



IN PARTNERSHIP WITH:



2021

Ontario Practice Owners Economic Survey



2021 Ontario Practice Owners Economic Survey

Your Information: Providing identifying information is optional. In order to provide you with a personalized Practice Diagnostic Report, you must provide identifying information. If you submit your survey anonymously, your data will be utilized in determining benchmarks, but no Practice Diagnostic Report will be provided. Submitting a financial statement is also optional. If a financial statement is provided, you will receive a detailed analysis of expenses compared to provincial averages, as well as a complimentary practice value estimate, showing how much your practice is worth (using a cash flow methodology). All information is kept strictly confidential.

Please send your completed survey and financial statements to:

OVMA Research Department, 420 Bronte St South, Suite 205, Milton ON L9T 0H9

The deadline for completing the survey is October 15, 2021.

If you have any questions or concerns, please contact Darren Osborne or Terra Shastri.

Telephone: 800.670.1702 Confidential Fax: 877.482.5941

email: dosborne@ovma.org or tshastri@ovma.org

Please indicate the type of report you would like to receive:

- I would like to receive a **full** Practice Diagnostic Report. I have included my most recent financial statement (showing revenue and a detailed breakdown of expenses).*
- I would like to receive a **partial** Practice Diagnostic Report. I have included gross revenue information, but have not included a financial statement.*
- I will complete the survey, but will not provide identifying information, and request no Practice Diagnostic Report.*

For Office Use Only:

- Financial Statement Included
- Revenue/sq ft/invoices/clients
- Non DVM/DVM Hours
- Email preliminary report

2021 Ontario Practice Owners Economic Survey

If you own two or more practices, we recommend you complete a separate survey for each practice.

1. Please indicate how you would prefer to receive your confidential report:

Confidential email: _____

Confidential mailing address: _____

(if different from practice) _____

Practice Name: _____ Practice Owner: _____

Phone: _____ Fax: _____ Contact: _____

2. Which of the following types best describes your practice (check one)?

- | | | | |
|--------------------------|----------------------------|--------------------------|----------------------------|
| Exclusively small animal | <input type="checkbox"/> 1 | Exclusively large animal | <input type="checkbox"/> 6 |
| Mixed animal practice | <input type="checkbox"/> 2 | Bovine only | <input type="checkbox"/> 7 |
| Equine only | <input type="checkbox"/> 3 | Specialty practice | <input type="checkbox"/> 8 |
| Exotic only | <input type="checkbox"/> 4 | Emergency hospital | <input type="checkbox"/> 9 |
| Feline only | <input type="checkbox"/> 5 | Other _____ | |

3. In what area is your practice located?

- 1 Ottawa-Carleton
- 2 Renfrew, Lanark, Leeds & Grenville, Prescott & Russel, Stormont, Dundas & Glengarry
- 3 Hastings, Prince Edward, Lennox & Addington, Frontenac
- 4 Victoria, Peterborough, Northumberland, Muskoka, Haliburton
- 5 Dufferin, Simcoe
- 6 Toronto (hospital postal code starts with "M")
- 7 GTA (not including Toronto) Durham, York, Peel, Halton
- 8 Wellington, Waterloo
- 9 Hamilton-Wentworth, Niagara
- 10 Brant, Haldimand-Norfolk
- 11 Middlesex, Elgin, Oxford
- 12 Grey, Bruce, Huron, Perth
- 13 Lambton, Essex, Kent
- 14 Northern Ontario (Parry Sound, Nipissing and North)
- 15 Other _____

Wellness Plans

4. Do you offer wellness plans for **adult pets** (i.e. payment options for preventive care for adult pets)?

Yes

No

In Progress

Prebooking

5. Does your veterinary hospital currently prebook patients for their next routine visit (e.g. during a patient's visit for a physical examination and annual vaccines in 2020, their appointment for a physical examination and annual vaccines in 2021 is scheduled)?

Yes

No

Your Clients

Information regarding your number of clients provides valuable information on how much each client is spending annually and how often they are visiting your practice.

Active Clients: This information is provided by your practice management software. Ensure that number of invoices is not mistaken for number of clients. The number of clients will not typically equal the number of invoices. For example, Ms. Smith visited the veterinarian 15 times last year - three times for medical care and treatment and 12 times to purchase food. Ms. Smith should be counted as one active client, and was responsible for 15 invoices.

Active Client Period: Please count active clients as those who have been to your clinic within the last 12 months. Some practice management software consider any client who has had a transaction in the last 12 months to be an active client, while others count all clients who have a transaction in the last 18 or 24 months as active. To accurately measure revenue per client and client visits per year, please ensure that an active client is defined as one who has been to the veterinary hospital in the last 12 months.

