connections

Fostering the Next Generation of Leaders

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Within New York State, we have strong examples of organization looking to cultivate future stewards of this profession.
Thousands of workers’ compensation claims are filed every year in New York State, and the question remains: How many of these claims are the result of something that could have easily been prevented? While not all claims are preventable, and accidents will happen, many claims can be prevented by instituting safety standards in the workplace, and following up with employees to ensure that they are being followed properly.

In many cases with veterinary practices, establishing safety standards for the workplace will come as a combined effort from both the practice owner and the practice manager, however implementation of these standards will often fall upon the shoulders of the practice manager. It is ultimately up to the person who runs the day-to-day operations of the practice to not only ensure that these standards are in place, but that the employees are abiding by them in order to reduce work-related injuries and illnesses.

First, you must establish the source of your most common work-related accidents, and establish a course of action to prevent them in the future.

Innovative Risk Concepts Inc., Safety Group Managers of the New York State Veterinarians’ Trade Group, compiled a report of the most common claims among their Safety Group members in 2013. The results of this report showed that more than 58 percent of all workers’ compensation claims reported to the Safety Group Manager were the result of an animal bite or scratch, while improper handling of equipment/materials and slips, trips and falls both totaled 11 percent. Other common causes for claims included improper lifting, needle pricks, and hit/struck by objects in the workplace. With the most common causes for work-related accidents identified, creating and implementing safety standards just became easier!

Safety standards should include following a safety checklist, and ensuring that all points on the checklist are kept up and maintained. For example, in order to prevent slips, trips and falls, hallways and aisles should be kept clear of obstructions such as electrical cords. The practice manager should not only hold his or herself accountable to maintain these safety standards and set an example, but also should hold fellow employees accountable as well.

While safety in the workplace starts at the top, it can only be achieved when everyone works together as a team. When safety standards are upheld and maintained, you will see that not only do fewer accidents happen resulting in fewer claims, but as a result, your workers’ compensation premium will also decrease.

Another option, when looking to create safety standards for your practice, is to consult with a Safety Group Manager, such as Innovative Risk Concepts Inc. As a Safety Group Member, you enjoy consultation services from your Safety Group Manager for setting Safety Standards in the workplace, along with insights into your practice’s loss control data.

For more information on the NYSVG, contact Innovative Risk Concepts Inc. at (800) 652-2015 or visit www.innovativeriskconcepts.com.

Caitlyn Scheuermann, Marketing Coordinator – Innovative Risk Concepts Inc.
A Powerful Exploration of the Meaning of Leadership

Inspired by the Legendary Antarctic Explorer, Ernest Shackleton

**B**rutal cold. Total darkness. Aching thirst. Gnawing hunger. Constant danger. Utter desolation. This was the reality for Ernest Shackleton and his crew.

On Dec. 5, 1914, Shackleton and 27 men sailed from South Georgia Island in the Southern Ocean aboard a wooden vessel named the Endurance. Their burning goal was to be the first to cross the Antarctic continent.

Forty-five days after their departure, disaster struck. The Endurance was beset by solid pack ice, and the expedition was trapped. For nearly two years, Shackleton and his crew were stranded in the icy sea. They endured unimaginable hardships. Facing these challenges with astonishing good cheer, Shackleton and his crew returned, without loss of life, after 634 days in the frozen South.

How did Shackleton inspire his crew to such extraordinary levels of courage, unity, and commitment? *Leading at the Edge* answers that question, and explains how Shackleton’s leadership approach can be applied to any leadership challenge in today’s business environment.

The book provides riveting examples of the extraordinary difference that strong leadership and teamwork can make under conditions of adversity, uncertainty and change, and identifies Ten Critical Strategies for Success.

1. **Never lose sight of the ultimate goal, but focus anxiety on short-term objectives.** After the sinking of the Endurance, Shackleton immediately shifted his goal from the crossing of the Antarctic continent to the survival and safe return of every crew member. He set new objectives and focused the expedition on short-term goals that were critical to their survival. He reflected, “A man must shape himself to a new mark, directly the old one goes to ground.”

2. **Set a personal example with visible, memorable symbols and behaviors.** When the Endurance was crushed by the ice, Shackleton knew that their survival depended on traveling light, so he limited each man to two pounds of personal possessions. Captain Frank Worsley noticed how Shackleton handled this difficult task: “He himself set the example, throwing away, with a spectacular gesture, a gold watch, a gold cigarette case, and several golden sovereigns.”

3. **Instill optimism and self-confidence, but stay grounded in reality.** “You’ve damn well got to be optimistic,” Shackleton insisted. Yet when the Endurance became trapped in pack ice, he summed up the situation for his second-in-command, Frank Wild, with no equivocation: “The ship can’t live in this.” Frank Wild remembered: “Shackleton made a characteristic speech to hearten our party, the sort of speech that only he could make.” Simply and in brief sentences he told the men not to be alarmed at the loss of the vessel, and assured them that with hard effort, clean work and loyal cooperation, they could make their way to land. This speech had an immediate effect: “Our spirits rose, and we were inclined to take a more cheerful view of a situation that had nothing in it to warrant the alteration.”

