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issue 15.02 | March-April

magazine of the NEW YORK STATE VETERINARY MEDICAL SOCIETY
2015 Legislative Agenda
A voice for the profession and for humane treatment of animals

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

As I write this, the NYSVMS is gearing up for its annual Grassroots Legislative Network (GRLN) Workshop and Legislative Reception. NYSVMS members will meet with New York State Senators, Assembly members and legislative staff to discuss the issues most critical to the veterinary medicine profession.

Since its inception 125 years ago, the NYSVMS has served as the advocate for the veterinary medical profession in New York State. Like water rushing over a dam after a springtime thaw, there is never ending river of proposed legislation impacting veterinary medicine flows from Albany throughout New York State.

Thankfully, NYSVMS helps you navigate these raging waters and avoid hitting rocks by providing you with a life jacket, raft and extra rowing power. Our legislative representatives, Government Relations Committee and Grassroots Legislative Network (GRLN) help shield you from harmful legislation and promote laws that protect and promote the practice and profession.

Ours is the only organization in New York State that speaks for veterinarians; educates legislators on veterinary medicine; and protects and promotes the practice and profession.

In 2012, the NYSVMS resurrected its most effective and popular advocacy program: the GRLN Workshop and Legislative Reception.

During that initial seminar, the NYSVMS invited Craig Burridge, CAE, executive director of the Pharmacists Society of the State of New York to speak. Burridge stressed the importance of “having a seat at the table otherwise you’ll end up being just another entrée on the menu.” As Mr. Burridge explained, you need advocacy if...

• You ask yourself whether what you do runs the risk of becoming obsolete.
• Someone or something else controls what you get paid, what professional services you provide and what you can do within your profession and practice.
• You cannot identify at least 100 consumers of your services willing to take a bullet or go to the wall to ensure you remain their provider.
• You are disenchanted with what you do and want a change.

You can see actual proof of the success of these contacts in our efforts last year to have dentistry added to the scope of veterinary medicine. When special interest groups rallied to derail the bills, the NYSVMS put out a call to members to reach out to their legislators; and these calls and letters were received in droves. Our Legislative Representative, Tom Gosdeck, Esq., heard from countless legislators that they were hearing your voices and you were having an impact.

It was our members’ involvement that helped pass that crucial legislation. It was YOUR involvement that helped us bring dentistry into the scope of practice of veterinary medicine.

No matter whether you have a deeper interest in the legislative process and have joined the GRLN or are simply a member of NYSVMS, there are four critical habits you can develop to help ensure your voice is heard. According to Mr. Burridge, these include:

• Voting
• Communicating with elected officials
• Supporting the NYSVMS and communicating with staff and members
• Donating money to the Political Education Committee (PEC)

The NYSVMS PEC helps the Society educate lawmakers about the issues critical to the practice and profession and a healthy PEC is one of the key essential components to grassroots legislative advocacy. Look for more information on the PEC in the next issue of Connections.

For now, do not hesitate to become involved in your organization. We are here to help protect the profession and your livelihood, with you we will be even stronger. If you want to become involved, but don’t know how, call the NYSVMS office at (800) 876-9867 to get started.

"If you want to become involved, but don’t know how, call the NYSVMS office at (800) 876-9867 to get started."
**Member Question:** Is a licensed veterinary technician able to give a rabies vaccination?

**NYSVM Legal Counsel:**
A licensed veterinary technician (LVT) can give a rabies vaccination, but must be working under the direct supervision of a licensed veterinarian; the statement of vaccination must be certified by the licensed veterinarian.

The general rule for vaccinations in New York State Education Department regulations is that an LVT can prepare and administer medication on medical orders of a supervising veterinarian; they also provide that an LVT performing this function must be acting pursuant to the direction and under the general supervision of a licensed veterinarian.

There is a more stringent rule for rabies vaccinations because rabies vaccinations for animals are a public health mandate intended to protect both the animals and the humans with whom they come into contact.

The more stringent rule for rabies vaccinations is based on the requirement in the Agriculture and Markets Law that requires a licensed veterinarian to certify to the rabies vaccination. This certification is provided by the rabies vaccination certificate, either on the pre-printed form developed by the National Association of Public Health Veterinarians (NASPVHV 51) or on a computerized version currently being used by many “paperless” practices. Either version of that form must be signed by a licensed veterinarian.

If it is signed by an LVT in place of the veterinarian, it will not be recognized as a valid vaccination certification by the Department of Agriculture and Markets.

By their signature on the rabies vaccination certificate, the veterinarian certifies that the vaccination was properly done, and that the information on the animal and the vaccine is correct. As an accommodation to veterinarians, the Department of Agriculture and Markets has adopted a working rule permitting the use of a signature stamp on the rabies vaccination certificate in lieu of an original signature, provided the signature stamp is under the control of the veterinarian at all times, and only used with their knowledge and consent. The signature stamp, like an original signature, is the veterinarian’s certification that the vaccination information on the certificate is correct. A stamp with the name, address and telephone number of the practice but without the signature of the veterinarian who performed the vaccination will not be considered valid by the Department of Agriculture and Markets. Although an LVT working...
under the supervision of the veterinarian will sometimes sign the veterinarian’s name with their own initials (indicating that the veterinarian’s name was signed by another person); this practice is not endorsed by the Department of Agriculture and Markets, and they may require the veterinarian to testify under oath to the accuracy of the information on the rabies vaccination certificate if it is signed by an LVT.

The Department of Agriculture and Markets, the Department of Health (which has jurisdiction over rabies clinics) and the Education Department have now agreed that for the veterinarian’s certification to be validly given when an LVT, not the veterinarian, is the one giving the vaccination, the veterinarian must exercise direct supervision over the LVT. As defined by the Practice Guidelines adopted by the Board for Veterinary Medicine, direct supervision requires the veterinarian to be on the same premises as the person under supervision. That means the LVT may not give a rabies vaccination unless the licensed veterinarian supervising the vaccination is on the premises at the time the vaccination is given.

This rule for rabies vaccinations applies if the vaccination is given in a private practice setting, during a county-sponsored rabies clinic, or to animals in a shelter or humane society. At one time the Department of Agriculture and Markets and the Department of Health considered whether the rules for rabies clinics or for shelters should be different, but ultimately decided that this one rule must apply in all settings.

**Member Question:**
A compounding pharmacy has reached out to us and claims that because they hold a DEA Manufacturer License they can provide us with medications for office use. Is this true?

**NYSVMS Legal Counsel:**
New York State has not enacted any state law or regulation that permits practitioners/prescribers to order compounded drugs for office use. Absent any state law, federal law applies. Federal law and DEA regulations only permit practitioners/prescribers to order compounded drugs for a specific patient, for a specific use, over a very limited time period.

