Veterinary Clinic Business Plan and Operations Starter Kit

A working kit for independent veterinary clinics. It prices the office visit, vaccines, dentistry, surgery and diagnostics, counts what two doctors can carry, sells wellness plans paid before the service, and scores the plan on six pass-or-fail tests.

VETERINARY CLINICS
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PAGE 2

Start here

In this example a cold-start two-doctor small-animal practice fills its appointment book over a year: almost every client pays at the desk in the month of the visit, and the wellness plans it sells bring the whole price in up front while the care is delivered across the twelve months that follow. This kit writes those numbers down and tests them before a lender asks.

WHAT IS INSIDE

3	Business plan, part one: visits and service lines, the clinic and its rooms, where clients come from, prices
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15	Your first 30 days, lease questions, sources and what the full kit adds
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19	The worked example's twelve-month cash forecast, filled in

HOW TO USE IT

1. Build visits on page 6 from the doctors' hours on page 7, and costs on pages 5 and 8. Run the cash forecast on page 11, then score the plan on page 4. Draft pages 3 and 4 last.
2. Use pencil. Prices, plan terms and the new-client plan move before the first patient arrives, and every worksheet expects your own figures.
3. After opening, use the page 14 checklists at each day's close. Post visits and receipts to page 6 and page 11 at month end, and update page 10 when plan terms move.

HOW THIS KIT WAS BUILT

- **AI tools helped create this kit.** Example figures are illustrative, not benchmarks.
- **The owner question** on page 3 is one of the veterinary clinic questions published at businessconsultant.services; the answer is general guidance, not a research finding.
- **The six questions** on page 14 were drafted by AI models from World Consulting Group desk research and challenged by a second AI model. None was measured in the field, so treat them as hypotheses to test, not findings.

SCOPE

This kit gives general operational information. It is not legal, tax, accounting, clinical, employment, payment and privacy terms or financial advice. Clinical, billing, privacy, facility and licensing requirements vary by location. Review them with qualified professionals before you commit money.

PAGE 3

Business plan, part one

Whoever lends to a veterinary clinic, or leases it the building, will ask how two vets and their support team carry the rent, the wages and the loan while the appointment book is still filling, with plan money landing before the care is given. Write short answers here and draft the full sections on separate sheets.

1. Executive summary (write it last)

In a single paragraph, set out the clinic, the clients it serves, the capital needed and what that capital covers, from the build-out through to the first payroll; then name the month the page 6 forecast first clears cash break-even from page 8, and state the page 4 result.

2. Visits, service lines and clients

Set out the work the clinic will do, the office visit, vaccines, dentistry, surgery and diagnostics, each with its own price. Estimate how many clients settle at the desk and how many take a wellness plan.

3. Positioning and the clinic

Say who the clinic is built for, families with young pets, older animals needing more diagnostics, and the rescues and breeders in the area you mean to serve, and what work you will send elsewhere. Work out the consulting rooms, the surgical suite, the dental table and the hours you can see patients.

4. Visits, prices and what a plan includes

Give each service with its price and the minutes it consumes, and state what a wellness plan covers and what it leaves out. A price copied off a competitor's board, with no cost behind it, is only a guess.

PROCEDURE	FEE	PROCEDURE MINUTES	IN A PLAN?

> *Owner question: Which sources produce about 3,100 office visits in year 1, and what share of those clients leave on a wellness plan?*
> Once the book is full the office-visit line runs at 83 percent of the doctors' capacity, and the plan visits, dental work and surgery draw on the same paid hours without appearing in that count, so the total sits at about the ceiling; nothing further down this page fills an empty appointment. List every source, from referrals and nearby clinics to local rescues and employers, with the new clients you expect from each in a month, then use page 6 to see how many come back.

PAGE 4

Business plan, part two

5. Operations

Describe a day from the first appointment to the last: who confirms tomorrow's clients, who admits and discharges, how a patient moves from the consulting room to surgery, and who calls the owner with a laboratory result.

6. Team

List each role, its hours and pay, with a market salary for your own hours as a veterinarian. Name the person whose absence would stop the surgical list.

7. Marketing and sales

Explain where new clients come from and what each costs, and check monthly that they add up to the visits on page 6.

8. Financials and funding

Attach pages 5, 6, 8 and 11 and the result below, with the money needed, its sources and its runway.

DOES THE PLAN PASS? SCORE IT BEFORE ANYONE ELSE READS IT

TEST	PASS?
Gate 0. The lease, build-out, equipment and laboratory quotes, each plan's terms and every registration the practice needs are in writing, reviewed by a qualified professional where needed.	
1. In the expected case, sales reach cash break-even at the month-12 run rate (page 8) and closing cash, plan timing included, holds your floor for 24 months (page 11).	
2. Slow start (tested share of sales, page 11): closing cash holds at or above your floor every month (if not, note the reserve that would hold it).	
3. Planning debt service coverage at full-run sales and at the month-12 run rate (page 8) meets your lender's ratio, on your lender's definition.	
4. The settled office visits fit the two doctors' appointment hours (page 7), and the month 3 peak, at season 108 percent, stays inside (page 8); the plan visits and the dental and surgical procedures also use those hours, so read page 7 as the office-visit ceiling, not the whole doctor day.	
5. Referral sources, local rescues and employers live, and first visits booked back the opening months; a website forecasts visitors, not patients.	
6. The full-run steady-state year (seasons in; not the forecast year) leaves net cash above zero after principal, before income tax set-aside, replacements and stock build-up; set aside its largest fall in running net cash, the year run twice.	

Not ready: Gate 0 fails. **Green:** Gate 0 and all six tests pass. **Amber:** Tests 1 and 3 pass, but Test 2, 4, 5 or 6 fails, so fix the plan before you sign a lease, an equipment loan or a supplier account. **Red:** Test 1 or 3 fails, so change the plan before you commit money. Tests 1 and 3 score the plan as written; Test 2 is the slow start, and the page 13 what-ifs stress-test Tests 1, 3 and 6. Count a test without evidence as a fail. Result: _____

PAGE 5

Startup budget worksheet

Fill the estimate column first, then record each source: a written quote from the landlord, the contractor, the equipment seller or the laboratory, or a documented calculation. In this example working capital, not equipment, decides whether the practice carries its first year, so leave no line blank without a reason. No external published startup total is used as a benchmark, so none is compared and the budget below is the practice's own plan; the loan is sized from the lines above and the reserve the forecast shows the practice needs, not from a published range.

