

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) \$85/hr for a minimum of 8 hours paid. Maximum of 1 hour unpaid lunch break may be provided on shifts exceeding 8 hours. Weekends general practice (Sat/Sun) \$95/hr for a minimum of \$500. Emergency \$110/hr or 25% production, whichever is greater.

4.3 Rates outlined in section 4.2 apply for up to 1 hour over scheduled shift, then overtime charges of 1.5x current rate apply.

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. If multiple shifts are scheduled in one week, payment will be made at the conclusion of the last shift for each week (Mon - Sun).

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.

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 scheduled appointment is made less than 30 days in advance client shall pay 50% of contracted fees. If cancellation of scheduled appointments is made less than 21 days in advance client shall pay 75% of contracted fees. If cancellation is made less than 10 days in advance client shall pay 100% of contracted fees.

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.

DATE	TIME (START - END)	LUNCH BREAK (Y/N) *Applicable on shifts of 9+ hrs 1 hr maximum
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Relief Vet DFW

Client/Client Representative

Sign Here X:

Sign Here X:

Date:

Date: