IN THIS ISSUE:
Per Diem Veterinarians
Value of Preventive Care
and more …

Communicating Preventative Care

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I hope this message finds everyone happy, healthy, and recovered from the holiday season. In this edition of Connections, you will note two areas of focus. The first is preventative care. The second is the New York State Veterinary Conference to be held in May.

I’ve always described the concept of preventative care to my clients by saying that I’m not interested in responding to forest fires. I’m interested in finding a burning match and blowing it out. When we approach our clients in a way that expresses our concern for discovering problems before they become system-wide disease, we can engage them in their desire to keep their pets healthy and happy for the longest period of time possible.

In many cases, what shape that takes comes down to decisions that are both financial and practical. What makes sense to screen for in an otherwise healthy five-year-old pet, is likely insufficient when faced with a geriatric. As it always does, it comes down to communication with the client and being able to engage them in the healthcare decisions regarding their pets. A simple chat about screening options, vaccination protocols and home dental care goes a long way toward expressing the message that the owner is part of the healthcare team and their opinion carries weight.

Many guidelines exist for vaccinations, age related screening, screening related to medications, etc. AAHA, the AVMA, AAFP, and others have provided excellent road maps. It is important that we as the primary healthcare providers know not only the highways on those maps, but understand the back roads. There is certainly no “one size fits all” program. On any given day almost every pet that comes through the door offers a unique set of parameters based on age, health and lifestyle. We need to make the owners of our patients feel confident that we recognize not only the pet’s individual needs, but that we recognize the wishes of the owners as well. Mutual respect between the doctor and the owner is the foundation that will provide the highest level of preventative care possible.

Providing the best in preventative medicine requires you being up-to-date on the most recent knowledge available. What better way to brush up or learn new tricks than to attend the upcoming Spring New York State Veterinary Conference to be held in Westchester from May 16-18.

I want everyone to be aware of the dedicated effort that has been made on part of both the NYSVMS and Cornell to put together our inaugural NYS-VC Spring. The massive amount of time and energy poured into what we hope will be a two conference format each and every year has been, to say the least, daunting. However, dedicated efforts by staff from both parties have produced exceptional results.

Not so many years ago, it was decided that we could provide higher quality CE to a broader veterinary community if we worked jointly. NYS-VC Fall was born and has proved to be an extremely successful event. The changes coming to the College of Veterinary Medicine facility will only enhance what we have built together and provide for a very bright future.

As the new Spring conference spreads its fledgling wings, we are confident that the venue and location will afford large numbers of practitioners the opportunity to attend fantastic educational lectures and spend quality time with colleagues. As I mentioned in my first address; I believe strongly in becoming an involved member of your profession. These are the opportunities to learn from each other over dinner, drinks, or just in a quiet corner. Our colleagues share so much of our personal experiences; but we rarely have the chance to share that in conversation. These are the people you know by name, take the chance to learn what they’re about. Come, stay, relax, learn. Engage your profession with a handshake.

“...attend the upcoming Spring New York State Veterinary Conference to be held in Westchester from May 16-18.”
As we all know, dogs and cats need preventative medical care just like their human owners. An annual visit to the veterinarian helps catch budding health issues that can grow into potentially more serious, and more costly, medical conditions. But, unfortunately, recent reports indicate that preventative and treatable health issues such as diabetes, dental disease, heartworm disease and flea infestations are on the rise in both cats and dogs.

So how do we stop the bleeding? How do we convince our clients of the importance of preventative healthcare? And, how do we energize our veterinary teams to enhance their client communication skills and boost compliance? The answers can be found in the Partners for Healthy Pets Toolbox and in the AAHA-AVMA Canine and Feline Preventative Healthcare Guidelines. The first of their kind, the one-page AAHA-AVMA guidelines identify all the components of a comprehensive program of preventative care, serving as a valuable tool for both the veterinary practice team and the pet owner. They provide a detailed roadmap in checklist form for canine and feline preventative healthcare that can be used as the foundation for building enhanced relationships with your clients.

The AAHA-AVMA canine and feline guidelines, which are the cornerstone of the Partners for Healthy Pets initiative, are available to you at no charge, are easy for you to use, and, perhaps most importantly, are easily understood by pet owners. By incorporating the guidelines into your practice, your clients learn that you share the same goal—and that their pets are the focal point of that goal. You’re on your way toward improving pet health, building client compliance and boosting your practice. Win. Win. Win.

To help you implement the use of the guidelines in your practice, the Partners for Healthy Pets Toolbox includes:

- A thought-provoking video that helps frame the preventative healthcare message on a personal level and gets to the heart of the veterinary team’s charge
- A webinar that helps your entire practice understand the importance of preventative healthcare
- A team meeting and training guide for practice leaders to help develop tangible goals, and
- An action plan for implementation of the guidelines.

All of these resources are designed specifically for you, because Partners for Healthy Pets is dedicated to ensuring that pets receive the preventative healthcare they deserve through regular visits to the veterinarian. The Partners are committed to working with you to enhance the health of your patients and your practice. Our goal is to help you build better relationships with pet owners so that you can help them understand the value of preventive healthcare. Working together, we can help ensure that more patients can benefit from what you do best.

To access the Toolbox, log onto the PHP website, www.partnersforhealthypets.org, and click the Toolbox link.

The Partners for Healthy Pets program was created by the American Veterinary Medical Foundation to ensure pets receive the preventative healthcare they deserve through regular veterinary visits. Led by the American Veterinary Medical Association and the American Animal Hospital Association, PHP is an unprecedented collaborative alliance of more than 100 veterinary associations (including the NYSVMS), colleges of veterinary medicine and animal health companies all committed to a vision of improved overall health for pets. Partners for Healthy Pets provides free tools and resources for your practice to help communicate the value and benefit of preventive care, enhance the veterinary client relationship and improve the overall quality of preventive healthcare provided for patients. Late last year, the PHP launched a nation-wide media campaign to remind the public to regularly bring their pets in for preventative care and to promote the importance of annual veterinary checkups.

View the AAHA-AVMA canine guidelines on pages 6-7.
AAHA/AVMA Canine Preventive Healthcare Guidelines

Frequency of Visits
All dogs should have a veterinary examination at least annually. For many dogs, more frequent visits may be appropriate. Decisions regarding specific frequency of visits should be made based on individual needs of the dog.

Health Evaluation

Subjective
History, including evaluation of
- Lifestyle and life stage
- Behavior
- Diet

Objective
Comprehensive physical examination, including
- Dental assessment
- Pain assessment
- Body and muscle condition scoring

Assessment
On the basis of history and physical examination findings, assessments are made for:
- Medical conditions
- Infectious and zoonotic diseases
- Parasite prevention and control
- Dental care
- Genetic, breed, and age considerations
- Behavior
- Nutrition

Development of these guidelines was supported through an educational grant from the Partnership for Preventive Pet Healthcare.

