

# CVMA

Colorado Veterinary  
Medical Association

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

## 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](http://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](mailto: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   
general 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 very little competition 5
7. How would you rate the level of competition for emergency clinic services in your community?  
very competitive 1 2 3 4 very little competition 5

## 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.*

# Hours of Operation

8. Using the following chart, please indicate the hours the hospital is open to the public.

NON-HOLIDAY HOURS			
	time hospital closes		time hospital opens
Example	8:15 am	to	8:30 pm
Monday		to	
Tuesday		to	
Wednesday		to	
Thursday		to	
Friday		to	
Saturday		to	
Sunday		to	

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.

HOLIDAY HOURS (HOLIDAY FRIDAY)			
	time hospital closes		time hospital opens
Thursday		to	
Friday (holiday)		to	
Saturday		to	
Sunday		to	
Monday		to	



# DVM Staff

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

DVM Codes:    O = owner    A = associate    L = relief veterinarian    S = certified specialist

DVM Code	Years Worked	Specialty	Annual Hours Worked	Annual Gross Production (NA if do not track)	Base Salary (if appropriate)	Percent of Gross (if appropriate)	Total Annual Compensation from Practice
S	3	oncology	1755	\$ 550,000		30 %	\$ 165,000
A	10	general practice	2000	\$ na	\$60,000		\$ 60,000
				\$		%	\$
				\$		%	\$
				\$		%	\$
				\$		%	\$
				\$		%	\$
				\$		%	\$
				\$		%	\$
				\$		%	\$
				\$		%	\$
				\$		%	\$

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 \_\_\_\_\_

(Check all that apply)

16. Do you have any incentive mechanisms for DVM staff?

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## 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.

	Total	Emergency	Specialty / Referral	General Practice
17. Gross Revenue from last 12 month period				
18. Number of Clients in last 12 month period				
19. Number of Invoices in last 12 month period				

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.**

## Fees

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

	< 10% Below	0 - 10% Below	Match	up to 10% Above	More than 10% Above	Don't Know
Exam Fees						
Laboratory						
Diagnostic Imaging						
Surgery - Soft Tissue						
Surgery - Orthopaedic						
Hospitalization Fees						
Professional Fees						
Fluid Therapy						

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](mailto:dosborne@ovma.org).