

# The New York City Veterinarian

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## PRESIDENTS MESSAGE

*Thomas LoBasso, DVM, PC*

Dear VMA of NYC Family:

As I enter into the fall of my second term, as the president of The VMA of NYC, I would like to take this opportunity to look both to the past and future. When I took over the reigns, this past January the effects of COVID-19 were at a high point. But with the advent of new vaccines, a light the end of the proverbial tunnel began to shine. It was the hope of mine, and many others, that this new weapon would be used in an effort to combat this deadly plaque thus allowing us to reinstate the "old normal, and eliminate the so called "new normal." Well, no such luck, yet, as we are currently in the midst of new and emerging variants which may be, perhaps, even more lethal than the original strain? Our current dilemma, reminds me of the famous line Michael Corleone uttered in Godfather III: Just when I thought I was out, they pull me back in. And so goes COVID.

With that said, I believe we all would agree that we do have some time to go before this awful pandemic is laid to rest. Therefore, I implore everyone to remain diligent and continue to take every and all precautionary steps, including vaccination considerations, in an effort to maintain your own safety and the safety of your families, as we continue to care for and maintain the health of all the creatures that need us.



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## 2021 EXECUTIVE BOARD

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President's message continued ...

Another reflection, at this time, is the 20th Anniversary of The September 11th Terrorist Attacks on The World Trade Center. As New Yorkers and Veterinarians, many of whom directly suffered, I believe I speak for all of our association when I say that our hearts go out to the memories of all our friends, family and clients that were lost on that hallowed day.

In fact, had the North Tower, tumbled down before the South Tower, someone else would have been writing this month's president's message. As a long term Lower Manhattan resident, instead of finding myself in clinics that Tuesday morning I ended up finding myself in the "Red Zone," that's what FDNY/ NYPD referred to the area before the collapse. After identifying myself as a veterinarian and offering to help, I soon was administering first aid to office workers, in front of The Millennium Hotel. As I was stationed under the North Tower, as The South Tower Collapsed, I ran from Church Street to Broadway whereby I got engulfed by that burning hot death cloud which threw me to the ground. I clearly thought I was going to choke to death, right then and there, as I remember crying for my mother. But from what I believe was the hand of God, I was able to crawl, and find my way in total darkness, from the gutter into a nearby bank ATM on the corner of Fulton Street and survive.

Subsequently, after the second collapse, I retired from what later became known as Ground Zero, to New York Downtown Hospital, which remains directly across the street from my apartment, to be examined. However, upon arrival, with the ER room bursting at the seams, and seeing many more people in a lot worse shape than myself, I again volunteered to help. Seconds thereafter I found myself outside the hospital, in the driveway, with a fistful of triage tags, along with The Staff ER Physician, receiving, what seemed to be, endless supply of inbound ambulances. In all the time I spent in front of that ER doing triage, only one red tag had been distributed, the rest were all greens and yellows, which were shared amongst the walking wounded and the many asthmatics.

After a few hours the ambulances, with patients, stopped arriving. It was at this time I looked up into the sky to see two of our fighter jets patrolling the airspace above the billowing clouds. I cried at that point, as I sometimes do every time I see those images, and found my way back to my apartment. So once again, let's remember all who were lost on that day, and pray to the good father, that despite the resurgence of The Taliban, and Isis-K, that the world will live in harmony and no other person or family will become the victim of a terrorist act, ever again, whether it be here or abroad.

Having reflected on the past, I'd like to change gears and circle back to what I began to mention in my opening remarks. I would like you all to know that I am most honored to have served as your association president for two terms, and remain most humbled by the opportunity that you all have afforded me. However, at the same time, I also believe that the turnover of our board members, such as myself, is likened to a snail's pace. Therefore, I would encourage any VMA of NYC Member, who would like to become involved, with the executive board, to please do so. As we are one of the largest VMA's in the state, in the biggest city, we strive to support our members and defend their rights to provide the proper health for both animals and humans.

President's message continued ...

So you might ask, why would you want to become a member of the board, or even of the VMA of NYC, for that matter? Well, I'll tell you. Going as far back as I could remember this organization has held the proud tradition of both advocacy and educational opportunities. Again, I believe we all would agree, that our monthly speakers are without parallel. With that said, I would like to take this opportunity to thank Dr. Chiamonte and Ms. Cherverini as they both have worked and still work tirelessly to book us some of the best lectures, and pre-pandemic venues for our continuing education meetings.

Hence, going forward I would like to see new members come join the board and association, bringing with them fresh ideas to broaden our horizons. I yearn to see new leaders take up the mantle and implement new programs whereby the VMA of NYC can enhance the lives of all its members. There is so much more, that we could accomplish as a VMA that could look to address the true needs of our members, whether they be owner, associate, shelter, or industry veterinarians. Please remember that the door remains open for new members to step up and join the board. You are the future. This is your association. Take advantage of it.

So as I bid you adieu in yet another president's message, remember to stay safe and diligent out there, as you battle both the Corona Virus, and the Memories of September 11th 2001...

Be Well.

Tom LoBasso, DVM  
President, VMANYC

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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.

#### **November 3, 2021**

Speaker: Gail C. Golab, PhD, DVM, DACAW  
Topic: Telemedicine

#### **Dec. 1, 2021**

Speaker: Virginie Wurlod, DVM  
Topic: Critical Care

*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).*

## ALEXANDER DELAHUNTA, DVM, PHD

Credit: Cornell College of Veterinary Medicine



Dr. Alexander de Lahunta, D.V.M. '58, Ph.D. '63, emeritus James Law professor of anatomy, considered the founder of veterinary neurology, died Aug. 17 at his home in Rye, New Hampshire. He was 88.

Regarded as a legend at Cornell's College of Veterinary Medicine and in the wider realm of veterinary sciences, de Lahunta was world-renowned and a pioneer in the field of veterinary neurology. He was also an expert anatomist. Affectionately nicknamed 'Dr. D.,' de Lahunta was also a beloved and influential teacher whose students said his classes changed their lives.

Born in Concord, New Hampshire, in 1932, he received his D.V.M. degree in 1958 from Cornell. He worked as a veterinarian in Concord from 1958 to 1960, and returned that year to Cornell to start a doctoral program at the veterinary college, where he also served as an instructor of anatomy. Upon completing his doctorate in 1963, the veterinary college hired him as an assistant professor.

Over the course of his career, de Lahunta served as chief of the medical and surgical section of the Veterinary Medical Teaching Hospital (now the Cornell University Hospital for Animals) from 1975-76 and as hospital director from 1976-82. He also chaired the Department of Clinical Sciences from 1977-86, and the Department of Anatomy from 1986-91. He became the James Law Professor of Anatomy in 1992, before he retired in 2005.

His contributions to the field of veterinary neurology include the discovery of many neurological disorders in animals. He published five foundational textbooks and more than 260 peer-reviewed papers. He was given the Robert W. Kirk Distinguished Service Award of the American College of Veterinary Internal Medicine in 2000, and was granted honorary membership by the American College of Veterinary Pathologists, also in 2000, and the Royal College of Veterinary Surgeons in 2005. His expertise as an anatomist led to him receiving the inaugural American College of Veterinary Internal Medicine (ACVIM) Lifetime Specialty Achievement award this year.

His contributions as a teacher spanned veterinary anatomy, neuroanatomy, applied anatomy, clinical neurology, neuropathology and embryology. His legendary 2 a.m. clinical exams of his patients were often attended by students, interns and residents.

For his efforts over 42 years, he won the Norden Distinguished Teaching Award four times, and was recognized as the best teacher in basic sciences in 1991 by the Student American Veterinary Medical Association, the national organization for veterinary students.

