

# The New York City Veterinarian

June, 2021  
Volume 61, No. 2



## PRESIDENTS MESSAGE

*Thomas LoBasso, DVM, PC*

Dear VMA of NYC Family:

Well the ides of June are, once again, upon us, and during this time The VMA of NYC joins the rest of the country in celebrating pride month and recognizes the struggles, stories and victories of those who are in the LGBTQIA+ community. For as long as I have been a veterinarian, I have been proud to belong to a profession and veterinary medical association that has long welcomed members of the LGBTQIA+ community, as well as others under the sexual and gender minority umbrella.

Through the acquaintances and friendships I have made during my almost three decades as a VMA of NYC member, I have come to know many of you and truly applaud the courage and resilience it takes for individuals to live openly and authentically as you have become esteemed members of our veterinary community. These accomplishments remain truly remarkable in lieu of the fact that many had to face systemic discrimination amongst other challenges.



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President's message continued ...

As most of you know, I am what many would refer to as an (old) white cisgender heterosexual male, and therefore, have never had to face any of the unpleasanties that most members of the aforementioned community have had to endure, throughout both their professional and personal lives. However, I am confident that I along with our entire organization, and hopefully the country and maybe even the world, will remain committed to listening, respecting, and supporting our lesbian, gay, bisexual, transgender, queer, intersex, and others under the sexual and gender minority umbrella. To quote Harvey Milk: It takes no compromise to give people their rights. It takes no money to respect the individual. It takes no survey to remove repressions.

As a revered profession we must and will continue to strive to remain inclusive and support one another through the many challenges that we all will face in both our professional and personal lives. That being said, I'd like to dedicate this message as a memorial to Dr. Daryl S. Rath, a dearly departed friend that left this world way too early, who not only helped me become a better a better veterinarian, but a better person. With that said, I wish all The Members of The VMA of NYC both a Happy Summer and Pride Month.

Stay Safe.

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## Calendar of Events

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### **Program Committee - Megan McGlenn, VMD**

The schedule of the VMA of NYC Continuing Education meetings for the 2021 calendar year is listed below, including the speakers and topics. All meetings are being held virtually at this time. The meetings will start at 7:00 pm. Members must register prior to each meeting.

#### **September 1, 2021**

Speaker: John E. Rush, DVM, MS, DACVECC, Tufts Cummings School of Veterinary Medicine  
Topic: Mitral Valve Disease

#### **October 6, 2021**

Speaker: Sara Wennogle, DVM, PhD, DASCVM  
Topic: Update on Disorders of the Canine Biliary Tract

**Nov. 3, 2021** TBD

**Dec. 1, 2021** TBD

*If you have any suggestion for a continuing education speaker or timely topic, please email the VMANYC at [info@vmanyc.org](mailto:info@vmanyc.org).*

## Veterinary Professional Self-Care

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The following courses and evaluations from the AVMA focus on all aspects of well-being—both personal and professional . Topics cover stress management, workplace culture, community support, team building resilience , suicide prevention, and more.

Adaptability: Getting back to being human - <https://axon.avma.org/local/catalog/view/product.php?productid=161>

Assess Your Wellbeing - <https://www.avma.org/resources-tools/wellbeing/assess-your-wellbeing>

Emotional Blackmail: How to End the Cycle - <https://axon.avma.org/local/catalog/view/product.php?productid=109>

Mediation and Relaxation Exercises - [https://www.avma.org/sites/default/files/2020-04/Mindfulness%20Body%20Scan\\_Final.mp3](https://www.avma.org/sites/default/files/2020-04/Mindfulness%20Body%20Scan_Final.mp3)

Mental Health America Screening Tools - <https://screening.mhanational.org/screening-tools/>

Mission Possible: Creating a Culture of Wellbeing - <https://axon.avma.org/local/catalog/view/product.php?productid=11>

National Wellness Institute: Lifestyle Assessment - <https://nationalwellness.org/testwell/twfree.htm>

