2017

Ontario Practice Owners Economic Survey
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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 20, 2017.

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
2017 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 □ 1 Exclusively large animal □ 6
- Mixed animal practice □ 2 Bovine only □ 7
- Equine only □ 3 Specialty practice □ 8
- Exotic only □ 4 Emergency hospital □ 9
- Feline only □ 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 2017, their appointment for a physical examination and annual vaccines in 2018 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? ____________________________________

<table>
<thead>
<tr>
<th></th>
<th>Companion Animal</th>
<th>Food Animal</th>
<th>Equine</th>
<th>Total (can’t separate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Active Clients in last 12 months</td>
<td></td>
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</tr>
<tr>
<td>8. New Clients in last 12 months</td>
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<tr>
<td>9. Invoices (medical &amp; non-medical) in last 12 months</td>
<td></td>
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</tbody>
</table>
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

over
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 liter 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.

Overnight hospitalization .......................................................................................................................................................... $_________
30 pound (13.5 kilogram) dog that is admitted in the afternoon for minor surgery and discharged from the hospital the next morning.

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_________

over
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 (eg. health & dental ins., uniform allowance, vacation pay etc).

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

1 = receptionist
21 = office manager *
2 = registered technician
22 = practice manager *
3 = technical assistant
23 = practice administrator *
4 = kennel/barn/stable assistant
5 = groomer (not contract)
6 = other
7 = student

<table>
<thead>
<tr>
<th>Code</th>
<th>Family Member</th>
<th>Years Employed</th>
<th>Hours Worked per Week</th>
<th>Vacation Weeks per Year</th>
<th>Hourly Wage</th>
<th>Annual Salary</th>
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</thead>
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</table>

*Attach additional sheet if necessary

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

- health and dental insurance
- pet insurance
- veterinary care discounts
- veterinary products discounts
- dues (voluntary association)
- license/certification

<table>
<thead>
<tr>
<th>Hospital Share</th>
<th>Staff Share</th>
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<tbody>
<tr>
<td></td>
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</table>
16. Please provide information for all veterinarians in the practice including owners, associates and locums. Please do not include employee benefits (i.e. 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)

<table>
<thead>
<tr>
<th>Code</th>
<th>Years Employed</th>
<th>Hours Worked per Week</th>
<th>Vacation Weeks per Year</th>
<th>Hourly Wage</th>
<th>Annual Salary</th>
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</table>

*Attach additional sheet if necessary*

17. In 2017, 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 2017?  $ ____________ per hour
# Current Equine Fees

## Type of Practice (check all that apply)

<table>
<thead>
<tr>
<th>Practice Type</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Racetrack – Std</td>
<td>O</td>
</tr>
<tr>
<td>Racetrack – TB</td>
<td>O</td>
</tr>
<tr>
<td>Reproductive Primarily</td>
<td>O</td>
</tr>
<tr>
<td>Mixed Equine</td>
<td>O</td>
</tr>
<tr>
<td>Referral</td>
<td>O</td>
</tr>
<tr>
<td>Performance (Hunter/Jumper/Dressage)</td>
<td>O</td>
</tr>
<tr>
<td>Western Performance Horses</td>
<td>O</td>
</tr>
</tbody>
</table>

## General

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

## Call Fees

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

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daytime less than 35 km</td>
<td>$__________</td>
</tr>
<tr>
<td>Daytime 35 to 50 km</td>
<td>$__________</td>
</tr>
<tr>
<td>Daytime more than 50 km</td>
<td>$__________</td>
</tr>
<tr>
<td>Emergency call (working hrs)</td>
<td>$__________</td>
</tr>
<tr>
<td>After hours call at 8:00 pm</td>
<td>$__________</td>
</tr>
<tr>
<td>Mileage fee (per km one way)</td>
<td>$__________</td>
</tr>
<tr>
<td>Weekend call (call plus surcharge)</td>
<td>$__________</td>
</tr>
<tr>
<td>After hours call at 3:00 am</td>
<td>$__________</td>
</tr>
</tbody>
</table>

## Professional Services

- **Professional Fee per hour** $__________
- **Telephone Consultation** $__________
- **Referral Consultation** $__________

## Exams

- **Pre-purchase clinical exam only** $__________
- **General Physical Exam** $__________
- **Endoscopic (no sedation)** $__________
- **Insurance Exam** $__________
- **Opthalmic Exam** $__________

## Anesthetic - 1,000 lb horse

- General IV Xylazine + Ketamine $__________

## Radiology

- **4 views** $__________
- **Additional plate** $__________

## Do you generally charge:

<table>
<thead>
<tr>
<th>Option</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>O per plate</td>
<td></td>
</tr>
<tr>
<td>O per series</td>
<td></td>
</tr>
</tbody>
</table>

## 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*

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV Xylazine (5 ml)</td>
<td>$__________</td>
</tr>
<tr>
<td>IV Flunixin Meglumine (10 ml)</td>
<td>$__________</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Hand Float (brood mare)</td>
<td>$__________</td>
</tr>
<tr>
<td>Basic Power Float (brood mare)</td>
<td>$__________</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ultrasound/Rectal (pre-breeding)</td>
<td>$__________</td>
</tr>
<tr>
<td>Rectal Preg Check (&gt;35 days)</td>
<td>$__________</td>
</tr>
<tr>
<td>Caslicks (local incl.)</td>
<td>$__________</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nerve Block - PDN</td>
<td>$__________</td>
</tr>
<tr>
<td>Joint Block Including Anesthetic</td>
<td>$__________</td>
</tr>
</tbody>
</table>

Joint injection fees generally includes drugs

- O Yes
- O No

### Laboratory

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coggins EM Test</td>
<td>$__________</td>
</tr>
<tr>
<td>CBC</td>
<td>$__________</td>
</tr>
<tr>
<td>CBC &amp; Chemistry Profile</td>
<td>$__________</td>
</tr>
</tbody>
</table>

### Injections – unless noted, procedures include injection fee

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injection Fee (IM)</td>
<td>$__________</td>
</tr>
<tr>
<td>Injection Fee (SQ)</td>
<td>$__________</td>
</tr>
</tbody>
</table>

### Vaccinations & Drugs

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Markup for OTC Prescription cost x</td>
<td>$__________</td>
</tr>
<tr>
<td>Rabies</td>
<td>$__________</td>
</tr>
<tr>
<td>Tetanus</td>
<td>$__________</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biohazardous Waste Fee</td>
<td>$__________</td>
</tr>
<tr>
<td>Telephone consultation</td>
<td>$__________</td>
</tr>
<tr>
<td>Fee for Referral Consultation</td>
<td>$__________</td>
</tr>
</tbody>
</table>
## Current Bovine Fees

### Call Fees
- **Call Fee**
  - $_________
- **Exam Fee (if separate from call fee)**
  - $_________
- **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
- **Regular Hourly Rate**
  - field $_________ clinic $_________
- **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)**
  - $_________

### 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 cost x 1.60
- **Oxetetracycline LA - 250 ml**
  - cost x ______
- **Calcium Borogluconate – 500 ml**
  - cost x ______
- **Procaine-G-Pen – 250 ml**
  - cost x ______
- **Ivomec – 2.5 litre pour on**
  - cost x ______