



R. J. Ramirez & Associates  
Raymond J. Ramirez D.V.M.  
P.O. Box 448 124 South Walnut St.  
Maroa, IL 61756-0448  
(217) 794-3743  
E-mail: ray@ramirezdvm.com

Clinic name  
address  
city,state zip

Dear ,

I want to thank you for scheduling time with me to work at your clinic. These are the dates that we have agreed to:

2010

*Hours here Monday - Friday , Saturday*

The hourly rate for this reservation is \$/hour. Hourly rates are charged in 5 minute increments and a 6 hour minimum daily charge. Any applicable lodging charges will be additional. There will be a \$.31 per mile charge for the round trip to the clinic. All fees are to be paid within 15 days of the dated invoice.

As I mentioned, I carry my own liability, health, & workman's compensation insurance. I also take care of all state, federal and FICA taxes as an independent contractor, so you have no additional costs beyond the hourly rate. Enclosed is a copy of a W-9 form and Insurance certificate.

A few things that would be helpful for me would be:

- a price list of charges that you normally use, or an assistant that knows the prices.
- a chart of the vaccine protocol that you like to follow for puppies and kittens.

As we discussed, arrangements should be made with other clinics for emergency call and all cosmetic ear-cropping procedures and ASIF bone plating as I will not be available for these services. If there are any prescription refill requests, my policy is to follow the A.V.M.A. guidelines and Illinois practice act.

I have also enclosed a form which has several questions regarding different treatment situations. I would appreciate it if you could fill this out and return it to me. This enables me to give your clients better continuity of service while I am at your clinic.

Any cancellations may be subject to a cancellation fee of \$220.00 per day.

This agreement supersedes all previous agreements for the 20\_\_ calendar year. Please sign both copies and return one copy in the enclosed envelope within 15 days or the days you scheduled *will not be reserved*.

Thank you.

Sincerely,

Clinic owner name here

Raymond J. Ramirez D.V.M.



R. J. Ramirez & Associates  
Raymond J. Ramirez D.V.M.  
124 South Walnut  
P.O. Box 448  
Maroa, IL 61756-0448  
(217) 794-3743  
email: ray@ramirezdvm.com

,  
Dear ,

Here is the appropriate information about my Liability information.

My liability insurance is with :

A.V.M.A. Professional Liability Insurance Trust

Certificate number 4xxxx

Policy number: 4xx xx xx xx

There is an information number available at 800-228-7548

If you have any other questions or need additional information, let me know. I will get additional information right away.  
Thank you.

Sincerely,

Raymond J. Ramirez D.V.M.

Treatment form for Lakeview Veterinary Clinic sent June 16, 2010	
Ear infection, first time:	
Ear infection, recurring:	
When do you recommend any surgery (Modified Zepp/ total ablation)? – *** not needed any more	Treatment for Ear Mites:
Allergic Dermatitis:.	
Full anal glands:	
Mismating:	
Upper Respiratory Infection-feline:	
Anesthetics/ pain management :	Dog OHE:
	Cat OHE:
	Dog Neuter:
	Cat Neuter:
Parvo Pup :	
As a way of further understanding your clinic's philosophy, please complete the question below: We strive to give our clients the best medical care by emphasizing:	

Treatment form for Lakeview Veterinary Clinic sent June 16, 2010

Any other features that would assist me in serving your clients:

For some of the preventative practices, please outline how you consider the following:	
Core vaccines & frequency – what should be done for every dog:	
Core vaccines & frequency for cats:	
Non core vaccines & frequency for dogs, and criteria used to determine if needed	
Non core vaccines & frequency for cats, and criteria used to determine if needed	
Heartworm preventative recommendation: medication and frequency of test for dog and cat if applicable	
Preventative testing: ie, fecal, senior screen, T4, etc	
Requirements for testing for long term drugs	Phenobarb:  Thyroid supplement:  Methimazole:  Other:
On scale of 1-10 , how much to you emphasize, talk about the following to clients:	pet overweight dental disease OTC meds
What medications you routinely script out	
Procedures regularly referred to specialty facility	

Who in practice does the following:

Draw blood for HWT senior screen, sick pet	
places IV catheter	
Take x- Ray – (have chart Y/ N)	
Anesthetizes patient	
Cleans instruments Post OP	
Runs autoclave	
Gives baths	
Runs blood machines	
Runs Urine Analysis	
Fills out and sends out blood work or samples to outside lab	
Fills Prescriptions	
Makes labels for medicine	
Records or types in medical history	