Practice Model Efficiency for Wellbeing and Profit - <https://axon.avma.org/local/catalog/view/product.php?productid=15>

QPR Suicide Prevention Training - <https://www.avma.org/resources-tools/wellbeing/qpr-suicide-prevention-training>

Secrets to Build Unstoppable Self Confidence - <https://axon.avma.org/local/catalog/view/product.php?productid=160>

# Escape to Maine

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# OVERVIEW OF CCL DISEASE AND COMMON REPAIR TECHNIQUES

*Karen Cherrone, DVM, DACVS, KLC Veterinary Surgical Services*

Cranial cruciate ligament disease (CCL) is the most common cause of pelvic limb lameness in the dog. The term *cranial cruciate ligament disease* is used to encompass the variety of disorders affecting this important anatomic structure. Disorders include traumatic avulsion of the femoral or tibial attachment, acute traumatic rupture secondary to excessive strain, and progressive degeneration of unknown cause, resulting in partial or complete rupture. The resulting instability and inflammatory response damage the cartilage and lead to osteoarthritis. Surgical stabilization is generally required and is recommended as soon as possible to reduce permanent, irreversible joint damage and to relieve pain. Several surgical techniques are currently used to correct stifle instability secondary to CCL rupture. Each procedure has unique advantages and disadvantages. There continues to be debate on what is the best option offering the greatest success and ease of recovery.

The exact cause of cranial cruciate ligament rupture is poorly understood. Factors that have been implicated include abnormal conformation and gait, increased tibial plateau angle, obesity, and lack of fitness, however, none of these has proved causative.

## **Function:**

The CCL is the primary restraint against cranial tibial translation with respect to the femur (cranial drawer) and hyperextension. The cranial cruciate ligament and the caudal cruciate ligament twist on themselves to limit internal rotation, but neither ligament significantly limits external rotation. Both ligaments play variable roles in limiting varus and valgus angulation.

The CCL is made up of 2 bands. The craniomedial band is taut in both flexion and extension; therefore, it is the primary check against cranial tibial subluxation. The caudolateral part is taut in extension and lax in flexion; thus, it is the secondary check against cranial tibial subluxation.

It has been demonstrated that the cranial cruciate ligament-deficient stifle joint remains more flexed throughout the gait cycle. The hip and tarsocrural joints respond to this increased flexion by remaining more extended during the stance phase than in the normal gait cycle. In addition to this kinematic alteration, kinetic analysis has revealed decreases in peak vertical forces and impulses, as well as braking and propulsion impulses.

## **CCL Rupture:**

Excessive limb loading, traumatic hyperextension, and/or excessive internal rotation of the tibia may overload the cranial cruciate ligament, resulting in acute rupture. When it occurs, dramatic pain, joint effusion, severe lameness, and stifle joint instability are present.

CCL disease affects a wide variety of dog breeds; in one study, the highest prevalence was seen in the Rottweiler, Newfoundland, and Staffordshire Terrier, and the lowest prevalence in affected breeds was noted in the Dachshund, Basset Hound, and Old English Sheepdog. In another study of dogs that sustained cranial cruciate ligament rupture before 2 years of age, predisposed breeds included the Neapolitan Mastiff, Akita, Saint Bernard, Rottweiler, Mastiff, Newfoundland, Chesapeake Bay Retriever, Labrador Retriever, and American

## Overview of CCL Disease and Common Repair Techniques Continued.....

Staffordshire Terrier. Female dogs have an increased prevalence of cruciate ligament disease compared with male dogs, and in both studies, neutered dogs had a higher prevalence than sexually intact dogs. However, age at the time of ovariohysterectomy was not associated with the prevalence of cruciate disease. Several studies have documented that smaller dogs—those weighing less than 22 kg—tend to be affected later in life than larger dogs.

### Diagnosis:

The cranial drawer test is the mainstay of diagnosis of stifle instability; it is a test in which the operator creates craniocaudal tibial translation by applying a force to the tibia while holding the femur stable. In cases of partial tear of the cranial cruciate ligament, cranial drawer may be present or absent. If the craniomedial band is torn and the caudolateral part is intact, cranial drawer is present in flexion only because the intact caudolateral part is taut in extension. If the caudolateral part is torn and the craniomedial band is intact, no cranial drawer is present because the craniomedial band is taut in both flexion and extension. Mild effusion of the stifle joint, pain when the stifle is held in extension, and discomfort noted during the cranial drawer test are consistent with partial cranial cruciate ligament rupture.

The tibial compression test is another test of stifle joint stability in the sagittal plane; in this test, the operator creates stifle joint compression that results in a cranial tibial thrust force.

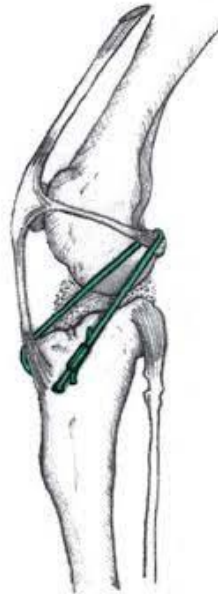
Radiographic examination of the stifle is warranted in all cases of suspected cranial cruciate ligament disease to verify stifle osteoarthritis in routine cases; to confirm stifle pathology in challenging cases of partial cranial cruciate ligament tear; and to rule out other disorders, such as fracture or neoplasia. Typical radiographic findings in cranial cruciate ligament disease are consistent with osteoarthritis of the stifle. One of the earliest and most consistent findings is loss or effacement of the infrapatellar fat pad shadow by a soft tissue opacity in the lateral view. Radiographic examination of the contralateral stifle is recommended when there is suspicion of bilateral cranial cruciate ligament disease. Radiographic evidence of joint effusion and osteophytosis of the contralateral stifle joint were found to be risk factors for rupture of the contralateral cranial cruciate ligament. Effusion of the contralateral stifle joint, in particular, was a highly significant risk factor for bilateral disease progression, with an odds ratio of 13.4 for development of a contralateral cranial cruciate ligament rupture by 1 year after diagnosis.

### Common Stabilization Techniques:

#### Lateral Fabelotibial Suture:

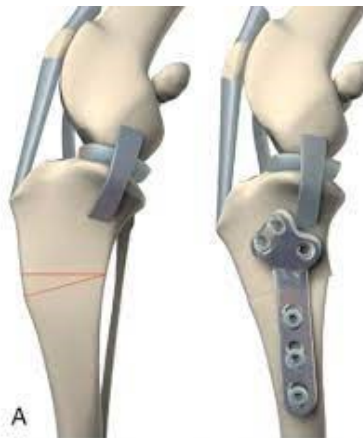
A variety of techniques designed to stabilize the cranial cruciate ligament-deficient stifle joint using extra-articular devices have been reported. These techniques rely on periarticular fibrosis for long-term stability because the stability first created by these techniques is relatively short lived. Examples of this technique include hand-tying of Nylon leader line, the crimp-clamp technique, FiberTape, Swivelock and TightRope.

**Lateral Fabelotibial Suture:**



**Cranial Tibial Closing Wedge Osteotomy:**

Slocum and Devine described the cranial tibial closing wedge osteotomy (CTWO) for the treatment of cranial cruciate ligament rupture in dogs in 1984. The cranial tibial closing wedge osteotomy was the first procedure described that was performed with the intention of eliminating cranial tibial thrust by reducing the tibial plateau angle. Initially recommended as an adjunct to procedures that impart passive stabilization (e.g., fascial imbrication), the cranial tibial closing wedge osteotomy involves leveling the tibial plateau angle by removing a cranially based wedge of bone from the proximal tibia. The two bone segments are stabilized with a medially applied bone plate. The biomechanical rationale of cranial tibial closing wedge osteotomy is similar to that of tibial plateau leveling osteotomy. According to Slocum's theoretical model, the magnitude of cranial tibial thrust that occurs during weight bearing in the cranial cruciate ligament-deficient stifle joint is dependent on the degree of the caudodistally directed slope of the tibial plateau. By reducing the tibial plateau angle, cranial tibial closing wedge osteotomy mitigates the cranially directed femorotibial shear force (the cranial tibial thrust) responsible for cranial tibial translation.



