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Want to learn more? Visit Connections online in the Knowledge Center: www.NYSVMS.org
SAVE THE DATE
New York State Spring Veterinary Conference

May 15-17, 2015
Hilton Westchester | Rye Brook, NY

HOSTED BY
New York State Veterinary Medical Society & Cornell University College of Veterinary Medicine

The New York State Veterinary Medical Society and the Cornell University College of Veterinary Medicine will host the second annual Spring Conference at the Westchester Hilton, in Rye Brook, N.Y. Earn more than 20 continuing education credit hours, attend lectures from the nation’s premiere speakers, mingle with veterinarians from the tri-state area and check out the Exhibit Hall, featuring vendors devoted to all aspects of veterinary practice. NYS-VC Spring is one conference you will not want to miss!

FOR MORE INFORMATION, CALL 607.253.3200 OR 518.869.7867

FEATURED SPEAKER:
Alexander de Lahunta, DVM, Ph.D.
More to come...
President’s Message

It is an exciting time for our organization. In 2015 we celebrate the NYSVMS’ quasquicentennial. For 125 years, the New York State Veterinary Medical Society has served as the leading resource for New York State’s veterinarians. Since 1890, the association has been working for you to protect and advance our storied profession. We will continue to do so now and in the years to come.

During this celebratory year, I look forward to serving you as President of the NYSVMS and am thankful for your support and participation in our esteemed organization.

The Executive Board kicks off this year with a review and update of our strategic plan, charting the course for the next three years. The industry is changing by the day and to best be prepared we need to focus our resources on the projects and issues that will help us not only protect our profession, but will help our membership thrive in this challenging landscape.

Legislative issues are at the forefront this year and I look forward to working with the Executive Board to address these issues as they come up. Our hired lobbyists track hundreds of proposed bills introduced into the legislature each year. Your dues dollars are well invested in this effort to monitor and act on adverse proposals the moment they are considered.

In 2014, passage of the Senate Assembly animal dentistry bills proved what a strong force we can be when working together as a cohesive unit, mobilizing our membership to affect change. During my presidency, I would like to see us continue to grow our grassroots efforts. There potentially keep a loved member of their family in their home.

We will continue to protect the quality of veterinary care by working with the New York State Education Department to enforce and uphold current regulations regarding unlicensed practice including, but not limited to, dentistry, rehabilitation, massage and chiropractic. There are many action steps being taken to address the encroachment of unlicensed individuals into the profession.

As an association we will expand the services we offer to our twelve regional associations in order to help them update their governance documents and approved continuing education. In addition to hosting the two successful New York State Veterinary Conferences with Cornell, we will add regular webinars and pop-up day-day long seminars on specialty and ownership topics.

Speaking of the NYS-VC, I hope you have already set May 15-17 aside on your calendar and will join us at NYS-VC Spring in Rye Brook, N.Y. The conference committee has done a stellar job creating a not-to-miss slate of speakers and classes. Be sure to see pages 19-21 for more information on the conference. Though they may seem overwhelming, these are all significant, yet attainable goals.

Please assist us in accomplishing them by contacting your regional Executive Board representatives, or NYSVMS headquarters, about how you can play a role in your association.

“In 2015 we celebrate the NYSVMS’ quasquicentennial. For 125 years, the New York State Veterinary Medical Society has served as a resource for New York State’s veterinarians.”
Animals in the Courts

Just over a year ago, in December 2013, three lawsuits were filed in three courts in New York State, seeking a decision from the courts that certain great apes, specifically chimpanzees, had sufficient human characteristics to be granted some of the same rights that humans are guaranteed under the law.

In these lawsuits, the “rights” sought for the apes was the right of liberty; all four chimpanzees on whose behalf the lawsuits were filed were being held in different places in the state, and the lawsuits sought to have them released. Each suit was commenced by filing a writ of habeas corpus (literally: release the body), a procedural remedy that comes from Old English common law, typically used to free a person who is being illegally detained or jailed.

The chimpanzees on whose behalf the lawsuits were started were Tommy, who is kept in a cage in a warehouse in Gloversville, Fulton County; Kiko, a 26-year-old chimpanzee, who has worked in motion pictures and kept in a cage in Niagara Falls; and Hercules and Leo, two chimpanzees kept in laboratory cages at SUNY Stony Brook in Suffolk County, where they participate in locomotion research.

The legal action to free all four chimpanzees was brought by the Nonhuman Rights Project (NhRP), an organization dedicated to securing legal “personhood” for animals through court action and education. In order for the New York courts to entertain the writ of habeas corpus on behalf of the four chimpanzees, they first would have to determine that these chimpanzees were persons, since habeas corpus can be used only to obtain the release of a person. The primary focus of the actions in New York was to have the courts consider evidence presented by NhRP that chimpanzees exhibit enough human characteristics to be treated as persons in certain circumstances, and the circumstance addressed in the cases was the right to be freed from their confinement in cages.

In these New York State cases, NhRP submitted voluminous information from experts detailing research conducted on chimpanzees that show them exhibiting highly complex cognitive functions such as autonomy, self-awareness and self-determination, similar to traits exhibited by humans.
Although all three cases are still making their way through the court system, initial court decisions have not been favorable. The three writs of habeas corpus were initially heard in Supreme Court in each of the counties where the chimpanzees are located, and all were denied. Those denials were appealed in each case, with the NhRP declaring that they expected an initial adverse court decision, and would appeal each case in the belief that an appellate court might view the matter differently. NhRP is asking a court to overturn centuries of legal determinations that limit the rights reserved to persons to human persons, and do not extend these rights to animals or “nonhuman persons.” Such broad determinations are not usually made when a case is first heard, in the court of original jurisdiction.

In December 2014, the first appellate court decision on one of these cases was released by the Appellate Division for the Third Department, which heard the appeal on behalf of Tommy. The court very clearly defined the writ of habeas corpus as one available to petition for the release of a person, and declined to consider the chimpanzee Tommy as a “person” for the purpose of considering whether the writ of habeas corpus should be granted. In New York, the legal term “person” has been applied to other entities besides human persons, such as corporations or municipalities; this broad definition of “person,” under New York law, was one of the primary reasons why the NhRP chose to bring these three cases in New York. The appellate decision addressed this issue, and pointed out that rights accorded to legal persons are accompanied by obligations or societal responsibilities, and chimpanzees “cannot bear any legal duties, submit to societal responsibilities or be held legally accountable for their actions.” Based on this analysis, the court concluded that chimpanzees could not be considered legal “persons” for purposes of this legal request for release.

