Intro: If you want a wildly healthy, naturally disease resistant pet who turns heads and starts conversations with awestruck onlookers, you're right where you belong. This is the Vital Animal Podcast with your host homeopathic veterinarian, Dr. Will Falconer.
[00:00:36] Will Falconer, DVM: Welcome everyone. This is episode number 30 of the Vital Animal Podcast and it is my great pleasure to welcome my friend and colleague, Dr. John Robb. Welcome John.
[00:00:46] John Robb, DVM: Always a pleasure, Will, thanks for having me on.
[00:00:49] Will Falconer, DVM: Yeah, my pleasure. We're going to talk about something that came in a comment from somebody who's out there, you know, trying to try to take care of their animal.
[00:00:58] But I thought maybe as way of introduction, probably more than anyone I know, you've been in the thick of measuring immunity for quite some time. Tell us when that began for you and how you're involved in the world of titers. And let's, let's define that term a little bit for people that might be new to it.
[00:01:16] John Robb, DVM: Sure. Well, that began back in my Banfield days. And when I was doing a lot of titers for international travel, I lived in the Stanford area. We had a lot of people who came from different countries and I was federally accredited, accredited to do those international. So I started doing a lot of vaccines and titering, which started to become a requirement.
[00:01:38] And I could see that the smaller dogs, titers were so much higher than the larger dogs when they're getting a full CC. And so that was one of the things. And then of course I was seeing more reactions in the smaller dogs and getting a full cc. So it, wasn't hard to put two and two together and see that we could lower the volume and give a five pound dog 0.2 cc's and have the same titer as a hundred pound dog getting 1cc. And then there was a study that came out in 2005, 1.2 million pets using the Banfield data. And their two conclusions in that study was these are reactions within the first 72 hours of vaccination. The two conclusions, very simple, smaller dogs have more reactions.
[00:02:24] And the more vaccines you give the higher the reaction rate. Well, You're simply giving a smaller dog too much. And that's why they're having more reactions
[00:02:34] Will Falconer, DVM: Makes sense.
[00:02:34] John Robb, DVM: So that's, it's, it's not difficult to understand, but you do have to lower your volume and check a titer and see. Yes, indeed. I did create immunity in this pet.
[00:02:45] Will Falconer, DVM: Right. So explain that word titer to us again.
[00:02:48] John Robb, DVM: Yeah. I'm not sure... It's titration. Okay. So when we, we want to see if the antibodies within serum neutralize a virus, whatever virus you could be rabies to distemper, for people, mumps, measles, rubella. And when it does neutralize and they want to see, well, how many antibodies do we have there?
[00:03:09] So , let's dilute it in half and see if it still neutralizes the virus. So we're titrating it half. And if that works and let's go one to four, all right, let's go one to 16. Let's go one to 132 and they just keep diluting it, keep titrating the sample, until it will no longer neutralize the virus.
[00:03:28] And at that point, that's the end point. And so obviously a higher concentration of antibodies is going to create a higher titration point.
[00:03:39] Will Falconer, DVM: Got it. Got it. And when you're talking about 1cc that may be unfamiliar to people too. So explain that the viruses or vaccines have a dose on the label. ,

[00:03:49] John Robb, DVM: Yeah, it basically says 1cc per pet and it's, what's called the recommended manufacturer's dose.
[00:03:58] Okay. They're recommending that. To me, that's a recommendation. Like any other drug, you know, that we use, it may say penicillin is this much, but you may decide to give less because of the immune compromise or whatever. So it's a recommendation, but when we practice and we see reactions happening in smaller pets, then most vets as time goes on, it's like playing Russian roulette Will right?
[00:04:24] Spin the gun and, and there's one bullet in it. Is it going to go off or not? Well, When you're giving a 10 pound dog, one CC, there's a percentage of those dogs that are going to go into anaphylactic shock. And so after you've been doing this a while, you're not going to do that anymore, you know, you're tired of it.
[00:04:41] Maybe making it to the lobby, maybe to the car before they run it back in with a dog that's vomiting, turning blue and going comatose. And you're rushing back in there trying to get an IV in an animal in shock. And you're just your adrenaline's pumping because if you don't get the IV, you're going to lose them.
