



Veterinary Hospital Managers Association



VETERINARY EMERGENCY AND CRITICAL CARE SOCIETY

2019 Staff Compensation and Benefits Survey

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1. Hospital name (optional): _____
Providing the hospital name allows our researcher to contact you for clarifying questions.

2. State or Province: _____

3. What is the approximate population in the area where your hospital is located? (please check one)
 less than 10,000 10,001-50,000 50,001 +

4. Which of the following practice types best describes your hospital? (please check one)

- | | | |
|---|---|---|
| 1 <input type="checkbox"/> exclusively small animal | 5 <input type="checkbox"/> feline only | 9 <input type="checkbox"/> emergency hospital |
| 2 <input type="checkbox"/> mixed animal practice | 6 <input type="checkbox"/> exclusively large animal | 10 <input type="checkbox"/> emergency + specialty |
| 3 <input type="checkbox"/> equine only | 7 <input type="checkbox"/> bovine only | |
| 4 <input type="checkbox"/> exotic only | 8 <input type="checkbox"/> specialty practice | Other _____ |

4.1 Is your hospital a member of a management group (e.g. VMG) yes no don't know

5. What was the total hospital revenue from veterinary medicine in your last tax year? \$ _____

6. Please indicate if your employer provides the following personal benefits **for non-dvm staff**.
 Check all that apply and indicate how the cost is shared.

Not Provided	Provided	Hospital Share	Staff Share
<input type="checkbox"/>	<input type="checkbox"/> health insurance	_____%	_____%
<input type="checkbox"/>	<input type="checkbox"/> unreimbursed medical expense	_____%	_____%
<input type="checkbox"/>	<input type="checkbox"/> dental insurance	_____%	_____%
<input type="checkbox"/>	<input type="checkbox"/> childcare	_____%	_____%
<input type="checkbox"/>	<input type="checkbox"/> pet insurance		
<input type="checkbox"/>	<input type="checkbox"/> veterinary care discount	_____ % off full price	
<input type="checkbox"/>	<input type="checkbox"/> veterinary products discount	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"/> retirement savings plan	_____ % of gross pay	
<input type="checkbox"/>	<input type="checkbox"/> uniform/clothing allowance		
	<input type="checkbox"/> other _____		
<input type="checkbox"/>	<input type="checkbox"/> paid sick days	Full Time	Part Time
	<input type="checkbox"/> prorated or	_____ days	_____ days
If prorated, please describe your paid / personal days policy:			

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

Not Provided	Provided	Hospital Share	Staff Share
<input type="checkbox"/>	<input type="checkbox"/> health insurance	_____%	_____%
<input type="checkbox"/>	<input type="checkbox"/> unreimbursed medical expense	_____%	_____%
<input type="checkbox"/>	<input type="checkbox"/> dental insurance	_____%	_____%
<input type="checkbox"/>	<input type="checkbox"/> childcare	_____%	_____%

<input type="checkbox"/>	<input type="checkbox"/> pet insurance		
<input type="checkbox"/>	<input type="checkbox"/> veterinary care discount	_____ % off full price	
<input type="checkbox"/>	<input type="checkbox"/> veterinary products discount	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"/> other _____		

<input type="checkbox"/>	<input type="checkbox"/> paid sick / personal days	Full Time	Part Time
	<input type="checkbox"/> prorated or	_____ days	_____ days
If prorated, please describe your paid / personal days policy:			

9. Please provide the following information about dvm staff. Please **do not** include the value of employee benefits (e.g. health or dental insurance, uniform allowance, vacation pay etc).

Veterinary Codes: Specify a single category that best describes their primary role.

I = Intern A = associate/staff veterinarian R = relief/temporary veterinarian S = specialist veterinarian

Code	Years Employed	Current Hourly Wage or Annual Salary	Full Time 35 or more hours/week	Part Time Less than 35 hours/week	Annual Vacation Days	Annual C.E. Days Allotted
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
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Please fax your completed survey toll free to 877.482.5941 or via mail to:
 VHMA Salary Survey, 2316 Delaware Ave. #357, Buffalo, NY 14216-9922.

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

If you have any questions or concerns, please contact Darren Osborne.
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