

Companion Animal Veterinary Software

Part III: AI Technology Roadmap

Navigating Practice Challenges with Support of Technology and AI

February 6, 2026

Jon Ayers, Jeff Dixon, Adam Little, Adam Wysocki

TL;DR:

Part III of the Companion Animal Veterinary Software Guide surveys the emerging categories of AI-enabled software that are beginning to reshape how veterinary practices operate, communicate, and deliver care. This onslaught of innovation exemplifies the critical importance of PIMS interoperability discussed in Parts I and II.

1. AI Innovation Presents an Enormous Opportunity for Veterinary Medicine

A wave of AI-native applications is emerging across virtually every dimension of veterinary practice: how appointments are booked, how medical records are created, how the phone is answered after hours, how clients are engaged before and after the visit, how preventive care compliance is driven, how diagnostic images are interpreted, and how clinical decisions are supported. These are not incremental improvements to legacy software. They are fundamentally new capabilities that operate on different adoption curves, and they improve continuously through the same machine learning loops that power the broader AI revolution. The veterinary profession now has access to tools that can reclaim hours of lost documentation time, capture revenue from missed calls, surface disease risk years before clinical signs appear, and expand diagnostic accuracy beyond what any single practitioner can achieve alone. Practices that have adopted even one of these tools are already reporting measurable achievement of their targeted goals.

2. AI Is Also Coming to Your Clients as well as Your Competitors Down the Street, Whether You Are Ready or Not

The AI transformation is not limited to the practice side of the exam room door. Pet owners are already using consumer AI tools, from general-purpose platforms like ChatGPT to veterinary-specific apps for pain assessment, behavior monitoring, and breed-specific health guidance, to research symptoms, generate their own differential diagnoses, and make decisions about when and whether to seek care. Within months, not years, pet owners will be directing their personal AI agents to place calls, schedule

appointments, and manage pet health tasks on their behalf. When those AI-powered calls start arriving at your front desk, will your practice be equipped to handle them?

At the same time, the corporate practice groups in your neighborhood are not standing still. They are actively deploying AI scribes across hundreds of locations, rolling out AI receptionists to capture every after-hours call, and leveraging their scale to demand PIMS integrations that independent practices struggle to obtain on their own. They are using AI-assisted radiology to screen every imaging study at a fraction of the traditional cost. Their veterinarians are finishing their records during the workday, their missed calls are being answered at midnight, and their clients are receiving personalized follow-up communications within minutes of every visit. This is not a future scenario. It is happening now, in the practice down the road from yours.

The urgency is real. Every month that passes without a deliberate response is a month in which your competitors build deeper client relationships, capture more revenue from the patient population, and accumulate the operational data that makes their AI tools smarter and stickier. Pet owners are comparing experiences. When one practice offers online booking, instant after-hours response, and a personalized care summary delivered to their phone before they reach the parking lot, and yours offers a voicemail recording, the gap becomes visible and consequential. The window to act is open, but it will not stay open indefinitely.

3. It Is Time to Pay Attention and Start Now, Sequentially and Strategically

The range of available AI applications can feel overwhelming, but the evidence is clear: early adopters are building compounding advantages that will be difficult for late movers to replicate. AI tools improve with use. They learn from your cases, your clients, and your workflows, which means that starting earlier produces better outcomes over time.

The good news is that you do not need to adopt everything at once. The most successful practices are approaching this sequentially: validate one tool, stabilize it within your workflow, and then move to the next. Each successful adoption builds organizational confidence and change-management muscle that makes the following one easier. What matters is momentum. The practices and groups that develop a culture of planned, continuous improvement by treating change as a skill rather than a disruption, will be the ones best positioned for the years ahead.

4. PIMS are a Gating Factor, and Market Pressure is Building

Nearly every AI application discussed in this report, from clinical documentation to reception to care plans to diagnostic imaging, delivers its fullest value when it can read from and write back to the records in your PIMS. Yet PIMS openness to third-party integration remains uneven, with some vendors actively restricting access to protect their own bundled features or payment processing revenue. This restricts your access to your data, slows innovation, and limits the return of the industry to clinical visit growth.

The critical message: your data is your data, and your PIMS should be a platform that enables innovation, not a walled garden that constrains it. The encouraging news is that market pressure is accelerating change. Ask your PIMS vendor directly about their API access policy for the specific tools you want to adopt. The more practices that ask, the faster the industry moves toward genuine openness.

Part IV of this series will publish each PIMS vendor's stated 2026 policy on allowing you and your value-added apps access to your data. Each PIMS company will have the opportunity to share their philosophy in this new AI world, should they choose to state it.

Introduction

Many practices now have selective access to their PIMS data through APIs and integrations, but the degree of openness still varies widely by PIMS vendor and workflow. In Parts I and II, we highlighted the inconsistency among PIMS providers in granting open access to your data for innovative value-added applications. PIMS vendors are increasingly hearing this question from both individual customers and corporate groups.

Part IV of this series, expected at the end of February, will have asked each PIMS vendor whether they are willing to provide a statement on their 2026 policy for API access across the broad range of innovations, from independent scribe offerings to the other applications discussed in this report. We will report what we hear in that report.

Part IV will also present results from the market survey of North American practices we are conducting with Kynetec, covering PIMS usage, trailing twelve-month churn rate (rate of PIMS switching in the market as a whole), scribe adoption, and many other AI software topics.

In this Part III, we assume you have at least some integration capability, including read access and, in some cases, write access, with some existing offerings. We recognize that access remains uneven today. However, we expect open access to expand rapidly as market forces compel PIMS companies, particularly the most innovative ones, to prioritize API development in their efforts to grow their customer base.

It is time to treat practice software as an evolving system: to plan for continuous improvement and adopt tools that reduce workload, enhance the client experience, and strengthen medical outcomes.

In this Part III, we walk through the categories of software available to advance your practice goals, whether that means eliminating drudgery, increasing client satisfaction, raising the level of care you provide, or growing visits through new client acquisition and deeper engagement with existing clients.

As David Westenber of Piper Sandler noted in a veterinary strategy report published earlier this week (February 4), "The math [of price lead growth] simply doesn't work anymore. Veterinary clinics need to change.... we know these [new] therapies and

diagnostics won't be available to all pet parents. To make this high-level care accessible to all income levels while managing increased workload we think veterinary practices will need to leverage AI..."¹

Each value-added software category below includes one or more offerings, but generally you only need one per category. Some categories, such as scribes, present many options from which you would typically choose one. Others consist of a single innovative offering that does not overlap with anything else.

This Part III also offers something for everyone: independent practices, corporate groups, and software and veterinary technology firms alike. We encourage you to navigate directly to the sections most relevant to your interests.

I. The Categories of Software Technology That Will Move Your Practice Forward

A. Veterinary Appointment Scheduling, including through your website

Veterinary scheduling software is a platform that helps your clinic book, manage, and optimize appointments across providers, rooms, and services. That includes staff-scheduled visits over the phone, online self-booking by clients, automated confirmations and reminders, waitlists, recurring care visits, and rules that keep the right pet with the right provider at the right time.

Some scheduling tools live inside your practice management system. Others are standalone platforms that integrate into your PIMS and act as the front door for booking. In this case, we do not take a point of view as to which path is better: the functionality that comes with your PIMS or using an integrated standalone app such as Vetstoria. Some corporate groups are developing their own version internally. It really depends on the capability of your PIMS with this function. If you have already adopted a third-party app, there's probably no need to change.

Fortunately, Adam Wysocki has written a complete blog on selecting this category of software:

<https://www.vetsoftwarehub.com/article/veterinary-scheduling-software-complete-guide>

The key point: in today's market, it is tablestakes to provide a client or prospective client ability to book an appointment online on your website with ease. Almost all corporate groups have figured this out and offer this option. Independent practices need to follow suit, and most do.

¹ David Westenberg, industry note February 4, 2026. Available upon request through LinkedIn from either David or Jon Ayers."

For example, if you were looking to receive new patients from shelters through Petszel (described later) you can only do so if you have an online booking tool.

Taking online scheduling to the next level: Being able to measure the performance of these solutions, including understanding where people are dropping off at each point of the process, is particularly critical so that practices can improve visibility. For example, are people balking at your availability? Can they select their own doctor (in a multi-doctor practice) or is it your no-show policy where they are dropping off without that visibility? It can be difficult for practices to know what you are optimizing for.

The second consideration is the level of configurability and control. For example, some practices will have specific clients that they might not wish to allow for online booking, depending on circumstances. The best bet here is to go through and book appointments as you would and then on the flip side, understand how that information is making its way back to your practice so you can action on it if need be. Certain platforms allow you to also have customization where certain appointment types require confirmation, such as a surgery or dental, versus allowing the client to book directly online.

B. Scribes: Rapid Adoption, Capabilities Expanding

The scribe market is growing rapidly, for good reason. One leading platform is reportedly adding 500 doctors per month, with clinics standing up in minutes rather than the weeks required for traditional software deployments.

Bottom line: for most practices, AI scribes are now worth piloting immediately, and many will choose to roll them out broadly once clinical quality, privacy posture, and workflow fit are validated. The most successful rollouts start with a defined pilot, clear success metrics, and a plan for training and change management.”

Independent reviews, as well as the vendors themselves discuss five major benefits:²

1. Reclaiming 1–2 Hours Per Day of Documentation Time;
2. More Complete and Thorough Medical Records;
3. Full Clinician Presence During the Examination;
4. Improved Client Communication and Follow-Up; and
5. Strengthened Medical-Legal and Regulatory Protection

Scribe vendors usually lead with the reclaiming time, followed by the next three benefits. The fifth benefit is referenced by third-party reviews such as those from AAHA and in a lengthy November 2025 VIN article reviewing the scribe market.

This speed of up-take validates that AI applications, particularly if they are standalone and do not initially need access to the PIMS data, like the initial adoption of scribes, operate on fundamentally different adoption curves than legacy veterinary software.

² Each benefit is explained in more detail in Appendix A.

Based on author interviews, we estimate that 20% to 25% of veterinarians may have scribe subscriptions today, while fewer than 10% use them for half or more of appointments.³

This gap reflects both prior early-stage product limitations (many scribes couldn't initially handle certain specialized visit types, such as dental charting) and the industry's unfamiliarity with rapid software improvement cycles. However, product capabilities are expanding quickly, as described below, benefiting from the underlying AI technology that they utilize. Most scribes are indeed "AI native" applications. The pace of improvement exceeds what veterinarians have historically experienced from their software vendors.

Critically, scribes appear to be highly sticky - once a veterinarian gets used to a particular product they have adopted, they are reluctant to switch. Furthermore, scribes, with usage, mould around the individual veterinarian. Whether it is incorporating their individual dictionaries or templates or speaking style, it acts more as a personal assistant that knows the idiosyncrasies of the veterinarian, than just a scribe, and that makes the experience even more sticky.

Thus, users generally don't change scribe systems due to the disruption entailed, unless forced to by their owner, corporate group or because their scribe vendor is not keeping up with accuracy and expansion of scribe capability. The latter reason would generally not be true with leading scribe vendors.

Scribes are a strategic application because they own the "context"⁴ of the examination, as well as any phone discussions. The examination is a powerful platform from which to expand into pre-visit record preparation, post-visit communications, and clinical decision support. As one industry observer put it: "They're now doing more than notes. They are supporting the veterinarian's medical work more comprehensively."

We do not believe scribing is a commodity. High-quality scribing requires continuous improvement loops, domain-specific error handling, and expansion beyond notes into pre-visit prep and post-visit outputs.

There are two reasons why scribe functionality is not a commodity:

1. Scribes are actually technically quite complex to develop, with a lot of experience and continuous learning and improvement required to reach high levels of accuracy. Leading scribe companies typically employ an experiential loop that

³ In Part IV of the series, we will report on the Ayers-funded market research survey on Veterinary software used in the US and English-speaking Canadian market, including scribe adoption. This research is being carried out by Kynetec, a leader in animal health market research.

⁴ "Context" as an important concept in AI. It refers to the primary input upon which analysis or summaries can be created. In this example, the transcript of an appointment or phone call is the *context*. AI uses this file to create a structured SOAP note and follow up client friendly summary of the appointment. AI can also look at transcripts across multiple appointments of similar types and draw general conclusions, or multiple appointments with the same pet owner to determine what's uniquely important to them. Think of context as the raw material, with AI producing highly useful output from the raw context as input. Context associated with the pet can also include other information about the pet, including diagnostic results (both lab work and radiology) as well as referral reports.

increases the accuracy that comes from more exam findings and physician corrections after-the-fact and incorporated into the dictation design. This experience in the field is what increases accuracy, and so it is quite natural that the leaders will have benefited from this experience more than those with smaller customer numbers. This is a similar phenomenon with the leading AI enabled radiology interpretation vendors.

Leading scribes can achieve high accuracy on common medication names and dosing patterns, but practices should assume that medication, dosage, and instructions require careful clinician review and verification. The right standard is not “perfect transcription,” it is “safe workflow,” meaning clear human review steps, auditability, and error detection for high-risk elements.”

A *minimum safety bar for scribes*: medication and dose verification, unit normalization, allergy flag visibility, attribution of edits, version history, retention policy, and clear guidance on whether audio recordings are stored and whether data is used for model training.”

2. Beyond the transcript of the appointment and the organization of the medical SOAP note that comes out of the appointment, the leading scribes are expanding their capabilities beyond the appointment. These capabilities include 1) organizing the medical data and reason for visit for the Veterinarian in advance of the appointment and 2) Separately creating a client-friendly follow up report that are highly specific to what was discussed with the pet owner during the exam or phone call. Note that a SOAP note and a client summary are entirely different outputs from the same context, the transcription of the appointment dialogue.

Examples of widely adopted independent scribe vendors include ⁵:

Co.Vet
VetRec
ScribbleVet
Scribenote

These examples are not endorsements, practices should evaluate fit, clinical quality, workflow integration, and data posture against their own requirements. Some offerings are quite specialized.

A complete list of scribe offerings is available at:

<https://www.vetsoftwarehub.com/category/ai-scribe>

along with a scribe buyer’s guide:

<https://www.vetsoftwarehub.com/article/veterinary-ai-scribe-buyers-guide>

⁵ This list is compiled from a variety of sources, including a proprietary report from Animalytix, as well as the authors’ knowledge and extensive contacts, including with the vendors listed. The forthcoming Ayers-funded market research being conducted by Kynetec, will provide more statistical, accuracy, and visibility to the market presence of various scribe offerings.

However, unless you have a very good reason,⁶ you might consider sticking with a leading vendor. With their experience and their scale, they are clearly leading the race in terms of accuracy, functionality and extension beyond the exam room.