4. **Take care of yourself:** Maintain your stamina and let go of guilt.
Shackleton placed great importance on the physical and psychological needs of his men, and he constantly monitored their condition. He also found outlets for his own anxieties: keeping a journal, writing letters home, and talking about his concerns with Worsley and Wild.

5. **Reinforce the team message constantly:** “We are one—we live or die together.” Shackleton knew that the survival of the expedition depended on each and every man, and he went to great lengths to keep the team unified and cohesive. Frank Worsley observed: “Shackleton was always opposed to splitting the party... although the temptation to explore was almost overwhelming.”

6. **Minimize status differences and insist on courtesy and mutual respect.** Shackleton recognized the need for decision-making authority, but he was careful not to create a hierarchy within the expedition. So everyone pitched in, regardless of role or rank. A photo from the expedition captures the ship’s surgeon on his knees scrubbing the deck alongside fellow crew members. And when Frank Hurley, the photographer, lost his mittens, Shackleton insisted on giving up his own, in spite of the fact that he was standing in the most exposed position.

7. **Master conflict. Deal with anger in small doses and engage dissidents.** Shackleton was aware of individuals whose attitudes could create divisiveness within the crew, and he worked to keep a strong connection with these crew members. Hurley craved respect and attention, and was known to become moody when he felt slighted, so Shackleton chose him as his tent mate.

**Lighten up! Find something to celebrate and something to laugh about.** Shackleton had a knack for using celebrations to boost morale. Dec. 5, 1915, marked one full year since the crew’s departure. Instead a day of doom and gloom, Shackleton declared a holiday in honor of the anniversary of their departure—and the men celebrated at sea with stout rum and plum pudding.

**Be willing to take the big risk!** Before Shackleton decided to attempt a rescue mission—sailing 800 miles through the Drake Passage in a 22-foot lifeboat in search of help—he considered the risks and alternatives. He concluded that the risks were justified, because he knew that they would never be found on Elephant Island.

**Never give up—There’s always another move!** Shackleton and his crew succeeded thanks to their remarkable ability to find creative solutions to daunting problems, and the unshakable belief that they would all make it back safely. When a strategy or plan failed, they looked for another—and they didn’t dismiss any idea, no matter how farfetched. The team looked for creative solutions to tough problems, they all worked together—and they never gave up!


### AVMA Security

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Last year, Eva Evans, DVM, became the youngest female member of the American Veterinary Medical Association’s Political Action Committee. Since her graduation from the University of Tennessee College of Veterinary Medicine in 2012, Dr. Evans has taken a highly proactive approach to her career, becoming deeply involved in organized veterinary medicine, and serving as a model for other recent graduates looking to be involved. Last year, she wrote an impassioned article for the Women’s Veterinary Leadership Development Initiative, entitled “Becoming a Leader of the PAC!,” in which she offered guidance for younger female veterinarians who may be overwhelmed at the thought of becoming politically involved.

Connections recently spoke with Dr. Evans about her pathway to serving on the AVMA PAC and the challenges in getting younger veterinarians involved in organized veterinary medicine.

When did you realize you wanted to take a more pro-active approach to your career and get involved in organized veterinary medicine?

I was first exposed to organized veterinary medicine in 2011, as a fourth-year student. I completed an externship with the AVMA government relations division in Washington, D.C., where I spent a month in the AVMA office meeting veterinarians who worked for the Federal government, as well as for the AVMA itself. I got first-hand knowledge and interaction with the “other side” of this profession. In addition, the annual meetings of the Political Action Committee and Legislative Advisory Committee were held while I was there. I learned how the AVMA took stances on congressional bills and how the group decided which congressmen and congresswomen to support. While in Washington, D.C., I met the chairman of the PAC board who ultimately became my mentor.

How did you make the leap from recent graduate (2012) to becoming involved?

I worked in a small animal practice fresh out of vet school, like most graduates. I kept in contact with my mentor and I met with others along the way, including the owners of the practice where I worked. I expressed my interest in serving on the PAC board, and they guided me through the process. The application was due in February of my first year in practice, and the election was in April. I officially joined the PAC board in July last year, just one year after graduating.

In addition to the AVMA, are you involved at a regional or state level?

In Nevada, I am a member of the state VMA and I also contribute to the Nevada state PAC to help support state level elected officials who support veterinarians. We do not have an active local VMA, but I have been involved in networking with recent grads to help build a network of connections and friendships. I am also active in locating open positions on the state and AVMA levels to help promote young female leaders to start their careers in organized medicine. Most young women don’t think they have the skills or qualifications to volunteer for a board seat or committee. The truth is, everyone learns on the job! Saying “yes!” to a position is the most challenging part of the job!

As the youngest member of the PAC, you are obviously breaking ground. What does this position mean to you or for other recent graduates who might be interested in getting involved?

I am the youngest member of the PAC, and the youngest female by far. The biggest thing that rocked the boat with my election was my age. Usually, board seats are occupied by older or retired veterinarians. My mentor, Travis McDermott, DVM,
Dr. Evans is a member of the American Veterinary Medical Foundation, the American Veterinary Medical Association, the Nevada Veterinary Medical Association and the American Association of Corporate and Public Practice Veterinarians. Dr. Evans is also working on her Master’s of Business Administration degree from The University of Maryland; she plans to complete this in 2015.

