

Fill in
-mental
3/5

VETERINARY PRACTICE EVALUATION FORM

VISITATION DATE(S) _____

TELEPHONE # () _____

PRACTICE NAME _____

E-MAIL ADDRESS _____

ADDRESS _____

TYPE _____ % SA _____ % LA _____ % OTHER _____

WEBSITE _____

AAHA-APPROVED: _____ YES _____ NO _____

NAMES OF VETERINARIANS AT THE PRACTICE: (Note Specialties and Owners)

- | | | |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

ADDITIONAL PRACTICES OWNED/OPERATED BY SAME GROUP _____

WILL I ROTATE BETWEEN HOSPITALS _____ YES _____ NO _____
 HOURS OF OPERATION _____ NUMBER OF CERTIFIED TECHS: _____ VETERINARY ASSISTANTS: _____
 AFTER-HOURS CARE _____ ANSWERING SERVICE _____ ANSWERING MACHINE _____ EMERGENCY ROTATION BETWEEN PRACTICES _____
 REFERRAL TO EMERGENCY CLINIC(S) _____ REFER TO EMERGENCY CLINIC AFTER 11:00PM _____

COLLEGIAL ENVIRONMENT: (Cooperation Between Practices) 1 2 3 4 5 (Fierce Competition Between Practices)
 AGE OF PRACTICE IN YEARS _____

WORK SCHEDULE:

	HOURS		HOURS
Sunday		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday		Emergency Duty Shifts / Month	

TOTAL HOURS WORKED/WEEK _____ X 50 WEEKS/YEAR = _____ TOTAL HOURS WORKED/YEAR

COMPENSATION

- | | |
|---|---|
| <p>1. BASE SALARY \$ _____</p> <p>PAID DAYS OFF:</p> <p>A. SICK LEAVE _____</p> <p>B. HOLIDAYS _____</p> <p>C. VACATION _____</p> <p>D. CONTINUING EDUCATION _____</p> <p>2. PRODUCTION-BASED COMP. % _____</p> <p>3. EMERGENCY DUTY INCOME _____</p> <p>4. HOUSING (RENT) _____</p> <p>UTILITIES _____</p> | <p>5. INSURANCE</p> <p>A. HEALTH \$ _____</p> <p>B. MALPRACTICE _____</p> <p>C. DISABILITY _____</p> <p>D. LIFE _____</p> <p>6. VEHICLE (PERSONAL USE)</p> <p>TOTAL \$ VALUE \$ _____</p> <p>TOTAL \$ VALUE = \$ _____ / HOUR</p> |
|---|---|

TOTAL HOURS WORKED _____ ACTUAL RATE _____

REASON FOR JOB OFFER TO NEW GRADUATE:

OWNER(S) WANT MORE TIME OFF _____ REPLACING AN ASSOCIATE _____ LOOKING FOR A FUTURE OWNER _____
 EXPANDING BY ONE DOCTOR _____ INCREASED SPECIALIZATION _____ SOURCE OF INFORMATION _____

EVALUATION OF EMPLOYER(S)

	YES	NO	?
1. WILL ACCEPT RESPONSIBILITY TO MENTOR NEW GRADUATE	_____	_____	_____
2. OPEN TO NEW IDEAS ON MEDICINE/SURGERY/PHARMACY	_____	_____	_____
3. SIMILAR PHILOSOPHY OF PRACTICE	_____	_____	_____
4. PERSONALITY MATCHES	_____	_____	_____
5. GENERALLY RESPECTED BY STAFF/PROFESSIONAL INTEGRITY	_____	_____	_____

JOB DESCRIPTION: _____ % TREATMENTS _____ % MEDICINE _____ % SURGERY _____ % OCs
STARTING DATE: _____

MENTS:

