



Veterinary Hospital Managers Association



VETERINARY EMERGENCY AND CRITICAL CARE SOCIETY

2019 Survey of Compensation and Benefits for Associate Veterinarians

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2019 VHMA

Survey of Compensation and Benefits for Associate Veterinarians

Introduction:

For 2019, the VHMA is conducting a detailed survey of compensation and benefits for associate veterinarians. The survey is being conducted by Darren Osborne, an economist currently working with several VMA's. This survey investigates all aspects of compensation and benefits for associate veterinarians.

Format:

A detailed analysis of compensation and benefits will be presented based on various associate characteristics identified in the survey (e.g., salary and benefits by area, years experience, type of practice, on call requirements, etc.). To provide you with a detailed format, it is important that you answer every question.

Manager's Survey Worksheet:

Hospitals that have more than one associate veterinarian may choose to use the Manager's Worksheet for Associate Veterinarians. This Worksheet is designed so you can enter information for five associates at the same time. If you need additional surveys or worksheets, please download them from the VHMA Web site at: www.vhma.org.

Instructions:

Please complete the questionnaire based on what your compensation will be from private practice in 2019 (**THIS YEAR**). You are encouraged to use information from your latest pay-stub and scheduling information in your hospital to make estimates for the year. If necessary, please average weekly or daily information to get an accurate representation. Remember the adage, GARBAGE IN - GARBAGE OUT.

If compensation is based on production, please provide compensation information for the last 12 months (e.g., April 1, 2018 to March 31, 2019).

PLEASE ANSWER ALL QUESTIONS

Incomplete questionnaires cannot be utilized.

Confidentiality:

To ensure the strictest confidentiality, all the information is anonymous and the final report will only present aggregated information. No individual can be identified.

Questions:

Contact Darren Osborne at 800.670.1702 ext. 214 or E-mail: dosborne@ovma.org.

Thank you in advance for your participation in this important research.

The deadline for completing the survey is Monday, August 5th, 2019.

**Please send back your completed survey in the postage paid envelope provided or
fax to 877.482.5941.**

2019 VHMA

Survey of Compensation and Benefits for Associate Veterinarians

1. From which veterinary school did you graduate? Graduation Year: _____
- | | | | | | |
|----------------------|--------------------------|----|--------------------------|--------------------------|----|
| Atlantic Vet College | <input type="checkbox"/> | 1 | Ohio State | <input type="checkbox"/> | 18 |
| Auburn | <input type="checkbox"/> | 2 | | | |
| U of California | <input type="checkbox"/> | 3 | Ontario Vet College | <input type="checkbox"/> | 19 |
| Colorado State | <input type="checkbox"/> | 4 | Oregon State | <input type="checkbox"/> | 20 |
| Cornell | <input type="checkbox"/> | 5 | U of Pennsylvania | <input type="checkbox"/> | 21 |
| U of Florida | <input type="checkbox"/> | 6 | Purdue | <input type="checkbox"/> | 22 |
| U of Georgia | <input type="checkbox"/> | 7 | U of Saskatchewan | <input type="checkbox"/> | 23 |
| U of Illinois | <input type="checkbox"/> | 8 | U of Tennessee | <input type="checkbox"/> | 24 |
| Iowa State | <input type="checkbox"/> | 9 | Texas A&M | <input type="checkbox"/> | 25 |
| Kansas State | <input type="checkbox"/> | 10 | Tufts | <input type="checkbox"/> | 26 |
| Louisiana State | <input type="checkbox"/> | 11 | Tuskegee | <input type="checkbox"/> | 27 |
| Michigan State | <input type="checkbox"/> | 12 | Virginia Tech - Maryland | <input type="checkbox"/> | 28 |
| U of Minnesota | <input type="checkbox"/> | 13 | Washington State | <input type="checkbox"/> | 29 |
| Mississippi State | <input type="checkbox"/> | 14 | U of Wisconsin-Madison | <input type="checkbox"/> | 30 |
| U of Missouri | <input type="checkbox"/> | 15 | Western University | <input type="checkbox"/> | 32 |
| U of Montreal | <input type="checkbox"/> | 16 | | | |
| North Carolina State | <input type="checkbox"/> | 17 | U of Alberta | <input type="checkbox"/> | 33 |
| | | | International School | <input type="checkbox"/> | 31 |
| | | | Other _____ | | |
2. How many full years have you been practicing veterinary medicine? _____
3. Which of the following types best describes your practice? (*check one*)
- | | | | | | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|---|
| Exclusively small animal | <input type="checkbox"/> | 1 | Exclusively large animal | <input type="checkbox"/> | 6 |
| Mixed animal practice | <input type="checkbox"/> | 2 | Bovine only | <input type="checkbox"/> | 7 |
| Equine only | <input type="checkbox"/> | 3 | Specialty practice | <input type="checkbox"/> | 8 |
| Exotic only | <input type="checkbox"/> | 4 | Emergency hospital | <input type="checkbox"/> | 9 |
| Feline only | <input type="checkbox"/> | 5 | Other _____ | | |
4. How many full years have you been in your current position? _____ years
5. In what State or Province is your practice located? _____
6. What is the approximate population for where your practice is located? (*check one*)
- less than 10,000
 10,000-50,000
 greater than 50,000

7. What will be your total cash compensation (before taxes) from veterinary medicine in 2019? Please do not include employer benefits (e.g., health or dental insurance, vacation pay, license, continuing education benefits, etc.)

If you are paid based on your production, please provide your compensation for the last 12 months (e.g., April 1, 2018 to March 31, 2019).

\$

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8. How are you paid? (check one)

If you hold more than one position in 2019, please choose predominant pay structure.

- 1 Hourly \$_____ per hour
- 2 Annual Base Salary \$_____ per year
- 3 Annual Base Salary + Profit Sharing \$_____ salary + \$_____ profit share

Describe Profit Share Arrangement _____

- 4 Percent (%) of Gross Billings %_____ of billings
- 5 % of Gross Billings with Base Salary \$_____ base salary
Sometimes referred to as ProSal
- 6 Base Salary + Emergency Fees \$_____ salary + \$_____ emerg. fees

or Describe Emergency Compensation _____

Other _____

9. Please indicate if your employer provides the following professional benefits. Check all that apply and indicate the specific value of each benefit.

- Continuing education (fees) \$ _____ in 2019 (Include travel expenses)
- Continuing education (paid time off) _____ days in 2019
- Vehicle allowance \$ _____ per _____

Please indicate if your employer provides the following personal benefits. Check all that apply and indicate how the cost is shared.

Not Provided	Provided	Hospital	Staff Share
<input type="checkbox"/>	<input type="checkbox"/> Health Insurance	_____ %	_____ %
<input type="checkbox"/>	<input type="checkbox"/> Unreimbursed Medical	_____ %	_____ %
<input type="checkbox"/>	<input type="checkbox"/> Dental Insurance	_____ %	_____ %
<input type="checkbox"/>	<input type="checkbox"/> Child Care	_____ %	_____ %

<input type="checkbox"/>	<input type="checkbox"/> Pet Insurance		
<input type="checkbox"/>	<input type="checkbox"/> Veterinary Care Discounts	_____ % off full price	
<input type="checkbox"/>	<input type="checkbox"/> Veterinary Products Discounts	Cost plus _____ %	

<input type="checkbox"/>	<input type="checkbox"/> Dues (voluntary association)		
<input type="checkbox"/>	<input type="checkbox"/> License/Certification		
<input type="checkbox"/>	<input type="checkbox"/> Malpractice Insurance		
<input type="checkbox"/>	<input type="checkbox"/> Disability Insurance		
<input type="checkbox"/>	<input type="checkbox"/> Retirement Savings Plan	_____ % of gross pay	
<input type="checkbox"/>	<input type="checkbox"/> Uniform/Clothing Allowance		
<input type="checkbox"/>	<input type="checkbox"/> Cell Phone		
	<input type="checkbox"/> other _____		

<input type="checkbox"/>	<input type="checkbox"/> Paid Sick / Personal Days	Full Time	Part Time
	<input type="checkbox"/> prorated or	_____ days	_____

10. What will be your vacation allotment for 2019?

a) _____ weeks per year

b) Is your vacation time restricted to certain times of the year?

Yes

No

c) Are you able to take your vacation allotment in one period (e.g., two consecutive weeks versus two, one week periods)?

Yes

No

11. Please estimate your hours worked for 2019 using the following table. If your schedule changed from day-to-day or week-to-week, please use a figure that represents the average. For example, if you worked 3 days one week then 4 the next, use a figure of 3.5.

Do not include on call time when answering a) to c).

a) hours per day _____ hours (do not include lunch hour)

b) days per week _____ days

On call schedule (use an average where appropriate)

c) on call weekends per month _____ weekend days (including night on call)

d) on call week-nights per week _____ nights

After hours call fees _____ % of call or \$ _____ per call

12. Do you work any split shifts? A *split shift* is a shift that is divided into two or more parts the same day. The interval between the splits must be 2 or more hours. For example, working from 8:00 a.m. to 12:00 noon and then 4:00 p.m. to 8:00 p.m. the same day.

Yes, _____ % of my days are split shifts

No, I do not work any split shifts

13. Do you assist in managing your hospital?

Yes, my responsibilities include _____

No

14. Do you receive additional compensation for management duties?

Yes, additional compensation received \$ _____

No

15. Did you receive a signing or retention bonus when you were hired for your current position?

- Yes, my signing bonus was _____
- Yes, my retention bonus was _____
- Yes, my other bonus was _____
- No

Comments: _____

Manager's 2019 VHMA Survey Worksheet for Associate Veterinarians

Name (to help you keep track)	Jane Doe						
1 Grad Year	1995						
School	Cornell						
2 Full Years Practicing	4						
3 Type of Practice	1						
4 Years in Current Position	4						
5 Your State or Province	NY						
6 Population of Practice Location	50,000 +						
7 Cash Compensation (before taxes)	\$62,000						
8 How Paid							
1 Hourly							
2 Annual Base Salary							
3 Salary + Profit Share							
4 Percent of Gross Billings							
5 Salary + % of Gross Billings	\$60,000 4%						
6 Salary + Emergency Fees							
7 Other							
9 Benefits							
1 After Hours Call Fee							
% of call							
\$ per call							
2 Cont. Ed. Fees	\$1,000						
3 Cont. Ed. Days	4						
4 Vehicle Allowance							
	Hospital Share	Hospital Share	Hospital Share	Hospital Share	Hospital Share	Hospital Share	Hospital Share
5 Health Insurance	100%						
6 Un-reimbursed med. expse.							
7 Dental Insurance	50%						
8 Child Care							
9 Pet Insurance	75%						
10 Veterinary care discount	50%						
11 Veterinary products discount							
12 Dues (voluntary association)							
13 License							
14 Malpractice Insurance							
15 Disability Insurance	50%						
16 Employee Pension Plan							
17 Uniform							
18 Cell phone							
19 Other	Sick leave						
10 Vacation							
a Weeks per Year	3						
b Time Restricted	Yes						
c Allotment Restricted	Yes						
11 Workload							
a Hours per Day	8						
b Days per Week	5						
On Call							
c On Call Weekend days	0						
d On Call Week-nights	0						
12 Split Shifts	Yes						
13 Assist in Managing	Yes						
14 Additional compensation for managing	Yes						
If yes, additional received	5,000						