These guidelines were developed jointly by the American Animal Hospital Association (AAHA) and the American Veterinary Medical Association (AVMA) to provide information for practitioners regarding the care and treatment of their canine and feline patients. The information contained in these guidelines should not be construed as dictating an exclusive protocol, course of treatment, or procedure. These guidelines are not intended to be an AAHA or AVMA standard of care. AAHA and AVMA hope that you find these guidelines useful.

The mission of the Partnership is to ensure that pets receive the preventive healthcare they deserve through regular veterinary visits. In addition to supporting these guidelines, the Partnership has created Partners for Healthy Pets, which offers tools and resources to enhance the overall vitality of pets and veterinary practices through preventive healthcare. For more information, go to www.partnersforhealthypets.org.

Plan

Client communication and education plan to include:

**Diagnostic plan:**
- Every dog should have:
  - ☐ Annual heartworm testing in accordance with existing guidelines
  - ☐ At least annual internal parasite testing
- Customized plan based on assessment:
  - ☐ Other diagnostic tests (including dental radiographs)
  - ☐ Early disease screening tests
  - ☐ Genetic screening tests

**Therapeutic plan:**
- Every dog should receive:
  - ☐ Year-round broad-spectrum parasite control with efficacy against heartworms, intestinal parasites, and fleas
- Customized plan based on assessment:
  - ☐ Tick control as indicated by risk assessment
  - ☐ Therapeutic recommendations
  - ☐ Dental recommendations
  - ☐ Behavioral recommendations
  - ☐ Dietary recommendations

**Prevention plan:**
- Every dog should have or receive:
  - ☐ Immunization with core vaccines in accordance with existing guidelines
    - Rabies virus
    - Canine distemper virus
    - Canine parvovirus
    - Canine adenovirus-2
  - ☐ Appropriate identification including microchipping
  - ☐ Reproductive and genetic counseling and spaying or neutering unless specifically intended for breeding purposes
- Customized plan based on assessment:
  - ☐ Immunization with non-core vaccines in accordance with existing guidelines
  - ☐ Other preventive recommendations and counseling regarding zoonotic diseases

**Follow-up plan:**
- ☐ Establish a plan for follow-up based on assessment and future care recommendations
- ☐ Set expectations for next visit

**Documentation:**
- ☐ Thorough documentation of the patient visit

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Please fax this form to (518) 869-7868 or email the form to Bryana Wachowicz, bwachowicz@nysvms.org
Teach Your Staff to Effectively Communicate the Value of Preventive Care

While visiting Navarre, Fla., to present seminars, I noticed a roadside sign at Walgreens advertising a parking lot vaccine clinic with $10 rabies vaccinations and $25 heartworm tests. Down the street, Ace Hardware sells a seven-way dog vaccine for $6.99 with a disposable syringe. Vaccines are stored in a plastic shoebox in the Coca-Cola cooler near the register. Besides the obvious OSHA violation of storing vaccines in a refrigerator with human foods, what instructions do customers get on vaccine administration or reactions?

Pet owners have multiple choices for preventive care services and products. The Bayer Veterinary Care Usage Study found an average of 15 competing veterinary care providers within a 10-mile radius, including mobile vaccine clinics, pet store clinics, private practices, specialty hospitals and shelters.1 A 2013 Communication Solutions for Veterinarians’ study found 60 percent of dogs and 52 percent of cats received preventive care exams during a three-year period.2 Besides putting patient care at risk, the lack of regular preventive care also impacts practices’ health. A dog owner typically spends $208 during a preventive care visit while a cat owner averages $186, according to the AAHA Veterinary Fee Reference, 8th edition.3 Without regular exams, you won’t have an opportunity to diagnose dental disease, obesity, arthritis and other conditions.

Pet owners need to understand the value of getting preventive care services and products from your hospital. Here’s how your team can communicate the value of preventive care:

Set preventive standards of care.

The American Veterinary Medical Association (AVMA) and the American Animal Hospital Association (AAHA) have collaborated on preventive health guidelines for dogs and cats. See article on page 5. In addition to explaining your protocols during exams, utilize your message-on-hold, e-newsletters, reminders, website and social media.

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When clients call to make appointments, check the reminder status of all pets in the family. In the client’s record, you discover a second dog is overdue for preventive care. Respond with, “We’d love to see Mason for his preventive care exam. Did you know that Rocky also is overdue? He needs a preventive care exam, vaccines, heartworm/tick screen, intestinal parasite screen and preventatives. You can bring Mason and Rocky to the same appointment. Which day of the week works best for you? Do you prefer a morning or afternoon appointment?”

Once the client responds with a preference for the day of the week and time of day, offer two choices. Known as the two-yes-options technique, this phrasing increases the chance you’ll schedule the appointment. Say, “When would you like to schedule exams for Mason and Rocky? We have an appointment “Veterinarian = Preventive Care.” Explain care when greeting clients in exam rooms. When starting exams, technicians or assistants should introduce themselves, shake clients’ hands and explain their role. Say, “Good morning, I’m [your name], the technician who will be assisting Dr. [name]. For your preventive care visit, we will do a nose-to-tail exam, vaccines, heartworm/tick screen, intestinal parasite screen and health of organs so we need to examine for cats is between 8 and 10 years, so we need to examine the doctor can prioritize the order of concerns to be addressed. If clients ask about prices, prepare a treatment plan or access fees on computers in electronic medical records. This ensures continuity of care and increases compliance. Try a laminated sheet with dry-erase markers or use templates in electronic medical records.

<table>
<thead>
<tr>
<th>Summary of CBC/serum Chemistry abnormalities by age</th>
<th>0-3 years</th>
<th>4-6 years</th>
<th>7-9 years</th>
<th>10-12 years</th>
<th>13+ years</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number screened</td>
<td>1,301</td>
<td>1,966</td>
<td>1,973</td>
<td>1,694</td>
<td>891</td>
<td>7,827</td>
</tr>
<tr>
<td>Number at risk</td>
<td>308</td>
<td>447</td>
<td>588</td>
<td>635</td>
<td>434</td>
<td>2,412</td>
</tr>
<tr>
<td>Percentage at risk</td>
<td>24%</td>
<td>23%</td>
<td>30%</td>
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<td>31%</td>
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| Table 1: Abnormal results increase with age |

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on Tuesday at 9 or 11 a.m. Which fits your schedule?”

Use the term “preventive care exam” instead of “wellness exam.” I have two young, indoor cats. Caymus is three years old, and Opus is four. If I’m a typical cat owner, I might assume that my young, indoor cats don’t need wellness exams. Clients may perceive wellness exams as optional, while preventive care exams are actionable. Change the description in your practice-management software, so the new term appears on invoices, treatment plans and reminder emails and postcards. Your goal is to change clients’ perceptions from “Veterinarian = Shots” to “Veterinarian = Preventive Care.”

Ask effective history questions.

Develop a history questionnaire so all staff ask clients the same questions every preventive care visit. This ensures continuity of care and increases compliance. Try a laminated sheet with dry-erase markers or use templates in electronic medical records.

Verbalize your exam.

