



CVMA • ACMV

Business Management Program
Programme de gestion des affaires

PRACTICE OWNERS ECONOMIC SURVEY

MANITOBA 2022

IN PARTNERSHIP WITH



2022 Manitoba Practice Owners Economic Survey

Your Information: Providing identifying information is optional. In order to provide you with a personalized Practice Diagnostic Report, we require identifying information. Submitting a copy of your financial statement is also optional. In return for providing a financial statement, you will receive a detailed comparison of expenses and a complimentary practice value estimate that shows how much your practice is worth from a cash flow perspective. All information will be kept strictly confidential.

Please send your completed survey **along with your financial statements** to:

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

The deadline for completing the survey is October 14, 2022.

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** report. I have included a most recent financial statement (showing revenue and a breakdown of expenses).*
- ☐ *I would like to receive a **partial** report. I have included gross revenue information, but I have not included a financial statement.*
- ☐ *I will fill out the survey, but will not provide identifying information.*

For Office Use Only:

- | | |
|-------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Financial Statement Included | <input type="checkbox"/> Revenue/sq ft/invoices/clients |
| <input type="checkbox"/> Non DVM/DVM Hours | <input type="checkbox"/> Email Preliminary Report |

2022 Manitoba 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 Southeast
- ☐₂ South Central
- ☐₃ Southwest
- ☐₄ North Central
- ☐₅ Winnipeg
- ☐₆ Interlake
- ☐₇ Parklands
- ☐₈ North

Other _____

Your Clients

Information on the number of clients in your practice can provide valuable information on how much each client is spending at your practice over the course of a year and how often they are visiting your practice.

Active Clients: This information can come from your *Year End Day Sheet* or the *Number of Active Clients* in your computer. Be sure not to confuse the number of clients with the number of invoices. The number of clients will be different than the number of invoices. For example, Mrs. Smith visited the veterinarian 15 times last year - three times for medical care and treatment and 12 times to purchase food. Mrs. Smith should be counted as one active client and she was responsible for 15 invoices.

Active Client Period: Please count clients who have been to your clinic in the last 12 months as Active Clients. Some systems consider any client who has had a transaction in the last 12 months to be an active client, while other systems count all clients who have a transaction in the last 18 or 24 months as active. To accurately provide you with revenue per client and client visits per year, provide information for active clients for the last 12 months. **If you have any questions about your 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.

4. What practice management software do you use? _____

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

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

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

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

Financial Statement Information

Please submit a copy of your most recent 12-month financial statement (either the statement from your accountant or an internal statement showing a breakdown of your expenses) as this is required in order for you to receive a full report on your practice. To accurately compare all practitioners, information about your practice is needed to supplement your financial statements. Since some practitioners own and some rent their facilities, owners need to be converted to renters. Additionally, adjustments for income splitting need to be made so the 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.

8. Has your practice been open more than two years?

Yes ☐

No ☐

9. What is the total practice square footage? _____ sq ft

10. 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 ☐

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

12. 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 30 pound (13.5 kilogram) 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.....\$ _____

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.

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 _____

Your Non-DVM Staff

13. 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.).

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

1 = receptionist
21 = office manager *
22 = practice manager *
23 = practice administrator *
3 = registered technologist

4 = technical assistant
5 = kennel/barn/stable assistant
6 = groomer (not contract)
7 = student
8 = other

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

*Attach additional sheet if necessary

14. 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"/>	_____ %	_____ %

Your DVMs

15. 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.

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*

16. In 2022, 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 2022? \$ _____ per hour

Current Equine Fees

Type of Practice (check all that apply)

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

General

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

Call Fees- 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 generally charge:	<input type="radio"/> a surcharge
Daytime 35 to 50 km	\$ _____		<input type="radio"/> all inclusive
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="radio"/> digital CR
Additional Plate	\$ _____		<input type="radio"/> digital DR
			<input type="radio"/> 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 (5ml) \$ _____ Pass Stomach Tube

\$ _____

IV Flunixin Meglumine (10ml) \$ _____ Colic Exam (rectal exam)

\$ _____

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 charge for the following Joint Injections (not including call fee)

Nerve Block - PDN \$ _____ Joint Injection (not including medication)

\$ _____

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

Mileage/Driving Time (per km) \$_____ per km on way
 Minimum Mileage Fee \$_____ per call ☐ not applicable
 Municipal subsidy received ☐ Yes ☐ No
 If yes, how much do you receive \$_____

Exam/Call Fee \$_____ start time _____ finish time
 After Hours Call Fee Surcharge "A" \$_____ from _____ to _____
 After Hours Call Fee Surcharge "B" \$_____ from _____ to _____
 After Hours Call Fee Surcharge "C" \$_____ from _____ to _____

Hourly Rate

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

Laboratory

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

Surgery

*Please include material fees, disposables, anesthesia, and drugs administered.
 Do not include mileage, call fees or drugs dispensed.*

Calf (150 lb) laparotomy \$_____ total
 Caesarean \$_____ total
 Caudal Urthrostomy \$_____ total

Reproduction *Please indicate what your fee would be for the following scenarios.*

Semen Testing (single) \$_____ per head
 Semen Testing (five head) \$_____ per head
 Semen Testing (ten head) \$_____ per head
 Semen Testing (60 head) \$_____ per head
 Pregnancy Testing (single) \$_____ per head
 Pregnancy Testing (five head) \$_____ per head
 Pregnancy Testing (ten head) \$_____ per head
 Pregnancy Testing (60 head) \$_____ per head
 Pregnancy Testing (100 head) \$_____ per head
 Pregnancy Testing (200+ head) \$_____ per head
 Dystocia - basic (limb flexion) \$_____ include materials - not mileage
 Dystocia - difficult (calf jack) \$_____ include materials - not mileage
 Dystocia - very difficult (fetotomy) \$_____ include materials - not mileage

Current Bovine Fees (con't)

Professional Services

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

Sales Markup

Estrumate - 10 ml	cost x _____	
Cefa Lak SYR * 12 - 10 ml syringes	cost x _____	
Micotil - 100 ml	cost x _____	
Trimethoprim-sulpha - 100 ml	cost x _____	eg. If your markup is 60%, put
IBR,PI3, BVD, BRSV modified live - 10 dose	cost x _____	cost x <u>1.60</u>
Oxytetracycline LA-500 ml	cost x _____	
Draxxin - 100 cc	cost x _____	
Calcium Magnesium - 500 ml	cost x _____	
Procaine-G-Pen-250 ml	cost x _____	
Endectocide - 5 litre pour on	cost x _____	

Annual Bovine Procedure Frequencies

Please indicate the total number of procedures (per year) for the following procedures

Reproduction

Semen Testing	_____	total head tested
Pregnancy Testing	_____	total head tested
Dystocias	_____	total head
Caesareans	_____	total
Export Testing	_____	total head tested

Hourly Rate

Hours billed (as hourly rate)	_____	total hours
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