[00:04:57] Yeah. I was through that so many times, given 1cc to little pets, it's like, what is going on here? You know, what's going on is we're overdosing them.
[00:05:05] Will Falconer, DVM: The same 1cc goes into a Great Dane, right?
[00:05:08] John Robb, DVM: Yeah, well, that's the whole thing, you know, you're given a a hundred pound dog. Well, I'll let you ask the questions.
[00:05:13] I know you're going to get to this idea about the immune system. So when you ask it off, I'll blow that one out of the water. Okay.
[00:05:22] Will Falconer, DVM: Well, let's go into why this show came about. So I've got a, I've got a past client of mine who contacted me and said, he's, he's looking for help in avoiding another slew of vaccines to get his little dog, he's a Chihuahua, groomed. And he said, you know, I had a vet at a low cost clinic and asked him if they could only give him part of a syringe because he's so small, he's only nine pounds. And the answer from the vet was because Colombo has the same size immune system as a Great Dane, he's got to get the full dose. The same size immune system.
[00:06:00] Right. And he says, WTF, what the heck is, what the heck is that all about? So speak to that, would you, John?
[00:06:07] John Robb, DVM: Okay. So here's the deal. A Great Dane hundred pound let's say, which obviously will be a small, Great Dane, 5% of the body weight is red blood cells. So that means he has five pounds of red blood cells in his body.
[00:06:24] Now we know the red blood cell size, in a Chihuahua and a Great Dane, the cells are the same size. So obviously a Chihuahua doesn't have five pounds of red blood cells. It has, you know, 50 mils, right? So, or 10 mils or five, five, you know, it's a much smaller volume. Same thing with the lymphocytes. I mean, a Great Dane has a hundred times more lymphocytes than a 10 pound dog, a hundred pound dog.
[00:06:51] That's all there is to it. It's linear. So when you're giving a small dog, you don't have as many cells to stimulate. You don't need as much antigen. That's all there is to it. And if you it's real basic, that's all there is to, and it's proven by doing the titers and the fact that it's linear. I mean, it's some breed changes and things like that, but in general, it's a linear thing.

[00:07:15] As the body weight goes down, you have to drop your volume, linearly, as you cut down to a smaller pet. , And in fact, I put out a, a dose chart for the size of the pet. And I put it on my website and a couple of people who've got books out there, asked if they could publish. I said, sure. And, and it works, you know, you check your titers to make sure. That's what I tell people.
[00:07:37] The goal in vaccinating your pet is to give the least amount of antigen to produce a titer that will then protect the pet. You don't want to have a very high titer because in that case, you've overstimulated the immune system because there's no benefit. A higher titer does not make the pet have greater immunity.
[00:07:58] Any measurable antibodies, it's the same immunity as a pet who has a very high titer. So when you have a high titer people go, wow, it's high. That's great. I said, no, that's not great. You've over vaccinated. You've overstimulated immune system. You've got other issues going on in that body because of that.
[00:08:15] Because let's face it, Will you and I know the signal is not clear.
[00:08:18] The body isn't here, "Oh, make antibodies against this virus.," and that's it. It makes antibodies against skin cells, against red blood cells, against platelets. That new COVID vaccine, it happens with the rabies vaccine too, where they break down platelets and people were dying of strokes because there are clotting problems.
[00:08:36] That's very common with any vaccine, because the immune system's not always getting the signal we say we're sending. Exactly. But anyway, so it's pretty simple. The immune system is smaller, you need less antigen.
[00:08:47] Will Falconer, DVM: And the argument from you and I learned in vet school was we won't get immunity if we're giving too little, right?
[00:08:55] You got to have a certain amount to get that immune system stimulated. And literally we were taught: it doesn't matter the size of the animal. So you have data that speaks to immunity that, which is really the end goal, right? We're vaccinating to get immunization. Tell us about, tell us about what your data shows.
