

# Valeri C. Devaney, DVM

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Sugar Land, TX 77487

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Clinic: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Doctor,

Thank you for scheduling time with me to work at your clinic. These are the hours and dates on which we have agreed: \_\_\_\_\_.

The daily rate for this reservation is \$\_\_\_\_\_ for 8 work hours on a weekday (6 hrs weekends or holidays); excess hours are charged at \$100/hr for the first two hours (\$125/hr thereafter) in 15 min increments. See next page for details.

I am an independent contractor, you have no additional costs beyond the daily/hourly rate. I will send you a 1099 reminder at the end of the year. Copies of licenses, insurance and W-9 provided on request.

This agreement supercedes any prior agreements and both copies shall constitute the original. Please sign and return a copy within 15 days to confirm your shift(s) or you may lose your reservation.

Sincerely,

V.C. Devaney, DVM

\_\_\_\_\_  
Clinic Owner

## **Policies, Recommendations, and Making a Smooth Transition**

In order to prevent miscommunication, I provide detailed information on what to expect from me and how we can work together to achieve a good relief experience. For most clinics, much of this information and the stipulations will be unnecessary as you already follow the law, pay promptly, and have reasonable expectations. If you have any questions at all about these terms, or would like to discuss or negotiate them, please email me; I am happy to discuss this information.

**First shift:** In order for me to dispense and administer controlled substances at your clinic I will need a signed letter from you authorizing me to work under your license. You will need to provide appropriate keys or codes to me or a staff member or in a designated location prior to my arrival. On the initial shift, if we did not have an in-clinic interview, please return the "getting to know you" form so that I can maximize the continuity of care for your clients and staff. For the first shift, please make

arrangements with other clinics for emergency services and surgeries. For subsequent shifts we can mutually agree on soft tissue surgeries, dentistry, and anesthesia protocols. If there are prescription refills or other questions of service, my policy is to follow AVMA guidelines, Texas veterinary medical practice act and relevant law. Please have me in your practice software and warn staff that they will need to have me sign rabies certificates.

**Overtime:** The daily rate typically includes up to 2 hours of non-working time (that is, if your clinic closes for lunch, I do not bill the time I am not working, eg. 8-12, 2-6) and up to 1 hour of drive time. Shifts which require me to be away from home for more than 11 hours inclusive of drive, break, and work time may be subject to overtime fees; please inquire. Overtime is charged in 15 minute increments. Please note that you may specify whether you prefer the doctor to stay and treat patients, refer to the emergency hospital or designate a person to make the decision for you.

**Payment:** Payment is due each day worked; please have payment ready at the end of each shift if I am working a single day. For multiple consecutive days up to 7, you may pay on the last day worked. If I am working in excess of a week, please provide payment weekly. Payment becomes late 14 days after the date worked. If you fail to provide payment or the payment is ineffective (e.g. non sufficient funds) you will be subject to paying any and all collections costs required in the collection of effective payment.

**Records:** It is helpful if you have complete notes or a case summary with treatment plan for any ongoing cases. I strive to provide complete and detailed notes on the patients I see. If you have specific codes or requirements (e.g. how to annotate phone calls into the record) please have a staff member show me so I can be sure to complete things appropriately.

**Call backs:** If you have lab results or other follow up calls you would like me to make please have a staff member give me the results/list and again, having notes about your thoughts on the case are helpful.

**Doing things differently:** If you do things differently than many of our colleagues, let me know, so I can try to fit into your system. I strive to ensure clients have a seamless transition and to make sure to follow your protocols as much as possible. If you feel I have done or said something differently than you would, or would like, please let me know (call, text, email). I would be glad to make sure we discuss any differences and clarify any confusion. I am always glad to learn new things and try to make sure I am providing good service to you, your clinic, your staff, your clients and your patients.

**Let me know how I can better serve you.**

**Review:** Please let me know how I did. You can send this anonymously or give details of the clinic/shift. Feel free to add comments in the provided space, on the back or on additional pages.

Please rank from 1 – Failed to meet expectations to 3 – Met expectations to 5 – Exceeded expectations

	1	2	3	4	5
Did Dr. Devaney arrive on time, prepared to work on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was her appearance/attire professional/appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was she professional in her behavior to your staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was she professional in her behavior to your clients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was she professional in her patient handling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were her medical decision making/skills adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were her surgical decision making/skills adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were her triage decision making/skills adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were her medical records and notes adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did she work effectively for the entire shift?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did she take breaks/leave on time or as expected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were her client communication skills adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was her provision of services to clients in line with your expectations (ACT/providing not too much/too little services/diagnostic testing)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1 2 3 4 5

1 – Failed to meet expectations to 3 – Met expectations to 5 – Exceeded expectations

Any other comments or notes, or suggestions on how Dr. Devaney could provide better service:

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