



VETERINARY **DIAGNOSTIC** **CENTERS**

Redefining the Veterinary Ultrasound Experience



Our practice partnership program is designed to properly compensate referring veterinarians for the time and effort they invest in communicating Veterinary Diagnostic Centers reports to their clients. While Veterinary Diagnostic Centers will continue to offer to communicate the results, we have received feedback from some referring practices indicating that their preference is to handle all communications themselves, as they will continue to manage the cases.

This Veterinary Diagnostic Centers Practice Partnership Agreement ("Agreement") is entered into as of _____
by and between Veterinary Diagnostic Centers ("VDC"), and [Practice Name], located at [Clinic Address] ("Partner Practice").

Veterinary Diagnostic Centers (VDC)

Name: _____
Address: _____

Phone: _____
Email: _____

[Practice Name]

Name: _____
Address: _____

Phone: _____
Email: _____

1. Purpose

This Agreement creates a referral-based partnership between Veterinary Diagnostic Centers and the Partner Practice to ensure access to high-quality ultrasound diagnostics while keeping the referring veterinarian as the primary provider of care and communication with clients regarding their patients.

2. Program Details

- This program offers a commission to the referring practice or veterinarian for their role in the referral process. The practices participating in this program will communicate the results to the pet owners. Previously, this responsibility was managed by VDC's veterinarian. The Partner Practice will receive a commission for each case reported by the referring veterinarian based on the following tiered structure.
- Payments will be processed monthly through direct deposit to the bank account specified by the Partner Practice, and the funds can be distributed to the veterinarians as they choose.
- To ensure proper tracking of the commission, it is necessary to complete and submit the online referral form. As part of this program, the option for VDC to report the results must NOT be selected.

Cases per Month	Commission per Case (USD)
1 - 5	\$50
6 - 10	\$75
11+	\$100

3. Scope of Services

- VDC will supply ultrasound imaging and the associated specialist report to the referring practice.
- Additional services that will be included in this program are Holter Monitoring.
- VDC's responsibility is limited to providing ultrasound imaging and the results, with no involvement in direct treatment, diagnosis, or client advisement beyond delivering the reports.

4. Operational Process

- The Partner Practice will share VDC's contact information with their clients, allowing them to schedule appointments directly. Pet owners are strongly encouraged to be present during the ultrasound.
- VDC will provide ultrasound results to the referring veterinarian within one business day after the appointment. Clients can request expedited reports, which may be delivered after hours. In such instances, VDC will ensure that client communication is either coordinated with the referring veterinarian or managed by our own veterinarian.

5. Cross Promotion

- While not required, VDC aims to promote cross-marketing on each other's websites and social media platforms, share marketing materials, and explore other potential initiatives as part of this program.

6. Term & Termination

- If the program does not meet your needs, we can revert to the previous arrangement.

7. Confidentiality

- Both parties agree to maintain confidentiality regarding patient records, referral details, and any proprietary business information shared during the partnership.

8. Miscellaneous

- This Agreement does not establish an employer-employee or joint venture relationship between VDC and the Partner Practice.
- Any modifications to this Agreement must be made in writing and signed by both parties.

On behalf of Veterinary Diagnostic Centers, we appreciate your partnership and look forward to working together to enhance veterinary diagnostics!

Veterinary Diagnostics Center (VDC)

Authorized Representative:

Date

Partner Practice: [_____]

Authorized Representative:

Date