2018 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 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 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
2018 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, Halimand-Norfolk
☒ 11 Middlesex, Elgin, Oxford
☒ 12 Grey, Bruce, Huron, Perth
☒ 13 Lambton, Essex, Kent
☒ 14 Northern Ontario (Parry Sound, Nipissing and North)
☐ 15 Other _______________________

☐ 20
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 2018, their appointment for a physical examination and annual vaccines in 2019 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>Companion Animal</th>
<th>Food Animal</th>
<th>Equine</th>
<th>Total (can’t separate)</th>
</tr>
</thead>
</table>

7. Active Clients in last 12 months

8. New Clients in last 12 months

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

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

<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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<tbody>
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</tbody>
</table>

*Attach additional sheet if necessary

15. 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>
<td></td>
<td></td>
<td>_____%</td>
<td>_____%</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>
<td>cost+___%</td>
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<td>Dues (voluntary association)</td>
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<tr>
<td>License/certification</td>
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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)

<table>
<thead>
<tr>
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*Attach additional sheet if necessary

17. 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