We remain somewhat doubtful of the PIMS vendors that state that they have embedded their own scribe tool and, “there’s no reason to go to the open market.” They call themselves, “all-in-one PIMS”. And while they may be a good PIMS from a functionality point of view, many of these PIMS have in fact, historically restricted access to third-party scribes in order to force you to use their in-house scribe option. We believe they should win on the merits, not on restricting choice.

As a result of our first two Parts in this series, PIMS may be changing in this regard. With you asking your PIMS about access to the leading vendors or your preferred selection, you will be able to determine how open your PIMS vendor is to innovation and competition with their scribe solution.

But it depends on the practice and its goals and capacity for change. Sometimes an all-in-one solution might make more sense. If you have practices that are reluctant to use new technology or are very cost-sensitive, some of the cheaper more bundled all-in-one options might be a consideration.

The expectation is that the acceleration of the all-in-one solutions forces these PIMS vendors to create a best-in-class experience and perhaps accelerate functionality that they’re in a position to provide, given their proximity to the PIMS.

In sum, it is going to be a mix for a long period of time and in particular those that are really sensitive about adding more applications to their stack will be a market for these so-called “all-in-one” PIMS. We say so-called because there will always be unique value-add applications, such as prognostics or home behavior assessment, that will reside outside the PIMS.

Comments on the acquisition of ScribbleVet by Instinct

On January 16, 2026 Instinct Science⁷ announced it had acquired ScribbleVet. Instinct is one of the major PIMS serving the specialty/referral/emergency market spoke, with a strategy to move into the general practice market. ScribbleVet is one of the four leading scribes software companies.

The deal positions the combined entity to create what Instinct describes as the veterinary industry’s first “clinical intelligence platform,” embedding AI documentation, workflow automation, and point-of-care clinical decision support into a single system.

⁶ Such as very specific functionality not offered by any of the four major independent. For example, equine.

⁷ Instinct Science bills themselves as “the company behind Instinct EMR, Standards of Care, Plumb’s, and Clinician’s Brief,”

Rohan Relan, ScribbleVet's founder and CEO, joins Instinct Science in a key leadership role overseeing product strategy for Intelligence products across the platform. The entire ScribbleVet team joins Instinct.

According to both companies' public statements:

The combined platform is designed to move beyond traditional record-keeping and deliver intelligence-native workflows. The integrated system will enable veterinary teams to:

- Focus entirely on patients with AI scribing embedded directly into the workflow
- Dramatically reduce documentation burden and administrative friction
- Access trusted clinical decision support, including Plumb's, at the point of care
- Use a single, intuitive system designed for doctors, technicians, and staff alike
- Rely on enterprise-grade support from a unified, mission-driven team

In the near term, Instinct outlined two immediate integration priorities:

For ScribbleVet customers: Scribing will be supported by Plumb's directly within the ScribbleVet workflow for the first time.

For Instinct EMR customers: AI intelligence embedded directly within the PIMS, including ScribbleVet tools such as scribing, medical record summarizing, and AI dental charting.

Frankel's blog post framed the long-term ambition more broadly, stating that Instinct EMR is moving beyond being a "Practice Information Management System" to becoming a clinical intelligence platform.

"We are entering a new and exciting era for veterinary medicine. At Instinct, we believe thoughtfully designed AI and ambient medical note technology are core to this future. In bringing ScribbleVet and their incredible team into Instinct, we are doubling down on our vision of building the software system our profession deserves. By combining best-in-class AI, workflow, and clinical decision support, we are redefining what practice management software should be."

"We are beyond thrilled to announce that Instinct has acquired leading AI platform ScribbleVet, and with it, Instinct EMR becomes the first PIMS to combine best-in-class AI scribing (ScribbleVet), clinical decision support (Plumb's and Standards), and workflow (Instinct) in one modern, integrated system."

“Over the years, we’ve learned that the highest-performing and most profitable hospitals have moved beyond clunky, click-heavy, limiting systems. In adopting Instinct EMR, they have prioritized software that makes the practicing veterinary team faster, safer, more accurate, and more in touch with all the available information.”

“But we also know the reality: 50% to 60% of veterinary hospitals are still stuck using outdated, legacy systems designed decades ago to manage cash registers and the client book.”

“In bringing ScribbleVet and their incredible team into the Instinct family, we are accelerating building the intelligent nerve center of the future for specialty, ER, and advanced general practices. We believe that ambient medical note technology and AI tools are not just ‘add-ons’ but core pillars of that future.”

“ScribbleVet was built to give veterinarians their time back. We’re excited we found a home with a company that shares that mission and has the platform, clinical depth, and vision to take it even further. With Instinct, we can create something entirely new: a system in which Intelligence is deeply intertwined with how veterinary teams work every day.”

Regarding Third-Party Openness:

“At Instinct, we put our hospitals first. While we are building deeply integrated intelligence with ScribbleVet, Instinct will continue to support multiple AI scribe integrations, and ScribbleVet will continue to support multiple PIMS integrations. Instinct remains open - if there’s a tool you already love, nothing is changing!”

- Rohan Relan, Founder & CEO, ScribbleVet

“Customers of both Instinct and ScribbleVet will continue using their products as they do today, with no immediate changes. Over time, Instinct will introduce deeper integrations that unify AI scribing, workflow, and clinical intelligence into a single, cohesive experience and ScribbleVet will become the first AI scribe powered by Plumb’s. Instinct will continue to support multiple AI scribe integrations, and ScribbleVet will continue to support multiple PIMS integrations.”

- Instinct Science Press Release

Both the press release and Frankel’s blog post contain explicit, parallel commitments to maintaining open third-party integrations.

This two-directional commitment is notable and gratifying: Instinct pledges to remain open to third-party AI scribes (VetRec, CoVet, etc.) on its PIMS platform, while ScribbleVet pledges to continue supporting third-party PIMS integrations beyond Instinct EMR (ezyVet, Cornerstone, etc.).

Analysis: The authors are encouraged by the statements from both leaders on the commitment to remain open to third-party integrations. Of course, this makes strategic sense as the market for Instinct includes many practices that have either already made a commitment to another scribe and don't want to feel locked in as a result of selecting Instinct as their PIMS. And in turn, the greenfield market for ScribbleVet is vastly beyond the customers of Instinct today, which has but a few percent of the US PIMS market.

Operationalizing this simultaneous integration and marketing independently is a different matter.

In practice, "open" commitments succeed or fail on execution details: scoped write permissions, stable webhooks, clear ownership of edge cases, and shared support processes. Integration is a product, not a promise.

The first question, "Is it easier to create a value-added integration that goes beyond simply read and write access by being one company?" From experience, we would say yes. But that doesn't make it easy as development teams of the two different products, each of which have their own points of view on the trade-off between the importance of working on integrated workflows versus feature specific to their core product roadmaps. Product development resources are always limited and priorities have to be set.

The second question, "What value is created for customers by having these two products work more closely together than simply read and write access can provide?" We presume the answer is yes (Instinct makes this case above, although their case, stated, is not yet compelling, in the opinion of the authors). They will work more seamlessly as one, with new functions that had not been contemplated when they were two separate companies. The premise here is that the Instinct/ScribbleVet can create a gold standard example of what integration would look like for others to follow. "Others" in this case are leading PIMS and leading scribes working together as separate companies to follow the gold standard. In fact, these partnerships could include, for example, match this gold standard of integration between Instinct and a third-party scribe or ScribbleVet and a third-party PIMS.

The trust required for these third-party partnerships, however, could be challenging to engender given the Instinct/ScribbleVet combination.

The risk is that the product development teams are pulled into working on integrations between the two offerings and fall behind on core functionality of each of the offering separately, making them less competitive as standalone offerings in a world where most PIMS and scribes are purchased separately. This risk is particularly true with the small product team at ScribbleVet. It's all in the execution. AI-driven code development is getting easier and easier, but what is generally challenging is understanding the needs of veterinarians and staff and translating that into software, where the roles of the software vendors' product manager and designers come into play.

Will this announcement cause other leading PIMS companies to acquire other leading scribes? Will the announcement cause other leading PIMS to work more closely with third-party scribes on close integrations through a formal partnership structure for the benefit of their customers, without necessarily an acquisition? Both scenarios have increased in probability as a result of this acquisition announcement.

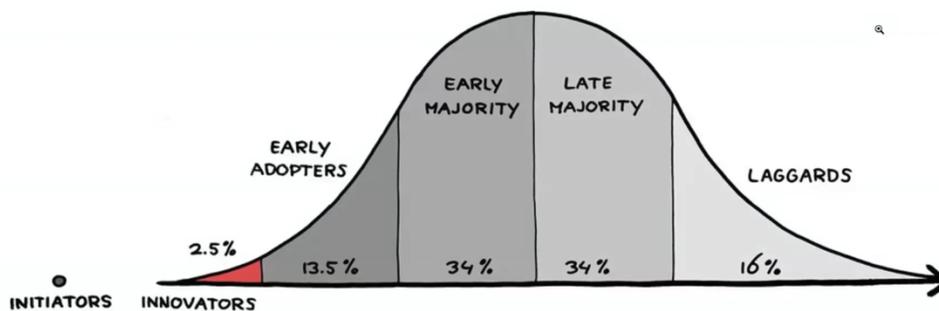
We are in a new world of AI-driven software coding development acceleration. However, the age-old challenges of collaborating across product teams, let alone across companies, remains the same. It takes strong, hands-on leadership from the top to make this happen (borne of the authors' personal experiences).

Beyond PIMS and scribe integrations lies a whole world of other integrations (both with PIMS and scribe offerings) that need to take place across company boundaries, including AI Receptionists. Mergers will not solve this problem.

C. AI Receptionists: The Buzz at this year's VMX

AI Receptionists: Not Replacing Staff, Empowering Them

If 2025 was the year of scribes, 2026 is shaping up as the year of AI receptionists. Multiple new entrants are tackling this space with diverse approaches, and the category generated significant buzz at VMX 2026. Let us recognize that VMX is where leading-edge technologies are first discussed. It takes quite some time to penetrate the broader practice space in accordance with the classic adoption model:



AI receptionists are in the first 2.5% adoption category.

One particularly interesting strategy involves focusing first on adjacent pet services businesses - insurance companies, groomers, boarders - where use cases are narrower and more tractable. By building patient context through these simpler interactions, these platforms aim to bring richer data to veterinary clinic deployments.

The reception role is genuinely difficult to automate, given the diversity of use cases a veterinary front desk must handle. However, the multiplayer orchestration approach -

coordinating across multiple AI agents and human handoffs - represents a promising architectural direction that we expect to see refined throughout 2026.

The most thoughtful vendors in this space are not building AI to replace the front desk. In other words, it is *not* about job elimination. They are building AI to support a front desk that is chronically understaffed, emotionally overtaxed, and structurally unable to answer every call. This is true whether it is the front desk staff simultaneously managing the lobby, the exam rooms, and the phone, or a dedicated call center in an emergency/referral center.

The veterinary receptionist role is among the hardest positions to fill in the industry, and can have as high as 25 to 35% annual turnover. The pay is low. Staff burnout from managing simultaneous in-person clients, incoming calls, and emotionally distressed pet owners creates significant operational burden. AI reception does not eliminate these roles. It acts as a buffer, handling the calls that would otherwise go to voicemail and would likely not be responded to in a timely fashion.

The Core Model: Overflow and After-Hours Support

This category is supplementing overflow during business hours and providing coverage after hours, on weekends, and during holidays. The AI handles calls that the practice cannot pick up, which turns out to be a surprisingly large volume.

Research in this space has validated the pain point directly. In one study when calling a sample of veterinary clinics before and after business hours, only about 5% answered calls outside business hours, and none returned voicemails from the prior evening.⁸ During business hours, the problem is equally acute: when every CSR is occupied with an in-person client, the phone rings unanswered. Industry data suggests that approximately 75% of callers who reach voicemail do not leave a message. These are likely appointments that walk to a competitor, emergencies that go unaddressed, and prescription refill requests left unattended.

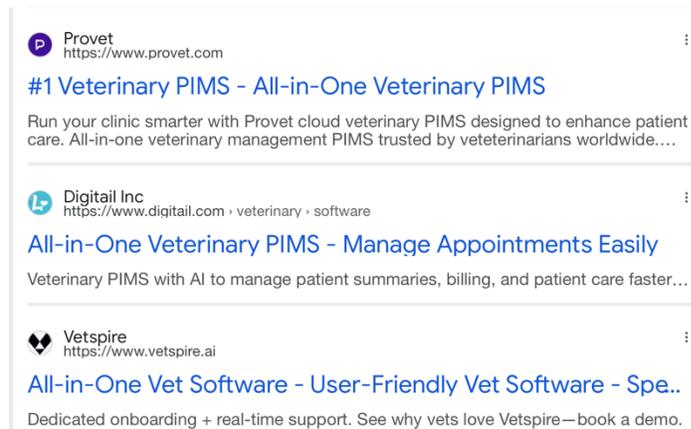
The model is analogous in some ways to how AI scribes first gained traction: low installation friction (with a caveat in the next paragraph), clear ROI (in this case through revenue capture), and the ability to adopt without requiring wholesale practice change. A practice can route its overflow and after-hours calls to an AI agent in a matter of days, without ripping out its phone system or retraining staff. There is also a key difference from scribes. AI scribes can create tension with PIMS vendors who offer their own embedded scribe products. By contrast, *AI reception in most cases does not have conflicting boundaries with PIMS*. Some PIMS vendors are integrating, although others

⁸ See, for example, this on-point peer reviewed study:

<https://avmajournals.avma.org/view/journals/javma/264/1/javma.25.05.0311.xml>

“Simulated dog owners reached out to 5,053 veterinary practices and were able to get an appointment in 67.0% of attempts. Primary reasons for failures were inability to connect with staffers (15.1%), excessive hold times (8.2%), or staff refusal (1.9%).”

(naively) believe they can do it themselves (again, the promised “all-in-one”). See the results of this PIMS Google search for some examples.



However, there are differences from the earlier scribe adoption. First, AI receptionist software works best with both read and write access to your PIMS data to operate.

Second, the bar for performance is also *much* higher. If a medical scribe gets a transcription wrong, the veterinarian can correct it upon review before finalization. If your receptionist doesn't handle a case correctly during the call, there is no human intervention for course-correction possible.

In addition, the pet owner's expectations are sky high, and while some calls may appreciate the efficiency of an AI voice others may push back. And so, this is a high risk/high reward AI application requiring careful research.

However, the other thing that is worth noting is that the adoption of this on the consumer side, when a consumer's AI agent starts placing calls, it is going to put more pressure on veterinary practices to adopt their own solution. This day is just around the corner.

AI reception can deliver value today with read but not full write PIMS access by capturing context, triaging requests, summarizing conversations, and routing actionable tasks to the team.

However, the ideal workflow, and the one that will drive the most meaningful innovation, is safe read *and* write access through a PIMS-provided API. This is so the third-party AI receptionist can complete workflows inside the PIMS, including scheduling, record updates, and routine requests like refills with appropriate guardrails and audit trails. Practices whose PIMS does not support this yet should not necessarily wait to start. If it is a practice priority, one strategy is to adopt a capture-and-route phase now and use the results to apply market pressure for modern API access.

PIMS openness to integration with the AI receptionist software faces all the sources of friction we have discussed in Part II. The best-case scenario in practice today is a PIMS that picks and chooses which system to integrate with based on the volume of customers that overlap. This creates an unfortunate “chicken and egg” scenario, where emerging innovators face a barrier to adoption because they don't yet have the scale to convince the PIMS to offer an API for integration support.

The worst-case scenario is certain PIMS who say they are going to develop their own AI receptionist functionality and thus are not integrating with early third-party innovators. Perhaps this will change with the enormous visibility we have brought to customers and PIMS to open from our Part I and II chapters of this series.

AI reception platforms are converging around several major use cases:

1. *Missed and Overflow Call Capture.* When every CSR is engaged with an in-person client, AI seamlessly picks up incoming calls. The system captures the caller's identity, reason for calling, pet information, and urgency level. Rather than delivering this as a raw spreadsheet for staff to process later, the more advanced platforms transcribe, summarize, identify the next step, and provide tools to complete that step, whether that is scheduling an appointment, routing a prescription refill, or flagging a callback. The most urgent cases are immediately directed to a live agent. This is the difference between smart voicemail and genuine workflow completion.
2. *After-Hours and Weekend Coverage.* This is arguably the most immediately valuable deployment. AI agents provide 24/7 coverage, answering calls at midnight, on Sundays, and during holidays with the same quality and consistency as a well-trained human CSR. Pet owners calling at 10 PM about a vomiting dog receive immediate triage rather than a voicemail recording. The system can book appointments for the following morning, provide guidance on whether the situation requires an emergency clinic visit, or forward genuine emergencies to the appropriate emergency line. This eliminates the liability exposure of an unmonitored voicemail after hours.
3. *Emergency Triage.* AI reception platforms are increasingly sophisticated at determining the urgency of incoming calls. Species-specific, age-specific, and symptom-specific routing logic enables the system to distinguish between a routine vaccine inquiry and a potential toxin ingestion. Genuine emergencies are forwarded immediately to an emergency clinic on-call staff, while routine inquiries are handled or queued for the next business day. This ensures critical cases are never buried in a voicemail queue, reducing both clinical risk and practice liability.
4. *Appointment Scheduling.* Where practices have online scheduling tools, AI agents can book appointments directly during the phone conversation and then send a text or email confirmation. This is a specific use case where the AI receptionist needs the ability to read from and write to the PIMS schedule/calendar, through an integration that aligns with the practice's security, audit, and support requirements.
5. *Prescription Refill and Routine Request Handling.* A significant portion of veterinary phone traffic involves routine requests such as medication refills, food orders, and vaccination status inquiries, which consume CSR time disproportionate to their complexity. AI reception can handle these requests end-to-end where PIMS integration exists, or capture and queue them for efficient batch processing by staff. This frees human receptionists to focus on the higher-value, emotionally complex interactions that genuinely require a human touch.

6. *Outbound Client Re-Engagement.* Beyond handling inbound calls, some platforms are deploying AI for proactive outbound communications to lapsing clients, specifically those who have not visited in 12 or more months. Early vendor-reported data suggests outbound calling can outperform email for reactivation in some settings, but results vary by client population, script quality, and how follow-up is operationalized.

This positions AI reception as a revenue generation tool, not merely a cost-reduction play, which is particularly relevant for corporate groups managing hundreds of locations with inconsistent client retention practices.

7. *Omni-Channel Communication Hub.* The most ambitious vendors are evolving beyond voice-only into unified communication platforms encompassing phone, two-way text messaging, and email within a single interface. This reflects the reality that pet owners increasingly prefer texting over calling, and practices need to manage all communication channels without adding staff. The consolidation of these channels into one dashboard creates operational efficiency and provides a complete picture of client communication history.
8. *Bilingual/Multilingual Support.* Several platforms offer bilingual capabilities, particularly English and Spanish, which is immediately relevant for practices in diverse communities. As voice AI translation technology matures (with some horizontal platforms projecting real-time translation within two years), the ability to serve clients in their native language without requiring bilingual staff represents a meaningful expansion of accessible care.

Listening to Calls: Developing Best Practices from the Front Desk

One of the more intriguing capabilities emerging in this category extends beyond handling overflow. Some platforms have the capability to listen to and transcribe the primary CSR calls handled by human staff during business hours. The goal is not to replace those staff, but to develop a corpus of best practices, identify training opportunities, and surface operational insights that would otherwise be invisible to practice management.

The intellectual property in this capability lies in the orchestration engine. Drawing on context from hundreds of calls, it analyzes sentiment, tracks resolution patterns, and identifies what distinguishes a call that results in a booked appointment from one that results in a lost client. Over time, this creates a feedback loop where the AI algorithm improves based on what the best human CSRs actually do. The result is an AI receptionist that functions not just as a call-handling tool but as an operational intelligence platform.

For corporate veterinary groups managing dozens or hundreds of locations, this capability is potentially transformative. Call monitoring and sentiment analysis across distributed operations provides visibility into client experience quality that has historically been unmeasurable at scale. When a corporate group can compare call handling patterns, client satisfaction signals, and conversion rates across locations, the data becomes a management tool far more valuable than the cost savings from handling after-hours calls.

In the future, the AI receptionist will not replace staff, but it will replace certain *tasks* that a receptionist does today. In the future, most veterinary practices will have receptionists managing frontline phone calls by overseeing AI agents and intervening when appropriate. The receptionist becomes an orchestrator, supervising the effectiveness of an agent army. This is already beginning to happen. The important point of this framing: separate the job from the task. The job remains, but the tasks change. This principle applies across many job types within the veterinary profession and in enterprises more generally (see also Marc Andreessen quotes in Appendix B).

Benefits to Veterinary Practices

The benefits of AI reception fall into several categories, and the ordering matters: most resonant value proposition varies by practice type:

1. *Staff Stress Reduction and Retention.* Surprisingly, this has emerged as the single most compelling benefit for independent practices, outpacing revenue recovery in resonance. The front desk is the emotional shock absorber of the practice. Receptionists simultaneously manage anxious pet owners in the lobby, answer calls from worried clients, process payments, and coordinate with the medical team. They do all of this while absorbing the emotional weight of euthanasia days, emergency arrivals, and frustrated clients who have been on hold. AI reception reduces this emotional and operational overload by handling the calls that create the most acute pressure: the ones ringing while every CSR is already occupied. Several players in the space have noted that AI consistently delivers more empathetic and patient responses to distressed callers than a human receptionist juggling four other tasks at once. This phenomenon is increasingly described as “digital empathy.” The implication for retention is significant: front desk turnover is among the highest of any staff position in the industry.
2. *Eliminated Missed Calls and Revenue Recovery.* Every missed call is a potential lost appointment. AI reception captures these calls, extracts the relevant information, and either completes the workflow or queues an actionable task for staff. Practices deploying AI reception report measurable increases in appointment bookings, particularly from after-hours callers who would have otherwise called a competitor the next morning. For practices that are not at capacity, this is direct revenue recovery. For practices that are at capacity, it is an early warning system for when expansion or additional staffing is warranted.
3. *Improved Client Experience.* Pet owners calling a practice expect to reach someone. When they reach voicemail, the experience gap between their expectation and their reality is jarring, particularly during a stressful health situation with their pet. AI reception closes this gap by ensuring every call is answered, every caller is heard, and every inquiry receives an immediate response. The consistency of AI-delivered interactions (no bad days, no impatient responses, no hold music) creates a baseline client experience that is often superior to what an overwhelmed human team can sustain during peak periods.

The value extends beyond simply answering a call. AI can immediately understand everything about the patient and the client context, whereas a human receptionist might need to search for or look up that information. There is a strong argument that AI receptionists will handle more complex queries more effectively precisely because they have instantaneous knowledge of the caller's history without needing to look anything up.

4. *Rich Analytics and Operational Intelligence.* Every AI-handled call and every monitored call generate structured data: reason for the call, pet species, urgency level, outcome, sentiment, and resolution. Aggregated across hundreds or thousands of calls, this data reveals patterns invisible to practice managers operating on anecdote and intuition. Which services generate the most after-hours inquiries? What is the conversion rate from inquiry to booked appointment? How does call volume correlate with staff scheduling? For corporate groups, this intelligence layer across distributed locations is arguably more valuable than the direct operational savings, enabling data-driven management decisions at a scale previously unavailable.
5. *Self-Improving Performance Through Continuous Learning.* Similar to all AI software such as scribes and AI-assisted digital radiography, AI reception platforms improve over time. Sentiment analysis from every conversation feeds algorithmic self-improvement, and domain-specific veterinary conversation data creates a flywheel effect: each call makes the system better at handling the next one. Platforms processing large volumes of veterinary-specific interactions develop nuanced capabilities. These include understanding of breed-specific concerns, medication terminology, and the emotional cadences of pet owner distress—capabilities that generic AI platforms cannot match without concentrated vertical investment. This is the same experiential learning loop that gives leading AI scribes their accuracy advantage. It suggests that early movers in AI reception who accumulate veterinary conversation data will build increasingly durable competitive advantages.

Adoption Dynamics: Why This Category Will Move Fast

The authors estimate that less than one percent of veterinary practices currently use conversational AI for call handling, concentrated in the high-volume emergency segment. This is a greenfield opportunity with what appears to be very low churn once a practice experiences the benefit of a successful implementation with a vendor that customizes to their protocols and practice culture. The combination of low current penetration, relatively low-friction adoption, and high stickiness creates classic land grab dynamics. The vendors that build customer bases fastest will have a meaningful scale advantage: more conversation data driving better AI performance, more revenue to invest in product development, and more reference customers to drive enterprise sales.

However, the bigger long-term driver may not be any of those things. It could be that pet owners start having their AI agents call the clinic for them. The resulting volume of inbound AI queries will force veterinarians to adapt new ways to handle these interactions. Practices will not want their human staff spending significant time talking to pet owners' AI agents.

When Apple and their Google partnership improve Siri, you will probably be able to start placing those phone calls via Siri directly. What happens within 6-12 months when calls into your clinic go from being completely human to 75% human or 50% human?

The efficiency imperative also accelerates this timeline. Veterinary service inflation, increasing labor costs, and limited ability to raise prices further mean that practices must become operationally more efficient. AI reception is both an efficiency tool and a revenue-generation tool. The practices that adopt early will realize compounding benefits: better staff retention, more captured revenue, and richer operational data. Late adopters will find themselves competing for the same client base with structurally higher costs.

Implications for Corporate Groups

For corporate veterinary groups, AI reception offers a distinct value proposition beyond what independent practices experience. The call monitoring, sentiment analysis, and operational intelligence capabilities described above become management tools at scale. A corporate group deploying AI reception across hundreds of locations gains visibility into client experience consistency, staff performance patterns, and revenue recovery metrics. These insights inform everything from training programs to acquisition due diligence.

The enterprise sales motion for AI reception is following a familiar pattern. Vendors secure pilot programs with corporate groups, demonstrate measurable results across a subset of locations, and then expand to full deployment. Early enterprise adopters report that the primary interest at the corporate level is conversion rate data—specifically, what percentage of AI-handled calls result in booked appointments—rather than the client experience improvements that resonate with independent practice owners. This dual value proposition suggests that AI reception will find traction across both segments, albeit for different reasons: revenue optimization for corporate groups and staff wellness for independents.

The Competitive Landscape and Horizontal Platform Risk

The veterinary AI reception space currently consists of a handful of early-stage vertical specialists and the looming presence of large horizontal AI customer service platforms. The vertical specialists bring growing domain expertise: veterinary-specific triage logic, species-aware scheduling, and PIMS integration experience. The horizontal platforms bring enterprise-grade infrastructure, massive voice AI training data, and increasingly sophisticated agent orchestration capabilities.

Our analysis suggests that veterinary-specific vertical specialists have important advantages in this phase of the market, particularly in domain-encoded workflows (emergency triage logic, medication refill protocols, and species-specific routing) and go-to-market efficiency (targeting precise industry channels like VMX, WVC, and AVMA rather than competing for attention in a horizontal market). However, we also observe that the underlying voice technology is commoditizing rapidly, with voice quality improving across all platforms and technology solutions are emerging that solve PIMS integration without requiring vendor-specific partnerships.

The most durable competitive advantages for AI reception vendors will be proprietary veterinary interaction data (quality, volume, and diversity of conversations), deeply encoded clinical workflow libraries, and, critically, the customer relationships and installed base that come from winning the current land grab. PIMS integration, while historically important, will fade as PIMS develop an open systems approach, or as integration becomes increasingly solvable through emerging technology.

What Practices Should Look For

Practices evaluating AI reception platforms should consider the following criteria:

1. *Overflow vs. Replacement Positioning.* Prefer vendors that position their product as supplementing your team, not replacing it. The technology is not yet mature enough to serve as a primary receptionist for the full complexity of veterinary front desk operations, and vendors who claim otherwise may be overpromising.
2. *Workflow Completion vs. Smart Voicemail.* There is a meaningful distinction between platforms that capture call information and deliver it as a list for staff to process, and platforms that transcribe, summarize, and in many cases act on the next step (such as a prescription refill or scheduling an appointment). The latter creates genuine operational efficiency.
3. *Emergency Triage Sophistication.* Ask how the system handles emergencies. Does it employ species-specific, symptom-specific routing logic? Can it distinguish between a routine inquiry and a potential toxin ingestion? How does it escalate genuine emergencies to on-call staff or emergency clinics? This is where veterinary domain expertise separates serious platforms from generic AI phone agents.
4. *PIMS Integration Strategy.* Ask whether the vendor has read-and-write access to your PIMS data, and whether it is sanctioned or unsanctioned integration. Ask your PIMS if they will provide access to your preferred AI receptionist, and if not, why not or when.
5. *Multi-Channel Capability.* Voice-only platforms may be limiting. As pet owner communication preferences shift toward text messaging and email, platforms that provide a unified communication hub across channels will deliver more long-term value than those focused exclusively on phone calls.
6. *Transparency and Low-Friction Onboarding.* Look for vendors with transparent pricing, self-service or rapid onboarding processes, and free trial periods. The best platforms can have a practice operational in under 30 minutes. Vendors requiring lengthy sales cycles or extended implementation timelines may not have the product maturity to justify the complexity.
7. *Data and Analytics Depth.* Evaluate what insights the platform provides beyond call handling. Sentiment analysis, conversion tracking, call pattern reporting, and operational dashboards transform AI reception from a phone tool into a practice intelligence platform. This is where the long-term value compounds.

