



VETERINARY PRACTICE PROFILE

Refinance

DOCTOR'S INFORMATION						
Name:		Practice Name:				
Street Address:		City:	State:	ZIP Code:		
Business Phone number:		Fax Number:	Email Address:			
DOCTOR'S EDUCATION AND WORK HISTORY						
School:				Graduation Date:		
Job Title #1:	Practice Name:	City:	State:	Date employed (MM/YYYY):		
Job Title #2:	Practice Name:	City:	State:	Date employed (MM/YYYY):		
Have you ever owned a practice? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you currently own any other practice? <input type="checkbox"/> Yes <input type="checkbox"/> No				
OFFICE PROFILE						
Office Size (in Sq. ft.):		Total number of operatories:		Total equipped operatories:		
Do you own the building/office? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, what is your monthly rent payment? \$			Expiration Date:	
Quality of office improvements: <i>(check one)</i> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor						
Quality of office equipment: <i>(check one)</i> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor				Radiography: <i>(check one)</i> <input type="checkbox"/> Digital <input type="checkbox"/> Film-Based		
Any value add equipment <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:				
Are there any imminent equipment needs? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please list and explain the related cost of implementation:						
Current office hours						
MON:	TUS:	WEN:	THU:	FRI:	SAT:	SUN:
Office location <input type="checkbox"/> 1 st floor <input type="checkbox"/> 2 nd floor <input type="checkbox"/> 3 rd floor <input type="checkbox"/> 4 th floor						
Building type: <i>(check one)</i> <input type="checkbox"/> Free-standing <input type="checkbox"/> Shopping Center <input type="checkbox"/> Medical complex <input type="checkbox"/> Other professional center						
Title	Name	Salary or Commission	Hours	Years Employed	Production (Annual)	
Owner doctor						
Associate #1						
Associate #2						
Front desk #3						
Front desk #2						
Assistant #1						
Assistant #2						
Other #1						
Other#2						



SUMMITBANK

Debt Schedule					
	Lender	Loan Type	Balance	Monthly Payment	Comments
1					
2					
3					
4					
5					
6					
7					
8					
9					