[00:09:14] John Robb, DVM: Well, when I was going through that situation of lowering my volume, of course, I didn't want to have pets that weren't protected against rabies. I mean that rabies is a serious disease, so I take it seriously. So I would check my titers. It's just as simple as that. So I can tell you that I've lowered it to, in a two pound, five pound dog to a quarter CC and gotten a good titer meaning circulating antibodies present, that was sustained over years.
[00:09:43] Some of these dogs I followed through for 8, 10 years. And with one half CC dose at six months of age, they're still having a good titer out here at 10 years.
[00:09:55] Will Falconer, DVM: Wow, now that speaks volumes. Let me, let me stop you right there and make sure everybody heard that. You titered or tested those animals to see that they took the vaccine and got immune from it.
[00:10:07] John Robb, DVM: Right.
[00:10:07] Will Falconer, DVM: But you not only titered them once, close to the vaccine. You titered them years later. Right. And from that one vaccine, they were still immune many years later.
[00:10:15] John Robb, DVM: Right, that's right. It's not always the case and the reason why it's not always the case, I think we've mentioned this on your other program is, when you

vaccinate them too young, which most states say 12 weeks, you have too much passive immunity from the colostrum and it wipes out the vaccine.
[00:10:32] So. We, we should be waiting until they're older. So you get that good reading. So a lot of these dogs vaccinated young, they have to get that booster because they didn't get a good titer from the first time, but that's why you have to wait. But yes, but I do recommend serial testing of titers to be sure.
[00:10:48] Although, honestly, if there's one or two I, that I've ever gone below the 0.1 mark, I can't even remember. The titers last... Well, like myself, vaccinated in 1983 in vet school, my titer is still good. It's out there 37 years later. I think I got two shots and that was it. 37 years.
[00:11:07] Will Falconer, DVM: To rabies.
[00:11:08] John Robb, DVM: But of course, you know, they're going to say, Oh, that's a human, that's not a dog, but let's face it. We're very similar in terms of our anatomy. And so, yeah, so, you know, when people, when I talk to veterinarians and they say, yo, you can't lower the volume because you, [John asks,] "Have you ever lowered the volume and checked the titer?" They say, no. Well then why are you arguing with me when I've done it? You see?
[00:11:28] Will Falconer, DVM: Exactly.
[00:11:29] John Robb, DVM: And then they kind of stop for a second and think, well, that's true. How could I argue? But, you know, because we're taught that, they argue because they took it as dogma. But when I researched that and I looked for any article that talked about, it's an immune system, I found nothing. There's nothing there because it's not true.
[00:11:48] And there was never any science... The rabies vaccine was started in the Philippines by a U S veterinarian who was also a missionary. And in those islands, they have a lot of mongrel type dogs. I mean, they're all about the same weight. And so, because it was rampant on the Island and people would get rabies.
[00:12:05] So I think it started out just, Hey, they're all about 30, 40 pounds. Give him a CC. But when you get into these people in the United States with every breed imaginable in every size, shape, and color. Now we've got to take a closer look at that because your population is so different and I'm not sure why, but we just refuse to do that.
[00:12:26] The veterinary industry... I'll tell you if I can give you a lead I'm doing a Facebook live on Sunday and I'll share this with you. Okay. Coming out earlier in the show notes too. Yeah. So there's a doctor and he's done a lot of research. And he was at a meeting that VCA put on he's at a major university.
[00:12:46] He's a veterinarian. Dr. Moore is his name, George Moore. And you can look him up. He got a lot of research. So he's speaking about four years ago VCA was sponsoring this event. There's 200 veterinarians in the room and he says, and he's the one who did the research on that study with the 1.2 million pets.
[00:13:03] And as the weight goes down, the reactions go up and he says, well, When you go into the room with a large dog, you go in with a three CC syringe. But when you go into the room with a small dog to give a rabies shot, go in with a tuberculin syringe, that's 1cc total, right? It's 1cc total, but you can measure less, which you can't do with a three CC, but he won't come out and say, give the small dogs a lower volume.
[00:13:28] You see? Yeah. Yeah. You see, because he does want get any trouble. Now, but let's fast forward now to Sunday, just five days ago when I was listening to him with a

seminar put on by Avanco, which is one of the pharmaceutical companies along on his screen, it says you must give the same dose to all dogs.
[00:13:52] Then , a veterinarian asked the question , "But you give a hundred pound dog and a 10 pound dog the same dose? It doesn't make sense to me." And he says, "Well, it is true that maybe there's less cells in the immune system. So then somebody said ,"Well, can't you measure a titer?"
[00:14:08] He says, "Well, you could measure a titer...," But here's the sad part Will, because he won't come out and tell the truth because in my opinion, he's being sponsored by the pharmaceutical company's sales and he's got his stuff. A bunch of animals are going to die because those veterinarians who are there for continuing education with somebody who's supposed to know better and teach won't do it.
[00:14:36] And so they go in there and give a 10 pound dog, a full dose and somebody dies. You see what I'm saying? That's the sad part about it. It's not so much that, but he knows better. That's my point. I know he knows better. I talked to him at that VCA meeting and I told him my story and he just. Just shut up.
[00:14:55] Cause he doesn't want to have the discussion. Yeah. Cause he doesn't want to put himself in a situation where, because you see what these people do is they play both sides of the fence. Okay. To keep their jobs.
[00:15:09] Will Falconer, DVM: Yes. I see that in people that even call themselves holistic vets, they're wanting to not lose stock with the conventional vet. So they talk out of both sides of their mouth.
[00:15:20] John Robb, DVM: And so what it's really, and this is, I'll go a little further. This is what's wrong with our country right now, because it's about the money. You can buy me. And if you can buy me, then you are not living your oath. You are not doing your best for that pet in front of you.
[00:15:39] Well, and that client is expecting that.
[00:15:41] Will Falconer, DVM: Exactly. I mean, you must remember I remember my conventional practice days that we were so busy. That we had no time other than the occasional meeting to get continuing education. So if a drug rep came in with a new drug and he laid out some papers showing great results, you know, it was like whitewash.
[00:16:03] So we believed him and we said, yeah, we want to, we want a few cases, go ahead and order us a few cases. This we'll, we'll give it a try in our animal population. We never did the due diligence to go and say, let me see the research done by a third party that verifies that this is safe and it works. We didn't do that.
[00:16:21] We didn't have time. We were going out on the next call or seeing the next patient in the waiting room, et cetera, et cetera. Right. So that's the norm and yeah, I don't think you can trust somebody that's got a hand in the, in the pocket of big pharma to give you the full story. Right?
[00:16:38] John Robb, DVM: Well, you know, I try to want to, you got an older guy supposed to have more wisdom, been around a while, right?
[00:16:45] And I try to give him the benefit of the doubt, think to myself, well, does he really not know, or is he afraid that somebody's going to not vaccinate a dog properly? And then it gets rabies and somebody is exposed. So I'm trying to, but the titers are the answer.
[00:17:02] Will Falconer, DVM: You can measure it.
[00:17:03] So when you, whatever volume you use, as you see, when I do my vaccines, I do

a one distemper parvo at 12 weeks and one at 15, rabies at six months. And I always say, "And then at seven months, we're checking the titer."
[00:17:19] It's part of the protocol to make sure we've achieved it. Don't assume. Don't assume. Make sure. Because when I get those calls and I get them from all over the country, my dog was in the yard. There was a fight with a Coon. It took off.
[00:17:35] "Is my dog protected?" I say, do you have a titer?
[00:17:38] If they say yes, I say, "Yes, you have nothing to worry about." If they say no, I don't have a titer, I say, I don't know. I don't know. I don't know if that dog's protected, because first of all, it says he got a vaccine, but did the vet go in one side and out the other?
[00:17:54] I mean, that happens sometimes, right? We've all done it. Right. And. So a vaccine certificate, doesn't tell you, the dog has immunity. It tells you that we think it got a shot. Right? Exactly. So that's why every time they are in that situation, they're supposed to go get another shot. Right? You have these animals get bit and go in and they've had 15 shots. All they need was a titer, one time and say, he's good to go.
[00:18:18] Yeah. It tells so much.
[00:18:21] John Robb, DVM: Yeah. It tells the whole story.