The court noted that it had not been asked to address the conditions in which Tommy was being kept, nor make any determination whether the circumstances of Tommy’s confinement might be improved, but that the arguments regarding Tommy set aside all considerations of Tommy’s living conditions and his welfare in order to request only that he be considered a “person.” This language in the appellate decision is similar to language in the original Fulton County Supreme Court decision, in which the judge noted that that he would be happy to consider remedies to any wrongs done to Tommy that did not depend on his being deemed a “person.”

The appeal on behalf of Kiko was heard in early December in the Appellate Division for the Fourth Department; no date has been set for the Hercules and Leo appeal in the Appellate Division for the Second Department. The NhRP already has filed an appeal of the Tommy decision to New York’s highest court, the Court of Appeals. There is no automatic appeal to the Court of Appeals in this case; the court must agree to hear the case. In this situation, the court is likely to wait for decisions from the other Appellate Divisions that are hearing the other two cases before making a decision about hearing any of these cases. If the decisions do not agree, the Court of Appeals is likely to hear one or all of the cases so there will be one final answer to the question of “personhood” or limited application of that concept to these animals or other animals. If all three Appellate Division decisions are in agreement and strongly reject the idea of extending rights to these chimpanzees that are reserved for human persons, the Court of Appeals may decline to hear the cases and let the Appellate Division decisions remain as the current interpretation of law in New York.

The View from Elsewhere
In a similar case brought on behalf of an orangutan held at the Buenos Aires Zoo, an appellate court in Argentina came to the opposite conclusion. On Dec. 21, the Argentine court, an orangutan held in the Buenos Aires Zoo, must be granted and Sandra must be released. The legal action in Argentina was brought by the Association of Officials and Lawyers for Animal Rights (AFADA), an activist organization for animal rights based in Argentina. The Argentine
court made a determination that Sandra is enough like a human person to be considered a person, due many of the rights given to human persons, essentially agreeing with AFADA in their arguments asking for her release and freedom from unjust imprisonment.

The zoo has 10 days to appeal the decision. In its initial reaction, the zoo’s chief biologist was quoted as saying, “When you don’t know the biology of a species, to unjustifiably claim it suffers abuse, is stressed or depressed, is to make one of man’s most common mistakes, which is to humanize animal behavior.” If the zoo does not appeal the court decision, it must provide for Sandra to be moved to a sanctuary in Brazil, as proposed by AFADA in their court arguments.

This decision in Argentina is being called a “landmark decision,” “groundbreaking,” and “likely to pave the way for other courts to recognize greater rights for great apes and other sentient beings.” Stephen Wise, director of the Nonhuman Rights Project, has already said that he will bring the Argentine decision to the attention of the New York State courts considering the appeals of Tommy, Kiko, Hercules and Leo, in the hope that it will influence the New York appellate courts, and cause them to reconsider denials of habeas corpus petitions in these three cases.

Prior to this court decision from Argentina, organizations arguing that animals must be released from captivity were not successful. In the best-known US case, a 2011 lawsuit filed by People for the Ethical Treatment of Animals (PETA) against Sea World, alleging that five orca whales kept by Sea World were treated like slaves and must be released, was dismissed by a San Diego court.

However, if the Argentine decision that the orangutan Sandra has sufficient cognitive functions to entitle her to be treated as a non-human person is upheld, it is likely to spark many more lawsuits on behalf of other animals kept in zoos, aquariums and other facilities that keep wild animals in captive settings around the world.

Barbara Ahern, Esq., NYSVMS Legal Counsel

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Fundraiser to Benefit Cornell Veterinary Student Scholarships and the NYSVMS Political Education Committee (V-PEC)

Saturday, May 16, 2015, 5-7 p.m.
New York State Spring Veterinary Conference | Hilton Westchester, Rye Brook, NY

Funds raised during the **Silent Auction** benefit NYSVMS legislative advocacy through the Veterinary Political Education Committee and the **NYSVMS Scholarship**, awarded annually to a veterinary student at Cornell. Established in 1994 as a permanently-endowed scholarship, it provides tuition assistance to New York State residents who are third or fourth-year students and show interest in organized veterinary medicine.

The Silent Auction will once again feature the popular wine wall. Donate a bottle of wine valued at more than $25 dollars to the Wine Wall. Attendees will purchase a ticket to receive a gift-wrapped surprise bottle. Nearly half the bottles won in 2013–2014 were valued between $50 and $100!

**Popular Donation Items Include:** gift baskets, wine and beer baskets, overnight stays, artwork, jewelry, sporting event tickets, electronics and historical veterinary objects.

Contact NYSVMS headquarters and let us know what **YOU CAN DONATE!**

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How will you deliver item: ☐ Directly to conference ☐ Ship to NYSVMS ☐ Other _______________________

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NYSVMS, 100 Great Oaks Blvd., Suite 127, Albany, NY 12203
Veterinary professionals, like most caregivers, tend to be naturally compassionate people, but sometimes caring too much can hurt. It’s hard to remain emotionally unaffected by the trauma your patients (and their owners) are experiencing. Seeing and caring for severely injured and acutely ill animals day after day—some of which are untreatable, while others might be medically treatable, but still need to be euthanized because their owners cannot afford treatment—takes its toll. Many of the symptoms of compassion fatigue are similar to those of burnout: physical, mental and emotional exhaustion; an inability to find meaning in your life or work; and decreased interactions with others. Compassion fatigue can also manifest as irritability with others. You may continue to communicate in a professional manner with your clients but take out your frustration on your colleagues, family members or even be less compassionate with patients. Understandably, this is not a healthy outlet.