Give a play-by-play description while performing exams. Otherwise, it looks like you’re just petting the animal. Say, “Unlike dogs, cats are masters at hiding illnesses. A nose-to-tail physical exam can uncover signs of a health problem before it reaches an advanced stage. For your cat’s physical exam today, I’ll focus on 12 areas, including eyes, ears, nose and throat, teeth and gums, coat and skin, heart, abdomen, limbs and paws, urogenital system, lungs, gastrointestinal system, and weight. Middle age for cats is between 8 and 10 years, so we need to examine your cat at least once a year to detect any changes early.”

Arthritis: Does your pet show signs of limping or lameness? Does your pet have difficulty going up or down stairs? Does your pet spend less time grooming?

Nutrition: What diet do you feed your pet (brand, amount, wet/dry)? How big is the cup? What treats or table food do you give your pet?

Explain the need for preventive screens.

Clients with apparently healthy pets may think, “My pet is well, so why do I need a wellness test?” Replace the term “wellness test” with “preventive screen.” Use the term “screen” for preventive care and “test” for sick-patient diagnostics. The purposes of screening healthy pets are to establish a baseline assessment for future comparison and to detect subclinical abnormalities at a time when preventive and therapeutic intervention may have the most benefit.

A 2013 study of 7,827 dogs found 31 percent of dogs of all ages had abnormalities including diabetes, renal disease, hepatic disease and anemia when undergoing preventive screening. Almost half of dogs age 13 and older had abnormal test results (see Table 1). Tell senior dog owners: “Just like people, your dog’s health will change as it ages. Because pets age faster than people, major health changes can happen quickly. Similar to people in their golden years, senior pets have an increased risk of diabetes, heart and endocrine disease, and cancer. Because these diseases show few signs in early stages, preventive care and routine blood work are important. Catching changes early before they become serious often means they will be easier and less expensive to treat. Think of senior preventive screening as the internal physical exam that lets us check the health of organs and thyroid function, Thyroid
Schedule the next exam at checkout.
Preventive care appointments are lifelines in human dental offices. The same is true in veterinary medicine. At least 80 percent of diagnosed dentistry comes from hygiene appointments. When patients leave the dental hygiene appointment without a future appointment scheduled, practice profitability decreases by at least half. Pre-appointing is a strategy to keep the hygiene schedule full. When the hygiene schedule is not full, a domino effect will occur. Patients will miss timely hygiene appointments, and the dentist will see gaps in future treatments.

To get your clients to schedule their pets’ next exams, say, “Just as your dentist has you schedule your next hygiene appointment at checkout, we do the same so we can proactively manage your pet’s health. Dr. <name> can see you on Wednesday, April 20, at 10 a.m. or Friday, April 22, at 3 p.m. for your pet’s next preventive care exam. Which works best for you?” Confirm exams that were scheduled six or 12 months in advance one week prior to appointments.

Call clients with overdue preventive care reminders.
For the greatest success of booking exams, call clients when patients are newly overdue and have just fallen into the third reminder cycle. Because you’ll need to speak with clients to make appointments, always call their cell phones first. Etiquette is to call between 8 a.m. and 8 p.m. If calling home phone numbers, dial between 5-7 p.m. on weekdays and 9-11 a.m. on Saturdays. You’re more likely to catch clients arriving home during the workweek or on Saturday mornings before weekend errands.

If you get voicemail, leave this message: “This is <your name> calling for the doctors at <Your Veterinary Hospital>. We’re worried that Opus is past due for his preventive care exam, vaccines, diagnostic testing and preventatives, and might now be unprotected. Will you please call us this week at (555) 555-5555 to schedule his exam?”

If you talk with the client, say: “This is <your name> calling for the doctors at <Your Veterinary Hospital>. Opus is now overdue for his preventive care exam, vaccines, diagnostic testing and preventatives. We’re worried about his health. When is a convenient time for you to come in for an appointment this week? The doctor can see you at 6 p.m. Thursday or 9 a.m. Saturday. Which is more convenient for you?”

The phrase “calling for the doctors” communicates that your veterinarians are aware of the pet’s overdue status and are genuinely concerned. The warning of “may now be unprotected” is a call to action. Offer the next two available appointment times, which is known as the two-yes-options technique. When describing overdue preventive care, focus on four categories: 1. Preventive care exam, 2. Vaccines, 3. Diagnostic testing and 4. Preventatives. If you describe too many details, the list could intimidate the client and she won’t schedule an appointment.

When your team educates pet owners about the value of regular preventive care, you’ll protect the health of your patients and your practice. ●

Wendy S. Myers

References:

Author bio:
Wendy S. Myers owns Communication Solutions for Veterinarians and is a partner in Animal Hospital Specialty Center, a 10-doctor AAHA-accredited referral practice in Highlands Ranch, Colo. She helps teams improve compliance and client service through consulting, seminars and webinars. Wendy is an instructor in the AAHA Veterinary Management School. You can reach her at wmyers@csvets.com or www.csvets.com.
Join us for the inaugural New York State Spring Veterinary Conference at the Westchester Hilton in Rye Brook, N.Y., May 16-18! Co-hosted by the NYSVMS and Cornell University College of Veterinary Medicine, the conference will feature the top-notch CE that has been the hallmark of the annual NYS-VC Fall conference in Ithaca in a new location convenient to the Metro New York and tri-state region! NYS-VC Spring will focus on companion animal medicine with four concurrent tracks per day covering a host of medicine and surgery topics, as well as a number of classes for veterinary technicians. There will be one dedicated track for veterinary technicians. In addition to earning 19 CE credits, NYS-VC Spring will provide many opportunities to network with your tri-state peers and visit our expanded Exhibit Hall - featuring a variety of vendors devoted to all aspects of veterinary practice. Social highlights will include a Conference Reception with Exhibitors on Friday evening and the annual Purple Party and Silent Auction on Saturday night.

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Make Your Hotel Reservations Before April 15!

Rooms at the hotel will sell out!
The room rate is $169 per night plus applicable taxes. Reserve room under NYS-VC block.

If you can’t make the NYS-VC Spring conference, mark your calendars to attend the 7th Annual NYS-VC Fall, Oct. 11-12, 2014, in Ithaca, N.Y. NYS-VC Fall will feature companion animal, bovine, equine and camelid/small ruminant tracks, as well as the Annual Conference Celebration Awards dinner.

For more information on the conference and to register, log onto www.vet.cornell.edu/nysvc.
Jim Humphries, DVM

Jim Humphries, DVM, is a 1977 graduate of Texas A&M’s College of Veterinary Medicine. He is a practicing veterinarian and considered to be the most experienced veterinary medical journalist in the country! For more than 27 years, Dr. Humphries has appeared on practically every popular local and national radio and television program in America. He has acted as spokesperson for the giants in the animal health industry and is a highly popular speaker at state and national meetings.

His areas of specialty include: radio and television media communications; using the media for publicity and promotion; crisis communications and using media interview techniques for client communications. He is president and founder of Veterinary News Network, and Executive Director and Founder of the American Society of Veterinary Journalists. He also serves on the faculty at Texas A&M, as an adjunct professor of media and communications - the only position of its kind.