As an AVMA member, Dr. Evans enjoys being involved in organized veterinary medicine and she is currently serving as Treasurer on the Political Action Committee Board. AVMAPAC’s mission is to provide financial support to selected candidates who are seeking election to the U.S. Congress. Funds raised by AVMAPAC to support these candidates come from contributions to the AVMAPAC from AVMA members, members of their families, and AVMA employees. Dr. Evans also serves on the Scholarship and Awards Committee with the AVMF evaluating scholarship applications from veterinary students.

What advice would you have for recent graduates who might be considering becoming involved in organized veterinary medicine at any level?

My advice is to jump in with both feet. Just do it. You won’t regret it!

Find a mentor or someone with experience that you want to follow. They will be your greatest asset and your biggest cheerleader. There are so many opportunities out there. Don’t wait for the “perfect” opportunity and definitely don’t wait until you think you are “ready.” Otherwise, you may wait forever! Just say yes; pursue what you want and know that the details will come later. You just have to bring an open mind and a willing attitude to the table.

There is a great disparity in women in the workforce and those filling positions in organized veterinary medicine. As time passes, and should the trend continue, this could lead to a lack of new leadership. What are your thoughts on how we can change this? What needs to be done to get new graduates interested?

The millennial generation as a whole has witnessed a huge drop in membership participation and leadership across the board. This is true not only within the AVMA but also within almost every professional organization out there. I think my generation was raised without the expectation of leadership and involvement. If we want to survive as a group, we are going to have to turn this around. We need our current leaders to take the first step and acknowledge this trend. Then we need them to extend a helping hand to the younger veterinarians, encourage others to lead and make it easy to pursue. My generation is full of exceptional and capable individuals. We just need to promote leadership, ask others to be involved, encourage participation and give leadership skills to recent grads.

The AVMA is already sponsoring leadership initiatives, but we need more. The state level is a great place to initiate this training. It’s also a great place to get your feet wet with organized medicine. If you know someone who would be great in a certain position, nominate them and ask them to serve; encourage and support them. Let them know they will do well, and that you’ve got their back! Getting more recent grads and more women involved is up to all of us. If we fail, our profession will fail. We have to go the extra mile and give those future leaders the boost they need to take the first step.

Remember, the first step is the hardest!

You can view Dr. Evan’s WVLDI article here: http://womenveterinarians.com/blog/view/6326/becoming-a-leader-of-the-pac.

Dr. Evans resides in Las Vegas, where she works at Ann Road Animal Hospital.
No other major profession has undergone as rapid a gender shift in modern history as veterinary medicine, with women now comprising 54 percent of veterinarians and almost 80 percent of veterinary students. Research shows that a critical mass of 30 percent or more of women in leadership positions is essential for developing, implementing and maintaining systemic change that is supportive of women and gender-balanced strategies.

Women’s critical mass is essential to the success of the profession, yet in the highest leadership positions of organized veterinary medicine and academia, female leadership is stalled at 20 percent. How we choose to respond to the changing demographics in veterinary medicine has deep implications for the profession across all sectors and is the focus of a joint project that we have been conducting over the past 18 months. We are investigating issues associated with women’s leadership in four segments of the profession—organized veterinary medicine, clinical practice, academia and industry—and so far have interviewed more than 40 leaders (mostly women) from the Northeast and a dozen other states.

It is important to note that the 20 percent stasis isn’t unique to veterinary medicine. Across 10 major professions studied by the White House Project, from media to the military, 20 percent is the average for women in leadership positions. While the goal is gender equality of 50:50 (and perhaps higher in the future), we believe veterinary medicine can soon achieve 30 percent critical mass for women, and take off from there. In fact, as will be shown in the data below, in some areas of the profession that threshold has been achieved.

Some say that with so many women in the profession and more graduating every year, leadership will simply follow the...
An exciting time for women in leadership

This is an exciting time for women in leadership. Instead, multiple interconnected factors play a part in creating leadership barriers, such as: organizational systems that don’t encourage rotating leadership, that don’t have term limits or that don’t value diverse perspectives; cultural norms that hold women as responsible for the majority of child and household care; weak or nonexistent family leave policies that could support women (and men) when they take time to raise young families; few female role models and mentors; self-limiting beliefs among women; and more. Though the reasons are complex, the solutions are well within our reach. We can (and we believe must) do much more than simply wait for change to arrive.

In March, we offered the first course on women’s leadership for 35 veterinary students at Cornell. See blog: http://veterinarylegacy.blogspot.com/2014/03/womens-leadership-for-veterinary.html.

A student chapter of WVLDI has since developed, and through social media and the recent SAVMA Symposium in Denver, students from other universities are learning about the movement and are moving to develop chapters at their colleges. The fact that many men are concerned about the lack of women in leadership and are rolling up their sleeves alongside their male colleagues to help facilitate change provides additional optimism that the profession is poised to make bold advances on gender balance.

