

4. Office Building

Owner: _____

Address: _____
City State Zip

Is the building being sold with the practice? _____ If so, for how much? _____

Equipped Exam Rooms? _____ Equipped Surgical Rooms? _____

Is there room available for expansion? _____

Is there a kennel on the premises? _____ If so, how many animals can be housed? _____

Square footage of office space: _____ Current monthly rent rate: \$ _____

Will seller's lease be assigned to buyer, or will buyer obtain new lease? _____

Term of lease (including tenant option to renew): _____

Will the practice be relocated now or in the future: _____

5. Practice Make-Up

% receipts from owner: _____ % receipts from associate(s): _____

% receipts from product sales: _____ % receipts from specialist(s): _____

Cash/Credit Card (%): _____ Insurance (%): _____

Other (%): _____

If any payment plans are offered, please explain: _____

6. Services

Which of the following services are offered, as a percentage of gross receipts?

Small animal (%): _____ What type? _____

Large animal (%): _____ What type? _____

Farm/livestock (%): _____ What type? _____

Equine (%): _____ What type? _____

Other (%): _____ What type? _____

7. Patient Numbers

Number of active clients seen in the last 24 months: _____

Average number of new clients seen each month: _____

8. Marketing

What types of marketing are utilized in the practice?

Staff					
Name	Position	Rate of Pay	Hours/Week	Tenure	Benefits

Are any family members employed at the Practice? _____ Will they be employed by buyer? _____

Are any family members who aren't employed at the Practice being paid through the practice? _____

What are their wages? _____

Seller's Affirmation: I hereby certify that the above information is true and correct to the best of my knowledge:

Signature: _____ **Date:** _____

Buyer's Affirmation: I hereby certify that I have verified the above information to the best of my ability, and it is true and correct to the best of my knowledge:

Signature: _____ **Date:** _____