

2014 Veterinary Economics Career and Family Survey

1. Welcome

Thank you for taking this survey from *Veterinary Economics*.

This ANONYMOUS survey should take roughly 15 minutes to complete. Your answers will help provide information about how veterinarians' careers and families affect each other. We will share results in an upcoming issue of *Veterinary Economics*.

If you finish the survey, you'll be invited to download for FREE "The Best of Benchmarks," with information on hiring and keeping receptionists, managing employee reviews, prettying up your practice, and breaking down communication barriers between the generations.

Thank you to the survey's primary designers, Drs. Eden Myers and Ryan Gates.

Let's get started!

2. Your credentials

*1. Are you a veterinarian?

- Yes
- No

3. Thank you!

Thank you for your willingness to participate, but this survey is for veterinarians.

4. Your gender

*2. What is your gender?

- Male
- Female
- Other (please specify, if you'd like; otherwise, type NA)

5. Your upbringing

*3. Where did you grow up?

- United States
- Canada
- Mexico
- Central America
- South America
- Australia
- New Zealand
- United Kingdom
- Europe
- India
- China
- Southeast Asia
- Africa
- Other (please specify)

6. Your upbringing: Country

***4. In what country did you spend most of your childhood?**

7. Your upbringing: ZIP/postal code

5. In which ZIP/postal code did you spend most of your childhood?

ZIP/Postal Code:

6. If postal code is unavailable or unknown, put in name of nearest town, county or other location below.

8. Current home

*7. Where do you live now?

- United States
- Canada
- Mexico
- Central America
- South America
- Australia
- New Zealand
- United Kingdom
- Europe
- India
- China
- Southeast Asia
- Africa
- Other (please specify)

9. Current home: Country

***8. In what country do you currently live?**

10. Current home: ZIP/postal code

9. In which ZIP/postal code do you live?

ZIP/Postal Code:

10. If postal code is unavailable or unknown, put in name of nearest town, county or other location below.

11. Your veterinary school: Location

***11. Did you attend veterinary school in the United States?**

Yes

No

12. Your veterinary school: United States

*12. From which veterinary school did you graduate?

- Auburn University
- Colorado State University
- Cornell University
- Iowa State University
- Kansas State University
- Lincoln Memorial University
- Louisiana State University
- Michigan State University
- Midwestern University
- Mississippi State University
- North Carolina State University
- The Ohio State University
- Oklahoma State University
- Oregon State University
- Purdue University
- Texas A&M University
- Tufts University
- Tuskegee University
- University of California, Davis
- University of Florida
- University of Georgia
- University of Illinois at Urbana-Champaign
- University of Minnesota
- University of Missouri
- University of Pennsylvania
- University of Tennessee
- University of Wisconsin-Madison
- Virginia-Maryland Regional College of Veterinary Medicine
- Washington State University

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Western University of Health Sciences

Other (please specify)

13. In which ZIP/postal code did you spend most of your time in veterinary school?

13. Your veterinary school: Other countries

*14. From which veterinary school did you graduate?

- Massey University College of Sciences
- Ross University
- State University of Utrecht
- St. George's University
- Universidad Nacional Autonoma de Mexico
- Universite de Montreal
- University College, Dublin
- University of Calgary
- University of Glasgow
- University of Guelph
- The University of Edinburgh
- University of London
- University of Melbourne
- University of Prince Edward Island
- University of Queensland
- University of Saskatchewan
- The University of Sydney
- VetAgro Sup
- Other (please specify)

*15. In what country was your veterinary school located?

*16. In which ZIP/postal code did you spend most of your time in veterinary school? (If you're not sure, type NA)

14. Your life

***17. In what year were you born?**

***18. In what year did you graduate veterinary school?**

***19. Did you have any debt at graduation? (Including debt of any kind: student loan, mortgage, practice loan, etc.)**

- Yes
- No
- Prefer not to answer

15. Debt at graduation: What kind and how much?

*20. What type of debt did you have at graduation?

- Federal student loans
- Private student loans
- Credit card debt
- Medical bills
- Car loan
- Home mortgage
- Other (please specify)

*21. How much total debt did you have at graduation?