[00:18:22] Will Falconer, DVM: Yeah. That's beautiful.
[00:18:23] John Robb, DVM: So, anyway, so I just want my colleagues, the young ones, to be taught correctly so they don't have to go through what I went through, learning by my mistakes and killing animals because I'm giving too much. It just shouldn't happen anymore.
[00:18:39] Will Falconer, DVM: I mean, it speaks to the difference between vaccination and immunization. The goal is immunization. We want these guys made immune to these things that could threaten their lives or our lives in the case of rabies. Just plunging a vaccine needle into the animal and squirting, that's vaccination. That doesn't say the dog did anything with it. So unless we test the titer, we don't know, did immunization even take place. So that's, that's a real good refresher to everybody listening is: You want to know if your vaccine worked, you measure the titer to find out. How much later after, after a vaccine, John?
[00:19:17] John Robb, DVM: I measure it periodically. They'll have immunity within probably five days from a rabies shot that soon they'll the, the they've shown the antibody spike very quickly, but so you could probably do two weeks and be fine. But I, I choose a month, you know, just because it's what I've chose. Just wait a month. And a lot of times, if animals are being spayed or neutered during that time, it's a good time to say, well, let's just grab some blood.
[00:19:46] You're here. Yeah. Yeah. Yeah. Not that I'm proposing that animals should be spayed or neutered at that time, but a lot of people are still six months spay, neuter. Yeah. And it's not always the best thing for them, but people still they're very programmed. We program people. The sad thing you know, they're over at a Petco clinic spending $150 for a bunch of vaccines.
[00:20:06] And it's a 14 year old teeth with it's a 14 year old dog with its teeth falling out and it's suffering. And instead of getting a dental done, they're shooting them up with a bunch of poison and they wait in line for an hour to do that because we've so programmed them about these vaccines. And it's just ridiculous, you know?
[00:20:25] And it's a dog that's 14 and lives in a house on a wee wee pad. Yeah, it's crazy.
[00:20:31] Will Falconer, DVM: Well John, one of the, one of the things that you put your kind

of money, where your mouth is, you might say in your history, is that you, knowing what you knew about these small animals, getting reactivity to vaccines, chose in your practice to lessen the dose in these guys to help save lives. Tell us briefly what happened as a blowback from that.
[00:20:54]John Robb, DVM: I'll make it quick, but basically as you know, Mars and other companies are buying up veterinary hospitals and it's corporate owned hospitals are on the rise and it's a really, it's a real problem because you've got now a third entity of business people making money and oftentimes dictating to doctors what they're supposed to do.
[00:21:14] It's very sad, but when Mars bought Banfield and you know, a third of the hospitals were franchises, I owned one. And Mars, I'll just say what they did. They wanted to get rid of the veterinarians, but many of them had 15 years, 20 years on a contract. So they, they threatened their licenses. I, "We found some problems with your medical records..."
[00:21:33] I don't know about you, Will, but especially with what I've been through, but when somebody is going after your license, that's your livelihood. It's scary. So a lot of that, soon as they're investigating their records and talking about state boards, they just got out. And Mars was able to de franchise in five years, there were none left. And they came after me because they saw that I was lowering my volume on the shots.
[00:21:55] And I said, well, of course I am. I'm checking titers and lowering my volume because it's dose dependent. But they went to the state board with me. But the difference between me, I think a lot of vets is, you know, they offer me, look years probation and just stop it. But I said, "No, no, I'm doing the right thing. I'm not going to say I did wrong and take probation. I'm doing right. The other vets are doing wrong, whether they know it or not."
[00:22:21] So I refused to back down and I presented science to the state board. They didn't even look at it. They didn't make one comment about it. [Wow]. In my, in their decision, they just said, and you know, the saddest thing, it got heated sometimes.
[00:22:38] And one vet on that state board said, "Look, Dr. Robb, even if you have to kill that pet, you have to give him 1cc." I said, "You are crazy. Did you hear what you just said?" "Even if I have to kill the pet? [Unbelievable.] I have to do it because it's the law?" I said "You don't deserve to be on this board."
