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The Best Doctor

A Thesis

Submitted to the Graduate Faculty of the
University of New Orleans
in partial fulfillment of the
requirements for the degree of

Master of Fine Arts
in
Film, Theatre and Communications Arts

by

Mary Sparacello

B.A. Brown University 1999

May, 2011

For Paul

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Table of Contents

Abstract..... vi

Preface..... 1

Learning

A Veterinarian is Born.....8

Life on the Farm.....16

Complications21

An Officer and a Veterinarian.....28

Starting Out.....34

Living

To Catch a Bird Thief.....44

Bred to be Bad51

Cat Lady.....59

Animal Cruelty.....64

Things You Didn't Know About Animals.....70

Letting Go

End of Life77

How Things Have Changed.....83

Vita.....93

Abstract

This is a book about the forty-four years my father has spent as a veterinarian. The book begins with his life growing up on a Nebraska farm and describes how he decided to become a veterinarian. I detail some of the most memorable times in his life, such as serving as a veterinarian in the Air Force and starting out in private practice. Readers will be introduced to some of the characters he has met along the way -- both human and animal -- and to controversies in the ever-changing world of veterinary medicine.

Veterinarian, Robert Swerczek, Nebraska farming

“The best doctor in the world is the veterinarian. He can’t ask his patients what is the matter—
he’s got to just know.” –Will Rogers

Preface

In his forty-four years as a veterinarian, my father Robert Swerczek has delivered countless puppies and kittens as well as some calves, colts and rabbits – and one baby boy. It is one of my family’s favorite stories that he delivered my younger brother, Rob. One Sunday evening my parents were in the hospital’s labor and delivery wing awaiting my brother’s arrival. My mother was dilated four of the ten centimeters. She knew from two past deliveries that when she hit five centimeters labor progressed very quickly. In her pain, she hollered and hollered at the nurse to get the doctor, convinced that the baby’s birth was near. But the nurse refused, saying that the physician couldn’t be disturbed until birth was “imminent.” So it was just Nurse Solomon and my father.

The baby started coming faster than Nurse Solomon had expected. “Just like I told them,” my mother related to me, wincing as she remembered learning that there was no doctor to deliver an epidural. Realizing that birth actually was imminent, the nurse called the doctor and told my mother to lie on her side to slow the labor until he could arrive.

That’s when the veterinarian in my father took charge. “She can’t,” he firmly told the nurse. “The baby’s coming.” He picked up a large container of Betadine, an antiseptic, and dumped the cool liquid on his wife’s body. The nurse worked with him to coach the final pushes. Though my mother worried because the doctor wasn’t there, she had more confidence in the veterinarian than in the nurse. “Who would *you* trust?” she asked me. “Here is someone who delivers animals and keeps them alive.”

More than thirty years later, my mother is still angry that only Nurse Solomon’s name is on the birth certificate as the person who delivered my brother.

When I was deciding on a subject for my thesis, childhood stories kept popping into my head. My brother's birth is one of my favorites, and like most of the tales, it involves my father's expertise as a doctor. During my childhood, he owned three veterinary clinics in or near Omaha, Nebraska. In this book, I relate tales that have gone down in family lore. A favorite is the time my father accompanied a client to a breaking-and-entering, and another, when he apprehended a bird thief, made it into the pages of Omaha's daily newspaper. He helped an elderly woman who had more pets than she could handle, and he still treats animals for a client who was viciously attacked by her dog. One of his saddest tales is that of two dogs poisoned by their owner. Once I decided upon him as my subject, I interviewed him over the phone for dozens of hours and in person, when I visited him in Omaha, or when he visited me in New Orleans. I learned that the breeds of dogs and cats he saw were as varied as the people who owned the animals. Some clients pamper their pets with expensive dental surgery or massages. Others have paid not in cash but with dentistry, sandblasting or electrical work.

When I was choosing where to start my father's story, I decided to begin with how he chose to become a veterinarian. His zeal for animals originated during his childhood on the farm. Interestingly, his older brother Tom also became a veterinarian. His younger brother Steve became a farmer. Obviously working with animals is in their blood.

Much of the first part of my thesis is in chronological order, starting with my father's life on the farm, his stint in the Air Force and then the uncertainty and excitement of starting a business. After that, I fill entire chapters with the most exciting stories and characters encountered during a four-decade career. I also explain some of the controversies that surround veterinary medicine, such as animal hoarding and cosmetic surgery. I wrote an entire chapter about euthanasia after I realized how common it is; veterinarians might put an animal to sleep

every day. It must take such a toll on some veterinarians unless they believe they are doing the best thing for a sick animal. While researching this book, I learned that animals will eat almost anything, from socks to sewing thread to rubber baby-bottle nipples. The procedure to remove these objects, called foreign-body surgery, is one of the most common surgeries veterinarians perform.

I write about how much veterinary medicine has changed throughout the years. People are spending more money on their pets, likely because they have more disposable income. Specialization is the wave of the future for many vets, from oncologists to surgeons. Who knew cats were good candidates for kidney transplants? And while the proliferation of specialists has affected my father's job, the profession is not that different for a general practitioner than it was four decades ago. He is still most concerned with day-to-day, preventative pet care.

Anyone writing about veterinary medicine in the last few decades has been influenced by the stories of James Herriot, and I am no different. From the outset of his first book, All Creatures Great and Small, Herriot's charm and wit are evident almost immediately. I was hooked from the first scene, when Herriot, a pen name for James Alfred Wight, is awakened at two in the morning to "bump over twelve miles of frozen snow" to help birth a calf. Sweaty, "face down in a pool of nameless muck," with his "arm deep inside a straining cow," he thinks back to his veterinary textbook. In it, a man in spotless overalls is birthing a cow. "He was relaxed and smiling, the farmer and his helpers were smiling, even the cow was smiling." It didn't help Herriot that the farmer's brother was watching him, hoping he would fail and constantly comparing the young vet to a more experienced vet. After a two-hour birth, which included Herriot's giving the newborn calf mouth-to-mouth resuscitation, he "felt as though I had been beaten for a long time with a thick stick." The farmer, Mr. Dinsdale, asks him, "How

about a drink?” Herriot smiles, a vision of hot tea and whiskey swimming before his eyes, and he says he would love a drink. No, the farmer says, “I meant for the cow.”

Even when Herriot pokes harmless fun at the animal owners, he never ridicules, and always makes more fun of himself. I can see something of my father in the character of Herriot. He, too, has a quick wit. Like Herriot, he respects the animals he treats and their owners.

Another work that inspired me was written by the man Vanity Fair called “the Godfather behind the creative nonfiction movement.” Lee Gutkind penned The Veterinarian’s Touch, a 1996 work that follows different veterinarians, their patients and the pet owners. He details high-end Manhattan practices, primitive farms, zoos and racetracks. Gutkind has written many books about human medicine and in The Veterinarian’s Touch, he compares the two types of medicine. To him, “veterinarians seem more people-oriented and humanistic than many physicians.” That is not meant to be demeaning to physicians, he hastens to add, but highlights how difficult the job of a veterinarian is: communicating with a patient who can’t communicate. Gutkind said that as he learned more about veterinary medicine he found himself “wishing that sick people who went to doctors were treated like animals; that is, that humans were touched in a special caring way by their doctors, looked in the eye and talked to with interest and compassion.” I found his perspective so interesting, especially after learning that a handful of physicians who normally treated people handled some of my father’s most baffling cases before veterinary specialists were available.

As I learned more about veterinarians, I came to realize that their work transcends the realm of animals. Though they are animal doctors, they deal with human personalities too. I describe Nora Wilson, who adopted animals to fulfill a need in her own life. I introduce readers to people deciding to end the lives of their ailing pets and to other people who put their needs

second, molding their own lives around providing constant care for their animals. Pet owners sometimes must decide how important their animal companion is to them – maybe whether setting the leg of their dog or cat is more necessary than having their own hair highlighted or even more important than paying their house note. I include the story of my own father and his fear when as a young vet student he operated on his family’s pet in a difficult surgery. It is this human element of veterinary medicine that I hope makes this a book not just for pet owners, but for everyone.

Learning

A Veterinarian is Born

On most winter nights in the 1950s, the five Swerczek children stayed in the kitchen, normally the only room of their Nebraska farmhouse with heat. The oil-burning stove, used both for cooking and as a heater, kept the small room toasty. The children played cards, listened to the radio or read books. One evening their mother opened the kitchen door and beckoned her son Robert.

“We need help out at the hog shed,” she told him and hurried back outside. He put a coat and jeans over his long johns to insulate him from the icy winter. The warmth of the kitchen quickly became a memory as he scurried to the pig sty half a football field from the house. The size of a two-car garage, the building held enough pens for about ten adult pigs and their litters.

Ten years old at the time, he opened the shed door and closed it quickly behind him. He joined his mother and father who were crouched over a black-and-white Hampshire sow that lay on her side. Eight piglets jostled each other as they suckled at their mother’s teats. Each foot-long piglet weighed five to six pounds. The birthing had started more than an hour earlier, with the piglets all sliding from the birth canal and into the arms of his father, Walter. He wiped the afterbirth from each newborn’s nose and gently placed them to suckle, being sure to shine the heat lamp on each piglet. He watched to ensure the sow didn’t accidentally squash her babies. But now the Hampshire was exhausted; she had stopped laboring with at least one piglet still inside her.

“C’mere, Robert,” his father commanded. “She’s ready.”

They knew it was possible that the sow was having trouble birthing because her final piglet was stillborn. In that case, they would have to work fast to help restart labor or the tiny,

dead body might start to swell and poison its mother. But it was more likely that the piglet was alive and the sow was just too exhausted to continue laboring. If the sow waited too long to give birth, the piglet's umbilical cord could separate from the placenta and the piglet could die. Each pig brought the family twenty-six dollars. Every dollar was important in a household in which where the five children shared one Christmas gift each year, and the three brothers shared one bed.

Farm sons know from toddlerhood that every minute is important. Robert hurriedly lubricated his hands with dishwashing liquid and kneeled beside the grunting sow. His parents picked him to help because he was the oldest child in the family with small enough hands. Only someone with a small hand could help restart the sow's labor because her birth canal was no bigger than the opening of a jelly jar. He took a deep breath and inserted his hand up to his elbow, feeling in her warm, moist innards for the piglet's legs and tail or snout. He grabbed a leg and pulled, and the sow began to labor again. He tugged the piglet's body in concert with the sow's contractions. Only a couple of minutes later, the piglet gasped oxygen and squealed for the first time.

Robert used a washcloth to clear the piglet's mouth and nose of mucous. As he watched the tiny animal sucking in the nutrients from its mother's teat, a sheen of sweat covered his forehead and he sighed in relief and exhilaration.

A veterinarian was born.

My father entered the world in 1942 on a kitchen table in the tiny farm town of Cedar Rapids, Nebraska. His mother Lucille was the daughter of well-off German farmers. She finished high school where she learned Latin and German. His father Walter was the son of poor Polish

immigrants. He left school after the sixth grade because his parents needed him to work on the farm. When he was twenty-one years old, my grandfather's family lost their farm in the Great Depression. Being practical, he recognized that he needed to earn money to survive and help his family. He worked as a farmhand for other families, until he met my grandmother at a dance. When the couple married, they bought my grandmother's two-hundred-acre family farm from her two sisters.

On the farm, the family grew corn and wheat and raised chickens, some to sell and some to eat. They raised dairy cows, beef cows and pigs. My grandmother and grandfather had five children; my father was the middle child. He and his two brothers and two sisters awoke every morning at about six, which was typical of farm life. After eating a breakfast of eggs or corn flakes, they milked the dairy cows, sometimes squirting milk into the mouths of the cats that circled the cow's feet. They separated the cream to sell, saved some milk for the family and fed the rest to the livestock. After school, they slopped the pigs by throwing a mixture of water and grain in the trough, fed the hens, gathered the eggs and again milked the cows.

My grandparents learned frugality in the Great Depression, so their family was self-sufficient. They alerted the town's veterinarian, a short man always chomping a cigar and wearing a white doctor's coat, only for emergencies or complicated procedures. A cow that ate too much might get so gassy that it had difficulty breathing. In that case, the animal's stomach blew up like a balloon and jutted from its body. The veterinarian passed a hose down the cow's throat to its stomach in an attempt to suck out the gas and relieve pressure. The cow belched methane gas and its stomach deflated immediately. In another case, a cow that shook and staggered until it fell down likely had milk fever. Milk fever, caused by low blood calcium, is usually the result of a calf leeching calcium from its mother's body. The veterinarian healed the

cow before her heart failed by injecting calcium into the animal's vein. My father remembers watching in amazement as the cow, which looked lifeless before the shot of calcium, seemed to rise from the dead.

He was in grade school when he first knelt on the ground and held a squirming pig, his knee on the animal's head, and watched as his father castrated the pig with a sterilized stainless steel knife. The pig's open wound healed within a few days. Farmers castrated pigs because, without male hormones, they are easier to handle, grow faster and produce fatter, better-tasting meat.

Cows were the most valuable animals on the Swerczek farm. Everyone pitched in when a cow was having trouble giving birth. Heifers only gave birth once a year, in the spring, and a newborn calf could be worth a hundred dollars immediately and five times that after running in the fields for four months. A year-old grain-fed cow was worth seven hundred to a thousand dollars. At that time in the 1950s, a new car sold for five to six hundred dollars, gas was fifteen or twenty cents a gallon and a child could buy a brown lunch bag full of lemon drops and gumdrops for a nickel.

Much like first-time human mothers, cows labor longer with a first birth or if the calf is exceptionally large. Most births took one to three hours and didn't require any assistance. But if a calf's leg protruded from the straining mother, farmers attached a hydraulic jack to the calf's legs and pulled out the animal. My father helped if a cow pushed its uterus from its body, usually because of excessive pushing during labor. The three-foot-long uterus dragged on the ground as the cow stood. Ivory soap was used to clean the organ and a sprinkling of sugar shrank the uterus and made it easier to insert back into the cow's body. If the cow continued to expel the organ, the veterinarian was called to give the animal a local anesthetic to keep it from straining.

A lot of the work that my dad did with animals on the farm he did because it was expected of him, but he also found it fascinating and wanted to learn more. When he was in junior high, he and his older brother Tom decided to teach themselves how to castrate roosters, a process called caponizing. They ordered a caponizing kit from a farm supply catalog. When the kit arrived six weeks later, the excited brothers went up to their bedroom and pored over the five-page instruction booklet that came with instruments. This was my father's first veterinary textbook.

Caponizing is a delicate procedure because the bird's testes are located near its aorta. Even an experienced surgeon nicks the aorta about ten percent of the time, causing the animal to bleed to death. Every time the boys prepared for surgery, my grandmother kept a pot of water boiling on the stove so any mistakes could be butchered, cooked and eaten. Chickens are caponized for the same reason pigs are castrated. The surgery makes the birds grow faster, their meat taste better and the birds less aggressive. "Instead of marking their territory," my father tells me, "and fighting with other roosters, they're more content to just eat and sleep."

The boys built a wooden stand, similar to a podium, for their operating table. For each procedure, the young surgeons restrained the bird's wings with rope and plucked the feathers over the animal's chest. They used the forceps that came with the caponizing kit to grab the pea-sized testes. A chicken's temperature is so high that the boys didn't have to sew up the wound; it healed on its own.

Rooster castration was the first surgery my father performed.

While other high school seniors visited the guidance counselor to decide their career path, my father enrolled in the pre-veterinary program at Kansas State University. On the farm he learned

the basics of how to care for farm animals, but in vet school he learned about sterilization techniques, what medicines to use for different ailments, when and how to give anesthetics and how to perform different surgeries.

Upon becoming a Doctor of Veterinary Medicine, he started working at the mixed-animal practice where he had interned while still in school. Vets at the clinic, on the edge of Omaha, treated dogs and cats as well as farm animals. As the newest recruit, he was on call most nights and weekends. No amount of book-learning and sterile lab environments prepared him for everything life threw at a new veterinarian.

“We’ve got a horse caught in a fence,” the man on the other end of the phone line said one Sunday afternoon.