Dr. Humphries seminars are sponsored by Ceva.

Speaker Spotlight

Jim Humphries, DVM

Do you want newspaper coverage that reflects what you’ve actually said? Would you like TV stations to use your best quotes? Would you like to professionally and ethically promote your hospital using the power of the press? That’s what Media Communications Training can do for you. You should learn how media people think, how you can approach TV and radio with a good solid news story, learn how to avoid being taken out of context and how to get your message across no matter what they ask!

Media training is also an excellent foundation for ALL types of communications skills. Client communications become more focused, more clear and consume less time when these same media training techniques are applied to the exam room. Social media communications are now critical elements and tools for your practice communications and marketing.

Although you may not face a crisis in the media, it is good to know the basic steps to take when inquiring reporters with cameras are knocking on your door after a crisis has occurred. Veterinary leadership must know these skills.

Saturday, May 17, 2014

8-8:30 a.m.—Strategic Marketing: Traditional Media Overview and How Social Media Has Changed How It’s Done
9-9:30 a.m.—Strategic Marketing: From Coupons to Facebook, The Practical and Personal Side of Practice Promotion
10:10-11 a.m.—Strategic Marketing: Social Media—The How To’s and Button Pushing
11:10-12 p.m.—Strategic Marketing: Reputation Management—Protecting Your Online Integrity

The way we communicate with our clients has evolved and changed rapidly. Even the way those same clients are gathering information has changed drastically. Understanding these changes will help you be better prepared for any opportunity to market and publicize your practice… at little to no cost!

Having a presence in social media, from Facebook to Twitter to YouTube, is more than just creating an account. Your practice must find ways to engage your followers and encourage them to share information you are providing. Further, the lost art of practical and personal marketing needs to make a return.

Now you have your social network set up, what are some of the best practices that you need to know in order to engage your followers? Find out the best times to post, the types of posts that encourage interaction and how to keep the conversation polite.

In this world of almost instantaneous communications, one small oversight or mistake by your practice can quickly become a public relations nightmare—before your clients get in their car! How are you monitoring what your clients and your community are saying about you? What’s your plan for addressing complaints and bad reviews on sites like Yelp, Facebook and others?

Sandra Manfra Marretta, DVM, DACVS, DAVDC

Dr. Sandra Manfra Marretta received her DVM degree from Cornell University in 1977. She completed an internship, surgical residency and clinical dentistry training at Animal Medical Center. She obtained Diplomate status in the American College of Veterinary Surgeons in 1985 and became a Charter Diplomate of the American Veterinary Dental College in 1988. She recently became a Professor Emeritus in Small Animal Surgery and Dentistry at the University of Illinois after 23 years of service. She is the author of more than 250 publications including journal articles, chapters, abstracts and proceedings. She is the winner of numerous awards including the 2002 AAHA Veterinarian of the Year, The Animal Medical Center Alumna of the Year Award, The University of Illinois’ Campus Award for Excellence in Graduate and Professional Teaching, and University of Illinois College of Veterinary Medicine’s All-Round Excellence Award.

Lecture Series Overview

Dental disease is the most common problem affecting dogs and cats today. The focus of this seminar series will provide a team-based approach to recognizing and treating a wide variety of dental problems in both dogs and cats. The objective of these lectures is to provide the veterinarian and technician with important information regarding the current concepts in veterinary dentistry and how they can be applied in practice every day to improve patient care by recognizing and treating painful dental and various oral pathologic conditions.

Dr. Manfra Marretta’s seminars will provide credit to both veterinarians and licensed veterinary technicians.

Saturday, May 17, 2014

1:30-2:20 p.m.—Importance of and Techniques for Acquiring High-Quality Dental Radiographs in Dogs and Cats
This lecture will focus on the importance of taking high quality digital dental radiographs to detect lesions that may not be detected in the oral examination and to aid in the proper diagnosis and development of an appropriate treatment plan for dogs and cats with dental and oral diseases.

3:30-4:20 p.m.—Interpretation of Dental Radiographs in Dogs and Cats
This lecture will focus on how to properly assess canine and feline dental radiographs to help determine the appropriate diagnosis and treatment plan utilizing a case-based format.

4:45-5:35 p.m.—Recognizing Dental and Oral Pathology for Optimal Dental Charting and Dental Radiography
This lecture will focus on the team approach for recognizing dental and oral pathology for optimal dental charting and decision making regarding dental radiography. It will utilize a case-based approach to demonstrate how to proceed thoroughly and logically through various dental and oral pathologic conditions.

Sunday, May 18, 2014
8:30-9:20 a.m.—Review of the 2013 AAHA Dental Guidelines
This lecture will provide a review of the recently revised AAHA Dental Guidelines which will help provide a description of the State-of-the-Art treatment recommendations recently established by AAHA.

9:30-10:20 a.m.—An Update on the Management of Periodontal Disease in Dogs
Periodontal disease is the most common disease affecting dogs today. This lecture will review the common and uncommon clinical presentations of periodontal disease and the various treatment options for the different stages of periodontal disease and associated complications.

10:30-11:20 a.m.—Decision Making and Techniques for Simple, Multi-Rooted and Surgical Extractions in Dogs
This lecture will focus on how to properly assess teeth to determine the most appropriate extraction technique to utilize when performing extractions in dogs. In addition to describing when to perform simple, multi-rooted and surgical extractions, management of extraction complications in dogs will also be discussed.

12:30-1:20 p.m.—Decision Making and Techniques for Simple, Multi-Rooted, Surgical Extractions and Crown-Amputations in Cats
Several dental problems in cats may require a variety of extraction techniques including simple, multi-rooted and surgical extractions. Crown-amputations may be an appropriate treatment option in feline patients with severe tooth resorption. Criteria for proper assessment of these lesions will be discussed so that appropriate treatment can be provided. Decision making and surgical extractions in cats with stomatitis will also be reviewed.

1:30-2:20 p.m.—Case-Based Canine and Feline Dental and Oral Pathology Review
This interactive case-based presentation will provide the dental team an opportunity to test their knowledge of common and uncommon dental and oral pathologic conditions in dogs and cats. A clinical problem with images will be presented and the audience will be given a moment to select an answer from multiple choice options and then the correct answer will be reviewed.

Luisito S. Pablo, DVM, MS, DACVA
Dr. Luisito S. Pablo received his degree of Doctor of Veterinary Medicine in 1982. His interest in Anesthesia started when he returned to Auburn University to pursue his PhD in 1984. Dr. Pablo started as a visiting Assistant Professor at the University of Florida in 1989. He became board certified in Veterinary Anesthesiology in 1993. Presently, Dr. Pablo is an associate professor at the College of Veterinary Medicine, University of Florida. He has received numerous teaching awards for his creativity in teaching. He continues to practice veterinary anesthesia in the UF Veterinary Hospitals.

Dr. Pablo will cover important topics involving anesthesia and perioperative pain management in small animals.

