

VETERINARY PRACTICE START-UP INFORMATION

PERSONAL & PROFESSIONAL INFORMATION

BORROWER'S NAME: _____

CURRENT MONTHLY PRODUCTION: \$ _____

NUMBER OF HOURS CURRENTLY ASSOCIATING PER WEEK? _____

YEARS OF MANAGERIAL/OWNERSHIP EXPERIENCE? _____

ARE YOU CURRENTLY SUBJECT TO A COVENANT NOT TO COMPETE OR SIMILAR CONTRACT? No Yes IF YES, DESCRIBE: _____

PRACTICE INFORMATION

PROPOSED PRACTICE ADDRESS: _____

SPECIALTY/FOCUS OF PRACTICE: _____ PROJECTED OPENING DATE? _____

NUMBER OF COMPETITORS IN THE AREA? _____ AREA POPULATION? _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE LOCATION: _____

OF TREATMENT/SURGERY ROOMS TO BE EQUIPPED? _____ # OF EXAM ROOMS TO BE EQUIPPED: _____

WHAT AMOUNT, IF ANY, IS THE LANDLORD CONTRIBUTING FOR TENANT IMPROVEMENTS? \$ _____

WHAT IS THE MONTHLY RENT FOR THE SPACE? \$ _____

WHAT IS THE SQUARE FOOTAGE? _____ SQ. FT.

WILL YOU ASSOCIATE WHILE STARTING YOUR PRACTICE? Yes No CONTRACTUAL? Yes No

OF DAYS YOU WILL CONTINUE TO ASSOCIATE PER WEEK? _____ DAILY RATE OF COMPENSATION? \$ _____

OF DAYS YOU WILL WORK AT THE NEW PRACTICE PER WEEK? _____

PERSONNEL:

POSITION	#FULL-TIME	#PART-TIME	TOTAL
ASSOCIATES			
OFFICE MANAGER / PRACTICE ADMINISTRATOR			
RVT			
TECHNICIAN / ASSISTANT			
KENNEL ASSISTANT			
RECEPTIONIST			
		TOTAL:	

MARKETING TECHNIQUES TO BE USED TO PROMOTE THE NEW OFFICE (CHECK ALL THAT APPLY):

TV/RADIO VIDEO POSTCARD YELLOW PAGES DIRECT MAIL PATIENT REFERRALS OTHER (SPECIFY): _____