# CANINE JOINT SUPPLEMENTS: HOW TO CHOOSE AMONG A PLETHORA

Leilani Alvarez, DVM, DACVSMR  
The Animal Medical Center  
New York, NY

Dietary supplements comprise a multi-billion-dollar industry. In the United States, more than 50% of adults consume dietary supplements. In the early 2000's, sales of dietary supplements soared in the United States, with an estimated \$25 billion in annual sales.<sup>1</sup> Approximately 1/3 of that spending is on glucosamine/chondroitin supplements, even though multiple studies have demonstrated little to no clinical benefit of these supplements for the treatment of osteoarthritis (OA) symptoms.<sup>1-3</sup> We know that 69% of Americans suffering with OA take supplements to treat their condition.<sup>1</sup> Given an estimated 20% of the canine population suffers from OA<sup>3</sup>, we suspect an equal or larger percentage of dogs are receiving joint supplements.

## SAFETY AND EFFICACY

Under the 1994 Dietary Supplement Health and Education Act (DSHEA), dietary supplements were classified as a category of food and are not subject to the premarket safety and efficacy testing required by the US Food and Drug Administration (FDA) for pharmaceutical drugs. DSHEA stipulates the manufacturer is responsible for product safety, and claims must be substantiated by evidence that should not be misleading. The FDA is unable to take action against any manufacturer unless it can prove that claims are false and misleading.

Further, unless the manufacturer voluntarily pursues quality assurance and verifiable ingredients, we cannot trust the label regarding a true ingredient list. Products are often not pure and free of contaminants, pesticides, heavy metals or pharmaceuticals. For example, the NY State Attorney General cited 4 major retailers in 2015 (GNC, Target, Walmart, Walgreens) for fraudulent and potentially dangerous herbal supplements.<sup>4</sup> They found that 4 out of 5 products contained NONE of the listed ingredients on the bottle. In a JAMA 2018 quality improvement study, analysis of FDA warnings from 2007 through 2016, showed that unapproved pharmaceutical ingredients were identified in 776 dietary supplements, with 157 products (20.2%) containing more than 1 unapproved ingredient.<sup>5</sup>

## QUALITY ASSURANCE

In 2007, the FDA issued Current Good Manufacturing Practices (cGMPs) in which the manufacturer is expected to guarantee: Identity, Purity, Strength and Composition of supplements. Dietary Supplements with a cGMP label must comply with strict manufacturing guidelines and verify their ingredient list. The equivalent in veterinary medicine is the National Animal Supplement Council (NASC). As part of its ongoing effort to improve and standardize the animal health supplement industry, NASC initiated a Quality Seal Program. The Seal is a way for consumers to know that when they buy a product, they are buying from a reputable company. Obtaining the NASC seal involves a >300-point inspection process, including a rigorous independent facility audit. In addition, products must be manufactured according to cGMPs. Despite thousands of animal dietary supplements on the market, less than 100 are NASC members.

## WHAT TO LOOK FOR IN A QUALITY SUPPLEMENT

Practitioners and consumers are faced with hundreds of options for supplements that reportedly benefit joint health. Practical advice in choosing a quality product includes choosing a company that has been in business greater than 10 years. This helps ensure manufacturing processes have been well established and the company is financially sound enough to run quality control measures and enforce them, including potential recalls.

## WHAT TO LOOK FOR IN A QUALITY SUPPLEMENT

Look for third party laboratory verification of product quality and safety such as: NASC, cGMP, USP (United States Pharmacopeia). In addition, choose supplements that have been tested not just in vitro, but in vivo with robust randomized controlled clinical trials, ideally in the species you are using the product and for treatment of the same intended condition. Additional resources include Consumer Lab, which provides independent testing of dietary supplements for a small annual fee ([www.consumerlab.com](http://www.consumerlab.com)), and the Dietary Supplement Label Database (DSLDB) that is maintained by the National Institutes of Health ([www.dsldb.nlm.nih.gov](http://www.dsldb.nlm.nih.gov)). Also, practitioners should help guide and educate owners regarding searching the internet for new products. Websites that are intended to educate (such as university, government or health agency) are more reputable than websites maintained by the manufacturer that are intended to sell a product. In addition, consumers are encouraged to verify the validity of listed studies and understand that consumer anecdotes of “miracle cures” can be written by anyone and are generally not verifiable.

