

NEW CLIENT QUESTIONNAIRE

1. Name of Business: _____
Address: _____
DBA: _____
Telephone No: _____ FAX No: _____ Cell No: _____
E-mail Address: _____ Website Address: _____
2. What is the fiscal year-end of the practice? _____
3. What is the method of accounting for book purposes? Cash _____ Accrual _____
4. What is the method of accounting for tax purposes? Cash _____ Accrual _____
5. Type of Entity:
“C” Corporation _____ Partnership _____
LLC _____ Individual _____
“S” Corporation _____ Proprietorship _____
Date Entity Created _____ State Jurisdiction _____
6. Federal Employment Identification Number: _____
Sales Tax Resale Number: _____ Secretary of State Number: _____
7. Has this practice been valued before? Yes ____ No ____ When? _____
A. By Who? _____
8. If Sole Proprietor, Name of Owner _____
If Partnership or LLC, names of partners/members and percentage owned:

<u>NAME</u>	<u>% OWNED</u>
_____	_____
_____	_____
_____	_____
_____	_____

If Corporation, names of shareholders and number of shares owned:

Name	# of Shares
_____	_____
_____	_____
_____	_____

Corporation Directors and Officers:	Position Held
_____	_____
_____	_____
_____	_____

9. Date practice was founded: _____ Date current owner(s) purchased, if different: _____

10. Name of practice's attorney: _____

Address: _____

Telephone Number: _____ FAX Number _____

E-mail: _____ Website Address: _____

11. Name of practice's former accountant: _____

Address: _____

Telephone Number: _____ FAX Number # _____

E-mail: _____ Website Address: _____

Name of bookkeeper: _____

Address: _____

Telephone Number: _____ FAX Number # _____

E-mail: _____ Website Address: _____

12. What percent of the practice's revenue comes from the following species?

Canine _____	Feline _____	Exotics _____ (List Please)
Avian _____	Pocket Pets _____	_____
Bovine _____	Equine _____	_____
Other _____ (Describe)	_____	_____

13. Description of practice's physical facility:

A. Own _____ Rent _____

B. Describe the type and nature of the building the practice occupies:

Date Built: _____ Date of last renovation: _____

Number of Parking Spots _____ Size of Lot: _____

C. If the building is **owned**, please provide current fair market value and how derived. If per appraisal from a real estate appraiser, please attach a copy of the appraisal. If appraisal is pending at this time, please so state and request that when the appraisal is prepared that it provide, in addition to the current fair market value, a fair market value rental for the space used currently and for the past five years.

D. Total square footage: _____

E. Number of exam rooms: _____

F. Number of runs: - Indoor: _____ Outdoor: _____

G. Number of boarding cages: _____ Breakdown of Sq. Footage

H. Please indicate which of the following are in your premises, the number which exist, and their respective size:

	Number	Size (SF)
1. Reception Area	_____	_____
2. Exam Rooms	_____	_____
3. Treatment Area	_____	_____
4. Surgery	_____	_____
5. X-Ray Room	_____	_____
6. Pharmacy	_____	_____
7. Lab	_____	_____
8. Wards	_____	_____
9. Bathing Area	_____	_____

- 10. Grooming Area _____
- 11. Dog Runs - Indoor _____
Outdoor _____
- 12. Kennels for Boarding _____
- 13. Office Area _____
- 14. Storage Area _____
- 15. Food Preparation Room _____
- 16. Living Quarters _____
- Total SF _____

- I. Are living quarters present in the facility? Yes _____ No _____
- J. Is any portion of the premises subleased or leased? If so, please attach a copy of the lease.
- K. Does your hospital adhere to OSHA requirements? Yes _____ No _____
- L. What type of septic system does the hospital have?

- M. What type of medical waste disposal is utilized?

