

VETERINARY PRACTICE EXPANSION INFORMATION

PERSONAL & PROFESSIONAL INFORMATION

BORROWER'S NAME: _____

YEARS OF MANAGERIAL/OWNERSHIP EXPERIENCE: _____ SPECIALTY/FOCUS OF PRACTICE: _____

PRACTICE INFORMATION

PROJECTED OPENING DATE: _____ IF MOVING, NUMBER OF COMPETITORS IN THE AREA? _____

IF MOVING, ADDRESS OF THE NEW LOCATION? _____

IF MOVING, PLEASE PROVIDE A BRIEF DESCRIPTION OF THE NEW LOCATION: _____

IF MOVING, HOW FAR IS THE NEW LOCATION FROM YOUR CURRENT FACILITY? _____ BLOCKS MILES

WHY ARE YOU DOING THIS PROJECT AND WHY NOW? _____

DESCRIBE HOW DOWN TIME WILL BE MINIMIZED DURING THE EXPANSION: _____

DESCRIBE HOW YOU WILL CONTINUE TO SERVICE YOUR PATIENTS DURING THE EXPANSION: _____

SQUARE FOOTAGE: CURRENT LOCATION? _____ SQ. FT. EXPANDED/NEW LOCATION? _____ SQ. FT.

OF EQUIPPED SURGERY/TREATMENT ROOMS: CURRENT LOCATION? _____ EXPANDED/NEW LOCATION? _____

OF EQUIPPED EXAM ROOMS: CURRENT LOCATION? _____ EXPANDED/NEW LOCATION? _____

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

IF PURCHASING THE BUILDING, ANSWER THE FOLLOWING ABOUT THE LOAN: TERM _____ YRS. RATE _____ % PURCHASE PRICE \$ _____

IF LEASING OFFICE SPACE, WHAT IS THE MONTHLY RENT: CURRENT LOCATION? \$ _____ EXPANDED/NEW LOCATION? \$ _____

OFFICE HOURS: OPEN NOW: _____ DAYS / WEEK AFTER EXPANSION: _____ DAYS / WEEK

CURRENT PERSONNEL:

| POSITION | NO. EMPLOYED |
|---|--------------|
| ASSOCIATES | |
| OFFICE MANAGERS / PRACTICE ADMINISTRATORS | |
| RVT | |
| TECHNICIANS / ASSISTANTS | |
| KENNEL ASSISTANTS | |
| RECEPTIONISTS | |
| TOTAL PERSONNEL: | |

DESCRIBE ANY CHANGES TO PERSONNEL AFTER THE EXPANSION: _____

REVENUES (% OF GROSS REVENUES FROM):

EXAMS _____ % PHARMACY _____ % VACCINATIONS _____ % PET SUPPLIES/DIET FOODS _____ %
LABORATORY _____ % DENTISTRY _____ % RADIOLOGY _____ % ULTRASOUND/ENDOSCOPY _____ %

WITHIN THE LAST 12 MONTHS, WHAT IS THE:

AVG. # ANNUAL VISIT PER PET? _____ AVG. TRANSACTION CHARGE? \$ _____ AVG. # OF PETS PER CLIENT? _____
APPROX. # ACTIVE CLIENT RECORDS? _____ AVG. # NEW CLIENTS/MONTH? _____
AVG. DAILY PRODUCTION PER DR. \$ _____ AVG. # PETS SEEN BY DOCTOR(S) PER DAY _____

MARKETING TECHNIQUES CURRENTLY USED (CHECK ALL THAT APPLY):

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

DESCRIBE ANY CHANGES IN MARKETING AFTER THE EXPANSION: _____