Julie writes: As director of a women’s foundation in Massachusetts, I’ve seen first-hand how leadership training programs, for example, can truly advance women. Our Leadership Institute for Political and Public Impact (LIPPI) has launched women into elected positions and onto boards of directors, it has equipped them to work on state and national policies that align with their passions, it has boosted their skills in public speaking so they can participate more effectively as citizen advocates, and it has enhanced their financial literacy. Perhaps most importantly, during the first four years since it was inaugurated, LIPPI has generated a cadre of nearly 150 women of diverse backgrounds and goals who support each other’s aspirations and who continue to inspire each other long after graduating from the training program. We can draw on many of the elements in LIPPI and other successful models both within and outside the profession to positively influence veterinary medicine.

Organized veterinary medicine

In some sectors of the AVMA, organizing women is finally starting to make noticeable strides in senior leadership. Most noticeable is the House of Delegates (HOD), where 30 percent of the voting delegates are now women. However, there are no women in the seven-member House Advisory Committee, the HOD’s executive branch. More critically, there is only one woman among the 15 voting members of the AVMA’s Executive Board.

Considering the executive officer rank, there have been only three women presidents in 150 years and no one appears to be in sight for the next couple of election cycles. The first woman president, Dr. Mary Beth Leininger, told us that when she ran for President-Elect two decades ago, it was by an unconventional route.

Never having served on either the HOD or the Executive Board, Leininger said that she was widely criticized by many of the leaders at the time for not going through the ranks as all aspiring presidents did at the time. Rather, she prepared herself by traveling the country meeting with veterinarians in all sectors of the profession, and also visiting many of the state meeting venues where she organized sessions of the members-at-large to share their views on the needs and values of the profession. Though she ascended to the presidency by election, the alternative route that she used never sat well with some of the members of the executive board with which she...
In some sectors of the AVMA, women are finally starting to make noticeable strides in senior leadership. Most noticeable is the House of Delegates (HOD), where 30 percent of the voting delegates are now women.”

other) states, there have sometimes been institutional policies of procedures that have helped to increase the number of women in leadership. Iowa, notably, ranks as one of the states with the highest levels of female leadership, and some of those policies are described in an article that we co-authored after visiting the state and interviewing the Executive Director of the Iowa Veterinary Medical Association (Dr. Tom Johnson). Many of the practices highlighted in the interview will sound familiar to those who have had success in our states. See the report at: https://www.veritasdvmblog.com/ veterinary-leadership-iowa/

Senior staff leadership (DVM and non-DVM) at both the national and state levels has become much more gender balanced in recent years. The number and quality of women veterinarians in senior staff positions at the AVMA headquarters is especially impressive, and they have a major impact on policy and public relations.

Practice

With the expansion of corporate ownership of practices, it is plausible that fewer veterinarians will own private practices in the future. The gender shift in new graduates makes this scenario more likely to have an impact on women. The mean starting salary for men in 2012 (AVMA data) is $70,000; for women it is $65,000. As we have found through our interviews, the co-owner model offers an alternative by helping to reduce the rate of turnover among female associates working for a single practice owner who, for a variety of reasons, might not offer scheduling flexibility. The reduced turnover has a positive impact on client relations, as well as promoting other good business practices. Interviews with women owners show that co-ownership—while not a financial panacea—actually offers more flexibility and work-life balance, flipping the attitude that ownership adds to stress on its head. A very real pay gap exists across most professions. Men earn 16 percent more than women working in similar jobs. For people without children, the gap is 7 percent, but that widens to 22 percent after women and men have had at least one child. The high cost of childcare (65 percent of a family’s second wage) and lack of child-care options can lead to career interruptions and discontinuous employment.

This contributes to women’s lower wages when they enter motherhood, a period that correlates to decreased salaries. In veterinary medicine, practice owners who offer flexible schedules to accommodate child-care issues contribute to keeping the profession’s salaries high. In addition to promoting work-life balance, female practice owners address the gender gap in pay equity.

The following shows that practice owners have a more robust return on investment, and that men have a greater return than women.

The loss of skills and talent to the profession following motherhood lowers potential economic growth and is potentially harmful to the profession. Women as single practice owners and co-owners keep that talent by keeping women in the labor market throughout their stages of motherhood and beyond.

Academia

During the last 30 years, in particular the last decade, there has been a strong effort on the part of veterinary colleges to increase the number of women in faculty positions, especially those on the tenure track. While some progress has been made (and certainly, a great deal since the 1980s), there still is a disproportionately small percentage of women in full professor tenured positions. In fact, the national average is less than 25 percent compared to men. Women in tenured positions are not more numerous, reflecting what is generally termed the “leaky pipeline” where fewer women are in more senior positions than those that are more junior, for example, resident and assistant professor positions.

The most disconcerting statistic, however, is the number of women deans, currently at 20 percent. Three of the women are in the East (Tufts University, University of Pennsylvania and the University of Georgia), and the others in the Midwest and South (Iowa State, Oklahoma State, and Texas A&M). We have interviewed all of the six deans and most have cited the importance of their mentors as essential to their confidence and successful trajectories. Their mentors, all men, not only communicated their belief in their abilities but went further, advocating for them at important junctures in their careers.