While it may not seem, from a practitioner standpoint, that there should be a difference between the ordering of a general-purpose drug and one compounded for a specific purpose, they are treated differently under the law. There is more enforcement of the rules that apply specifically to compounded medications since the problems with the human steroid drug compounded by the New England Compounding Center (Framingham, Mass.) in 2012 that was contaminated and resulted in fungal meningitis and death in many patients. This is not the only incidence of problems with compounded medications, but its severity has resulted in the enhanced enforcement that we see today.

AVMA tried, in 2013, for Congressional approval of a limited exception to the compounding rules that would apply to veterinarians only, but that item was taken out of a bill on compounding before it was brought up for a vote. Absent any change in the federal law, NYSVMS has looked at the possibility of changing New York State law to allow for ordering and use of compounded medications “for office use” by veterinarians.

NYSVMS has been discussing with the NYS Education Department, which regulates medicine, veterinary medicine and pharmacy, the possibility of providing a limited exception that would allow veterinarians to purchase and keep “for office use” small amounts of compounded drugs. The Executive Secretary of the Board for Pharmacy has said that state law must be changed to allow for such an exception; it cannot be done by regulation or guidelines, and NYSVMS is pursuing this change in the law.

**Barbara Ahern, Esq.,**
NYSVMS Legal Counsel
Managing accounts receivable, for many, is as exciting as getting a root canal. On a daily basis, you wear many hats, and collections and billing is that last hat that you want to wear. Especially if it has already been a long day. You’ll look for other priorities in most cases than dealing with clients who owe you money… right? Let’s set the stage…

You just met with the client, and perhaps helped them through a very difficult procedure with their animal. On top of that, the practice may have had a long-term relationship with the family. Potentially even for generations. So, the uneasiness of discussing costs starts to set in. Veterinarians who do farm visits understand the importance of maintaining the herd for milk production. For Equine Veterinarians with a high profile client, know that this is the client’s livelihood in front of them. You start to feel the pressure or they may pressure you for time. At this point for many, talking about the client’s financial responsibility is now sidestepped, ignored or you’ll tell the client, “When you get to it… just send me something, or my office will send you a statement.”

Weeks go by, months can go by and, yes, even years, and no payment is received. At this point there is no communication and what oftentimes makes it worse, is that the client now has moved onto another veterinarian. How dare they, you ask? You are now out what is owed plus any ongoing revenue! Now that emergency call that you made during the middle of the night on a holiday, just sits there and festers, doesn’t it?

You don’t forget those calls, do you? So what happens now… After months without getting paid, the office manager probably will bring it to your attention and want to know, “What should we do?” Your accountant may ask, “What is going on with your accounts receivable?” Does any of this sound remotely familiar to you?

I met with a veterinarian who wanted to expand his practice but couldn’t because of what was on the books! Another was trying to remodel the family cabin but couldn’t until more funds were available.
Granted, most veterinarians do not go into practice just for the money. However, when you do not get paid for services rendered, does it affect how you operate on a daily basis? More importantly, does it affect how you do business with your good paying clients? Of course it does! This fact is openly overlooked in many cases. The small percentage of clients who do not pay or become very slow-pays are far outweighed by the vast majority who clients who do pay you on time. So why is there hesitancy when dealing with a small portion of the practice? It’s simply called… avoiding conflict! No one wants conflict. It is very important that you know you are not alone in your handling of your accounts receivable, if you’re handling it as outlined above. It’s the main reason most hire an office manager to handle the responsibility. The fallacy here lies in that you now are assuming that the office manager is doing a great job in managing this aspect of the business. In most cases, this is the farthest thing from the truth. It’s not that they don’t want to do a good job here. It’s because in most cases, the office manager or person assigned to it, is also wearing many hats. And the collection hat is the last hat they put on because of the reasons listed above. They’re no different. Yes, the billing goes out monthly and maybe someone might call the client after 90 days on the books or realistically, when they get to it. So what is the proper way to handle your A/R?

Your approach should be no different than how you already teach your clients every day when it comes to preventative health care for their animal. As a profession, veterinarian do a good job of discussing this aspect of your practice. The discussion regarding someone’s financial responsibility is simply an extension of your bedside manner. Preventative health care helps the animal. And a preventative maintenance approach to receivables enables you to provide more health care service to everyone! It’s a win-win situation. So the bottom line is that it comes down to a positive mindset. I tell people that collections/receivables doesn’t have to be a four letter word. But when you sit down and really think about, it is… being “FAIR.” If you’re fair with your client at day one then you can expect them to be fair with you, 60 to 90 days after service is rendered. So long as you have discussed their financial responsibilities from day one. PLEASE BE FAIR!

Key Points
• Does my office use a client information form that also outlines my office policies for every client to eliminate any gray areas, including financial responsibilities, payment expectations?
• Does my office send out monthly statements that also reinforce the office’s payment terms?
• Does someone from my office call on accounts that are more than 30 days past due on a regular basis? Meaning during the day, evenings and on weekends. (If they or you cannot, there are third party vendors that can do it all day every day for you.)
• Do you turn accounts over for collections before the account reaches 120 day past due. Sixty to 90 days is ideal, why? Because the client is now gone and you have lost your leverage after 90 days. If you’re afraid of alienating the client, wait until six months or more and then turn the account over for collections and you’ll really have a hornet’s nest on your hands. Early intervention can take advantage of a softer approach to help you maintain the relationship. Salvaging write offs didn’t work 20 years ago and will not work in today’s economy. Don’t be afraid to outsource early.
• Communication is king! Don’t be afraid to communicate to your client on all levels.

Tim Olesky, Division Vice President of TekCollect, Incorporated. TekCollect provides comprehensive cash flow management, collections and customer retention solutions. TekCollect’s technologically advanced approach generates the highest recovery ratios in the marketplace. For more information, visit www.tekcollect.com. Or contact by phone at (518) 761-0028 © 2015

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not only are large tumors involving the extremities difficult to excise, the resulting larger skin defect poses a real challenge to close. Familiarity with various options and careful surgical planning can make a big difference between amputation and limb preservation.

**Patient Information**

“Zoe” is an 11-year-old, 23.6 kg, female spayed English Springer Spaniel, who presented to VSRC for a large (12.7 x 9.2 x 7.2 cm), ulcerated mass located on her right forelimb at the flexor surface of the elbow joint (Figure 1). The mass had been growing for over one year, and just prior to presentation, it began to ulcerate and was causing lameness. Physical exam revealed a large, hairless, broad-based lesion, extending around the limb, involving the cranial, craniomedial and lateral margins surfaces of the elbow joint. The mass was limiting flexion of the elbow joint. The remainder of her physical exam was normal and no co-morbidities were identified. Cytological exam revealed large mononuclear cells with occasional small lymphocytes and rare non-degenerative neutrophils, consistent with mild chronic inflammation.