LINE ITEM	INITIAL ESTIMATE	QUOTE OR SOURCE	APPROVED BUDGET	ACTUAL OR COMMITTED
BUILD-OUT AND EQUIPMENT				
Build-out of about 3,200 square feet				
Treatment, surgery, dental, radiology and laboratory equipment				
INVENTORY AND FURNISHINGS				
Opening inventory: pharmacy, vaccine and retail stock				
Furniture, computers, kennels and practice software				
PRE-OPENING				
Setup, hiring and training, launch marketing, deposits and startup filings				
WORKING CAPITAL AND CONTINGENCY				
Working capital reserve				
Contingency				
WORKING CAPITAL				
Working capital reserve (cash you open with)				
Contingency for overruns on the lines above				
Total				

Size the reserve in two passes: run the page 11 expected case with opening cash of zero (no reserve, no other cash), set the reserve to your floor, plus one more month of fixed costs and principal as a buffer, plus how far its lowest closing cash falls below zero (zero if it never does), rounded up to the next $100, then rerun. If the Test 6 cushion (page 4) is larger than that buffer, add the difference. If the build-out runs over, the contingency pays first and the reserve second; then rerun page 11.

PAGE 6

Sales forecast builder

Every other number depends on visits, so build them from the clients you can name and the repeat visits you can hold, not from the rent you need to cover. Count visits first, month by month; the wellness plans follow the front desk.

```
Monthly sales for a line = units times average collections per visit times days open in the month (or times 1 for units counted per month)
Days open in a month = days open per week times 52, divided by 12
```

SALES LINE	UNIT	UNITS PER DAY OR MONTH	AVERAGE COLLECTIONS PER VISIT	DAYS OPEN PER MONTH (OR 1 FOR MONTHLY UNITS)	MONTHLY SALES
Office visits	visits				
Vaccines	doses				
Dentistry	procedures				
Surgery	procedures				
Diagnostics	studies				
Wellness plans	plans				

Full-run month

RAMP AND SEASONS

MONTH	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Ramp, % of full run												
Season, % of full-run month (M1 = opening month)												
Expected sales												

Expected sales for each month = each service line's visits times its price, plus the wellness plans sold at the plan price net of the refund share, cash at the sale (page 10). Use 100 percent where a factor does not apply. The new-client plan is your assumption; write down the evidence, such as referral sources and first visits booked.

CAPACITY CHECK

```
Visits a month at capacity = doctors x paid hours a week / days open x 60 x (1 - the share of paid time spent off visits) / (visit + notes minutes) x days open x 52 / 12
```

Take the full-run month and set its office visits against the doctors' appointment hours. The 66 visits a month the wellness plans include and the 21 dental and 23 surgical procedures also use those hours; with them added the load is about 610 appointments against 601, so read the office-visit figure as a ceiling that the rest of the work sits on top of. Rooms and the surgical suite can bind before doctor minutes too, so this is one ceiling, not the only one.

PAGE 7

Visits a doctor can carry

Two doctors cannot see every patient who telephones, and the appointment book fills faster than the surgical suite empties. Count the visits each doctor can carry from paid hours and appointment minutes, then set the modelled visits against them before you trust a sales forecast.

```
Visits a doctor a day at capacity = paid hours a week / days open x 60 x (1 - share of paid time off visits) / (visit + notes minutes); visits a month = doctors x visits a day x days open x 52 / 12; doctor pay a month = salary / 12, or hourly pay x paid hours x 52 / 12 x (1 + payroll taxes and benefits).
```

PROVIDER	COUNT	PAID HOURS A WEEK	VISIT / NOTES MINUTES	PAID TIME OFF VISITS	VISITS A DAY AT CAPACITY	VISITS A MONTH AT CAPACITY	VISITS MODELLED	USE
Veterinarian (DVM)	2	42	25 / 7	12%	13.9	601	500.0	83%

Doctors' capacity is 601 visits a month; the plan sells 500.0 a month at full run, 83 percent of capacity. Doctor pay is $27,104 a month for the roster, $54.21 a visit at full run; the pay page sets out what each doctor costs. This check counts office visits only: dentistry and surgery are booked in the same paid hours and are not added to this count; vaccines and diagnostics are delivered inside those office visits, so they add no separate appointment, and the surgical suite and dental table still need checking against them. The 21 dental and 23 surgical procedures a month are outside this count and also use doctor hours, and the visits a wellness plan includes are outside it too: at 22 plans a month the plan adds 66 visits a month. Added together, the plan visits and those procedures put the load at about 610 appointments against 601, so hold the office-visit count at 500 as a ceiling and check procedure time or extra hands before you trust the capacity use. Test 4 passes: the modelled 500.0 visits a month sit inside the providers' 601 at capacity, 83 percent used.

What counts is the roster you actually hire, the minutes an appointment really takes and the salary you really offer; the numbers on this page are invented. The example's salaries are operator assumptions for a two-doctor clinic in a higher-wage market, not the national pay figures the sources carry. Rooms and the surgical suite can bind before veterinarian minutes do, so read this as one ceiling rather than the only one. Take any pay level or employment requirement to a qualified professional.

PAGE 8

Break-even and coverage

Use this one numbered cost list everywhere in the kit. Loan interest is a fixed cost here. Loan principal is not an operating cost: it enters cash break-even below and the cash forecast on page 11, so interest and principal are each counted once. A line that starts or steps up during year 1 goes in at its amount once in place; page 12 uses each month's amount.

FIXED COSTS PER MONTH	PER MONTH
1. Rent, about 3,200 square feet	
2. Insurance package: liability, property, workers' compensation and cyber	
3. Team, an associate veterinarian, two trained technicians, two assistants, two client-service staff and half a practice manager, with payroll costs (the minimum team)	
4. Owner-veterinarian's market salary	
5. Loan interest (startup loan)	
6. Practice software for records, scheduling and reminders	
7. Marketing	
8. Utilities	
9. Equipment service and calibration	
10. Reference laboratory, medical waste, laundry, cleaning and accounting	
11. Dues and continuing education	
12. Bank fees (inside line 10 in this example)	
Total fixed costs	

VARIABLE COSTS AS A SHARE OF NET SALES	SHARE
13. Medical supplies, pharmacy stock and laboratory consumables, blended across the service lines	
14. Hourly help above the minimum team that moves with visits (none in this example)	
15. Card processing, an effective 2.4 percent of sales	
16. Unplanned costs (none held in this example)	
Total variable cost share	

```
Contribution margin ratio = 1 minus variable cost share; contribution = sales times the line's ratio
Operating break-even sales = fixed costs divided by contribution margin ratio
Cash break-even sales = (fixed costs with line 4 even if undrawn, plus principal and other recurring
cash out) divided by contribution margin ratio; page 13 covers a result with no usable number
Break-even office visits = (fixed costs with line 4 even if undrawn, plus principal and other recurring
cash out, minus the contribution of the other service lines and the wellness plans) divided by one
office visit's contribution; 0 if covered
Month-12 run rate = average monthly sales over a year at month 12's ramp and bookings, seasons applied
Planning debt service coverage (before income tax and replacements) = (full-run sales times contribution
margin ratio, minus fixed costs other than line 5) divided by (line 5 + principal)
```

RESULT	PER MONTH	PER WEEK	PER DAY OPEN
Operating break-even sales			
Cash break-even sales			
Break-even office visits a month (use cash break-even)	one figure per month		
Rent share and debt service coverage at full-run sales		ratios, monthly only	

Weekly = monthly times 12, divided by 52; per day open = weekly divided by days open per week. Rent share = line 1 divided by net sales.