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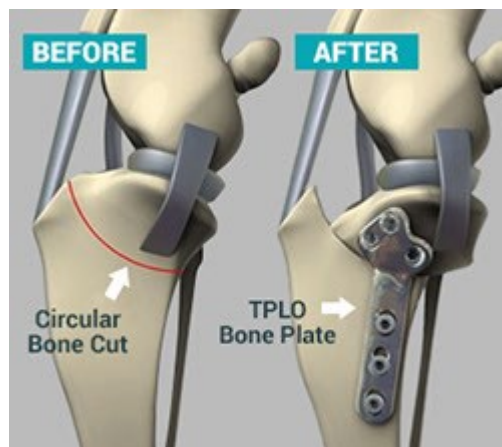


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### Tibial Plateau Leveling Osteotomy:

The tibial plateau leveling osteotomy procedure is essentially a modifying osteotomy of the proximal tibia intended to neutralize cranial tibial thrust. Biomechanical analysis of cadaver models has demonstrated that tibial plateau segment rotation resulting in a tibial plateau angle of approximately 6.5 degrees neutralizes cranial tibial subluxation, whereas leveling to angles less than this induces caudal tibial subluxation and increases strain on the caudal cruciate ligament. The tibial plateau leveling osteotomy procedure has proved to be very effective at neutralizing cranial tibial subluxation in the cranial cruciate–deficient stifle joint; however, the procedure does not prevent internal tibial rotation or hyperextension, the two other major functions of the intact cranial cruciate ligament. Thus, the tibial plateau leveling osteotomy procedure does not create normal kinematics of the stifle joint; however, no surgical procedure intended to stabilize the cranial cruciate ligament–deficient stifle joint in the dog has been proven to accomplish this to date.



Neoplasia of the proximal tibia has been reported following tibial plateau leveling osteotomy; its incidence in cases using a specific cast bone plate has been estimated to be approximately seven times greater than expected. However, a direct association between the specific implant and the development of osseous neoplasia could not be confirmed. In addition to implant corrosion, other factors have been implicated in the development of osseous neoplasia adjacent to metallic implants, including the specific metal alloy used for the implant; electrolysis between dissimilar metals of the implant; tissue damage at the time of trauma or surgical repair; and altered cellular activity related to delayed union, nonunion, or infection. With the advent of new wrought tibial plateau leveling osteotomy implants, the role of the plate itself in the development of osseous neoplasia may be elucidated in the future as the incidence of neoplasia increases, decreases, or remains the same.

## Overview of CCL Disease and Common Repair Techniques Continued.....

### Tibial Tuberosity Advancement:

Tibial tuberosity advancement is a relatively simple concept used to alter the effective tibial attachment point of the patellar ligament to modify the patellar tendon angle. Surgical dissection is similar to that performed for tibial tuberosity transposition for correction of patellar luxation, although a much larger bone fragment is obtained. Stability of the cranially advanced tuberosity is attained with a custom-designed tension-band plate and cage or a stand-alone cage. The purpose of tibial tuberosity advancement in the dog is to move the tibial tuberosity sufficiently far cranially to maintain a patellar tendon angle of 90 degrees or less from the point of first foot-strike (maximal stifle joint extension during weight bearing) so as to obtain a neutrally or caudally directed tibiofemoral shear force during ambulation, which stabilizes the joint. The effect of advancing the tibial tuberosity, demonstrating an alteration of tibiofemoral shear forces as a result of the patellar tendon angle, has been validated in multiple ex vivo experimental studies.



### In Conclusion:

There are numerous reports documenting the success, advantages and disadvantages of each technique which are beyond the scope of this article. Case selection, surgeon experience and client compliance are imperative regardless of the technique performed for successful stifle stabilization secondary to CCL rupture.