The importance of work/life balance and self-care
So, how do you keep compassion fatigue at bay? Self-care is critical. What people do away from work to take care of themselves and recharge their batteries varies widely from individual to individual, of course. It could be running, reading, meditating, watching a movie, spending time with friends—anything that helps you clear your mind and work through the stress of a difficult shift on the floor. Keeping your life in balance is important in preventing and treating compassion fatigue. Workaholics tend to be particularly at risk because a lack of time away from their stressful job forces them to eliminate the very things that would help them recharge and recover.

If you think you might be suffering from compassion fatigue or burnout, go to http://www.proqol.org/ProQol_Test.html and take the free self-administered online test called the Professional Quality of Life Scale (ProQOL). This tool will give you unbiased feedback about your situation and provide the self-awareness...
necessary to motivate you to improve your own self-care.

In general, maintaining the fundamentals of a healthy lifestyle—regular exercise, a healthy diet, positive social interactions, making time for hobbies and adequate sleep—will help make you more resilient and less physically and emotionally vulnerable to the effects of your patients’ distress. Beyond restoring a healthy balance in your life, the following measures can help if you are experiencing symptoms of compassion fatigue:

• Be kind to yourself. Recognize your symptoms and don’t try to just keep powering through. Ignoring problems rarely makes them go away.

• Educate yourself about compassion fatigue. There is a great deal of helpful information available on the Internet. Symptoms and treatments can vary, so find suggestions that resonate with your personal circumstances.

• Regularly escape from the intensity of your work through recreation, creative therapies or other healthy diversions. These escapes are essential to replenish between shifts.

• Don’t medicate yourself with drugs or alcohol. Get professional help if necessary to get back on track.

**Helping staff members cope**

Practice managers can play a key role in helping their employees cope with compassion fatigue. If you’re a manager, you don’t want to see your staff members suffer emotionally, experience burnout or leave the profession.

What can you do to help prevent and deal with compassion fatigue in the clinic? The first step is to be aware of and alert to the symptoms. This is particularly critical when the overall work environment is being affected. For example, sometimes compassion fatigue may cause a staff member to demonstrate a lack of compassion toward his or her colleagues, or even worse, a patient. Left unchecked, this behavior can lead to a toxic culture in the clinic. If an employee is being unfairly critical of a colleague, try to help him or her identify and deal with the larger issue behind the immediate irritation.

Second, it’s essential that staff members have an outlet to talk about the challenges they face and how they feel—how sad it is, for example, when an animal comes in that can’t be treated for financial reasons, or how difficult it is to see a pet suffering because the owner is taking too long to make a decision about care. Veterinary professionals need to have the opportunity to discuss these issues and figure out ways to overcome emotionally challenging situations, because cases like these are draining and can wear employees down over time.

Sometimes it’s helpful to let the team spend time together without managers, just talking, with no agenda. At DoveLewis, we recently held an art therapy session for a team and asked them to discuss problems they were having with clients. Without prompting, the conversation naturally turned to staff members recognizing how client issues had affected their own behavior toward each other.

Finally, it’s important for you as a manager to model the behavior you want to see in your staff members and support good self-care during their shifts. Emphasize the value of self-care and set a good example when it comes to taking breaks to hydrate, eat and get a little breath of fresh air. Try not to schedule too many extra shifts so that they have time to rest and recharge their batteries and return to work refreshed.

Preventing, coping with, and healing from, compassion fatigue is an ongoing process, not a finite project. It requires continuing attention, but it’s worth the effort on both a personal and managerial level. Helping employees understand how their jobs affect them emotionally and giving them the tools they need to deal with the difficult issues they face will lead to enhanced well-being, greater job satisfaction and improved performance.

*Enid Traisman is the founding director of Pet Loss Support Services at DoveLewis Emergency Animal Hospital, a nonprofit 24-hour emergency and intensive care animal hospital in Portland, Oregon, and a contributor to On the Floor @Dove, the hospital’s online training tool for veterinary professionals. She facilitates support groups and educates the community and veterinary staff about euthanasia, grief, memorializing and compassion fatigue.*
An Interview with Alexander de Lahunta, DVM

AYSVM: We are very much looking forward to your presentations at NYS-VC Spring in May. A majority of our members are Cornell graduates and consider you one of their most beloved professors. Would you be able to share some of your fondest memories of working at the college?

De Lahunta: I don’t know if I have any particular favorite memories, the experience in itself was so fantastic. It is a real privilege to teach students who come to the veterinary college with such a strong academic background and strong desire to be veterinarians. It truly is the ideal teaching situation. They obviously are all qualified and the discipline is absolutely no concern because of their age and maturity.

I had a very heavy teaching load over the years. When I started it was 60 students, by the time I ended, 80. When you spend so much time with 60 students over the four years, you really get close to many of them and become good friends.
NYSVMS: Many of our members have told us tales of waking up at 2 or 3 in the morning to attend rounds with you, or sleeping in the hallways with a note asking you to wake them when you arrived. Why were the rounds always so early in the morning?

De Lahunta: I had a unique situation in that I set up a consulting service for clinical neurology. Back in the ‘60s when I began to teach, there was no specialty in neurology, there were no neurologists. Specialties were just beginning. I set up the consulting service in neurology so I could learn and incorporate it into the teaching of neuroanatomy and give the students a real reason as to why they needed to learn it.

Because I had such a heavy teaching schedule during the day, I used to schedule my consults for very early in the morning—sometimes as early as 2 a.m. If a student was particularly interested in neurology, they were more than welcome to come. There would be anywhere from two-to-four students there frequently.

NYSVMS: How did you become interested in neuroanatomy?

De Lahunta: When I finished my Ph.D. in 1963, the department chair said he wanted to give me an appointment as professor to teach the neuroanatomy and embryology courses. They were both fairly new courses and had been taught for a couple years by visiting professors.

After the first year of teaching Neuroanatomy, I knew I had to make it more interesting for the students. I approached the department chair, and said, “There’s got to be a better way to teach neuroanatomy and I would like to include some clinical parts in the course. Can I have your permission to try and learn some clinical neurology?” He approved, and then he lost me! If he wanted me to do any basic research in anatomy, it was not going to happen. The clinical part just absorbed me. I had an advantage in that I had been a Cornell student and the faculty knew me. I went to Bob Kirk in Small Animal and he was ecstatic over having somebody set up a clinical neurology consultation. Everyone was very supportive.