A full list of AI reception vendors currently marketing to veterinary practices is available on VetSoftwareHub.com at <https://www.vetsoftwarehub.com/category/ai-reception> Two

new offerings have been added to the list in the last few weeks, demonstrating how early and rapid this category is growing.

D. Care Plans - Grow Your Pet Owner Preventative Care Compliance

Veterinary care plans (also called wellness plans or preventive care plans) are subscription-based programs that bundle core preventive services into monthly or annual payment structures. At their best, they transform the economics of pet ownership from large episodic spending into a predictable monthly commitment that keeps pets on schedule for the care they need.

The category sits at the intersection of two fundamental challenges facing veterinary medicine today: declining visit frequency driven by rising costs, and chronically low compliance with preventive care recommendations.

Over half of U.S. pet owners report having skipped needed veterinary care in the past year due to cost. The most commonly declined services include diagnostic procedures (22%) and preventive care such as vaccinations (18%). Well visits remain down by 1.5% on average. Meanwhile, veterinary service prices have risen approximately 40% over the past five years, creating a widening gap between what pets need and what their owners feel they can afford.

Care plans directly address this dynamic by removing the sticker shock from individual visits and converting the cost of preventive care into a manageable monthly payment. When a pet owner is paying \$65 to \$80 per month for a plan that includes exams, vaccines, blood work, and parasite screening, the financial barrier to walking through the clinic door effectively disappears for those covered services. The pet comes in. The services get delivered. Compliance goes up. And the practice generates predictable, recurring revenue in the process.

How Care Plans Work

A typical care plan bundles core preventive services into a 12-month subscription that pet owners pay for monthly or, less commonly, annually. The practice defines the plan contents based on its own standards of care and pricing. Plans typically include wellness exams (often unlimited), core vaccinations and boosters, annual blood work panels, parasite screening, and heartworm or FeLV/FIV testing. Add-ons commonly include dental cleanings, preventive medications (flea, tick, and heartworm), spay/neuter procedures, and additional diagnostic tests. Average plan values run approximately \$800 per year for a core plan, with plans that include graded dental procedures reaching \$2,000 or more.

The payment structure is straightforward. The pet owner enrolls and begins monthly payments (most common) or pays annually upfront. The software platform manages enrollment, billing, automated payment retries for failed charges, compliance reminders,

and cancellation policies. The veterinary team focuses on delivering care rather than managing the financial mechanics.

Critically, the plan creates a pre-commitment to services that the pet owner might otherwise decline at the point of care. When a veterinarian recommends annual blood work and the client is already paying for it through their plan, the conversation shifts from "would you like to add this for \$150?" to "this is included in your plan, let's get it done today." That shift in the economic conversation at the point of care is where the real value of care plans lies, both for patient outcomes and practice revenue.

Benefits to Veterinary Practices

Care plans generate cascading benefits that extend well beyond the subscription revenue itself. However, care plans are not appropriate for every practice, as they require a significant amount of change in practice workflow for the subset of clients that sign onto care plans. Care plans consume meaningful change capacity, pricing discipline, and staff training time, so practices should sequence them intentionally alongside other major workflow changes.

On the other hand, they can have significant magnitude of impact. The ordering below reflects the magnitude of impact as observed across practices with mature care plan programs.

1. *Dramatically Increased Preventive Care Compliance and Diagnostic Utilization.* This is the most consequential benefit. Data from care plan platforms show that when pet owners enroll in a care plan, their spending on blood work and diagnostics increases by approximately 2.5 times their historical spend, according to industry surveys and platform-reported data. Blood work reportedly comprises about 40% of plan value, meaning the diagnostic services that are most important for early disease detection are precisely the services that see the greatest compliance lift. Compliance multipliers are also observed for vaccines and preventive medications, representing a structural shift in how frequently and completely preventive care protocols are followed. For a practice whose veterinarians have long been frustrated by low compliance rates on recommended diagnostics, care plans may be the single most effective intervention available.
2. *Increased Visit Frequency and Appointment Utilization.* When preventive services are pre-paid, the economic barrier to scheduling a visit is removed. Pet owners with care plans come in more often, not because they are being upsold, but because they are using services they have already committed to. Unlimited exams included in most plans eliminate the hesitation to bring a pet in for a concern that might otherwise be dismissed as "not worth a vet visit." This increased foot traffic creates secondary revenue opportunities from services not included in the plan, such as sick visit diagnostics, dental procedures identified during routine exams, and prescription medications. The care plan gets the pet through the door; the veterinary team then has the opportunity to deliver comprehensive care.

3. *Predictable, Recurring Revenue.* Monthly subscription payments create a revenue floor that smooths out the seasonality and unpredictability of traditional fee-for-service veterinary revenue. For practices that achieve meaningful penetration (the best-performing practices reach 33% or higher of active clients on plans), this recurring revenue stream provides financial stability that supports staffing decisions, capacity planning, and investment in new services or technology. In a market where patient visits are declining and revenue growth is being sustained primarily through price increases, care plans offer an alternative growth mechanism rooted in volume and engagement rather than price.
4. *Client Retention and Loyalty.* A pet owner paying monthly for a care plan at a specific practice is far less likely to shop around or switch to a competitor. The plan creates an ongoing financial relationship that functions as a retention mechanism. Auto-renewing 12-month contracts with cancellation policies that require paying the difference between services used and amounts paid further reinforce this stickiness. For practices concerned about client attrition, whether to corporate competitors or to the growing number of low-cost clinic alternatives, care plans are a powerful defensive tool that keeps clients engaged and returning on schedule.
5. *Elimination of Awkward Financial Conversations.* One of the less discussed but practically significant benefits is the removal of cost objections from the exam room. When services are already covered by the plan, the veterinary team does not need to navigate the emotionally fraught conversation about whether the client can afford the recommended blood work. This reduces the burden on both the DVM and the client service team. The plan has already done the financial work; the clinical team can focus on medicine. For staff retention and burnout prevention, eliminating daily negotiations about cost is a meaningful quality-of-life improvement.

Two companies are competing most actively in this space with an AI-native software platform: **Nest** and **Snout**. Their business models are slightly different, and the distinction matters for practices evaluating which approach best aligns with their interests.

There are also solutions that are also going to practice-independent, like **WAGMO**, as an example, that are solving a similar pain point. WAGMO bills itself as an independent solution that combines wellness with pet insurance.

A full list of wellness plan vendors for veterinary practices currently marketing to veterinary practices is available on VetSoftwareHub.com at <https://www.vetsoftwarehub.com/category/wellness-plan>

What Makes Care Plans Succeed

The technology is necessary but not sufficient. Practices that achieve high penetration rates (33% or more of active clients enrolled) share several characteristics that distinguish them from practices where care plans languish at single-digit adoption:

1. *A hospital champion.* Someone in the practice, whether a regional manager, hospital manager, lead technician, or partner DVM, must actively drive adoption. Plans do not sell themselves. The most successful deployments involve a champion who believes in the program and holds the team accountable for offering it to every eligible client.
2. *DVM buy-in.* The most successful practices have DVMs who came from environments with care plans and understand from experience that plans improve compliance and outcomes.
3. *Are They Offered to Clients?* The single biggest conversion barrier is that staff simply do not mention the plan to clients. Tracking how often staff discuss care plans with pet owners, and making that metric visible to the team, is the most effective lever for increasing enrollment. You cannot convert what you do not offer.
4. *Ease of use for care teams.* If enrolling a client in a plan takes more than two minutes or requires navigating complex workflows, adoption will stall. The software must make it effortless for the front desk or technician to enroll a client during check-in or checkout.
5. *Automated compliance communication.* Pre-visit emails with personalized care plans and automated reminders at 3, 6, and 9 months keep pet owners aware of what services are included and when they are due. This automation does what most practices cannot do manually at scale: ensure that every enrolled client is reminded to use the services they are paying for.
6. *Personalization.* The most effective plan design is a core plan with add-ons that DVMs can customize for each pet (specific blood work panels, vaccine selections, medication quantities) rather than rigid bronze/silver/gold tiers that force clients into pre-defined packages.

Care Plans PIMS Integration Requirements

Care plan software faces the same PIMS integration friction discussed throughout this series. At minimum, care plan platforms need read access to patient and client records (to identify eligible pets and track plan utilization) and ideally write access (to update records when plan services are rendered and to manage billing).

A particular point of friction exists around payment infrastructure. Some PIMS vendors resist care plan integrations because monthly subscription payments bypass the PIMS payment processing pipeline, creating "platform leakage" that reduces the PIMS vendor's transaction revenue. This is a case where the PIMS vendor's financial interest (capturing payment processing fees) conflicts directly with the practice's interest (offering care plans that improve compliance and revenue). As care plan adoption grows, we expect this tension to resolve in favor of openness, driven by the same market forces we documented in Parts I and II. Some care plan vendors are willing to reimburse PIMS for loss payment revenue streams.

Care Plans and Pet Insurance: Complementary, Not Competing

An important distinction: care plans are not pet insurance. Insurance covers the unexpected (accidents, emergencies, sudden illness) through underwriting models with premiums, deductibles, and claims. Care plans cover the expected (vaccines, exams, blood work, preventive medications) through subscription models with no credit checks, no claims, and no reimbursement delays. The two work together. A pet owner with both a care plan and insurance has comprehensive financial coverage for veterinary care: the plan handles routine preventive services, and the insurance handles the unexpected medical events that can generate large bills.

What Practices Should Look For

Practices evaluating care plan platforms should consider the following criteria:

1. *Onboarding and Staff Training Support.* The technology is only as effective as the staff's willingness to use it. Evaluate the vendor's onboarding process, training materials, and ongoing support. The best vendors understand that the care plan's success depends on the front desk and the technicians, not just the practice owner who signed the contract.
2. *Plan Design Flexibility.* Can your DVMs customize plans for individual pets, or are you limited to pre-defined tiers? The ability to tailor blood work panels, vaccine selections, and add-on services to each patient's needs is essential for clinical credibility and optimal care.
3. *PIMS Integration.* Ask whether the vendor has read and write access to your PIMS, and whether the integration is sanctioned or unsanctioned. Ask your PIMS whether they support your preferred care plan vendor. If not, ask why not, and when.
4. *Incentive Alignment.* Understand who retains the breakage value. If the vendor profits when your clients do not use their services, the vendor's incentives may not be with your practice goals and your patients' welfare. The ideal model is one where the vendor's revenue is independent of service utilization, meaning the vendor has no financial stake in whether your clients fully use their plans.
5. *White-Label vs. Vendor-Branded.* Does the plan carry your practice's brand, or the vendor's? White-labeled plans reinforce your practice's relationship with the client.
6. *Compliance Analytics.* Does the platform track compliance multipliers for vaccines, diagnostics, and preventive medications? Can you see which clients are underutilizing their plans? Can you measure offer rates to identify where in your workflow plans are not being discussed with clients? These analytics are what separate a billing tool from a practice improvement platform.
7. *Payment Management Sophistication.* How does the platform handle failed payments? A sophisticated dunning system that retries failed charges multiple times over an extended period, combined with automated text and email

communications to pet owners, significantly reduces involuntary churn. Ask about cancellation policies, payment risk tools, and the platform's track record on collection rates.

The future of implementation. In addition to the timing being right for these plans, AI is the opportunity to significantly change the friction associated with implementing them. Whether it's:

- designing these plans by looking at your codes or your preferred standards of care automatically using AI
- helping you develop the marketing collateral to promote them
- or developing retention campaigns

The traditional lift and human involvement to set up, implement, and scale plans will look different in the AI-native world.

E. Prognostics – Inspire Preventative Care from an Early Age

Prognostics is an emerging category that could, in time, rival diagnostics in importance. As of now, there is only one player in the space, Pointer Health.

One of our authors asks a bigger question, “Whether predictive health will also create a new class of practitioners who are able to play a prognostic role. Genetic testing could also play a similar role, and where veterinarians do not necessarily even know how to properly use the information. A veterinarian would not necessarily be able to recommend or make use of it.

“What will be interesting to see is if a new service layer emerges, similar to telemedicine, where it's easier for dedicated veterinarians to act as that preventative care prognostic caregiver as opposed to transforming existing practices.”

Pointer Health is an AI-powered platform that represents an emerging and potentially transformative category in veterinary medicine: prognostics (or precision predictive medicine).

The platform transforms reactive veterinary care into proactive precision medicine through predictive and causal models trained across three million curated canine medical records, distilled from an initial dataset of 12 million records. The platform generates individualized patient risk assessments for over 170 conditions, identifying disease potential up to six years before clinical signs appear.

What distinguishes Pointer Health from conventional diagnostic or clinical decision support tools is its temporal orientation. Rather than interpreting existing clinical findings or laboratory results, the platform predicts the probability of disease risk *years before* clinical signs or diagnostic markers emerge. This positions predictive medicine as a layer that operates upstream of traditional diagnostics, creating an entirely new opportunity to intervene earlier in the disease trajectory. A third-party validation study conducted by Dave Kincaid, formerly of IDEXX Laboratories, characterized the platform

as one of the most advanced predictive models in medicine, whether veterinary or human.

The platform's personalization capabilities are central to its clinical value. Unlike generic breed-based risk engines that make broad assumptions and quickly diverge from the actual animal, Pointer Health incorporates the full breadth of individual patient data, including signalment, environment, lifestyle factors, geography, exam findings, age, weight, and historical health data (including preventative bloodwork if available), to produce clinically meaningful, patient-specific predictions. The platform is currently canine-only, with a feline version in active development that will extend this capability across the full companion animal patient population.

How Pointer Health Drives Preventive Care

The fundamental challenge in veterinary preventive care is not that the medical rationale for early intervention is weak, but rather that veterinary teams lack a compelling, patient-specific tool for communicating that rationale to pet owners. Pointer Health addresses this gap directly by translating population-level epidemiological data into individualized, visual risk narratives. When a veterinarian can show a pet owner that their specific dog has an elevated probability of developing a particular condition, and that early screening or intervention materially improves the projected outcome, the conversation shifts from generic recommendation to personalized, evidence-based guidance.

Practices using Pointer Health have demonstrated a 30% increase in preventive services according to Pointer Health, with pet owners showing significantly higher compliance when presented with personalized risk data versus standard recommendations, reflecting a measurable shift in pet owner behavior when the case for preventive care is grounded in their animal's specific risk profile rather than in generalized veterinary advice.

Strengthening the Diagnostic Conversation

One of the most significant barriers to diagnostic utilization in general practice is the difficulty of justifying baseline bloodwork, imaging, or other screening tests to pet owners who perceive their animal as healthy. Veterinarians understand the value of establishing diagnostic baselines and catching disease early, but articulating that value in a three-minute exam room conversation is difficult without supporting evidence specific to the patient in front of them.

Pointer Health provides that evidence, and in advance of the appointment, reducing the time the veterinarian needs to spend to introduce the concept. By demonstrating the differential impact of early detection versus delayed care for a specific patient's risk profile, the platform empowers veterinarians to make a data-driven case for preventive diagnostics. The platform maps actionable interventions across the full spectrum of preventive care, from dental prophylaxis and metabolic monitoring to targeted screening for breed-specific conditions, such as chronic kidney disease, OA, or cancer. Clinics report improved client education, higher treatment plan adherence, and accelerated

hospital revenue growth as direct consequences of these more informed, more confident clinical conversations.

Workflow Integration and Efficiency

Pointer Health integrates into existing clinical workflows with minimal friction. A single click generates a comprehensive health screening that identifies high-risk conditions and maps actionable interventions. Critically, the platform is designed so that the data-driven conversations with pet owners do not require direct intervention by the veterinarian. Support staff can walk pet owners through their animal's personalized risk profile and the recommended preventive care pathway, while the veterinarian remains aware of the discussions that have taken place with their wellness visit clients. This design addresses a fundamental constraint in veterinary practice: veterinarian exam room time is the scarcest resource, and any tool that shifts client education from the veterinarian to the support team or even better in advance of the appointment, without sacrificing quality, expands the practice's capacity for preventive care delivery.

Expanding the Window of Intervention

Traditional veterinary diagnostics identify disease once clinical signs or laboratory abnormalities appear. Pointer Health's predictive model operates further upstream, identifying elevated risk *up to six years* before clinical presentation based on the convergence of breed disposition, environmental exposures, lifestyle factors, and historical health data. This expanded window of intervention is particularly significant for conditions where early-stage treatment outcomes differ markedly from late-stage outcomes.

The oncology application illustrates this potential. Canine cancer screening has become a major priority for the diagnostics industry, with companies like IDEXX Laboratories investing heavily in early detection tests. Pointer Health's 170-parameter model could identify dogs at elevated cancer risk years before conventional screening would typically be recommended, creating a precision targeting tool that directs screening resources toward the patients most likely to benefit. This approach has the potential to combine with emerging diagnostic modalities to create a potent formula pairing predictive analytics with diagnostic testing, connecting disparate pockets of patient information to unveil previously unknown correlations and precursors to disease progression.

The same logic extends beyond oncology to breed-specific dispositions including hip dysplasia, osteoarthritis, cardiac disease, and other conditions where early identification and intervention improve outcomes. In each case, Pointer Health's value lies not in replacing diagnostics, but in identifying which patients should receive which diagnostics or preventative, and when.

The Evidence-Based Justification for Preventive Care

Pointer Health's significance extends beyond its utility as a clinical tool within an individual practice. At the industry level, the platform has the potential to provide the evidence-based justification for the entire wellness and preventive care case for the veterinary profession. The industry has long advocated for more frequent wellness visits

and more comprehensive preventive care, but has lacked a patient-specific, data-driven mechanism for making that case compellingly at the point of care. Pointer Health addresses both sides of this challenge: it generates the evidence that preventive intervention matters for a specific patient, and it delivers that evidence in a format that can be communicated effectively during the clinical encounter.

This dual capability positions Pointer Health as a potential third-party validator for the preventive care value proposition itself. Pharmaceutical companies, therapeutic diet manufacturers, and other vendors can use the platform both to validate the effectiveness of their therapies across defined patient populations and to deliver the justification for those therapies at the point of care. It is not enough for a pharma company to demonstrate that a therapeutic diet works in a clinical trial; the pet owner who will make the ultimate purchasing decision needs to understand why that therapy matters for their specific animal. Pointer Health provides that connection. This explains why Hill's was among the first strategic partners to engage, and why additional vendor relationships are expected to follow a similar pattern.

Market-Creating Potential

Pointer Health has the potential to create an entirely new category within veterinary medicine: prognostics. This category is distinct from, and additive to, the existing diagnostics and preventatives markets. While diagnostics answer the question of what is happening in a patient now, prognostics answers the question of what is likely to happen and what can be done to change that trajectory. In time, this category could rival the size of the diagnostics market itself, precisely because it operates in advance of when diagnostics identifies the arrival of disease.

This market-creating dynamic follows the same pattern observed in other areas where AI is expanding rather than replacing professional services. Consistent with the Jevons Paradox principle documented in AI-assisted veterinary radiology, where AI tools have increased rather than decreased specialist consultation rates, prognostics is poised to add further value to preventative diagnostics rather than cannibalize diagnostic utilization. By identifying patients who should be screened earlier and more frequently, Pointer Health drives additional diagnostic testing that would not otherwise have occurred.

Implications for Veterinary Practices

For veterinary practices, Pointer Health addresses several interconnected challenges simultaneously. It strengthens the client communication process by providing visual, patient-specific evidence in advance of the appointment that supports preventive care recommendations. It increases diagnostic utilization by creating a rational, evidence-based framework for screening and testing. It improves treatment plan adherence by helping pet owners understand why specific interventions matter for their specific animal. It shifts a significant portion of the client education workload from the veterinarian, expanding the practice's capacity for preventive care delivery without increasing veterinarian time per visit. And it positions the practice as offering a

differentiated, technology-forward standard of care that distinguishes it from competitors.

The broader implication for the veterinary industry is that prognostics represent a yet another innovative pathway to sustainable revenue growth that is aligned with the goal of improving patient outcomes. When a practice increases its diagnostic utilization because it can identify at-risk patients earlier and communicate that risk more effectively, the result is better medicine and a healthier business. This alignment between clinical quality and financial performance is the hallmark of the most durable innovations in healthcare.⁹

F. Pet Owner Engagement – Before the Visit

This is an important practice workflow that has overlap with other client communication tools, including appointment reminders. There are literally dozens of approaches to pet owner engagement before the visit (many historic and many new approaches), and thus the topic requires a dedicated paper. As such it is beyond the goals of this Part III other than highlight its importance.

G. Diagnostic Lab Interpretation and Whole Case Assessment - Supporting a Complete Differential Diagnosis and Treatment Plan

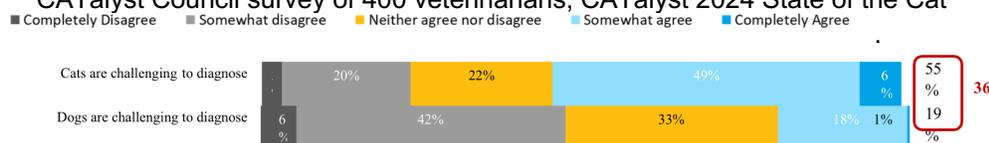
AI-assisted Radiography is a special case of AI assistance in case assessment and treatment planning. With diagnostic lab and whole case assessment, there are several emerging offerings that provide this support, expanding the veterinarian’s capabilities, especially for unusual presentations or for feline, where veterinarians admit that their comfort and experience is not as extensive as canine.¹⁰ There are several emerging offerings specific to veterinary medicine.

Below, we discuss **Sofie AI** and **VetGeni** as illustrative examples. However, there are others also available, including

- **OpenVet.ai** “The only universal medical system for all animals species. Empowering Veterinarian to practice the absolute limit of their professional judgment.”

⁹ *Disclosure:* one of the authors has made a seed investment in Pointer Health. The investment was motivated by the platform’s potential to advance pet medical care rather than by financial return considerations. Any eventual gains on the investment will be used to support further philanthropic efforts in animal health. This disclosure is provided in the interest of transparency.

¹⁰ CATalyst Council survey of 400 veterinarians, CATalyst 2024 State of the Cat



- **Primveterinary.com** “The evidence-based AI for veterinary professionals”
launched February 1, 2026

The success of **Open Evidence**, a similar tool on the human side, provides the template. Open Evidence, which is an advertisement-based free tool for human medicine doctors, has reportedly been adopted by 40% of human doctors in the US.

This category of medical support is assured to be a growing category of offerings, as evidenced by the most recent arrival six days before publication of this Part III of our series. Just more evidence that things are moving quite fast in veterinary AI.

Sofie AI, developed by LifeLearn, is a clinical decision support platform designed to deliver trusted, augmented medical knowledge to veterinarians at the point of need, supporting differential diagnosis and treatment planning.

The platform enables practitioners to access instant answers to complex clinical questions during examinations or phone consultations, whether refining a differential diagnosis for a case presenting with vague or overlapping signs, verifying the latest treatment protocol, or confirming drug dosages for a specific patient.

Unlike general-purpose AI tools, Sofie draws exclusively from curated veterinary sources that practitioners already trust: 23 recognized veterinary textbooks, five years of VMX Conference Proceedings, and Today's Veterinary Practice. LifeLearn is currently expanding this knowledge base to include the Journal of Veterinary Internal Medicine and the 2026 VMX Conference Proceedings.

Critically, Sofie provides *source citations* with every response, allowing veterinarians to verify the provenance of clinical guidance and trace recommendations back to the authoritative literature. This transparency addresses one of the fundamental concerns practitioners have raised about AI-generated clinical advice: knowing where the information originates and whether it reflects current standards of care.

The platform's workflow integration reflects an understanding that adoption depends on frictionless access. Sofie includes a native mobile app that allows veterinarians to query the system from anywhere in the practice, eliminating the need to return to a desktop workstation during patient care.

Integrated VetCalculators provide one-click access to precise drug dosage calculations, toxicity assessments, blood transfusion calculations, fluid therapy rates, and CRI calculations, consolidating tools that practitioners otherwise access across multiple sources. A persistent chat history preserves previous queries for quick reference, supporting continuity across cases and reducing redundant searches.

LifeLearn has established several integrations and is in active discussions to expand them. Current integrations include select PIMS and scribe offerings. The goal is to embed Sofie AI into existing workflows, since ease of access correlates strongly with utilization in busy clinical environments.

To guide ongoing product development, LifeLearn has established an AI Advisory Board comprising experienced veterinarians and AI industry experts, with input from practicing veterinarians actively encouraged and incorporated into the platform's evolution. This iterative, practitioner-informed development model positions Sofie as a decision support tool that adapts to the realities of clinical practice rather than requiring practices to adapt to its limitations.¹¹

VetGeni is a comprehensive AI-powered clinical suite designed specifically for general veterinary practices seeking to reduce documentation burden while improving care quality and client communication. The platform integrates ambient AI scribing with automated SOAP note generation and discharge summaries.

Beyond documentation, VetGeni provides *ranked differential diagnoses, evidence-based treatment protocols, toxicology decision support, and surgery report*. These are powered by an AI dataset curated in partnership with Wiley Publishing, ensuring clinical recommendations are grounded in peer-reviewed veterinary literature. Direct IDEXX diagnostic lab integration allows VetGeni's AI to automatically incorporate bloodwork findings when generating treatment plans and differential diagnoses, creating a closed-loop clinical workflow. This positions VetGeni as a clinical decision support tool built on trusted medical evidence rather than a replacement for professional judgment.

For new graduates and associate veterinarians practicing in environments without robust mentorship, these tools serve as an always-available clinical safety net, providing confidence when facing unfamiliar cases.

VetGeni's Pet Parent Portal and PawText messaging system directly address client engagement and compliance. The portal provides branded, client-friendly discharge summaries with visual vitals highlighting abnormal findings, plain-language Care Guides, and secure access to visit records.

PawText adds two-way texting communication with support for images and secure document sharing. Combined with AI-powered phone call summaries for complete visit capture, VetGeni exemplifies an open, integration-friendly architecture that allows practices to modernize without disruptive PIMS changes.

The ROI extends beyond time savings. Practices see improved client compliance driving acceptance of recommended care, and clinicians gain confidence through evidence-based decision support at the point of care.

H. Home Behavior - As Critical Input to the Medical History

The authors believe that capturing and documenting pet behavior at home will be a rapidly emerging category of context and pet history that can be added to the medical

¹¹ Disclosure: one of the authors has a relationship with both LifeLearn and IDEXX. Another author is an informal, unpaid advisor to LifeLearn, as he is to several other startups in the field.

record and help identify *conditions and diseases earlier, in the comfort and familiarity of the home environment.*

At this point, one scientifically validated platform has gained attention, focusing specifically on felines and pain assessment that may not be visible to the pet owner: Sylvester.ai.

The veterinary practice case for Sylvester.ai is supported by measurable outcomes. Over 30% of app users report having gone or planning to go to a veterinarian based on a Sylvester.ai assessment, representing a direct increase in appointment revenue. More significantly, over 80% of cats scanned by Sylvester.ai and subsequently taken to a veterinarian were identified as having a medical condition requiring treatment, validating the platform's clinical accuracy and its role in facilitating early intervention that improves patient outcomes while increasing treatment opportunities.

The platform has been deployed across Fear Free certified practices, NYC Animal Care Centers for shelter intake assessments, and internationally through a signed contract with The Cat Vet in Dubai. Enterprise practice agreements currently out for signing represent a reach of over 4,350 practices. Founded by Susan Groeneveld, a veteran of the pet health industry, Sylvester.ai's roadmap includes expansion beyond pain to early disease state identification, positioning it as a foundational layer in visual AI driven veterinary health assessment.¹²

I. Encouraging Visits from Scaredy-Cats and Nervous Dogs

According to CATalyst Council, only an estimated 30% of cats that are a part of households visit the vet in one year. One of the primary reasons is that pet owners know that their cats find traveling to the vet and the experience stressful. Two completely novel innovative approaches have been developed recently to address this issue: PetAcoustics is appropriate for both cats and dogs and calms through music. Bonqat is an FDA-approved oral medication for cats only. In addition, there is the traditional approach using pheromones, most notably Feliway, from Ceva Animal Health.¹³

PetAcoustics. The clinical value of Pet Acoustics within veterinary practice extends across the entire visit journey, from the pet owner's home through carrier loading,

¹² ¹² *Disclosure:* one of the authors has made a seed investment in Sylvester.ai. The investment was motivated by the platform's potential innovative approach to advancing feline medical care rather than by financial return considerations. This disclosure is provided in the interest of transparency.

¹³ Feliway is a line of synthetic feline pheromone products manufactured by Ceva Animal. Ceva has been a pioneer in companion animal behavior and pheromone products since 1996, and launched Feliway in the U.S. market in 2002. The brand has now been on the market for over 25 years and reports that more than 14 million cats worldwide have benefited from its use.

transport, the clinic lobby, and into the exam room. This continuity of acoustic environment is particularly consequential for feline patients, where the industry faces a critical medicalization gap: only 30% of household cats visit a veterinarian in any given year, and CATalyst Council market insights have confirmed that transport and visit stress represent one of the primary barriers suppressing feline utilization.