**Surgery**

Pre-anesthetic blood evaluation and three-view thoracic radiographs were normal. Images of the right elbow did not reveal any osseous involvement. Pre-surgical planning for wound closure involved either a full-thickness mesh graft or axial pattern flap based on the thoracodorsal artery and vein. The affected limb and potential donor sites were prepared for surgery. The mass was excised along with a 2 cm wide peripheral margin of normal tissue and as deep a margin as permissible. An isthmus of normal skin (approximately 3 cm width) was left along the medial surface, which helps minimize lymphatic edema in the distal extremity.
The resulting skin defect was approximately 14 x 11 x 2 cm. A full-thickness mesh graft was chosen over a thoracodorsal based axial pattern flap because of utility, conformity, and ease of harvesting and application. A section of full thickness skin with dimensions slightly larger than the skin defect at the tumor site was harvested from the ipsilateral, lateral thoraco-abdominal region. The graft was prepared by removing the underlying fat to the level of the hair follicles. Multiple small staggered fenestrations parallel to the lines of tension were made in the graft. Meshing allows for drainage, which minimizes lifting of the graft off the recipient bed, helps with expansion, conformity, and adherence to irregular surfaces. Small gauge monofilament sutures (4-0/5-0 nylon) are placed around the periphery of the graft (Figure 2). A few “anchoring” sutures can also be placed at strategic points (concave or convex surfaces) in the middle of the graft. Care is taken to avoid any tension across the graft surface and at the graft-recipient skin interface. After the graft is anchored in place, the donor site is closed primarily (Figure 3).

**Aftercare**

Maintaining sterile technique, the graft is covered with a sterile non-adherent pad coated with a thin layer of antibiotic ointment. This primary layer helps retain moisture, promoting epithelialization and preventing dehydration. The secondary intermediate layer, absorbable bandage material is also sterile. A splint is incorporated into the tertiary layer because movement of the graft interferes with revascularization. The first bandage change takes place 4-5 days after the procedure. During this time the graft becomes viable through two processes, plasmatic imbibition and vascular inosculation. Plasmatic imbibition is the “drinking” of plasma, erythrocytes and polymorphonuclear cells from the recipient bed via capillary action. Vascular inosculation is the budding and anastomosis of vessels from the recipient bed into the graft. When changing the bandage, the patient is usually sedated and care is taken to prevent dislodging the graft from the recipient site. A healthy viable graft should have a contused (port wine) appearance, due to the absorption of hemoglobin products and sluggish blood flow in the graft. Unhealthy grafts have a white or black appearance. If areas of the graft have questionable viability, they are left in place until they further define themselves. The bandage and splint are replaced, again using sterile dressing, and it is changed in another four to five days. Sutures are removed in 10-14 days and the limb re-bandaged for an additional 10-14 days. In most cases, the granulation tissue that grows into the graft fenestrations will be completely epithelialized and the graft will be mature enough to discontinue bandaging after approximately four to six weeks. Hair will continue to grow from the graft’s follicles so always try to place the graft in alignment with the surrounding hair direction to maximize cosmetic appearance.

**Summary**

Full-thickness mesh grafts offer much utility when closing a large surgical defect on an extremity. They are versatile, robust, and, when managed correctly, can result in 90-100 percent “take” (Figure 4). This tumor was histologically characterized as a nerve sheath tumor with a low mitotic index, absent vascular invasion, and completely excised. Given its biological behavior, there is a very low risk of metastasis however recurrence is likely.

“Zoe” is no longer carrying a 1.8 kg tumor burden, she has normal range of motion in her elbow joint, her lameness has resolved, and she is enjoying all of her normal summer activities including swimming.

**Joseph C. Glennon, VMD, Diplomate ACVS**  
Surgeon, Veterinary Specialties Referral Center  
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Professor of Surgery, Albany Medical College  
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Course Instructor, Kyon Veterinary Surgical Products

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**Have an interesting case you would like to share?**

**Contact Stephanie Quirini at (800) 876-9867 or by email at squirini@nysvms.org.**

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**Figure 1:** Large ulcerated neoplasia located at the flexor surface of the right elbow joint.  
**Figure 2:** Full-thickness mesh graft used to close a large skin defect.  
**Figure 3:** Several sutures are placed at strategic locations to anchor it to the recipient bed.  
**Figure 4:** Full-thickness mesh graft one month post-op. Hair is starting to grow in the graft.
Celebrating its 125th anniversary, the mission of the New York State Veterinary Medical Society has remained consistent throughout its storied history: to protect, promote and advance the science and profession of veterinary medicine in New York State. The NYSVMS works to ensure that New Yorkers have access to the highest caliber veterinary care available in the most cost effective way. The NYSVMS is the acknowledged and respected voice for the profession, concerned with upholding ethical and proper standards in the treatment of all animals. The NYSVMS acts in the best interest of our members, animals, animal owners and society as a whole. Working together with the Legislature and New York State agencies, our joint efforts ensure that the highest quality of veterinary care will be available to New York State consumers.

**Compounding Medications**

In October 2012, national headlines reported a meningitis outbreak that was traced back to contaminated compounded injectable medication made by a “compounding pharmacy” located in Massachusetts. In 2013, the federal government passed H.R. 3204, the Drug Quality and Security Act, tightening the FDA oversight of compounding pharmacies. Subsequently, compounding pharmacies were unable to supply veterinarians with compounded medications for “office use;” compounding pharmacies were required to compound medications for specific patients only. This left a large void in veterinarians’ ability to quickly treat animals with compounded medications, as a time lag is required before medications are compounded and sent to the patient. Unfortunately, this system ensures that animals will suffer before compounded medications are available. Furthermore, veterinarians have resorted to prescribing compounded medications for their personal pets in order to have small supplies available for immediate use in clinical patients. Presently this is the only way available for veterinarians to uphold the oath of veterinary medicine and not allow animals to suffer.

The need to have compounded medications available for immediate use is great in veterinary medicine, and NYSVMS believes this is our number one legislative priority for 2015.

**Position statement:** NYSVMS will draft legislation allowing compounded medications be available for “office use” in a veterinary practice setting.
Real-Time Reporting of Controlled Substance Prescriptions

Legislation was enacted in August 2013 mandating real-time reporting of controlled substances by prescribers and dispensers. Veterinarians are often both the prescriber and the filler of the prescription, which is especially true in emergency cases in rural areas where no other source of the pharmaceutical is available nights/weekends. Proponents have concurred that veterinary prescriptions are not a ready source of drugs for human abuse, requiring real-time, daily tracking. The state’s veterinarians are now faced with burdensome reporting requirements, even if they do not prescribe any regulated drugs during a reporting period.

Position statement: NYSVMS urges a veterinary exemption for the requirements of online, real-time reporting of these substances as an alternative to growing numbers of veterinarians simply not stocking these substances for dispensing in their hospitals, a result that may leave an animal in pain until a regular pharmacy opens in an area convenient to the animal’s owner.

Protecting Your Profession—Curbing Unlicensed Practice

The NYSVMS commits to working with the Legislature, Board for Veterinary Medicine and New York State Education Department (NYSED) to help promulgate and implement laws and/or regulations to address the following:

- Illegal veterinary practice by non-veterinarians

Some animal shelters, pet stores and farm supply stores have begun offering additional services for animals in order to expand the products and services they offer to the public. When these services are limited to grooming, there is no problem. However, when they start offering vaccinations and other medications for animals, with no licensed veterinarian to examine the animal, make a qualified diagnosis, and determine the best treatment, they are engaging in the illegal practice of veterinary medicine. NYSVMS is committed to working with the Legislature and NYSED to enforce the laws on the practice of veterinary medicine and shut down the ability for these lay businesses to engage in illegal practice of the profession.

It is also illegal practice for a licensed veterinarian to work for a non-veterinary business and sell medications or vaccinate animals without first examining them and without keeping records on their medical treatment, rules that apply to the practice of veterinary medicine in any setting.

Illegal practice does not provide any benefit to animals who may receive medications they do not need, or even medications that are wrong for them. The illegal practice of veterinary medicine is a threat to the veterinary profession, and NYSVMS strongly supports all measures that will allow for increased enforcement of unlicensed practice.

- Dentistry

In 2014, legislation was enacted to amend the veterinary practice act and clarify that the practice of dentistry on animals was part of the practice of veterinary medicine. The NYSVMS commits to working with the NYSED and the Board for Veterinary Medicine to ensure this law is enforced.

The law specifically provides that floating teeth on horses, a non-invasive procedure often performed safely by unlicensed individuals, is not considered part of the practice of animal dentistry. However, more extensive procedures, especially those requiring sedation, must be performed by veterinarians, and NYSVMS is committed to seeing this requirement followed. Unlicensed individuals, even those just floating equine teeth, cannot be permitted to use the term “equine dentist” or “equine dentistry,” which misleads the horse-owning public.

Small animal groomers, similarly, should not be offering or performing dental procedures on companion animals unless they are licensed veterinarians or veterinary technicians. NYSVMS will use all available avenues to ensure that dental procedures on companion animals are performed only by licensed veterinary personnel, and that groomers are not misleading the public by offering to perform dental services on animals.

Position statement: NYSVMS will continue to work with the New York State Education Department to enforce the new law restricting the practice of animal dentistry to licensed veterinarians.

- Naming Veterinary Practices

NYSED has a long-established policy that any professional practice claiming to be a “specialty” must be owned by a veterinarian who is board-certified in that medical specialty. Last year, NYSED extended this rule to a practice name that is species-specific. While a licensed veterinarian may work with all animal species, NYSED has been concerned that practices limited to “single species” are viewed by the general public as “specialists” and NYSED has been holding species-specific practices to “specialist” standards where no standard ever existed.

Currently, there are 22 AVMA-recognized veterinary specialty organizations comprising 40 distinct medical specialities, with poultry as the only species-specific credential. Board certification only exists for 22 veterinary medical disciplines such as internal medicine, surgery, dermatology and cardiology, to name a few. Since no national credentialing entities exist to even award board certification in a single species, veterinarians cannot meet this new rule imposed by NYSED. Further, veterinarians are denied the ability to name their practice in a way that will inform the public about the type of animals that will be treated there. In addition, it places new graduates and new practice owners at a disadvantage when they enter a marketplace where hundreds of other practices having species-specific names were approved by NYSED up until 2013.

The NYSVMS is working with the NYSED to develop a policy on naming veterinary practices to allow practices to indicate, in the practice name, whether they limit their veterinary care to a single species of animal, without claiming specialty or diplomat status. NYSVMS urges NYSED to adopt a policy that benefits veterinary consumers and is not overly restrictive to veterinary businesses.
Position statement: NYSVMS will continue to work with the New York State Education Department to develop a more realistic policy for the naming of veterinary practices.

Public Health
Rabies remains a significant threat to humans and a major public health expense. The control of rabies in animals is an effective buffer to human exposure of this deadly disease. An important aspect of the rabies control program is current law mandating veterinary control of the rabies vaccine and rabies vaccinations. A number of proposals have been made allowing unlicensed individuals to administer rabies vaccines in a variety of special circumstances.

We have seen rabies vaccine clinics conducted in tractor supply store parking lots and retail drugstores in a number of states. It is circumstances like these that pose a significant public health threat.

Position statement: NYSVMS joins the New York State Department of Health, the New York State Department of Agriculture and Markets, the National Association of State Public Health Veterinarians, and virtually all experts in the field of public health in affirming that proposals to allow a non-veterinarian to administer rabies vaccine are poorly reasoned and represent a serious threat to New York State’s efforts to control the spread of rabies.

NYSVMS believes we must undertake all reasonable efforts to ensure that more animals are professionally vaccinated against rabies. NYSVMS is committed to working with the Legislature and Executive Office to develop a program that will better ensure universal licensure of dogs, but will not sacrifice rabies control in this effort.

Declawing of Cats
Veterinarians take the issue of onychectomy (declawing) very seriously as it’s considered a surgical procedure. They strive to educate pet owners of all available alternatives prior to discussing declawing. The NYSVMS strongly encourages client education prior to consideration of declawing, and believes the decision should be made by the owners in consultation with their veterinarian. Medical decisions should be left to the sound discretion of fully trained, licensed and state supervised professionals operating within appropriate standards of practice.

It is the veterinarian’s obligation to consult with cat owners regarding normal scratching behavior of cats, the surgical procedure itself, and potential risks to the patient. Declawing of domestic cats should be considered only after attempts have been made to prevent the cat from using its claws destructively or when its clawing presents an above normal health risk for its owner(s). Scientific data indicates cats who possess destructive scratching behavior are more likely to be euthanized, abandoned or relinquished into the shelter system. Despite the common argument that declawing can cause behavior changes in cats, numerous scientific studies showed no increase in behavior changes post-procedure. NYSVMS position mirrors the position of the American Veterinary Medical Association.

Position statement: The NYSVMS strongly encourages client education prior to consideration of declawing, and believes the decision should be made by the owners in consultation with their veterinarian. Medical decisions should be left to the sound discretion of fully trained, licensed and state supervised professionals operating within appropriate standards of practice.

Highest Quality Care for Animals
An increasing number of not-for-profit entities, originally formed to provide services to abandoned and neglected animals, are expanding their scope of services and illegally offering veterinary services to the general public. This disrupts the need for animal owners to establish strong and viable relationships with local veterinarians for critical care at all stages of their pet’s life.