If you have any questions about determining number of active clients, please contact your software representative or call Chris Doherty at the OVMA office for instructions. Phone: 800.670.1702 or email: cdoherty@ovma.org. Having trouble? Visit ovma.org/survey/ for step by step instructions.

6. Which practice management software do you use? _____

7. Active Clients **in last 12 months**

8. New Clients **in last 12 months**

9. Invoices (medical & non-medical) **in last 12** months

Companion Animal	Food Animal	Equine	Total (can't separate)

Financial Statement Information

Please submit your most recent 12-month financial statement (either the statement from your accountant or an internal statement showing a breakdown of your expenses). This is required in order for you to receive a full Practice Diagnostic Report.

To accurately compare all veterinary hospitals, information about your practice is needed to supplement your financial statements. As some practitioners own their facilities, while others rent, an estimate of rent is applied to owners to allow for an accurate comparison. Additionally, adjustments for income splitting are applied, to ensure that net income for the practice is accurate. If necessary, a researcher will contact you by telephone to confidentially discuss any adjustments to your financial statement.

10. Has your practice been open for greater than two years?

Yes

No

11. Do you pay rent?

Yes, I pay rent (skip to next question)

No (if "No," indicate fair market rent or facility size?)

Fair Market Rent \$ _____ Don't Know

Square Footage _____ Don't Know

12. What was your total veterinary revenue for the 12 month period reported? \$ _____

13. Please indicate your sources of revenue:

Revenue from companion animal professional (non-retail) services \$ _____

Revenue from companion animal food sales \$ _____

Revenue from companion animal drug and medication sales \$ _____

Food producing and equine professional services \$ _____

Food producing and equine drug sales \$ _____

Other _____ \$ _____



Your Small Animal Fees

Consultation: complete physical exam of a patient.....\$_____

How long is your "annual" physical exam? _____ minutes

X-ray fee for set-up / 2 plates: Imaging, developing and interpreting two radiographs.....\$_____

Complete Blood Count with Differential: include cost of lab and interpretation.....\$_____
This fee does not include sample collection.

Heartworm test: include sample collection, cost of lab and interpretation.....\$_____

Blood collection:.....\$_____

Complete urinalysis: does not include collection fees.....\$_____

Annual examination and canine vaccine(s):.....\$_____
Your most common fee for examining and vaccinating an adult dog with a rabies vaccine and/or a distemper combination vaccine.

Annual examination and feline vaccine(s):.....\$_____
Your most common fee for examining and vaccinating an adult cat with a rabies vaccine, and a combination (panleukopenia, rhinotracheitis, and calicivirus) vaccine, excluding leukemia.

Anesthetic fee for induction / 30 minutes gas.....\$_____
Including general anesthesia, intubating, maintaining, and monitoring a 13.6 kilogram (30 pound) dog on gas anesthesia for a period of 30 minutes.

General nerve block: one site.....\$_____

Surgery fee per 10 minutes.....\$_____
Non-routine soft tissue surgery such as a lumpectomy for a period of 10 minutes.
This fee does not include the services associated with equipment, assistants or anesthetics.

Canine spay: immature dog weighing 30 pounds (13.5 kilograms).....\$_____
Indicate which of the following are included in your canine spay fee:
 preoperative blood work
 intra-operative IV fluids

Canine neuter: immature dog weighing 30 pounds (13.5 kilograms).....\$_____
Which of the following are included in your canine neuter fee:
 preoperative blood work
 intra-operative IV fluids



Your Small Animal Fees

Feline spay: immature cat \$ _____

Which of the following are included in your feline spay fee: preoperative blood work
 intra-operative IV fluids

Feline neuter: immature cat \$ _____

Which of the following are included in your feline neuter fee: preoperative blood work
 intra-operative IV fluids

Feline dental prophylaxis

Total fee for dental exam, anesthesia, cleaning/polishing and hospitalization: \$ _____

Isolated fee for dental cleaning and polish – grade 1 (not including any other services)..... \$ _____

Isolated fee for dental x-ray (2 views)..... \$ _____

Cystocentesis..... \$ _____

Intravenous fluids - set-up / 24 hours..... \$ _____

All services and supplies to place a patient on one litre of intravenous fluids for 24 hours. The fee includes monitoring but not the use of an intravenous pump.

Feline euthanasia (elective)..... \$ _____

The service includes 15 minutes of a doctor's time, necessary staff time, cephalic catheterization and medication in an exam room setting.