PAGE 9

What the two doctors cost

Two veterinarians on the same salary cost twice what one does, and the roster is fixed long before the appointment book fills. Put in the pay this clinic will really offer, then read what a visit costs and how much of the visit line it takes before testing any slow start.

A month of pay is the yearly salary divided by 12, or the hourly rate x weekly paid hours x 52 / 12 grossed up for payroll taxes and benefits. Divide the whole roster's monthly pay by the visits modelled in a full-run month and you have the cost of a visit.

ROLE	HEADS	BASIS	EACH, MONTHLY	WHOLE ROSTER	COST PER VISIT
Veterinarian (DVM)	2	salary	$13,552.08	$27,104	$54.21

The roster costs $27,104 a month at full run, which works out at $54.21 an office visit. Because each role carries its own rate, a salaried veterinarian and an hourly technician would show what a mixed roster really costs, instead of an average.

What counts is the roster you actually hire, the minutes an appointment really takes and the salary you really offer; the numbers on this page are invented. The example's salaries are operator assumptions for a two-doctor clinic in a higher-wage market, not the national pay figures the sources carry. Rooms and the surgical suite can bind before veterinarian minutes do, so read this as one ceiling rather than the only one. Take any pay level or employment requirement to a qualified professional.

PAGE 10

Wellness plans paid before the service

A wellness plan puts money in the till before any visit is delivered, which is precisely what a new clinic needs and precisely what gets misread. The cash is real; the revenue is earned a month at a time across the term, and the unearned balance is care the clinic still owes.

Take the plans written in a month, multiply by the plan price less the refund share, and you have the cash that month; since a plan is earned evenly across its term, revenue this month is the sum over open plans of (price less refund share) / term; whatever cash has come in and not been earned is still unearned at month end.

WELLNESS PLAN, ABOUT $55 A MONTH

PRICE OF A PLAN	MONTHS COVERED	SOLD PER MONTH	DELIVERY SHARE	REFUND ALLOWANCE	VISITS INCLUDED	SINGLE-VISIT PRICE, PRE-REFUND
$660.00	12	22	38%	5%	3	$220.00

MONTH	PLANS WRITTEN	NET CASH TAKEN	REVENUE EARNED	STILL UNEARNED
M1	2.20	$1,379	$115	$1,264
M2	3.66	$2,295	$306	$3,254
M3	5.23	$3,277	$579	$5,952
M4	7.00	$4,386	$945	$9,393
M5	8.69	$5,451	$1,399	$13,445
M6	10.32	$6,472	$1,939	$17,979
M7	12.32	$7,725	$2,582	$23,122
M8	14.37	$9,013	$3,333	$28,801
M9	16.22	$10,169	$4,181	$34,789
M10	17.03	$10,677	$5,070	$40,395
M11	18.62	$11,675	$6,043	$46,027
M12	21.56	$13,518	$7,170	$52,376
Steady month	22.00	$13,794	$13,794	$75,867

A plan earns across its 12 months. Say which form is modelled: here the whole price is taken at the sale with the refund share already off, while a plan billed monthly gathers the identical total across the term with far less up front. Money therefore lands at the sale, so a month can take in more than it earns; what remains unearned is care the clinic still owes and not spare cash. At a steady 22 plans a month, about $75,867 stays unearned. The delivery share, 38%, is the slice of the net cash that the included care costs to deliver, so it is not a second deduction from the cash on this page; that care is delivered inside the veterinarians' paid hours the visit lines already fund, and the 66 visits the plans include sit outside the 500 office visits on page 6, so add them when checking capacity. No cash is charged for the delivery here: the fixed payroll already carries it, and charging it again would count it twice.

Selling 22 plans in a month brings $13,794 at the sale, already net of the refund share; the identical 66 visits bought one at a time, at the $105 office-visit fee, come to $6,930 as they happen. That gap of $6,864 is largely the plan price set against the single-visit price, with the timing on top; it is not extra revenue, since the care still has to be given and a plan may cover services an office visit does not.

This example has the whole term paid at the sale. A plan billed monthly gathers the same total across the term with much less up front, so say which form your own terms take. Plan prices, terms, take-up rates and refund shares are invented. Build yours from your own costs and your own client records, and check any refund or cancellation rule with a qualified professional.

Twelve-month cash forecast

Rent and payroll are fixed; clients pay at the desk. Enter $000 (51.25 means $51,250).

EXPECTED CASE ($000)	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Opening cash												
In: client payments and plan cash at the sale												
In: owner money and loans received												
Out: supplies, card fees (lines 13, 15, 16)												
Out: team and owner draw, hourly (lines 3, 4, 14)												
Out: rent (line 1)												
Out: other costs, loan interest (lines 2, 5 to 12)												
Out: income tax set-aside, equipment replacement, stock build-up												
Out: loan principal												
Out: startup bills still to pay												
Net cash flow (in minus out)												
Closing cash, expected (your floor: _____)												
Actual closing cash, once open												
Memo: sales tax collected (not in closing cash)												
Memo: sales tax remitted												
Memo: tax owed = last month's + collected minus remitted												
Memo: unearned plan cash = last month's + collected minus earned												
SLOW-START CASE												
Sales receipts, slow start												
Out: variable costs, slow start (lines 13 to 16)												
Out: fixed, principal, bills, less funding												
Net cash flow, slow start												
Closing cash, slow start												

Month 1 opening cash is cash on opening day after startup spending is paid; each closing balance opens the next month, and the slow start opens with the same cash. Your floor is at least one full-run month of fixed costs plus principal. Staff, the laboratory and the suppliers are paid in the month of the work. For the slow start, test 70 percent of expected sales in every month (a stress assumption, not a benchmark; a higher share only with evidence); fixed costs, other cash out, principal, startup bills and funding stay as expected, and all variable lines fall with sales; line 14 holds only hours you would cut. The first month either case falls below your floor is your planning deadline: act before it. Then run a second year at the month-12 run rate (page 8), month by month with the seasons continuing, and check the floor holds.

