22 |
| Employees: | 9 full time 7 part time |
| Practice: | 100 percent small animal |
| Architect: | Vincent C. Amore 65 Elm Street West Haven, Conn |
| Cost: | Site: \$16,200 Construction: \$375,000 Equipment: \$60,000 |
| Sq. Ft. Cost: | \$43.60 |
| Cages: | 80 |
| Runs: | 12 |
| Parking: | 17 |

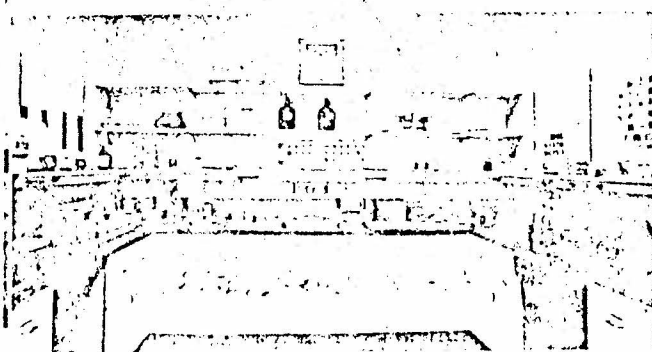


CENTRAL HOSPITAL continued

doctors learned of research which had been conducted at the University of Pennsylvania concerning the effects of atmospheric pressure variations on patients in cardio-vascular shock. The research showed that rapid vertical movement can cause a great drop in blood pressure and decreased cardiac output, with disastrous consequences. It was decided that the elevator for the hospital should be as slow-moving as possible. And that it is, having been timed at 23 seconds for the 12-foot trip from one floor to the other.

While the elevator decision may seem to have been somewhat extreme, it was actually quite consistent with the doctors' philosophy concerning emergencies. Proper handling of such cases was, of course a fundamental objective in the planning of the hospital. It is one of the reasons for the 24-hour schedule which is maintained.

The slow elevator is only one of the precautionary measures which have been taken. The ramp on the outside of the building is another. It helps avoid unnecessary handling of patients. When a client drives into the parking lot



LABORATORY is equipped for almost any test which might be required for hospital patients.

TREATMENT cubicles, located on medical floor, aid efficiency. Extra space in front of them is available for future expansion

with an injured animal, a four-wheel treatment table is rolled down the ramp, directly to the car. The patient is carefully moved onto the table and, if necessary, IV treatment is begun. Then, the table is taken up the ramp, through the front door, onto the elevator and down to the lower level. The trauma room is located immediately next to the elevator. Once an injured animal is placed on the cart in the parking lot, it need not be taken off again until after treatment has been given and its condition has been stabilized.

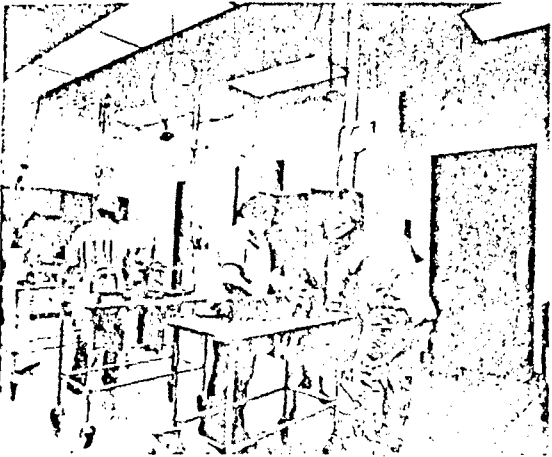
Animals not requiring surgery or emergency treatment, remain on the upper level and are placed in one of the two medical wards on that floor. The treatment area, which is adjacent to the wards, contains three treatment cubicles, each measuring approximately 7½ by 8 feet. They increase the efficiency of that department by permitting the treatment of at least three animals at the same time.

In front of the three cubicles is a large open area where additional treatments may be given. That is not intended to be its permanent use. The space has been tabled, "future expansion," and is the place where a stairway will be installed if and when a third floor is added to the building.