14. Describe the nature of the veterinary services you provide:

15. Does your hospital provide?
- | | | | |
|--------------------|-------|---------------------|-------|
| Ultrasound | _____ | Digital Radiography | _____ |
| Endoscopy | _____ | Dental X-Ray | _____ |
| In-house CBC/Blood | _____ | Last Surgery | _____ |
| Chemistries | _____ | Boarding | _____ |
| Physical Therapy | _____ | Grooming | _____ |

Please list days and hours hospital and boarding area are open to the public for service:

	Hospital Hours	Boarding Hours
Mon:	_____	_____
Tue:	_____	_____
Wed:	_____	_____
Thu:	_____	_____
Fri:	_____	_____
Sat:	_____	_____
Sun:	_____	_____

Do you provide night service? _____

Please describe the scope and nature of your night service.

Who takes your emergency calls?

Do you make house calls?

16. Date of last fee increase? _____ %

17. A. Approximate number of active (Two Years) patients _____

B. Average number of patients seen per day: _____ Per DVM: _____

Average transaction charge by Doctor 1. _____ 2. _____

3. _____ 4. _____

C. Number of new patients per year - this year: _____ %

- last year: _____ %

18. Staff:	Full Time	Part Time
Number of Employees	_____	_____
Veterinarian – Owners	_____	_____
Veterinarian - Associates	_____	_____
Veterinarian – Relief	_____	_____
Animal Health Technicians	_____	_____
Medical Assistant	_____	_____
Receptionists	_____	_____
Kennel Assistants	_____	_____
Groomers	_____	_____
Maintenance	_____	_____
Practice Managers	_____	_____
Bookkeepers	_____	_____
Others	_____	_____

19. Please describe your advertising program:

Please attach copies of all marketing and advertising materials used including your hospital brochure and your yellow pages ad.

20. Marketing and Advertising

Do you utilize the following marketing methods?

Direct Mail	Yes _____	No _____
Client Surveys	Yes _____	No _____
Focus Groups	Yes _____	No _____
Thank You Letters	Yes _____	No _____
Referrals Programs	Yes _____	No _____
Coupons – Flyers	Yes _____	No _____
Holiday Specials	Yes _____	No _____

Please indicate your annual advertising budget: _____

21. Please list approximate number of hours spent by each principal in each category:

	Dr.		Dr.		Dr.		Dr.	
	Receiving Patients	Treating Surgery	Receiving Patients	Treating Surgery	Receiving Patients	Treating Surgery	Receiving Patients	Treating Surgery
Mon.								
Tue.								
Wed.								
Thu.								
Fri.								
Sat.								
Sun.								

Length of standard appointment: 15 min _____ 20. _____ Other _____

22. Was this practice started by the owner? Yes _____ No _____

When? _____

23. Has any portion of the practice been previously acquired from another veterinary or veterinary group? Yes _____ No _____

If so, please provide an outline as to the transactions(s) and attach all relevant contracts/agreements and closing statements and any financial information reviewed in conjunction with the transaction(s).

24. Has any portion of the practice been sold or transferred in the past to another veterinary or veterinary group? Yes _____ No _____

If so, provide an outline as to the transactions(s) and attach all relevant contracts/agreements and closing statements.

25. Is the current practice the culmination of a merger with any other veterinary practice or practitioner? Yes _____ No _____

If so, provide an outline as to the transaction(s) and attach all relevant contracts/agreements and closing statements and any financial information reviewed in conjunction with the transactions(s).

26. Have any veterinarians been added to the practice as a shareholder and/or partner?

Yes _____ No _____

If so, provide an outline as to the transactions(s) and attach all relevant contracts/agreements and closing statements and any financial information pertaining to said individuals agreements as to partner or shareholder status.

27. Have any veterinarians with the status of partner and/or shareholder retired or terminated their association with the practice? If so, provide an outline as to the transaction(s) and attach all relevant contracts/agreements and financial information pertaining to this event.

28. Is the practice in compliance with all applicable OSHA regulations including current and ongoing staff education, maintenance of MSDS manuals, emergency procedure protocols and all other laws and regulations during the period described above as the current date?

Yes____ No____

29. Is the practice in compliance with all applicable federal, state, and local medical waste disposition and EPA requirements during the period described above as the current date?

Yes____ No____

30. Is the practice in compliance with all federal, state, and local tax laws and has filed all applicable federal, state, and local tax returns (including property taxes, sales taxes, etc) during the period described above and as the current date?

