

Optional Buyer Information Form

Complete as much as you choose on this form, or leave it blank

Name: _____

Best Phone: _____ Email: _____

Spouse: _____ Do you own or rent your home? Own Rent

DVM School: _____ Year Graduated: _____

Specialty? Yes No _____

What states are you licensed _____

Have you started the process to obtain a license? Yes No NA ** Note that it may take 3-4 months to obtain a license.

Do you currently own a practice? Yes No Have you owned a practice before? Yes No

How many minutes are you willing to commute to your practice?

10 to 20 20 to 30 30 to 40 40+

Are you willing to relocate to purchase a practice? Yes No

Specify your top 3 to 5 areas to practice: _____

Other States you are considering: _____

Check all areas that are of interest to you:

Virginia Virginia & Washington DC
 Northern VA Central VA Eastern VA Western VA Southern VA Coastal VA

North Carolina
 Northern NC Central NC Eastern NC Western NC Southern NC Coastal NC

South Carolina
 Northern SC Central SC Eastern SC Western SC Southern SC Coastal SC

Georgia
 Northern GA Central GA Eastern GA Western GA Southern GA Coastal GA

Rural Semi-rural Suburban Urban

High end area Middle to upper income area Blue collar area Lower income area

Ideal number of exam rooms, check all that apply: 2 3 4 5+

Ideal collections range for the practice you would like to purchase, check all that apply:

< \$300,000 \$300,000-\$500,000 \$500,000-\$700,000 \$700,000-\$1,000,000 \$1,000,000+

Desired patient base mix for the practice you'd like to purchase:

Annual first year take home income needed: \$ _____

Describe your ideal practice situation:

What type of practice are you currently working for:

- Private Practice
 Corporate practice

Speed? Slow Average Fast How much do you produce per month? \$ _____

What level of practice debt would cause you to feel uncomfortable or cause you to lose sleep?

- More than \$200,000
 More than \$350,000
 More than \$500,000
 More than \$750,000
 More than \$1,000,000
 As long as the practice cash flows, the debt level is not an issue for me.

Would you prefer a practice with lots of upside growth potential, but that has older equipment, older facility, less than ideal management systems, but with a moderate purchase price?

- Yes No Unsure

Would you prefer a large, well run, highly profitable, modern office with state of the art equipment, with a high purchase price but limited upside potential? Yes No Unsure

Would you describe your clinical philosophy as:

- Leaning towards a conservative, non-aggressive philosophy.
 Leaning towards a preventative, more comprehensive philosophy.

Would you prefer the seller to remain with the practice after the sale as your associate?

- Yes No Unsure Depends on the practice situation

Do you feel you will be good at and enjoy the practice management aspects of owning a practice?

Yes No Unsure

Do you think you will hire a practice management consultant after you purchase a practice to help ensure your success and keep you from making critical mistakes?

Yes No Unsure

Check all that apply: Small Animal Specialty Large Animal Equine

As for the building, do you prefer to: Own Rent Either

List all the languages you are at least fluent enough in to communicate dental terms:

Student debt: \$_____

Mortgage debt: \$_____

Other debt: \$_____

Approximate current liquid assets (cash or stocks) \$_____

Approximate credit score if known: _____

Do you have any credit issues that might affect your ability to obtain a practice acquisition loan?

Yes No If yes, please explain:

Please email a copy of your CV if available.