I started doing the exams, but realized I needed help from pathology. I was trying to locate these lesions in the nervous system and I needed to have backup to find out where they really were. Fortunately, John King, who ran the post mortem room with an iron fist, knew me as a student. I negotiated with John and he allowed me in there to take the nervous system out of a regular autopsy. We set up a program so we could share this material and I could study in more depth than the routine autopsy would regularly have done. That is how I had the opportunity to describe many new diseases and I was able to incorporate into the course. Within a few years I was teaching a vertically integrated course: I taught the neuroanatomy, the clinical neurology including a bit of neuropathology to first year students in their second semester; and for those that were particularly interested I put on clinical rounds every Friday so they could keep up with neurology.

So… that is the background of clinical neurology.

NYSVMS: What would you say you miss most about teaching?

De Lahunta: The interaction with the students. No question about it.

Join us at NYS-VC Spring to welcome Dr. D back to New York.

Friday, May 15, 2015, 4-5:50 p.m.

The Importance of the Anatomic Diagnosis in Clinical Neurology – Case Reviews of Spinal Cord Diseases and Muscle/Nerve Disorders

Saturday, May 16, 2015, 1:30-4:40 p.m.

The Importance of the Anatomic Diagnosis in Clinical Neurology – Case Reviews of Ataxia (Cerebellar and Vestibular), Involuntary Muscle Contractions and Movement Disorders
You get close to these students. Particularly the ones that really wanted to learn clinical neurology. The biggest reward is to see them be successful. One of the things I enjoy about going to conferences and ACVIM meetings to present cases is that you get to see many of these former students and follow their successes.

NYSVMS: I imagine you will get to see several familiar faces at NYS-VC Spring in May.

De Lahunta: Indeed. I lectured a few years ago to a veterinary group in Syracuse and that area is full of Cornell graduates. It was like an alumni day. This past October, I flew to Santa Fe, N.M., to give case presentations to 250 veterinarians and there were 10-12 of my former students out there in practice. It was neat.

NYSVMS: Do you stay in touch with any of your former students?

De Lahunta: Yes, I do. With some of them on a regular basis, especially those that are in neurology. In this electronic age, they can share their cases with me, MRI images. So I have a lot of contact with several former students.

NYSVMS: Do you have any cases that stick out in mind as particularly memorable?

De Lahunta: I’ve got many memorable cases. The best I’ve organized for the case presentations I’ll be doing at the conference in May. Some of the best videos I’ve got demonstrate a particular disease in the best way. I show a video and then discuss the anatomic diagnosis, in other words, where the lesion is, then discuss what the lesion might be; then I’ll show some more images. But, the main thing is to emphasize the correct anatomic diagnosis. Studying the video to understand why that particular gait is by a specific spinal cord lesion, brain lesion or whatever it may be. The majority of the time is spent on making the anatomic diagnosis.

NYSVMS: Could you share a particular case we may see in May?

De Lahunta: If you go way back to when I got started, one of the diseases that had been recognized in the field for years was called Coonhound Paralysis—a paralysis that occasionally occurred in dogs that hunted raccoons. Anyone who regularly hunted raccoons knew that occasionally, a dog was going to be paralyzed and nobody had any idea what the connection was. The few publications that were out there made no sense; they wanted to make it a spinal cord lesion from the dog leaping on the tree after the raccoon. When you looked at the clinical signs in these patients, there was no way it could be caused by a spinal cord lesion. It had to be a lesion that was affecting the neuromuscular system.

Ultimately, John Cummings and I, with the help of a neurologist at Upstate Medical Center, figured it out to be an inflammation of nerve roots. It is an animal model for a human disorder—Guillain-Barre Syndrome. Fortunately, most of the dogs and people recover in time, but some do have to be put on a respirator for a period of time in order to recover. That was probably one of the most exciting diseases we studied.

NYSVMS: Any others?

De Lahunta: There is a disease known as Lou Gehrig’s Disease in humans. The horse has a similar disorder—Equine Motor Neuron Disease. Pathologically, it is as similar as an animal can be to the human disorder. In the animal it is caused by a Vitamin E deficiency.
Now that the equine industry knows that horses need Vitamin E to prevent this disorder from happening the incidence has dropped down almost to nothing.

**NYSVMS: You worked with Dr. Howard Evans on Dissection of the Dog, could you share any insight into your experiences working with him?**

**De Lahunta:** I started as a teaching assistant on his course for three years. When I became an assistant professor, I joined him in teaching Dissection of the Dog and we did it together. In the early ’70s, we wrote the first edition of “A Guide to the Dissection of the Dog.” When I was in Cornell last year, Howard Evans and I signed a contract to publish an eighth edition of the guide. Howard is probably the most delightful person to work with and he just had a ball teaching that course. He’s not a veterinarian, but a biologist. Of course, I had the clinical experience. I was in practice for two years. So the two of us really fit what the first year students needed: Someone who had experienced what they had come from in biology and somebody with some clinical experience to know why they needed to learn the anatomy.

At one point, I said to Howard, “It is one thing learning these bones, but the students are going to do more anatomy with these bones on radiographs. I think we ought to incorporate radiographs into this course.” He readily agreed and we incorporated it in the rest of the years that we taught together.

**NYSVMS: Have they given you a timeline for the eighth edition?**

**De Lahunta:** Probably more than two years. They give you plenty of time.

**NYSVMS: You’ve had such a huge influence on so many veterinarians, and have helped to shape so many careers.**

**De Lahunta:** It has been an extremely rewarding opportunity.

For example, when I saw James Killarney—a former student—was elected to be AVMA president, I found an email and congratulated him. I always look for those items in the front part of the AVMA journal—it is fun to catch up on what former students are doing, especially from an organizational standpoint. Any

Dr. D., as Dr. de Lahunta is affectionately known, is a legend at the Cornell University College of Veterinary Medicine. He has earned status as a scientist, an astute diagnostician, an exceptional and exceptionally dedicated educator, and a valued mentor and friend to many.

