+Email

Veterinary Medical Relief

Clinic Staffing Profile

Applicant Information

Clinic name: _____ Name of Applicant: _____

Address: _____
Street Address *Suite #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Clinic Hours: _____to_____

Preferred Method of contact: Phone ☐
Email ☐
Text ☐

Position Needed Filled: DVM ☐	RVT/ Vet Tech ☐	Veterinary assistant ☐
Rooms ☐	Rooms + labs ☐	HQHVSN ☐
Surgery ☐	Surgery Tech ☐	Emergency ☐
Dentals ☐	Dental Tech ☐	
HQHVSN ☐	HQHVSN ☐	
Emergency ☐	Emergency ☐	
Shelter Medicine ☐	Shelter Medicine ☐	

Day needed or attach a schedule:	Time:	Position Needed:
Sunday:		
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		
Saturday:		

Help us find the best match for your team.
Example: fast-paced, collaborative, independent worker, fear free handling, enjoys teaching, team player, bilingual, etc.

_____

Average appointment length?

15 ☐ 20 ☐ 30 ☐ Other ☐ _____

Are walk-ins accepted?

Yes ☐ No ☐ On occasion ☐ _____

Does your clinic see emergencies?

Yes ☐ No ☐ Limited ☐ _____

Will the DVM have an RVT/ VA on staff to assist?

_____

Software Used

AVImark ☐ ezyVet ☐ Cornerstone ☐ Neo ☐ ImproMed ☐ Chameleon ☐

Average surgeries per day_____

Maximum surgeries per day _____

Dentals are:

Performed by DVM ☐

Supervised by DVM ☐

DMV Preference ☐

I certify that the information provided is accurate to the best of my knowledge. I understand this information will be used by Veterinary Medical Relief Corp. (VMR) to recruit qualified relief professionals for my staffing needs.

Signature: _____ Date:_____