

# General Session II

## Implementation of Production Medicine Programs

Dr. Ken Armstrong, *Presiding*

# Principles of Implementing and Marketing Bovine Health Management Programs

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The serious interest now being taken by the veterinary profession in implementing and promoting health management programs is very encouraging. Theodore Levitt has suggested that there is **no such thing** as a growth industry, and,

“...industries that assume themselves to be riding some automatic growth escalator invariably descend into stagnation. There are only companies organized and operated to create and capitalize on growth opportunities. The history of every dead and dying “growth” industry shows a self-deceiving cycle of bountiful expansion and undetected decay.”<sup>1</sup>

We should not be surprised, therefore, that the “escalator” of traditional bovine medicine is moving downwards. A shrinking agricultural dollar, expanding veterinary schools, increasing competition for clients from non-veterinary sources, changing market conditions, and increased costs of doing business have markedly reduced the growth potential of traditional veterinary medicine.<sup>2</sup> This 1988 convention of the American Association of Bovine Practitioners, with its emphasis on health management programs and methods of improving how we do business, is a strong indication that we are preparing to create and capitalize on growth opportunities!

We are moving from a preoccupation with the technical details of practicing veterinary diagnostics and surgery, to the appreciation that we are in an expanding business of animal health. Bovine practitioners have much more to offer agriculture than surgery and diagnostics! This shift in emphasis to the broader perspective of animal health, accompanied by a healthy understanding of producer goals and needs, could be our very salvation. Levitt points to the railroads as an industry that declined because it did not appreciate what business it was in.

“The railroads did not stop growing because the need for passenger and freight transportation declined. That

grew. The railroads are in trouble today not because the need was filled by others (cars, trucks, airplanes, even telephones), but because it was **not** filled by the railroads themselves. **They let others take customers away from them because they assumed themselves to be in the railroad business rather than the transportation business.** The reason they defined their industry wrong was because they were railroad-oriented instead of transportation-oriented; they were product-oriented instead of customer-oriented.”<sup>1</sup>

Unfortunately, transition is not easy. Successful implementation of a bovine health management program is **extremely** difficult. We must develop a clear understanding of marketing and be able to implement its principles.

### What marketing is NOT

Many veterinarians still have an incorrect and narrow view of marketing, equating the term with advertising or the unethical and unprofessional “hard sell.” You do **not** need a plaid sports jacket, white shoes, and a “shifty” disposition to market a health management program. You do **not** need an astronomical advertising budget. Marketing is **not** advertising. Advertising is but one of three methods of product or service promotion, and promotion is but one of many marketing processes. Since advertising is a nonpersonal means of transmitting messages to a large number of consumers at a low cost per contact<sup>3</sup>, it is by far the least useful of the techniques available to the individual practitioner for promoting a health management program; the health management market is small and requires instead intense personal communication between veterinarian and producer. Marketing is **not** selling; again, selling and “sales techniques” are but one part of marketing. Drucker has even suggested that the **aim** of marketing is to make selling superfluous.<sup>4</sup>

Marketing is **not** new to the health professions. The autoimmune immunodeficiency syndrome or AIDS problem has resulted in many high-profile marketing campaigns across the continent, promoting preventive medicine (“safe-sex”) to high-risk groups. There are also over 2000 high-level marketing executives working in U.S. hospitals today, and the number of health care marketing consultants in the U.S. has grown to over 700.<sup>5</sup> Most hospitals have used marketing intelligently and to their great advantage; however, some have rushed in with more enthusiasm than understanding, believing marketing to be something else it is not: a collection of clever promotional gimmicks. Sunrise Hospital in Las Vegas, for example, found their weekend admissions to be lower than desired. They ran a large advertisement featuring a picture of a ship with the caption,

“Introducing the Sunrise Cruise, Win a Once-in-a-Lifetime Cruise simply by entering Sunrise Hospital on any Friday or Saturday: Recuperative Mediterranean Cruise for Two!”<sup>5</sup>

Weekend admissions went up by 40%! But at what cost? This promotional gimmickry is damaging to the professional image hospitals like to maintain, and may have a long-term negative effect. Unfortunately, it is occasional misguided promotional campaigns like this one that come to our attention and reinforce the negative interpretation of what constitutes marketing. Marketing is **NOT** promotional gimmickry!

### What marketing IS

What is marketing? Marketing a bovine health management program involves two basic procedures in a never-ending cycle: **planning** the program, and **listening** to producers. The planning process takes the veterinarian through four key marketing stages: choosing what services to offer in the health management program (service planning), pricing the program, deciding how the range of services can be profitably provided to target producers (physical distribution), and promoting the program.<sup>2</sup> At each stage in the planning process, attention must be paid to producers; in other words, the planning procedure is **client or producer-oriented**. More formally,

“Marketing is the analysis, planning, implementation, and control of carefully formulated programs designed to bring about voluntary exchanges of values with target markets for the purpose of achieving organizational objectives. It relies heavily on designing the organization’s offerings in terms of target markets’ needs and desires, and on using effective pricing, communication, and distribution to inform, motivate, and service the markets.”<sup>5</sup>

The client-oriented “marketing concept” grew out of the recognition by marketers of the importance of the consumer

in the buying process;<sup>6</sup> in terms relevant to our situation, the “best” bovine health management program in the world is a **failure** if producers will not buy it! Success begins with the **producer’s** understanding of what constitutes a worthwhile program, **not** with what the veterinarian perceives to be a good program.<sup>1</sup> The challenge is to close the gap between these two perceptions by clearly demonstrating how the health program will benefit the producer, and listening to the producer so the program can be adjusted to make it more attractive. This client-oriented approach has a much greater chance of succeeding than a product-oriented approach, where a health management program is produced without producer input and offered with a “take-it-or-leave-it” attitude.

The client-oriented approach is foreign to many veterinarians. An excellent demonstration of this was provided by a recent study carried out in the state of Oklahoma, where veterinarians were asked how they learned of new ideas about improving client relations and practice promotion.<sup>7</sup> Ninety-one percent of the veterinarians responding identified professional publications as a source of ideas, 64 percent referred to other veterinarians, 61 percent looked to conventions for ideas, and 55 percent used seminars. Perhaps THE most important source of ideas for improving client relations, namely the **client himself**, was not listed! Furthermore, only 6% of practices had ever performed a survey of clients or potential clients to determine the need for specific veterinary services. This is not a client-oriented approach!

### Professional services are different

Marketing a bovine health management program involves marketing a package of veterinary professional services. Unfortunately, we **cannot** look to the marketing literature and professional marketing firms for **tested** guidelines on how to market professional services. The bulk of marketing literature deals with marketing products or goods: how to plan, price, distribute, and promote products.<sup>3</sup> Although marketers have noted important differences between goods and services for over 25 years,<sup>8</sup> it is only in the past decade that the unique requirements of services marketing have been seriously examined.<sup>9</sup> Marketing techniques applicable to **professional** services may differ considerably from those used in other “generic” services like dry-cleaning, or banking;<sup>10</sup> unfortunately, the volume of literature devoted to professional services marketing is much smaller than that devoted to “generic services.”<sup>11</sup> As a result, **the marketing literature has a lot to offer in terms of insightful thinking and new ideas, but no “tested guidelines” exist for how to market bovine health management programs**. Even more sobering is the conclusion of one researcher that the successful development of a new service or program of services is



so difficult it makes new-product development look like child's play!<sup>12</sup> And Kotler and Clarke state that, since health management programs consist of services and not tangible products, the risk of reaching the commercialization stage with a program that will fail is great.<sup>5</sup>

Despite these concerns, several important recommendations can be derived from the literature concerning the marketing of professional services which are relevant to marketing bovine health management programs. These recommendations concern our image, the intangibility of a health program, sticking to your strengths, the importance of planning your price, and being prepared for change.

### Change your image

It does not matter what veterinarians think they are, think they do, or how they think they come across in the mind of the producer. What counts is what veterinary clients and prospective clients think of veterinarians.<sup>13</sup> Wilson describes the multiple image concept where the current image is the way the profession is actually seen by its "different publics," the mirror image is the way it thinks it is seen, the wish image is the way it would like to be seen, and the optimum image is the perception which will ensure the profession achieves its objectives.<sup>14</sup> Differences between the images can be very wide. Success in implementing health management programs requires first bringing the current and mirror images into accord so that the veterinarian perceives himself as he is really seen, second to ensure the wish and optimum images are the same, and finally to move the current and optimum images as close together as possible.

Our wish image might have producers seeing us as health professionals who care about the viability of the producer's operation, who have the interests of the producer at heart, who are very knowledgeable about herd problems, preventive herd medicine, nutrition, and pharmaceutical products, and who could function easily as very affordable permanent part-time health managers. **Producers do not see us this way.** Our coveted status as "professionals" may be doing us more harm than good. Wilson suggests that, as a whole, the professions have garnered an image of arrogance, detachment, self-protection, lack of commitment, in some cases lack of responsibility, and most heinous of all, high cost.<sup>14</sup> This has the effect of moving producers to non-professional or do-it-yourself services, or substitution of products for services. Furthermore, as demonstrated by the Wise study, we are not perceived as knowledgeable concerning herd problems and nutrition.<sup>15</sup> Only 30% of producers surveyed in the study said they would contact a veterinarian first for a herd management problem and only 10% said they would contact a veterinarian first for a nutrition problem! As things stand, we cannot expect many producers to appear in our clinics

demanding a health management program—they simply do not expect such a service, nor do they believe we can deliver!

We have to distance ourselves from the negative connotations of being "professionals," and we must actively promote health management programs to an industry which is largely unaware that such programs exist. This will involve a strong commitment to **personal selling techniques** at the individual practitioner level,<sup>2</sup> and could be helped significantly by a **public relations campaign** carried out through professional organizations like the American Association of Bovine Practitioners with the sole objective of increasing producer awareness of what veterinarians have to offer.

### Make the program tangible

Marketers generally agree that intangibility is a major problem associated with marketing professional services.<sup>12,16,17</sup> Services are intangible; they cannot be seen, tasted, felt, heard, or smelled before they are bought.<sup>11</sup> Intangibility is hypothesized to increase buyer uncertainty about whether or not to buy. Therefore, producer's will likely feel there is a great deal of risk involved in purchasing a health management program. Without some kind of tangible evidence supporting the program, the producer is being asked to have complete faith in the abilities and motives of the veterinarian.<sup>11</sup>

Interestingly, even tangible goods that cannot be pretested prior to purchase assume a degree of intangibility. To make buyers more comfortable about these kinds of goods, companies commonly use packaging to provide reassurance.<sup>16</sup> Hence, pickles get put into reassuring see-through glass jars, cookies into cellophane-windowed boxes, canned goods get strong appetite-appealing pictures on the labels, and proposals to NASA get packaged in fancy binders. "In all cases, the idea is to provide reassuring tangible surrogates for what's promised but can't be more directly experienced before the sale."<sup>16</sup>

There have been few published studies which confirm the usefulness of tangible cues in the marketing services.<sup>18</sup> In spite of this, many marketing writers and practitioners suggest their use. What can a veterinarian do to "tangibilize" a health management program? He must try to stand in the producer's shoes, thinking through and gaining control of all the inputs to the producer's mind that can be classified as material evidence.<sup>12</sup> Several methods follow, which have been proposed for "controlling the material evidence," or "tangibilizing the intangible."

**Documentation** should be made available to the producer, in the form of a pamphlet or contract, describing the health management program in detail.<sup>11</sup> Documentation that is as clear, concise, and descriptive as possible should ease the uncertainty in the farmer's mind caused by the intangibility of the program.<sup>17</sup> Points to be covered by documentation include: basic details of the farmer's



operation and needs—this links the farmer to the program, in the farmer's mind; a description of the veterinarian's organization and health program objectives; the specific services which will or could be performed as part of the program; specific recommendations of the veterinarian; fee quotes, with methods of payment; and provisions of the agreement and farmer responsibilities.

Ensure **quality correspondence**. This form of "physical evidence" may seem trivial until one recognizes how great an impact correspondence can have on service perception. Letters, statements, and the like are one of the main conveyors of the "reality" of the health management program to a farmer. A mimeographed, non-personalized cheaply offset letter contradicts any words about service quality that may appear in the text of the letter.<sup>12</sup> Make up quality health management letterheads and pay close attention to the "look" of all correspondence!

At the outset, walk through the farm operation with the farmer, and carefully go over his situation, identifying his goals and problems, and hinting at new ideas that could help him. By doing this, you are making a promise ("I will do this") into a credible expectation ("I can do this").<sup>16</sup> During this, and all subsequent health management visits, **turn off your pager!!** Nothing bothers a farmer more than to have the veterinarian leave abruptly during a herd health visit. If the farmer is buying nothing else by purchasing your program, he is buying your **undivided attention** of his problems during the hour you have scheduled to see him. Imagine buying a new car and finding out that the dealer had also sold the same car to two other people, expecting you to share the car amongst you! You would feel cheated and cry foul. When your pager goes off during a herd health visit and you respond, the farmer finds out that you sold the same car all over town!! Turn the pager off, and make some other arrangements to handle "emergencies" during the time you will spend practicing health management.

Intangibility can make keeping health management clients just as difficult as getting them. It is important regularly to remind and show health management clients what they're getting so that occasional failures fade in relative importance. If that's not done, producers will only know when they're **not** getting what they bought.<sup>16</sup> Regular visits, update reports, quarterly performance reviews, and even nonbusiness socializing are surprisingly powerful client maintainers. Also, keep in touch with your local provincial or state veterinary pathology laboratory and regularly inform your health clients of disease problems and breakouts. This tells the farmer you are very aware of the local disease situation, and reinforces the feeling that your presence is at least partly responsible for the absence of similar problems on his farm.

Other suggestions for reducing client uncertainty due to program intangibility include the following: emphasize the

benefits of the program rather than just describing its features;<sup>11</sup> develop brand names for different levels of animal health coverage, like "Total Herd Program," or the "Umbrella Package," or the "Basic Emergency Program;"<sup>11</sup> teach the farmer what to look for in a good health management program, how to compare between alternative programs, and about the uniqueness of your health program;<sup>19</sup> focus on the buyer-seller relationship—focus on people performing services rather than on services themselves.<sup>18</sup> The usefulness of all these ideas will depend on the veterinarian's practice area, and imagination.

A cautionary note: undue emphasis should not be given to tangible evidence at the expense of intangible evidence.<sup>18</sup> Do not lose sight of the fact that intangibles—performance of the services themselves—are the fundamental part of the health management "product."

### Stick to your strengths

A suggested "Complete Cow-Calf Health Management Program," is shown in Table 1.<sup>2</sup> Many of the services offered are services the producer has come to expect from us, except for two important changes: first, they are being offered as part of an all-encompassing health management program; second, the traditional payment scheme of fee-for-service is abandoned in favor of a retainer system. Note the absence of an offer of financial services, or other farm-management services. Veterinarians are not financial experts, nor are they farm managers. Attempting to expand the health business market into these areas is not a good idea, unless you really do have extra training in the area. Even then, the idea may not be good, for as Gummesson warns,<sup>20</sup> we should not appear to be attempting to **take over** the client's farm! We want to be hired as health managers, not farm owners. So stick to your strengths as a health professional when planning the range of services which will make up your bovine health management program.<sup>11</sup>

Table 1. The complete cow-calf herd health service program.

#### 1. TECHNICAL SERVICES

- a. **General:** clinical and routine necropsy examinations of all animals; reproductive examination of cows and bulls.
- b. **Health Accounting Services;** routine nutritional monitoring; routine production performance monitoring including comparison with targets of performance; quarterly health management reports.
- c. **Routine Electives:** deworming, dehorning, castration, foottrimming, and vaccination.
- d. **Emergency Service:** individual animal emergencies.

#### 2. PHARMACY

Drugs are supplied wholesale with a 5% handling fee: this eliminates veterinary "conflict-of-interest" concerning drugs. Drugs are delivered to the farm when possible. The veterinarian is to have complete control over which drugs are used on the farm.

### 3. CONSULTING SERVICES

- a. **Information:** regular telephone and in-person information exchange; regular transfer between farms of information and expertise gained by the veterinarian from individual farms (maintaining complete confidentiality); a program of continuing education for farm staff.
- b. **Preventive Medicine Procedures:** regular analysis of validity and specific applicability of preventive medicine techniques.
- c. **Science/research services;** investigation of disease outbreaks; REGULAR performance of on-farm field trials to assess different management techniques and new pharmaceuticals.

Also, do not ignore the strengths you have, or place unnecessary restrictions on the services you could offer. Note in the suggested health program (Table 1) that "production medicine" forms but a small part of the entire program. The recent trend in the profession towards "production medicine" is laudable, for it demonstrates indirectly that the veterinarian is concerned about the financial well-being of the producer. However, do not make the mistake of assuming that "production medicine" and "health management" are synonymous! There can be many other benefits of a health management program besides increased production. We should think in terms of what the producer will perceive as benefits from the program, and design and promote the health program with all these benefits in mind.<sup>18,21</sup> A retainer or pre-paid system, for example, allows the producer to predict what his health costs will be this year—by "signing-up" to your program he can eliminate those costly surprises. The pharmacy component of the program eliminates the "aggravation-factor"—having to shop around for the best price for drugs and vaccines. The preventive medicine component is like buying insurance—insurance against potentially devastating disease outbreaks. The research services allow the producer to test expensive health products on his farm—no longer will he have to rely on findings of studies completed years ago and miles away. A veterinarian servicing a health management program on his farm means the producer has on staff a permanent, highly skilled health manager for minimal dollar output. The list of benefits is limited only by the veterinarian's imagination, and his/her ability to communicate the significance and nature of these benefits to the producer.

To limit judging the success of a "health management program" to how much you increase production in the next year is short-changing your program. And what will you do in three years when production gains are no longer tenable? Stick to ALL of your strengths and be prepared to put together a broad-spectrum health management program that contains benefits producers will continue to value long after you have made those early production increases. Be aware of the many possible goals (Table 2)

and values (Table 3) farmers can have, and be prepared to provide benefits that will help the farmer attain those goals. Develop a unique package of services based upon a farmer's individual concerns and tailored to the specific farm.<sup>22</sup>

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**Table 2. Some of the more common intermediate goals for the farm business are as follows:<sup>34</sup>**

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Maximize net after-tax profit this year or over a longer period.  
 Increase net worth by a certain amount.  
 Control a larger business measured by land or value of production and within a certain time frame.  
 Avoid low returns or losses in one time period.  
 Reduce borrowing needs by a certain amount and in a given time period.  
 Increase family living expenses and leisure time.  
 Maintain a neat and well kept farmstead.  
 Provide a community service.

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**Table 3. Values of farmers.**  
**The following list represents dominant values likely to be associated with the farming occupation.<sup>35</sup>**

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1. **INSTRUMENTAL VALUES** (farming as a means of obtaining income and security with pleasant working conditions):
    - making maximum income
    - making a satisfactory income
    - safeguarding income for the future
    - expanding the business
    - providing congenial working conditions—hours, security, surroundings.
  2. **SOCIAL VALUES** (farming for the sake of interpersonal relationships in work):
    - gaining recognition, prestige as a farmer
    - belonging to the farming community
    - continuing the family tradition
    - working with other members of the family
    - maintaining good relations with workers
  3. **EXPRESSIVE VALUES** (farming as a means of self-expression or personal fulfillment):
    - feeling pride of ownership
    - gaining self-respect for doing a worthwhile job
    - exercising special abilities and aptitudes
    - chance to be creative and original
    - meeting a challenge, achieving an objective, personal growth
  4. **INTRINSIC VALUES** (farming as an activity in its own right):
    - enjoyment of work tasks
    - preference for a healthy, outdoor, farming life
    - purposeful activity, value in hard work
    - independence—freedom from supervision and to organized time
    - control in a variety of situations
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### Develop a pricing strategy