[00:22:58] [Unbelievable.] Because we took an oath. And what you're saying is my oath doesn't matter and that's bologna, you know, so it was a tough ride, but I refused to back down and that's what got me the acclaim, because, because I refused to back down and I still haven't backed down and I'm not going to back down.
[00:23:15] And they, you know, they put me on probation 25 years. So when I'm 90, I can give a rabies shot again. [Oh my God.] By that time there'll be titers and they won't be giving all of these rabies shots, but, so what? I can't give a rabies shot, Hey, I'm glad I can't give a rabies shot. You know, I don't have to deal with the whole problem of reactions and the other diseases that are caused.
[00:23:36] Anyway, I wouldn't, I wouldn't abide by the law, anyway. I wouldn't give a shot to a dog that already had immunity. That's another thing I was like, I wouldn't keep giving them a shot. Yeah. I can measure immunity, I'm going to stick a needle in and I'm going to pull it out and I'm going to write a vaccine certificate. Because the point of vaccination, like you said, is to produce immunity.
[00:23:56] So if you have it, why would you give any more antigen to a dog that can cause a

reaction ?That's malpractice. Exactly. You're giving an injection of something that has no medical benefit, but could kill the pet. That's the definition of malpractice. That's the definition of toxic… you know, that's against that's humane treatment of pets, that's giving them an injection of a toxin.
[00:24:18] That's illegal. I say, vets are out there doing illegal things every day across this country. Yup. Yup.
[00:24:23] Will Falconer, DVM: And the attitude is such that they're going to continue to do it, even knowing, some of them, things that you've revealed, you know, that there's immunity that lasts a long time. Veterinary immunologists have told us since the early God, it was like nineties, early nineties.
[00:24:41] That vaccines confer a long-lived immunity, probably lifelong, said Dr. Schultz. Yeah. Yeah. So to continue to vaccinate in the face of that, knowingly, is just malpractice. It is. There was a vet on the board in Texas was confronted by a colleague of ours who, like us, had concerns about over vaccination.
[00:25:02] And he went to this board meeting and said to this vet on the veterinary medical board, his concerns. And the vet set down his drink or smoke or whatever he did. And he said, you know, "As a practicing veterinarian, I can vaccinate this dog every week for 27 weeks in a row if I want to. And nobody's going to tell me otherwise!" That was his attitude.
[00:25:27] It's like, I'm all powerful. And I can do whatever I want because I've got a doctors, I've got a license and I've got a DVM. So that's what people are up against. And, and I think one of the things that we're, we're in this world of, you know, looking at things differently for is we want to inform people, the challenges that they're going to face and give them facts and help them sort through.
[00:25:51] "Is my dog really due for another vaccine? You know, I got this reminder email or this reminder postcard is he really due? I've got a titer that says, no, he's probably not due in the immunological sense.
[00:26:06] So Bravo for your work and Bravo for your, you know, standing up to that nonsense, even at the cost of your professional income. Hopefully you're all back on your feet again. And that's a long gone. But not being able to give a rabies vaccine for 25 years, that's not the end of the world. That's for sure.
[00:26:27] John Robb, DVM: No, no, I'm doing, I'm doing well, Will. I, in fact, because of standing up, I have so many clients coming to me because they know they can trust me, you know what I mean? So, so in the end, It's been the greatest marketing tool there ever could have been.
[00:26:41] So I'm doing well and I'm thankful for that. And I've got a hospital again without corporate ownership involved. So everything's worked out, it was a 10 year battle and probably have a few less hairs and a few more gray hairs, but you know, there's still a sting to it, but you go through something like that, you'll never forget it you know. But there was a, but there's no other place to go. I mean, you can't, I mean, I take it serious. I love these little critters, you know? I mean, they just, want to please us, you know, they're the most loving things that you have. How could you hurt her? No, I got to stick...
[00:27:18] When I was in the state board., I said, "You know what? I'm here in this room, but I'm not alone. I represent all the pets out there. Many who have died, but many are still alive. And I am not alone in this room. They are all behind me. I've got millions and billions of fans, okay. And that's who you're talking to, not just John Robb." and that's, I think

resonates because it's the truth.
