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| --- | --- | --- |
| **Template Letter of Intent For Veterinary Associate Position**  **at Name of Veterinary Practice** (customize all bold, underlined, & highlighted text) | | |
| **Business Entity Offering Employment:** | **Recipient of Offer:** |  |
| Storm Veterinary Services, LLC | Jeremy Workshard, DVM |  |
|  |  |  |
| **TERM HEADINGS** | **EMPLOYER’S OFFER** | **EMPLOYEE’S RESPONSES OR REQUESTS** |
| **OFFER EFFECTIVE DATE** |  |  |
| **START DATE** |  |  |
| **FULL TIME – PROBABLE HRS/WEEK** |  |  |
| **PART TIME – HOURS/WEEK** |  |  |
| **CONTRACT LENGTH** | One year renewable for 12 month periods thereafter |  |
| **JOB TITLE** | Associate Veterinarian |  |
| **VETERINARY SCHOOL** | Mississippi State University |  |
| **GRADUATION YEAR** | 2016 |  |
| **EMPLOYER’S MAILING ADDRESS:** |  | **Address:** |
| **PHONE NUMBER(S)** |  | **Ph. No:** |
| **E-MAIL ADDRESS(ES):** |  | **Email:** |
| **PREFERRED CONTACT TYPE** | Email? Phone? Text? | Email? Phone? Text |
|  | **APPLICANT’S CURRENT OR PREVIOUS EMPLOYER:** |  |
| **ADDRESS OF EMPLOYER’S HOSPITAL THAT WILL BE PRIMARY PLACE OF WORK** |  |  |
| **PRODUCTION % – IF OFFERED:** | **21%** of services and **10%** of drugs with definition and terms in contract addendum |  |
| **PRODUCTION COMPENSATION SPECIFICS, IF OFFERED:** | Reconciled **monthly or quarterly?** with bonuses paid by 15th of following month |  |
| **RESTRICTIVE COVENANT TIME/DISTANCE:** | No time, distance if employed < **3** months changing to **2** years and **7** miles if **> 3** months |  |
| **PAID TIME OFF (PTO) FOR VACATION, SICK LEAVE & PERSONAL TIME:** | **12** days per full contract year |  |
| **HEALTH INSURANCE** | Offering up to **$300/month** for individual policy |  |
| **PROFESSIONAL LIABILITY INSURANCE & License Defense Rider** | Will pay or reimburse for **$1 million/$3million** prof’ liability & **$25,000** license defense |  |
| **CE DAYS & DOLLARS** | **3** days with pay as part of base pay + $1,500 for registration, travel, lodging, eligible after 6 months but with repayment of benefit if employee voluntarily resigns before end of one year or is terminated for cause |  |
| **SIGNING BONUS OR MOVING ALLOWANCE** | **Yes? No? Negotiable?** Must be returned if employee resigns before end of one year or is terminated for cause |  |
| **NEGATIVE CUMULATION TOWARD PRODUCTION BONUS** | Will waive negative cumulation for **first 3? months** of employment, then production bonus dependent upon exceeding monthly target |  |
| **DUES, DEA, LICENSES & VIN** | **$750/year or as named** |  |
| **HOLIDAYS** | New Years, Memorial Day, Independence Day, Labor Day, Thanksgiving & Christmas included in base salary |  |
| **PENSION/PROFIT SHARING PLAN** | Matching 401k, SIMPLE IRA or Not Offered |  |
| **PERSONAL PET CARE** | As per employee policy handbook |  |
| **TEACHING/CHARITY ALLOWANCE** | $1,000/year to be used as a credit for cases undertaken for one of these two purposes |  |
| **SCHEDULE** | Work schedule will be in contract or a separate document – |  |
| **SPECIAL NOTES** |  |  |

This offer is effective as of \_\_\_\_\_Month \_\_\_\_\_\_\_\_ Day\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_ and will remain open for \_\_\_\_\_\_\_ weeks, i.e., until \_\_\_\_\_Month \_\_\_\_\_\_\_\_ Day\_\_\_\_\_\_\_\_ Year

Subject to my review of terms inconsistent with Employer’s offer letter in Employer’s formal contract of employment, I accept this offer as set forth above.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Associate Veterinarian

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Owner/Manager