When a pet owner activates Pet Acoustics calming music 20 to 30 minutes before departure and maintains it through transit and into the clinic, the cat arrives significantly calmer, with measurably reduced heart rate, improved heart rate variability, and suppressed cortisol, resulting in easier handling, fewer defensive reactions, better diagnostic assessments, and avoidance of the long term negative fear memories that drive future visit refusal.

For practices seeking to capture their share of the feline growth opportunity (estimated at \$650,000 in incremental annual revenue for the average \$2 million veterinary practice if cats reached parity with canine care levels), Pet Acoustics offers a turnkey, evidence-based solution that requires no PIMS integration, no staff training, and no additional equipment beyond the speaker or app.

The digital hearing assessment further creates a new billable clinical service line for both wellness visits and sick animal presentations, giving veterinarians an objective screening tool that pet owners can complete at home before the appointment and bring to the exam for review.

Bonqat, developed by Zoetis, first offered in the US market in mid-2024, is a unique FDA-approved pharmaceutical specifically indicated for the alleviation of acute anxiety and fear associated with transportation and veterinary visits *in cats*. Unlike sedatives, which suppress overall neurological activity and can mask clinical signs during examination, Bonqat selectively decreases the release of excitatory neurotransmitters involved in feline acute anxiety and fear, allowing the cat to arrive at the clinic calm yet fully alert and assessable. Administered as a single oral dose approximately 1.5 hours before departure, the solution is rapidly absorbed and can be mixed with a small amount of food for easy delivery by the pet owner at home.

Bonqat offers a clinically validated, prescription-only tool that directly addresses the owner-reported stress barrier that drives visit avoidance and, when combined with environmental calming strategies such as species-specific sound therapy and Fear Free handling protocols, creates a multimodal approach that transforms the veterinary experience for cats and their owners alike.

J. New Client Acquisitions from Shelter Adoptions

Acquiring new pet owners, and their newly adopted pets, has been a long goal of veterinary practices. However, the process historically has been manual with low rates of success. A new offering is gaining rapid adoption among shelters: Petszel.

Petszel is a shelter-branded, post-adoption support platform that delivers a new and valuable client acquisition channel for veterinary practices. When a pet is adopted, Petszel automatically engages the new pet parent with personalized guidance, including prompts to schedule a first veterinary visit within the critical first 30 days.

For veterinary practices that participate in Petszel's Connected Care network, this means a steady stream of high-intent, new clients who arrive pre-informed, with their pet's shelter medical records already electronically transferred, and with pet owners who are actively seeking a long-term veterinary home.

Unlike traditional client acquisition that depends on search engine optimization, advertising, or word-of-mouth, these adopters are introduced to the practice through the trusted voice of the shelter itself, resulting in conversion rates *exceeding 40%* from booking prompt to scheduled appointment, according to the vendor.

A prerequisite for participation is that the practice must have an online appointment scheduling system in place, as Petszel integrates with leading eBooking platforms to enable seamless, in-app booking directly from the adopter's personalized care timeline.

For independent practices in particular, Petszel represents a low-cost, performance-based pathway to acquire new clients who are motivated, compliant, and primed for preventive care, which is the exact profile that drives long-term practice revenue and patient outcomes.¹⁴

K. Pet Owner Engagement – After Visit Reports

This is a complex topic with a variety of approaches of all types, including historical, and many emerging with AI enablement. The established (and very good) solutions include those offered by PetDesk, Otto, Vello (from IDEXX). Many of the larger corporate groups have developed their own software and they feel it is integral to their brand presentation.

A full list of commercial offerings is available at <https://www.vetsoftwarehub.com/category/client-communications>

In addition, the four scribe offerings described above are now using the context of the exam transcript to develop customized pet owner appointment findings and follow up.

A full examination of the rapidly developing options will be the topic of a future chapter.

L. Radiology Consults and the Special Role of AI Risk Assessments (Radiology Revisited from Part II)

¹⁴ One of the authors has made a seed equity investment in Petszel. The purpose is to support a technology so that more pets receive veterinary care. Any returns from this investment will be used for further animal health and animal welfare philanthropy.

In Part II of this series, we introduced the emerging category of AI-assisted veterinary radiology and its potential to reshape how general practices approach diagnostic imaging. Since that publication, the authors have conducted extensive discussions with players across the veterinary radiology ecosystem including both AI-native radiology platforms and traditional teleradiology services. What follows is a strategic analysis of the veterinary radiology market as it stands in early 2026.

The Traditional Teleradiology Model and Its Economics

For many years, veterinary teleradiology has operated on a straightforward service model: a general practice takes digital radiographs, either interprets them themselves or submits them electronically to a teleradiology provider, and receives an interpretation from a board-certified veterinary radiologist (DACVR). Turnaround times range from under one hour for STAT reads to 24 hours for routine cases. Pricing for a traditional radiologist interpretation typically runs between \$80 and \$200 per study, depending on urgency and provider. Practices typically mark up these reads by a factor of two before passing the cost to the pet owner.

This model has served the profession well. It gives general practitioners access to specialist expertise they could not otherwise afford to employ, and it provides board-certified radiologists with a scalable way to serve hundreds of practices from a central location. The largest traditional teleradiology providers maintain networks of dozens to, in the case of the two largest, over 100 board-certified radiologists covering multiple modalities including radiography, CT, and MRI.

However, a striking data point illuminates the fundamental limitation of this model: Published estimates suggest a large share of general practice radiographs are interpreted on-site rather than submitted for specialist reads, driven largely by cost sensitivity and perceived likelihood of findings. The primary driver is economic anxiety. The practice either hesitates to send a study to a specialist at \$80 to \$200, when it might come back with no significant findings, or confidently judges that the radiograph has no remarkable findings.

The pet owner, already absorbing the cost of the visit and the point-of-care digital radiographs (if charged for separately) and perhaps lab work resists the additional expense of a specialist read unless something clearly abnormal is visible. The result is that the vast majority of veterinary radiographs receive no specialist review at all. Some of those studies could contain subtle findings that a board-certified radiologist would identify but a generalist misses. The historical model, in other words, leaves diagnostic value on the table and exposes practices to cases where early findings go undetected.

The Emergence of AI-Assisted Radiology

A new category of veterinary radiology platform has emerged over the past several years that fundamentally changes the economics and workflow of radiographic interpretation. These AI-assisted platforms use machine vision and deep learning algorithms trained on millions of annotated veterinary radiographs to provide automated

risk assessments within minutes of image acquisition. The technology does not replace the board-certified radiologist. Rather, it inserts an intelligent triage layer between the point-of-image capture and the decision of whether to pursue a specialist consultation.

The core workflow is generally consistent across the leading platforms. As soon as a practice acquires digital radiographs, the images are transmitted to the AI platform via standard DICOM protocols. Within five minutes or less, while the animal may still be on the table, the platform returns an initial assessment that typically includes a risk rating (high, medium, or low), identification of specific findings across dozens of trained classifiers, and in many cases visual overlays or heat maps that highlight areas of concern on the images themselves.

The clinical value of this triage step is substantial. A study that returns as low-risk with no significant findings gives the veterinarian confidence that specialist review is unlikely to yield additional clinical value. The practice can share the AI assessment with the pet owner, document it in the medical record, and move forward. It has been reported that in some cases, the veterinarian may not even charge the pet owner for the radiograph since the practice's marginal costs to conduct the study are quite low, in the range of \$5 to \$15 of technician time for a study ¹⁵ plus a very low per-study AI interpretation cost if not part of a radiology AI subscription plan that includes "all you can submit" at no incremental cost.

Note that while the incremental, per-study cost of taking a radiograph can be relatively low once equipment and staffing are in place, the total cost to include the fixed cost of equipment, maintenance, staffing, quality controls, and liability. The point is that AI triage can be priced low enough to change the decision economics around when to recommend a specialist read.

Conversely, a study flagged as medium or high-risk with specific findings identified gives the veterinarian a clear basis for recommending a full specialist interpretation. This also gives the pet owner a visual and data-driven rationale for the additional charge. The AI platform, in effect, converts the binary decision of "send or don't send" into an informed triage that matches the level of review to the clinical complexity of the case.

The Technology Is Deeper Than It Appears

It is tempting to view AI radiology naïvely as a straightforward application of general-purpose machine learning. However, the intellectual property underlying these platforms represents years of specialized development that cannot be easily replicated, even by well-resourced organizations. This is the self-improving experience curve in effect as discussed previously in this document.

The foundational challenge is data labeling. General-purpose large language models and even commercial computer vision systems are not capable of performing veterinary

¹⁵ See Part I, pages 24/25 for the discussion of the variable costs that a practice incurs (not including the cost of the equipment and its maintenance) for one radiographic study to be conducted on a pet with digital radiography.

radiology interpretation at clinical grade. The training data must be labeled with extraordinary consistency, a problem that one pioneering platform's developers discovered early on when they found that radiologist reports were too variable to serve as reliable training labels. In this case, that discovery led to the development of proprietary labeling systems designed to impose consistency on inherently subjective data, a capability that now represents a core competitive moat.

The leading platforms have trained their algorithms on datasets of tens of millions of annotated radiographs and can screen for a large number of distinct pathologies that would show on a radiograph.¹⁶ One platform has published comprehensive performance metrics, including sensitivity, specificity, and inter-radiologist agreement rates, a transparency initiative that the authors believe should become an industry standard. Other platforms are sure to follow with this validation work.

One important nuance has emerged from clinical experience: AI radiology interpretation improves significantly when it incorporates patient history and clinical context, not just the image itself. Early platforms approached radiology the way one might approach a blood panel, running a broad screen across all possible findings. Experience has shown that veterinarians want targeted answers to specific clinical questions. A dog that presents with acute vomiting and a history of foreign body ingestion requires a different analytical focus than one presenting for a routine senior wellness screen. The platforms that have evolved to incorporate clinical history into their AI analysis are delivering more clinically relevant results.

Screening vs. Diagnostic: An Important Distinction

A significant philosophical divide has emerged among AI radiology providers regarding how to position their technology relative to a board-certified radiologist's interpretation. Some platforms have positioned their AI output as a diagnostic interpretation, comparable in clinical authority to a radiologist's report. Others have deliberately framed their AI as a screening tool, one that identifies cases warranting further specialist review rather than rendering a definitive diagnosis.

The distinction matters for several reasons. First, it sets appropriate clinical expectations. Radiology is inherently an opinion-based discipline, albeit professionally based. Give the same set of images to three board-certified radiologists and you sometimes receive three somewhat different interpretations, particularly for subtle or subjective findings.¹⁷ AI classifiers cannot reasonably be expected to outperform the agreement rate among the specialists whose work trained them. Framing AI output as a screening result rather than a definitive diagnosis appropriately calibrates the practitioner's reliance on the technology.

¹⁶ See, for example, Vetology AI Becomes First and Only Veterinary Imaging AI Company to Publicly Release Comprehensive Classifier Performance Metrics
<https://vetology.net/vetology-ai-releases-classifier-performance-metrics/>

¹⁷ This phenomenon is supported by the experience of at least one radiology firm that has systematically conducted independent reviews of a large number of complex radiographic studies.

Second, it affects liability exposure. A screening result that recommends further specialist review carries different medico-legal implications than a diagnostic report that could be interpreted as a definitive assessment. As regulatory frameworks around AI-generated clinical content continue to evolve, this distinction is likely to become increasingly significant.

Interestingly, one platform's leadership reported that the most common complaint from veterinarians is that their AI reports and their radiologist reports are too similar. This convergence simultaneously validates the clinical accuracy of the AI and raises a legitimate question about the perceived value of the premium for specialist review when outputs substantially overlap. How the industry navigates this tension will shape the future economics of veterinary radiology.

Pricing Models That Drive Adoption

AI radiology platforms have introduced pricing structures that are fundamentally different from traditional teleradiology, and the pricing model itself is proving to be a strategic differentiator.

Per-case metered billing. Some platforms charge approximately \$5 to \$15 per AI assessment, with specialist consultations available as an add-on at higher price points (typically \$40 to \$80). This metered approach aligns cost with utilization and keeps the per-case AI cost low enough that many practices absorb it as a cost of doing business rather than passing it through as a line item to the pet owner. At \$5 per case, an AI radiology assessment adds negligible marginal cost to a radiographic study whose variable cost (technician time, digital capture) is already minimal.

Unlimited subscription. Others platforms have adopted a flat monthly subscription for unlimited AI reads. The strategic intent behind this model is to make AI radiology assessment as routine and unremarkable as having a PACS system. When every radiograph automatically receives an AI screen at no incremental cost per case, the technology becomes embedded in the standard workflow rather than treated as an optional add-on that requires a per-case economic justification.

Tiered service levels. The most sophisticated platforms now offer a tiered product structure that spans the full spectrum from pure AI screening to full board-certified radiologist interpretation. A typical tier structure includes an immediate AI report (\$10 to \$15, delivered in minutes), a comprehensive AI interpretation with clinical context (\$40, delivered in 15 to 30 minutes), and a board-certified radiologist-signed report (\$80 or more, with STAT options under one hour). This structure gives practices the flexibility to match the level of review to the clinical situation, reserving specialist involvement for cases where the AI screen indicates higher complexity.

Compare these price points to the \$80 to \$200 charged for a traditional teleradiology STAT read. The economic gap is not incremental. It is structural. A practice that formerly sent 20% of its radiographs for specialist review at \$150 each can now screen 100% of its radiographs for \$5 to \$15 each and send only the cases that warrant

specialist attention, at price points that are themselves significantly lower than traditional alternatives.

The Jevons Paradox Confirmed: AI Expands Rather Than Replaces Specialist Utilization

Perhaps the most significant finding from our discussions with AI radiology platform leaders is a counterintuitive discovery that challenges conventional assumptions about AI displacing human specialists. When these platforms were being developed, their founders expected that AI would deflect a meaningful percentage of cases away from specialist radiologists. If AI could reliably screen 30% of cases as normal, the thinking went, specialist radiology volume would decline proportionally.

The opposite has happened.

One platform reported that across their entire case volume, approximately 25% of AI-screened studies go on to receive a specialist consultation. But the critical insight is that total specialist consultation volume has increased, not decreased, since practices adopted the AI platform. The mechanism is straightforward: AI radiology made the entire imaging workflow so easy, so informative, and so low-friction that practices are taking more radiographs, screening more cases, and as a natural consequence, identifying more cases that warrant specialist review.

