

ASK DR. GAYNOR

# Homepage Copy — Full Rewrite

*Learner-forward positioning. Conversational tone. Built for both veterinary professionals and pet owners.*

## How to use this document

**This document walks through the homepage section by section, in the same order they appear on the current site. Each section includes:**

- The copy itself — ready to drop into the design
- Notes for the designer where layout or tone matters
- A short rationale where the change is significant

Brand names (Peak Therapeutics, Black Dog VAS, Buffalo Mountain Animal Hospital) are woven throughout rather than quarantined to a footer block — consistent with the 80/20 strategy. A new Sponsors page is introduced as the primary nav CTA, replacing the lead-magnet button.

## 1. Navigation

*Keep the existing nav structure. Three changes:*

- Change "Interviews" to "Conversations" — reinforces the curious, peer-learning tone rather than formal Q&A.
- Replace the "Get Free Pain Management Guide" CTA with a "Sponsors" page link — see Section 14 below for what lives on that page.
- Add "Sponsors" as a nav item (it can either replace the CTA button or sit in the main nav with a button treatment).

Final nav: Home | Videos | Conversations | Blog | Resources | Sponsors | Contact

## 2. Hero Section

*This is the single most important shift. The current hero positions Dr. Gaynor as a top authority. The rewrite leads with curiosity and shared learning — the differentiator that makes this platform distinct from every other DVM expert site.*

Headline (large)

**Still Learning. Still Asking. Still Practicing.**

Subhead (smaller, accent color on key phrase)

**A working veterinary anesthesiologist's ongoing conversation about pain, anesthesia, and what it really takes to help animals feel better.**

Supporting paragraph

**I'm Dr. James Gaynor. I've spent decades focused on veterinary pain management — and the more I learn, the more questions I have. This is where I share what I'm working on, talk with people who know things I don't, and try to make complicated medicine make sense. For vets, techs, and the people who love their animals.**

Primary CTA button

**Start with the videos**

Secondary CTA button

**Browse the conversations**

Trust strip below hero (replaces current credentials line)

*Soften from credentials-as-trophies to credentials-as-context. Three short items, separated by dots:*

- Board-Certified in Veterinary Anesthesia & Analgesia
- 30+ Years in Clinical Practice
- Always Learning

### **3. About Section**

*The current version ("A Career Dedicated to Eliminating Animal Suffering") is heroic. The rewrite frames Dr. Gaynor's experience as the foundation for ongoing curiosity, not as a final verdict.*

Eyebrow / section label

**ABOUT DR. GAYNOR**

Headline

**Three decades in. Still figuring it out.**

Body copy

**Dr. James S. Gaynor is a board-certified veterinary anesthesiologist (DVM, MS, DACVAA) who has spent his career working on one of the harder problems in animal medicine: how to recognize pain we can't directly ask about, and how to manage it well.**

**He practices advanced outpatient pain management at Buffalo Mountain Animal Hospital in Colorado, supports veterinary teams across the country through Black Dog Veterinary Anesthesia Services, and has helped develop products at Peak Therapeutics when the science pointed somewhere useful.**

**But the title at the top of this section is the honest one. Pain medicine moves. New tools, new evidence, new specialties opening up every year. Ask Dr. Gaynor exists because the work isn't finished — and because the people doing the most interesting parts of it often aren't the ones with the loudest microphones.**

Stats row (keep the existing 3-column layout, update labels)

- 30+ Years — In clinical practice
- 200+ Publications — And still reading
- 50+ Speaking Events — Mostly listening

*That last stat label ("Mostly listening") is intentional — it's the kind of small line that telegraphs the entire positioning. If it feels too cute, swap to "And conversations".*

## **4. Featured Insights / Latest Content**

*Section is fine structurally; rewrite the section header and tighten card copy. The current cards read like a CE catalog. Make them feel like "here's what I've been thinking about."*

Eyebrow

## LATEST CONTENT

Section headline

### What I've been working on lately

Card 1 — Video, 32 min

#### Title: Multimodal Pain in Dogs — What's Actually Working

**Description: Walking through how I'm currently combining drugs, rehab, and adjunctive therapies — and where I keep getting surprised.**

Card 2 — Conversation, 45 min

#### Title: Talking CBD with the People Studying It

**Description: A long conversation about what the cannabinoid research actually shows — and what's still hype.**

Card 3 — Case Study, 18 min read

#### Title: Post-TPLO Recovery — A Case That Taught Me Something

**Description: A cruciate case where the textbook protocol wasn't enough. What I changed and why.**

View All link

**See everything →**

## 5. Video Library Section

*Re-tone the section header and category chips. Keep the visual layout.*

**Eyebrow**

## **VIDEO LIBRARY**

**Section headline**

**Short videos, plain language, real cases.**

**Section sub-copy (one line under the headline)**

**Most are under 5 minutes. A few go longer when the topic earns it.**

**Category chips (keep current chips, retitle)**

- Pain
- Anesthesia
- Senior Pets
- CBD & Cannabinoids
- Rehab & Recovery
- Cases
- Conversations
- Quick Answers

