PRACTICE OWNERS ECONOMIC SURVEY

2018 NEW BRUNSWICK

IN PARTNERSHIP WITH
2018 New Brunswick 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 19, 2018.

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:  □ Financial Statement Included  □ Revenue/sq ft/invoices/clients  
□ Non DVM/DVM Hours  □ Email preliminary report
2018 New Brunswick 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 Campbellton-Miramichi (Northumberland, Gloucester, Restigouche Counties)
☐ 2 Moncton - Richibucto (Kent, Westmorland, Albert Counties)
☐ 3 Saint John - St. Stephen (Kings, Saint John, Charlotte Counties)
☐ 4 Fredericton - Oromocto (York, Sunbury, Queens Counties)
☐ 5 Edmundston - Woodstock (Madawaska, Victoria, Carleton Counties)

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? ____________________________________

<table>
<thead>
<tr>
<th>Companion Animal</th>
<th>Food Animal</th>
<th>Equine</th>
<th>Total (can’t separate)</th>
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5. Active Clients in last 12 months

6. New Clients in last 12 months

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

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 $_______
Pharmacy markup (for prescription drug that cost less than $20) .................. Cost $_______
Dispensing fee ....................................................................................................................................... $_______
Laboratory markup (for laboratory procedure sent to a referral lab) ................. Cost $_______

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  4 = technical assistant
21 = office manager * 5 = kennel/barn/stable assistant
22 = practice manager * 6 = groomer (not contract)
23 = practice administrator * 7 = student
3 = registered technologist 8 = other

<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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*Attach additional sheet if necessary

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

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Yes</th>
<th>No</th>
<th>If yes, indicate hospital share</th>
<th>If yes, indicate staff share</th>
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<tbody>
<tr>
<td>Health and dental insurance</td>
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<td>Pet insurance</td>
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<td>Veterinary care discounts</td>
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<td>Veterinary products discounts</td>
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<td>cost+_____%</td>
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<td>Dues (voluntary association)</td>
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<td>License/certification</td>
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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)

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*Attach additional sheet if necessary*

16. In 2018, 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 2018?  $___________ per hour