This is a textbook illustration of the Jevons Paradox, which we introduced in Part II of this series: when a resource becomes cheaper on a unit basis, more of it is used, not only in volume but in total value. Applied to veterinary radiology, when the cost of an initial assessment drops from \$150 (specialist read) to \$5 (AI screen), practices do not simply screen the same cases more cheaply. They begin screening cases that were never sent for any review at all, unlocking that 80% of studies that were previously read only by the generalist. From that expanded pool of screened cases, a meaningful percentage surface findings that justify specialist involvement. The radiologist is busier, not less busy, because the addressable market has expanded.

The Jevons Paradox is further amplified by the client communication benefits of AI platforms. When a veterinarian can show a pet owner an image with AI-generated visual overlays highlighting an area of concern, rather than pointing at a gray blob on a radiograph, the conversation shifts. The pet owner can see the finding. They understand why a specialist consultation is being recommended. Client compliance with the recommendation to pursue a specialist read increases. One platform founder described the dynamic this way: insights lead to compliance, and compliance leads to better care.

Multiple discussions confirmed this pattern across different platforms, market segments, and geographies. One player shared that practices in rural underserved areas, where cost sensitivity is highest, have begun taking radiographs they previously could not afford to interpret, because the AI assessment cost is so low that the practice absorbs it. Another noted that even practices that do not charge for the AI screen are capturing more total imaging revenue because the studies that do surface findings generate specialist consultation fees and, more importantly, downstream treatment revenue.

The Strategic Imperative for Traditional Teleradiology Providers

For established teleradiology businesses built on a model of board-certified radiologists interpreting studies at premium price points, the emergence of AI-assisted radiology represents an existential strategic question. The competitive dynamics are not subtle.

1. *Price compression is inevitable and already underway.* Industry leaders from both the AI-native and traditional segments confirmed in our discussions that STAT reads currently priced at \$200 or more will see dramatic price compression in the near term. One player in a leading AI radiology platform stated flatly that this disruption has already occurred and is irreversible. Teleradiology firms who cannot participate at lower price points will lose volume, while those who adapt can capture share in an expanding total market.
2. *The "faster horse" fallacy.* A player at one of the largest traditional teleradiology organizations offered a revealing analogy when discussing market segmentation. He described the traditional model and lower-cost teleradiology alternatives as horses of different speeds, then observed that AI-native platforms are not faster horses. They are cars. This is not a characterization of incremental improvement. It is an acknowledgment from within the traditional model that AI represents a paradigm shift in how radiology services will be delivered and consumed.
3. *Boutique providers face the most acute risk.* Smaller, specialty teleradiology firms that derive 100% of their revenue from traditional per-read interpretations face the greatest disruption. They lack the capital, technology infrastructure, and organizational capacity to develop or acquire AI capabilities. For these providers, the strategic advice from multiple industry leaders we spoke with was clear: partner with or join an AI-native platform before the price compression eliminates your operating margin.
4. *The few large traditional tele-radiology providers have more runway but less time than they think.* Traditional teleradiology divisions within major diagnostic corporations can absorb price compression for a period, given their broader business portfolios. But absorption is not a strategy. The risk of inaction is that a generation of practices adopts AI-native platforms, develops workflow habits around those platforms, and never develops the referral relationship with the traditional provider. Once embedded in practice workflow, AI radiology platforms exhibit high retention because the integration touches multiple daily processes: image acquisition, AI triage, client communication, specialist consultation, and report delivery back to the medical record.
5. *The build-versus-buy decision is urgent and consequential.* For large traditional providers considering an AI response, the depth of intellectual property in veterinary radiology AI makes building from scratch extremely difficult. Veterinary radiology AI requires years of proprietary data labeling, custom training pipelines, and iterative clinical validation. Multiple industry leaders advised that the only viable path for traditional providers without existing AI capabilities is acquisition of an established AI radiology platform. One noted that a major competitor in the

corporate veterinary space has already invested heavily in an AI team and is actively developing proprietary solutions across multiple service lines. The window for acquisition at reasonable valuations is narrowing.

6. *The self-cannibalization dilemma is real but must be overcome.* Several of our discussion participants identified the core strategic tension for large traditional providers: producing an AI product that cannibalizes your own premium teleradiology revenue. This is the classic innovator's dilemma. The correct response, as our discussions uniformly confirmed, is to cannibalize yourself before someone else does. The total addressable market for radiology interpretation expands dramatically under AI-assisted models. A provider who offers both AI screening and specialist interpretation captures value across the entire spectrum rather than defending a shrinking premium segment.

The Strategic Imperative for AI-Native Radiology Platforms

AI radiology platforms have established clear product-market fit, but the competitive landscape is intensifying and several strategic imperatives deserve attention.

1. *Scale is the defining competitive variable.* The leading AI platforms currently serve between 500 and up to several thousand practices, with growth rates that have seen some providers double annually. But the addressable market in North America alone is estimated at over 30,000 general practices and specialty hospitals. Platforms that achieve broad adoption first will benefit from compounding data advantages (more cases means more experience means improved AI algorithms have a faster rate), deeper PIMS integrations, and enterprise relationships that are difficult for later entrants to displace. The strategic goal should be not 500 or even 2,500 practices but 10,000 or more.
2. *Enterprise sales have accelerated adoption.* Multiple platforms reported a strategic shift toward enterprise selling over the past 18 months. Corporate veterinary groups making centralized technology decisions can deploy an AI radiology platform across hundreds of practices in a single agreement. However, taking strategic investment from one corporate group raises legitimate concerns about competitive sensitivity with other groups. Platforms that have addressed this through technical data isolation (virtual private clouds, siloed data environments) report that this concern can be managed, but it requires deliberate architecture and transparent communication.
3. *PIMS integration remains both critical and challenging.* AI radiology platforms derive substantial clinical value from bidirectional integration with the PIMS. Pulling patient demographics, clinical history, and presenting complaints from the PIMS enriches the radiographic AI analysis case. Pushing completed reports back to the medical record completes the workflow loop. Yet PIMS integration as of this writing is challenging for many platforms, consistent with the broader openness thesis developed throughout this paper series. One platform reported that after years of development, they had achieved deep integration with only a handful of PIMS systems, and that the openness of the PIMS vendor was the

single greatest determinant of integration speed. The platforms that have prioritized integration breadth are better positioned to serve practices regardless of their PIMS choice.

4. *Expansion beyond radiology is underway.* Several platforms have expanded from radiography into additional modalities and specialties including CT, MRI, ultrasound, dental, internal medicine, and cardiology. This expansion is strategically important because it transforms the platform from a single-modality tool into a comprehensive diagnostic imaging ecosystem. A practice that uses the same platform for radiographic AI screening, ultrasound interpretation, and specialist consultations across multiple disciplines is deeply embedded in that platform's workflow and far less likely to switch.
5. *Transparency and peer review validation in AI performance will become table stakes.* At least one platform has publicly released comprehensive classifier performance metrics, including sensitivity, specificity, and sample sizes for every classifier. This transparency initiative puts competitive pressure on other providers to do the same. As the industry matures and regulatory frameworks develop, published performance data will transition from a competitive differentiator to a baseline expectation. Platforms that cannot or will not publish their performance metrics will face increasing skepticism from clinically sophisticated buyers.

What Practices Should Consider

For general practices evaluating AI radiology platforms, several factors should guide the decision.

1. *Think triage.* The most valuable framing for AI radiology in general practice is as a triage tool that helps the veterinarian make a more informed decision about whether a specialist consultation is warranted. A low-risk AI assessment on a routine study, combined with the clinician's judgment, gives the practice confidence to proceed without a specialist read. A high-risk assessment with specific findings identified provides both the clinical justification and the client communication aid to recommend and gain compliance for a specialist interpretation. The practice is not choosing between AI and a radiologist. It is using AI to determine when a radiologist adds the most value.
2. *Evaluate the total workflow, not just the AI report.* The best AI radiology platforms are not standalone report generators. They are integrated imaging workflow platforms that encompass image acquisition, cloud-based PACS, AI triage, visual communication aids for client education, seamless specialist consultation ordering, and report delivery back to the medical record. A platform that requires manual image upload, separate specialist ordering, and manual report transcription creates friction that limits adoption. Look for platforms where the entire workflow from image capture to final report in the medical record is as close to automatic as possible.

3. *Consider the AI radiology pricing model that fits your practice volume.* A high-volume practice may find that an unlimited subscription model delivers better economics than per-case pricing. A lower-volume practice may prefer metered billing that scales with utilization. The more important question is whether the pricing structure encourages universal screening (every radiograph gets an AI assessment) or selective use (the practice decides case by case whether to invoke the AI). The evidence strongly supports universal screening as the approach that maximizes both clinical value and practice revenue.
4. *Consider competitive pricing to the pet owner.* In the case where radiograph is taken, but the interpretation risk assessment is low, consider not charging separately for this study, as is the protocol at some practices: no-charge standard for work ups that call for a radiographic study. After all, the marginal cost of the practice is low, and this is an opportunity to provide a unique value to the pet owner, helping to address veterinary service price inflation.
5. *Ask about classifier breadth and validation.* The number and quality of trained classifiers varies significantly across platforms. Ask whether the platform publishes its performance metrics. Ask how the AI is validated, whether through internal testing, independent university studies, or both. Ask what happens when the AI encounters a case outside its training distribution. The answers to these questions reveal the depth of the platform's clinical and technical investment.
6. *PIMS integration is no longer optional.* A radiology platform that cannot read from and write back to your PIMS creates a workflow island that requires manual bridging. Before committing to any platform, confirm that it integrates with your specific PIMS, understand the depth of that integration (unidirectional vs. bidirectional, automated vs. manual), and ask whether reports and findings are structured in a way that contributes to the patient's longitudinal medical record. Demand of your PIMS provider that they integrate with AI assisted radiology firms.

The Road Ahead: Convergence and the Expanding Diagnostic Ecosystem

The veterinary radiology market is converging toward a model in which AI-assisted triage is the standard first step for every radiographic study in the general practice, with specialist radiologist involvement calibrated to clinical complexity. This convergence will reshape the competitive landscape in several ways.

Traditional teleradiology providers who do not add AI triage capabilities will see their addressable market shrink to the subset of cases where full specialist interpretation is clearly indicated from the outset, primarily emergency and specialty hospitals with complex caseloads. They will slowly lose the general practice volume that represents a large segment of veterinary radiology today.

AI-native platforms that combine automated screening with integrated access to specialist interpretation (including stat) will capture the expanding market of practices that now screen every study and selectively escalate. These platforms benefit from a virtuous cycle: more cases improve the AI, which improves the screening accuracy, which builds practice confidence, which drives further adoption. However, these platforms will need to employ an adequate number of radiologists to consistently deliver on-time stat interpretations in a 24/7 environment.

The broader diagnostic ecosystem will also evolve. AI radiology platforms are already expanding into adjacent modalities, including ultrasound, where the emergence of low-cost digital probe technology at a fraction of the price of traditional analog equipment (e.g., the Butterfly IQ third generation chip) is poised to dramatically expand point-of-care imaging volume in general practice. When a handheld ultrasound probe costs \$5,000 rather than \$40,000, and AI can guide both image acquisition technique and preliminary interpretation, ultrasound becomes accessible to every general practice rather than reserved for specialty hospitals. The AI radiology platform that also supports ultrasound and other imaging modalities becomes the central diagnostic imaging hub for the practice.

Looking further ahead, the integration of radiology findings with other clinical data, including laboratory results, prognostic analytics, and longitudinal patient history, points toward a comprehensive clinical decision support environment in which the veterinarian is, as one industry leader described it, "surrounded virtually by all these specialists at the same time." Radiology AI is not an endpoint. It is the leading edge of a broader transformation in which AI augments the general practitioner's diagnostic capability across every clinical domain.

The implications are clear for every stakeholder. Practices that adopt AI radiology will capture diagnostic value they are currently leaving on the table. AI platforms that scale aggressively, integrate deeply, and maintain clinical transparency will define the next generation of veterinary diagnostic infrastructure. And traditional teleradiology providers, including those few at scale with workforces over 100 radiologists face a choice that grows more urgent with each passing quarter: evolve by adding AI capabilities, either through internal development, acquisition, or partnership, or watch the market evolve without them.

II. Advice for Independent Practices

The year 2026 is a call to action for independent practices. Your local competitors that are part of groups are slowly getting their act together and adopting AI-native applications that are leveraging their PIMS foundations. (They have more influence with their PIMS vendors for API's of their choosing). It is time for independent practices recognize that these tools are just as available to them, if they focus on them and develop an attitude that planned change is a constant, a skill, and a survival technique.

Recommended steps in sequence:

1. *Assess your existing PIMS and its ability to support read and write access with your chosen third-party applications.* Express your concerns to your vendor. Market pressure to provide easy API's is building and you can contribute your voice. If you are on one of the historical on-premise PIMS, you are in better shape. If you have switched to a cloud based PIMS, it's time to speak up. The PIMS vendors are likely to change their approach and prioritize API's given the amount of attention that they are now receiving. So it is best to wait to see what happens before you consider another switch
2. *Ensure you have adopted online booking, one way or another.* A corporate group CEO with online booking across their network reports that 10% of their appointments are booked that way by the pet owner with no involvement of the front office staff. Without this functionality, you may be missing a 10% appointment opportunity. These numbers are sure to grow as more and more millennials and Gen Z adopt pets.
3. *It's time to adopt a scribe* for your exam room discussions, the discussions your staff have with pet owners, and for telephone conversations. Start by considering one of the major scribe offerings if you don't already have a point of view. Whether it is able to access your PIMS medical records with both read and write access should be a consideration in your selection. You will be surprised at how easy these are to adopt once you get over the initial hump and the value they add cumulatively over time.
4. *Next, consider adopting an AI-assisted digital radiography offering,* if you have not already adopted one. Such an offering will increase your confidence, reduce the fear of referring and receiving a report with unremarkable findings and yet with a bill for the pet owner.
5. *Consider AI-assisted case interpretation* and suggested differential diagnoses. Once you begin to appreciate the value of AI-assisted diagnostics of your radiographs, your eyes will be opened. You will be surprised at how these curated veterinary offerings advance your medical outcomes and your medical knowledge, without challenging your authority. They will also help you with pet owners who bring their own diagnosis from ChatGPT Health. These tools allow you to confirm or expand upon the AI-derived perspective that the pet owner brings to the appointment.
6. As a next step, pick one of the other innovations, one at a time, and adopt carefully into your workflow. Care plans are a big heavy lift, but with big returns. AI receptionists are still early in their development and would only be appropriate as of the present writing if you have high volume calls. But stay informed as to their growing capability.

Prognostics, home behavior assessment and pet calming technologies are easier to implement, with reportedly high return on investment through increased visits, increased care per visit, or both .

The adoption of something new requires you and your staff time to change your practices and your workflow. You will find that once you are *successful* with one change, the next one is just a little bit easier, all things being equal.