During the twenty-minute drive to the riding stable, my father tried to picture exactly what he might find when he arrived.

The yearling was between one and two years old, its coat a gleaming chestnut. The half-grown horse had tried to jump a fence but impaled itself on a steel post. The post had cleanly gone into the lower ribcage and out the upper side. Miraculously, the post hadn’t pierced any organs. Seemingly exhausted by frenzy, the horse barely whinnied when my father approached.

The owner had put a halter on the horse’s head and held the animal in place with a lead rope so it couldn’t move and cause additional damage to itself. My father had not treated a horse in this situation in school or seen one while he was growing up on the farm. And he hasn’t in the four decades since. But on that summer day, he just instinctively knew what to do to save the animal.

The easiest way to free the horse involved digging up the post from the ground and then pulling it from the horse’s body. While a hired man dug around the post with a shovel, the horse

was given an intravenous sedative to calm it as well as a local anesthetic near the site of the wound much as a dentist numbs the mouth before a root canal. Carefully and quickly, wearing surgical gloves as thick as meat-handling mitts, my father pulled the post from the horse's body. Blood trickled from the wounds, and he quickly cleaned and sewed the sores and wrapped thick gauze around the horse's thoracic cavity. Two weeks later, he returned to the farm where the horse was confined to a barn and unwrapped the gauze from the animal's wounds. The horse returned to graze in the pasture.

On another weekend, a farmer called about a pig with a prolapsed rectum, which happens when tissues protrude from the animal's backside. The condition can be caused by excessive straining or diarrhea, and can lead, in severe cases, to hemorrhage and death. My father arrived at the pig farm wearing his uniform, a white doctor's coat, tan slacks and a button-down collared shirt. He didn't see anybody, so he knocked on the farmhouse door.

"The pig's in the mud puddle," said the farm matron who answered the door. In the middle of summer, pigs cool off by lying in mud. The woman described where to find the mud hole but made no move to help retrieve the injured pig.

My father walked to his truck, took off his white coat, folded it on the front seat and retrieved his coveralls and overshoes. He grabbed a rope and got into the mud up to his knees. Approaching the pig, he fished around for the animal's leg and tied the rope around it. He then herded the pig out of the mud and over to the truck stocked with veterinary supplies. Inside the vehicle were sutures, a refrigerator filled with medicine and a rope that could be used to lasso calves and pigs. Using the water inside the truck, he hosed off the pig. He cleaned the injury site with water and surgical soap and injected the pig with a local anesthetic to sedate the animal.

Easing the protruding tissue back inside the pig, he sewed a purse-string suture meant to hold the tissue until the rectum healed.

After my father finished the surgery, he hosed himself clean. He took off his overshoes and drenched coveralls. Then he unfolded his clean white coat and put it back on.

Life on the Farm

Growing up, my father ate chicken every day except Sunday and Fridays in Lent. His family ate chicken for dinner. For supper they ate leftover chicken. I remember as a child complaining if my mother made spaghetti twice in one week. When he told me how often his family ate chicken during his childhood, I incredulously asked if anyone ever protested. “I never heard any complaints,” he replied, matter-of-factly. “We were hungry.” Understanding the dynamics of a family that ate so much chicken is easier when the realities of farm life are taken into consideration. Chicken was the simplest meat they could have eaten. It was available and always fresh. Slaughtering a cow or pig meant freezing most of the animal, but chicken was different. “This would be fresh every day,” he said. “Just like milk and eggs were fresh. Nothing was over a day old.”

Growing up on a farm influenced so much of who my father is and why he decided to become a veterinarian. After growing up working with animals, he wanted to continue but with an easier lifestyle than the one he had seen on the farm. And, maybe, a more varied diet.

My grandfather encouraged his children not to become farmers. “We knew how tough it was on the farm,” my father said in an urgent tone. “How hard you had to work at it. How hard it was to make a living.” Farmers didn’t have any control over how much they charged for the crops and for livestock they raised. “You’d do all this work,” he said, “then they’d tell you how much they’d pay for the eggs, how much they’d pay for the cream. External factors were involved. You couldn’t set your own prices for things. Almost everything depended on somebody else telling you how much you were going to get paid for it.” And there were good years and bad. “Some years a drought in another part of the country or the world meant prices for

corn were sky high and you'd make a lot of money. In some years you would do all that work but wouldn't make any money." My grandfather encouraged his children to get an education. He paid for college and graduate school. In return, the children came home and worked on the farm during summer and winter vacations.

The farm would today be considered an organic operation. Animal manure fertilized the soil. On one-hundred and eighty-six acres my grandfather tended livestock, grew corn, alfalfa, oats and wheat. The government only allowed twenty acres of wheat, in order to keep the price stable. The crops were rotated every few years for the benefit of the soil; the alfalfa naturally fertilized the soil and the corn removed fertilizer from the soil.

Before mechanization, which happened about 1950, work horses did the job that tractors later did, such as pulling the manure spreader, the cultivator and corn-planters. Rural electricity came through in about 1947. Before that, the lights ran on a battery-powered generator. The house was wired, with one light bulb hanging from a string on the ceiling in each room. There was no television until the 1960s. A windmill pumped water into a cistern located under the house, then a hand pump pulled the water into the house for drinking and cooking. The area had very good bottom soil, but it didn't rain enough for the crops. A small stream ran through the farm, irrigating the crops during the dry season of July and August. The water source gave the operation a huge advantage over most farms in the area which didn't have irrigation.

As late as the 1960s, a two-stall outhouse was located about fifty feet from the farmhouse. The wooden structure was twice as big as ones used now and had two stalls. During the Great Depression, the Works Project Administration directed the building of thousands of outhouses on farms. "It would be kind of chilly," my father said, laughing as he described using

the building during Nebraska winters. “You didn't take a lot of time.” After 1947, indoor plumbing was installed, though the outhouse wasn't decommissioned until years later.

The children collected eggs from the farm's five hundred laying hens, and the local egg factory picked up the eggs once weekly, paying fifteen cents for a dozen eggs. Hens slept in buildings the size of two-car garages. Light stimulated egg production, so artificial lights were used to keep the hen house at June 21, the longest day of the year. Chickens were butchered when they reached three or four pounds, usually about thirteen weeks of age. A fox got into the henhouse on the morning of my uncle's wedding. My parents, married a few months by this time, were staying in a guest room on the farm and were awakened early that morning by the gunshot that killed the fox. They walked outside to find that twelve chickens that had been killed or injured by the fox were being quickly butchered. The whole family, even the groom-to-be, pulled feathers and cleaned the birds for the freezer.

The family raised a herd of about fifty cows, keeping the females to replace the herd and selling males at the Omaha stockyards when the animals were about a year old. Calves weighed around a hundred pounds at birth, and then took to the pasture for five months. The animals were then vaccinated, castrated, weaned from their mothers and either sold then, weighing about five-hundred pounds, or more usually, put in a feed lot until they were taken to the stockyards at twelve hundred pounds. The children milked twenty American shorthorn cows twice a day, in the morning and evening. They made their own butter, ice cream and buttermilk, and the creamery collected cream in ten-gallon cans once a week. Twenty sows gave birth twice a year to an average litter of ten to twelve piglets. The male and female pigs, called barrows and gilts, respectively, grew to between two hundred to two hundred thirty pounds and then were sold to a local sale barn.

For fun, the boys in the family trapped muskrat, beaver and mink to sell for their fur. They also hunted squirrels, rabbits and pheasants. On Fridays in Lent, the family ate catfish the boys caught in the Cedar River that ran through the farm. They went to Nebraska's Sand Hills once a year and caught thousands of green frogs for bait that they kept in huge water reservoirs on the farm. A six-foot-long willow stick served as a fishing pole.

The only food ever bought from the local grocery store was sugar, flour, breakfast cereal and coffee. One cow and one hog were butchered each year. For the few times that the chicken was gone by supper time, family members ate sausage they made from seasoned beef and pork run through a sausage stuffer. They smoked meat in their smoke house. Every spring they planted a large garden of potatoes, tomatoes, cucumbers, beans, radishes and lettuce. They ate from the garden during the summer and stored twenty bushels of potatoes in the storm cellar, enough to last for the year. The tomatoes, beans and pickles were canned to last a year.

However, those were just complements to the most plentiful entree: chicken. My grandmother went out every morning with a "chicken catcher," a wooden stick attached to a wire rod that caught the chicken's leg and pulled the bird towards her. When she hooked a chicken, she stepped on the bird's body and pulled its head off cleanly. She set the bird foot-first on the ground to bleed out, and it jumped up and down for about thirty seconds, powered by muscular impulse. After softening the feathers in boiling water, she pulled them off. Working fast, she cleaned the bird within one minute. She then butchered the body, throwing away the entrails, liver and heart, unless the cats or dog wanted them.

My grandmother always prepared the meat the same way. She spooned a chunk of lard into a sizzling pan and while the fat was melting, she dipped the chicken pieces into a mixture of flour, spiced with pepper and salt. She then fried the chicken in a quarter inch of lard. "It was

always fried in lard,” my father said. “That’s why it tasted so good. It’d be like Kentucky Fried Chicken.” Each family member always got the same piece. The oldest boy, Tom, took the wishbone white meat, my father got the breastbone white meat, the two girls, Mary Lou and Delores, got the thighs. The baby of the family, Steve, took a leg. My grandma got the back and my grandfather took the pieces nobody else wanted, usually the gizzard.

A favorite family story is about the time my grandmother unknowingly fried the dishcloth she kept near the stove. Somehow the cloth got mixed up with the other pieces of chicken, covered with flour and thrown onto the frying pan. My grandfather took that piece and took a big bite.

“What the hell is this?” he said, staring in disgust at what looked like a piece of dark meat in his hand.

“Oh, Lord,” my grandmother said, looking at the dish towel and laughing. She then referred to the Catholic priest who sometimes went from farm to farm eating with the families.

“What if Father Bueller was visiting?”

“Forget Father Bueller,” my grandfather said, indignantly. “What about me?”

When my grandmother’s relations gathered for Christmas, they tried to outdo each other with the funniest story. She won the story-telling contest that year with this anecdote.

Learning about how often they ate chicken, I am amazed that we actually continued to eat fried chicken a good deal when I was a child. Not every day, mind you, or even every week, but it was no stranger to our dinner table. And my brothers, parents and I always took the same piece.

Complications

There was too much blood. It dripped off the table and puddled on the linoleum floor as my father, then a student veterinarian, tried to stem the bleeding by clamping the unconscious dog's organs and blood vessels. There hadn't been anywhere near this much blood when he spayed animals at school. But now he was home from school, alone in the basement of his parents' house. This was the first time he spayed an animal by himself, without the assistance of other students or a professor. He tried not to panic and focused instead on not killing his family's pet.

My father has treated animals for our neighbors, my school friends, my co-workers, our relatives, even the cop who stopped me for speeding when I was eighteen.

"Swerczek," the police officer said, looking at my driver's license. "I take my dog in to Dr. Swerczek."

"That's my dad," I told the man standing outside my car window.

His demeanor transformed from stern to friendly as he told me about his three-year-old Husky that almost died, if not for the intervention of a kind veterinarian. After he finished the story, he smiled at me and let me off with a warning.

Clients called our home, at night and on the weekends, asking for help with a morose Scottie or a Yorkie that broke into a bag of Snickers. I remember our neighbor bringing a shoebox by our house holding a squirrel that had been run over by a car. The animal's back was broken, and the animal was euthanized.

My father has saved many animals' lives, even over the phone. When my cousin who lives in Kentucky held a dinner party, her cocker spaniel ate an appetizer meatball still on its

toothpick. She called in a panic, and he told her to feed the dog several cotton balls smothered with liverwurst. The cotton wrapped around the toothpick's sharp edges, and the dog passed the toothpick without rupturing its intestines.

I feel as if my father knows everything about animals. That's why it's been a revelation to me, as he's been telling me stories about his life, to learn that he used to be a student who only *thought* he knew it all.

During the summer before his last year of vet school at Kansas State, all the students in his class did an internship, usually at a private animal clinic. Normally, the experienced vets closely supervised the interns. At my father's internship, he worked directly with the veterinarians who owned the practice. But some other veterinarians saw the summer help as an opportunity to go on vacation and leave their interns in charge of the practice.

"Nowadays you wouldn't even think about doing that," my father told me, referring to putting a third-year vet student in charge. He shook his head for emphasis. "Back then it was kind of commonplace."

He remembers a classmate's horror story. That young man interned at a small clinic in rural Kansas. One day, he responded to an emergency call from a hog farm. A sow was in labor, and it had already birthed three piglets. The farmer told the student that the sow normally had ten to twelve piglets every litter. The farmer basically talked him into doing a Caesarean section on the sow to get the rest of the pigs. The farmer's anxiety was understandable; if a sow labors for too long, both the piglets and the mother can die. The student cut into the pig's stomach but found an empty uterus. Embarrassed, he sewed the pig closed.

"Sometimes," my father said, "you do things you shouldn't because of inexperience. It's part of the learning curve." A more experienced vet likely would not have let the farmer

persuade him to perform a C-section, would have waited another hour before cutting the sow open, tried labor-inducing drugs instead of surgery or known from the sow's demeanor that it was finished birthing.

It was while my father was still a student that he performed surgery on his family pet. My grandparents kept ten to fifteen cats around the farm to eat mice, but only owned one dog, always a border collie. They ordered the purebreds from the Sears, Roebuck and Co. catalog for about twenty dollars and picked up the weeks-old pup at the post office in town. The family wasn't sentimental as far as the dogs were concerned; they were all named Shep. Like everyone else in the family, each dog had jobs to do on the farm: guarding the house at night and herding cattle during the day.

My father was on a break from vet school when his mother asked him to spay Shep. Paying the town veterinarian to fix the dog would have cost twenty-five dollars, too much money for my grandparents to spend. Without hesitation, he agreed to do the surgery. He donned latex gloves, a surgery mask, a cotton cap and a green surgery gown that tied behind his back and neck. On a table he had set up a table in the farmhouse basement he anaesthetized two-year-old Shep with a needle and drugs he brought home from school. He tied the dog's paws to the table and clipped the hair on her stomach. He used tools from his surgery pack, clamped the skin on her belly to stretch it tight and cut into her abdomen with a scalpel.

His memory is fuzzy on whether he or his parents knew Shep was pregnant when he started the surgery. She was about three weeks along, so she would have been heavier than normal. However, only an experienced vet could have diagnosed the pregnancy by palpating her pregnant belly and feeling the jawbreaker-sized fetuses in her uterus. If my grandparents did

know Shep was pregnant, they didn't realize how complicated spaying a pregnant dog was, especially under such primitive conditions.

Dog fetuses are full-term at sixty-three days. Shep's three-week-old puppies couldn't live outside the womb. When my father cut her uterus and inspected it, he was shocked at the number of puppies she carried: twelve, compared with a normal litter of about three or four. I ask him if he was scared and how dangerous the surgery was. "Well, it wasn't a normal spay," he says, a shadow passing over his face. When I press him he admits that the fear Shep wouldn't survive was always in the back of his mind, especially as the surgery progressed.

Problems are much more likely in surgery on a pregnant dog. Everything is so much bigger. To spay a dog, a veterinarian removes the animal's ovaries and uterus. In a dog the size of Shep, the horns of the uterus – the muscular sections in which the fetuses develop – would normally have been about four inches long and the diameter of a wooden pencil. Uterus horns in a pregnant collie are anywhere from two-and-one-half to six inches in diameter and two feet long. Think a golf pencil compared to a baseball bat. The amount of blood supplying the ovaries and uterus of a pregnant dog is about ten times more than the amount in a non-pregnant dog. The blood vessels are ten times larger because they have to supply all the fetal tissue and the mother's enlarged organs. So blood loss and going into shock are more likely. Spaying a pregnant dog takes four to five times longer than a normal spay. Instead of fifteen minutes to half-an-hour, the procedure might take one to two hours. And because the surgeon was inexperienced, Shep's spay took more time. The longer the dog is under anesthesia, the higher the risk of complications. And the more time the dog is in surgery, the greater the blood loss.

In school, my father had been the lead surgeon on a few spays. In clinics, four students rotated taking the lead, while the others assisted and a professor walked between the tables of

students. At that time, veterinary students didn't do a lot of practice surgeries. Now, students may perform a hundred spays in a two-week period working for the Humane Society.

Almost as soon as my father started cutting into Shep, he saw much more blood than he was accustomed to seeing during surgery. He first cut the skin on Shep's belly, then sliced through a layer of muscle called the linea alba. Once he was inside her body, he saw the uterus buried within the abdominal organs and abdominal fat. He followed the uterus to the ovaries and then tied off the blood vessels supplying each ovary and cut each one away. Then he tied the horns of the uterus and cut the organ, all the time trying to stem streams of blood. He worked as fast as he could, being careful not to pierce any organs. Working quickly is important during surgery because the animal can bleed to death while the surgeon is figuring out his next step. Any time the vet cuts, there is a risk of hemorrhage, and the animal can bleed out during the time the young surgeon is tying off the organs getting ready to cut them.

When he finished but before he sewed Shep closed, he looked over his handiwork. "The thing you don't want to see," he said, "is a pool of blood with your suture floating to the top. That means you have a spurting vessel. That means something wasn't done correctly." But everything looked fairly dry. "Everything looked as good as it could. I thought the dog could survive." He exhaled in relief and sewed the layer of muscle and peritoneum and then the skin closed with a nylon suture that looked like fishing string.

The first twelve hours of recovery are the most critical, so he watched Shep closely. She woke up as she was supposed to within an hour. Tenderly, he carried her outside to recover and set her in a shady spot on the front yard. The dog arose, still wobbly from the anesthesia, and drunkenly wandered around the yard until she found a comfortable spot under a tree. By the next morning she had recovered enough to eat and drink.

My father is unemotional when I ask him what happened to Shep's puppies. His own feelings didn't play into it; he was a veterinarian working for a pet owner. "That's the last thing they wanted, more puppies," he says, referring to my grandparents. "They weren't in the business of raising more puppies."

With more experience, he might have done things differently. He would have realized Shep was pregnant and might have recommended to my grandparents that Shep deliver the puppies or, if they were adamant she be spayed, that the procedure be done at the university in a sterile environment. At the university, Shep could have been given a blood transfusion or oxygen. Now, before he spays or neuters an animal, he does pre-surgery blood work to assess kidney and liver function to make sure anesthesia will work properly. Each animal is kept on a heart monitor throughout surgery. If there's a problem the dog can easily be given fluids or drugs through an IV. But none of that was available in the 1960s anywhere near my grandparents' farm.

Experience has taught my father that he doesn't know everything, that he isn't the best veterinarian for every procedure. Now, he refers some clients, such as people with dogs suffering from hip dysplasia, to specialists. If the owners can afford it, the final outcome will likely be better.

When I ask him to explain how to spay a dog, his eyes glaze over and he talks in a monotone, as if he's reciting a prayer he's said all his life. Cut. Clamp. Tie and cut. Clamp. Tie and cut. Sew back together. He talks so fast I can't keep up. I ask him to repeat himself a number of times. He's performed thousands of spays since he's been a veterinarian. "It's a pretty simple procedure," he said. Now, he usually does the surgery before or after a dog is in heat.

Immediately after my father finishes telling me about Shep's surgery, he remembers a very different surgery he did on a pregnant dog three years ago. Unlike the somber tone he used during Shep's story, he tells the new tale in an assured voice. A client had brought in a rat terrier to be spayed. The dog was visibly pregnant; no ultrasound or stomach palpation was necessary to see that. The owners knew the puppies were full-term but didn't want them. The clinic's groomer agreed to take the puppies home. My father spayed the dog, but he performed a C-section first. He used a scalpel to cut the uterus and gently lifted four puppies, one at a time, each with its umbilical cord still attached. Vet technicians rubbed the newborns with a towel to stimulate breathing and suctioned fluid from four tiny noses and mouths. The puppies recuperated under heat lamps because they were too young to regulate their temperatures on their own. Aided by forty years of knowledge and much practice, my father worked fast and the blood didn't stream from the dog's wounds while he worked. He finished the hysterectomy and sewed closed the dog's abdomen. That surgery had no complications.

An Officer and a Veterinarian

The Vietnam War was raging in 1967 when my father was in his last year of veterinary school. Activists all over the country held anti-war demonstrations and some pacifists burned themselves in protest. In the spring before graduation, he signed up with the U.S. Air Force for an officer's commission. Then he waited for a couple of anxious months to find out where he would be stationed. He could have been shipped overseas, probably to Vietnam to help with elephants and sentry dogs that guarded bases, or he would serve as a veterinarian at an Air Force base in the United States.

Reserve Officers' Training Corps (ROTC) was mandatory for freshmen and sophomores at Kansas State in the 1960s, so the military was not an entirely foreign concept. He sat in class a couple of times a week and learned as much as he could academically about warfare and weapons. He wore his military uniform to class and spent three or four hours a week in drill duty. For drill duty, he and about forty of his classmates marched in their uniforms over a vacant lot about the size of a football field.

A month before school let out, he received a one-page letter from the Air Force. He would be the veterinarian at Otis Air Force Base on Cape Cod, Massachusetts.

During nine weeks of basic training at Sheppard Air Force Base in Texas, my father learned what he would be doing in Massachusetts. And it would have little to do with animals – at least live animals. His work would be mainly focused on food safety. Veterinarians in the armed focus often handle food safety, with a smaller amount of time spent taking care of animals belonging to military personnel. Though veterinarians are thought of mostly as doctors for dogs and cats, they are uniquely prepared to judge the quality of food people eat. They work with

animals and are trained to recognize viruses and bacteria. According to the position statement of the American Association of Food Hygiene Veterinarians, “their knowledge of microbiology, epidemiology, sanitation and animal diseases, and the relationship of these factors to human health make them uniquely qualified to determine the safety of foods of animal origin.”

At basic training while other enlisted men were learning to shoot, jump and fight, the veterinarians spent nine weeks learning to battle salmonella poisoning. The combat they engaged in was against incorrect food-storage temperatures. Their enemies were rodents and insects. The Red Scare these brothers in arms fought was the pink middle of a piece of half-cooked pork. Instead of M-14 rifles, they carried food thermometers.

After basic training, my father drove through the night and arrived on Cape Cod around September 1, just as tourist season was ending. From the air, Otis Air Force Base resembled a number of bicycle wheels, with wooden, single-story buildings encircling longer one-floor buildings. The animal clinic and food safety office was located in one of the small wooden buildings. The United States was going through a turbulent time. The Vietnam War was unpopular and, it appeared, unwinnable. And race riots in San Francisco, Detroit and New Jersey killed dozens of people. But, living on Cape Cod, my father was insulated from much of the turmoil.

Usually, officers live on base, but because it was war time, the base was full. So my father used his living allowance and, with another young officer, a dentist, took a house-sitting job. They stayed for ten months of the year in a roomy, three-bedroom ranch-style home overlooking the Cape Cod Canal. The home was owned by a New York obstetrician who visited in July and August. Rent was a pittance during winter months, and in return, the physician didn't have to worry about criminals or squatters. During those two summer months when the

obstetrician returned to her vacation home, the doctors stayed in a shack next to a light house at the end of Wings Neck Road.

In the two years my father was in the service of our country, he inspected any facility on the base that served meals to the troops, including the officers' club, the non-commissioned officers' club and the in-flight kitchen that made food for pilots. He also inspected the places, mostly fish markets, where the military bought its food off-base. One time he sent away an 18-wheeler's shipment of meat from New York that had been contaminated by truck grease. The cleanliness of each kitchen was rated and food preparation judged. Using the thermometer in his shirt pocket, he checked on food stored in the refrigerator, in the freezer or on the counter. He looked into refrigerators to make sure the raw meat was shelved below cooked food. Walking through warehouses half a mile long, he learned that rats' favorite food is Rice-a-Roni. If Rice-a-Roni boxes were intact that usually meant the warehouse wasn't infested with rodents. But if he found a tennis ball-sized entrance wound on one side of a box and a similarly-sized exit wound on the other side, he knew that the rodents had been there and that he might find the same types of holes in the boxes of sugary cereals.

He showed up unannounced once a month for the inspections unless he was following up on a problem. The officers' club was always the worst, with a long list of violations to correct. The non-commissioned officers' club was usually middling. And the in-flight kitchen was always immaculate. The kitchen was run by an overweight African-American officer. When my father tells me about one inspection in that kitchen, his voice is quiet and sad, a very uncharacteristic tone from such a stoic person. In the inspection, he found a very small problem, he can't remember what, probably something he noticed just so he could write something on the report. When he brought the report to the head of the kitchen to sign off on it, tears came to the

man's eyes because it was the first imperfect report he had ever received. From then on, my father says, he gave the in-flight kitchen perfect reports because the kitchen was as close to perfect as you could get.

The food inspections claimed most of his time, but once a week he inspected the facility that boarded twenty-five to thirty sentry dogs. The husky German Shepherds that protected the base were so fierce they couldn't be treated without their handlers present. Even if the dogs were muzzled and on a leash, the handler was the only person who could control them. Also, two days a week for two hours in the afternoon, he vaccinated and treated minor illnesses for pets of military personnel. Rather than be upset that he didn't spend more time healing animals, he regarded the two years he spent in the military as a novel experience. People looked up to him because he was only in his twenties and he was already a captain.

When his first summer arrived, my father was shocked at the change in the area. The Cape's miles of seashore and laid-back lifestyle attracted heavy tourism in-season. Beaches, restaurants and waterfront homes were full. The popularity of the Kennedy compound on Hyannis Port gave the area cachet, and many of the summer tourists with second homes on the Cape were from New York or New Jersey. He grew up in a town of 500 people. As a child he didn't travel much, other than to visit his aunts and uncles on nearby farms. His family's biggest trip was the once-a-year journey to the livestock market in Omaha, two-and-a-half hours from their farm. He had never been farther from home than college in Kansas. And now he was living in one of the nicest places in the country. Life was like a vacation.

Before he was in the service, he had never eaten lobster. On Cape Cod, he ate the delicacy weekly. Growing up, the only fish he ate was catfish from Nebraska's muddy creeks. In Massachusetts, he ate oysters, flounder, red snapper, largemouth bass, clams, scallops and cod.

He had never skied before joining the service. In Massachusetts, he skied many weekends during the winter. He played golf on the nine-hole course on the base or one of the courses in the area overlooking the ocean. He went boating, biking, whale-watching, fishing and swimming in the ocean, all new experiences for a farm boy from a land-locked state.

In addition to his job on base, my father also worked nights and weekends at Falmouth Animal Hospital, a small local practice. He took care of dogs and cats as well as some horses and cattle. Butlers for William Shatner and for Steve McQueen brought animals to the clinic. I press him for details about the stars, and his answers prove that he was far from star struck. “We didn’t pay much attention to the people,” he said, as if he sees movie stars every day. “We just treated their pets.” His attitude isn’t a surprise; he often remembers pets better than he does their owners.

One day in the military clinic he treated a cat suffering from diarrhea. The fur above the cat’s eyes was caked in dried blood. Completely black, except for yellow eyes, the cat looked haggard. The scratches above its eyes were fresh.

The woman who brought the cat spoke in a thick Boston accent. “My neighbor found her on the street after a fight with a dog,” she said.

He spent several minutes examining the cat, listening to its heart with a stethoscope. He looked into its eyes and ears for discharge and inspected its skin and coat for ringworm, a skin infection or fungus. No, no, no and no.

“What are you feeding her?” he asked.

“Bowls of milk and tuna fish,” the woman answered.

“The cat is fine,” he said. “These scratches will heal in a few days. It’s just that you’re not feeding her right. Go buy some cat food and give her water to drink.”

He explained that cats develop an intolerance to milk after about six to eight weeks of life. A bit is tolerable, but a steady diet can cause a weak stomach, he told the woman.

The woman narrowed her eyes at the baby-faced blue-eyed man who didn't look old enough to be a doctor. "Are you sure?"

He smiled, taken aback by her brashness. "Yes. Trust me."

A few weeks later, the woman returned to tell him that he had been right. The cat got better almost immediately on the new diet.

"I've decided to keep her. I named her Sam," she said. "The problem is that I'm going to my aunt's for Thanksgiving. She lives outside of Boston. Do you know where I can keep Sam?"

And now he really looked at the woman, rather than concentrating on her pet. He noticed her pretty hazel eyes and curly brown hair. "I'll take care of her," he offered. "I'm already looking after a general's dog, so I'll be here anyway."

He explained to her that he lived in Cedar Rapids, Nebraska – not Iowa – and only went home, on a military plane, once a year, for Christmas.

"Well, I'll bring you some turkey when I come back," she promised. After Thanksgiving, she brought him some brownies, explaining that her aunt had run out of turkey. She told him that she taught elementary school on the base and wasn't a member of the military – or married to one. He took down her name, Kathleen Ferrero, and phone number, ostensibly as information he needed for the cat. A few days later he called her and asked her to the base hospital Christmas party.

Forty-one years later they are still married.

Starting out

When he finished his two years in the Air Force, my father stayed in Cape Cod and worked full-time at the Falmouth Animal Hospital, where he had been employed in his free time during the military. He was the only veterinarian working for the owner, Dr. Delinks, a man in his forties. For three months out of the year, the veterinarians worked day and night, treating pets of summer visitors from New York, New Jersey and Connecticut. They probably did fifty percent of the business for the whole year during those three months. In the other nine months, half of the houses in the area were empty, with plastic covering the furniture. Cold weather shuttered seasonal ice cream shops and restaurants along the beach. Skeleton crews kept a few other restaurants and stores open. He and my mother, newly engaged, bought an acre of land in Pocasset for five thousand dollars. For twenty-five thousand dollars, they built a three-bedroom ranch-style abode with a full basement and wood floors throughout. It was a block from a private beach to which they had beach rights.

The animal clinic mainly saw dogs and cats, though my dad was one of the only vets in the area who could treat farm animals too. A couple from Martha's Vineyard brought him their livestock on the ferry in a pickup truck. My father made the weekly neighborhood paper, the Falmouth Enterprise for doing dental surgery on a horse's tooth, which was unheard of at that time. The horse was having trouble eating and would have starved if the abscessed tooth hadn't been removed. The horse was knocked out with anesthesia and a dentist who normally treated people helped saved the animal's life. Life on Cape Cod was easy. He had a good job for a young vet, and he was happy. But there was no opportunity to buy into the clinic. He was only an employee, receiving a salary with no share in the profitable business.

Close to two years after my father had begun working at the Falmouth clinic, his phone rang. Dr. Jernigan, from the Ralston Animal Clinic in Omaha where he had interned after vet school, laid out the scenario: buy in within a year and share in the profits of an established, popular practice. It was an offer that was impossible to pass up. Jernigan had called during the summer, so my father finished the busy season in Massachusetts. Then he and my mother, now newlyweds, drove their belongings to Omaha in a U-Haul during the autumn. My parents rented their house in Massachusetts to an older couple and moved into an apartment near the clinic in Omaha. My mother began teaching at an Omaha elementary school.

The main difference between the practice on the Cape and the practice in Omaha was that the new job was busy year-round. Ralston was one of the busiest clinics in the state. When a recession ripped through the economy, the office didn't even feel it. The animal hospital was in a growing middle-class area of town on the western edge of Omaha. To the east was the inner city and to the west were farms. The population was exploding. People were moving out to the edge of town from the inner city and in to the area from the farms.

The philosophy of the clinic was high volume and low cost. Veterinarians there probably saw twice the patients but earned the same amount of money as those on the Cape. Surgery started at six a.m. and doctors typically performed three or four surgeries every morning. Most common were spays, neuters and declaws. Declawing a cat is not like cutting off toenails with fingernail clippers. The animal is put under anesthesia and the bottom of the claw is cut and then sewed up, followed by a healing period of up to two weeks. After surgeries, patient appointments began at nine a.m., with engagements scheduled every fifteen or twenty minutes. Appointments continued until five-thirty in the afternoon with an hour break for lunch. The veterinarians rotated being on call every night and weekend.