One of the more impressive sights on the medical floor is its centrally located laboratory. The 13 by 27-foot room reflects the participation of Dr. George Osbaldiston in the planning of the hospital. A clinical pathologist at Yale, Dr. Osbaldiston is helping develop the facility into what will be a totally self-sufficient laboratory for the central hospital and its member clinics. Even now, only the most sophisticated tests must be sent to outside laboratories.

Surgical Floor

Some of the room arrangements which had been incorporated into the original one-floor plan for the hospital are still evident in the two-story layout. This is particularly true on

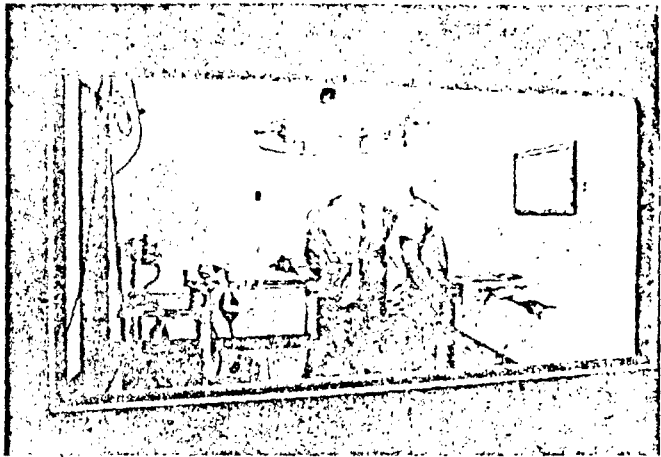


PREPARATION area is located between two pairs of surgery rooms. Door at right is one entrance to surgery. Open door leads into

the surgical floor. There, four surgery rooms are arranged in pairs on opposite sides of a large preparation area. Each pair is served by a scrub room containing two sinks.

With eight separate practices sending surgical cases to the hospital, the four operating rooms are not considered superfluous. The doctors point out that it is not uncommon for all of them to be in use at one time. All four are used exclusively for aseptic surgery, with non-sterile procedures, such as the application of splints and flushing of abscesses, relegated to the trauma room.

Also adjacent to the prep area is the hospital's intensive care unit. It has been situated so that post-surgical cases, trauma cases and any other patient requiring close observation can be seen from the prep area. Some consideration was given, during the planning stages, to eliminating a glass wall which



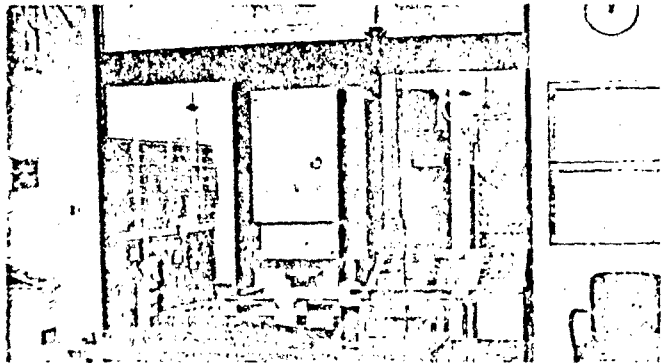
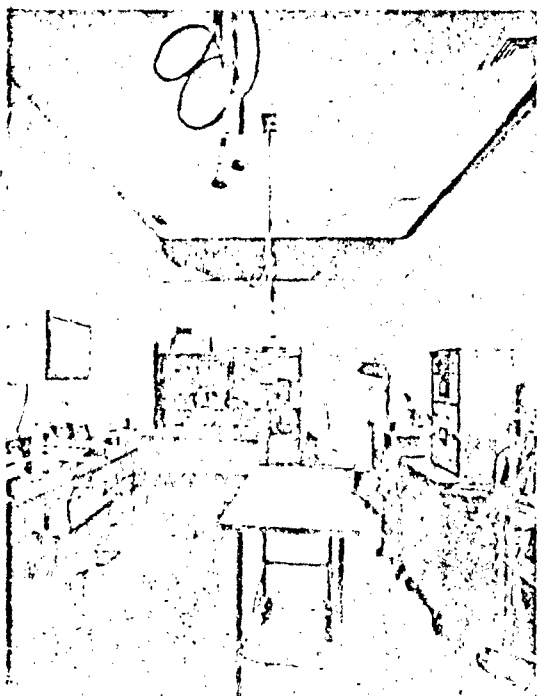
scrub room which serves two operating rooms, one of which has a viewing window. All four rooms are used exclusively for aseptic surgery.