Don writes: We need to promote mentors and mentoring to advance women’s leadership, but what we also really need is more ADVOCATES, men (and also women) leaders
who are willing to pay a price in time, resources and reputation, if necessary, to advance the careers of the next generation of leaders. Until a few of us, myself included, who have had successful leadership careers, are willing to become very committed advocates for at least one or two people who have great potential, the WVLDI will not be all it can be. Sure, seminars and speakers and workshops are great, but they are not complete. That, I submit, is why affirmative action and other similar policies have not reached their goals in academia though they have been in place for three decades or more. Affirmative action policies, by their very construct and as they are usually practiced, are too passive and, when you get right down to it, they do not cost us enough, personally. They incur an institutional cost, but not a personal risk. Those of us who have established our careers and our reputations need to pay a greater price through advocacy.

**Industry**

In large veterinary corporations some of the most progressive corporate policies have been put into place by companies such as Zoetis, Hill’s Pet Nutrition and CEVA Animal Health. Though their number of women at the very top is still small, Dr. Karen Padgett (Chief Operating Officer of CEVA) is an exception. Real progress has been made in senior management positions. Success doesn’t just happen by itself, however. It takes the strong and unwavering commitment on the part of leaders like Padgett and Mr. Clint Lewis (Executive Vice President and President of U.S. Operations of Zoetis) to catalyze change.

**Leadership, success and the role of choice**

There is absolutely no question that the spotlight is now shining on women’s leadership. Presentations at major conferences on the subject, the creation of the WVLDI and its student chapters, a robust social media dialogue, the first academic course, tailoring elements of women’s leadership programs to veterinary medicine all indicate that we’ve come to an exciting turning point. As we prepare to see the acceleration of momentum that’s building, let’s pause for a moment to consider what leadership and success means. It is essential to remember that women today have a wide array of choices in their lives and careers, choices that offer them the independence, work-life balance and degrees of leadership that they’re authorized to make for themselves. Some younger women make choices that don’t always result in conventionally-accepted leadership roles such as elected representatives of the AVMA, owners or partners in business, or deans in academia. Still, they’re making choices that meet their own personal goals, and it’s clear that more choices are available now than there once were. Their world has many more options as a result of the trailblazers, the female veterinarians and their supporters who came before them who forged ahead in a then male-dominated field. Younger women have told us that their sense of success is influenced by more than just striving to reach the top rung of the profession. Among the factors that go into their definitions of success are: 1. timing related to if and when they decide to have children; 2. balance between work and family; and 3. balance between career goals and other goals in life according to the different stages of life. The student debt load certainly has an impact on these kinds of choices as does whether or not a woman is part of a single-person earning family, or a two-income partnership. However, the idea of choice underlying these issues is fundamental to their concept of success, if not leadership. For women who choose to pursue positions of influence and leadership, addressing the factors that create a leaky pipeline and form barriers to leadership, striving to achieve a minimum of 30 percent women in top leadership positions, mentoring, and implementing leadership programs will go a long way to increase their leadership in veterinary medicine. There is an abundance of signs that we truly might be at the tipping point where change will accelerate with our collective efforts. With the recognition that women’s success comes in many different forms, we should tap the strengths of all kinds of women and male supporters in the profession and those in all different stages of their careers. Together, we will make the veterinary profession stronger and more dynamic so that the next generation will not even recognize that there once was an imbalance in leadership unless they read about in the history books.

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New York State Veterinary Medical Society
When you need a second opinion about a difficult medical case, you probably seek advice from a trusted colleague; someone you have known a long time and likely have met more than once. You value this person’s expertise, their willingness to help you, and their ability to listen carefully to your concerns.

The New York State Veterinary Medical Society’s Veterinary Political Education Committee (V-PEC) helps foster similar relationships between veterinarians and New York State legislators. These friendships lead to a greater understanding of each other’s concerns.

The V-PEC supports legislators who support our profession, clients, and their pets, and whose ideas, actions and legislative positions closely align with a majority of veterinarians throughout New York State.

Every year, New York state lawmakers propose hundreds of bills that could affect the way we practice. The NYSVMS provides legislators with our opinions and lawmakers have come to trust us for accurate and precise information about our profession. V-PEC allows us to send NYSVMS members to meet with legislators at events they hold in Albany and in their local districts where we can continue to foster these personal connections. In turn, this strengthens our presence in Albany and makes it easier for us to reach out to our lawmakers at critical points in the legislative process.

Our profession is changing quickly. Lay people have begun providing services that veterinarians traditionally perform. Protecting and promoting our profession is now more important than ever, especially as veterinary schools...
graduate greater numbers of colleagues. More often than not, special interest groups seek to change our profession through legislation. For example, just in the past few years, the New York State legislature has considered the following bills that would...

- Outlaw devocalization of animals, potentially remove the veterinarian from making the final medical decision about the health and well-being of the pet
- Ban intracardiac euthanasia
- Allow farmers to vaccinate sheep and cattle against rabies
- Permit guardianship of pets (a court-appointed individual could sue a pet owner, a veterinarian or anyone else dealing with an animal for damages)

In addition to the continued devocalization issue, there is a strong push within the NYSVMS to have dentistry added to the scope of veterinary medicine this year. Currently, there are dentistry bills in both the Senate and Assembly and our support is needed to help educate legislators on these topics. The bills would correctly include all dental procedures into the scope of veterinary medicine, while still allowing the floating of horse teeth with hand files to be done by laypeople.