PAGE 12

Runway, and the burn while the book fills

```
Runway = the number of consecutive future months, counted from the latest closed month (before opening,
from opening day), before the first month in which closing cash falls below your floor
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Worked example: a made-up two-veterinarian clinic opening cold

These numbers are made up so the arithmetic can be followed; treat none as a benchmark. Five days open a week. Cash floor $83,499. Clients settle at the desk in the month of the visit; the plan price lands at the sale, earned across the next twelve months (page 10).

Page 5, budget	Total startup budget $1,379,100, funded by an $850,000 loan (9 percent over 10 years) and $529,100 of owner money. Of that, $582,700 is working capital reserve, still whole on opening day, financed by loan and owner together. Page 5 sizes it in two passes: the $83,499 floor, a buffer of the same $83,499, and $415,633, how far the first pass goes below zero opening with nothing, rounded up to $582,700. Before the reserve: build-out and equipment $594,000; inventory and furnishings $85,000; pre-opening $45,000; working capital and contingency $655,100; contingency $72,400.
Page 8, costs	Fixed costs come to $78,921 a month, of which $6,789 is the clinic lease and $6,189 loan interest; principal adds $4,578 a month, both being year 1 averages; variable costs run at 19.4 percent of sales, so the contribution margin ratio is 0.806. Lines 13 to 16 take 17, 0, 2.4 and 0 percent of sales. Lines 1 to 12 run $6,789, $520, $43,119, $13,552, $6,189, $300, $3,582, $1,100, $800, $2,600, $370 and $0 a month.
Page 8, break-even	Operating break-even lands near $97,917 a month. Cash break-even takes fixed costs of $78,921 plus principal of $4,578, divides by 0.806, and gives about $103,597 a month: once the other lines have contributed, that calls for 356.5 office visits a month, so 357, against the 500 the plan assumes.
Page 6, sales	Office visits: 500 visits a month at $105. Vaccines: 325 doses a month at $48. Dentistry: 21 procedures a month at $385. Surgery: 23 procedures a month at $455. Diagnostics: 135 studies a month at $135. Wellness plans: 22 plans a month at $627. At full run a month brings in about $118,669. The book fills at 10, 16, 22, 30, 38, 46, 56, 66, 76, 86 and 92 percent through months 1 to 11, reaching 100 percent in month 12. Seasonality of 100, 104, 108, 106, 104, 102, 100, 99, 97, 90, 92 and 98 percent applies month by month to every sales line, plans included.
Page 19, expected case	Month 1 bills $11,867 and closes at $508,766, and month 12 closes at $177,302. Low: month 11, closing $167,067, $83,568 over the floor. The memo rows carry through the example: unearned plan cash ends month 12 at $52,376 (page 10) and does not change closing cash.
Page 19, slow start	At 70 percent of expected sales the opening month bills $8,307 and closes at $505,896, with month 12 at minus $1,675. Month 9 is where the floor gives way, at $74,717, and the account turns negative in month 12 at minus $1,675, which leaves 8 months of runway from the first day.
Page 8, coverage	Planning coverage on $118,669 of full-run sales, before income tax and equipment replacement, comes to 2.13 against the 1.25 the example lender requires, and 2.13 again at the month-12 run rate; Test 3 needs both. Rent takes about 5.7 percent.

THIS VETERINARY EXAMPLE SCORES AMBER ON PAGE 4

Gate 0 is taken as met here. Test 1 is met: the month-12 run rate reaches about $118,669 against a $103,597 break-even, and at that rate closing cash stays above the floor across year two (lowest close $189,450, month 1 of year 2). (Context only: expected billings first cover cash break-even in month 12.) Test 2 fails: at the slow start month 9 breaks the floor, and roughly $85,200 of extra reserve would see it through. Test 3 is met on the planning formula, though what your lender applies governs. Test 4 passes (settled year) and counts office visits alone: the 500 modelled each month sit inside 601 at capacity, 83 percent used, and the month 3 peak at season 108 percent asks about 540, still inside. The 66 visits the wellness plans include, with the 21 dental and 23 surgical procedures a month, also consume veterinarian hours and are absent from that 601; together they push the load to about 610 appointments against 601, so hold 500 office visits as the ceiling and either check procedure time or add a third pair of hands before accepting the volume. Check the surgical suite and the dental table against them too. Test 5 fails with no first visits booked before opening. Test 6 passes: a year at full run leaves about $145,779 once principal is out, and no full-run month dips below zero, so no cushion is required. That is a settled year, not the forecast one; page 19's first year gives up about $405,398 in cash, since the ramp and early months land before the book fills. No income tax set-aside, no equipment replacement and no stock build-up appear here (page 19); score your own plan with all three. A clinic opened from nothing needs a full year, not a season, to fill its book: the first month brings a fraction of a settled month, and plan money taken early is cash not yet earned.

PAGE 13

What moves the result

Each row changes one input of the page 12 example and reruns the forecast. A row names Test 1, 3 or 6 when the change would newly fail or pass it; a test the example already fails stays failed. The last column also gives the slow start, which is Test 2.

WHAT MOVES THE RESULT (FULL-RUN MONTHLY CHANGES; FLOOR DEADLINES RERUN OVER THE 12-MONTH PLAN; SLOW-START LOSSES SCALE WITH SALES)

CHANGE	MONTHLY CASH	CASH BREAK-EVEN AND DEADLINE
All sales lines 10 percent lower (variable costs fall; fixed stay)	minus $9,565	Expected case holds the floor; full-run coverage falls to 1.24; would fail Test 3
Office visits: average collections per visit 5 percent higher, same volume (variable costs rise with sales; fixed stay)	plus $2,116	Break-even visits fall from 356.5 to 339.5 a month, so from 357 to 340: the collection and the variable cost that moves with it both rise 5 percent, so the ratio holds at 0.806 on the new sales (the blended variable share, line 13 plus line 15, takes 19.4 percent of each added dollar)
Fixed costs $500 lower	plus $500	Cash break-even falls to about $102,976
Office visits 15 percent below plan every month (lasting), with the dependent lines held, from month 1 onward	minus $6,347	Expected case still clears the floor; slow start deadline unchanged (month 9)
Visit price 8 percent lower, same volume, from month 1 onward	minus $3,385	Expected case still clears the floor; slow start deadline unchanged (month 9)
Dentistry 30 percent lower, surgery held, from month 1 onward	minus $1,955	Expected case still clears the floor; slow start deadline unchanged (month 9)
Wellness plans sold half as many (22 to 11 a month), net of the refund share, at the blended variable cost share the forecast uses, so the plan line's card-fee share falls with it, from month 1 onward	minus $5,559	Expected case still clears the floor; slow start deadline unchanged (month 9)
A third doctor from month 1, on the associate's salary	minus $13,552	Expected case below the floor in month 9 (closing $57,110); slow start below the floor in month 7 (closing $53,746); full-run coverage falls to 0.87; the month-12 run rate falls below cash break-even; would fail Tests 1, 3 and 6
Supplies at 20 percent of sales, not 17, taken as 3 points of sales	minus $3,560	Cash break-even rises to about $107,602; expected case still clears the floor; slow start deadline unchanged (month 9)
Build-out overrun of $3,000 beyond the contingency, taken from the reserve	no change	Expected case still clears the floor; slow start deadline unchanged (month 9)
Opening 3 months late (the clinic lease, insurance, loan interest and principal, $18,076 a month, paid while closed; no sales; the ramp starts at the new opening, and seasons stay on the calendar)	no change	Expected case holds the floor; its low falls to $108,132 in month 13 from the planned opening, $58,935 lower than on time; slow start below the floor in month 11 from the planned opening (month 9 on time)

WHEN A PAGE 8 FORMULA GIVES NO USABLE NUMBER