Dr. Jernigan and Dr. Lewis owned the practice. Lewis, in his forties, treated horses, including all the racehorses at the racetrack in Omaha, called Ak-Sar-Ben (Nebraska spelled backwards). This was the heyday of the racetrack, another factor that contributed to the practice's demanding schedule. Jernigan, in his late thirties, treated livestock, mostly cattle and hogs, on the farms flanking Omaha. My father mainly treated dogs and cats. After a year, he became one of the clinic's partners, and the practice was busy enough to hire another veterinarian.

That hectic schedule continued for seven years. It was a difference in philosophy that ultimately led to my father's departure. The business began using a First National Bank computer system that tracked all payments. It was then the doctors learned that the vets taking care of the horses and the livestock didn't bring in enough money to pay for their services, even though the clinic was profitable. The other parts of the practice were paying to keep the large-animal part of the practice going.

What my father learned then is only becoming more of an issue today: farm animals can cost more to care for than they are worth. "It's kind of a dying industry. So many private vets have gotten out of the business because they can't charge enough to make it worthwhile. If you don't have other areas making up for it you probably shouldn't be doing it." It takes more manpower and time to treat farm animals than dogs or cats. A similar situation happens in some human medical practices where specialists, such as orthopedic surgeons bring in many times the amount a general practitioner does. Human hospitals sometimes subsidize money-draining emergency rooms with more profitable elective surgeries.

It's easy to see why farmers will only pay a vet a certain amount to treat their animals: farmers raise the animals as a commodity. "If a cow needs surgery," my father said, "and the

price of the surgery is one-hundred fifty dollars, but the animal can only fetch one hundred dollars at market, the farmer is going to say, ‘Well, this isn’t profitable. I’m going to lose money on this animal and this animal may die. I’d rather put the animal to sleep.’” Veterinarians, for example, who work at big hog consignment operations, might find that a sow with diarrhea can be treated well with a certain antibiotic. If a cheaper antibiotic will do a similar job but not as effectively, even if it costs the lives of some animals, vets might use the cheaper medicine. “They look at the dollars and cents of it.”

Therefore, veterinarians are limited as to how much they can charge to treat many farm animals. My father used to charge a “trip fee” of thirty dollars for making a farm visit. A farmer might be happy to pay thirty dollars to a TV repairman even if the worker tells him that the solution is as easy as plugging in the television. But if a veterinarian tells a farmer that healing an animal required a simple fix, but still charges for the trip, the farmer might balk at the request.

A small animal veterinarian can pay for a staff and make a decent living and may not have to work as hard. That was the case in the 1970s, and it’s still the case today. According to the American Veterinary Medical Association seventy-seven percent of all private veterinary practices in 2009 cared mainly or exclusively for companion animals, mostly cats and dogs. Only nine percent of all practices cared predominantly for farm animals.

Back in the 1970s, the other owners of the Ralston clinic felt that the practice, which had been treating large animals for twenty years, could afford to do it if the other parts of the business subsidized the work. They didn’t want to leave the nearby farmers and horse owners in a lurch.

My father knew he couldn’t keep up the frantic pace of the Ralston practice for much longer. I had just been born and that same year he bought an acre of farmland and built a house.

So he started surreptitiously looking for land to buy and start his own practice, where he could charge and work as much as he wanted. Somehow his business partners found out and the attorney representing the clinic tried to force everyone to sign a “non-compete agreement,” meaning that if they left the practice, they wouldn’t take clients with them. My father refused to sign, and the atmosphere in the clinic became uncomfortable. He told his partners that he was leaving to start his own business, so they bought his share of the clinic, and he used that money and his retirement savings to build a new clinic. While the new clinic was still under construction, he set up his practice in a shopping center.

The phone began constantly ringing from the first day he set up in the new building -- even before the number ran in the phone book. The man who worked in the store next door came over to see the source of the constant ringing. “He couldn’t believe this new business could be so busy,” my father said. But, sadly, most of the calls were from people who wanted to ship a package. The clinic had been assigned UPS’s old number when the shipping agency moved to a different part of the city. It wasn’t until a year or so later that the calls dwindled to two or three a day. Even now, forty years later, the clinic still gets an occasional call from someone with outdated shipping information.

At the start, his new clinic wasn’t nearly as busy as the other one. He probably saw only about a fourth of the patients he had seen before. Rather than performing three or four surgeries every morning, he handled one or two a week. Office hours were from eight a.m. to five-thirty p.m. On a good day he saw ten patients. He sent his old clients cards in the mail notifying them that he had opened a new clinic, and he relied on the phone book and word of mouth to bring in clients. Advertising was looked down upon by professionals then; people thought you must not be any good if you needed to advertise. It was a stressful time. He was paying off the new

building and paying his staff in addition to supporting a growing family and a home mortgage. Anything he made past those obligations went back into the business instead of into a vacation fund.

To build up the practice he saw emergencies in the evenings and on weekends. He was one of the few veterinarians in Omaha who saw emergencies for non-clients. “Some clinics,” my father said, “were busy enough that they didn’t want to take care of people at night, especially if they didn’t come to them during the day.” His objective was to turn non-clients into clients. He saw two to three cases every night and a few each weekend. Sometimes he would be busier at night than he was during the day.

Middle-of-the-night calls were rare. More often, people came by in the early evening. They brought in sick, vomiting animals or animals that had been hit by a car. Ninety-five percent of the calls he handled himself, though occasionally he needed a technician to assist. For a dog’s caesarian birth, for example, he needed extra hands to take care of the puppies after they were born. My father saw emergencies in his clinic for about three years, building up a healthy clientele. Seeing clients at night and weekends for emergencies built a brisk practice, but was a lot of work. If a sick animal was at the clinic, sometimes my father had to stay and monitor the pet overnight. It wasn’t long before his practice was busy enough during the day that he hired another veterinarian.

So it was ideal timing when he received a letter in the mail addressed to all Omaha-area veterinarians. A meeting was being held to see if there was enough interest in opening an emergency clinic. The idea was to open the clinic, staff it with emergency personnel and refer all clients there on weekends and after hours. It had been done successfully in California and other

parts of the country. Creating an independent emergency clinic meant that veterinarians wouldn't have to be on call at night and on the weekend.

The clientele at my father's clinic was large enough at this point to support two veterinarians and didn't require being on call for emergencies. "We decided," he said, "we wanted to run a day practice and not a night practice." So he joined a group of about thirty veterinarians that hired an independent staff and opened an emergency clinic. They all bought shares in the venture, figuring that any dividends could be split. Not only has the clinic paid a dividend every year, it has grown into a multi-million business with two locations, six veterinarians and a support staff of more than twenty people.

My father's next stab at entrepreneurship was not successful. About five years after he opened his own clinic, he learned that a veterinarian was moving and leaving his practice in a small but growing suburb about half an hour from Omaha, called Gretna. My father figured that the clinic offered a ready-made clientele and wouldn't require daily upkeep. How wrong he was. He bought the practice and began going out there three afternoons a week from two to five. He was the only veterinarian in the town of several thousand people.

Though the Gretna clinic brought in additional revenue it never took off. So many people who lived in the suburb commuted to Omaha for work and took their pets to vets in the big city. "It's a perception that they have in the small town that they feel like everything's better in the big city," he said, explaining that he experienced that sentiment firsthand growing up in a farm town. Now, some states subsidize doctors and dentists to live in rural America. Though the cost of living is cheaper in a small town, the work is often harder and the paychecks tinier. There aren't as many cultural attractions and some people suffer professional and social isolation.

The Gretna clinic was only open part-time, so he wasn't able to establish a good relationship with the residents. But even if he had been working there every day, the clinic might never have become successful. He recently talked with a dentist who had lived and worked in the suburb and become so immersed in life there that he was elected to the Gretna School Board. Even he finally gave up and moved his dental practice to Omaha. After a few years my father too stopped leasing the veterinary building and sold the practice.

Undaunted, he decided to open another clinic almost immediately. A veterinarian was retiring from an established practice in south Omaha, so he bought that practice and hired a vet to work there. In effect, he bought a patient load. Renovating the building and keeping it open for longer hours than the previous vet had worked kept the practice growing at a rate of twenty percent a year for ten years.

The clinic is located in an established part of Omaha crowded with immigrants whose families had settled in the city because of the stockyards. Irish, German, Polish, Belgian, Flemish, Bohemian, Czech, Croatian and Slavic families all inhabited their own neighborhoods. But the area's glory days were long past when my father purchased the clinic. In 1955, the Omaha livestock market outstripped Chicago and became the largest in the world. Every day, thousands of cows, hogs and sheep were shipped by rail or trucks to Omaha's pens where they were sold to packinghouses. But the dominance of the stockyards lasted only until the early 1970s, and by the 1980s, the stockyards were mainly vacant, leaving behind unemployment, vandalism and crumbling neighborhoods.

There were major differences between this new practice and the first clinic he opened by himself, which he had built in the fast-growing, more affluent part of town. In the clinic that served the older part of town, where the houses and backyards were smaller, he saw more sick

animals. In the richer part of town, there was more emphasis on preventive care. Some of his clients paid more to avoid problems while others waited until the animals were very ill to have them treated. It may seem counterintuitive that a clinic in a less wealthy part of town would be more profitable than a practice in a wealthier area. But one of the reasons the older practice proved more lucrative is because it costs more to treat sick animals. And my father learned through the years that he couldn't tell by someone's bank account or clothes or job how much he or she would pay to heal a pet. Some people who could afford expensive knee surgery or to operate on cancerous tumors wouldn't have the work done. And some people who probably shouldn't have spent the money would tap into their savings to care for their pets.

Living

To Catch a Bird Thief

The bird was hurt. That was true. But that was the only true thing the man with straggly, dirty brown hair and drooping eyes told my father.

“I’m in Omaha visiting my grandmother,” the man said, setting a slatted wooden box on the exam-room table. “This is her parrot.” The box, the kind that usually carried peaches or oranges, was wired shut. The man was in his thirties, and his hair skimmed the shoulders of his shabby leather jacket. My father’s first thought was *hippie*.

The man’s call that Sunday morning in 1978 hadn’t been out of the ordinary. On a typical weekend, owners might bring into the clinic a German Shepherd hit by a car, a Siamese cat with a bleeding, torn toenail or a Schnauzer that had consumed a bag of Snickers.

The bird’s leg was no thicker than a person’s pinkie finger. What looked like a silver wedding ring, about a half-inch thick, encircled the bird’s lower leg. The band, a couple of sizes too tight, cut off circulation to the leg, ulcerating the bird’s skin. Disrupting the blood supply for much longer could kill tissue. Infection would set in and the bird’s foot would dry and fall off.

During the exam, the bird shrieked and snapped its pointed beak at the wooden slats. “I need to anaesthetize your bird,” my father said, “so I can get close enough to cut off the band. You can come back at 3. The bird will be awake by then.”

The man agreed and meandered out of the clinic.

Donning leather animal-handling gloves that reached his elbows, my father untwisted the wire that latched the wooden crate and grasped the bird, cradling its clipped wings. He took the syringe filled with anesthetic, stuck the needle into the bird’s pectoral muscle and pressed down

on the plunger. Within five minutes, the bird closed its eyes. Picking up a pair of wire cutters, he fingered the metal band around the bird's leg. His breath quickening, he noticed an inscription.

“Omaha Henry Doorly Zoo” was written on the band in tiny block letters. It was an identification band; this bird lived at the zoo. The man who brought the bird to the clinic must not have gotten near enough to the band to see the tiny inscription. Getting close would have been difficult because the bird was too mean to handle when it was awake.

After snipping the band from the bird's irritated leg, he found the home phone number for Dr. Lee Simmons, a fellow veterinarian and the zoo director. He asked Simmons if he was missing a grey parrot with a black beak, white feathers around the eyes and red tail feathers. “I don't know, but I'll find out,” Simmons said. Five minutes later, he called back. “Sure enough,” he said. “An African grey parrot is missing.” Within 30 minutes, Simmons arrived at the clinic lugging a wire bird carrier.

The two veterinarians had met only briefly a few years earlier when the zoo director was new. Simmons gave talks about the zoo to Omaha veterinarians and invited them on behind-the-scenes tours. Forward-thinking and high-energy, Simmons had a knack for fundraising that turned the Omaha zoo into one that travel magazines consistently rank in the top ten in the country. Lanky and brown-haired, the then thirty-nine-year-old Simmons was known for wearing brown. He wore brown polyester pants and a long-sleeved brown collared shirt to the clinic.

That day was the first time my father talked to Simmons at length, and he didn't tell the zoo director about the time he unknowingly impersonated him at the Tokyo zoo. The story showed how well known Simmons was in the worldwide zoo community. A few years earlier, my parents had been visiting Japan and went to the Ueno Zoo in Tokyo to see the pandas that had just arrived from China. The bears were two of only seven that lived outside China at that

time. But the exhibit was closed on Mondays, the day my parents were there. They knocked on the door to the zoo's animal clinic, and a man in a white coat answered. He didn't speak much English, and my parents didn't speak any Japanese. "I am a veterinarian from Omaha, Nebraska," my father told him, listing some Omaha attributes that the man might recognize: "Henry Doorly Zoo. Dr. Lee Simmons."

"Ahhhh," the man in the white coat said, recognition spreading across his face. "Dr. Simmons." He clasped his hands together and bowed repeatedly. He motioned the couple to follow him through the exhibit door and gave them an hour-long, private tour of the panda complex that focused on care for the bears. It was only once my parents were on the plane back to the United States that they realized that perhaps the Japanese man had thought they were Dr. and Mrs. Simmons. But my father didn't mention that story when Simmons came to his clinic. Immediately upon seeing the parrot, Simmons recognized the bird as belonging to the zoo. "Yes, that's ours. Thanks for taking care of our little guy."

The two veterinarians chatted about the thief's suspected modus operandi. "I'm surprised he was able to get this African grey out of the zoo," Simmons said, explaining that the bird could have easily broken the man's hand. Parrots have jaws and beaks that are strong enough to crack nuts.

"He's going to be back at three to pick up the bird," my father told Simmons, as the zookeeper put the parrot into the carrier he had brought with him. Simmons said that he had called the Nebraska Wildlife and Fisheries Department, and agents would arrive that afternoon to arrest the man for felony theft.

The parrot, a youngster at about fifteen years old, was worth between three-thousand and five thousand dollars. The thief might have planned to sell the bird. There was an active black

market for such parrots in 1978. African grey parrots, with brains the size of walnuts, are among the smartest of all birds. The species can mimic humans and some can hold a conversation as well as a toddler can. They also mimic other household sounds they often hear, such as microwaves, telephones, alarm clocks and video games.

Even in more recent years, zoo theft isn't uncommon, and birds are some of the most popular targets. Birds are small, garner a lot of money on the black market and aviaries often aren't hooked to security. In 2000, two golden eagles and a bald eagle were stolen from Santa Barbara Zoo in California, apparently for their feathers, according to the Associated Press. Mani, a red-tailed hawk at an Illinois zoo was stolen -- and recovered -- twice. First in 1998 a thief tried to sell the bird, and in 2005, a man wanted to make him "free and happy in a non-caged world," according to the online news magazine Slate. In that case, the bird would have starved if he hadn't been quickly found and returned to the zoo.

But birds aren't the only animals targeted by thieves. The day after Christmas in 2000 two teenage boys climbed through a skylight to steal two koalas from the San Francisco Zoo to give as belated gifts to their girlfriends. The girls refused the bears and an anonymous tip led police to the home of one of the thieves. Police rescued the bears 24 hours after they had been stolen.

Two categories of people steal from zoos, a U.S. Wildlife and Fisheries agent told the San Francisco Chronicle at the time: "wannabe pet owners and would-be animal traders." The wannabe owners are responsible for most zoo thefts, and they can cause the most danger to themselves or to the animals. "We have had cases of people stealing venomous snakes, getting bitten and almost dying," Michael Hutchins, director of the Department of Conservation and Science for the American Zoo and Aquarium Association told the San Francisco newspaper.