separates the intensive care room from preparation. It was decided that the added cost of the glass wall was outweighed by the advantage of keeping out noises which might stimulate animals as they came out of anesthesia.

Other rooms on the surgical floor include an employee lounge, three wards for surgical cases, radiology, an autopsy room and several storage areas.

Although the original preference may have been for a one-floor building, the practitioners at New Haven Central Hospital seem to be quite happy with their two-floor layout. One recalls that his university had a large, modern small animal clinic, all on one floor.

"We would get tired, just walking around the place," he says. "It was a long way from the surgical wing to the medical wing and took a good bit of our time. This two-floor arrangement is far more efficient."



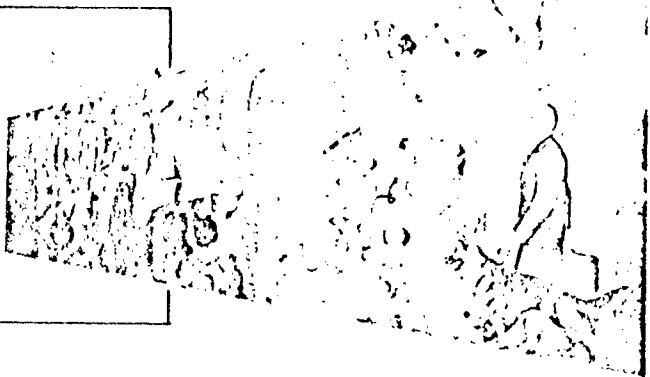
INTENSIVE CARE room is located adjacent to prep area, separated by a large glass wall.

TRAUMA ROOM is near elevator, so emergency cases need not be wheeled through surgery area. Non-sterile work is done here.

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NEW HAVEN'S CENTRAL HOSPITAL

**Dedicated
To A
Common
Philosophy**



A tour of the member clinics reveals each to be a totally autonomous establishment, all stronger because of the ties at the center.

THE NEW HAVEN Central Hospital for Veterinary Medicine is exactly that—a central hospital. It functions essentially the way most human hospitals do. Doctors utilize it for traumatic emergencies, surgery, major laboratory workups and overnight medical hospitalization. Routine examinations, consultations, treatments and inoculations are provided at veterinarians' offices, which are located at various distances from the central hospital, within a radius of about 20 miles.

The relationship between the member clinics is one of coordinated independence. Each is a separately-owned, completely autonomous facility. Each has been structured to suit the personality, preferences and practice requirements of its owner. Each reflects the unique nature of the clientele it serves and the character of its environment.

Yet, despite the fact that each practitioner is completely independent from the others, all are dedicated to a common philosophy. They have fully accepted the concept of a central hospital because they are convinced that it advances the practice of veterinary medicine in several important ways. Among these are the following:

- The central hospital creates a constant, challenging learning process in veterinary medicine.
- Since the central hospital is open 24 hours a day, seven days a week, it permits the running of laboratory tests every hour of

every day, or whenever necessary for the well-being of a patient.

- The hospital staff includes residents who are able to handle many of the emergency cases which do not require the attention of the regular practitioners.
 - Many medical people and specialists are attracted to the hospital because the cases of interest to their fields are numerous enough to justify contributing their added capabilities and expertise in comparative medicine.
 - Grand rounds, case conferences and occasional lectures by visiting professionals add a new dimension to companion animal medicine.
 - Each doctor in the group gives time to formal education with lectures and/or demonstrations to residents.
- Most of these points and many more were touched upon by the practitioners when they were interviewed in their respective clinics.