```
Contribution margin ratio zero or below: break-even is N/A; score Tests 1 and 6 as failed
One unit's contribution, or the count it is multiplied by, zero or below: break-even units are N/A;
score Test 1 as failed
Other lines already cover fixed costs and principal: break-even units are 0, never a negative number
No loan: coverage is N/A; score Test 3 as passed
```

PAGE 14

Close-of-day and month-end checklists, weekly review, six questions

These are operational checklists for running the clinic, not a compliance program. Add every clinical, record-keeping, privacy and payment step that your jurisdiction and your own advisers demand.

BEFORE THE APPOINTMENT DAY ENDS

- ☐ Ring tomorrow's clients and hand any open appointment time to the waiting list.
- ☐ Log every booked appointment as seen, missed or moved.
- ☐ Fix the next visit, or the next vaccine due date, while the client is still at the desk.
- ☐ Collect at the desk and write down any wellness plan sold.
- ☐ Enter every laboratory sample sent and when its result is due back.
- ☐ Enter each new client with the source that produced them.

MONTH END, THE BOOK AND THE PLAN BALANCE

- ☐ Carry the visits and the receipts onto page 6 and page 11.
- ☐ Count the vaccines and dental work due this month that nobody booked, and ring them.
- ☐ Line the plan sales up against the visits those plans include, then recompute the unearned balance on page 10.
- ☐ Pull out the laboratory work and supplier invoices still open past the promised date.
- ☐ Check the service and calibration dates on the equipment against the plan.
- ☐ Set the bank balance against the floor.

THE MONDAY SCORECARD

WHAT IS COUNTED	WHERE IT SHOULD BE	WEEK NOW ENDING	WEEK PRIOR	DIFFERENCE
Visits seen set against the appointment time held				
New clients by source, and repeat visits that turned into bookings				
Use of the appointment book measured against capacity				
Vaccines, dentistry and surgery booked set against the plan				
Plan cash taken against the care still owed				
Cash on hand measured against the floor				

SIX QUESTIONS TO PUT TO THE FILE

1. **Owner dependency.** Do the clinical questions, the plan wrangles and the laboratory results all queue for you, in the gaps between appointments?
2. **Firefighting.** In one week, how many clients sat past their appointment time, and how many laboratory results returned late or wrong?
3. **Growth past capacity.** Of the clients due a vaccine or a dental visit this month, how many actually booked, and how many new clients did each source produce?
4. **Keeping the team.** If one person left, which departure would hurt the surgical list most, and who else is able to admit, monitor and discharge?
5. **Flat revenue.** Has the cash collected on an average visit changed across the year, and how much of that came from your prices rather than from the number of visits?
6. **Blind spots.** Could you list, right now, each laboratory result still outstanding and each plan whose included care is overdue?

These six grew out of desk research World Consulting Group ran with AI assistance, set out on page 2. Test each one against a record: the practice system's visit report, the visit table on page 6, or the plan register.

PAGE 15

Your first 30 days

WHEN	DO THIS
Week 1	Start the weekly numbers review and log visits seen, booked and kept every day.
Week 2	Fill the page 10 plan table with your own price, term, refund terms and included care, and record whether the price is paid at the sale or billed monthly.
Week 3	Fill the page 6 visit table with every new client and set the appointment book against capacity on page 7.
Week 4	Enter actual closing cash on page 11 and recalculate runway. List laboratory work outstanding.
After month 1	Compare new clients by source with the plan and the cost of each source.

BEFORE YOU SIGN A LEASE, GET WRITTEN ANSWERS TO THESE

- ☐ Will you have to sign a personal guarantee, how much does it cover, and when does it end?
- ☐ Which charges sit on top of base rent, such as common area, property tax and insurance, and how are they settled each year?
- ☐ What does the space need before you can open, and who pays to add or upgrade it?
- ☐ Does the landlord contribute to the build-out, when is that money paid, and must any of it be repaid if you leave early?
- ☐ When does rent start, at signing, at build-out or at opening?
- ☐ Are there limits on operating hours, signage, parking, deliveries or the uses allowed in the space?
- ☐ What happens to the lease and the fixtures if you sell the business?

Have a qualified professional review the lease before you sign. These questions prepare you for that conversation; they do not replace it.

WHAT THE FULL KIT ADDS

The full Veterinary Clinic Business Plan and Operations Kit adds an editable business plan, a three-year financial model with profit and loss, cash flow and a debt schedule, a visit and capacity planner, a wellness-plan register with its unearned balance, and day-close and hiring checklists. Release status is on the kit page.

SOURCES

Public sources. Veterinary practice startup and cost guides (Vet CPA, CareCredit, Suveto and Fit Small Business), 2025-2026, as reviewed in the batch research pack (startup totals, equipment, team build and wellness-plan pricing). Veterinarian pay: BLS OEWS May 2025 via onetonline.org. Commercial rent: CBRE, US clinic and retail rent data, 2025. All accessed 2026-11-05.
World Consulting Group material. Origin of the questions: AI-assisted World Consulting Group desk research on independent veterinary clinics, 2026, an internal working file that is not published, described on page 2; the questions are hypotheses and no figure in this kit comes from it. Veterinary clinics owner questions, businessconsultant.services, 2026.

SCOPE AND DISCLAIMER

General information only. Not legal, tax, accounting, clinical, employment, payment and privacy terms or financial advice. Provided as is, without warranty. © 2026 World Consulting Group. Free diagnostic tool at businessconsultant.services. The site's privacy page explains what the diagnostic tool sends to an AI provider for analysis and the third-party analytics on the site.

About the author. Kamyar Shah is the founder of World Consulting Group and works as a fractional COO and CMO. He advises small-business owners across a range of industries. Contact and the latest version: businessconsultant.services.

PAGE 16

Customize this kit with AI

Attach this PDF to an AI assistant and paste the prompt below (copy-ready on the kit page). Use business figures only: never paste client or patient records, payment exports, screenshots, dates of service, names, account numbers, free-text notes, small groups that could identify a person, or login details. From a report with patient-level detail, enter only the totals you need.

BEFORE YOU RELY ON THE ANSWER