“What people don’t realize is that these animals are very dangerous and require special food and care.”

The man who brought the exotic parrot in to my father must have known something about animals. Not only was he able to get the bird out of the zoo without injuring himself, but he stocked the bird’s case with the right types of food, such as grapes.

With four hours between when Simmons left the clinic and when the agents were set to arrive, my father drove home. There he told my mother, pregnant with my little brother, about the day’s events. “This guy said he was in town visiting his grandmother,” he told her, exhibiting his characteristically dry wit. “His grandmother must live at the zoo.” My mother was in no mood for jokes. When he left again for the clinic, she stayed at home with me, watching the clock. She worried for hours, too afraid to call the clinic for fear that the criminal was there and might be spooked by the ringing phone.

My father arrived at the clinic before the wildlife officers did and locked himself inside. His office was located a couple of blocks from a main street. All the surrounding businesses, a couple of banks and an auto repair shop, were closed for the weekend. The landscape felt as deserted as a ghost town. At two o’clock, two Nebraska Wildlife and Fisheries agents in hunter green uniforms arrived. They parked their cars in a nearby parking lot and walked to the clinic so that the man wouldn’t suspect anything when he arrived. After examining the office’s layout, the agents devised a plan.

“You lead the man past this room,” one of the agents said, motioning to an exam room. “We’ll be waiting inside. When we see you walk by, we’ll come out of the room and handcuff the guy. Just lead him past the exam room and then go in the back. Don’t spend any time collecting the money he owes you.”

His heart sinking a bit, my father nodded. Normally, such an emergency call would have cost a hundred dollars. “Anything else I should do?” he asked.

“Just act normal,” the agent said.

My father couldn’t escape a nagging tenseness. “I hoped they would be able to handle the situation,” he said, referring to the agents. But who knew how the guy would react when he came back for the bird and whether he would have a gun. There was also the concern that the criminal might not show up. It was rare but wouldn’t be the first time that someone dropped off an ailing pet, but never returned to pick up the animal – and pay the bill.

But exactly at three, the buzzer rang. The man looked as if he didn’t have a care in the world. *Just act normal*, my father thought. “Why don’t you come back here, and I’ll get the bird for you,” he told the man and started walking toward the room in which the agents were waiting. *Just act normal*. The officers jumped in front of the thief, guns drawn. The man didn’t say anything; He looked about as upset as someone who had just gotten a speeding ticket.

“Put your hands against the wall,” one agent yelled, pushing the thief to the wall. The agent frisked the man, patting his frayed jeans and ripped leather jacket. The thief didn’t have a gun. The agents cuffed his hands behind his back and walked him to their car. They searched his sedan and found a marijuana pipe.

Before they drove to jail, one of the agents returned to the clinic. “We’re going to send a flat-bed truck to tow this guy’s car,” he said, and motioned to the beat-up Chevy sedan in the parking lot.

Prosecutors told Simmons and my father to be ready to testify. But when the veterinarians showed up in court about a month later, the judge told them that their testimony wouldn’t be necessary. The man had been wanted on much more severe drug charges that would

put him away for years, so prosecutors never followed up on the bird-theft charge. Simmons was disappointed because he wanted to find out how the man entered the exhibit and took the parrot.

The stolen parrot had been in an outside exhibit that also housed small African deer. It was a mystery to zoo officials how the thief got the bird out of the zoo. Authorities suspected that he bought a ticket to enter, stayed until closing time and climbed a fence with the bird at some point during the night. They believed he had stolen the parrot only the day before he brought it in for treatment because zoo employees didn't know the bird was missing. Officials tightened security as a result of the incident.

The unusual theft caught the attention of Omaha's media, and my father was mentioned in an Omaha World-Herald article as the veterinarian who uncovered the larceny. But he did more than that; he saved the bird's leg, if not its life. The identification band around the bird's leg had been squeezing the life out of its toes. If untreated, the ensuing infection and death of the foot would have been painful and could easily have caused other, deadly, complications. It can't be determined for certain whether the bird was suffering from an ulcerated foot in the zoo, but it is more probable that the band somehow tightened during the burglary. The African grey parrot has a life expectancy of about eighty years. Thanks to my father's actions three decades ago, the bird is still living at the Omaha Henry Doorly Zoo.

Bred to be Bad

Diane Kantas crumpled to the floor in the fetal position as the dog tore chunks of flesh from her legs. The crazed animal then bit the soft skin above the sixty-year-old woman's elbows as she used her arms to protect her face and head. She tried to twist its collar to cut off the dog's air supply. But her arms were so weak from blood loss that she didn't have the strength to make fists.

"Eric! Eric!" Diane's mother, Mary, yelled at the pit bull as she ran from upstairs. "Go into the kitchen."

Panting, the dog turned its head toward its master and started walking toward the kitchen.

"Mom, don't. He'll kill Alicia," Diane said weakly. Alicia, a docile collie, was inside the kitchen. Diane's mother didn't open the kitchen door, and Eric returned to Diane.

I talked with Diane Kantas eighteen years after she survived the mauling that put her in the hospital for three months. She suffers permanent nerve damage in her leg and still bears scars on her arms. Amazingly, she doesn't hate the pit bull that tried to kill her.

My father has been taking care of Diane's animals for almost four decades; she is one of his most loyal clients. He enjoys making monthly calls to her ramshackle wooden house to treat her pets and catch up with her. Opinionated and conservative but soft-spoken, Diane is a newshound and loves to talk about current events. She will spend anything she has – time and money – keeping her beloved animals healthy.

Diane is the daughter of Greek immigrants who came to America in the 1920s. Her father, Frank, ran a profitable food market in south Omaha called Kantas Grocery. He packaged

and sold meat to restaurants and other grocery stores. He closed the business in 1969 when he got sick, and he died a decade later. Diane still pays her bills using checks with her father's name at the top. Her father was able to invest wisely enough that his daughter never had to work and has lived comfortably for decades. Diane owns the corner house she lives in and the house next door. That house has been vacant for forty years, ever since her grandparents died. She pays a handyman to keep the two-story in good condition but refuses to sell because she's scared about who might move in next door.

She also owns the old Kantas Grocery store building, which stands mostly vacant, a large padlock on the front door. "I couldn't even keep track of how many times they broke in," she said, referring to miscreants who stole old-time Coca-Cola signs. The wooden steps leading to the front door disappeared when vagrants tore them up to build bonfires. Though the outside of the grocery store is run down, the inside has been preserved. When her father got sick and closed the store, Diane called the Salvation Army to take some goods. But empty meat hooks still hang in the three meat coolers, and merchandise such as old-style cans of baking powder and jars of molasses and Karo Syrup still line the shelves. Diane said that she hasn't visited the store in two years because she's afraid, believing that police don't patrol the area because gang members have threatened them. "Can you imagine threatening the police?" she asked, her voice rising in incredulity.

She never married and has no children, and in the last half of her life she has adopted dogs and cats and sometimes doted on them as a parent might dote on a child. She said she loved animals when she was younger but not with the intensity she does now. Actually, as a child she had vowed never to adopt another dog after her purebred beagle died an agonizing death from mouth cancer. Her attitude changed one Sunday night when she was middle-aged. She was

sitting in the front room of the Omaha house where she lived with her mother and father. A beat-up pickup truck slowed down in the middle of the intersection. Street lights illuminated the empty road. A man exited the driver's side of the truck, went around to the other side and opened the passenger door. "I normally," she said, "wouldn't have paid any attention to him. I normally don't pay much attention to people." But after a moment she noticed that the man went back to the driver's side, got in and drove away. It was then that Diane saw the dog.

The tan mutt frantically chased the truck and the man who had abandoned him. "The dog was barking, and he was so scared," she told me sadly. Diane ran out of her house and followed the dog until the pooch ducked under a car at a nearby apartment complex. After a few minutes Diane gave up trying to coax him out. It was about ten o'clock at night in a bad neighborhood, and she was wearing only a housecoat. She hoped someone gave the dog a good home and resolved to rescue other dogs abandoned in the neighborhood.

Trudy was the first abandoned dog Diane adopted. The mutt approached her outside a department store, its ribs showing through its brown fur. Diane tied Trudy with a clothesline rope to a post in her backyard and threw the dog a raw steak. Trudy became very protective of Diane's father when he was dying of heart disease, standing vigil by his bed, warily regarding his visitors. Diane started coming in to my father's clinic when Trudy was young.

Diane next adopted Mindy, also a mutt, from the animal shelter. A young couple with a baby had brought Mindy in. But the dog had already formed a bond with its former owners. When Diane and her mother took Mindy for walks, they found that the dog tried to go up to any couple with a baby in a stroller. "She was looking for her family," Diane said, adding that she told the dog, "You're not going to have any babies here. We're old." She was furious at Mindy's former owners for giving up the dog that loved them so much and worried that Mindy would

never be happy in a home without children. Mindy's attachment to her former family, however, soon faded.

Diane found Alicia, the collie, sitting outside her house not wearing a collar or tag. The puppy had the sweetest disposition of all their dogs. Alicia never gave Diane any trouble but never trusted the pit bull mix, Eric that was adopted next. When the pit bull entered the room, Alicia backed against the wall.

Eric arrived at the Kantas' front porch in the middle of winter. Only eleven weeks old, the dog already weighed sixty pounds. A difficult dog, Eric struggled against Diane when she tried to walk or bathe him. "This dog is so traumatized, so spooked," my father told Diane the first time he treated Eric. She wondered whether the dog had been abused before being abandoned. But Eric took to Diane's mother. Mary, who was in her eighties, had the time to devote to the dog. Ever since her husband died, Mary had spent most of her time on the second story of her house, listening to the radio or reading. Eric's love for Mary was complicated. When Mary ordered him around, he quivered and shook and obeyed immediately. But he also treated her like a possession, becoming jealous of the other dogs if she spent time on the first floor with them. Eric never turned on Mary, but sometimes bared his teeth at her. She might do something as simple as say "good night, Eric" and turn out the light, and Eric would growl at her and step toward her menacingly. A moment later, he would be contrite, setting his paw on her knee, as if to say, "I'm so sorry, Mary. I don't know why I did that."

My father treated the pit bull for years without a problem, giving him yearly shots and heartworm checks during house calls. Diane muzzled Eric upstairs and led him downstairs for the visits. As Eric aged, however, he became more and more aggressive. The most dangerous moment of my father's forty-four year career happened at the Kantas house. He and a veterinary

technician were treating one of the other dogs, and Eric bounded down the stairs, in attack mode. The dog's eyes were glazed over, unseeing. "He was in shock," my father said in a stilted tone that underscored how terrifying the experience had been. "You look in the eyes – they're wide open, glazed." The dog folded up his lip to show his teeth and growled loudly. He lunged at my father, who scrambled on top of the back of a couch that was against a wall and stuck his right foot in front of him so the dog would attack his foot instead of vital organs. The tech ran into the kitchen. Mary yelled and ran down the stairs. At her voice, Eric's demeanor changed. Focus returned to his eyes. When Mary got to the dog, she grabbed him by the neck.

Eric's attack on Diane occurred a couple months later. About three-thirty one afternoon, Diane was bundled up in a long winter coat sitting on the sofa waiting for a taxi driver to drive her to the store. Eric acted strangely. He walked to Diane, as if he wanted to be petted, and then walked away. He did this about five times.

"Mom, would you call him? He wants something," Diane said, yelling to her mother who was upstairs. To the dog, the next time he came near, Diane said, "OK, Eric. Go away."

In a blur of fur, the dog growled and lunged at her as she sat on the sofa. He bit her ankles, one of the only parts of her not covered by the down coat. Then Eric jumped on her, and she fell to the floor. She scrambled into the fetal position, covering her face and head with her arms. He bit her wrists, her leg, her thighs, her hand. Throughout the attack, the taxi driver banged on the door, but Diane didn't hear him. She screamed for her mother to come downstairs, but then wouldn't let her mother put the pit bull in the kitchen with the collie. Instead, she asked her mother to let Eric outside of the house.

"Mom, open the door," Diane said weakly.

When her mother opened the front door, Eric ran outside and up the street. When he came back home a police officer shot him dead.

Mary was devastated. “Why did you do that?” she wailed to the policeman who shot Eric.

Diane said she was also upset that Eric was killed. “I didn’t know they were going to kill him,” she told me, her voice small and her eyes sad. “I couldn’t get that out of my mind. The police are very quick on the trigger.” She then described to me the permanent nerve damage in her leg, the scarring, the sight of her blood covering the floor. In her next breath, she defended Eric. “I still feel sorry for him. Something, something happened to that dog early on.”

My father and brother brought her flowers in the hospital the day after the attack. She was bandaged like a mummy. She boarded the three surviving dogs at his clinic because her mother was too weak to care for them. Mary called the clinic every day to inquire about the dogs. Every time, she moaned, “Poor Eric. I just feel so sorry for poor Eric.”

Mary died a year and a half after Eric did. Diane had her cremated and paid a company to spread her mother’s ashes on the water in Oregon, a place her mother had visited and enjoyed. Diane was so glad then that she had three dogs at home. “I appreciated so much that I had those dogs. It’s kind of a lonely world now.”

It’s unclear what prompted Eric’s attack. It could have been Diane yelling to her mother or the actions of one of the other dogs. But it could have been nothing. Pit bulls are “notorious” for attacking without provocation or warning, according to Merritt Clifton, an animal advocate and editor of the magazine, Animal People. At my father’s clinic, a technician was walking a pit bull past the cages of boarded dogs. A collie reached its paw through its cage and, in a split second, the pit bull tore off the other dog’s pinkie. “You have to be so careful,” my father said. In recent years he has treated fewer pit bulls probably because the increasing number of

regulations in Omaha has reduced the number of owners. They must have special insurance, and dogs must be muzzled at all times unless they are inside their home or a fenced yard. In some cases owners are sent home to sedate a pit bull before bringing it back. “Some of them,” he said, “are so vicious you can’t work on them.”

There is evidence, he said, that pit bulls aren’t naturally violent. “Some of them are just the nicest dogs, and people have them with their two-year-old children.” To cut down on dog bites, the American Veterinary Medical Association recommends responsible ownership rather than breed-specific legislation targeting pit bulls. Advocates point to the breed’s high score on temperament tests. The average score of the breeds tested by the National Canine Temperament Testing Association was seventy-seven percent, while pit bulls scored more than eighty-five percent, higher than the golden retriever, poodle and border collie. And pit bulls have served in search and rescue efforts and as therapy and service dogs; Helen Keller’s guide dog is thought to have been a pit bull.

Diane told me she doesn’t have nightmares about the attack, but she dreams about Eric, as if he was still alive. In those dreams, she worries about what will happen to him, who will take care of him. She said people might think she’s crazy for not hating the dog who tried to kill her, but she said she doesn’t blame Eric. “That dog was all mixed up. I blame these people who breed these pit bulls. I don’t blame these dogs. It’s what’s bred into them. They’ve bred that into these dogs for seventy-five years. They’ve bred them to fight.”

All of Diane’s adopted dogs have since died. The last one, a pug named Randy, died in 2006. As he reached old age, he lost his eyesight and his hearing. His flesh rolled up, revealing white muscle underneath. Diane served as his nurse, changing his bed of towels when he wet

himself. He locked his jaws when he was seventeen years old and died thirteen hours later. She now owns three cats and feeds three or four stray cats in her neighborhood.

Stories about abused or abandoned dogs bother her so much she feels compelled to adopt more. But her doctor won't let her have dogs because he says she's too old. She cries as she recounts the story of Jasmine, a dog from a small Nebraskan farm town she heard about on the news. Jasmine's owner took her to the woods to shoot her to death. But Jasmine surprised the owner by returning to the house. The owner then put another bullet in the dog's head. Now Jasmine is awaiting adoption, without a left ear. "They pick on something that can't fight back," she said, disgusted. She is just as concerned about the animals she cares for. "You don't have anything else in your life. It's just these animals. I'm so tuned in to them."