**Sample video card titles (replace current titles)**

- "How do I know if my dog is in pain?" — 24 min
- Anesthesia decisions I think about before every case — 38 min
- Recovery after surgery: what the first 72 hours should look like — 15 min
- When rehab changes the whole picture — 42 min

**CTA**

Browse the full library →

## **6. Conversations Section**

*This is the section that most needs reframing. Currently it's positioned as Dr. Gaynor interviewing peers in his own field. The strategic point of the guest series is that it extends learning into specialties **OUTSIDE** his expertise (dental, behavioral, rehab, stem cell, nutrition, pharmaceutical research). That should be explicit.*

**Eyebrow**

## **CONVERSATIONS**

**Section headline**

## **The people I learn from**

Body copy

**Veterinary medicine is too big for any one person to keep up with. So I sit down with specialists across the field — surgeons, rehab vets, behaviorists, dentists, nutrition researchers, the people working on stem cells and cannabinoids and the next generation of analgesics — and ask them to teach me what they know. These conversations are where I do most of my own learning. You're welcome to listen in.**

Featured guest cards (keep the current 3-card structure)

**Card 1 — Dr. FROM VET STEM,, DVM, DAAPM, DACVSMR**

**"Pain assessment is changing — here's where it's going."**

**Card 2 — Dr.FROM ARTHRAMID , DVM, CVPP, DAAPM**

**"Why physical rehab belongs in every pain protocol."**

**Card 3 — Dr. Zimmerman, DO, DVM, MS**

**"What integrative medicine looks like when you actually do the science."**

CTA

**Subscribe to new conversations →**

## **7. Blog & Insights Section**

Eyebrow

# WRITING

Section headline

Notes from the practice

Section sub-copy

**Things I'm thinking about, working through, or want to clear up.**

Card titles (rewrite current three)

**Card 1 — March 2025**

**Title: The case for treating pain like a vital sign**

**Description: Why we miss what we don't measure — and a simple change that fixes most of it.**

**Card 2 — February 2025**

**Title: Five things people get wrong about CBD for pets**

**Description: Sorting the marketing from what the studies actually say.**

**Card 3 — January 2025**

**Title: A 12-year-old Lab and what multimodal really means**

**Description: A case where one drug wasn't going to do it. Walking through the layered approach.**

CTA

**All articles →**

## 8. Resources Section

*Keep the dark background visual — it works. Tone the copy down from "Tools & Guides for Better Care" to something less marketing-flavored.*

Eyebrow

### RESOURCES

Section headline

**Free guides, no fluff**

Section sub-copy

**Practical PDFs I've put together for vets, techs, and pet owners. Email required so I can let you know when they're updated — that's it.**

Resource cards (keep current 3, retitle slightly)

- Canine Pain Assessment — A Working Guide (24 pages)
- Anesthesia Safety Checklist for Small Practices (8 pages)
- Senior Pets: Pain, Mobility, and Quality of Life (16 pages)

**CTA**

Get all three →

## 9. FAQ Section

Eyebrow

### COMMON QUESTIONS

Section headline

**Things I get asked a lot**

Question 1



**Q: How do I know if my dog is in pain?**

**A: Limping is the obvious one — but it's usually one of the later signs. Earlier clues are subtler: slowing down on walks, hesitating at stairs, choosing not to jump on the couch anymore, sleeping more, getting a little snappier than usual. We tend to call this "just getting old." Sometimes it is. Often it isn't.**

#### **Question 2**

**Q: Is CBD safe for dogs?**

**A: For most dogs, properly formulated CBD appears to be well tolerated. "Properly formulated" is doing a lot of work in that sentence. The market is full of products with inconsistent dosing and unverified ingredients. If you're going to use CBD, use one that's been third-party tested, talk to your vet about dosing, and treat it as part of a broader plan — not a standalone fix.**

#### **Question 3**

**Q: What is multimodal pain management?**

**A: It's the idea that pain has multiple pathways, so the best treatment usually involves multiple approaches working together — different drug classes, plus things like rehab, weight management, environmental modifications, and sometimes nutraceuticals or cannabinoids. The point isn't more medicine. It's smarter combinations that often let us use less of any one thing.**

## **10. Affiliated Organizations**

*Drop from 4 cards to 3. Designer can use a 3-column layout for a cleaner look. (Sponsors are handled on their own dedicated page — see Section 14.)*

**Eyebrow**

## **WHERE I WORK**

Section headline (small, optional — designer can drop if too busy)

**The other places I spend my time**

Card 1 — Buffalo Mountain Animal Hospital

**Where I see patients. Full-service general practice in Colorado, with an outpatient advanced pain management service for complex cases.**

Card 2 — Black Dog Veterinary Anesthesia Services

**Remote and in-person anesthesia and pain management support for veterinary practices that want a specialist on the case.**