Check every total with a calculator. An AI assistant can misread a file or slip on arithmetic, even when it runs code, so rerun every figure you will act on with the page formulas. Check your AI provider's data settings first, and never paste personal data, account numbers, passwords, customer-level records or anything an agreement restricts, such as client records, patient records or payment records. Totals and rounded figures serve the arithmetic, though rounding does not make a record anonymous, and you can run the arithmetic on your own computer.

I run, or am opening, a small independent veterinary clinic. Attached is the Veterinary Clinic Business Plan and Operations Starter Kit from businessconsultant.services; help me make it my own plan with my numbers only.

Follow these rules for the whole conversation:
1. Use only numbers I give you, or numbers you calculate from mine with the formulas below. Never invent a price, a rate, a wage, a percentage or a benchmark.
2. The numbers printed in the kit are worked examples. Never use them as my numbers, not even as a placeholder.
3. If a number you need is missing, ask me for it. If I ask you to estimate or use typical figures, write [NEED: ...] instead and tell me which quote, record or calculation will give me the real number. If I give you my own estimate, label it MY ESTIMATE.
4. Use these formulas exactly, and show your arithmetic for every number you calculate:
- Monthly sales = each service line's visits x its price + plans sold x plan price net of the refund share at the sale (page 10). Year 2 holds the ramp at month 12's level, with the season applied to every sales line, the wellness plans included.
- Net sales exclude sales tax. Labor = wages, payroll taxes and benefits, plus a market wage for the owner's management time (line 4); the owner's appointment hours as a veterinarian are inside the line 4 salary, never also in line 3 or 14. Shift hours count as cash even if I skip my own pay, so the plan still holds when I step back from the work; only line 4 may go undrawn, and Tests 1 and 6 count it anyway.
- Contribution margin ratio = 1 minus variable cost share; a line's contribution = its sales times its own ratio. Operating break-even sales = fixed costs divided by contribution margin ratio. Cash break-even sales = (fixed costs with line 4 even if I do not draw it, plus monthly loan principal and any recurring other cash out) divided by contribution margin ratio; only the cash forecast drops an undrawn wage. A blended ratio holds only at its own sales mix: name that mix beside each break-even, and recompute from each line's own contribution when a what-if changes one line. Loan interest is fixed; principal is not an operating cost, so it never enters operating break-even or operating profit.
- Weekly = monthly times 12, divided by 52. Daily = weekly divided by days open per week.
- Break-even office visits = (fixed costs with line 4 even if undrawn, plus principal and other recurring cash out, minus the contribution of the other service lines and the wellness plans) divided by one office visit's contribution; 0 if covered. If the other lines already cover fixed costs and principal, report 0 and say so; never report a negative break-even count. Visits a month at capacity = doctors x paid hours a week / days open x 60 x (1 - the share of paid time spent off visits) / (visit + notes minutes) x days open x 52 / 12.
- Rent share = line 1 divided by net sales. Planning debt service coverage, before income tax and equipment replacement = (full-run sales times contribution margin ratio, minus fixed costs other than loan interest) divided by (loan interest + loan principal).
- Month-12 run rate = average monthly sales over a year at month 12's ramp and bookings, seasons applied (not month 12's own sales). Test 1 needs that rate at or above cash break-even and my floor held 24 months; Test 3, coverage at full run and at that rate.
- Test 6 = 12 months of (full-run sales minus their variable costs, minus full-run fixed costs, line 4 included, minus principal), seasons applied to every sales line, the wellness plans included, and seasonal fixed lines at each month's amount. The cushion to set aside = the largest fall in running net cash from a high to any later low, the year run twice so a dip can cross into month 1 (zero if it never falls).
- Full-run figures (break-even, coverage, floor) take a late-starting fixed line at its full amount, and a seasonal fixed line at its year average.
- For pages 7, 9 and 10, use the formulas printed on those pages of the attached kit, exactly as written, with my own figures.
- Cash forecast: closing cash = opening cash + cash in minus cash out. Month 1 opening cash = cash on hand on opening day after startup spending is paid. Place every receipt and payment (deposits, supplier invoices, startup bills, funding) in the month the cash moves. Income tax set-aside and equipment replacement go in their own row. Open month 1 with the cash I give; report the page 5 two-pass size beside it, never as a substitute. Place each receipt in the month my payment terms say, or mark [NEED: payment timing]. Collect every service line in the month of the visit; the plan price arrives in full at the sale and is earned over the term (page 10). In the slow-start case, every month's sales on every line are the tested share of expected sales; fixed costs, other cash out, principal, bills and funding stay as planned; all variable lines fall with sales, each figured from the slow-start sales of the same month, on the same payment timing as the expected case (fair because line 14 holds only hours I would cut). Runway tells you the months of cash still in hand: start at the most recent month you have closed (or at opening day, before you open) and run forward until a month ends with closing cash beneath my cash floor.
(Continued on page 17.)

PAGE 17

The prompt, continued

Paste this part directly after the rules on page 16, as one message.

5. Do not give legal, tax, employment, wage or lease advice. Do not name laws, government programs or fee schedules, even as examples. When my question touches these, write only "Review this with a qualified professional" and continue with the rest. You may record and use figures I give from my own records, such as my sales tax rate and when I remit it, without checking, interpreting or advising on them.
6. Do not quote statistics, studies or sources that are not in the kit. For the market and marketing sections, use only what I tell you, and list the local facts I should gather.
7. Work every total step by step and recheck it a second way. In the cash forecast, show the arithmetic for month 1, one later month and the year total; give plain numbers for the other months.
8. If a formula would divide by zero or a contribution margin is zero or below, write N/A, say why, and do not continue that calculation. If my lender defines coverage differently, show both results and label each. If cash never falls below my floor in the forecast, write the runway as more than 24 months; otherwise give the runway in months and, separately, the first month below it, counting year 2. With no loan, Test 3 passes.
