



## INDEPENDENT CONTRACTOR AGREEMENT

AGREEMENT made this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by and between \_\_\_\_\_ (hereinafter "Company") whose address is \_\_\_\_\_ and \_\_\_\_\_, whose address is \_\_\_\_\_ (hereinafter "Doctor")

*A description of the services the independent contractor will perform*

### SERVICES TO BE PERFORMED

Perform and provide diagnostic, therapeutic, public consultation, and surgical services as regulated by the Board of Examiners and other legal agencies of the State of \_\_\_\_\_.

*Physical location where the service shall take place  
Explanation of who will provide materials, equipment and office space.*

### PLACE OF PERFORMANCE and MATERIALS

Doctor acknowledges that the nature of his services to be rendered necessitates that these services be performed on the premises of the Company. Doctor may, at his own discretion, provide and utilize any implements or supplies necessary to render services in keeping with the standards of the professional community or he may lease same from Company.

*A description of the term of the agreement*

### PROJECT SCHEDULE

The Doctor has determined and agrees to commence work on (date)\_\_\_\_\_ at (time)\_\_\_\_\_ and end work at \_\_\_\_\_ or when the project is completed. The project dates are \_\_\_\_\_.

\_\_\_\_\_ This agreement may extend to future projects evidenced by an attachment hereto.



*A description of how much and when Company will pay the Doctor*

### INVOICES AND PAYMENT FOR SERVICES

The Company understands that the Doctor will be paid in full no later than the last date of this project and not less than those fees as presented in an invoice on behalf of the Doctor and guaranteed by the Company to wit: \_\_\_\_\_ per diem, unless the following arrangements have been made

\_\_\_\_\_.

No waiver, alteration or modification shall be binding unless signed by both parties. Cancellation of this agreement by either party must be made in writing and if applicable the cancellation fee shall be \_\_\_\_\_

\_\_\_\_\_.

This instrument contains the entire agreement between the parties and may not be amended or supplemented except in writing signed by both parties. Any provision deemed invalid shall not impair or invalidate remaining provisions.



*A statement that the Doctor has all of the permits and licenses that the state requires and that the Doctor has his own liability insurance*

#### LICENSES AND INSURANCE

Doctor certifies that he is fully licensed and in good standing with the Board of Examiners, and is doing business and engaged in the practice of veterinary medicine. Doctor also agrees to furnish Company with proof of \$\_\_\_\_\_ liability insurance. Furthermore, Doctor will indemnify, defend and hold Company harmless from any claims, judgment and attorney's cost resulting from services rendered to Company because of any act or omission by Doctor or his employee(s) or agent including claims of injury, death to any person or property damage.

*An explanation of who will be responsible for expenses  
A statement regarding Subcontractors or Assistants*

#### EXPENSES, SUBCONTRACTORS OR ASSISTANTS

Doctor is responsible for his business expenses such as travel, meals, uniforms, legal and accounting fees, etc. incurred to render and perform these services. Doctor reserves the right at his expense to subcontract for or employ assistants as he deems necessary to perform the services described herein. Doctor assumes full and sole responsibility for payment of all compensation and expenses to his employees, subcontractors or assistants and agrees to furnish all necessary legally required insurance for such person(s). In the event of any legal dispute, the venue of jurisdiction shall be \_\_\_\_\_ County, State of \_\_\_\_\_.



*Agreement to an Independent Contractor relationship  
A statement of tax responsibility and non-entitlement of benefits*

**INDEPENDENT CONTRACTOR**

Doctor agrees that he is completely independent from Company and is not an employee of Company. As an independent contractor, he has all the rights and privileges of being self-employed and in business for himself and none of the rights and privileges of being an employee. Company shall not supervise or directly control the Doctor who shall have the ultimate authority to determine the means and methods of performance of the work and the Company shall not interfere in this regard. Doctor is responsible to declare and pay all federal, state and local taxes, dues, licenses and insurance as may be required by law. Doctor acknowledges that he does not work exclusively for this Company. Likewise he is not eligible for workers compensation, state disability or unemployment benefits.

\_\_\_\_\_  
Doctor Date

\_\_\_\_\_  
Company by: Date

[Insert Addendum(s) and Exhibit(s)]