NYSVMS is concerned that these services are provided in facilities failing to meet the minimum standards for cleanliness and quality veterinary care. These activities flourish largely without regulation by any state agency at the same time that the State Education Department enforces Standards of Practice for New York State licensed veterinarians. We encourage the Legislature to mandate that any facility in which animals are treated for any medical condition meet the standards of care recently imposed by the NYSED. An animal does not know the corporate structure of its caregiver, but all animals are entitled to the minimum standards mandated by NYSED.

As we work to ensure that veterinary facilities maintain pace with the technology of a new era, and the state works to ensure better treatment of animals in pet shops and breeding facilities, it is time
that we provide a reasonable measure of oversight to protect the animals in not-for-profit shelters and animal rescue facilities. It is time to end the horror stories of death, disease and mass euthanasia at these facilities by imposing minimum standards for their operation.

Only after New York State establishes animal care standards that can be legally enforced by localities will senseless animal death, disease and mass euthanasia at these facilities cease occurring.

Position statement: While not-for-profit facilities maintain they provide a public service, there is no effective oversight of their activities and consequently little public protection. Consistent with this commitment, NYSVMS urges the Legislature to provide a reasonable measure of oversight to the growing number of not-for-profit shelters and animal rescue facilities. These facilities begin with the highest goals and intentions but, as news accounts increasingly demonstrate, often fail to meet their lofty goals whether due to lack of sufficient funds, lack of trained personnel or other similar reasons.

Position Statement: NYSVMS is making universal microchipping of companion animals a priority in their practice. The NYSVMS would like to see shelter animals reunited with their owners, and this technology is the best method to achieve that goal. NYSVMS urges the enactment of legislation requiring municipal shelters to scan all animals they accept for microchips and make efforts to reunite these animals with their owners.

Corporate Practice

New York State law currently restricts the practice of veterinary medicine (and many other professions) to licensed veterinarians, professional service corporations and professional limited liability companies. This system assures that professional liability accrues to the individual license holder. The public interest is best served when individual practitioners are responsible for veterinary decision-making and thus subject to license suspension or revocation for improper veterinary treatment.

Today in New York State, we face lay corporate intrusion into veterinary practice. Although practice acquisition by lay corporations is not permitted under New York State law, various shell “management contracts” have served to shield these transactions from the enforcement of our current laws. NYSVMS is concerned about this trend, as it establishes a separate category of veterinary practitioner (the lay corporation) that may not possess any veterinary knowledge, and is effectively removed from the oversight and control of NYSED. Ultimately, in these cases, an important layer of protection is lost to the consumer. In all cases, the ultimate treatment plan is the sole responsibility of the licensed veterinarian treating each animal, rather than non-veterinary business managers.

The vertical integration of laboratory services, pet foods, supplies and ancillary care under the same corporate umbrella exposes the public to marketing practices that might be seen as unprofessional conduct if conducted by individual practitioners. There is now no mechanism for state oversight for practices conducted and controlled by lay corporations.

Position statement: We believe the risks to the public will increase if this consolidation of practice continues. The New York State Board of Regents has voiced their concerns about the erosion of state control that would occur if the ban on lay corporate practice were allowed to lapse. The NYSVMS adds the voice of the veterinarian to this issue.

Animal Guardianship

One of the cornerstones of veterinary medicine is the high standard of practice provided by veterinarians. This is evidenced by the relatively low incidence of disciplinary charges filed against licensed veterinarians by the State Education Department. With the relatively modest income enjoyed by the state’s licensed veterinarians, affordable veterinary care remains universally available to New York consumers.

Position statement: This longstanding balance is being challenged by those who seek to be appointed the “legal guardian” of a companion animal, whether owned by themselves or others, for the purpose of bringing suit against anyone who has, in their opinion, caused distress to the animal. We disagree with animal advocates who believe appointment of animal guardians would improve the treatment of animals. Proposals allowing for the appointment of third party guardians for animals, with its potential of costly court-ordered punitive damage awards, should be defeated.

While the state’s veterinary practitioners have long been at the vanguard of initiatives that protect the health and well being of the state’s companion and production animals, they view such initiatives with skepticism. The long-accepted and traditional
treatments, or long-accepted animal husbandry practices, may be found by a third party to be offensive. As a result, a person may seek appointment as the guardian of the animal to seek monetary damages from the animal’s owner, veterinarian or other third party. It’s not inconceivable that such accepted practices as declawing cats, ear cropping of certain breeds of dogs, neutering, euthanasia, raising animals for food production and even dog training could be found to constitute the level of animal cruelty that would allow for the appointment of such a guardian.

Implementation of the concept of “guardianship” could also affect the way in which the state’s SPCAs and animal control officers deal with injured, dangerous or otherwise unadoptable animals, if faced with potential litigation from the animal’s guardian.

Animal owners in New York State have long known that both the professionalism exhibited by the state’s veterinarians, and the regulatory oversight of the Board for Veterinary Medicine, have been sufficient incentives for outstanding care for the state’s companion and production animals. Veterinarians should be entitled to rely upon an adherence to the accepted standards of practice within their scope of practice of veterinary medicine to shield and protect them from such litigation.

Devocalization

A number of proposals to ban the devocalization of dogs have been given consideration on the basis that such procedure is defacto cruel to the dog involved. Upon surveying its members, NYSVMS has determined that devocalization appears to be a very infrequent procedure, for which very few veterinarians have experience. At the same time, veterinarians in urban areas, particularly New York City, report it is often the final means of preventing the euthanization or surrender of a dog that has resisted behavioral modification.

The AVMA has undertaken a review of the medical, social and humane aspects of this issue and has modified its formal position as the national leader on veterinary issues. Both the AVMA and NYSVMS discourage the practice except when medically necessary and as a last resort for animals in cases where numerous prior attempts at socialization have failed, and the likely alternative is surrender of the animal, and likely euthanasia in cases where an animal’s owner literally must decide between a beloved animal and keeping an apartment or co-op. The NYSVMS also opposes regular kennel devocalizations as unnecessary.

Position statement: NYSVMS urges the Legislature to work carefully to balance the interests of these animals with the urge to ban this procedure. Medical decisions should be left to the sound discretion of fully trained, licensed and state supervised professionals operating within appropriate standards of practice. NYSVMS believes that this decision should be made on a case-by-case basis and only in appropriate cases at the request of animal owners, following a full review of the animal’s medical history.

The Fairness to Pet Owners Act (H.R. 4023/S.2756)

Veterinarians all wish to provide our pets the best care and services possible. It is also clear that financial decisions are necessary when contemplating those services and prescribing those medications to provide some of that care. That is why flexibility to choose where pet owners fill their prescriptions is an important option. However, some in Congress are working to pass a federal mandate requiring veterinarians to provide a written copy of every prescription for a companion animal, whether or not the client needs or even wants it. This will place undue regulatory and administrative burdens on veterinarians and small businesses.