*Information contained in this article was obtained from Veterinary Surgery: Small Animal, Tobias and Johnston, Chapter 61, The Stifle Joint.*

## VETERINARIANS WANTED

**ABC Animal Hospital** in the East Village seeking per-diem veterinarian for 2 to 3 days a week. We are a fully equipped hospital with a digital x-ray, surgical suite, and multiple exam rooms. Looking for an independent and experienced veterinarian who would work well with the team. Open to discussions regarding compensation and scheduling. Please email [shireo@gmail.com](mailto:shireo@gmail.com) for more information.

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**Queens Animal Hospital.** Growing practice in Forest Hills, NY is seeking veterinarians to join our team. New graduates are welcome, Bilingual is a plus. Willing to train with existing veterinarians in holistic and conventional medicine. We will beat any salary and benefits offered in the NY area. Also looking for feline specialists. Our hospitals are equipped with digital x-ray and complete in house blood equipment. Email resume to [nyvet-care@gmail.com](mailto:nyvet-care@gmail.com).

**Steinway Court Veterinarian.** Part time associate for Astoria veterinary office. Busy clinic with great staff and the ability to practice quality medicine. Experience preferred. Great opportunity to get into a thriving practice. Please contact Dr. Glasser at [rglasser@steinwaycourtvet.com](mailto:rglasser@steinwaycourtvet.com).

**Westside Veterinary Center** is looking for an energetic and compassionate associate veterinarian. A veterinarian who is confident in their ability to diagnose and treat complex medical cases. Westside Veterinary Center offers great mentoring because we have many experienced and knowledgeable veterinarians. We are one of the largest private veterinary hospitals in Manhattan established in 1985. Several of our veterinarians have been trained at the Animal Medical Center and at other advance training hospitals. Our experienced and talented support team provide outstanding care for our patients 24 hours/7 days a week. We have a full range of equipment and all necessary tools to excel in both the diagnosis and treatment of medical, surgical and dental cases. We continually strive to grow the knowledge base of our practice and embrace new ideas. Competitive salary and benefits offered. If you are interested in job opportunity at Westside Veterinary Center please contact: Dr. Karen Cantor, Director at [Cantor@westsidevetcenter.com](mailto:Cantor@westsidevetcenter.com). 212-580-1800 / 917-836-7417.

## VETERINARIANS WANTED

**Full or Part-Time.** Veterinarian seeks work at small animal practice in New York City. NY licensed. Contact Eduarda Krieger, DVM at 917-239-3377.

**Per Diem/Part-Time Veterinarian.** Available most Mondays, Tuesdays, Thursdays and Fridays. Excellent people skills. Good practice builder. 35 yrs experience. References available. Dr. Tobias Jungreis at 516-295-1125.

**Per Diem Veterinarian Available.** 39 years of experience. Recently sold my practice after 33 years in the same location. Can perform most routine surgeries. No orthopedics please. Willing to travel up to 40 miles from central Nassau county. Call Paul Fish DVM 516-241-7278 or email [PaulFishdvm36@gmail.com](mailto:PaulFishdvm36@gmail.com).

**Relief/Per Diem Veterinarian.** General practice. Orthopedic and Soft Tissue Surgery. DVM, Cornell. Internship Oradell. Residency in Small Animal Surgery, Cornell. Phone Dr. Kathy Sevall at 718-578-9085.

**Relief Veterinarian.** NYC Relief vet in Manhattan and Brooklyn. Lorelei Wakefield, VMD, internship-trained with 9 years of experience. Soft tissue surgery, derm. expertise. NY/ DEA licensed. 917-930-8936. [lolelei@wakefieldvet.com](mailto:lolelei@wakefieldvet.com).

## VARIOUS POSITIONS AVAILABLE

**Animal Care & Control of NYC (AC&C)** has many new and exciting job openings available at this time. If you love working with animals and helping people they may have a great career opportunity for you. Some of the positions that are available are Communications Associate, Volunteer Liaison, Veterinarian, Licensed Vet Tech, Animal Care Officer, and Animal Control Officer. If you are interested in learning more about the available positions or want to apply, please visit their website at [www.nyacc.org](http://www.nyacc.org).