Always a humble and hardworking man (legendary for conducting 3 a.m. rounds), Dr. de Lahunta is internationally known as a pioneer and leader of veterinary neurology. He is equally well-known as an anatomist. Alone, and in collaboration with Cornell colleagues, he has published five leading text books in these disciplines and is the author of 266 peer reviewed publications in professional and scientific journals. Dr. de Lahunta is also renowned as an educational leader. Within the College he was four times the recipient of the Norden Distinguished Teacher Award. In 1991, he was recognized by the national veterinary student organization as the best teacher in basic sciences. In 2000, he received the Robert W. Kirk Distinguished Service Award of the American College of Veterinary Internal Medicine. Dr. de Lahunta has been granted honorary membership by the American College of Veterinary Pathologists (2002) and the Royal College of Veterinary Surgeons (2005).

Since his retirement in 2005, he has published the 3rd and 4th editions of Veterinary Neuroanatomy and Clinical Neurology, the 7th edition of the Guide to the Dissection of the Dog and he and Dr. Howard Evans are working on the 8th edition now, as well as the 4th edition of Miller’s Anatomy of the Dog. He returned to lecturing in 2012, most recently at ACVIM 2013 and the 2014 Southwest Animal Neurology Symposium in Sante Fe, N.M.

Dr. Alexander de Lahunta received his DVM and Ph.D. degrees from Cornell University in 1958 and 1963, respectively. He practiced veterinary medicine in Concord, N.H., from 1958 to 1960, when he joined the faculty of the Department of Anatomy at Cornell University as Instructor. He became assistant professor in 1963 and was promoted to associate professor in 1966 and professor in 1973. Dr. de Lahunta served as chief of the medical and surgical section of the Veterinary Medical Teaching Hospital (now the Cornell University Hospital for Animals) from 1975 to 1976 and as hospital director from 1977 to 1982. He chaired the Department of Clinical Sciences from 1977 to 1986, and the Department of Anatomy from 1986 to 1991. In 1992, he was elevated to James Law Professor of Anatomy.
time I find out that someone has made some sort of achievement, I try and contact them and congratulate them.

I am looking forward to this meeting because I know I am going to see a slew of former students there.

NYSVMS: Whenever we mention you are coming we hear a lot of happy people.

De Lahunta: Well, there are two sides to that story. They may have enjoyed it, but they can’t begin to know how much I enjoyed my interaction with them.
Your License is Up to Date. Is Your Facility?

As a licensed professional, you attend continuing education courses to maintain your license. Your licensed technicians do the same. You regularly seek out ways to stay up-to-date on the latest rules and regulations for your profession. But what about your facility?

The New York State Veterinary Medical Society’s Veterinary Facility Accreditation Program (VFAP) is designed to help you provide that your clinic is up-to-date on New York State and federal regulations; provides the highest possible standard of care to your patients; and assures your clients that your clinic meets the rigorous standards established in the VFAP.

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As an added bonus, any licensed veterinarians and veterinary technicians who read the standards and take part in the evaluation can receive up to three CE credits toward their mandatory CE requirements.

There is an accreditation fee to cover program and evaluation costs. Practices that do not employ at least one NYSVMS member in good standing at the hospital location will be assessed $1,000 in addition to the $350 NYSVMS member charge.

If you are interested in scheduling a VFAP evaluation, contact the evaluator listed in your region, or VFAP Chair Francis Fassett, DVM. To familiarize yourself with the standards and in preparation of an evaluation, you can read the standards on the NYSVMS website.

Veterinary Facility Accreditation Program Evaluators

Catskill Mountain
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Email: gacrafts45@gmail.com

Here’s what members say about the VFAP program …

“Dr. Eric Morris was incredibly thorough in evaluating our practice. He assisted us immensely by making numerous recommendations to keep us up to code, and to improve our own and our patients safety and quality of care.”

Dr. Robert Glasser, Steinway Court Veterinarian, Long Island City, N.Y.

“It is an honor to be accredited by the NYS Veterinary Medical Society, It is gratifying to practice in an environment that has been vetted and proven to meet the highest standards. I would highly recommend the accreditation process to other animal hospitals in the area.”

Dr. Peter Lugten, Basic Pet Care Animal Hospital, Lindenhurst, NY

Want to learn more?
Visit Connections online.

ASSOCIATION
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### Executive Board

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7735 Chestnut Ridge  
Lockport, NY 14094  
Ph: 716.629.8384  
Email: reqvet@rochester.rr.com  
Term: 12/31/16**

* Eligible for re-election to another four-year term  
** Serving remainder of term; eligible to serve two four-year terms
# Companion Animal Track 1
- **Acute Azotemia: Case-based Approach to Causes and Treatment**
  - Larry Adams, DVM, PhD, DACVIM

# Companion Animal Track 2
- **Transient Loss of Consciousness: Diagnosis and Treatment of Syncope**
  - N. Sydney Moise, DVM, MS, DACVIM and Roberto Santilli, DVM, PhD, DECVIM

# Companion Animal Track 3
- **The Five Most Common Mistakes in Veterinary Dermatology**
  - Lori Thompson, DVM, DACVD

# Veterinary Technician Track
- **History Taking for Behavior Patients**
  - Ellen Lindell, VMD, DACVB

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### 7:00 a.m. - 9:00 a.m. Registration Opens

### 9:50 a.m. - 10:20 a.m. Break and Exhibits

### 10:20 - 11:10 a.m. Updates on Heart Failure: Diagnosis and Treatment of Supraventricular Arrhythmias
- Roberto Santilli, DVM, PhD, DECVIM

### 11:20 - 12:10 a.m. Lunch and Exhibits

### 12:10 p.m. - 1:30 p.m. Lunch and Exhibits

### 1:30 - 2:20 p.m. The Importance of Anatomic Diagnosis in Clinical Neurology - Case Reviews of Spinal Cord Disorders and Muscle/Nerve Disorders
- Alexander de Lahunta, DVM, PhD, DACVIM, DACVP

### 2:30 - 3:20 p.m. Management of Refractory Urinary Incontinence
- Larry Adams, DVM, PhD, DACVIM

### 3:20 p.m. - 4:00 p.m. Break

### 4:00 - 5:00 p.m. Nutritional Management of Pancreatitis
- Kara Burns, MS, Med, LVT, VTS-H

### 5:00 - 6:00 p.m. Thyroid Disease and the Kidney: A Love-Hate Relationship
- Mark Peterson, DVM, DACVIM

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### 6:00 p.m. - 8:00 p.m. Welcome Reception
# NYS-VC Spring