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## Mike Marder Retires After 60 Years in the Profession

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## Paint the Biopsy Margins with Ink .....Who?.....You!

Donovan TA, Meuten DJ, Moore FM

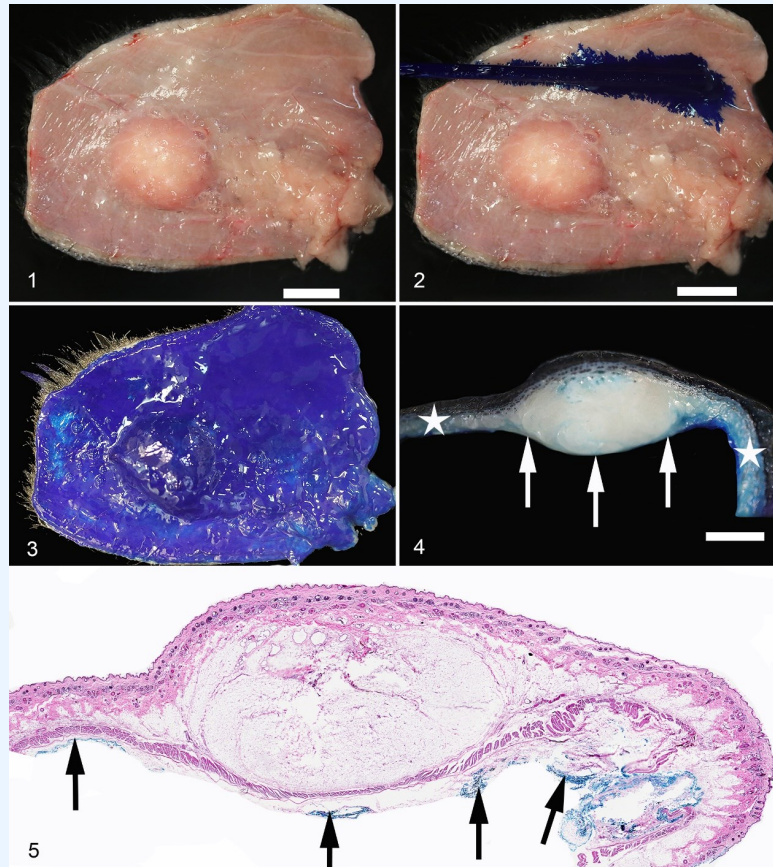
**It is the responsibility of the clinician / surgeon to ensure Ink (dye) is applied to the biopsy sample IF MARGINS are to be reported by the pathologist.** If ink is not applied by the persons removing the tissue, then any margin reported is of questionable or no value. Margin reports are only needed if the surgery was intended to be curative (complete excision). The following is an explanation of why ink applied to the biopsy must be done **before the sample is sent to a laboratory for histopathology.** Inking of margins is crucial, practical yet is it being taught in our veterinary colleges? Were you instructed about the importance of this procedure?

The surgeon plays a critical role in determining if a tumor is completely excised, not only by the surgical approach (surgical dose) but also by identification of the margins of the tissue removed. The only opportunity for precise identification of the excisional margins is at the time of or immediately post-surgery. **The relationship between the tumor and surrounding tissues is altered after the tissue is placed in formalin and transported to the laboratory.**

If margins were not identified and painted (or application supervised) by the surgeon, there is no assurance that the margins of the tissue received in the pathology laboratory reflect the actual margin in the patient. **If the tumor touches ink, then presumably there is tumor present in the patient.** If tumor is not in contact with the ink the pathologist will report the histological tumor free distance (HTFD)\* in mms. Subjective terms such as “clean, dirty, complete or incomplete” margins should be avoided. However, **the HTFD reported by the pathologist from a specimen with margins unmarked by the surgeon are potentially inaccurate.**

**Margins are best identified by ink applied immediately after tumor excision.** A website (referenced below) that details how to apply the ink states “*you do not need to be a Picasso to paint margins*”. Do NOT pour the ink on, “paint”, “swab” ink on excised margins. See Figures, which demonstrate a possible method for the inking procedure: rolling the ink with a wooden stick. Clinicians and pathologists need to work together to obtain accurate margin assessment, considered “vital” for patient care. Ink is inexpensive and can be ordered online. Contact your laboratory to see if a specific type of ink is preferred. Examples of links for ordering ink online are provided below the references.

**Margin measurements within a surgical biopsy report are of high value to clinicians (on par with the diagnosis).** All margins are important, but the deep margin of skin and subcutaneous tumors is particularly important as it is difficult to see during surgery. In one report, descriptions of the deep margin were only available in approximately 10% of canine mast cell tumors. If the surgeon/clinician marks, tags, identifies specific parts of the tumor or margin and explains what they want evaluated microscopically, the pathologist will comply. Communication can be augmented by intraoperative or post-excision images to better explain the boundaries noted at surgery.



**Figures 1-5:** Haired skin with cutaneous mass from the dorsal lumbar region of a dog. **Figure 1:** The removed sample has been turned over so that the mass can be observed from the deep aspect of the sample. **Figure 2:** Ink is being applied to all margins by rolling a wooden stick (arrow) gently over the surfaces of the section. **Figure 3:** Ink has been applied to all margins of the sample (peripheral/lateral and deep). **Figure 4:** Section through the mass. Blue ink can be appreciated beneath the mass (at the deep margins, (arrows) and at the peripheral/lateral margins (stars). **Figure 5:** Histopathologic view of the mass, with blue ink visible at the deep margins (arrows). Although it is ideal for the ink to be uniformly present along the deep margin, even discontinuous ink lets the pathologist know that this is where measurements for the histologic tumor free distance (HTFD) should be made.

**Different colors of ink can be used, however, dark ink is preferred for ease of histological identification,** avoiding black ink on pigmented tumors. One veterinary study comparing 35 different surgical margin inks from 5 different manufacturers found that black and blue ink had consistently high scores (favorable ink characteristics) as compared with other colors. Red and violet had consistently low overall scores, across all manufacturers. Pathologist satisfaction with ink application was found when ink was uniformly present on the applied margin, clearly distinguishable from the surrounding tissue and could be identified as a unique color. **Although tissues greater than 2 cm diameter can be incised to aid in fixation, the margins must not be incised.** Tissue must not be trimmed away from the specimen prior to fixation. If excess tissue is trimmed, then that needs to be recorded on the requisition form. Large tissues can pose a problem with adequate fixation. If a biopsy is too large to fit into the provided formalin container (spleen, limb, large tumor etc.), the lab that performs the histopathology should be contacted for their recommendations, as they will be interpreting the sections.



**The tissue margin seen in histological sections is not equivalent to the margin the clinician observes at surgery, it is only an approximation.** The HTFD varies due to tissue shrinkage resulting from the surgical process (retraction), from formalin fixation and processing as well as biological factors (microscopic infiltration of tumor cells into the grossly normal surgical margin) and can vary by a factor as much as 50%. One study comparing measurements of surgical margins in vivo to those after processing when viewed and measured as HTFD by the pathologist found reductions by a median of 8.8 mm for mast cell tumors and 5.0 mm for STS. Therefore, the **actual histological tumor free tumor distance (HTFD) is greater than the reported HTFD.** Furthermore, only a small portion of the circumferential margin is evaluated in routine radial sections (approximately 0.1 – 0.01% of the total margin). The true excision margin is in the patient, and it is not measured by the surgeon or the pathologist. The histologic margin reported approximates the tumor margin in the patient.