Half day hospitalization..... \$ _____

30 pound (13.5 kilogram) dog that is admitted in the morning and discharged from the hospital in the afternoon.

Pet Food markup (average markup for prescription or maintenance diets) Cost X _____

Pharmacy markup (for prescription drug that cost less than \$20)..... Cost X _____

Dispensing fee..... \$ _____

Laboratory markup (for laboratory procedure sent to a referral lab)..... Cost X _____

Current Equine Fees

Type of Practice (check all that apply)

Racetrack – Std	<input type="checkbox"/>	Racetrack – TB	<input type="checkbox"/>
Reproductive Primarily	<input type="checkbox"/>	Mixed Equine	<input type="checkbox"/>
Referral	<input type="checkbox"/>	Performance (Hunter/Jumper/Dressage)	<input type="checkbox"/>
Western Performance Horses	<input type="checkbox"/>		

General

Markup on Meds (eg. cost X 1.6) _____ Markup on External Lab (eg. cost X 2.0) _____

Call Fees - indicate how much you would charge with the following scenarios (unless specified, do not include mileage)

Daytime less than 35 km	\$ _____	For after hours fees, do you charge	<input type="checkbox"/> a surcharge
Daytime 35 to 50 km	\$ _____		<input type="checkbox"/> all inclusive fee
Daytime more than 50 km	\$ _____	Mileage fee (per km one way)	\$ _____
Emergency call (working hrs)	\$ _____	Weekend call (call plus surcharge)	\$ _____
After hours call at 8:00 pm	\$ _____	After hours call at 3:00 am	\$ _____

Professional Services

Professional Fee per hour	\$ _____	Euthanasia (not including cost of drugs)	\$ _____
Telephone Consultation	\$ _____	Referral Consultation	\$ _____

Exams

Pre-purchase clinical exam only	\$ _____	General Physical Exam	\$ _____
Endoscopic (no sedation)	\$ _____	Insurance Exam	\$ _____
Ophthalmic Exam	\$ _____		

Anesthetic - 1,000 lb horse

General IV Xylazine + Ketamine \$ _____

Radiology

4 views	\$ _____	Is the x-ray in your practice generally:	<input type="checkbox"/> digital CR
Additional plate	\$ _____		<input type="checkbox"/> digital DR
			<input type="checkbox"/> conventional

Do you generally charge: per plate or per series

Do you charge an x-ray set-up fee? YES \$ _____ NO

Procedures – *excluding all drugs, sedation and anesthesia

Castration* 700 lb yearling	\$ _____	Castration* 1200 lb mature quarter horse	\$ _____
Ultrasound Tendon*	\$ _____		

Health Papers (export to USA)

Exam & Filled out (no gov't charges) \$ _____

Current Equine Fees (con't)

Colic – indicate how you would charge for the following colic scenario:

10:00 pm call to location 30km away / total call time 45 minutes Total Call Fee \$ _____

IV Xylazine (5 ml) \$ _____	Insert Stomach Tube \$ _____
IV Flunixin Meglumine (10 ml) \$ _____	Colic Exam (examination only) \$ _____

Dentistry (not including the cost of sedation and pain management)

Basic Hand Float (brood mare) \$ _____	Wolf Tooth Extraction (x2) \$ _____
Basic Power Float (brood mare) \$ _____	Hook Removal (per hook) \$ _____

Reproductive Services – unless noted, assume each procedure is performed on individual animal

Ultrasound/Rectal (pre-breeding) \$ _____	Ultrasound Pregnancy Exam \$ _____
Rectal Preg Check (>35 days) \$ _____	AI – Fresh Semen (not including sedation) \$ _____
Caslicks (local incl.) \$ _____	

Lameness– indicate what you would you charge for the following Joint Injections (not including call fee)

Nerve Block - PDN \$ _____	Joint Block (not including fee for drugs) \$ _____
Joint Block Including Anesthetic \$ _____	Lameness Exam \$ _____

Joint injection fees generally includes drugs **Yes**
 No

Laboratory

Coggins EM Test \$ _____	Fecal Floatation \$ _____
CBC \$ _____	CK/AST \$ _____
CBC & Chemistry Profile \$ _____	Progesterone \$ _____

Injections – unless noted, procedures include injection fee

Injection Fee (IM) \$ _____	IV Catheterization \$ _____
Injection Fee (SQ) \$ _____	Injection Fee (IV) \$ _____

Vaccinations & Drugs

Markup for OTC Prescription cost x _____	Markup for vet only Prescription cost x _____
Rabies \$ _____	Flu/Rhino \$ _____
Tetanus \$ _____	West Nile \$ _____

Surcharges – indicate what you charge for the following procedures if you have charged for the procedure in the last year

