

Your Name, DVM
Your Company Name
Address
Phone Number
Email

Date

Practice Owner / Manager

Clinic Name

Address

Name,

Thank you for contacting me for veterinary relief services. I have reserved the following dates to work at your clinic:

List each full date you have agreed to work, including day of the week to help reduce error and confusion.

EXAMPLE:

- Monday, January 6, 2026
- Friday, January 10, 2026
- Saturday, January 11, 2026

I understand that my **working hours** at your clinic are from x:xx am – x:xx pm Monday - Friday and x:xx am – x:xx pm on the Saturdays.

List the species you will see: I will receive your dog, cat, and avian patients presented to me during that time and work outside of those hours as I deem necessary to treat patients under my care.

List the services you offer: I will perform all routine veterinary medical services as needed for your hospital and patients unless they are outside of my clinical skill set in which case I will offer referral. I have a basic level of training in ultrasonography and can evaluate for fluid checks and other basic pathology. Some cases may need to be referred for more detailed sonographic evaluations. Elective surgeries that I will perform include ovariohysterectomies, neuters,

cystotomies, and routine cutaneous mass removals. I will perform dental services including dental extractions only if the practice has a working dental radiography unit. I reserve the right to decline to perform any anesthetic or surgical procedure pending my professional and clinical evaluation of the patient. Services for orthopedic and cosmetic surgeries, (declawing, ear/tail cropping), will not be provided. I am a USDA accredited veterinarian in the state of XX and am able to perform exams for travel and sign health certificates.

State your rate: My work will be billed at a full day rate of \$xxx for up to 8 hours then \$xx/hr for each additional hour. Half day rates are \$xxx for up to 4 hours then \$xx/hr for each additional hour. There will also be a \$xx daily travel fee since your clinic is more than xx miles from my home.

Payment Terms: Let them know when you expect payment. End of the shift? Within 1 week? 30 days? Define what happens if payment is late. What penalty is applied when the payment is late by what time frame?

Relevant Licensing / Insurance / Exemptions: Please note for your records that I am an independent contractor. I carry my own health, liability, and disability insurance. If I earn more than \$600 this year while working for you, you will need to file a 1099 with my name. I will bring copies of my state veterinary and DEA licenses, USDA Accreditation, and proof of liability coverage for your records. In the state of XX, I'm not required to carry workers' compensation insurance but will bring my certificate of exemption.

Cancellation Policy:

(This is just an example. You may decide to have a different structure to your cancellation policy or have none at all.)

If you need to cancel this engagement for any reason, you will be billed as follows if I am unable to rebook the cancelled dates. Cancellations greater than 30 days from the agreed upon work date will not be charged a fee. Cancellations less than 30 days but greater than 2 weeks from the agreed upon work date will be billed at half the daily rate for each date that I am unable to rebook. Cancellations 2 weeks or less from the agreed upon work date will be billed at the full daily rate for each date that I am unable to rebook.

Under what circumstances may you have to cancel? Bad weather? Illness? Family emergency? Childcare? What happens if you need to cancel? Will you do your best to help them find coverage? Offer them a discount on another shift? Or nothing?

Please email me back to indicate your agreement to the above. Feel free to call, text or email if you have any questions. I look forward to working at XXX Veterinary Hospital.

Sincerely,

Name, DVM