Cat Lady

Nora Wilson brought her animals to the veterinarian in a straw-colored gunny sack. She said she felt more secure with the pets in bags tied at the top with twine. A cat had gotten away from her once on a trip to the vet and she vowed not to let that happen again. Nora never brought in more than one, maybe two, animals at a time. Even after treating her pets for half a decade, my father was never quite sure how many pets she had.

Nora stood barely five feet tall and weighed about a hundred pounds. She wore flowery dresses, white knee socks and kept her long gray hair in two thin braids. Her husband, an antiques dealer, had died twenty years earlier, when he was in his sixties. Nora lived in the same one-story wooden house that the couple had moved to when they married. The neighborhood had been solidly middle class when the Wilsons bought the house in the 1930s. But the community steadily declined and crime increased as Omaha grew and many people who could afford to moved westward. Two cement lions, each weighing hundreds of pounds, stood on their haunches on either side of the front door. The lions were chained to the front porch, in case anyone wanted to steal them.

Nora began collecting cats and dogs when her husband died. She answered newspaper ads for unwanted pets or adopted animals from the Humane Society. Her friends were a group of like-minded elderly women who alerted each other to animals that needed homes. “This group of ladies,” my father said, without a hint of judgment in his voice, “all they did was take care of animals.”

About twenty cats lived in Nora’s basement. Cats lounged in chairs. Cats sat in window sills. Cats rested on the cement floor or in litter pans. Food and water bowls were placed

throughout the large, open room. A dozen dogs stayed in Nora's detached double garage. A leash tied each mutt to the same wooden plank, though the dogs were spaced far enough apart that they couldn't interact. A bowl of food and water sat in front of each dog, and newspaper covered the entire garage floor. A raccoon lived in a cage in the back yard.

My father didn't know any of this until Nora cajoled him into making house calls. She explained that she had to pay her neighbors or a taxi to drive her to the clinic and, now in her late eighties, she was getting too weak to make the trip. He agreed and soon learned to always call just before he came; she wouldn't open the door otherwise.

Nora's window shades were always drawn, so outsiders couldn't see her life. The stench of cat urine permeated the inside of the house. The dank smell was in contrast to the fine quality of the furniture. Antiques stocked the home: opulent European dark-wood tables and chairs covered in red velvet, marble statues and exquisite oil paintings. Thick, cloudy plastic covered every piece of furniture, making the house resemble a fancy summer house closed for the winter. Nora chatted throughout each house call. She stayed up on current events and had an opinion about everything. She especially mistrusted her bitter enemy – the Humane Society. She believed that all the shelter did was put animals to sleep.

Nora harbored many more than the three pets allowed in Omaha city limits. But it wasn't common practice in the 1980s for veterinarians to report such law-breakers. "She was acting as her own humane society," my father said. "Now the Humane Society will want you to report these people. Basically at that time we were just interested in looking out for the animal's welfare. We were just there to treat the animals to make sure they were healthy." And Nora's animals were healthy and well-loved. Her full-time job was feeding her pets and cleaning up after them. "From morning to night that's all she did."

One day after my father had vaccinated one of Nora's dogs, she convinced him to give her a ride to a house up the street. She told him that she needed to check on the residence because the owners had just moved away. He drove her in his red Chevy pickup truck three or four blocks until she told him to stop in front of a large rundown house. The two-story wooden building had once been majestic, but now appeared abandoned, its paint chipped, windows cracked and wood rotted. As Nora left the truck she carried in front of her a leather purse large enough to hold a sewing machine. Concentrating on the beveled glass front door, Nora reached into her bag and pulled out a small ball-peen hammer. *Crack. Crack.* She smashed the glass door in just a few smacks and then stepped gingerly into the house.

"Oh shit," said my father, who was watching in disbelief from his pickup truck. "What the hell is this?"

Less than five minutes later, Nora walked back out the shattered glass door, carrying a mewling kitten, maybe eight or nine weeks old. Nora entered the truck, put the kitten in her bag and asked to be driven back home.

"I had to save this kitten," she said, staring straight ahead, unblinking. "The people who lived here left him behind when they moved."

My father nodded, but didn't say anything during the drive back to her house, and he realized that Nora's breaking-and-entering meant that she had crossed a line. He could no longer consider her a harmless animal advocate.

Shortly after my father unwittingly drove Nora to steal the cat, she had a run-in with her next door neighbor's Great Dane; she was taken to the hospital for a mauled hand. Police found a cherry-picking ladder propped against the chain-link fence that separated her yard from her neighbor's. The neighbors told police that they believed Nora had been trying to steal their dog.

The dog had torn the skin off the top of her hand when she reached to get it. Maybe she thought her neighbors left the dog outside too much or that they weren't feeding it enough or just that she could take better care of the canine.

That's when the Humane Society got involved.

Nora called my father when she was released from the hospital. She said the Omaha Humane Society sent her a letter informing her of a warrant to check her property, and she needed to board all her dogs for a while. Maybe her next-door neighbor had complained or maybe the Humane Society had been tipped off to her barking dogs when employees inspected the Great Dane. Regardless, Nora paid a couple of her neighbors to turn the bed of their pickup into a makeshift dogcatcher's vehicle. Tall wooden boards ensured the animals wouldn't escape on their trip to the veterinarian.

The clinic's employees loaded her dozen dogs into kennels. My father didn't know what happened to Nora's cats. Possibly Nora let them loose to become feral on the streets, or she gave them to the shelter. He suspected the former.

When Nora returned to the clinic about a week later, she brusquely said that the Humane Society inspector deemed that she could only keep three dogs, the limit allowed by law. The inspector would come back to the house periodically to check. Her alternative would have been to apply for a kennel license, but the inspector told her that she wouldn't be a good candidate because of her age. Nora was emotionless. She seemed resigned to the situation.

Nora stood in front of a fenced dog run. Her dogs barked excitedly when she came near. "I'll take this one," she said, pointing at one dog. Continuing down the row, she stopped in front of two more dogs. She didn't spend much time contemplating her decision. She knew the dogs and had already made up her mind. My father didn't know why she chose the dogs she did, but

he unlatched the door of the wire pen to free the three chosen ones. Nora instructed him to euthanize the rest of the dogs; she didn't want the shelter to do it. Then she took hold of the leashes of the three dogs she had chosen, and her neighbors loaded the animals onto the back of their truck. She left immediately.

Humane societies enforce animal-limit laws partly in an attempt to stamp out animal hoarding. Hoarders, according to the Humane Society of the United States, have more animals than they can properly care for. Animal collecting is sometimes thought of as a quirky habit: old women with hordes of cats are called "cat ladies." But the American Psychiatric Association links hoarding to obsessive-compulsive disorder. When he first realized she had so many animals, my father didn't think Nora fit the definition of a hoarder because she took good care of the pets. She kept them up to date on their shots, bathed them, fed them, cleaned up after them. Normally, hoarders shun veterinary care and let the animals live in squalor.

Nora's animals were always healthy, but as she reached the end of her life, she likely had more animals than she could handle. Hoarders often use animals to fulfill some need, often a caretaker urge or a need for control. Nora began collecting animals after her husband died and left her alone in a house in a bad neighborhood. She got along better with her pets than she did with her son. Shortly before Nora's death, my father arrived at her home to find it almost empty. She explained that she had sold everything to an antique store for a lump sum of one hundred thousand dollars because she knew her son wanted to get his hands on her things.

Nora's health spiraled downward almost immediately after the Humane Society's sweep of her home. Possibly she felt as if she had little left to live for. She went to the hospital and then to hospice. Her son brought the three dogs she saved to a shelter.

Animal Cruelty

The woman brought a sheltie and a mixed breed into my father's clinic because the listless dogs had been vomiting and weren't eating. He had never seen the woman before though he had treated the animals many times; the dogs belonged to her daughter. The woman already suspected what was making the animals sick. Blood tests confirmed her fears -- the dogs' kidneys were failing. Their organs were so badly damaged by the time the woman came in with the dogs that there wasn't anything that could be done to save them. She decided to put the animals to sleep and spare them a painful, slow death. The woman said the dogs had been poisoned by antifreeze. Antifreeze contains ethylene glycol which is changed in a dog's body to a toxic chemical that rapidly destroys the kidneys. Symptoms begin in the first few hours, and unless an animal gets treatment immediately, before kidney failure begins, it is usually too late. Antifreeze is one of the most common poisons for dogs because they love the sweet taste. Usually the poisoning is accidental, but the woman said that these two dogs were intentionally killed. Her son-in-law had given antifreeze to both dogs as well as his wife, the woman's daughter, who was in the hospital being treated for kidney disease. She survived, and her husband was prosecuted for her injuries though never for killing the dogs.

This is one of only a few animal cruelty cases my father has treated. That low number is not too surprising. People who bring their animals to a vet usually want to help the animals, not hurt them. Animal cruelty is often reported by neighbors or someone calls the Humane Society and the animals are taken away.

My father never got the full story of another dog he treated for a suspicious injury. A .45-caliber bullet had lodged in a pit bull's front leg. The dog's owner was vague about the

circumstances of the dog's wound. "My dog got shot," the man said. After a long period of silence, he continued. "He was involved in a shooting." The man didn't want to offer any more information. Many times veterinarians leave bullets inside an animal because taking out the projectiles often does more harm than good. But this pellet went through the bone and was close to the surface of the skin, allowing for easy removal of the bullet. The bone was put in a splint, and the dog recovered fully.

In another gunshot case, a seventy-year-old mother came in with a Husky that had been shot in the mouth. She could barely contain her anger at her son, who had come home the night before and took out his anger on her pet. It was a miracle that the dog survived without any lasting damage. The bullet entered the top of the mouth and exited through its forehead, narrowly missing the brain. The dog needed only suturing and antibiotics. She had brought the dog in to the emergency clinic and transferred it in the morning to its regular vet. "I'm kicking my son out of the house," she said, anger flashing in her eyes. She must have had concerns for her own safety too.

A fourth animal cruelty case was not as clear-cut as the shootings or the antifreeze poisoning. A young woman brought in a seven-month-old cat with a broken leg. Two months later, the same woman returned with her cat. The animal had again broken its leg – a different one. "Do you think my boyfriend might be doing this?" the twenty-something woman asked.

My father apprised her of his suspicions. "You just don't see," he said, "leg fractures in a cat that lives inside the house without some type of trauma." He told the woman that broken legs are very rare in housecats. Normally, such injuries are the result of being hit by a car or jumping through a second-story window. Seventy-five percent of the animals my father sees are dogs and

only one quarter are cats. Cats just have less cause to be injured because they stay inside so much.

As he told the woman how rare cat injuries are he saw a look of recognition in her eyes. The woman might have had a suspicion about her cat's injuries because she was being abused herself, though there weren't any visible bruises or other indications that she was battered. However, there is a close relationship between domestic violence and animal cruelty. The National Coalition Against Domestic Violence found that eighty-five percent of women and sixty-three percent of children reported incidents of pet abuse after arriving at domestic violence shelters.

Like so many people's, my father's world was touched by Hurricane Katrina in 2005. He treated two pit bulls that an Omaha couple had adopted from New Orleans. The dogs, which were in good health, were two of the thousands of Hurricane Katrina pets adopted by residents around the country. Animal rescuers went to New Orleans to free animals trapped in flooded homes or to save those running loose on the street. An officer with the Omaha Humane Society went to New Orleans to train these rescuers. He brought back with him more than twenty animals to be adopted into Omaha homes. He told my father about one rescue in a home with a flooded first floor. Two pit bulls were on the second floor, probably left there by their owners before the storm. The man took his dog-catching stick, with a loop of rope on the end to put around the animal's head to restrain it. He caught the first dog with no problem, brought it to a cage in his truck, and went back upstairs to get the second dog. "The dog," my father said, "took one look at him, looked at the window, looked back at him and ran right through a closed glass window." "He hit the street running," he said, laughing as he pondered the animal's pluckiness. "He thought his chances were better on the street."

There are differing estimates of how many animals were left in New Orleans. An oft-quoted number is six hundred thousand animals that either died or were left without shelter because of Hurricane Katrina, according to Christopher Shays, then a U.S. Congressman from Connecticut, lobbying for legislation requiring pets be considered in future emergency preparedness plans. The Humane Society of the United States counted about eight thousand animals that went through a temporary shelter set up at the Lamar-Dixon Expo Center in Gonzales after the storm.

Some homeowners left their pets with food and water when they evacuated for the storm, believing that, as in the past, they would only be gone a couple of days. Or else stranded New Orleanians were forced to leave behind pets when evacuating on boats or buses. The saga of some of the animals left behind has been well-documented. What some people across the nation saw as cruelty to animals -- leaving pets in houses that later flooded -- was actually self-preservation when people couldn't find a hotel that took pets or had to focus on their own evacuation. In many of the custody battles involving adopted Katrina pets and their New Orleans owners, the adoptive parents said the animals would be better off in their new homes.

In my job as a general assignment reporter at The Times-Picayune, the daily newspaper in New Orleans, I covered the case of Annabelle Arguello who left her Great Dane and two beagles in her Kenner, Louisiana, home with five buckets of food and five buckets of water. She wasn't able to take them with her when she evacuated with her relatives in a crowded SUV. In Katrina, her home received roof damage and several inches of water. When she returned nine days after the storm, she took her dogs to a temporary shelter, because she wasn't allowed to bring pets to the home where she had evacuated in Houston. She returned a few weeks later and picked up her beagles but the shelter couldn't find her Great Dane. While she was searching for

the animal, named Chopper, he was adopted by a New Jersey woman and renamed Pluto.

Annabelle filed a civil lawsuit, and a New Jersey judge returned Chopper to her Louisiana home, ruling that she intended to retrieve her dog from the shelter within the time allowed by law. She got her dog back four months after Katrina.

Not all cases were so quickly resolved. Shalanda Augillard had to work at the Louis Armstrong International Airport until just before the storm and left her cocker spaniel, named Jazz, with her mother and other relatives in a two-story house in New Orleans. After floodwaters stranded them, the family was evacuated onto a boat. Rescuers would not allow them to bring Jazz, so they left the dog in the house with a three-week supply of food and water. Shalanda returned to her mother's house nine days after the hurricane to find the door kicked in, Jazz gone and the food still there. She spent months checking shelters and scanning Web sites before finding a picture of her dog, which had distinctive white markings on its face. "After having a dog for eight years, it's just like having a child," she told me. "You know your child when you see them." An Austin, Texas woman had adopted Jazz from an animal rescue group and renamed the animal Hope. Shalanda obtained DNA from Jazz's sister to prove the dog was hers and racked up thousands of dollars in attorney's fees, hotel and travel expenses for at least ten trips to Texas during the three-year custody battle. The adoptive owner said Hope had clearly been mistreated and would be better off in Texas than in New Orleans. A news reporter is charged with being objective, but as a fellow Katrina survivor, I found it difficult not to sympathize with Shalanda. She had always taken good care of her animal, and the dog's health problems could be easily explained -- Jazz had been on a special diet and on medication to treat skin and thyroid conditions and didn't get medicine for two months after Katrina.

A Texas judge ruled against Shalanda in 2007, but an appeals court ruled in her favor the following year. Shalanda doesn't have any children. "But Jazz," Shalanda said, tearing up and rubbing her hands together, "is like a child to me, and I fought for her just like anyone would for their child." Jazz succumbed to old age in March 2009, only months after the dog returned to New Orleans. "I knew that Jazz didn't have a lot of time left, but I did not want her to die in Texas." Jazz was cremated and her remains are in a pet cemetery. In Shalanda's front room is a lock of Jazz's fur in a purple satin bag and some of her ashes are in a heart-shaped container. Shalanda gets emotional when she explains why she fought so hard to bring Jazz home. "I didn't ever want her to think...that I did not look for her and fight for her."

The more than a hundred custody battles over Katrina pets are frustrating to my father. "The pets should really go back to the owner," he said. "The National Guard was telling them not to bring their animals. If they had to leave without them they should be able to get them back." All the custody battles might make future evacuations more difficult. Some people died because they didn't want to leave their pets and couldn't take them along. A Humane Society poll found that forty-nine percent of adults said they would not evacuate if they couldn't take their pets with them. However, my father is practical and feels that people should save their own lives first. "A lot of times animals can fend for themselves. As long as they have water and shelter they can survive. Probably better than humans could."