Biohazardous Waste Fee \$ _____	Sterile Joint Prep Fee \$ _____
Telephone consultation \$ _____	Blood Collection Fee \$ _____
Fee for Referral Consultation \$ _____	Laboratory Interpretation Fee \$ _____

Current Bovine Fees

Call Fees

Call Fee	\$ _____		
Exam Fee (if separate from call fee)	\$ _____	start time	finish time
After Hours Call Fee "A"	\$ _____	from _____	to _____
After Hours Call Fee "B"	\$ _____	from _____	to _____
After Hours Call Fee "C"	\$ _____	from _____	to _____
Mileage fee (per mile/km)	\$ _____	per mile one way	\$ _____ per km one way

Hourly Rate

	field	clinic
Regular Hourly Rate	\$ _____	\$ _____
After Hours Hourly Rate	\$ _____	\$ _____
Surgery Rate per Hour	\$ _____	\$ _____

Laboratory

Milk Culture	\$ _____	each
Fecal	\$ _____	each
Blood Collection Fee (single)	\$ _____	each

Surgery

LDA (surgical)	\$ _____	total
Calf (150 lb) laparotomy	\$ _____	total
Caesarean	\$ _____	total

Reproduction

Pregnancy Testing (single)	\$ _____	each
Pregnancy Testing (hourly rate)	\$ _____	per hour
Infuse Uterus	\$ _____	as an "add on"
Dystocia (with calving jack)	\$ _____	total

Professional Services

Intravenous Injection	\$ _____	not including product
Ration Formulation	\$ _____	each
Herd Production Monitoring	\$ _____	per hour
Adult Post Mortem Inspection (complete)	\$ _____	each

IV Catheterization

Calf Scours – set up and catheterize (including 5 litre bag of fluids)	\$ _____
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Sales Markup

Lutalyse – 30 ml	cost x _____	
Cefa Lak SYR * 12 – 10 ml syringes	cost x _____	
Micotil – 100 ml	cost x _____	
Trimethoprim-sulpha – 100 ml	cost x _____	
IBR, PI3, BVD, BRSV killed – 10 dose	cost x _____	eg. If your markup is 60%, put
Oxtetracycline LA - 250 ml	cost x _____	cost x <u>1.60</u>
Calcium Borogluconate – 500 ml	cost x _____	
Procaine-G-Pen – 250 ml	cost x _____	
Ivomec – 2.5 litre pour on	cost x _____	

Your Non-DVM Staff

14. Please provide the following information about non-DVM staff. If a staff member performs more than one duty, please indicate their dominant role. If staff is a family member, please put an “F” in the Family Member column. Please do not include employee benefits (e.g. health & dental ins., uniform allowance, vacation pay, etc.).

	1 = receptionist	4 = technical assistant
*see attached definition sheet to determine appropriate description for hospital manager	21 = office manager *	5 = kennel/barn/stable assistant
	22 = practice manager *	6 = groomer (not contract)
	23 = practice administrator *	7 = student
	3 = registered technician	8 = other

Code	Family Member	Years Employed	Hours Worked per Week	Vacation Weeks per Year	Hourly Wage	Annual Salary
					\$	\$

*Attach additional sheet if necessary

15. Which of the following benefits do **non-DVM** staff generally receive? (check all that apply)

	Yes	No	If yes, indicate hospital share	If yes, indicate staff share
Health and dental insurance	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____ %
Pet insurance	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____ %
Veterinary care discounts	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____ %
Veterinary products discounts	<input type="checkbox"/>	<input type="checkbox"/>	cost+ _____ %	cost+ _____ %
Dues (voluntary association)	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____ %
License/certification	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____ %
Rabies immunization (for staff)	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____ %

Your DVMs

16. Please provide information for all veterinarians in the practice including owners, associates and locums. Please do not include employee benefits (e.g. health & dental plans, uniform allowance, vacation pay, etc.). For Hours Worked per Week, please do not include lunch or hours worked while on call.

“Hours Worked” is information that greatly impacts your report – please ensure that this information is provided for all DVMs in the practice.

Codes: O= owner A= associate (includes full & part-time contractors) L= locum (temporary relief)

Code	Years Employed	Hours Worked per Week	Vacation Weeks per Year	Hourly Wage	Annual Salary
				\$	\$

**Attach additional sheet if necessary*

17. In 2021, did you hire a locum (relief veterinarian) to **temporarily** replace a DVM away on holiday, course, etc.? Do not include regular part-time veterinarians paid as independent contractors.

If yes, how much did you pay for your locum in 2021? \$ _____ per hour