- Less than \$10,000
- \$10,001 to \$50,000
- \$50,001 to \$100,000
- \$100,001 to \$200,000
- \$200,001 to \$300,000
- \$300,001 to \$500,000
- More than \$500,000

16. Current debt

***22. Do you have debt now? (Including debt of any kind: student loan, mortgage, practice loan, etc.)**

- Yes
- No
- Prefer not to answer

17. Current debt: What kind?

*23. What kind of debt do you have now?

- Student loans
- Home mortgage
- Credit card debt
- Medical bills
- Car loan
- Practice loan
- Other (please specify)

18. Your marital status

***24. What is your marital status? (If you consider yourself married, please check married, regardless of legalities.)**

- Married
- Divorced
- Divorced and remarried
- Widowed
- Widowed and remarried
- Never married

19. Your family: Spouse's profession

*25. What is your spouse's current profession?

- Veterinarian
- In veterinary profession, but not a veterinarian
- Other professional (lawyer, physician, dentist, pharmacist)
- Nonprofessional
- Full-time homemaker/parent
- Other (please specify)

20. Your home and practice

*26. Do you own a home?

- Yes
- Yes, but wish I didn't
- No, and don't want to
- No, but plan to
- Used to

*27. Do you own a veterinary practice?

- Yes
- Yes, but wish I didn't
- No, and don't want to
- No, but plan to
- Used to
- Planned to, but no longer want to

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21. Your practice ownership

If you've owned more than one practice over time, please use your first ownership as a start date and your last ownership as an end date.

***28. In what year did your practice ownership start?**

***29. In what year DID or DO YOU EXPECT your practice ownership to end? (Please type a four-digit year between 1900 and 2114)**

***30. At graduation, did you plan to own a practice?**

- Yes
- No

***31. How much did you pay for your MOST RECENT practice? (If you paid/are paying for your practice with a series of loans, please add them together for the total purchase amount.)**

- Less than \$500,000
- \$500,001 to \$750,000
- \$750,000 to \$1 million
- \$1,000,001 to \$1.5 million
- \$1,500,001 to \$2 million
- \$2,000,001 to \$2.5 million
- More than \$2.5 million

***32. How many years were/are included in your loan terms when you bought your MOST RECENT practice? (If you have/had more than one loan, please choose the loan with the LONGEST term.)**

- One
- Two to five
- Six to 10
- 11 to 15
- More than 15

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***33. What was the interest rate on the amount you borrowed to buy your MOST RECENT practice? (If you had a series of loans, choose the HIGHEST percentage)**

- Less than 2%
- 2.1% to 3.5%
- 3.6% to 5%
- 5.1% to 6.5%
- 6.6% to 8%
- 8.1% to 10%
- More than 10%

***34. How did you pay for your MOST RECENT practice?**

- Cash
- Financed through bank
- Financed through seller
- Bought shares over time
- Inherited the practice
- Used money from inheritance
- Was gifted money to make the purchase

***35. Did you buy the real estate with the practice?**

- No, and I don't plan to
- Yes, at the same time as the purchase of the practice
- Yes, at a time separate from the purchase of the practice
- Not yet, but plan to

22. Your family: Children

*36. Do you have children?

- Yes
- Yes, but wish I didn't
- No, but plan to
- No, and don't want to
- No, and don't know if I will or not

23. Your family: Financial uncertainty and children

***37. What part does financial uncertainty play in your decision to have or not have kids?**

- That's it entirely
- A lot
- Some
- A little
- None
- Don't know

24. Your children: How many?

***38. How many children do you have? (If you're expecting, please count that one too.)**

- One
- Two
- Three
- Four
- Five or more

25. One child: Joining the family

*39. How did your child join your family?

- Born into family
- Adopted into family
- Parent married into family

*40. In what year was your child born?

*41. If adopted or married in, in what year did your child join your family? (Answer "Not applicable" if necessary.)

26. One child: Working

To get meaningful data, we need all parents to answer these questions—not just women!