Position statement: The AVMA and NYSVMS oppose this legislation at the Federal level, and NYSVMS is committed to working alongside the AVMA to fight this legislation.

Liability for Reporting Abuse

As in virtually every other segment of society, NYSVMS and its members are sensitive to liability issues. The small number of professional liability claims brought against its practitioners demonstrates the profession’s long history of providing quality veterinary care. NYSVMS strongly encourages the Legislature and Executive Office to continue progress made regarding the disclosure of treatment records under certain limited circumstances. A 2003 Law provides for limited immunity from liability for a veterinarian who reasonably, and in good faith, reports suspected cases of companion animal abuse to proper authorities. In addition to the obvious benefit derived by the animals subjected to this abuse, there are greater societal benefits as well. NYSVMS strongly supported enactment of this long-standing priority issue. As the number of well intended animal refuge facilities, found to have inhumane conditions, continues to grow throughout the state, it is imperative that licensed veterinarians have the protections that will foster the reporting of these conditions.

Position statement: NYSVMS encourages your careful consideration of its proposal to extend immunity from liability to a veterinarian who reasonably, and in good faith, reports suspected cases of food production animal abuse to the proper authorities. The current law does not apply to these animals even though they are also subject to injury through abuse, neglect and cruel treatment.

Funding for Licensure Boards

In recent years, NYSVMS has joined other licensed professions to urge the Legislature and Executive Office to increase funding for the Office of the Professions through a surcharge on license fees. This was designed to ensure that the State Boards had sufficient resources to fulfill their mission. Recently, these funds have been re-directed to unrelated purposes and not made available to Board staff to perform their duties. We urge the State Education Department to ensure that the funds made available to the Boards are available for the purpose of serving licensed professionals.

Throughout its history, NYSVMS has demonstrated it will act as necessary to ensure the health of the animal population of our state. It will zealously protect and defend the proper scope of practice of veterinary medicine, while meeting its professional mandate to alleviate animal suffering.

We thank you for your support of our Legislative Program during 2014 and look forward to a mutually successful 2015. We stand ready to work in partnership with the Legislature to achieve our goals for humane treatment of animals and the advancement of veterinary medicine.

References for all sides of the debate are available upon request.
In this age of technology, there are countless forums where one can find discussions related to pet behavior. Much of this freely available information has not been vetted and it may not be scientifically sound. Sometimes, misinformation can be dangerous to the health of people and pets. It behooves the veterinary team to be the go-to source for scientifically sound information regarding behavior. Let’s start by dispelling some popular misconceptions.

**Fact or Fiction?**  
**FICTION:** Puppies should stay home until they have completed their full vaccination series.

In FACT, by the time a puppy receives her last vaccination, her sensitive period for socialization will probably have ended. What does that mean? Dogs are most flexible and most able to easily accept novel stimuli between the ages of four weeks and 14 weeks. During that time period, puppies tend to accept new people, animals, sights and sounds as part of their world. As this sensitive period ends, puppies often exhibit more caution, which can transition into fear or even aggression.

The biggest risk to a puppy’s life is not a communicable disease, but rather the development of a behavior problem. Many undesirable behaviors can be prevented through early education of people and their pups. Of course, there must be some safety guidelines associated with socializing young puppies. Puppies should visit locations where healthy puppies and dogs visit. Before recommending a puppy socialization class, be sure that all puppies have had both an initial vaccination and an examination by a veterinarian to assure that there are no signs of illness. Better still, why not run your own classes?

**Fact or fiction?**  
**FICTION:** Confrontational training techniques do no harm.

In FACT, confrontational training techniques actually may contribute to the development of aggressive and fear-based behaviors. While some correction based maneuvers and gadgets may at first glance seem glamorous and impressive, punishment based training strategies are typically designed to instill fear. Your clients do not really want their dogs to be afraid of them! Veterinary team members should be prepared to offer clients viable alternatives to risky procedures, and to explain the reasoning for these recommendations.

**Fact or fiction?**  
**FICTION:** Some breeds are too stubborn or aggressive to respond to “treat based” training.

In FACT, all animals deserve humane handling in all aspects of their lives including their training. There are many reasons that an individual animal may not respond to a particular training routine. The problem may lie in the animal’s ability to perceive the presented cue. For instance, there may be a sensory or cognitive deficit. The animal may be distressed or anxious, in which case learning cannot occur. There may be a flaw in the manner of training, with an inappropriate delivery of reinforcers, selection of reinforcers, or application of cues. Instead of stubborn, think insufficiently motivated or easily distracted. Help clients find a trainer who is patient, creative and willing to think outside the box rather than one that encourages confrontations.

Keep in mind that when it comes to training “aggressive dogs:” most of our canine patients exhibit aggressive...
Dr. Lindell will be featured at NYS-VC Spring Conference on Friday morning, May 15. She will cover a host of behavioral topics in the Licensed Veterinary Technician track.

8–8:50 a.m. • History Taking for Behavior Patients
9–9:50 a.m. • Preventing Behavior Problems—Introduce Behavioral Well-Care to Everyday Practice
10:20–11:10 a.m. • Behavioral Myths—What You Need to Know to be an Accurate Source of Information for Your Clients
11:20 a.m.–12:10 p.m. • Feline Housesoiling—Don’t Blame the Cat

For more information and to register for the conference, visit www.vet.cornell.edu/nysvc.

Bio

Ellen Lindell, VMD, DACVB, attended and graduated from Franklin & Marshall College in Lancaster, Pa. She then received her doctorate in veterinary medicine from the University of Pennsylvania School of Veterinary Medicine. After practicing general medicine and surgery for several years, Dr. Lindell began a residency program in veterinary behavior at Cornell University College of Veterinary Medicine. She successfully fulfilled the requirements for board-certification and is now a Diplomate of the American College of Veterinary Behaviorists.

Though most of her time is spent practicing behavioral medicine, Dr. Lindell loves to teach. She serves as a behavior consultant on the Veterinary Information Network (VIN) and regularly lectures to veterinarians at both regional and national conferences. Dr. Lindell has been an invited speaker at meetings of paraprofessionals, breeders and pet owners.

In between practicing and lecturing, Dr. Lindell enjoys writing about behavior. For many years, she wrote a popular Q & A column in the Cornell University publication, Catwatch. She has written chapters for several veterinary textbooks as well as public interest books.

behavior because they are afraid. Training is about communicating, not dominating.

In FACT, it is FICTION that aggressive dogs are trying to dominate their owners.

For years it was suggested that young dogs needed to be suppressed lest they climb a proverbial ladder and try to dominate the household. This way of thinking contributed to the persistence of confrontational training methods designed to squelch behaviors. Instead of being humanely taught which appropriate behaviors to exhibit, dogs faced punishment for exhibiting normal but socially unacceptable behaviors.