## SATURDAY May 16, 2015

### 7:30 a.m. - 8:00 a.m.  
Continental Breakfast in Exhibit Hall

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<th>Track 1</th>
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| Recurrent UTI's: the Role of the Biofilm  
Mary Labato, DVM, DACVIM | Pulmonary Hypertension  
Roberto Santilli, DVM, PhD, DECVIM | Lyme Arthritis, New Lyme Tests and New Borrelia Species (Diagnosis and Treatment)  
Meryl Littman, VMD, DACVIM | FLUTD: New Treatments for an Old Disease  
Kara Burns, MS, Med, LVT, VTS, VTS-H |
| Options in Endourology  
Mary Labato, DVM, DACVIM | Images of Echocardiography: Case after Case  
N. Sydney Moise, DVM, MS, DACVIM and Roberto Santilli, DVM, PhD, DECVIM | Lyme Nephritis, Lyme Prevention (Tick Control, Vaccine Pros/Cons)  
Meryl Littman, VMD, DACVIM | Chronic Kidney Disease: Getting Your Picky Patients to Eat  
Kara Burns, MS, Med, LVT, VTS, VTS-H |

### 8:00 a.m. - 12:00 p.m.  
Break and Exhibits

<table>
<thead>
<tr>
<th>Track 1</th>
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<th>Technician Track</th>
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</table>
| AKI: Mechanism, Recognition and Management  
Mary Labato, DVM, DACVIM | Lyme Multiplex Testing: Advantages of Different Markers  
Bettina Wagner, DVM, Dr. med. vet. habil. | Red Blood Cell Parasites  
Meryl Littman, VMD, DACVIM | Omega-3 Fatty Acids and Disease Management  
Kara Burns, MS, Med, LVT, VTS, VTS-H |
| Cardiorenal Syndrome: The Balancing Act  
Mary Labato, DVM, DACVIM | Can Infection with B. burgdorferi Be Cured?  
Bettina Wagner, DVM, Dr. med. vet. habil. | White Blood Cell Parasites  
Meryl Littman, VMD, DACVIM | Bring Back the Bounce: Managing Osteoarthritis in Your Pets  
Kara Burns, MS, Med, LVT, VTS, VTS-H |

### 12:00 p.m. - 1:30 p.m.  
Lunch and Exhibits

<table>
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<th>Track 3</th>
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| The Importance of Anatomic Diagnosis in Clinical Neurology - Case Reviews of Ataxia (Cerebellar and Vestibular), Involuntary Muscle Contractions, and Movement Disorders  
Alexander de Lahunta, DVM, PhD, DACVP | Veterinary Team Training: How It Can Transform Your Practice Culture  
Dan Fletcher, DVM, PhD, DACVECC | CT and MRI are Cool: What Additional Information Do They Provide?  
Danielle Mauragis, AS, CVT | |
| CPR: Why it’s worth it?  
Dan Fletcher, DVM, PhD, DACVECC | Ultrasound: What Additional Information Does It Provide?  
Danielle Mauragis, AS, CVT | |
| Panting, Wheezing and Crackles: How to Quickly Get to the Bottom of Respiratory Distress and Fix It  
Dan Fletcher, DVM, PhD, DACVECC | Ultrasound: What I Should Know About My Unit  
Danielle Mauragis, AS, CVT | |

### 5:00 p.m. - 7:00 p.m.  
Purple Party and Silent Auction
SUNDAY May 17, 2015

Companion Animal Track 1

8:00 a.m. - 8:30 a.m. Continental Breakfast in Exhibit Hall

8:30-9:20 a.m.
Canine Lyme Disease - What Are The Current Recommendations?
Come Hear the Lyme Disease ACVIM Consensus Working Group Members and A Testing Expert Debate
Richard Goldstein, DVM, DACVIM, DECVM, Mary Labato, DVM, DACVIM, Meryl Littman, VMD, DACVIM, Bettina Wagner, DVM, Dr. med. vet. habil.

9:30-10:20 a.m.
Protein Losing Nephropathy in Dogs
Meryl Littman, AB, VMD, DACVIM

10:20 a.m. - 11:30 a.m. Brunch

11:30-12:20 p.m.
Other Tick Borne Disease (RMSF, Bartonellosis, Tick Paralysis)
Meryl Littman, AB, VMD, DACVIM

12:30-1:20 p.m.
Leptospirosis (Including New Diagnostic Tests and Vaccinal issues)
Meryl Littman, AB, VMD, DACVIM

1:30-2:20 p.m.
Ehrlichia and Anaplasma - What Do We Need to Know in NY State
Richard Goldstein, DVM, DACVIM, DECVM

2:30 p.m. Program Ends

Companion Animal Track 2

Ophthalmology Pearls:
What I Wish I’d Known When I was in General Practice
Wendy Townsend, DVM, MS, DACVO

Use and Misuse of Blood Products
Karl Jandrey, DVM, MAS, DACVECC

Ophthalmic Drugs:
What’s Hot and What’s Not
Wendy Townsend, DVM, MS, DACVO

CONCURRENT SESSION
Monitoring the Critical Patient: Pulse Oximetry, Capnometry, and Blood Pressure
Karl Jandrey, DVM, MAS, DACVECC
Limited to 40 veterinary technicians

CONCURRENT SESSION
Preventing Canine Leptospirosis
Richard Goldstein, DVM, DACVIM, DECVM
Limited to 30 veterinary technicians

Veterinary Technician Track

CONCURRENT SESSION
Use and Misuse of Blood Products
Karl Jandrey, DVM, MAS, DACVECC

CONCURRENT SESSION
Radiographic Positioning and Quality Control: What I Should be Looking for in the Images
Danielle Mauragis, AS, CVT
Limited to 30 veterinary technicians

CONCURRENT SESSION
Radiographic Positioning and Quality Control: What I Should be Looking for in the Images
Danielle Mauragis, AS, CVT
Limited to 30 veterinary technicians

Glaucoma:
The Pressure Is On
Wendy Townsend, DVM, MS, DACVO

Feline Ophthalmology:
Potpourri of Kitty Eye Issues
Wendy Townsend, DVM, MS, DACVO