Last year, members of the Grassroots Legislative Network across the state attended their local Farm Bureau meetings to help educate Farm Bureau members about the dental issue. With their tireless efforts, the Farm Bureau approved the changes we recommended to their dental policy and added their strength and clout to our efforts at the legislative level.

These are just some of the challenges we face and more are bound to materialize in the coming years. A strong V-PEC gives us the necessary resources to build these coalitions. Write your check to the Political Education Committee and mail it to: New York State Veterinary Medical Society, 100 Great Oaks Blvd., Suite 127, Albany, NY 12203. If you wish to donate via credit card, call NYSVMS Headquarters at (800) 876-9867 or fax the form (on page 14) to (518) 869-7868.

Your support of the NYSVMS PEC is critical not just to you and your closest colleagues but to our entire profession. Together we can protect and promote the profession for future practitioners.
The New York State Veterinary Medical Society held its annual Legislative Reception, Tuesday, Feb. 25, at the University Club in Albany.

The event was a rousing success that saw veterinarians and members of the New York State Senate and Assembly discussing issues crucial to the veterinary medical profession.

As always, the NYSVMS drew an impressive number of legislators, due in part to the strong relationships we have fostered over the years, thanks to the Veterinary Political Education Committee and the Grassroots Legislative Network.
From L to R: Sen. Clifford Crouch and Linda Jacobson, DVM.

From L to R: Robert Weiner, VMD; Walter McCarthy, DVM, and Assemblywoman Amy Paulin.

From L to R: Sen. Cecilia Tkaczyk and Frank Nemeth.

From L to R: Sen. Cecilia Tkaczyk and Joshua Clay, VMD.

From L to R: Bruce Akey, DVM; and Sen. James Seward.

From L to R: Assemblyman Peter Abbate; and Walter McCarthy, DVM.

From L to R: Assemblywoman Claudia Tenney and Susan McLellan, DVM.

From L to R: Sen. John Bonacic and Lawrence Bartholf, DVM.

New York State Veterinary Medical Society
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Top 10 OPD Complaints

The reasons people file complaints with the office of Professional Discipline (OPD) can be difficult to categorize, but some common situations are seen in many of the complaints:

1. The animal died while under the care of the veterinarian. Sometimes complaints based on an animal’s death reveal malpractice or improper treatment, but there are a number of complaints that are made simply because the animal died, and the owner didn’t think it should have happened. How the veterinary practice handles the death of an animal can make the difference between a grieving client who does not blame the veterinarian, or a grieving and angry client who is sure the veterinarian is at fault.

2. The animal died and the veterinarian still billed the owner for veterinary treatment. Owners whose animal died, especially when the owner was not expecting this outcome, often do not understand why they are being billed a large sum of money for tests and/or unsuccessful surgery, and will often find the veterinarian at fault in some way for the animal’s death. Good, frank communication between the veterinarian and the client is essential to avoid this situation.

3. The bill, whether the animal died or not, was high. With most medical care for people now covered by insurance, animal owners can be shocked by the high cost of veterinary care; most owners have no insurance for their pets and are paying these costs out of pocket. This situation can often be avoided if the veterinarian discusses the cost of treatment with the owner before incurring high costs; the Practice Guidelines for the veterinarian are very specific in saying that consent to treatment can only be given after a disclosure of the cost of treatment.

4. The veterinarian was not able to give the client a definite diagnosis for the animal’s problem. If a veterinarian cannot definitely determine, from available testing or from the tests that the owner is willing to authorize, the source of the animal’s medical problems, the veterinarian must take the time to explain all the medical issues to the client to be sure they understand why uncertainty exists in the diagnosis.

5. The veterinarian did not do enough testing to determine the animal’s medical problem. If a review of the case determines that insufficient testing was conducted, and the animal suffered because of this lack of medical testing, the veterinarian will be held responsible for improper practice.

6. The veterinarian conducted tests and/or treatments that were not necessary or not appropriate for the animal’s condition. If a review of the case determines that the veterinarian recommended or conducted tests or treatments that were in no way appropriate for this patient, the veterinarian will be held responsible for improper practice. Veterinarians should be careful in recommending tests or treatments that are not indicated for the animal’s medical condition simply to show the owner that something is being done for their pet.

7. The owner took the animal to another veterinarian who questioned the treatments used by the primary veterinarian. More animal owners are now seeking a second opinion, so veterinarians should be careful in keeping records that explain exactly what is being done for an animal and the reasons why. Detailed records will often avoid having another veterinarian raise strong questions about treatment.

8. There was an adverse event negatively affecting the animal while it was an inpatient at the veterinary hospital, and no veterinarian was present to immediately attend to the animal. Owners who discover that there was no one with the animal when it died or suffered an adverse event will always believe that the veterinary care provided by the veterinary hospital was insufficient. If you offer overnight, inpatient care to patients, be sure that you explain the limits of the staffing that is available after regular business hours.