Card 3 — Peak Therapeutics

**Nutraceuticals I helped develop because I needed them in practice and couldn't find what I wanted on the market.**

## **11. Newsletter / Stay Informed**

Headline

**Keep up with the conversation**

Body copy

**New videos, new interviews, the occasional written piece.  
Sent when there's something worth sending — not on a  
schedule for the schedule's sake.**

Form

**[Email field] [Subscribe button]**

Microcopy below form

**No spam. Unsubscribe anytime. Your email stays with me.**

## **12. Professional Inquiries / Contact**

Headline

**Get in touch**

Body copy

**Speaking, interview requests, professional collaboration, or a  
clinical question worth a longer answer — send a note and I'll  
get back to you.**

Form fields (unchanged)

**Name | Email | Subject | Message → [Send]**

## **13. Footer**

Tagline (under logo)

**Veterinary anesthesiologist. Pain medicine. Still learning.**

Footer columns — keep current structure

**Column 1 — Navigate: Home, Videos, Conversations, Blog, Resources, Contact**

**Column 2 — Topics: Pain, Anesthesia, Rehab, CBD Research, Senior Pets**

**Column 3 — Connect: YouTube, LinkedIn, Facebook, Instagram**

Copyright line

**© 2026 James S. Gaynor, DVM. All rights reserved.**

## **14. Sponsors Page (new)**

*This is a dedicated page reached from the main nav. It serves two purposes: (1) it gives sponsors something tangible in exchange for supporting the platform, and (2) it gives visitors a curated list of companies Dr. Gaynor is willing to be associated with — which is itself a form of authority. Keep the tone consistent with the rest of the site: honest, plain-language, no hype.*

Page headline

### **Sponsors**

Intro copy (under headline)

**This platform runs because a small group of companies — most of them building things I actually use or recommend — chose to support it. They get a spot on this page. You get their context, a link to their site, and any current offer they're extending to this community. That's the whole arrangement.**

**If a sponsor stops being something I'd vouch for, they come off the page. Simple as that.**

## Sponsor card layout (repeats for each sponsor)

*Each sponsor card should include:*

- Logo (clickable — links to sponsor's site, opens in new tab)
- Sponsor name as a heading
- One-paragraph description of what they do (2–4 sentences, written by Dr. Gaynor or approved by him — not pulled from the sponsor's marketing copy)
- Optional: a discount code, promo, or special offer if the sponsor chooses to extend one
- Visit-site button or link

### Sponsor card template (for outreach to sponsors)

*Use this as the spec when reaching out to potential sponsors so they know what they'll get:*

[Logo]

**Company Name**

[2–4 sentence description of what the company does and why it's relevant to this audience.]

*Special offer for the Ask Dr. Gaynor community: [optional — code, discount, or promo]*

[Visit Site →]

### Footer note on the Sponsors page

Interested in becoming a sponsor? Get in touch — I'm selective about who appears here, but I'm always open to a conversation.

[Contact button]

## Summary: What changed and why

The hero is now learner-forward

**"Advancing the Science of Animal Pain Relief" → "Still Learning. Still Asking. Still Practicing."** The first version positions Dr. Gaynor as a vendor of authority. The second positions him as a working clinician modeling intellectual honesty — which is the harder, rarer, and more credible move.

The About section is reframed as ongoing, not finished

**"A Career Dedicated to Eliminating Animal Suffering"** implies the work is a heroic mission with a defined endpoint. **"Three decades in. Still figuring it out."** tells the reader what kind of person Dr. Gaynor is — and immediately makes the rest of the site (especially the guest interviews) make sense.

The Conversations section now does strategic work

**Previously it was "Dr. Gaynor interviews other experts." Now it explicitly says: I bring in specialists outside my own expertise so I can keep learning. That single reframe is what makes the guest series defensible as a long-term pillar — and what makes brand integrations later in the funnel feel earned rather than promoted.**

Brand integration is woven, not quarantined

Peak Therapeutics and Black Dog VAS appear in the About section as part of Dr. Gaynor's working life — and again at the bottom in their own block, with more personal descriptions. They no longer feel like an afterthought, and they no longer feel like ads.

**Sponsors get their own page**

Replacing the lead-magnet CTA with a Sponsors link does two things at once: it gives sponsors a real, valuable placement they can promote to their own audiences, and it removes the mild dissonance of asking for an email on the same page that says "I'm just here to share what I'm learning." The page itself becomes another signal of curation — these are the companies Dr. Gaynor is willing to put his name next to.

**Tone throughout is conversational, not institutional**

Phrases like "Evidence-Based Education On Demand" and "Clinical Knowledge, Clearly Delivered" are gone. They're replaced with "What I've been working on lately," "Notes from the practice," "Things I get asked a lot." This is the same person talking on Facebook, on the website, and (eventually) on the podcast — which is what builds authority over time.

*End of document.*