

VETERINARY PRACTICE VALUATION QUESTIONNAIRE

1. Name of Client: _____
Address: _____
Telephone Number: _____ FAX Number: _____
e-mail Address: _____ Website Address: _____
2. Name of Practice: _____
Address: _____
Telephone Number: _____ FAX Number: _____
e-mail Address: _____ Website Address: _____
3. What is the Valuation date? _____
4. What is the purpose of the Valuation? _____
Has this practice ever been valued before? _____ By Who? _____
5. What is the fiscal year end of the practice? _____
6. What is the method of accounting for book purposes? _____
7. What is the method of accounting for tax purposes? _____
8. Type of entity:
"C" Corporation _____ Partnership _____
LLC _____ Individual _____
"S" Corporation _____ Proprietorship _____
Date Entity Created _____ State Jurisdiction _____
9. Form of business entity for federal tax purposes:

- Sole Proprietorship
- Partnership:
- Corporation
- S corporation

10. If Sole Proprietor, Name of Owner _____

If Partnership, Names of Partners and Percentage Owned:

NAME	% OWNED

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

NAMES	# of Shares

Names of Corporation Directors and Officers:	Position Held

11. Date practice began: _____

Number of years at current location: _____

12. Name of practice's attorney: _____

Address: _____

Telephone Number: _____ FAX # _____

e-mail: _____ Website Address: _____

13. Name of practice's independent accountant

Address: _____

Telephone Number: _____ FAX # _____

e-mail: _____ Website Address: _____

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

Canine _____ Feline _____ Exotics _____ Bovine _____
Caprine _____ Ovine _____ Equine _____ Poultry _____
Other _____

15. 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: _____

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 _____

H. Are living quarters present in the facility? _____

I. Is any portion of the premises subleased or leased? If so, please attach a copy of the lease.

16. Describe the nature of the veterinary services you provide.

Does your hospital provide?

Ultrasound	_____
Endoscopy	_____
Inhouse CBC/blood chemistries	_____
Grooming	_____

Please list days and hour's hospital and boarding area are open to the public for service:

	Hospital Hours	Boarding Hours
Mon.	_____	_____
Tues.	_____	_____
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?

D. How often in the past years have you increased your fees? _____

Date of last increase _____ %

18. Staff:

	Full Time	Part Time
Number of Employees	_____	_____
Veterinarian - Owners	_____	_____
Veterinarian - Associates	_____	_____
Veterinarian - Relief	_____	_____

Animal Health Technicians	_____	_____
Medical Assistants	_____	_____
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. Please list approximate number of hours spent by each principal in each category:

	Dr.		Dr.		Dr.		Dr.	
	With Patients	Admin. CE	With Patients	Admin. CE	With Patients	Admin. CE	With Patients	Admin. CE
Mon.								
Tue.								
Wed.								
Thu.								
Fri.								
Sat.								
Sun.								

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

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

- When? _____
22. 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).

23. 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.

24. 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).

25. 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.

26. 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.

27. 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 ___

28. 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 ___

29. 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 ___

26. Does the practice have any kind of retirement or profit sharing plan? Yes ___ No ___
If yes: indicate your compliance with the following statement.

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

Yes____ No____

32. 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?

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

Yes____ No____

35. 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?