9. Some of the treatments were administered to the animal by another veterinarian employed at the veterinary hospital, or by a veterinary technician or an unlicensed member of the veterinary staff. Clients who develop a relationship with one veterinarian at a practice do not like to find that their pets were treated by someone unknown to them, particularly if there was an adverse event. If a client’s regular veterinarian will not be available for treatment/surgery/an inpatient stay at the hospital, be sure to tell the owner in advance, introduce them to the veterinarian who will be treating the animal, and give them the option to reschedule with their regular veterinarian if they choose. Be sure an animal’s owner knows when treatments will be given or monitoring done by a non-veterinarian to avoid problems with a pet owner who is questioning the qualifications of non-veterinary staff.

10. The veterinarian’s records were insufficient. Many times a review of veterinary records are not sufficient to show that appropriate care was given. The rule in determining the sufficiency of medical records is: “If it is not written down, it didn’t happen.” Violations may be attributed to a veterinarian because the veterinarian is unable to prove, through their medical records, that all appropriate steps were taken with the patient.
The Office of Professional Discipline (OPD) is the division of the New York State Education Department’s Office of the Professions (OPP) charged with investigating, prosecuting and adjudicating professional misconduct cases. “Professional misconduct” covers a wide range of unethical practices, illegal practices and other improper activities. Any violation of the Education Law or any other law, any violation of the regulations that apply to the practice of all professions or specifically to the practice of veterinary medicine, or any instance in which a veterinarian’s actions are not consistent with accepted standards of veterinary medical practice can be professional misconduct. A proven instance of professional misconduct can result in a warning, a fine to the licensed professional or, in cases showing a serious violation, a suspension or revocation of the license to practice veterinary medicine. Second and third complaints are scrutinized more carefully by the State Education Department (SED).

Most professional misconduct cases against veterinarians start with a consumer complaint – a complaint usually filed by a client who has not been satisfied with the treatment and care the veterinarian has provided to their animal. The SED has done a good job in making consumers aware that they can file a complaint with OPD – free of charge – any time they are unhappy with the services they have received from a licensed professional. Every veterinarian, no matter how skilled or caring, will at some point have an unhappy client who decides to make a complaint to the SED. Every complaint filed with the OPD is reviewed to determine whether further action is warranted. The OPD does not become involved in veterinarian-client disputes over fees, but every other complaint will be investigated at some level.

The SED reports that the profession of veterinary medicine has one of the highest levels of complaints, on a per-licensure basis. They also report that the number of complaints found to be justified are among the lowest of all the professions.

When a complaint is received at OPD, it is referred to an investigator. All OPD investigators work on complaints received by OPD.
all 50 professions (medicine is handled at the Department of Health), so none of them are specialists in veterinary medicine. An investigator will start the investigation by calling your practice, identifying himself or herself as being from OPD, and asking for a copy of your record in the case where a complaint has been received. You have approximately 30 days to provide a copy of your medical record. The investigator may also ask for you to describe what happened in a “narrative” separate from your medical record.

Years ago, the OPD investigators would conduct person-to-person interviews with veterinarians and other licensees against whom a complaint had been filed, but the number of new professions, the total number of complaints, and cutbacks in staffing at the State Education Department have made that approach unsustainable. The narrative requested by the investigator is a substitute for the personal interview.

The narrative should be put together with the help of an attorney, who will identify the issues that are raised by the complaint, and help you respond to each of those issues within the narrative.

Meanwhile, the OPD investigator is collecting other information in your case. They should have an initial written complaint from your client, and they may ask the client to respond to specific questions that have been raised by a veterinarian from the Board for Veterinary Medicine. If your client took the animal to another veterinarian for a second opinion, or a necropsy, if the animal died, the OPD investigator will ask that individual to summarize their findings in writing.

The investigator often has it reviewed by a screener—a veterinarian from the NYS Board for Veterinary Medicine. They are, however, trained to gather information that will first be assessed to determine whether the alleged conduct complained about does seem to constitute illegal or improper practice.

While you may be anxious to give the investigator “your side of the story,” just remember that anything you say becomes part of the investigatory file, and can be used as evidence against you if OPD decides to proceed with a misconduct case against you. The decision to proceed with a charge of professional misconduct is made jointly by the investigator, an OPD prosecutor, and a member of the Board for Veterinary Medicine. Between them they assess whether the factual information gathered by the investigator provides legally sufficient evidence to support a charge that you have acted contrary to applicable law or regulations, or that your actions do not meet currently accepted standards of good practice for the profession.

The case will be prosecuted by OPD only if there is sufficient evidence to prove the charge and if the conduct investigated does constitute a violation.

The Regents’ goal for the Office of the Professions is to ensure that “The public will be served by qualified, ethical professionals who remain current with best practice in their fields...” and the disciplinary process is one of their primary tools in achieving this goal. That means that an investigator who is investigating a specific complaint against you will also be evaluating all the medical records they review and all other information on the practice of veterinary medicine in your practice for general compliance with the law and regulations, and general conformance with accepted standards of practice in the profession. A cautious approach to this scrutiny is always advisable.