***42. Did you work before you had your child?**

- Full-time
- Part-time
- No, but wanted to
- No, and didn't want to

***43. Did you work after you had your child?**

- Yes, fewer hours
- Yes, same number of hours
- Yes, more hours
- No, and didn't want to
- No, but wanted to

27. One child: Back to work

To get meaningful data, we need all parents to answer these questions—not just women!

***44. When you went back to work, what kind of child care did you use? (Please check all that apply.)**

- In-home care
- Family
- Private day care
- Commercial day care
- Preschool
- School
- None
- Prefer not to answer
- Other (please specify)

***45. When did you return to work after your child?**

- Less than 2 weeks
- 2 to 6 weeks
- 6 weeks to 3 months
- 3 to 6 months
- 6 to 12 months
- 1 to 3 years
- 4 to 6 years
- Prefer not to answer
- Other (please specify)

28. Two children: Ages and more

***46. How did your FIRST child join your family?**

- Born into family
- Adopted into family
- Parent married into family

***47. In what year was your FIRST child born?**

***48. In what year was your FIRST child adopted or married into your family? (Answer "Not applicable" if necessary.)**

***49. How did your SECOND child join your family?**

- Born into family
- Adopted into family
- Parent married into family

***50. In what year was your SECOND child born?**

***51. In what year was your SECOND child adopted or married into your family? (Answer "Not applicable" if necessary.)**

29. Two children: Working

To get meaningful data, we need all parents to answer these questions—not just women!

*52. Did you work before you had your first child?

- Full-time
- Part-time
- No, but wanted to
- No, and didn't want to

*53. Did you work before you had your second child?

- Full-time
- Part-time
- No, but wanted to
- No, and didn't want to

*54. Did you work after you had your first child?

- Yes, fewer hours
- Yes, same number of hours
- Yes, more hours
- No, and didn't want to
- No, but wanted to

*55. Did you work after you had your second child?

- Yes, fewer hours
- Yes, same number of hours
- Yes, more hours
- No, and didn't want to
- No, but wanted to

*56. How soon did you return to work after each child?

	<2wks	2wks-6wks	6wks-3months	3-6months	6-12months	1-3yrs	3-6yrs	>6yrs	Didn't
First child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Second child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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***57. If you went back to work after children, what kind of child care did you use? (Please check all that apply.)**

	None	Family	In-home care	Private day care	Commercial day care	Preschool	School	Other
First child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Three children: Ages and more

*58. How did each child join your family?

	Born	Adopted	Married into family
First child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Second child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*59. In what year was your FIRST child born?

*60. In what year was your FIRST child adopted or married into your family? (Answer "Not applicable" if necessary.)

*61. In what year was your SECOND child born?

*62. In what year was your SECOND child adopted or married into your family? (Answer "Not applicable" if necessary.)

*63. In what year was your THIRD child born?

*64. In what year was your THIRD child adopted or married into your family? (Answer "Not applicable" if necessary.)

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31. Three children: Working

To get meaningful data, we need all parents to answer these questions—not just women!

*65. Did you work before you had your first child?

- Full-time
- Part-time
- No, but wanted to
- No, and didn't want to

*66. Did you work after each child?

	Same hours	More hours	Fewer hours	Didn't want to	Wanted to but didn't
First child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Second child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*67. How soon did you return to work after each child?

	<2wks	2wks-6wks	6wks-3months	3-6months	6-12months	1-3yrs	3-6yrs	>6yrs	Didn't
First child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Second child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*68. If you went back to work after children, what kind of child care did you use? (Please check all that apply.)

	None	Family	In-home care	Private day care	Commercial day care	Preschool	School	Other
First child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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32. Four children: Ages and more

***69. How did each child join your family?**

	Born	Adopted	Married into family
First child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Second child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fourth child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***70. In what year was your FIRST child born?**

***71. In what year was your FIRST child adopted or married into your family? (Answer "Not applicable" if necessary.)**

***72. In what year was your SECOND child born?**

***73. In what year was your SECOND child adopted or married into your family? (Answer "Not applicable" if necessary.)**

***74. In what year was your THIRD child born?**

***75. In what year was your THIRD child adopted or married into your family? (Answer "Not applicable" if necessary.)**

***76. In what year was your FOURTH child born?**

***77. In what year was your FOURTH child adopted or married into your family? (Answer "Not applicable" if necessary.)**

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33. Four children: Working

To get meaningful data, we need all parents to answer these questions—not just women!