Lecture Series Overview
The goal of anesthesia is to ensure patient safety and comfort. This can be mostly achieved by the proper use of perioperative drugs, monitoring, effective pain control and emphasis on the specific needs of individual patients.

Saturday, May 17, 2014
1:30-2:20 p.m.—Perioperative Pain Management: Old and New
Perioperative pain management is vital to patient comfort and reduction in morbidity following anesthesia. Old and new strategies on pain management, including analgesia given as constant rate infusion, will be highlighted.

3:30-4:20 p.m.—CRI Analgesia Made Easy
4:45-5:35 p.m.—Alpha-2 Agonist: The Good, the Bad and the Beauty
This lecture will cover Dexmedetomidine, an alpha-2

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agonist, to highlight its usefulness in many clinical situations as well as the precautions that need to be taken when utilized.

Sunday, May 18, 2014
8:30-9:20 a.m.—Anesthetic Monitoring that Saves Life
9:50-10:40 a.m.—Troubleshooting Anesthetic Problems

Part of successful anesthesia is monitoring and troubleshooting anesthetic complications. The significance of the different monitoring tools and proper management of anesthetic complications will be discussed.

10:50-11:40 a.m.—The Hows and Whys of Total IV Anesthesia

12:30-1:20 p.m.—How Can I Safely Anesthetize Patients with Heart Disease

1:30-2:20 p.m.—Anesthesia for the Medically Compromised Patients with Emphasis on the Liver, Kidney and Diabetics

Some small animal patients will be presented with pre-existing conditions, including: hepatic insufficiency, chronic kidney disease and diabetes. These patients require specific needs and consideration during anesthesia. Anesthetic management for the medically compromised patients will be presented in a systematic manner.

Kei Hayashi, DVM, PhD, DACVS

Dr. Kei Hayashi is a veterinary surgeon and an orthopedic scientist who was recently recruited to Cornell University’s College of Veterinary Medicine. Dr. Hayashi graduated from the University of Tokyo with BVMS/DVM/PhD degrees (1993, 1997), and then obtained MS and PhD degrees at the University of Wisconsin (1997).

He completed a small animal surgery residency at the University of Wisconsin (2003) and became a Diplomate of the American College of Veterinary Surgeons (ACVS).

He served as an assistant professor of small animal orthopedic surgery at Michigan State University (2003-2005) and as an associate professor of small animal surgery at the University of California Davis (2005-2012).

Dr. Hayashi serves as a member of the advisory board of the Asian Society of Veterinary Surgery (AiSVS), the Japanese College of Veterinary Surgeons (JCVS), and the Asian Board of Veterinary Specialties (AiBVS).

Dr. Hayashi has published more than 50 articles in the area of orthopedic research. His research focus is in pathology of ligament/tendon injury and wound healing, evaluation of total joint replacement systems, molecular profiling of osteoarthritis, and comparative orthopedics and sports medicine.

His clinical interests include arthroscopy, total joint arthroplasty, biological approach to joint surgery, minimally invasive fracture treatment, and application of novel research discoveries (such as stem cell and regenerative medicine technologies) to clinical patients.

Sunday, May 18, 2014
8:30 – 9:20 a.m.—Recent Developments in Total Hip Replacement in Dogs and Cats
9:50-10:40 a.m.—Treatment Options for Elbow Dysplasia and Osteoarthritis
10:50-11:40 a.m.—Diagnosis of Early Cranial Cruciate Ligament Disease in Dogs

12:30-1:20 p.m.—Introduction to Minimally Invasive Fracture Management
1:30-2:20 p.m.—Muscle and Tendon Conditions in Dogs

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Kei Hayashi, DVM, PhD, DACVS
Are You Getting Your Newest NYSVMS Benefit?

Have you been receiving the NYSVMS Veterinary eNews in your inbox every Thursday? If you’re not, you’re missing out! The eNews was introduced in January as a way of keeping you up-to-date on industry trends, critical legislative news and association events.

If you haven’t been receiving this newsletter, you may be missing out on important member communications. Here are some recommendations to ensure you’ll receive all NYSVMS email:

Change of address?
Have you changed your email address lately? Have you gotten a new job? If so, did you remember to change your address with us? Be sure to email any changes (email, address, phone, place of employment) to staff@nysvms.org. Please include your name, business and physical address in the email.

Getting lost in junk?
If your address hasn’t changed, it is possible that NYSVMS emails have started getting filtered into your email Junk Folder. You can do a search within the folder for staff@nysvms.org. If you find them there, you can usually right-click on one of the emails and tell your mail program to reroute all emails sent by that email address to your inbox.

ISP blocking member communications?
If you’ve tried both of the above options, the problem could potentially be with your Internet Service Provider. It may be that your ISP has begun blocking our domain name, “nysvms.org.” You can reach out to your ISP to have our domain name added to their approved list. Listed below are some of the most common customer service/technical support websites and phone numbers for your records.

- America Online or AOL, www.aol.com, (888) 346-3704
- Comcast, www.comcast.com, (800) 266-2278
- Earthlink, www.earthlink.net, (888) 327-8454
- MSN, www.msn.com, (800) 386-5550
- Road Runner, www.rr.com, 866) 321-2225

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Kurt D. Liljeberg, DVM
Western NY Representative
Toll Free: 800.380.6872
E-mail: kurt@tpsgsales.com

Bill Crank, DVM
Bill Crank, DVM
Eastern NY Representative
Toll Free: 877.487.7765
E-mail: bill@tpsgsales.com

John Bryk, DVM
John Bryk, DVM
Eastern NY Representative
Toll Free: 877.487.7765
E-mail: john@tpsgsales.com

George R. Sikora, DVM
George R. Sikora, DVM
Eastern NY Representative
Toll Free: 877.487.7765
E-mail: george@tpsgsales.com
Dr. Clay is the NYSVMS Executive Board Member representing the Southern Tier Veterinary Medical Association. He is the owner of Corning Animal Hospital in Corning, N.Y.

**Connections:** How did you first become involved in organized veterinary medicine?

**Clay:** I became involved in the Southern Tier Veterinary Medical Association and the NYSVMS as soon as I began my career as an associate veterinarian in 1995. I was fortunate to have employers (Drs. Joan Hilfiker and Ronald Linkenheil) who encouraged me to join my professional associations.

I also had the opportunity to participate in the Leaders 2000 (now Committee for Leadership Advancement – CLA) program, which helped me decide to become active in the leadership of the Southern Tier VMA.

**Connections:** How do you feel professionals such as yourself benefit from being involved in a professional association?

**Clay:** Belonging to a professional organization is a great way to get to know your colleagues and to find out about the issues that affect all veterinarians. Many times I have been grateful to gain a different perspective or leave with a better understanding of a new topic after spending time with colleagues at a meeting. Our regional and state groups also provide high quality CE at a great value. Over the years I have also become more aware of how much we are affected by legislation, especially at the state level, and how the NYSVMS helps protect the interests of our profession.