[00:27:44] It really is. If you and I, and I know you stick up for them too, Will, I know that's what you're all about. That's why you have a great following as well. So we're in it because we love them. And we want to help them.
[00:27:54]Will Falconer, DVM: Exactly. They're so innocent. Right? They, they want to please, like you say, so they'll take whatever we give them, right? Whether it's well-intentioned or not, they'll take it because, what are they going to do? They're not going to refuse. So yeah, we have to be on our toes and we have to be honest.
[00:28:12] One other thing I've run into along these same lines just recently, John, is that I had a woman write me because, her local vets were refusing to draw blood so she could, with your help, send in her own titer test and save hundreds of dollars. So have you got any answers for this issue? I was really chagrined to hear that she's up against this.
[00:28:33] John Robb, DVM: Yeah. Well, I can understand, somebody walks into my practice and says, yeah, I want you to draw blood. I'm going to take the serum home.
[00:28:41] Well, what are you doing? You know, I could understand that. So what I tell people, I say, listen, Give them my website, give them my phone number. I have my own practice. I'm a practicing veterinarian, federally accredited. So if they're concerned, is this is this real? Is, is the test going to be done properly?
[00:29:00] Then I can, I can quell those doubts and say, Hey, I'm John Robb, I'm in Connecticut. This is real. And, and when vets do call me, I say, listen, "Did you know, you can set up an account at Kansas State and you'll skip the IDEXX and the Antech middlemen, and your charge that you'll be charged for the lab to do a rabies titer will be 35 bucks.
[00:29:22] Instead, what they're paying right now is 150 and they're doubling that and making it 300. So I said, so some vets I didn't know, I could do it. Yeah. And it's so simple. You get on the computer, submit the information. Boom. They send you a UPS label, slap it on, out the door. So we've gotten a lot of veterinary hospitals to start doing titers at Kansas State.
[00:29:41] That's what we use. So it's really pretty good. So I never wanted to do this, Will, because I wanted to do a titer business across the country. But because so many vets, like you said, now, some of them just, they don't want to do it because they don't want to do titers. Yeah. It doesn't matter if it's a dollar or $50.
[00:29:59] They don't want to do titers. They want to do vaccines. You see? So anything that would encroach on that? That's what that lady's getting, she's got a vet who wants to do vaccines. They don't want to do titers. So they set it as a luxury item and it is impossible. But if they are willing to talk to me, then we can take care of that.
[00:30:15] And I've talked to some vets, but I tell people, find another vet, just find another guy, call around, call around.
[00:30:24] Will Falconer, DVM: And is there anything outside the conventional veterinary world, like a way that a vet tech could draw blood or something?
[00:30:31] John Robb, DVM: Absolutely. In fact, see, right now, actually my wife it's like her little home business.
[00:30:37] I mean, we don't make, look, we add 20 bucks. That's what we do. We add 20 bucks. So you get rabies plus core 80 bucks, just have to get the blood drawn. So yeah, a lot of people are doing titer clinics now, Will. [Good.] We have one lady. She's got a pet store. She just, what you just said, she has a tech come in.

[00:30:55] She does it once a month. People sign up and they show up and the tech comes and draws the blood and they do a titer clinic. [Beautiful]. And sometimes 20, 30, 40 titers in one day. And we've got one coming up in Arizona, so we're starting to do. So this is a good thing you can promote is: get a technician, do a titer clinic. Because if these titer clinics start happening more and more, eventually then veterinarians will start doing titers because they don't want to lose the business.
[00:31:23] And anyway, this is the new standard, Will, I mean, we're going to get there. It is a hard, like you talked about Arizona. We didn't make it through there, but it's hard to push through because of politics in the U S these days, because the morals are so low. It like the politicians know nothing about it. And somebody from some veterinary medical association says, "Oh, titers only last three days!" They go, okay. They only last three days, that's stupid. Can't do that. And it's done. They just make a statement without anything and they believe it. It's ridiculous. That's what we're up against. Just total insanity.
[00:31:56]Will Falconer, DVM: I know a lot of people, you, you must as well, who have like, store. Right. And they sell natural food and they do things like that. [There you go.]
[00:32:05] They could, they've got pet owners coming in and could set up a titer clinic.
[00:32:09] John Robb, DVM: It's good for their business because they'll get people coming, you put a flyer out and then... All you need is a tech to draw the blood. That's all you need. The tubes, a tech and a centrifuge. [Beautiful.] And you're good to go and you're good to go and we'll hook them up. And we'll do it very reasonably. And we've done now close to 10,000 titers now last six years over the internet.
[00:32:33] Will Falconer, DVM: And I'm just curious, John, do you see non-responders in other words, animals who were vaccinated, but made zero titer?
[00:32:41] John Robb, DVM: Very rarely, Will. Very rarely, you know, it does occur, but it's probably less than 1%. Okay. It's very, it's pretty uncommon, but we see it occasionally. But what we see a lot of is the young dogs who weren't able to get a good titer, cause they're just vaccinated too young. And sometimes they need the booster. I would say about 40 to 50% do need the second shot a year later to get a titer.
[00:33:08] But again, some of those it's that 12 week mark, where they got the first one, you know, so yeah. But rarely if they get a shot and a booster, will they need another shot after that. Rarely.
[00:33:20] Will Falconer, DVM: Good to know. And I think that 1% or less of non-responders would be far outweighed by those who had reactions to getting too much of a dose, right, and got injured.
[00:33:30] John Robb, DVM: Oh man. Yeah. I mean, I know this because I, I mean, I can't take the calls anymore. I can't answer the emails anymore. Cause I'm working six days a week right now, but I still get them every day, Will. Sad stories every day, where an unsuspecting client went in and got a shot, the dog didn't need, and they lost them or they're very sick or they're having seizures or whatever. Yeah. Very, very sad.
[00:33:55] Will Falconer, DVM: Well, slowly but surely I think the positive note is yes, things are going to change. We will use titers more intelligently and more often. And. It's probably, you know, like a lot of things in my world and I'm sure yours too is it's got to start from the grassroots, right?
[00:34:12] It's not going to come from the top down. The veterinarians aren't going to

suddenly decide, you know, we're over vaccinating. Let's give that part of our income away. It's gonna come from people owning the animals here saying, we don't want to do this unnecessarily because we know there's a risk associated with another vaccine.
[00:34:29] If my animal's got titer and shows immunity, why would I want to risk that?
[00:34:33] John Robb, DVM: For the veterinarians that watch your program, Will, I vaccinate puppies and that's it. Because very rarely does an adult dog need anything. The titers are good, but I am so busy and I'm doing medicine and working my cases up and I'm trying to figure out what's wrong.
[00:34:49] And there's plenty of... you don't need that vaccine money is what I'm trying to say. You actually make less when you take the vaccine money, because even though it's easy money and you get it quick. Look, truth is truth. And people know when things don't happen, right. Even though you say it wasn't the vaccine, they know that something's not right here.
[00:35:15] And when a veterinarian lacks trust of their clients, that costs big time. [Huge] Yep. Huge. And I've got trust. So people flock to me because they trust me. And so I'm, I cannot keep up with the number of people who want to come in. And that's where your business lies and you can make a very reasonable living, but you're going to work hard, but isn't that what we're here to do? Heal animals, keep them healthy rather than make them sick. You know, that's not what we're about. That's not what we're about.
[00:35:48] Will Falconer, DVM: Yeah. Good point. Well, let's wrap up there, my friend, this has been really educational and you guys with small animals, really, you know, the teeny tiny teacup guys. Take this to heart.
[00:36:00] This is episode 30. We're going to have some links from Dr. Robb in the show notes. You can get there from vital animal.com/30 for shortcut to get there. And let's just keep doing the honest work, John, and, and know that we're helping more animals that way than we would from hiding procedures that are unnecessary, et cetera, et cetera, and potentially could cause harm.
[00:36:26] John Robb, DVM: Yeah, absolutely. Thank you again for having me. This is great. The more people who know the better, keep getting the word out.
[00:36:32] Will Falconer, DVM: Will do. Appreciate it. Thanks brother.