2017
Practice Diagnostic Survey
Emergency and Referral Clinics

For Office Use Only:  □ Financial Statement Included  □ Revenue/sq ft/invoices/clients
□ Non DVM/DVM Hours  □ Email preliminary report

PDR-ER
Emergency & Referral Clinics

Your Information: All information will be kept strictly confidential.

Practice Name: ____________________________________________________________

Practice Contact: __________________________________ Phone: __________________________

Fax: _______________________

Email Address: ______________________________________________________________
   (this field is required to send confirmation receipt of survey)

What is the best time of day and day of the week to contact you with questions regarding this survey?

Day: _______________________ Time of Day: ______________________________

☐ Yes I am including a Financial Statement or 12 month combined standard profit and loss statement (including annual revenue and a breakdown of expenses) to receive a Practice Value Estimate.

This survey is designed for Emergency and Referral Practices (either co-operatively owned by local veterinarians, or privately owned). If your emergency/referral practice includes a general practice along side an emergency clinic, please DO NOT include information from the general practice. You can get a feedback report on the general practice by going to www.colovma.org and downloading a CVMA Practice Diagnostic Sample. If you have any questions on how to separate your information, please contact Darren Osborne at the number listed below.

Please send your completed survey along with your financial statement/profit and loss statement in the enclosed self-addressed stamped envelope to:

CVMA Practice Diagnostic Survey
2316 Delaware Ave. #357
Buffalo NY 14216-9922

For faster service, fax your survey and financial statement in confidence to 877-482-5941

If you have any questions or concerns, please contact Darren Osborne. Telephone: 800-670-1702 Ext. 14 Confidential Fax: 877-482-5941 E-mail: dosborne@ovma.org
Demographics

1. In what state or province is your practice located?  □ Colorado

2. Does your hospital offer (check all that apply) emergency care  □
specialty/referral services  □
genral practice  □
other __________________________

3. How many clinics feed into your hospital? ________ hospitals (this may be an educated guess)
   and, DVMs in all feeder hospitals ________ DVMs (this may be an educated guess)

4. Is your emergency clinic closed during the day?  Yes □ No □ not applicable □

5. Is your hospital co-operatively owned?  Yes □ No □
   If Yes, do you restrict care to clients of member clinics? Yes □ No □ not applicable □
   Do member clinic clients receive fee discounts? Yes □ No □ not applicable □
   If Yes, @what is the discount? ________________

6. How would you rate the level of competition for specialty/referral services in your community?
   very competitive □1  □2  □3  □4  □5  very little competition

7. How would you rate the level of competition for emergency clinic services in your community?
   very competitive □1  □2  □3  □4  □5  very little competition

Financial Statement Information (optional)

PROVIDING A FINANCIAL STATEMENT IS OPTIONAL. You will get a Practice Diagnostic Report even if you do not provide a financial statement. If you choose to provide a Financial Statement or a 12 month combined standard profit and loss statement (including annual revenue and a breakdown of expenses) we can provide:

- A comparison of your itemized expenses (e.g., wages, rent, advertising, etc.) and the average hospital.
- An accurate comparison of veterinary incomes – owners and associates.
- A Practice Value Estimate – a cash flow based estimate of how much your practice is worth.

To comply with Federal Regulations, there must be a 3 month gap between your data and report. Please submit financial information that is at least 3 months old. Data less than 3 months old will be held until the 3 month gap is reached.
8. Using the following chart, please indicate the hours the hospital is open to the public.

<table>
<thead>
<tr>
<th>NON-HOLIDAY HOURS</th>
<th>time hospital closes</th>
<th>time hospital opens</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>8:15 am</td>
<td>8:30 pm</td>
</tr>
<tr>
<td>Monday</td>
<td>to</td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td>to</td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td>to</td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td>to</td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td>to</td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td>to</td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td>to</td>
<td></td>
</tr>
</tbody>
</table>

9. Is there someone in the hospital when it is closed to the public?  Yes □ No □

10. Using the following chart, please indicate the hours the hospital is open to the public on a holiday weekend. In this example, assume Friday is the holiday.

<table>
<thead>
<tr>
<th>HOLIDAY HOURS (HOLIDAY FRIDAY)</th>
<th>time hospital closes</th>
<th>time hospital opens</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday</td>
<td>to</td>
<td></td>
</tr>
<tr>
<td>Friday (holiday)</td>
<td>to</td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td>to</td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td>to</td>
<td></td>
</tr>
<tr>
<td>Monday</td>
<td>to</td>
<td></td>
</tr>
</tbody>
</table>
11. Please provide the following information about Non-DVM staff. If a staff member performs more than one duty, please indicate his/her dominant role. Please do not include employee benefits (e.g., health and dental plans, uniform allowances, vacation pay etc.).