*78. Did you work before you had your first child?

- Full-time
- Part-time
- No, but wanted to
- No, and didn't want to

*79. Did you work after each child?

	Same hours	More hours	Fewer hours	Didn't want to	Wanted to but didn't
First child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Second child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fourth child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*80. How soon did you return to work after each child?

	<2wks	2wks-6wks	6wks-3mos	3-6mos	6-12mos	1-3yrs	3-6yrs	>6yrs	Didn't
First child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Second child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fourth child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*81. If you went back to work after children, what kind of child care did you use? (Please check all that apply.)

	None	Family	In-home care	Private day care	Commercial day care	Preschool	School	Other
First child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fourth child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. More than four children?

***82. How many children do you have?**

- 5
- 6
- 7
- 8
- More than 8

***83. Please list the years in which your children were born. (Please list four-digit years separated by spaces; for example, "1984 1986 1987")**

***84. Please list the years in which your children joined by ADOPTION or by MARRYING IN. Note any children born into your family with "N/A". (Please list four-digit years separated by spaces; for example, "1984 1986 1987")**

***85. Please list the way in which each child joined your family. (Please list "born," "adopted" or "married" for each child, separated by spaces; for example, "born adopted born married.")**

35. Your veterinary career: Jobs

***86. What kinds of work have you done since graduation from veterinary school?**

- Paid, veterinary
- Unpaid, veterinary
- Paid, nonveterinary
- Unpaid, nonveterinary

***87. How many jobs have you had since graduating from veterinary school? (Count all jobs, whether paid, unpaid, veterinary or nonveterinary.)**

- 1
- 2
- 3
- 4
- 5
- 6 to 10
- More than 10

***88. How many of the jobs you counted were veterinary jobs?**

- 1
- 2
- 3
- 4
- 5
- 6 to 10
- More than 10

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*89. Thinking of the veterinary jobs you've had, how were you paid?

- Salaried
- Production
- Full-time relief
- Relief/shifts
- Dividends
- Hourly
- Unpaid
- Paid internship
- Other (please specify)

*90. Thinking of the veterinary jobs you've had, where have you worked?

- Single private practice (1 practice, any number of DVMs)
- Group private practice (more than 1 practice, any number of DVMs)
- Large chain practice (for example, Banfield or VCA)
- Nonprofit
- Academic
- Industry
- Government
- Other (please specify)

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***91. Do you currently work? (not including the very important work of raising kids or keeping house)**

- Yes
- Yes, but wish I worked more
- Yes, but wish I worked less
- Yes, but wish I didn't
- No, and don't want to
- No, but wish I did
- Other (please specify)

36. Your veterinary career: Job choices

*92. I don't work because ...

- of the kids/family.
- I can't find work.
- I am mentally/emotionally unable.
- I am physically unable.
- Other (please specify)

37. Your life: Satisfaction

***93. Are you happy with how your life has turned out to this point?**

- Yes
- No
- Yes and no

94. What would you have changed?

***95. Please rank the following in importance (1 being MOST IMPORTANT and 5 being LEAST IMPORTANT) (Answers will be reordered according to your answers.)**

<input type="text"/>	Career
<input type="text"/>	Community
<input type="text"/>	Faith/Religion
<input type="text"/>	Family
<input type="text"/>	Self

38. Email address

96. This survey offers great data, but we'd also like to know your story. If we can contact you in the future (only to ask, NEVER to sell you ANYTHING), please provide your email address below.

39. Thank you!

Thank you for taking this survey from *Veterinary Economics*.

Please enjoy your free download of "The Best of Benchmarks" by [clicking here](#).

And thanks again to the survey authors Drs. Eden Myers and Ryan Gates.

Let's get started!