**Connections:** What specific area of expertise are you bringing to the Executive Board?

**Clay:** I worked as an associate veterinarian for 11 years and have been a practice owner for eight years. This experience has given me a well-rounded understanding of many of the issues that affect our younger members, as well as those that are of concern to business owners.

**Connections:** What are your biggest goals for your term?

**Clay:** As a new Executive Board member my initial goal is to get a better understanding of the initiatives that the NYSVMS is pursuing so that I can serve as a resource to my colleagues in the Southern Tier. I would also like to be able to communicate our priorities to our elected representatives.

**Connections:** Are there particular initiatives the NYSVMS is pursuing that you feel are critical?

**Clay:** The NYSVMS does many good things but I think one of the most critical functions is to be ready as an organization to represent the interests of our members when legislative issues arise.

**Connections:** If a young associate veterinarian asked you why they should join the NYSVMS what would you tell him/her?

**Clay:** I recommend younger veterinarians join the NYSVMS and their regional association to enjoy the camaraderie, networking opportunities and to discuss those tricky cases! Low-cost or even free CE is another great perk of membership.
Using a Per Diem Veterinarian – Worth the Risk?

Veterinary practices facing a temporary shortage of veterinary staff often rely on the services of “per diem veterinarians” to supplement the professional staff in a practice for a day, a week or sometimes longer. “Per diem veterinarians” are typically treated as independent contractors, who receive no employee benefits, including unemployment insurance or workers’ compensation coverage. When they are treated as non-employees by the practice, there are no federal or state tax or FICA deductions taken from the amount they are paid, and the full amount of their compensation is reported on an IRS 1099 form provided to them by the practice at the end of the year; they bear the sole responsibility for paying the appropriate federal and state income taxes.

Many individual veterinarians offering their services as per diem veterinarians say that they prefer to work as independent contractors. The veterinarian hired as a “per diem veterinarian” who is offering her or his services as an independent contractor may even provide a written agreement for their services that specifies that they are an independent contractor and not an employee. But are they?

Employers who in the past relied upon the 20-point test used by the IRS to determine whether a worker is an independent contractor or an employee are likely to find that in New York State (and many other states), the state is making their own determination of employment status, and that the state’s interpretation of the factors governing employment status are being interpreted in a way that finds that a worker is an employee, and must be guaranteed all the benefits of that employment relationship.

New York State is just one of many states that are adopting stricter standards for determining whether a contract worker is truly an independent contractor, and the movement isn’t all that recent. In 2007, then-Governor Eliot Spitzer adopted an Executive Order to address employee misclassification, the improper classification of a worker as an independent contractor instead of an employee. At the time of the 2007 Executive Order, a study conducted by Cornell’s School of Labor Relations concluded that between 2002 and 2005, nearly 40,000 employers in the state misclassified more than 700,000 workers – more than 10 percent of the state’s private workforce. The state’s interest in preventing the misclassification of workers, and the rationale behind the Executive Order, was primarily involved in assuring that workers receive the protections provided by law to employees, but not to independent contractors. Those protections include all the benefits assured to workers under the federal Fair Labor Standards Act and state laws that provide workplace protections to employees. The state is also interested in having employers pay a portion of unemployment benefits, workers’ compensation and disability premiums, and Social Security/Medicare taxes. Independent contractors must either pay all these costs themselves or forgo these benefits that are part of an employer-employee relationship.

The 2007 Executive Order also ordered different state agencies that are involved in employment programs to work together on the investigation and enforcement of proper employee classification. The state agencies primarily involved are the New York State Department of Labor, the Workers’ Compensation Board, the Attorney General’s Office and the Department of Taxation and Finance. Under the terms of the Executive Order, if one of these agencies determines that an employer has misclassified an employee as an independent contractor, it will forward that finding to the other agencies that are responsible for enforcing other aspects of the employer-employee relationship.

So if, for example, the Department of Labor determines, after investigation, that an employer has misclassified a per diem veterinarian as an independent contractor, and that determination becomes final, it will be forwarded to the Workers’ Compensation Board, which will require the employer to provide back workers’ compensation and statutory disability coverage for the employee and likely pay a penalty for not providing it initially; and the Department of Taxation and Finance, which will review tax payments to ensure that the appropriate income taxes have been paid on wages, and forward the file to IRS for enforcement of employer FICA payments on behalf of the employee.

Independent Contractor or Employee?
There is no definition of an independent contractor anywhere in New York State statute or regulations that will help a veterinary practice (employer) determine whether the individual veterinarian contracted for work as a “per diem veterinarian” is truly an independent contractor. The
risk for the employer who thinks that they have contracted with an independent contractor is that the state will make its own determination whether that individual is an employee or not. The state’s determination of whether an employer-employee relationship exists is based upon an analysis of the workplace relationship, and the degree of control exercised over the worker. If the veterinary practice exercises control over the work performed by a per diem veterinarian and the services that he or she provides to clients of the practice, the individual is likely to be considered an employee. The state will look specifically at a number of different factors, including how much supervision, direction and control the employer exercises over the work of the individual. If the employer is claiming that the individual is an independent contractor, the investigation will look for evidence that supports or refutes that claim. The state agency that has taken the most aggressive role in determining whether employers are properly classifying their workers is the Unemployment Insurance Division of the New York State Department of Labor. The UI often comes into a workplace as a result of a claim for unemployment insurance benefits filed by a person claiming to have been an employee, but the agency also has the authority to conduct an audit or investigation of an employer’s records when there has been no claim filed. UI investigators will review payroll records and information about the people who work for the employer to determine whether there has been any misclassification of individuals. If an employer is claiming that certain workers are independent contractors, an actual contract with that worker is an important piece of evidence, but will not necessarily be accepted by the UI investigator as absolute proof that the individual is an independent contractor. The investigator will also look within that agreement to see if it allows the employer too much control over the activities of the worker – in which case the agreement itself may support a finding that an employment relationship exists.

When a UI investigator comes into a business to investigate possible misclassification of workers, the investigator will look for several factors that show employer control over the individual consistent with an employer-employee relationship. According to the Department of Labor, employer control, and evidence of an employer-employee relationship, is shown when:

- The employer chooses when, where and how the worker performs services;
- The employer provides the facilities, equipment, tools and supplies;
- The employer directly supervises the services provided by the worker;
- The employer sets the hours of work;
- The employer requires exclusive services (e.g., stipulating that an individual cannot work for other employers);
- The employer sets the rate of pay;
- The employer requires attendance at meetings and/or training sessions;
- The employer asks for oral or written reports;
- The employer reserves the right to review and approve the work product;
- The employer evaluates job performance;
- The employer requires prior permission for absences; and

- The employer has the right to terminate the worker.

The Department of Labor will make a determination whether a worker is an employee, based upon these factors and others indicating the extent of the employer’s control over the worker. An overall determination of employee status need not be supported by finding that all of the above factors exist, or even a majority of them; a finding that an employment relationship exists can be based on just a few of the factors deemed by the Unemployment Insurance Division to be important ones.