Things You Didn't Know About Animals

The phone call was not a social one even though the pharmacist and my father are friends. The pharmacist called about heartworm medicine prescribed for a toy poodle. He asked about the medicine, what it was used for, how it works. Apparently, the elderly woman who owned the poodle had been taking her dog's once-a-day heartworm prevention pill and giving the dog her heart medicine. This had been going on for a year. The tiny green heartworm tablet apparently looked a lot like the pill she had been taking. The pharmacist discovered the mistake when the woman took the heartworm medicine in to him for a refill. "They both turned out all right," my father remembered. "It doesn't do humans any good, but it didn't harm her. Usually if it doesn't harm the dog it won't harm the person."

Not all similar stories have as happy an ending. Sometimes it's an inanimate object and sometimes food that is poisonous to a cat or dog, but all too often animals eat something they shouldn't. If an inanimate object becomes lodged in an animal's stomach or small intestine, foreign-body surgery is sometimes needed to remove the blockage. Dogs commonly plug their small intestines by eating rubber nipples from baby bottles. Also, canines routinely ingest socks as well as plastic cars with rubber wheels. "I see quite a few fish hooks," my father said. "Some still have bait on them." Both dogs and cats will try and eat the bait and get caught on the hook. Cats most often eat sewing thread, string and rubber bands. Numerous cats have come into the clinic with sewing thread wrapped around their tongues -- sometimes the owner will be frantic because the animal has also swallowed the sewing needle.

Foreign-body surgery can be tricky and time-consuming. Whatever the animal swallowed can contaminate its abdominal cavity, and the dog or cat will develop an infection. And

sometimes a veterinarian begins surgery and finds that there is already too much damage, that the string a cat swallowed has sawed through its intestines or that a fish hook has perforated many of a dog's organs. This type of surgery can run into the hundreds of dollars, depending on the type of object swallowed and how much repair work must be done to the stomach or intestine. If owners can't afford the surgery, their only other option is usually putting the animal to sleep or seeing if the item makes it to the animal's colon and passes in its stool.

Two of my father's clients were on a fishing and camping vacation in Arkansas when their dog swallowed a fish hook. They took the dog to a veterinarian there who told them their choices were surgery, which could cost as much as a thousand dollars, or putting the dog to sleep. They called my father saying they didn't have the money to have the surgery done and asked his advice. He told them to feed the dog cotton in hopes to trap the fish hook before it punctured any organs. That's what they did, and the dog passed the hook -- with the cotton wrapped around it -- after three or four anxious days.

My father once treated a dog that appeared to have a softball in its stomach. The animal wouldn't eat or drink anything and panted and paced around the exam room. "I found this empty bottle next to him," the owner said, handing over a small bottle of Gorilla Glue. The adhesive is sold in hardware or craft stores and used in do-it-yourself projects. An x-ray of the forty-pound mutt's stomach was shocking -- the glue had swollen and taken over the entire stomach. Once the liquid hit the stomach's hydrochloric acid, the glue expanded and dried as hard as a rock. The glue swelled until the stomach couldn't enlarge anymore. If the mass wasn't removed, the dog would starve or dehydrate, both slow, painful deaths. It took an hour-long surgery to open the dog's stomach and remove the ball of glue.

The American Society for Prevention of Cruelty to Animals has a poison control center that in 2009 handled one-hundred forty thousand cases. By far, human medications seem to be the biggest hazard. A third of all the calls in 2009 -- forty-five thousand eight-hundred sixteen -- involved prescription and over-the counter drugs such as painkillers, cold medicine, antidepressants and dietary supplements. According to the organization's Web site, "Pets often snatch pill vials from counters and nightstands or gobble up medications accidentally dropped on the floor, so it's essential to keep meds tucked away in hard-to-reach cabinets."

Cats are especially sensitive to acetaminophen, or Tylenol. The drug is fatal in cats because their livers cannot metabolize it. Tylenol can also damage red blood cells and interfere with cats' ability to transport oxygen. In dogs, Tylenol can impair the liver and, at higher doses, harm red blood cells. And Tylenol is not the only pain medicine harmful to pets. Anything more than a baby aspirin once a week for a cat is toxic to its liver and can cause kidney damage. A cat's body can't break down the aspirin very quickly, so the animal can quickly overdose.

Not all human pills are harmful to animals, and some are actually beneficial. My father sometimes prescribes a variety of Valium, the same drug humans take to ease anxiety. It can be used in dogs to treat separation anxiety or aggression. Valium is a sedative and functions the same way in dogs as in humans, fostering the release of a neurotransmitter in the brain that calms nerves and relaxes muscles. The drug is given for a number of reasons: after seizures to calm down a dog, for traveling if a dog is too excitable and for the Fourth of July if the dog is scared of firecrackers. Dogs with severe separation anxiety destroy their owners' houses when the owners are gone, so instead of keeping the animal confined in a kennel all day, an owner might try giving drugs instead.

A man in his twenties brought in his dog that, he somewhat sheepishly revealed, had gotten into some marijuana. “Will it make him sick?” the man asked, refusing to make eye contact. My father told him that when a dog gets a hold of something like that, the animal usually goes outside and vomits and won’t suffer any adverse effects, which is what happened in this case. Otherwise, marijuana might harm a dog’s liver and kidneys. My father said he didn’t report the man to the police because he didn’t have proof of the drugs. “Usually,” he said, “we’re more concerned with the patient. Since you don’t see anything you couldn’t prove anything. Something like that you just treat as best you can.”

More than a tenth of calls to the ASPCA poison control line involve dogs or cats eating human food. And by far the top call my father receives is for chocolate. Chocolate contains Theobromine, a naturally occurring stimulant found in the cocoa bean which affects a dog’s central nervous system and heart. The amount and type of chocolate impacts different sizes and breeds of dogs differently. Candy bars could cause diarrhea and vomiting in a large dog. Concentrated, cooking chocolate could stop a small dog’s heart. Though dogs seem to get into chocolate more often than cats do, the treat is toxic to cats also. Chocolate is far from the only human food that is poisonous to pets. Cats can’t eat onions because they destroy red blood cells, causing anemia. In dogs, grapes or raisins can cause renal failure. It’s not known exactly why, and one dog could eat grapes without any problem while another could eat a single serving of raisins and die.

Feeding a dog off the table is fine, as long as the banned foods are avoided along with anything too fatty. “Hamburger, rice, chicken, green beans – they are a good source of fiber,” my father said. “What’s good for humans is normally good for animals. Lean meats, a slice of white bread. You could fix them a meal off the table and they would be fine with it as long as you

don't overdo it." It's more difficult to feed a cat human food because cats need a protein-rich diet with foods that people don't normally eat.

Packaged pet food sold in stores is not always safe. In 2007, thousands of dogs were killed or sickened after they ate pet food laced with melamine, an ingredient that the U.S. Food and Drug Administration said is used to make plastics, cleaning products, glues, inks, and fertilizers but "has no approved use as an ingredient in human or animal food in the United States." It is thought that pet-food manufacturers added melamine to increase the apparent protein content in the food. It caused kidney failure because there was too much nitrogen for dogs' kidneys to break down. My father ran blood chemistries on several dogs whose owners were worried they had eaten tainted food. Luckily, none of his patients had been affected.

It's common in popular culture to see dogs gnawing bones. But the Food and Drug Administration came out with an advisory in 2010 warning dog owners "not to give their dog a bone." Bones can break teeth, cause mouth injuries, choking, intestinal blockage, constipation, rectal bleeding, infections -- and even death. A common injury occurs when spaniels try to suck marrow from the femur bone of a round steak. The bone perfectly fits over a spaniel's lower jaw and often gets stuck. A bone- or cast-cutter is used to break the cow bone in two.

Misapplied veterinary medications can make pets sick. Flea- and tick-control products are normally applied to an animal's skin. The insects are more than itchy and annoying; they can spread a variety of deadly diseases. So treating an infected pet is important. But the flea and tick medicine for dogs can be lethal in a cat. The cat's muscles contract so violently that its temperature rises and the animal suffers brain damage. If the product is washed off in time, the cat might not suffer any long-term effects. But if not, my father said, "he could be dead in a couple of hours." It's heartbreaking when an owner carries in a cat that is too far gone to save.

Some poisons intended to kill unwanted pests can have disastrous consequences for beloved pets. A man once came into the clinic with a dead sheltie. A necropsy found pellets in the dog's stomach that the man had used to poison gophers that were digging up his yard. Rat poison can contain strychnine and cause a dog or cat to seizure or hemorrhage. "That's how it kills the mouse and rat too," my father said.

Sometimes the difference between life and death is only seconds. In one of his most harrowing procedures, my father treated a German Shepherd with a tennis ball caught in its throat. The twenty-year-old man who brought the dog into the clinic had been playing catch with his dog, when the ball lodged in the back of its throat. The dog was in respiratory distress and fought every attempt to seize the ball. The owner crooned to the dog in low tones and held the animal, trying to calm it down while it thrashed about on the exam table. The pet struggled so much it had to be knocked out with anesthesia. As soon as the anesthesia started working the dog stopped breathing on its own. My father only had seconds to grab the tennis ball with a pair of forceps and then immediately give the dog oxygen. A technician stood by ready to hand over a breathing tube as soon as the dog lost consciousness. That day a very relieved owner took home a dog with only a touch of a sore throat.

Letting Go

End of Life

It was a somber fifteen-minute drive. My father's client, a woman in her sixties, had called earlier that morning saying it was time for him to make a house call to see her golden retriever. It would be the last house call he would ever make to that client.

Her dog had been plagued by arthritis and hip problems for the past few years. The animal also had difficulty breathing, especially in hot weather. Because the dog weighed a hundred pounds its mistress wasn't able to lift the animal and take care of it. She had lost her husband a few weeks earlier and said she couldn't care for the dog alone. So she made the decision to end the dog's life. In my father's kit for such house calls are clippers to remove hair around the injection site and alcohol to spray the area near the vein. He also takes along needles and syringes and a stretcher so he and the technician can carry out the dog. A muzzle is always on hand in case the dog tries to bite. Usually a pet's owner is the recipient of such a bite because he or she normally holds the animal's head during the euthanasia procedure. In this case, the woman held the dog and sobbed silently as the Sodium Pentobarbital took effect. "She was upset," my father said, "but she knew it was the right decision."

Euthanasia is a daily occurrence for my father, as it is for most veterinarians, but it still never feels totally natural. "It's a necessary evil," my father said tightly. "I'm in the business of treating animals, so it goes against my principles. You want to do everything you can to heal them." Animals that are put to sleep are injected intravenously with Sodium Pentobarbital, essentially given an overdose of an anesthetic. Painlessly, the drug depresses respiration, stopping the brain and, in turn, the heart. It works within a minute.

Things have changed since my father was young. He was in grade school when his family had a cattle dog, about seventeen years old, that couldn't do anything but eat and sleep. The dog was in pain and sat on the front lawn, watching longingly as the new cattle dog chased livestock. "He didn't enjoy anything anymore," my father said softly, remembering. "You realized he was in such bad shape that something needed to be done. But nobody wanted to do it."

My grandmother kept telling her family, "'we're going to have to do something.'" But no one would make a decision. There wasn't the option of going to the local vet's office and having the dog euthanized humanely. One day my grandmother took the old dog into town to the police officer, who also acted as the dogcatcher. She returned alone.

The children gathered around her, demanding to know what happened to their pet. They were shocked to learn that the officer had shot the animal in the head. "It's just the thought of it, the thought of having it done," my father said, shaking his head slowly. With a gunshot, there's more of a chance the animal wouldn't be killed immediately so would suffer needlessly or that a bystander would be injured. That experience has left my father thankful that he is now able to painlessly euthanize ailing animals.

Before he will agree to euthanize an animal, owners must sign documents acknowledging how the procedure works and exactly what they can expect. This is to avoid any mishaps. One morning, two women brought two small, mixed-breed dogs in to the clinic saying they couldn't keep the dogs because they would get thrown out of their apartment. They signed all the necessary paperwork and left during the euthanization. About four hours later, they rushed back in, breathless, saying they found an apartment that would allow animals. My father doesn't make excuses. He said that when people bring in animals to be euthanized, they have usually made the decision and don't want their animal to sit for hours in a cage awaiting the procedure. Often, the

clients expect the procedure to happen while they wait. “Usually it’s done immediately,” he said, “once they sign the paper.”

One question he is often asked is whether a euthanized animal will be used for research. “We’re not in the business of finding homes for them or turning them over to research centers or the shelter,” my father said firmly. “You don’t say that you’re going to put animals to sleep and then adopt them out.” A veterinary technician at another clinic in Omaha adopted a Great Dane that a man and woman had brought in to be put to sleep because of behavior issues. The married couple paid, signed the paperwork authorizing the euthanasia and left the dog at the clinic. The technician said she would give the dog a home, so the clinic staff allowed her to take it. But the dog didn’t work out for her, so she took it to the Humane Society. Shelter officials looked on the list of people who ask that they be called if a certain breed of dog comes in. Who came in to see the Great Dane but the same couple who had arranged for the animal to be put to sleep. The couple was furious.

Usually if people don’t want their animals euthanized they bring them to a shelter. Even there, only about one-third of animals are adopted. Shelters may hold animals, evaluate them and put them up for adoption. But not always. My father knows one woman who signed her animal over to the Humane Society. She changed her mind before she even left the building and went back to get her animal. But they had already put her pet to sleep. If a stray animal is brought into a shelter, personnel usually have to wait a certain amount of time before the animal is put up for adoption or euthanized, in hopes the owner will claim the animal. Not so for unwanted animals.

Shelters around the country kill four million animals every year, according to People for the Ethical Treatment of Animals, which along with the Humane Society of the United States, supports euthanasia by Sodium Pentobarbital. According to a recent Newsweek article, more

than eighty percent of the animals euthanized at shelters are healthy. Euthanasia is abhorrent to many animal advocates, but it is a grim reality when there are so many unwanted animals.

“Shelters cannot humanely house and support all these animals until their natural deaths,” according to PETA’s stance on euthanasia. “They would be forced to live in cramped cages or kennels for years, lonely and stressed, and other animals would have to be turned away because there would not be room for them.

“Turning unwanted animals loose to roam the streets is not a humane option,” according to PETA. “If they don’t starve, freeze, get hit by a car, or die of disease, they may be tormented and possibly killed by cruel juveniles or picked up by dealers who obtain animals to sell to laboratories.”

There are many reasons people decide to euthanize animals. Usually, owners don’t want their animal to suffer, whether it be from debilitating arthritis, cancer, senility or severe injuries from a car accident. Behavioral problems, such as biting, are another reason that forces many owners to take that final step. It is exceedingly rare that an owner brings his or her pet to be euthanized just because the animal is unwanted.

Some people refuse to consider euthanasia, even when it might be the best option. My father went three or four times a year to the house of one of his clients to treat a Dalmation at the end of its life. The animal couldn’t move its front or rear legs, only its head. The dog lived on a mattress in its owner’s living room. Its owner, a retired man in his sixties, turned and bathed the dog and fed it by hand. The dog stayed in a diaper and barked for food or water or to alert his master that it had gone to the bathroom. After years in that condition, the dog died a natural death.

Diane Kantas never euthanized any of her pets. “I’m just too big a softie, I guess,” she told me. One of her cats suffered from diabetes, a disease that cost the animal its sight. The cat was in such a bad state that she called the clinic, crying, and said she needed to put her cat to sleep. Before my father got to her house, however, the cat coughed a few times and died. Diane was so grateful she didn’t have to euthanize the animal. “I think something divine stepped in.”