Leptospirosis (Including New Diagnostic Tests and Vaccinal issues)
Meryl Littman, AB, VMD, DACVIM

KCS: What do you do when the cornea is like the Sahara Desert?
Wendy Townsend, DVM, MS, DACVO

Ehrlichia and Anaplasma - What Do We Need to Know in NY State
Richard Goldstein, DVM, DACVIM, DECVM

Other Tick Borne Disease (RMSF, Bartonellosis, Tick Paralysis)
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Other Tick Borne Disease (RMSF, Bartonellosis, Tick Paralysis)
Meryl Littman, AB, VMD, DACVIM

Leptospirosis (Including New Diagnostic Tests and Vaccinal issues)
Meryl Littman, AB, VMD, DACVIM

CONCURRENT SESSION
Radiographic Positioning and Quality Control: What I Should be Looking for in the Images
Danielle Mauragis, AS, CVT
Limited to 30 veterinary technicians

2:30 p.m. Program Ends

Register now for NYS-VC Spring:
www.vet.cornell.edu/nysvc
IN MEMORIAM

Colleagues Who Will Be Missed

Richard E. Miller ’54
He leaves his wife of 63 years, Margaret (Fox) Miller; his sons, Richard Keith Miller and Jeffrey Michael Miller; his daughters, Jacquelyn Miller Lumsden, Stacey Miller Eicks, and Tracey Miller Vasey; and many nieces, nephews and grandchildren. He was preceded in death by his oldest daughter, Robin Michelle Miller and youngest son, Timothy Marland Miller.
Born on Feb. 2, 1927, in Ridgefield, N.J., the son and last surviving child of William Morton and Catherine Elizabeth (Shotts) Miller, he and his twin brother, Robert Douglas Miller, spent their early years working the family dairy farm and developing an interest in animal care.
After graduating from Wallkill High School in 1944, where he met his wife, Margaret Anne Fox, he attended Hope College and Cornell University, graduating from Cornell in 1954 with a Doctor of Veterinary Medicine. In 1956, he opened his first veterinary practice in Fort Plain, N.Y.

Donald Eugene Webster ’49
Donald Eugene Webster, DVM, 93, passed away on Tuesday, Nov. 11, 2014, at home in Pine Plains, N.Y. He was born on June 24, 1921, in Geneva, N.Y., the son of the late William L. and Ruth M. (Sargent) Webster.
He honorably served his Country in the United States Army Air Corps during WW II. As a B -24 Co- Pilot, he flew twenty eight Bombing Missions over Germany. He made the Rank of 1st Lieutenant.
Dr. Webster graduated from Pittsford High School in 1938. He graduated from Cornell College of Agriculture in 1943 and from Cornell Veterinary College 1949.
In 1949, he joined Dr. Roswell Brown in his veterinary practice in Pine Plains. When Dr. Brown retired, Dr. Webster became sole owner of the practice. Dr. Webster was joined by Dr. Douglas Hart in 1967 and Dr. Michael O’Neill in 1978. Dr. Webster fully retired in 1994. He is survived by his loving wife Dora of 63 years; four children, Dawn Bartolomeo and her husband William of Pine Plains, N.Y.; Debra Webster of Albany, N.Y.; Deidre and her husband Robert Gabielsen of Clayton, N.C.; David and his wife Ursula Webster of Livingston, N.J.; seven grandchildren, Andrea, (James Storms) William, Daniel, Lindsey, Andrew, Alexander, Peter and several nieces and nephews. He is also survived by a brother, Dr. William S. Webster of Hamburg, N.Y.; two cousins, Betty Buell and Jean Bubb.

Michael Anthony Ball ’92
Dr. Michael Anthony Ball, born July 1, 1961, passed away on Dec. 20, 2014. Michael was born in Pittsburg, Pa., but moved to Syracuse, N.Y., as a child and graduated from Henniger High School.
Michael was passionate about horses from an early age and after high school graduation, worked professionally with them for many years before returning to college. He attended Cornell University first for his undergraduate degree and then graduated from the College of Veterinary Medicine at Cornell University in 1992. After spending two years at the University of Georgia, College of Veterinary Medicine, Michael returned to Cornell to complete a residency in Large Animal Internal Medicine as well as completing research and teaching duties in the Pharmacology department.
Michael went on to work in private equine practice in Central New York, and Florida and throughout his career worked with passion and excitement for horses and their caretakers. Michael spent several years working with the United States Equestrian Team and especially loved traveling with the Team throughout Europe and Canada, and made friends wherever he went.
Michael’s second love was teaching and was always thrilled to share his knowledge of horsemanship and veterinary medicine with a younger generation. Michael authored numerous articles on horse care as well as publishing original research articles. Michael is survived by his Mother, Louise Ball (Martin) of Ithaca, N.Y.; Aunt Elizabeth “Bulldog” Haight (Martin) of Framingham, Ma.; his former wife Dr. Christina Cable of Lansing, N.Y.; dear friend Stefanie Watson of Cazenovia, N.Y.; and innumerable friends and clients, both animals and humans alike.

Robert W. Thomas ’57
Dr. Robert W. Thomas, of Cobleskill, N.Y., died Dec. 22. Born June 2, 1933 in Brooklyn, N.Y., he was the oldest son of Water Thomas and Hilda Musselwhite Thomas. He grew up in Northport, N.Y., and graduated from Cornell University Veterinary College. He established the Carmel Animal Hospital in Carmel, N.Y., in 1963, where he lived with his wife, Linda Baumler Thomas, and sons, William and John.
After Linda’s death in 2008, Bob married Wanda Cross of Schenectady, N.Y., and lived in Cobleskill. Predeceased by Linda, he is survived by wife, Wanda; brother, William (Anita) of Northport, N.Y.; his sons, William (Melinda) of Round Rock, Texas, and John (Grace) of Peekskill, N.Y. He has two grandchildren, Kevin and Kristin Thomas of Harwinton, Ct.; four step-grandchildren; and four step great-grandchildren.
**Veterinarian Wanted**

**Capital District**

Associate veterinarian wanted for 5 doctor SA hospital near Albany. Well educated staff, modern facility. Benefits include continuing education, health insurance and 401K. Salary commensurate with experience. Send resume to egahvets@aol.com. For more information on practice, visit www.egahvets.com.