As behavioral science has advanced, it has become apparent that most dogs aggressively threaten their owners not because they are trying to dominate but because they are anxious or fearful.

It is a FACT that punishment routinely increases fear. Many dogs initially exhibit defensive aggression when frightened, then learn to exhibit offensive aggression to resolve conflict.

Fact or Fiction?

FICTION: Puppies are a clean slate.

In FACT, a puppy’s behavior is influenced by his genetic makeup, his early environment, and yes, to a degree, his present environment. But when problematic behaviors develop, don’t blame the owner. Owners cannot be held entirely responsible for the behavior of their future dog. The veterinary team can offer appropriate preventative services and counseling to help each puppy live up to his potential and his owner’s goals.

Fact or Fiction?

FICTION: Gentle handling and attention to behavior takes too much time.

In FACT an hour of prevention may be worth a lifetime of cure. Yes, it takes time to attend to behavior and welfare. The results are priceless.

Ellen Lindell, VMD, DACVB
Lyme disease, *Ixodes* ticks and its causative tick-borne agent *Borrelia burgdorferi* (Bb) all are on the rise. In August 2013 the Center for Disease Control increased their estimate of the number of new human cases of Lyme disease from 30,000 to at least 300,000 annually, and there is no doubt that Bb is the most common pathogen we deal with in our canine patients in the U.S. at large and specifically in New York State. These organisms are complex and they often present a challenge to the veterinary practitioner in terms of the best way to prevent, diagnose and treat these infections. Therefore it is my absolute pleasure to present the current areas of controversy among Lyme experts in the Northeast as a preamble to the presentation we will make at the New York State Spring Veterinary Conference in May. The areas we will focus on at that presentation, and that I will focus on in this piece pertain to diagnosing Bb infection, the utility in treating infected dogs that appear to be non-clinical for the disease, and should we or should we not vaccinate dogs for Lyme disease in Lyme endemic areas as part of our tick-borne disease prevention strategy.

Screening for Bb infection. Should we test, and with what? Compared to other issues surrounding canine Lyme disease I believe that this one is relatively non-contentious. Screening non-clinical dogs and cats for infectious disease is common place in veterinary medicine as part of our preventative medicine or wellness package that we offer our clients and is considered standard of care. Other examples include heartworm disease, other tick-borne diseases and fecal examinations. The reasons for screening every dog in Lyme endemic or Lyme emerging areas are as follows:

1. To enable treatment of non-clinical dogs.
   a. The treatment of proteinuric but otherwise apparently non-clinical dogs to try and catch Lyme nephritis early is in consensus and non-controversial. This can only be achieved via the screening of all apparently non-clinical dogs.
   b. The treatment of non-proteinuric non-clinical dogs is not in consensus and will be discussed later in this review as well as during our panel discussion.

2. To serve as a marker for tick exposure, for failed tick control, and for a higher likelihood of other tick-borne disease serving as co-infections in the same dog.

3. To enable the veterinarian to educate the client as to their family’s risk for Lyme disease and other tick-borne diseases based on the results of their dog’s test. This will also enable the veterinarian to educate the client in general on human risk for tick-borne disease.

4. To identify emerging diseases in the practice area and to assess the practice’s success at preventing tick-borne disease and to enable changes in the practice protocols. For instance if many positives are being seen then the veterinarian might want to assess the practices’ tick control usage and or initiate vaccinations.

5. To allow the veterinarian and the client assess the success of their tick-borne disease prevention strategy and to provide positive re-enforcement for the compliance of clients employing the strategy successfully.

The reasons sometimes presented for not screening every dog every year in a practice are as follows:

1. Positive results may results in excessive antibiotic usage by veterinarians who chose to treat non-clinical dogs.

2. In non-Lyme endemic areas the likelihood of a positive being false is increased and therefore the testing is inaccurate and unnecessary. These issues will be discussed during our presentation but are unlikely to present a huge debate since most Lyme experts including those on our panel are in favor for screening non-clinical dogs for tick-borne diseases annually. The pros and cons of the usage of the common tests used today in New York State will be presented including in-house and reference lab C6 based testing (SNAP 4DX PLUS, and the quantitative C6 test) by IDEXX Laboratories, the multiplex test run at the Cornell diagnostic laboratory and the aquplex4 test run by Antech laboratories.

A. The treatment of apparently non-clinical dogs
This is a tremendously important and commonly asked question and one to which none of the
experts on the panel will have a completely evidence-based answer to. This is because the definitive study that would involve taking a very large number of Lyme positive dogs, treating half and not treating half and seeing which dogs had a higher chance of becoming ill down the road has not been done, for practical reasons. In lieu of definitive data there will be opinions expressed including different definitions of our pledge to “do no harm.” Lyme positive apparently non-clinical dogs will be broken up into two main groups.

1. Proteinuric Lyme positive dogs. In this case there is little debate and the consensus is to treat aggressively, long term with doxycycline and other components of standard care for proteinuria, while monitoring blood work, blood pressure and proteinuria via urine protein to creatinine ratios.

2. Non-proteinuric Lyme positive dogs. A lively debate will ensue regarding this group between the opinion that these dogs should definitively not be treated and the opinion that some of these dogs at least may benefit from treatment. The possible value of the quantitative C6 assay will be presented regarding this group including supportive data from dogs and people. These data show that the usage of the quantitative c6 in monitoring therapy in people can be tremendously valuable. Data correlating the quantitative c6 concentrations with circulating immune complexes in dogs will be shown as well.

B. Should vaccination be a part of the Lyme prevention package in Lyme endemic areas?

This is obviously another highly debated issue which will represent a large portion of our presentation.

1. The major arguments in favor of the usage of Lyme vaccines are as follows:

There are currently four extremely effective and reliable vaccines on the market that have all gone through rigorous USDA approval. All have been critically assessed for safety and efficacy, including many studies published in peer reviewed journals. They are safe and clean and nothing like the first generation of Lyme vaccines that spurred complaints of reactivity and raised safety concerns. In fact given the recent correction in the Centers for Disease Control and Prevention (CDC) human Lyme data there is a race to market for new human vaccines in final trial stages that work in an identical fashion to the canine vaccines. The canine vaccines are extremely safe, and in conjunction with tick removal and tick control prevent Borrelia burgdorferi infection, therefore clearly preventing clinical Lyme disease including Lyme nephritis. The anecdotal evidence for this fact is overwhelming, but it has also been shown prospectively in multiple controlled studies in experimental infection and in the field. These studies will be presented demonstrating the benefit of a comprehensive Lyme disease prevention package with in Lyme endemic areas should include tick removal, tick control and vaccination. No vaccines, though, are completely without risk. But when weighing the risks versus the benefits of Lyme vaccines the evidence strongly supports the vaccination of Lyme positive and Lyme negative dogs in Lyme endemic areas as a part of the entire package and there is NO evidence for any unusual deleterious effects of Lyme vaccination.