If an investigation conducted by the Department of Labor’s UI Division determines that the worker is an employee, the employer will be required to pay into the unemployment insurance fund for the worker all amounts that should have been paid in the last three years, based upon the amount of compensation that the worker received in that time period, plus interest. An employer can contest an initial finding from UI, and request a hearing before an administrative law judge in the Unemployment Insurance Division; additionally, an adverse result can be appealed outside the Department of Labor, in the court system. In any hearing or court action, the employer will be expected to provide evidence that the worker in question was an independent contractor, and not an employee. To prevail, the employer must present evidence showing that the independent contractor is free from the employer’s supervision, direction and control in the performance of duties. It is generally important that the employer have a written agreement with the independent contractor that shows that the worker operated free from the
supervision and control that the employer would exercise over an employee, although this factor alone will not establish definitive evidence that the worker is an independent contractor. It has become a factor of greater importance that the independent contractor has a business of their own, and is in business and offering their services to the general public, even while they are working for the employer in question.

The Department of Labor has identified the following factors that will tend to establish that an individual is an independent contractor:

- The person has an established business;
- They advertise in electronic and/or print media, and buy ads in the Yellow Pages;
- They use their own business cards, stationery and billing documents;
- They carry their own liability insurance and other business insurance;
- They keep a separate place of business with their own facilities, equipment and supplies;
- They pay their own expenses;
- They assume a risk for profit or loss from work performed and compensation received;
- They set their own schedule;
- They set or negotiate their own rate of pay;
- They offer services to other businesses in addition to the employer in question;
- They are free to refuse work; and
- They are free to hire assistance to perform the duties they perform for the employer.

These factors from the Department of Labor, used to determine that an individual performing work for an employer is an independent contractor, depend in large part on that individual having a separate, established business that will provide employee benefits for that individual (and their assistants) while they are performing work for the employer in question. It may be a difficult standard to meet when looking at the typical relationship between a veterinarian practice and a per diem veterinarian.

A task force established by the 2007 Executive Order was instrumental in the passage of two laws that define an independent contractor in specific industries that were identified as having particularly high rates of misclassified employees—the construction industry, now governed by the Construction Industry Fair Play Act, passed in 2010, and the motor carrier industry, which will be governed by the Commercial Goods Transportation Industry Fair Play Act, signed into law by the governor in January. Both laws provide that a worker will be considered an employee (the default finding) unless certain circumstances exist that clearly show that the individual is a “separate business entity,” as defined in each of these two new sections of law. The factors for establishing the “separate business entity” are very similar to the ones listed above, and cited by the Department of Labor in establishing that an individual is likely to be an independent contractor. In addition, a further qualification in both these laws for establishing that an individual is an independent contractor is that the employer must not represent the individual to customers as an employee.

These new laws, and the aggressive enforcement of employee coverage for unemployment insurance, should give a veterinary practice sufficient cause to re-examine relationships with per diem veterinarians that are considered independent contractors by the state in determining whether an individual is an employee or an independent contractor is heavily weighted toward finding that everyone is an employee—and if an employer is not able to show that the worker has a separate business (a “separate business entity,” under the law), that’s probably accurate. That presumption, expressly built into the law for contracting and motor carrier businesses, is being used as a standard for other businesses as well. It represents the state’s current public policy of ensuring that all workers will receive proper Social Security benefits, healthcare, workers’ compensation, unemployment benefits, minimum wage protections, and the right to a safe and healthful workplace.

Because New York State has taken such a strong stand in this area of employee protection, employers should carefully weigh the risks of classifying an individual as an independent contractor if they are not likely to be able to meet the test for determining “independent contractor” status under the law. Remember—the penalties for misclassification of an employee as an independent contractor will all be paid by the employer, so the employer should make a decision that will put them at the smallest risk in the event of any state investigation.

Barbara Ahern, Esq., NYSVMS Legal Counsel

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Dr. Crager “Doc” John Boardman, Sr., passed away Oct. 28, 2013. Born on April 29, 1926, in Rome, N.Y., and raised on the farm by Cornell graduates Elizabeth and Dr. Don Boardman, Sr., Doc was a force of nature who is survived by Jean, his infinitely patient bride of 64 years; children Andrea Lucas, Crager Jr., Dianne Pedley, and Marc; brother Don Jr. and sister Agnes; seven grandchildren and three great-grandchildren. He was predeceased by his son Arol and brother Alfred.

Doc was a second-generation Cornell Veterinary College graduate whose career included stints as a WW II Navy veteran, meat inspector, radio personality and absolute sports nut. He was a collector of books, post cards, ginger beer bottles, old radios, and other unique antiques. His friendly and larger-than-life personality, humor and card-playing acumen resulted in a huge circle of friends throughout Central New York, Florida and wherever his travels took him.

A. Louis Shor ’53
Dr. Shor, 89, Voorhees, N.J., died Aug. 7, 2013. He worked for what is now known as GlaxoSmithKline from 1980 until retirement in 1990, first as manager of clinical development, and, later, as manager of the poultry development laboratory, then as manager of the poultry program and veterinary research projects. In retirement, Dr. Shor was a veterinary consultant. A past president of what is now the American Association of Corporate and Public Practice Veterinarians; he was a member of the American Association of Avian Pathologists and represented the AAAP on the former AVMA Drug Availability Advisory Committee for several terms. Dr. Shor was a member of the American Society of Animal Science, Poultry Science Association, and Dairy Science Association. In 1988, he was named Industrial Veterinarian of the Year. Dr. Shor served in the Army during World War II.