**The significance of neoplastic cells at a surgical margin (microscopic disease) presents a conundrum. There are many examples of neoplasms where an apparent incomplete excision does not result in a recurrence.** The diagnosis and grade are sometimes more important predictors of recurrence than the presence or absence of tumor cells at the margin. In dogs, low-grade cutaneous mast cell tumors may not recur even when there are neoplastic cells at the margins, and high-grade mast cell tumors do not have a safe HTFD that prevents recurrence. Similarly, approximately 95% of canine soft tissue tumors/sarcomas (STT/STS) do not recur if margins greater than 1mm are free of neoplastic cells and when margins are less than 1mm, approximately 75% do not recur. One meta-analysis of canine STT/STS publications found recurrence in 9.8% of completely excised STT/STS and 33.3% of incompletely excised STT/STS. The biology of the tumor, its location in the host and the genetics of the host may be more important factors in predicting recurrence, transplantation, and metastases.

**Additional details and information regarding standardization of prognostic factors of tumors can be found within a recent manuscript: <https://doi.org/10.1177/03009858211013712> and at this website: [www.vcgp.org](http://www.vcgp.org).** The goal of the website and the mission of VCGP is to improve care for animals with cancer through standardization of tumor evaluation and reporting. There are no published guidelines for the methods of the common parameters used by veterinary pathologists. This website is designed to address this need. VCGP created these guidelines and protocols as centralized educational resources for veterinary anatomic and clinical pathologists, veterinary oncologists and clinicians to assist in reporting and gathering relevant information about aggressive tumors. Documents within the VCGP website are living documents that will be updated and are a continuation of previous manuscripts published by veterinary colleagues. We welcome your input and means to communicate can be found within the VCGP website.

**\*Definitions:**

HTFD: Histologic tumor free distance is a microscopic measurement, performed by a pathologist, of the shortest distance from the neoplasm to the surgical (e.g. inked) margin; measure lateral (peripheral; circumferential) and deep margin for skin subcutaneous tumors. Measurement should be in whole numbers (i.e. millimeters). Ink should be applied to the gross specimen by the surgeon / clinician. Any HTFD reported if the gross margin was not inked by the clinician is of questionable value.

**Acknowledgements:** Special thanks to Ms. Amanda Ramkissoon for providing the histologic sample in Figure 5.

**Selected References:** <https://www.addl.purdue.edu/newsletters/2004/winter/tubiop.asp>

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**Links for purchasing surgical ink:**

**Cancer Diagnostics marking dyes buy from VWR:** <https://us.vwr.com/store/product/18484617/tissue-marking-dye-flip-top-cancer-diagnostics>

**TBS marking dyes buy from VWR** <https://us.vwr.com/store/product/4639476/tissue-marking-dyes-tmdtm-tbs>

**Web site for Davidsons dyes:** <https://www.bradleyproducts.com/collections/davidson-marking->

## 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.

**Broadway Veterinary Care.** Join our rapidly growing practice 20 miles from NYC on the south shore of Nassau County. Serving an upscale community with high quality medicine, surgery, an advanced dental operator, and digital radiology and ultrasound. Privately owned and operated and ready for the right individual to move into the future. This would be an ideal position for a new or experienced veterinarian. We can accommodate your existing client base or you will have the opportunity to build your own loyal clientele. Very competitive compensation, vacation and benefits package, and a flexible schedule. To apply submit your resume to [glendina@optonline.net](mailto:glendina@optonline.net)

**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.

## Register for the NYSVMS/VMANYC sessions at New York Vet November 4-5, 2021

New York Vet will once again be held **November 4-5** at Javits Convention Center in New York City. There will be 3 clinical tracks, a business theater, a veterinary technician track and sponsor-led workshops. You can earn up to 16 hours of RACE-approved CE. NYSVMS and VMA-NYC will once again host two sessions: November 4 will focus on Animal Welfare and Nov. 5 will focus on wellbeing. Topics for the animal welfare will include funding care for disadvantaged pet owners; wildlife; veterinary care in a shelter environment and animal behavior issues for shelter animals. The topics for the wellbeing day will include: self-compassion; setting boundaries; conscious conversations and a panel that will focus on practical applications. For more information and to register is: <https://us.vetshow.com/nysvms-session-preview>.

### 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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