*see attached definition sheet to determine appropriate description for veterinary manager

<table>
<thead>
<tr>
<th>Code</th>
<th>Years Employed</th>
<th>Annual Hours</th>
<th>Current Hourly Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Years Employed</th>
<th>Annual Hours</th>
<th>Current Hourly Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. Which of the following benefits do your Non-DVM staff receive:

- [ ] health/dental plan
- [ ] uniform allowance
- [ ] continuing education
- [ ] other ______________

(Check all that apply)

13. Do you have any incentive mechanisms for Non-DVM staff? Please give details.

________________________________________________________________________

________________________________________________________________________
14. Please provide information for all veterinarians in the practice including owners, associates and relief veterinarians that work in the practice. Do not include payments to partners or owners who do not work in the clinic (e.g., dividends, profit share, buyouts, etc.). Two examples are provided.

*Please do not include employer benefits (e.g., health and dental plans, uniform allowance, vacation pay, etc.). For Annual Hours Worked, please do not include lunch hour or hours on call.*

☐ Will fill out hours but not be sending salary information

<table>
<thead>
<tr>
<th>DVM Code</th>
<th>Years Worked</th>
<th>Specialty</th>
<th>Annual Hours Worked</th>
<th>Annual Gross Production (NA if do not track)</th>
<th>Base Pay (if appropriate)</th>
<th>Percent of Gross (if appropriate)</th>
<th>Total Annual Compensation from Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td>3</td>
<td>oncology</td>
<td>1755</td>
<td>$550,000</td>
<td></td>
<td>30%</td>
<td>$165,000</td>
</tr>
<tr>
<td>A</td>
<td>10</td>
<td>general practice</td>
<td>2000</td>
<td>$na</td>
<td>$60,000</td>
<td></td>
<td>$60,000</td>
</tr>
</tbody>
</table>

15. Which of the following benefits do your DVM staff receive:  
- [ ] health/dental plan  
- [ ] uniform allowance  
- [ ] continuing education  
- [ ] malpractice insurance  
- [ ] vehicle allowance  
- [ ] living allowance (per diem)  
- [ ] other __________________

16. Do you have any incentive mechanisms for DVM staff?
Financial Information (optional)

In addition to the enclosed financial information, please submit a copy of your most recent financial statement available for the survey. To accurately compare all practices, information on your financial statements may be needed to supplement your financial information. For example, since some practitioners own and some rent their facilities, owners need to be converted to renters. Adjustments to your financial statement may be made after a telephone interview.

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Emergency</th>
<th>Specialty / Referral</th>
<th>General Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Gross Revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>from last 12 month</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>period</td>
<td></td>
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<tr>
<td>18. Number of Clients</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>in last 12 month</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>period</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>19. Number of Invoices</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>in last 12 month</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>period</td>
<td></td>
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</tr>
</tbody>
</table>

20. Is your practice owned or rented?  

[ ] Owned  [ ] Rented

If your practice is owned, we will discuss how to compare you accurately to other veterinarians who rent the facilities. Please send your complete financial statement so we can determine all the costs of ownership.

21. Using the following table, please check off how the level of fees in your hospital compares to local hospitals.

<table>
<thead>
<tr>
<th></th>
<th>&lt; 10% Below</th>
<th>0 - 10% Below</th>
<th>Match</th>
<th>up to 10% Above</th>
<th>More than 10% Above</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam Fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory</td>
<td></td>
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<tr>
<td>Diagnostic Imaging</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Surgery - Soft Tissue</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Surgery - Orthopaedic</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Hospitalization Fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Professional Fees</td>
<td></td>
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<tr>
<td>Fluid Therapy</td>
<td></td>
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</tbody>
</table>

22. What is your fee for an Emergency Examination?  

$__________________

23. To determine the level of fees in your hospital, please include a copy of a recent GDV invoice along with the survey.
Frequently Asked Questions

Why do you need my financial statement?

Providing a financial statement is optional. You will get a Practice Diagnostic Report even if you do not provide a financial statement. If you choose to provide a Financial Statement we can provide you with the following information:

- A comparison of your itemized expenses (e.g., wages, rent, advertising, etc.) and the average hospital.
- An accurate comparison of veterinary incomes – owners and associates.
- A Practice Value Estimate – a cash flow based estimate of your practice value.

Who will see my data?

No one from the CVMA has access to your individual data.

The only people who have access to individual data are Darren Osborne and the limited research staff directly assigned to the project.

Your information comes to the research office via mail or fax. The individual data is entered by research staff. After all the data is analysed, individual reports are generated for each hospital. These are sent out in the mail clearly labelled “PERSONAL AND CONFIDENTIAL” or emailed directly to the confidential email provided by you in the order form.

Is my information safe?

After your individual report has gone out, all paper copies of surveys and financial statements are stored for one year then shredded. Your paper survey is held for a year so you can have access to your raw data if necessary. After one year, all information is shredded. The computer files still exist, but references to your information are kept in an encrypted file.

Can people be identified in the report to the profession?

To protect your confidentiality, all figures in the final report to the profession contain at least three observations. This eliminates the concern of identifying someone from a small group.

Our research staff has more than 15 years experience handling sensitive financial information from thousands of veterinarians. Your confidentiality is of utmost concern. If you have any questions or concerns regarding our confidentiality processes of the survey, please do not hesitate to contact Darren Osborne at 800-670-1702 ext. 14 or via e-mail dosborne@ovma.org.