

**Relief Veterinary Service Agreement**  
**Relief Vet DFW, PLLC**  
**Dr. Anna Calvanese**  
**413-726-4300**

**Article I**

***Employment Relationship***

**1.1** Relief Vet DFW holds a Texas veterinary license in good standing with the Texas state board of veterinary medical examiners and is engaged in the practice of veterinary medical and surgical services as a relief veterinarian

**1.2** Relief Vet DFW is an independent contractor and not a clinic employee.

**1.3** Relief Vet DFW is free to practice elsewhere without restriction

**1.4** Relief Vet DFW is free to practice veterinary medicine in any manner considered to be reasonable and ethical under the Veterinary Practice Act for the state of Texas

**Article II**

***Relief Veterinarian Responsibilities and Requirements***

**The relief veterinarian must:**

**2.1** Have a current Texas license to practice Veterinary Medicine

**2.2** Provide own liability insurance

**2.3** Be responsible for own travel and business expenses

**2.4** Be responsible for own FICA and Federal withholding taxes.

**2.5** Practice veterinary medicine in compliance with the Texas State Veterinary Practice Act, and be competent in medicine and surgery in small animals. Exotic animals and cases including orthopedics may be referred.

**Article III**

***Client Responsibilities***

**3.1** The client will provide a safe, well - equipped working environment

**3.2** The relief veterinarian may utilize all clinic staff, drugs, and equipment

**3.3** The client will provide no benefits (worker's compensation, unemployment insurance, and medical or disability insurance.) usually reserved for its employees.

**3.4** The client will make arrangements for coverage of any after - hours emergencies.

## **Article IV**

### ***Terms of Contract***

**4.1** Relief Vet DFW is hired for the dates set forth in addendum A

**4.2** The fees are as follow: Weekdays general practice (M-F) \$100/hr with a minimum fee of \$600.. Maximum of 1 hour unpaid lunch break may be provided on shifts exceeding 8 hours. Weekends general practice (Sat/Sun) \$110/hr with a minimum fee of \$600. Emergency Weekday \$125/hr. Emergency Weekend \$150/hr Holidays (includes day before and after holiday) \$200/hr.

**4.3** Rates outlined in section 4.2 apply for up to 0.5 hours over scheduled shift, then overtime charges of 1.5x current rate apply. Time beyond scheduled hours will be charged in 15 minute increments.

**4.4** This contract is effective for the dates outlined in Addendum A, and terminates at the close of the business day on the last day contracted.

**4.5** Payment will be made at the conclusion of each shift unless other arrangements have been agreed upon by both parties. If multiple shifts are scheduled in one week, payment will be made at the conclusion of the last shift for each week (Mon - Sun) unless other arrangements have been agreed upon by both parties.

**4.6** This contract may be terminated prematurely only if:

- a. Both parties mutually agree due to differences of personality, practice style, or client satisfaction
- b. The relief Veterinarian becomes disabled and/or is unable to fulfill the requirements of Article II.
- c. Extenuating circumstances such as inclement weather, death in family, severe illness, and pandemic related cancellations.

**4.7** The client is liable for all expenses and legal fees incurred in the collection of payment for services.

## **Article V**

### ***Patient files and documents***

**5.1** All patient files, documents, and records are the property of the clinic. Forms, price lists, handouts, and any other documents may not be removed or copied without permission from the clinic.

**Article VI**  
***Cancellation***

**6.1** Client shall provide written notice of cancellation of any service appointments listed in Addendum A. If cancellation of a scheduled appointment is made less than 30 days in advance, the client shall pay 25% of contracted fees. If cancellation of scheduled appointments is made less than 21 days in advance, the client shall pay 50% of contracted fees. If cancellation is made less than 10 days in advance, the client shall pay 100% of contracted fees. Cancellation fees do not apply for extenuating circumstances (see article IV, section 4.6c)

**6.2** Relief Vet DFW shall be paid for all contracted hours. Cancellation fees will apply to same day reduction of hours.

**Relief Vet DFW**

**Client/Client Representative**

**Sign Here X:**

**Sign Here X:** \_\_\_\_\_

**Date:**

**Date:**

**ADDENDUM A**

**SERVICES SCHEDULE**

**TODAYS DATE:**

**HOSPITAL NAME:**

**HOSPITAL EMAIL:**

Thank you for contacting me for your relief needs. The following dates are scheduled once both parties have signed the service agreement and addendum A. You will receive an email confirming your dates.

<b>DATE</b>	<b>TIME (START - END)</b>	<b>LUNCH BREAK (Y/N)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*Applicable on shifts of 9+ hrs  
1 hr maximum

**Relief Vet DFW**

**Client/Client Representative**

**Sign Here X:**

**Sign Here X:**

\_\_\_\_\_

\_\_\_\_\_

**Date:**

**Date:**