Yes____ No____

31. Does the practice have any kind of retirement or profit sharing plan? Yes____ No____
If yes: Please describe i.e. (401K with 4% matching)

32. Is the practice in compliance with all IRS and other federal, state, or local laws regarding retirement or profit sharing plans and has filed all applicable plan returns and has updated all plan documents to conform to the most current IRS or other regulations during the period described above and as the current date?

Yes____ No____



Caring for your Veterinary Practice Beyond Numbers

32. How often are you required to file sales tax returns?

_____ Monthly _____ Quarterly _____ Annually

Who prepares these? _____

33. Who prepares the 1099s? _____

34. Who prepares Business/Gross Receipts Return? _____

35. Who prepares Personal Property Tax Return? _____

36. Please describe any change, happening or event that would affect the transfer of goodwill to a buyer. Examples would include significant changes in the demographics of the area, increased or decreased competition, entry of specialists into the practice, establishment of satellite facilities, etc?

37. Is there any litigation, including pending or threatened lawsuits or State Board actions?

Yes____ No____

38. Please describe all liabilities which are likely to transfer at the time of a sale- to whom the debt is owed, and what is its purpose, amount, interest rate, original term, term remaining, and monthly payment?

39. Please list your firm's closest competition:

	<u>Name</u>	<u>Address</u>	<u># of Doctors</u>	<u>Distance Away</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Summary of Documents Needed for New Client

The following summarizes information needed for a new client of Gatto McFerson, CPAs. If electronic versions of the information exist, please include those in addition to or in place of written versions.

A. GENERAL BUSINESS & LEGAL INFORMATION

1. Written summary including the following:
 - Background of the owner(s) of the practice, including veterinary education, number of years in private practice, other degrees or credentials, etc.
 - Chronological history of the practice including key dates or events in the practice's history.
 - Chronological history of the practice facility; including major remodeling projects or additions.
2. If not a sole proprietorship, a copy of stockholder or partnership agreements.
3. Copies of any buy-sell agreements or shareholder's agreements and /or written offers to purchase or sell company stock.
4. Copies of contracts for employed veterinarians and other key personnel, including non-competition agreements.

B. FINANCIAL / TAX INFORMATION

1. Depending on the entity structure of your business: Form 1040-Schedule C (sole proprietorship), Form 1065 (partnership), Form 1120 (C corporation) or Form 1120S (S corporation) tax returns for the past **2 years, including depreciation and other supporting schedules. Federal and State.**
2. Year-end profit and loss statements and balance sheets for the past 2 years.
3. Year-to-date profit and loss statement(s) and balance sheet(s) for the period since the last tax return.
4. A current back up of your Quickbooks.
5. Last two years of personal tax returns for all family members.

6. Details on all existing loans and leases of the practice. Details include original loan date, term, interest rate, and, if a lease, buy-out information.
7. A list and description of other businesses that the practice has an ownership interest in. Examples would include a local emergency clinic or pet cemetery.
8. Copies of any practice valuations or real estate valuations done within the past five years.
9. Copies of W-2s and 1099s for the last year. On 1099s, please indicate what this person was paid for (relief vet, gardener, etc.)
9. Current year payroll register, showing employee name, hourly wage or salary, date of hire, wages paid year-to-date, and position.
10. An estimated cost value for the hospital inventory of drugs, supplies, and pet food (if applicable).
11. Copy of the last twelve months sales tax filings.
12. Copy of the prior year business tax return filed, if applicable, with your city.
13. Copy of the prior year personal property tax return filed with the county.

C. KEY PERFORMANCE INDICATORS

1. Key performance indicator information by month for last complete tax year and year-to-date for current year
 - Total revenue per month
 - Personal production for each doctor
 - ATC (total and by doctor)
 - # trans (total and by doctor)
 - # of new clients

2. Key performance indicator information by year for last complete tax year and year-to-date for current year
 - Total revenue by category (immunizations, surgery, etc)
 - Total revenue by species
3. # of active clients (those seen within 2 years)
4. # of clients seen per day per veterinarian

D. FACILITY

1. A copy of the lease with the real estate owner. If the lease is expected to change following a sale, detailed information about the expected terms is needed whether you will be assuming them or not.