



# Long Island Veterinary Specialists

*Where You Take Your Pet First Makes All The Difference*

Dr. Full Name  
Street Address  
City, State Zip Code

Dear First Name,

Congratulations on your acceptance to the Internship Program at Long Island Veterinary Specialists (LIVS). We are pleased to provide this offer of employment to join LIVS. Please accept this letter as a summary of benefits for this position:

- 1) Position: Small Animal Medicine and Surgery Rotating Intern
- 2) Commencement Date/Employment Term: XXXX
- 3) Work Location: Plainview, NY
- 4) Annual Base Salary: \$XXXX, earned and payable every two weeks, less applicable payroll deductions.
- 5) Annual Vacation Time: 2 weeks/year (80 hours/year), accrued at the rate of 3.08 hours per pay period.
- 6) Annual Sick Time: 56 hours/year, accrued at a rate of .0333 for every hour worked, up to a maximum of 56 hours per calendar year.
- 7) Membership Dues: Reimbursement of annual AVMA membership dues upon submission of paid invoice copy to the Finance Department.
- 8) Licenses: Reimbursement of \$245 toward newly acquired DEA license, and \$372 toward newly acquired New York State license and registration upon submission of paid invoice copy to the Finance Department.
- 9) Malpractice Insurance: Reimbursement for AVMA malpractice insurance upon submission of invoice. Liability limits must be \$100,000/\$300,000 and a veterinary license defense endorsement with a \$50,000 defense limit effective on start date.
- 10) Medical Insurance: Eligible for coverage under the company's health insurance plan.
- 11) 401(k): Participation in the company 401(k) plan.

*Pro Bono Animalium Hominique*



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First Name, we are confident that the vision at LIVS for excellence in patient care and customer service, while fostering an environment of respect, teaching and collaboration for our team members, will make full use of your skills and talents. We anticipate that you will become a valued and productive member of our team while gaining valuable veterinary experience.

If you have any questions, or need further assistance please do not hesitate to call me directly. In the meantime, please acknowledge your receipt and acceptance of this offer by your signature below. Email one copy of your acknowledgement to me at your earliest convenience. Upon receipt of this signed offer letter, we will contact you regarding an employment agreement.

Regards,

Brian McKenna  
Hospital Administrator

Acknowledged and Accepted:

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Full Name, DVM

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Date

*Pro Bono Animalium Hominique*