**Catskills**

Solo practitioner seeking an associate. Progressive busy SA practice. Large animal interest is a bonus but not a requirement. Must have good communication skills and be compassionate. Limited on call. Buy-in potential. Send resume to Ldcvm@aol.com or call 845-706-0999.

**Central New York**

Part-Time Feline-Only Veterinarian. Rural section of the Mohawk Valley in Central New York region. Very nice place to work. Flexible schedule, no emergencies. Position to begin April 1. Email Dr. Tom Rothwell at tp书写@roadrunner.com. Small animal clinic Upstate seeks full-time associate veterinarian. Facility includes full in-house lab, Im3 dental unit, digital radiograph and K-Laser. Must be willing to cover emergencies and some weekends. Percentage-based salary and benefits. Contact cnyvms.appointment@gmail.com or Anne at (315) 853-2408.

**Hudson Valley**

FT/PT veterinarian needed for 4-doctor Hudson Valley SA practice. Ideal candidate will be proficient in soft-tissue surgery, dentistry, etc. Well-equipped hospital. Competitive compensation/benefits. Ideal long-term position for the right person. Contact Dr. Howard Mintzer; 845-229-7117, Arlingtonanimalhospital@verizon.net. Looking for FT/PT associate to join a successful 2.5 doctor SA AAHA hospital. Located in beautiful Hudson Valley. Looking for someone who can work about 20 hours a week with a flexible schedule. Competitive compensation. New grads welcome. Check us out at www.OCVH1.com. Enthusiastic veterinarian wanted with exemplary communication skills and a positive mental approach to practice progressive general medicine, surgery and dentistry in the Hudson Valley. Fabulous staff, excellent benefits and high tech equipment. Email resume to cschaper@middlehopevet.com or call 845-562-7861.

**Long Island**

Progressive animal hospital seeks 2nd doctor to join our team. Must have strong skills in medicine, dentistry and surgery. Full state of the art facility with hotel and dog spa attached. Competitive salary and benefits. Please contact drweiss@optonline.net with resume/cover. Immediate opening.

**Southern Tier**

FT veterinarian invited to join our 5-doctor SA practice. Our group practice is known for its exceptional quality of care and its friendly, relaxed atmosphere. Competitive salary and benefit package. Send cover letter and resume to Dr. Kathleen Seitel-West at owegovethospital@hotmail.com.

**Westchester/Rockland**

PT veterinarian wanted for SA practice. Sat/Sun urgent care shifts, with weekday shifts possible. NYSVMS-VFAP and AAHA accredited. 5 DVMs, 5 LVTs, great support staff. Full in-house lab, digital x-ray, dental x-ray, Companion Therapy Laser and much more. Email resume to Amerling@MillerClarkAnimalHospital.com.

**Western New York**

Associate needed for 3 DVM SA hospital in Western NY. PT/FT, 25-30 hours/wk. Generous benefits and compensation. Interest in exotics, acupuncture a plus. Contact Susan Wylegala, Cheektowaga Veterinary Hospital, 957 Dick Road, Cheektowaga, NY 14225. Phone (716) 634-8736 x214, email swylegala@gmail.com. FT/PT experienced associate to join a single doctor, high-quality, patient-oriented, SA practice. Great opportunity in a well-equipped facility stressing preventative and progressive medicine. Salary based on experience. Experience/interest in dentistry a plus. E-mail resume to abbott3816@yahoo.com.

**Relief Veterinarian Available**

Providing experienced, professional veterinary care for over 10 years. Skilled in SA clinical medicine, surgery. Many references. Available in NYC, Westchester, and lower-Hudson Valley region for per diem or steady P/T work. Weekdays or weekends. Contact Dr. Gregg Goldschlager at 917-572-2743 or ggoldschlager@gmail.com. Per diem work & steady P/T in NYC and surrounding metro areas. Available most Mondays, Tuesdays, Wednesdays, Thursdays, and Fridays. Contact Dr. Tobias Jungris (917) 378-8447 or (516) 295-1098. Excellent people skills. Good practice builder. 35 years of clinical experience. Many references. Experienced small animal relief veterinarian available for Western, Central, and Southern NY. Practicing quality medicine and soft tissue surgery. Compassionate with excellent client communication skills and a familiarity with several medical record systems. Contact: Dr Melissa Mandzak, (585) 402-4323 or mmmandz233@aol.com.

**Veterinary Technician Wanted**

Newtown Veterinary Specialists is seeking LVTs to join our team. Positions available: Internal Medicine, Surgery and Emergency Services. Please send resume and cover letter to Jennifer Juliano, LVT, at Jenn.J@newtownvets.com. Learn more about Newtown Veterinary Specialists at www.newtownvets.com.
CLASSIFIED ADS

Brand new hospital looking for LVT with good organizational and communication skills. FT, one evening shift and rotating Saturday shifts. Benefits include competitive salary, health insurance, retirement plan, CE allowance, employee pet discount, vacation and training. Resume and references to mobilepetvetny@gmail.com.

Practice Wanted
Single doctor with 15 years’ experience is looking to purchase a 1-2 doctor Small Animal practice in Queens, Nassau or western Suffolk. Pre-approved and financing ready. All responses will be kept confidential. Please email exoticdoc15@gmail.com.

Practice For Sale

N.Y., Onondaga County: ER, 2,400sf w/3-exam rooms. NY7. Maine, York County: 2,000sf SA, +/-3.6 acres, w/apartment. ME5. Pa., Westmoreland County: 4,300sf SA, +/-4.7 acres, w/rental income. PA5. Vt., Orleans County: 4,400sf, 1-1/2 doctor SA, +/-3 acres, w/apartment. VT3. PS Broker 800.636.4740 www.psbroker.com

Long Island SA practice, current owner does integrative practice with conventional medicine, surgery as well as eastern acupuncture/herbal medicine. Grossing 450K. Call Bill at 419-945-2408 Email bill@tpsgsales.com NY-Upper NY State, Mixed Practice with RE & 3 BR Ranch House, Grossing $900,000+. ●