# 2020 AAAP/ACPV Salary Survey

*Questions with an \* are additions to the 2014 survey. Suggested by Matthew J. Salois, MA, PhD*

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AAAP/ACPV 2020 Salary Survey This survey will be used to summarize current economic outlook for Poultry Veterinarians and those who specialize in avian health. Thank you for your participation. Your responses are confidential and will be used for summary analysis only

**Background questions**

The following questions will help determine to what degree survey respondents are representative of the population and will enable us to see how salary data varies according to demographics and background experiences. All information provided is confidential and will be reviewed only when summarized with the responses of others

1. Date of birth
2. What is your gender?
Male
Female
3. Please indicate your Race/ethnicity.\*
* Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
* White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
* Black or African American: a person having origins in any of the black racial groups of Africa.
* Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
* Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
* American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
* Australian
* Two or More Races: a person who primarily identifies with two or more of the above race/ethnicity categories.
1. In what geographic region do you primarily practice?
Northeast (CT, MA, ME, NH, NJ, NY, PA, RI, VT)
Midwest/North Central (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI)
South (AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV)
West (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY)
U.S. national practice
Canada
Mexico
Central America, South America, or Caribbean
Other (outside the Americas or international practice)
2. How many years have you worked in the poultry industry?
3. How many years have you worked in your current position?
4. Which of the following best describes your principal activity in poultry medicine:

Administration

Consultant

Diagnostic Service

Education

Poultry Slaughter and product quality

Production Medicine

Public Health/Food Safety

Regulatory medicine

Research

Service /Extension

Technical Support

Other

If other, please specify

1. Your principal professional affiliation would best fall under which of the following categories. (select only one)

Armed Forces

College or University

Federal Government Agency

State of Local Government

Pharmaceutical/Biological/Nutritional Industry

Primary Breeder

Production/Broilers

Production/Turkeys

Production/Other Poultry

Production/Commercial Eggs

Private Consultant Practice

Retired

Other

If other, please specify

**Education**

1. Please select all degrees you have attained.
BS
MS
DVM/VMD
PHM/MSpVM
MAM
PhD/ScD
Other
2. Please indicate your board certifications:

ACPV
ACVIM
ACVP
Other
None

1. Have you completed an internship/externship?\*
2. How well did your education prepare you for your current position?\*

**Profession/Salary**

1. I am currently employed

Full Time

Part Time

Retired

Unemployed

Other

1. What was your 2019 annual base pay?
2. What additional income from bonus and incentives did you receive in 2019?
3. Please indicate additional income in 2019 from consulting etc.
4. Please indicate all benefits provided by your employment
Health Insurance
Life Insurance
Dental
Health Savings Account
Flex Spending Account
Prescription Drugs
Vision
Disability
Pension
401K Matching retirement
Bonus Plan
Incentive trips
Stock options
Automobile provided
Continuing education
Wellness Program
Paid Family Leave
Dues/licenses paid
Other

If other selected, please specify

1. How would you rate your overall employment satisfaction?
very unsatisfied
unsatisfied
neutral
satisfied
very satisfied
2. Please give a brief explanation why you gave the answer above.\*
3. Would you be willing to relocate for other job opportunities?\*
4. Would you recommend this profession to others?\*