My father has found that more animals are put to sleep around the holidays. The reasons for this are varied. In some cases, it’s because relatives are coming to town. Maybe a pet owner has been giving hospice-type care to an animal for months but doesn’t want to answer questions about why he or she is prolonging the decision to put the animal out of its misery. Or else the owner won’t have the time to continue caring for the pet with so many relatives in the house. Sometimes people wait until their children are home on the holidays so the children can be there for the animal’s last days. Or maybe, my father said, the owner is leaving town and the animal is in no condition for anyone else to look after. “They’re the only ones who can put so much time and effort into caring for them.”

In most cases at my father’s clinic, owners stay with their pets during euthanasia. But if owners leave their pets, it doesn’t mean they are heartless. Sometimes owners are so emotional that their presence stresses the pet. Other owners show little emotion or feel relief that their pet will not suffer anymore. Even if the owner isn’t present every animal put to sleep receives a loving last embrace. Two people, a veterinarian and a technician, stay for the procedure. The technician will hold the animal if the owner isn’t there.

Not all euthanizations happen in a sterile exam room at my father’s office. At least half a dozen times a year clients ask him to go to their house. Sometimes the reason is because the animal is too heavy to carry into the car or the owner doesn’t want the pet to be upset by the trip

to see the vet, which some animals associate with pain. Some clients have asked him to do the procedure in their car parked in the clinic's lot, so an animal doesn't become distressed going into the building.

About one in twenty pets my father euthanizes are taken home and buried. It is legal in Omaha for an owner to bury an animal on his or her own property. One of his clients had taken advantage of that law. Then he came in to the office in a panic. He had buried his dead dog in his backyard the night before, but he felt guilty during the night and went out and dug up the animal. The next morning, he brought in the twenty-pound black-and-white terrier mix wrapped in a towel and asked for verification that the dog was actually dead. Gently setting the animal on the exam table, my father listened for a heartbeat. But he was just going through the motions. It was clear that rigor mortis had already started. The dog's body was stiff and its gums dark blue. My father assuaged the man's guilt and told him that his dog had died of old age.

How Things Have Changed

Three decades ago, a neurologist regularly lugged a portable electroencephalogram, commonly known as an EEG, into an exam room at my father's clinic. Humans normally used the machine, but at the animal clinic, the doctor hooked the equipment's ten leads to the head of a dog that had suffered multiple seizures. Just as humans do during a seizure, dogs lose control. They thrash around, drool, chop their jaws together, twitch their muscles, sometimes fall to one side and can lose control of their bowels. "Seizures," my father said, "are very frightening for owners to see." Based on the dog's neural activity, the neurologist gave his diagnosis. "He would tell us what he thought was wrong and why the dogs were having seizures." Many times, the doctor recommended human drugs, which were often the best treatment.

When my father first started practicing, he rarely referred patients to veterinary specialists. The reason was simple: there weren't any. Instead, he sometimes got help from doctors who normally treated people or he used medical equipment usually reserved for humans, such as the portable EEG. For example, when he was in the Air Force, he took prospective guard dogs to the veterans' hospital to be x-rayed for hip dysplasia. The ailment, similar to arthritis, disqualified the animals from service. The physicians didn't especially like the dogs using the hospital, especially when the animals left behind a mess in the pristine exam rooms. But the dogs were potential soldiers. Sentry dogs guarded bases in the States or overseas during the Vietnam War. A dog accompanied each soldier patrolling the perimeter of the camp. The canine sense of smell is thought to be a thousand times better than a human's so the guard dogs detected scents faster than the patrolmen would, whether the odors were land mines or the enemy.

An ophthalmologist who came into my father's clinic with his own animals told him that if anyone was interested in cataract surgery for a pet, he would be willing to do it. A half dozen accepted the help. A dentist whose pets my father treated made the same offer. He did root canals on a number of animals over the years. The physicians weren't paid for these procedures. "They felt they were offering a service," my father said. "They did it because they wanted to help the animal."

But now veterinary specialization is commonplace, especially at universities or in big cities. The American Veterinary Medical Association recognizes twenty veterinary specialties, from anesthesiology, behavior and dermatology to oncology and neurology. Pets that have eye diseases or need cataract surgery are referred to a veterinary ophthalmologist, severe fractures to an orthopedist and puzzling cases to an internal medicine specialist.

Being in a middle-sized city such as Omaha sometimes means pet owners will have to travel to get the very best care. My father once referred a Schnauzer with a tumor of the skull to the veterinary school at Colorado State, about eight hours from Omaha. The small knot in the dog's head was growing inward toward the brain and Colorado State specialized in such cases. The pet owner's sister lived in Colorado so he stayed with her while his dog had surgery and chemotherapy. The ten-year-old Schnauzer lived about a year longer because of the treatment. "In some cases," my father said, "you're just talking about extending the life a few months." Nonetheless, "it's becoming more and more common, primarily because people are willing to spend more money on their pets."

A few years ago, my father decided to downscale. He chose to close the clinic he had built. A veterinarian who specializes in internal animal medicine bought the business. Unlike most animal clinics, hers features ultrasound equipment. General practice vets refer their difficult

patients to her. She moved to the clinic along with a surgeon and was wildly successful as the only such practice in Omaha.

When my father started practicing, he didn't have much choice but to treat a variety of pets. He couldn't afford to turn away paying clients, whether they owned rats or rabbits. Physically, rabbits are a lot like cats. But vets have to be very careful with rabbits; it is common for the animals to get excited or nervous and twist around and break their backs trying to get away from the person who's holding them. Also similar to cats are white rats, but they age much more rapidly than cats. A three-year-old rat might have old-age tumors. According to the American Pet Products Manufacturers Association it's common for dogs to sleep in the same beds as their owners; forty-two percent of dogs do so. But it was uncommon for one of his clients to sleep in the same bed as her white rat. However, that's how she knew the tiny animal had a respiratory infection that kept it coughing and sneezing throughout the night. Liquid steroids cleared up the infection.

Pocket pets, such as white rats or hamsters or gerbils, are referred to the Omaha specialty clinic that treats them. The animals cost so little to buy that some people don't want to pay too much to cure them. But that's changing. The specialty clinic actually charges more to see pocket pets than it charges for dogs and cats. The smaller pets take more manpower and more time to treat. Smaller syringes are needed, and the animals often must be given a sedative before a blood sample can be retrieved. My father hired a part-time veterinarian for four or five years in the 1980s who saw not only cats and dogs but also reptiles and birds. Healing exotic animals didn't turn out to be much more profitable than just treating dogs and cats, because, just as with the hamsters and gerbils, more technicians and time are needed with each patient. More expertise is required to get a blood sample, and doctors don't see as many of the specialty animals so it's

more difficult to become competent. Now, in Omaha, a town of nearly half a million people, there's only one bird specialist, and there's not enough work to keep that veterinarian busy. "That's the reason you treat mostly dogs and cats," my father said. "It's just a matter of economics, and there's just more of them too."

More and more people are becoming pet owners. Sixty-two percent of all households own pets, according to a 2009-10 American Pet Products Association pet owners' survey. That's a jump from the first year the survey was conducted, in 1988, when fifty-six percent of U.S. households owned pets. And people are spending more money on their pets. The American Pet Products Association determined that people spent an estimated forty-eight billion dollars on their pets in 2010. Of that, about thirteen billion dollars was spent on veterinary care. That compares to the first year the organization kept statistics, in 1994, when owners spent seventeen billion dollars total on their pets.

Because pet owners are willing to spend the money, veterinary medicine is catching up to human medicine in many ways. Pets can get cancer treatment, root canals, knee surgery, hip replacements, plastic surgery and even organ transplants. People give their diabetic pets insulin shots twice a day and feed them special diets. My father has also been doing a lot of knee surgeries that weren't common years ago. "It was available," he said, "but because of the cost people just didn't have it done." He recently referred a German shepherd with a bad hip to Iowa State University for multi-thousand dollar hip replacement surgery. A cat from Nebraska went to one of the few veterinary schools that perform kidney transplants. Veterinarians harvested an organ from a cat at an animal shelter. The Nebraska man, not one of my father's clients, brought both donor and patient home with him. Organ transplants for cats are still rare, though. The cost of the procedure is fifteen to twenty thousand dollars, and lifetime care is required after the

surgery. Cats must be given drugs as long as they live to suppress their immune systems and help ensure they don't reject the organs. Such transplants are even less common for dogs because the success rate is low.

Now, my father will refer pets with heart conditions to a heart specialist, but such veterinarians weren't available decades ago. That's why, when he listened to the heart of a listless poodle puppy, he knew what he had to do. Instead of the normal "lub dub lub dub lub dub," he heard "swish dub swish dub swish dub." The dog had a congenital heart defect. A blood vessel that normally closes shortly after birth hadn't closed. This caused an abnormal blood flow, meaning the left side of the heart worked harder than the right side. The increased amount of blood and extra work done by the left side of the heart often causes heart failure. Dogs with the condition rarely live to a year. "If something wasn't done," my father said, "the animal was going to die." He researched and successfully performed the surgery, and the poodle lived a long life. He found the whole experience -- teaching himself a new surgery that saved a young dog's life -- very satisfying.

Plastic surgery is one specialty that he used to perform more in the past than he does now. He still performs eye tucks on dogs where tissue is rubbing against the eye and lip surgery on some breeds that are prone to developing infections in their lip folds. But my father no longer completes purely aesthetic plastic surgery. In the past, he cropped the ears of Dobermans and Great Danes and docked the tails of Australian shepherds. Since then, the American Veterinary Medical Association has come out against such surgeries. That's the same case with debarking, which involves removing tissues from a dog's vocal chords. Instead of a deep, loud sound, debarked dogs make only a hoarse whisper. The surgery is now considered inhumane by some

people who say it is an unnecessary procedure that carries a risk of complication. “You’d hate to lose a dog from debarking,” my father said. “It’d be difficult to find people that will do it today.”

My father used to treat most sick animals symptomatically. Now, if owners have the ability to pay, he can run blood tests to get a better diagnosis or uncover why an animal is sick. Veterinarians rely more on machines and tests than they ever have in the past. Now, before putting an animal under anesthesia, tests are usually run to ensure that the animal’s kidney, heart and liver function is normal. Tests can check blood volume and red blood cell count to determine if the animal is at a risk of bleeding out on the operating room table. “In the last ten years we started doing all this,” he said. He pauses with a contemplative look in his eye. “It probably hasn’t had an effect on the number of dogs I’ve lost. It’s more of a demand thing.”

Many of the new available procedures are marketing gimmicks more than anything. “If it’s available in human medicine,” my father said, “and can be used for animals, they’ll market it.” With all this new medicine available, a veterinarian can raise prices for common procedures. “So you’re at a dilemma,” he said. “If you want to be reasonable in your prices, forgo all the extras.” For example, a veterinarian can use expensive surgical equipment, instead of sutures, to burn closed bleeding tissue. Proponents say cautery causes less pain and less bleeding. “Who knows,” he said. “If you have an experienced surgeon, it may be just as good.”

But one thing is clear. More dogs and cats are living longer than they did even twenty years ago. “Primarily,” my father said, “because of nutrition and better care.” Improved vaccines mean that fewer dogs and cats are dying at early ages from diseases. Leash laws also have an effect on life spans because fewer dogs are hit by cars. Spaying and neutering at an early age prevents more tumors later on. A long life is twenty-two to twenty-five years for a cat and twenty years for a dog. All the new medicines and procedures help, but caring pet owners really can

make the biggest difference in how long some pets will live. One of his clients had a Siamese cat that came down with a severe upper respiratory virus when it was twenty-two years old. The owner, a woman in her forties, brought the ailing Siamese in to the clinic every day for two weeks. There, the cat was given fluids and antibiotics. “She wanted everything done for the cat that she could do,” he said. The cat lived another three years.

While cockatiels generally live ten to fifteen years, the blue-and-yellow bird named Gizmo that resides in my father’s office has outlasted all expectations. The bird is going on twenty-five. A former client gave him the bird twenty years ago. It had been a Christmas present for her husband, and when he died of a heart attack she couldn’t bear to have the bird in the house. Gizmo flaps its wings wildly at regular customers and whistles at them until they come over to talk.

Not only are pets living longer, but studies have found that pets extend the lives of their owners. According to the National Institutes of Health, owning and caring for a pet can improve cardiovascular fitness. Some hospitals use animals as therapy for accident and stroke victims. Several studies have shown that dog owners are healthier than non-dog owners. One NIH-funded study looked at adults who suffered heart attacks. A year later, dog owners were significantly more likely to still be alive. One reason for this might be that dog-walkers get more exercise. And other studies found benefits for cat owners too. A Minnesota Stroke Institute examination discovered that people who owned cats were thirty percent less likely to suffer a heart attack than non-cat owners and were less likely to die from all cardiovascular diseases, including strokes. The study authors speculated that cat owners might feel more needed and have a reason to rebound from an illness quickly. The authors believe the results would be the same for dog owners, but didn’t have a high enough sample to draw a conclusion.

In the forty-four years since my father became a veterinarian, the main change he has seen has been the proliferation of specialists. Not much has changed for general practitioners. Sure, new technology is leading to better diagnoses. He now hooks a transmitter to patients with heart problems and sends the readings to a cardiologist over the phone. He receives reports back within an hour. But for the most part the general practitioner is functioning the same way he or she has over the years. “We may use different medications now,” he said, “but we treat things we’ve always treated throughout the years.”

Looking back now with four decades of experience, in the military, working for someone else and working for himself, my father doesn’t hesitate for a moment when I ask him whether he would do it all over again. Definitely, he says, smiling. And he is already ready to tell another story about someone, or some pet, he has encountered. “You never know from day to day what you’re going to be doing.” Every day on his job is different, from catching a bird thief to treating Belgian Malinois for the Nebraska Highway Patrol. My father loves hearing the cops’ stories about what the dogs have found, how many dollars of drugs have been confiscated and what criminals have been apprehended. The animals often suffer scrapes or cuts from searching for suspects beneath houses or chasing a perpetrator through an alley or under barbed wire. The dogs also commonly suffer tooth problems. That’s because they are trained to bite down on something and not let go until given a command.

If my father was entering veterinary school today, with the increased possibilities for specialization, he would choose to focus on surgery and orthopedic work. Surgery wasn’t something he recognized as his top talent when he was a young veterinarian. But over the years he’s become a skilled surgeon. He sutures and ties back together skin, muscles and blood vessels, his fingers working as fast as a hummingbird’s wings. He repairs broken bones with the skill of

an artist, deciding sometimes in the moment whether the best method to patch the fracture is stainless steel pins, wires, screws or metal plates. If his clients can't afford thousands of dollars for metal plates or hundreds of dollars for pins, he has to rebuild the bone sometimes the best way they can afford, using a splint or cast. Sometimes, if the break is underneath tissue or covered by muscle, he has to repair the bone completely by feel.

Being a veterinarian has introduced my father to all sorts of people. He has met some who care so much for their pets that they rearrange their lives to care for an ailing dog or cat. Then there are people such as Nora Wilson who collected pets to meet a need in her own life. He also has encountered doctors who normally treated people but cared about animals enough to give up free time to heal them. He has made house calls to grieving clients who couldn't lift their beloved pets into the car to bring them to the clinic to be euthanized. And he has had to put to sleep the two dogs whose owner poisoned them with antifreeze. He has treated the German Shepherds that were shipped to Vietnam to protect U.S. soldiers and the ferocious pit bull that attacked Diane Kantas. Sometimes he treats the client, even more than the patient. Some people want a procedure performed that isn't necessary, such as an EKG before surgery to make sure an animal's heart will survive the anesthesia. More often, owners can't afford a procedure that is the best chance the animal has for a full recovery. "You have to do what they want," he said with a shrug. "You tell them what you think the animal needs but they have to make the decision on what to do."

My father has gone from being a ten-year-old helping an ailing sow give birth to being a veteran doctor who has aided hundreds of births. Since the grueling spay of his family's pet, he has adeptly spayed or neutered thousands of dogs, cats, and even rabbits. His love of veterinary medicine is apparent in his rapid-fire descriptions of doing surgery or healing broken bones, in

his memories of his early career and, finally, in his stories of the people and the pets he has grown close to. “It’s never boring,” he says with a smile.

VITA

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