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2. The major arguments against vaccination are as follows:
   a. A perception of reactivity demonstrated in Lyme vaccines in the literature from the late 1990s and early 2000s.
   b. A lack of efficacy when Lyme vaccines are used in the field and assessed alone and not part of the entire preventative package.
   c. A lack of proof that vaccines actually prevent Lyme nephritis since this disorder is so rare and almost impossible to study.

According to those who hold this view, the concept of doing no harm in this case dictates concentrating on tick control and not adding in the vaccine. Clinical signs are rare and easily treated, and although Lyme nephritis can be fatal, it is very rare and may not justify vaccinating millions of dogs in Lyme endemic areas. On the other side of the argument is the notion that once infected with Lyme, always infected, so every possible effort needs to be put in to prevention. And although Lyme nephritis is rare, it is completely preventable. If the dogs never get infected and preventing that in every possible dog is completely worth it. ☞

Richard E. Goldstein, DVM, Diplomate ACVIM and ECVIM-CA
The Animal Medical Center NY, NY
References for all sides of the debate are available upon request.

Join us at NYS-VC Spring and hear Drs. Meryl Littman, Richard Goldstein, Bettina Wagner, and Mary Labato, leading experts and study group members of the JVIM consensus statement, talk on the diagnosis, treatment and prevention of canine Lyme disease.
The Lyme Consensus Team Debate will be held Sunday, May 17, 8:30 – 10:20 a.m.
For more information, and to register for the conference, visit www.vet.cornell.edu/nysvc.

Speaker Bios

Richard Goldstein, DVM, DACVIM (SAIM), DECVIM-CA
Dr. Goldstein graduated from the Koret School of Veterinary Medicine, The Hebrew University of Jerusalem, Israel in 1993. He completed an internship at the same institution. Thereafter, he completed a residency in Small Animal Internal Medicine at the University of California, Davis, in 1998. After two years in private specialty practice in California, he joined the faculty at Cornell University, College of Veterinary Medicine from 2001-2011 and served as associate professor between 2006-2011. In November 2011 he joined The Animal Medical Center in New York City as the Chief of the Division of Medicine. He is board certified in Small Animal Internal Medicine by the American College of Veterinary Internal Medicine as well as the European College of Veterinary Internal Medicine—Companion Animals. Dr. Goldstein has earned numerous awards including the Norden Distinguished Teaching Award in 2004.

Mary Labato, DVM, DACVIM
Graduate of Tufts’ first veterinary class in 1983, Dr. Labato is a veterinary internist at the Foster Hospital for Small Animals. Specializing in all areas of internal medicine, with a primary interest in disorders of the kidneys and bladder, she is also board certified by the American College of Veterinary Internal Medicine. She attended Smith College in Northampton, Mass. before entering Tufts’ then-nascent veterinary school. She spent a short time in private practice before returning to the school for a residency and, ultimately, a clinical faculty position. Dr. Labato lectures in small animal medicine about the disorders of urination, as well as on drugs that influence the kidneys and bladder such as high blood pressure medication and diuretics. She was a winner of the Cummings School’s Alumna of the Year award in 2001.

Meryl P. Littman, AB, VMD, DACVIM
Dr. Littman received her V.M.D. and Interned at the University of Pennsylvania. After several years in private practice in Boston, she returned to Penn for Residency in Small Animal Internal Medicine and has remained on their faculty since 1979. As an Associate Professor in the Clinician-Educator track, most of her time is spent seeing clinical cases and teaching. Her research interests include infectious diseases (especially tick-borne), renal and urologic diseases (especially protein-losing nephropathy), hypertension, and the genetic diseases of soft-coated Wheaten Terriers (SCWT, including inflammatory bowel disease, protein-losing enteropathy/nephropathy, Addison’s disease, and juvenile renal disease). Currently she is doing genome-wide-association studies for PLE/PLN with the SCWT DNA Bank and updating the SCWT Open Registry which lists almost 1000 affected dogs. She was Chair of the ACVIM Lyme Consensus Statement in 2006. She served as Chief of the Section of Medicine and Chair of the Intern Program at Penn for many years.

Bettina Wagner, DVM
Dr. Bettina Wagner, is an Associate Professor of Immunology and the Director of Serology/Immunology at the Animal Health Diagnostic Center (AHDC) at College of Veterinary Medicine, Cornell University. She earned her veterinary degree at the University of Veterinary Medicine in Hannover, Germany. She has about 20 years of research experience in equine immunology. Dr. Wagner’s research focuses on neonatal immunity with the goal to develop novel preventive strategies for allergic diseases and equine herpes virus type 1. Dr. Wagner developed the Lyme Multiplex Assay that is available at the AHDC to aid with the diagnosis and treatment of Lyme disease in dogs and horses.
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.

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Positions, For Sale and More …
In Memoriam

Colleague Who Will Be Missed

Dr. Donald R. Davidsen ’59
Dr. Donald R. Davidsen passed away unexpectedly at Rochester General Hospital on Saturday, Jan. 10, 2015, with his wife and children by his side. Born in Flushing, N.Y., in 1936 to the late George and Emily Davidsen, he later moved to Greenwich, N.Y., and graduated from high school there in 1953. He attended the New York State College of Agriculture at Cornell University and received the degree of Doctor of Veterinary Medicine in 1959.

After graduation, Don joined the U.S. Air Force where he attained the rank of Captain while serving in Alabama and Aviano, Italy. After returning to the states in 1964, he opened a large animal practice in Canisteo where he practiced until 1987. During this time, Don served as a member of the Canisteo Central School Board, as a Steuben County Coroner and as a Steuben County legislator and vice chairman. He also chaired the Legislature’s Agriculture, Industry and Planning Committee, which designed and directed the construction of its new $10 million dollar county office building of which he was very proud. A street in front of the office “Davidsen Way” bears his name. He was elected to the Steuben County Hall of Fame in 2002. In 1986, Don was elected to the New York State Assembly. While in the assembly he served as the ranking minority member of both the Assembly Health and Agriculture Committees. In 1995 Don was appointed Commissioner of Agriculture and Markets for the State of New York, a position he held until his retirement in 1999.

Don was predeceased by his wife, Elizabeth Warner and his brother, Roger. In 2005, he married Valerie Smith who survives. In addition, Don is survived by his brother George (Nancy) Davidsen; three children Karen (John) Polechetti, Kristine (Bruce) MacKellar, Richard (Loriann) Davidsen; eight grandchildren, AJ, Christa, and Mia Polechetti, Daniel, James and Michael Dineen, and Matthew and Aleah Davidsen; as well as seven step-children; 11 step-grandchildren; and one step-great grandson.