Deciding how to price the program is a problem. Knowledge of basic pricing theory and the concept of demand elasticity should help a practitioner in the price struggle. Many veterinarians base their price on the cost to produce the program, adjusted by considerations of demand. "Adjusting" for demand requires knowing whether demand for the program will be elastic, inelastic, or unitary.<sup>2</sup> Where demand is **elastic**, reducing your estimated cost-price by 20% results in an increase in health program "sales" by greater than 20%. Demand elasticity is increased when the buyer is unable to measure the quality of the service<sup>23</sup>—a situation which can result if you have not successfully "tangibilized" your program. Where demand is **inelastic**, a 20% price reduction results in an increase in sales of less than 20%. If the demand is inelastic, simply dropping the price for the entire program to increase your clientele may be unwise and other methods of reducing the price may be more appropriate. It may be better to alter the program so it is cheaper to 'produce' or change certain kinds of service so the producer perceives a greater value for the program.<sup>23</sup> Unitary demand results in a unit for unit change.

An important point to remember is that you cannot price a health management program based solely upon your calculation of what it would cost you to produce the program. You must pay attention to demand. Henry Ford had an innovative approach to this problem, stating,

"What earthly use is it to know the **cost** if it tells you that you cannot manufacture at a price at which the article can be sold?...we first reduce the price to the point where we believe more sales will result. Then we go ahead and **try to make the prices.**"<sup>24</sup>

Radostits has suggested that veterinarians "...initially may have to provide the service for less than it is worth in order to get it started."<sup>25</sup> Having worked through the pricing considerations of the previous paragraphs, you may want to offer the program at a reduced price for a "test-period," during which you plan to demonstrate more fully the worth of the health management program. Malmo uses this technique, offering his health management programs at a reduced price for the first year.<sup>26</sup> The important point here is that you have priced the program **prior to its introduction** (remember the first principle of marketing is **PLANNING**—you have planned a pricing **strategy**), and the producer is made fully aware that the introductory price will end on a certain date. Not doing this can lead to very awkward and image-damaging situations!

### Be prepared for change!

Constantly reassess your health management program. Levitt has warned that to survive in a changing world, **we have to plot the obsolescence of what now produces**

**our livelihood.** If we do not, someone else will.<sup>1</sup> He would wisely urge us to maintain a constant observance of the industry we serve as health professionals, and not to become too preoccupied with the minute details of any product or service delivery.

"The usual result of this narrow preoccupation with so-called concrete matters is that instead of growing, the industry declines. It usually means that the product fails to adapt to the constantly changing patterns of consumer needs and tastes, to new and modified marketing institutions and practices, or to product developments in competing or complementary industries. The industry has its eyes so firmly on its own specific product that it does not see how it is being made obsolete. The classical example of this is the buggy whip industry. No amount of product improvement could stave off its death sentence. But had the industry defined itself as being in the transportation business rather than the buggy whip business, it might have survived. It would have done what survival always entails, that is, **changing.**"<sup>1</sup>

**Learn more about marketing.** We DO have a lot to learn from marketers. Add a marketing journal to your subscription list—the Journal of Marketing,<sup>27</sup> the Journal of Services Marketing,<sup>28</sup> and Marketing and Practice Strategies for Food Animal Practitioners,<sup>29</sup> could be excellent idea-generators for your health management programs. Pay attention to how other practitioners are approaching the problem of implementing health management programs—especially those practitioners who are successful in their approach!<sup>30</sup> Take advantage of marketing seminars offered by organizations that understand the peculiar nature of our industry, by attending yourself, or sending your partner.<sup>31,32</sup> Heed the warning: "It is unfortunate not to understand marketing in a strong market when no one else does; it can be fatal in a down market when competitors do."<sup>33</sup>

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