Peter A. Huyler ’56
Peter Alvin Huyler died on Jan. 3, 2014, at home with his loving wife and cats. Pete was born in Tenafly, N.J., on April 5, 1932. His family relocated to Franklin, N.Y., when he was fourteen after his dad retired. He graduated as valedictorian from the Franklin School and attended Cornell University Veterinary College where he met and married Margaret Rogers in 1954. He graduated Cornell in 1956 and opened a large animal practice in Walton serving Delaware and other surrounding counties. He was sought-after as a vet for his comforting presence, his veterinary acumen, and his comedic wit. In his travels, he was able to touch many lives, both human and animal. Peter is predeceased by his first wife, Margaret Huyler; his daughter, Louise Huyler Halley, and his grandson, Peter Huyler. Peter is survived by his children: Duncan Huyler, Timothy Huyler, and Susan Bomalaski; his grandchildren: Nicholas Bomalaski, Rachael Bomalaski, Connor Huyler, Garrett Huyler and Kathleen Halley; his great grandchild: Maritessa Bomalaski-Sandoval; his nieces: Haila VanHentenryck, Gracesa VanHentenryck, Jane Fisher Lewis, Nancy Lewis, Melissa Rogers and Carolyn Huyler; his nephews: Robert Rogers, Jim Lewis and John Lewis; his sisters-in-law: Gina VanHentenryck, Betts Parillo; his brother-in-laws: George Rogers and Kevin VanHentenryck; his long-time friend, Betty Moore; and his wife, Nina Pfeffer.
Julie A. Lawton, CAE,
former executive
director of the New
York State Veterinary
Medical Society and
an honorary NYSVMS member,
Ms. Lawton spent 24 years as
NYSVMS Executive Director,
the longest serving executive
director of any veterinary medical
association in the country.
She began her career with
the NYSVMS in 1980 when she
joined Matterson Associates, an
association management firm
that provided executive director
services to the NYSVMS. Her early
dedication to the society and its
members was so apparent that
when the NYSVMS executive
board changed management
firms in 1983, it asked Ms.
Lawton to move with them.
In 1988, when then-executive
director Henry Muller resigned to
pursue other opportunities, the
executive board appointed Ms.
Lawton as its executive director.
In 1991, the executive board
hired Lawton Management
Inc. to manage the NYSVMS,
with Ms. Lawton retaining the
role of executive director.
With Ms. Lawton at the helm,
the NYSVMS grew from an
association with an annual
budget of $260,000 and a small
reserve fund of $26,500 to one
of the larger state VMAs with
an annual budget of $630,000
and a reserve fund of $558,000.
Under her direction, the NYSVMS
developed innovative programs
to enhance veterinary medicine
in New York State, such as the
Committee for Leadership
Advancement, a program
designed to groom young
veterinarians for positions of
association leadership, and the
Veterinary Facilities Accreditation
Program, which helps veterinary
practices comply with OSHA,
DEA and other federal and
State laws and regulations.
Ms. Lawton was a member of
the Empire State Society of
Association Executives, and
served as its president in 1995.
She was a founding member
of the American Society of
Veterinary Medical Association
Executives, and served as its
newsletter editor, treasurer,
secretary and president from
1996 to 1997. She was also a
member of the American Society
of Association Executives, and
successfully completed the
Certified Association Executive
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enhance individual performance,
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Commission for Certifying
Agencies. Among association
leaders, the CAE designation is a
recognized mark of distinction.
“I am proud to have
earned my CAE. It was my
way of demonstrating my
commitment to the NYSVMS,”
Ms. Lawton said in 2011.
Ms. Lawton announced her
retirement as NYSVMS Executive
Director (for health reasons)
in August, 2011. Reflecting on
that decision at the time, she
said, “The NYSVMS has been
an important, challenging and
rewarding part of my life since
1980. The decision to retire was
a difficult one for me to make.”
“It has been a privilege to
work for such a respected and
influential organization and
I wish only the best for the
profession and the NYSVMS,”
Ms. Lawton concluded.

Ms. Lawton was awarded the
NYSVMS Outstanding Service
to Veterinary Medicine Award
in 2011. The award honors an
individual who through his or her
efforts in education, research,
practice, or some veterinary-
related occupation significantly
contributed to the advancement
and improvement of veterinary
medicine in New York State.
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**Hudson Valley**

FT/PT Associate Veterinarian needed for busy, full service hospital located in historic Woodstock w/ 2 satellite offices. 2 hours from NYC. Ultrasound, therapeutic laser, and coming soon digital radiography. Send resume to wdstdvm@yahoo.com or: Woodstock Animal Hospital PO Box 6, Woodstock, NY 12498.

**Long Island**

Immediate position for new graduate and/or experienced associate with potential for practice ownership. Located in growing wine country of the North Fork of Long Island. Full service SA hospital, with digital x-ray equipment, ultrasound and surgical capabilities. E-mail information to RHanusch@aol.com.

**Northern New York**

Veterinarian wanted at a 7 DVM, AAHA certified practice in Northern NY. 6,400 sq. ft. Adirondack style facility with staff of 24, including 8 LVTs. Five exam rooms, dental suite, ultrasound, well equipped dual surgical suite, etc. New grads welcome! Email: ncacv@northcountryanimals.com.

**Western New York**


Looking for a licensed veterinarian to conduct assessments and treatment of animals at a Lab Animal Facility in the Summer, 2014. Species include rats, dogs, sheep, pigs, etc. Competency in all species is desirable but training will be provided. FT or PT. Contact Dr. Lisa Martin, (716) 829-3877, lbmartin@buffalo.edu.

FT position in well-established emergency clinic with referrals from throughout WNY. Well equipped facility including digital radiography. Boarded internist on site. Excellent compensation, benefits and flexible schedule. Email: roadrun160@aol.com. Call Kevin Kuhn, DVM, (716) 839-4044. Web: www.petemergencybuffalo.com.

**Veterinary Technicians Wanted**

24 hour emergency and specialty veterinary hospital is seeking FT surgical vet technician. Assist in surgery, monitor anesthesia, perform physical exams. Strong communication and customer service skills required. Compensation based on experience. LVT required. Email resume to: arauscher@atlanticcoastvet.com or call (631) 285-7780.

Join a growing animal hospital in Westchester; one block from Metro North. Full range of diagnostic, surgical & dental care. LVT preferred. Minimum two years’ experience with venipuncture, pharmacy, radiology, more. Competitive salary and benefits. Email resume and salary desired to WestchesterDVM@aol.com.

LVT needed part time for low cost spay and neuter clinic outside Schaghticoke. 2-4 days needed monthly which are flexible with your schedule and a very competitive salary is offered. Contact Chris at (518) 692-9848 (please leave a message), or email at letstucketinn@dishmail.net.

Relief Veterinarians Available

Experienced, reliable, small animal medicine and surgery relief vet. Available for central, southern and western N.Y. Contact Melissa Mandzak: mmandz33@aol.com, (585) 402-4323.

Practices for sale

**Western New York**

Well-equipped one doctor, small animal practice. Grossing around $540,000. On Lake Erie and the wine trail, a unique opportunity to own a thriving business in a beautiful little lake town. Practice and Real Estate: $631,500. Contact Joe Stephenson: (800) 474-4775, jbs@simmonsne.com.

**Catskills**

Great starter practice in the Hudson Valley. Owner is cutting back, selling successful satellite practice. Revenue around $225,000, but with a full-time owner, has great growth potential. $325,000 includes real estate, practice, equipment and working inventory. Contact Joe Stephenson: (800) 474-4775, jbs@simmonsne.com.

**Onondaga County**

Profitable Emergency Practice. Freestanding facility with 3-exam rooms updated equipment and DVMAXX Software. Could also be primary care facility. Other listings: AL, FL, ME, MI, NV, NC, OK, TX, VA, WV. PS Broker Inc. Ph: (800) 636.4740 Web: psbroker.com

**Practices Wanted**

Thinking about selling your practice? Use our expertise to value or sell your practice while you focus on what’s important. Our experience in sales and appraisals exclusively for the veterinary industry makes Simmons the experts. Contact Joe Stephenson at (800) 474-4775, jbs@simmonsne.com.
SAVE THE DATE
New York State Veterinary Conferences

SPRING | Companion Animal
May 16-18, 2014
Hilton Westchester
Rye Brook, NY

FALL | Multi-Species
October 11-12, 2014
Cornell University College of Veterinary Medicine
Ithaca, NY