9. Use business figures only. Never include or paste client or patient records, payment exports, screenshots, dates of service, names, account numbers, free-text notes or small groups that could identify a person. If a report you received holds patient-level detail, do not paste it; enter only the totals you need. Never paste login details.
10. Mark every output: Draft for my own planning. Not for a lender or investor until a qualified accountant has reviewed it.
11. If your full answer would be very long, deliver outputs 1 to 4 first, then stop and ask me to type "continue" for the rest.
12. Build the cash forecast month by month from the sales build, the cost lines, my payment terms and my opening cash; it needs only the page 6 visit table, the page 7 capacity check and the page 10 plan figures I gave, not the printed tables. Each month: cash in = sales receipts plus money arriving; cash out = each variable cost, calculated from the sales that created it and placed in the month it is paid under my terms, plus fixed costs (lines 1 to 12, with line 4 only if I draw it in cash), plus loan principal, startup bills and other cash out. Loan interest is already in line 5; never add it again. Supplier payments follow the cost of what I sold plus any stock build-up I give; if I buy ahead or carry supplier balances, ask me for purchases and payments by month instead. If you can run code, do every calculation in code.

Step 1. Before you write anything else, ask me for the inputs below in three rounds, one message per round. Ask round A as one numbered list, then wait for my answers. When I answer, ask round B and wait; then round C and wait. Start Step 2 only after I answer round C.
Round A, sales, capacity and evidence:
  a. Visits and prices, the clinic and its rooms, the doctors and support team with hours and pay, new clients and where they come from, wellness plans, and days open per week.
  b. Sales build: the new-client plan in the next item, and the slow-start percentage I want to test (this kit sets a 70 percent stress test, a kit rule rather than my estimate; use it unless I give evidence for a higher share). Give monthly counts, never daily ones; the page 6 visit table sets each line's count. Give counts at full run, with month 1 as my opening month. Give the evidence behind each count (site counts, comparables, signed orders or my history).
  c. For each doctor or provider type: how many, paid hours a week, the minutes an appointment takes including notes, the share of paid time spent off visits (administration, calls, surgery prep, marketing), which service lines that provider serves, and pay (a salary, or an hourly rate with payroll taxes and benefits). Give days open a week if they differ from the kit.
  Then wait for my answers.
Round B, costs, the startup budget and my lender:
  d. Startup budget: an amount and its source (landlord quote, contractor quote, equipment quote, laboratory or supplier quote, or calculation) for each line on page 5, from the build-out to the working capital reserve and contingency.
  e. Monthly fixed costs for lines 1 to 12 on page 8, including rent, the associate, the technicians, the assistants, the client-service staff and the practice manager, software, insurance, loan interest and my market salary as a veterinarian; whether I draw that salary in cash; and my monthly loan principal. Give interest and principal as year 1 monthly averages for break-even and coverage, and, for the cash forecast, any payment, fixed line or other cash line that changes in months 1 to 24 (a payment holiday, a balloon payment, a rent step) with its month. My market wage covers management time (line 4); my appointment hours as a veterinarian are inside the line 4 salary, never also in line 3 or 14.
  f. Variable cost shares of net sales for lines 13 to 16: line 13, medical supplies, pharmacy stock and laboratory consumables, each service line at its own share; line 14, hourly help above the minimum team that moves with visits; line 15, card processing, as an effective share of all sales; line 16, unplanned costs; and any sales line whose own shares differ, given for that line.
  g. For each provider type: how many, how each is paid (an hourly rate with payroll taxes and benefits, or a salary), and which visit lines that provider type serves.
  h. For each pre-paid plan: its price, its term in months, the plans I expect to sell a month at full run (and month by month if I have a view), the share of the price that is the cost of delivering the included care, any refund share, and the visits the plan includes. Say whether the price is paid in full at the sale or billed monthly over the term.
  i. The debt service coverage ratio my lender requires and how the lender calculates it, if I know them.
  Then wait for my answers.
(Continued on page 18.)

PAGE 18

The prompt, last part

Paste this part directly after the text on page 17, still as one message.

Round C, cash timing, sales tax, deposits and Gate 0:
j. Payment terms: when each service line is paid at the desk, when the wellness plan price is collected at the sale and how it is earned over its term, and when staff, the laboratory and the suppliers are paid.
k. For every other cash line (payroll, card settlements, insurance, loan payments, rent and fixed bills), when it is paid, or confirm it is paid in the month it is incurred.
l. Monthly cash out beyond operating costs: income tax set-aside and equipment replacement.
m. Cash on hand on the first day the clinic opens after all startup spending, startup bills still to pay by month, owner money or loans still to arrive by month, and my minimum cash floor (at least one full-run month of fixed costs plus principal).
n. If I am already open: what customers owe me and what I owe suppliers and staff, each by the month it will be paid, deposits I already hold, and sales tax already owed with its payment month.
o. Sales tax: the rate I collect on taxable sales, from my own registration, which sales lines (or what share of each) are taxable, and when I remit what I collect (each month, each quarter or another schedule), so the forecast holds collected tax apart until it is paid.
p. Gate 0: which agreements, quotes and approval requirements I already have in writing.
Then wait for my answers.

Step 2. When I answer, produce these as plain tables I can copy back into the kit:
1. Business plan sections 1 to 8 for my practice, drafted from my answers, with gaps marked [NEED: ...].
2. The sales build by line and month (office visits, vaccines, dentistry, surgery, diagnostics and wellness plans), with annual sales and the capacity check from page 6.
3. The completed startup budget, line by line as on page 5, with the total. Size the reserve by the page 5 rule; if I gave another, show both and the result for each.