Barbara J. Ahern, Esq.
Adrienne E. Barnard-Whitford

Dr. Adrienne Elizabeth Barnard-Whitford, of Saranac Lake, N.Y. and more recently of Clay, N.Y. died March 10, 2014, at St. Joseph’s Hospital in Syracuse.

Born in Saranac Lake on May 18, 1983, she was the daughter of Bruce and Jill (Galbraith) Barnard. Adrienne married Jack Whitford of Clay on Feb. 2, 2013. Adrienne graduated from Saranac Lake High School in 2001 and the BOCES cosmetology program in 2002. She graduated from SUNY Canton in May 2004 with a veterinary technology degree. She graduated summa cum laude from SUNY Potsdam in 2007, receiving multiple academic achievement awards including the Chancellor’s award. She graduated from Cornell University College of Veterinary Medicine in 2011. She participated as a research assistant, professor’s research assistant and training instructor and embryo transfer technician during her college years as well. She also volunteered many hours for Shelter Outreach services of Northern New York, as well as multiple spay and neuter clinics in New York State.

She was a member of the Omega Tau Sigma Veterinary Fraternity, the American Veterinary Medical Association, and the New York State Veterinary Medical Society. Adrienne worked at Quarryside Animal Hospital in Dewitt, The Mexico Veterinary Hospital and High Peaks Animal Hospital in Ray Brook.

Adrienne was enrolled in a research protocol for Jobs Syndrome at NIH since the age of 7 and the NIH staff was part of her family. Adrienne, despite her lifelong health issues, lived life to the fullest, and cherished her family and friends. Adrienne was gifted with wonderful humor and brought joy to everyone who knew her.

Besides her parents, Adrienne is survived by her husband Jack Whitford of Clay; her sister Hillary Barnard of Rochester; paternal grandparents: James and Virginia Barnard; maternal grandmother Mildred Galbraith; parents-in-law: John and Melanie Whitford; brother-in-law Matthew Whitford; maternal aunts: Jane Palmer, Betsy O’Mara, Nancy Richardson and Merrie Welch; paternal aunts: Cyndi Langworthy and Jill Halligan; several cousins; her beloved pets: greyhounds Brisco and Lacey and cats Agatha and BIVS; and too many friends to count.

George Hahn

George E. Hahn, DVM, 81, of North Branford, Conn., formerly Jeffersonville, N.Y., died peacefully at Yale New Haven Hospital on Feb. 1, with his children by his side. He is survived by his wife of 57 years Barbara, daughter Lisa and her husband Jim Cantey of Madison, Conn., son Kurt and his wife Karen of Damascus, Md., grandchildren Eric, Sarah, Bryan and Alexis, and several nieces and nephews.

George was born April 5, 1932, in Callicoon Center, N.Y. He was the son of Edward and Elizabeth Hahn. He was predeceased by his sisters Betty Baum and Louise Freer. He graduated from the Cornell University School of Veterinary Medicine in 1956 and established the Jeffersonville Animal Hospital.

George loved his community and always thought of others before himself. He served on the Sullivan County Parks and Recreation Commission, Jeffersonville-Youngsville Central School Board, Jeffersonville Lions Club, and JEMS (Jeffersonville Enhances Main Street), among others. He will be remembered for his quick dry wit, willingness to serve and compassionate care for animals. George and Barbara loved to travel, visiting all seven continents. His favorite trips were to Papua New Guinea and trekking gorillas in Africa.

Shirley Sara Koshi

Dr. Shirley Sara Koshi, 55, of New York City, died Sunday, Feb. 16, 2014. Dr. Koshi was born in Pune, India, a daughter of Puthuparumbil Koshy and the late Thankamma Varkey Koshy. A Doctor of Veterinary Medicine, for more than 33 years Dr. Koshi worked in different practices in India, New York, Rhode Island and Massachusetts.

Early in her career, one of her jobs was consultant at the Peshwa Park Zoo in Pune, India, where she worked on panthers and elephants. Last year she opened her own solo practice, Gentle Hands Veterinarian in the Bronx. Beloved daughter of PK Koshy of Kingston and the late Thankamma Koshy, brother of Dr. Thomas Koshy and his wife Jamie of Kingston; aunt of Gina Menendez, her wife Sandra Rodriguez and their daughter Estelle; Naveen Koshy and his wife Sheena Malik; Adrian Koshy and his wife Kristie Gerhart. Shirley is also survived by many dear friends and her loving cats.

Roy Sadovsky

Roy Sadovsky, DVM, of Greenwich, Conn., died July 6, 2013.

A longtime racetrack veterinarian at Monticello and Yonkers Raceway, Dr. Sadovsky was also actively involved with Thoroughbreds at Belmont and Aqueduct and show horses in Wellington, Fla.

Perhaps his most prominent association stemmed from his work for Hall of Fame trainer Laz Barrera and Dr. James Beldon. This enabled Dr. Sadovsky to be indelibly linked with the last Triple Crown winner - Affirmed.

A former USTA member, he followed his father George Sadovsky into the harness business at Freehold Raceway in the early 1960s, after the elder horseman gave up his pumpkin farm to concentrate on trotters and pacers full-time. During the 1970s, both men were fixtures at Monticello Raceway. Dr. Sadovsky is survived by Lynnette; and a son, Aaron.
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