**Banfield Pet Hospital** seeking Associate Veterinarians in New York! Leadership Positions, Flexible Full and Part-time Schedules! Banfield Pet Hospital is seeking Veterinary professionals for leadership positions, as well as full time and part time Associate Veterinarian positions with flexible schedules. As an Associate Veterinarian, you will be able to make independent medical decisions, continually grow and learn as a Veterinary professional, as well as fulfill a higher purpose by improving the quality of life for millions of pets across the United States. You will also have the opportunity to work alongside a highly trained team, providing the best preventive care possible for both clients and their pets, improving the quality and business performance of our veterinary hospital. A typical day for an Associate Veterinarian will include performing all surgeries, including the use of state of the art medical instruments and equipment. You will diagnose, treat and control diseases and injuries in pets, prescribe and administer drugs and vaccines and educate clients on all aspects of pet health, including Optimum Wellness Plans®. To hear more, or simply to see what we have available, call Andrew Cowley at (360) 784-5057 or e-mail [Andrew.Cowley@banfield.com](mailto:Andrew.Cowley@banfield.com).

**Bideawee**, a leading pet welfare organization serving the metropolitan New York and Long Island, is seeking Associate Veterinarians to join our team in the Manhattan location. Associate veterinarians provide care for dogs and cats in our adoption centers including spay/neuter surgeries/dentals, as well as surgical and medical care for clients of our animal hospitals that is open to the public. The following is a list of essential job functions. This list may be revised at any time and additional duties not listed here may be assigned as needed: Wellness exams, preventative care, management of medical and surgical cases for shelter animals and client-owned animals; Performing spay/neuter and other surgery including dental procedures; Working with our trainers to manage behavior issues; Leading staff and volunteer training sessions in animal care; Participation in educational events held for the community or volunteers/donors; Some administrative work required. Requirements: At least 7 years of experience as a veterinarian; NYS veterinary license required; Shelter medicine experience preferred; Able to perform soft tissue surgeries including but not limited to spays and neuters of dogs and cats; Graduate with a DVM or VMD from a U.S. accredited veterinary school required.

**InstaVet** is a modern veterinary practice, with a focus on providing pets with top level care in the comfort, convenience and stress-free environment of home.. We are looking for an experienced veterinarian to join our growing team, serving clients at home, in the office or local preferred partner clinics. An ideal candidate would be someone who understands the value of administering care in the patients own environment, on demand... while remaining cool, calm and determined under extenuating circumstances. A team player fully invested in their colleagues' success...someone who takes enormous pride in their ability to listen and speak to clients like a trusted friend...a service-minded professional who is energized by the once in a lifetime opportunity to revolutionize the field of in home veterinary care forever.

Skills and Qualifications: A Doctor of Veterinary Medicine (DVM) degree, or equivalent, from an accredited university, Licensure in good standing to practice in New York or New Jersey; Professional demeanor and appearance, with excellent interpersonal skills and a positive, friendly attitude, The ability to make decisions and communicate clearly and effectively with fellow team members, A commitment to practicing the highest standard of medicine, upholding the veterinary code of ethics. Please note we have PER DIEM, PART TIME and FULL TIME positions available. Benefits include generous compensation, professional discounts on pet care, continuing education opportunities and more! Please reply with a cover note and attach your resume. To learn more about our services, please visit our website: [www.InstaVet.com](http://www.InstaVet.com). Required experience: 2 years. Salary commensurate with experience. Salary: \$80,000.00 to \$100,000.00 /year.



## VMA of NYC

***The mission of the  
Veterinary Medical  
Association  
of New York City is:***

*To improve and advance the education of veterinarians and the science of veterinary medicine; to foster and maintain high standards of integrity, honor, courtesy and ethics in the profession; to foster protection of the public health, and enlighten and inform the public in regard to veterinary medicine, science, knowledge and the avoidance of cruelty to animals, wherein it affects the public good and welfare.*



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