4. Operating and cash break-even per month, per week and per day open; break-even office visits a month (use cash break-even); rent share and planning debt service coverage at full-run sales and at the month-12 run rate, labeled before income tax and equipment replacement, and on my lender's definition too if I gave it.
5. The 12-month cash forecast for the expected and slow-start cases, in thousands of dollars to two decimals (51.25 means $51,250) to match the kit, with, for each case, the first month below my cash floor and the first month below zero, and the runway; the second year's lowest closing cash (month 12's ramp and bookings held, each month with its own season, not a flat average); any extra reserve the slow start needs; and the Test 6 cushion, with whether the page 5 buffer covers it (add any excess to the reserve). Add memo rows for each month; they track amounts owed and do not change closing cash, because collected tax is not the practice's money and should sit in a separate account until it is remitted: sales tax collected, remitted and owed at month end (last month's owed + collected minus remitted), and plan cash collected but not yet earned (page 10), money the practice still owes in care.
6. Visits a day and a month at capacity by provider type, doctor pay a month and cost a visit, the capacity use at my modelled volume, whether Test 4 passes, and which other ceilings (rooms, the surgical suite and the dental table) to check against your own room counts and appointment schedule.
7. Provider pay a month by type, the total, the cost a visit, and the share of billings that line 14 carries.
8. Cash collected before the service, revenue earned and unearned revenue at each month end, and the cash a plan brings in against paying per visit.
9. The kit's page 4 check: Gate 0 and pass or fail for each of the six tests with the reason (if Gate 0 fails, the result is not ready), and the overall result: not ready if Gate 0 fails, with no color; otherwise green, amber or red under the page 4 rules.
10. A final checklist: every MY ESTIMATE figure, every [NEED: ...] gap, every plan term, price or new-client count I should verify, and every question that needs a qualified professional.

WHEN THE ANSWER COMES BACK

Copy each table into the matching kit page in pencil. Check every [NEED: ...] gap and MY ESTIMATE figure, starting with the new-client plan, the plan terms and the payment timing, before anyone sees the plan, and recheck the page 4 result with a calculator.

The worked example's twelve-month forecast, filled in

The page 12 example entered on the page 11 form, month by month, in dollars. Parentheses mean minus. Each column adds up as printed, so a row can move by a dollar between months with the same sales; each closing balance becomes the next month's opening cash. Cash floor $83,499.

LINE ($)	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
EXPECTED CASE												
Opening cash	**582,700**	**508,766**	**441,182**	**380,409**	**327,326**	**281,627**	**243,005**	**213,069**	**192,066**	**179,078**	**169,610**	**167,067**
In: sales receipts	11,867	19,747	28,196	37,737	46,898	55,679	66,455	77,538	87,483	91,850	100,441	116,296
In: owner money and loans received	0	0	0	0	0	0	0	0	0	0	0	0
Out: supplies, card fees (lines 13, 15, 16)	2,302	3,831	5,470	7,321	9,098	10,802	12,892	15,042	16,972	17,819	19,486	22,561
Out: team and owner draw, hourly (lines 3, 4, 14)	56,671	56,672	56,671	56,671	56,671	56,671	56,671	56,671	56,671	56,671	56,670	56,672
Out: rent (line 1)	6,789	6,789	6,789	6,789	6,789	6,789	6,789	6,789	6,789	6,789	6,789	6,789
Out: other costs, loan interest (lines 2, 5 to 12)	15,461	15,461	15,461	15,461	15,461	15,461	15,461	15,461	15,461	15,461	15,461	15,461
Out: income tax set-aside, equipment replacement, stock build-up (none in the example; see below)	0	0	0	0	0	0	0	0	0	0	0	0
Out: loan principal	4,578	4,578	4,578	4,578	4,578	4,578	4,578	4,578	4,578	4,578	4,578	4,578
Out: startup bills still to pay	0	0	0	0	0	0	0	0	0	0	0	0
Net cash flow (in minus out)	**(73,934)**	**(67,584)**	**(60,773)**	**(53,083)**	**(45,699)**	**(38,622)**	**(29,936)**	**(21,003)**	**(12,988)**	**(9,468)**	**(2,543)**	**10,235**
Closing cash, expected	**508,766**	**441,182**	**380,409**	**327,326**	**281,627**	**243,005**	**213,069**	**192,066**	**179,078**	**169,610**	**167,067**	**177,302**
SLOW-START CASE (70 PERCENT OF EXPECTED SALES IN EVERY MONTH)												
Opening cash, slow start	**582,700**	**505,896**	**433,538**	**365,947**	**303,739**	**246,700**	**194,616**	**148,610**	**108,858**	**74,717**	**43,040**	**16,210**
Sales receipts, slow start	8,307	13,823	19,737	26,416	32,829	38,976	46,518	54,277	61,238	64,295	70,309	81,407
Out: variable costs, slow start (lines 13 to 16)	1,612	2,682	3,829	5,125	6,369	7,561	9,025	10,530	11,880	12,473	13,640	15,793
Out: fixed costs (lines 1 to 12), principal, bills, less funding	83,499	83,499	83,499	83,499	83,499	83,499	83,499	83,499	83,499	83,499	83,499	83,499
Net cash flow, slow start	**(76,804)**	**(72,358)**	**(67,591)**	**(62,208)**	**(57,039)**	**(52,084)**	**(46,006)**	**(39,752)**	**(34,141)**	**(31,677)**	**(26,830)**	**(17,885)**
Closing cash, slow start	**505,896**	**433,538**	**365,947**	**303,739**	**246,700**	**194,616**	**148,610**	**108,858**	**74,717**	**43,040**	**16,210**	**(1,675)**
STEADY-STATE YEAR FOR TEST 6 (RAMP DONE, SEASONS IN; NOT THE FORECAST YEAR)												
Net cash flow, steady-state year	**12,148**	**15,974**	**19,800**	**17,887**	**15,974**	**14,061**	**12,148**	**11,192**	**9,279**	**2,583**	**4,496**	**10,235**

Reading this forecast. It is in whole dollars, rounded so each column adds up, so a row can differ by $1 between like months; the page 11 form uses thousands. The floor is cash you never plan to spend. The page 5 buffer holds one more month of fixed costs and principal above it, so a small miss spends the buffer, not the floor. The opening cash was sized by the two passes on page 5, buffer included. The example sets aside no income tax (it depends on the owner's whole return, so take the figure from your accountant), replaces no equipment in its first two years and builds no stock beyond the opening stock in the startup budget; enter your own amounts. Second year at the month-12 run rate (about $118,669 a month, against month 12's own $116,296): closing cash runs $189,450 in month 1 and $323,081 in month 12, lowest $189,450 in month 1, above the floor. Sales are net of sales tax, and the example pays each month's tax in the month it is collected, so it owes none at any month end; enter your own rate and payment timing in the page 11 memo rows. If you borrow the reserve, add its interest and principal to the forecast and run both passes again. The slow start lets variable costs fall with sales, which is fair only because hours you cannot cut sit in line 3; waste or purchases you cannot cut make a real slow start worse.