Independent Practices: Adam Wysocki's Unique Perspective

Independent practices have a unique advantage in this transition: you can move faster than large groups, pilot new workflows without multi-layer approval chains, and often make decisions in weeks, not quarters. The constraint is different too, limited change capacity, limited IT support, and every new system competes with patient care time. The goal is not to adopt more technology. The goal is to adopt the smallest set of tools that measurably reduces workload, improves client experience, and strengthens medicine, without creating a brittle stack that your team must constantly babysit.

Navigating the software selection maze

This paper highlights categories and capabilities that can enhance practice operations and clinical care, but it does not make specific vendor recommendations. Practices still need to do their own research, because fit depends on workflow, team structure, case mix, and what your current PIMS can realistically support.

When an independent practice evaluates any component of the modern tech stack (whether a PIMS or value-added apps), the loudest voices in the room usually come from two sources: the vendor selling the solution and the IT consultant implementing it. Both can provide valuable input, but neither consistently operates from a position of neutrality. Vendors are constrained by positioning objectives and product roadmaps. IT consultants may be closer to neutral, but their guidance can still be shaped by referral relationships, preferred partnerships, or a tendency to recommend what is easiest to deploy and support.

The fundamental problem is scale. Thousands of practices need guidance, but relatively few independent, vendor-neutral voices exist to provide it. This gap motivated the writing of these papers, and the creation of VetSoftwareHub, a vendor-neutral resource designed to help clinics compare options and learn how to evaluate software before committing to contracts that can lock practices in for many years.

A pre-selection framework: five essential questions

No veterinary software is perfect, but many solutions align better with certain workflows than others. In addition, each practice is unique in certain ways. Choosing the wrong fit can be painfully expensive. Before you get pulled into demos and sales cycles, these five questions deserve early consideration:

1. *What problem are we solving, and how will we measure success 60 days after go-live?*
Define concrete success metrics before selection to create accountability.
2. *Which workflows are non-negotiable for us?*
Inventory must-have capabilities across scheduling, phones, payments, refills, inventory, reporting, and documentation.
3. *What integrations do we rely on today, and what is our contingency plan when one fails?*
Map dependencies, define failure modes, and plan for downtime before it becomes a crisis.
4. *What does real support look like?*
Demand specifics on support hours, response times, escalation paths, and SLAs, not marketing language.
5. *What is our exit plan if this is not working in 12 months?*
Negotiate data portability, termination clauses, and migration support upfront.

Principles for adopting AI-enabled workflows

- *Sequence matters.* Adopt one meaningful change, stabilize it, then move on.
- *Aim for workflow completion, not isolated features.* Avoid adding tools that simply create more touches and more inboxes.
- *Be realistic about integration, but advocate for better access.* Many workflows require reading from, and eventually writing back to, the PIMS. Practices gain leverage when they can evaluate, compare, and switch between solutions rather than remaining captive to a single (PIMS) vendor ecosystem. A PIMS vendor may have a good scribe, but you should have the freedom to choose between it and the large variety of independent scribe offerings.
- *Protect medical record integrity.* Require human review, attribution of edits, and an audit trail for anything touching documentation or clinical recommendations.

A practical adoption roadmap for the next 12 months

Use this sequence as a starting point, then adjust based on call volume, staffing constraints, case mix, and the maturity of PIMS integrations and their openness to integrations with other software (which may be a moving target in a positive direction):

1. *Baseline and verification (Weeks 1 to 2):* measure missed calls, appointment lead time, refill touches, after-hours charting, then verify what integrations your PIMS truly supports (read vs write, webhooks, permissions, audit logging, support boundaries).
2. *Online booking (Weeks 2 to 8):* start small with limited appointment types, define rules, measure call deflection, and expand.
3. *AI scribes (Months 2 to 4):* pilot with a small group, define success metrics, and require clinician verification for medications and dosing.
4. *Imaging support (Months 3 to 6, if relevant):* treat AI as triage and education, measure whether it improves confidence and decision quality.

5. *AI reception (Months 6 to 12)*: start with capture and routing, then expand into scheduling and routine requests as integrations mature.
6. *Care plans (after stabilization)*: treat as an operational program with training, scripts, reporting, and role clarity, not a simple software toggle.

Wysocki's Final Advice for Independent Practices: Make Vendors Earn Your Attention

Independent practices should demand clarity on pricing, implementation effort, support model, security posture, and what happens when something breaks. If a vendor cannot explain how their tool reduces touches across a workflow, or cannot be specific about integration and auditability, that is a signal to slow down.

III. Advice for Corporate Groups

Corporate practice groups come in all shapes and sizes. Most groups are an assemblage of independent practices, each with their own culture, workflow and staffing considerations. Groups in general face the challenges of retaining and engaging staff, including veterinarians. Before imposing change from above, it is important to respect the employees in each of your practices.

The themes we discussed regarding independent practices apply (because each practice in a group was originally an independent practice), but with the additional complexity of scale.

Scribes: At least one large corporate group rolled out a scribe solution to their network over 18 months with significant success, uptake, and positive feedback.

Another focus should be on the profitable payment fees. Corporate should demand transparency on the payment fees earned by their PIMS vendor and consider negotiating strategies that share in these profit streams.

The one other area that corporate practices should consider for their high-volume call centers is the AI receptionist application.

...

Appendix A

Five Benefits of AI-Scribed SOAP Notes

As Identified by Independent Industry Sources

Sources

This analysis draws exclusively from two independent industry publications rather than vendor marketing materials:

- **VIN News Service** - “More veterinarians are using AI to write up medical records,” November 2025. A comprehensive market-wide analysis featuring interviews with company executives, veterinary researchers, regulatory bodies, and legal counsel.
 - **American Animal Hospital Association (AAHA)** - Two publications: “The Benefits of Your Vet Using AI Scribing and What Questions to Ask” (October 2025), a pet-owner-facing explainer; and “Generative AI Scribing Tools: Considerations for Implementation in Veterinary Practice” (February 2025), a practitioner-facing implementation guide.
-

1. More Complete and Thorough Medical Records

The VIN News investigation identified record completeness as the foundational benefit of AI scribing, grounded in a structural problem with how veterinary records have traditionally been created. Veterinary medical records have long been recognized as a potentially rich dataset for research, but they are often incomplete. This stands in contrast to human medicine, where more uniform and complete records exist because insurance reimbursement requirements enforce documentation standards.

The core issue is temporal. Most veterinary medical records are written after the appointment and sometimes at the end of the day, not during the examination itself. A veterinarian seeing 15–30 patients reconstructs clinical details from memory hours later, inevitably losing information. VIN highlighted a concrete example: a researcher attempting to study antimicrobial drug use in cat bite abscess cases found he could not extract basic information from existing records about whether antibiotics were even warranted in individual cases.

Because AI scribes create medical records from transcriptions of what was actually said during the appointment, VIN noted there is “no guesswork involved as to what was said or what was done.” The AI captures the full discussion and structures it into SOAP format, producing notes that are simultaneously more concise (eliminating conversational tangents) and more thorough (retaining clinically relevant details that a veterinarian might omit when writing from recall).

AAHA reinforced this from the pet owner’s perspective: allowing AI to assist means capturing the full discussion, not just the highlights, and improving medical records with all exam findings and the complete care plan ready to be reviewed and referred to.

2. Reclaiming 1–2 Hours Per Day of Documentation Time

Both VIN and AAHA frame the time savings not as an efficiency metric but as a direct intervention against the veterinary burnout crisis. VIN's reporting noted that 86% of veterinarians report severe stress levels, with hours spent writing medical records identified as a compounding factor. Veterinarians rarely have time to document between visits when seeing patients every 20 to 30 minutes, and documentation piles up through the day into after-hours work.

The time savings reported across the industry are consistent: 30 minutes to two hours per day, depending on caseload and specialty. VIN's coverage of a 300+ clinic veterinary group deployment documented 70 minutes saved per doctor per day across the organization, amounting to an estimated 75,600 hours of manual documentation eliminated in an eight-month period. Individual practitioners reported finishing records during the workday for the first time in their careers, taking lunch breaks, and leaving work on time to be with their families.

AAHA's practitioner guide framed this as redirecting the time spent on capturing notes and inputting summaries toward patient care, making appointment time feel more efficient overall. The association's implementation article further noted that using AI software to draft records ensures the time veterinarians spend briefly reviewing and editing is minimal compared to writing from scratch.

3. Full Clinician Presence During the Examination

AAHA's pet-owner-facing article identified this as the most noticeable change to the client experience. When veterinarians use AI scribing, pet owners can expect more eye contact and better conversation. The association explained that the act of writing or typing takes time and attention, and with the veterinary team able to forego those actions, attention can be solely where it should be: on the pet and the information the owner has to share.

VIN's reporting documented the same dynamic from the practitioner side. The traditional workflow forces a binary choice: either the veterinarian splits focus during the exam (looking at a screen or notepad while examining the animal, making both the pet and owner anxious) or they rush through the clinical encounter to preserve time for documentation afterward. AI scribing eliminates this tradeoff by capturing the conversation ambiently, allowing the clinician to be fully present.

AAHA's implementation guide added an important nuance: as veterinarians become accustomed to these tools, they develop small habits such as verbalizing parts of their physical exam, assessment, and plan they might not have previously articulated. These practices not only improve the AI-generated records but also help clients better understand the veterinarian's thought process - transforming what begins as a documentation tool into something that actively improves clinical communication.

4. Improved Client Communication and Follow-Up

AAHA highlighted that AI scribes enable more consistent and detailed follow-ups, especially when communicating treatment plans or test results. Because the complete consultation is

captured and structured, the accurate and complete notes equip the whole veterinary team - not just the attending veterinarian - to participate in clear client communication. Any team member can reference the record and provide informed follow-up without having to track down the original clinician.

Both AAHA publications emphasized the downstream effect on personalized care. Better records mean easier access to the medical history of the pet over time, allowing the veterinarian to tailor care to the specific animal. AAHA offered a practical example: if a medication was tried once and did not work, that detail is easy to find in a scribe-generated record and the team can move on without reopening the discussion - saving both clinician and client time while preventing redundant treatments.

VIN's reporting noted that AI scribes generate discharge notes that translate complex medical terminology into plain language, with several platforms now offering multilingual output. This extends the value of the clinical encounter beyond the exam room, giving pet owners a written reference they can review at home. AAHA framed this as creating a more collaborative flow between everyone involved in the pet's care and better overall efficiency.

5. Strengthened Medical-Legal and Regulatory Protection

VIN's investigation surfaced a benefit that neither AAHA nor the scribe companies themselves have fully articulated but that carries significant implications for practice owners and consolidators: the medical-legal defensibility of transcript-derived records versus memory-reconstructed notes.

VIN reported that the practitioner remains "liable and reliable for that final medical record," but the nature of that record changes fundamentally when it originates from a contemporaneous audio capture rather than after-the-fact reconstruction. Several dimensions of this emerged from VIN's reporting:

- **Evidentiary completeness.** A scribe-generated SOAP note anchored to an audio recording creates a verifiable chain between what was discussed, what was documented, and what was recommended. In a malpractice or board complaint scenario, this is categorically stronger than notes written from memory.
- **Compliance infrastructure.** VIN's reporting noted that the current wave of AI scribing companies has been held to higher security and compliance standards than legacy veterinary software. Multiple companies referenced in VIN's coverage have achieved SOC 2 Type II compliance, which VIN described as uncommon in the veterinary industry historically. The American Association of Veterinary Medical Boards has published guidance outlining current regulations and the need for new rules governing AI-generated documentation.
- **Data ownership and privacy.** VIN's legal counsel raised critical questions: what happens to data fed into the AI system, whether the vendor assumes ownership, what happens to personally identifiable information, and whether the data is used to train the AI. VIN reported that the leading companies consider medical records and associated

data to be the property of the practice - but the regulatory framework around these questions remains unsettled.

- **Open regulatory questions.** Both VIN and AAHA noted unresolved questions for practitioners and regulators, including whether appointment recordings themselves become part of the medical record and how to handle AI-generated diagnostic suggestions that appear within documentation.

This fifth benefit is arguably the most consequential for practice owners, consolidators, and anyone evaluating liability exposure. The shift from reconstructed to transcript-derived documentation fundamentally changes the evidentiary quality of the veterinary medical record - with implications that extend well beyond time savings.

Appendix B

Understanding How Your Vendor Brings New Features, Functions, and Integrations to Their Software Offering

Introduction

This section is for firms developing software products for the veterinary space, corporate groups that are developing their in-house solutions or evaluating third-party options, and for independent practices to understand the inner workings of highly successful applications and the people that build them.

When evaluating veterinary software vendors, understanding how they develop and deliver new capabilities is as important as evaluating current features. The quality, speed, and relevance of future enhancements depend fundamentally on how product teams are structured and whether team members possess deep domain knowledge of veterinary medicine, the different roles in the practice, and a wide variety of workflows.

The Three Core Product Development Roles

The Product Manager

Core Responsibility: The Product Manager sits at the intersection of business, technology, and user experience. They are responsible for identifying customer needs and the larger business objectives that a product or feature will fulfill, articulating what success looks like, and rallying the team to turn that vision into reality.

Key Functions: Market research and competitive analysis, defining product vision and strategy, *creating and prioritizing the product roadmap*, translating business goals into specific software requirements, managing feature prioritization based on market needs and company strategies, and making tradeoffs between competing requirements (time vs. cost, security vs. speed).

Veterinary Context: In veterinary software, the Product Manager must deeply understand practice workflows, from appointment scheduling and SOAP note documentation to inventory management, laboratory integrations, and client communication. But they also ideally should understand veterinary medicine and the experience of a veterinarian day-to-day in seeing patients (some of the best product managers are veterinarians). They should understand the

economic pressures facing independent practices versus corporate groups, the regulatory environment (DEA compliance, state veterinary practice acts), and the evolving expectations of pet owners.

The Designer (UX/UI)

Core Responsibility: Designers ensure that end users have positive experiences when using the software. They focus on both the visual interface (UI) and the overall user experience (UX), creating products that are not only functional but intuitive, efficient, and even enjoyable to use.

Key Functions: Conducting user research to understand needs, pain points, and workflows, creating user personas and journey maps, designing wireframes and prototypes, conducting usability testing, designing visual elements (layout, color schemes, typography), and ensuring the product is accessible and intuitive.

Marc Andreessen (see reference below) emphasizes that while AI can now handle task-level design work ("*AI is going to generate 1000 icon designs... it's going to be fantastic*"), the higher-level design thinking remains uniquely human:

"What are we trying to do? Like, the capital-D Design of, all right, what is this thing for? And how is this going to function in a world of human beings? Is this going to make people happy when they use it? Is it going to make people feel good about themselves? Is it going to fit into the rest of their life?"

Veterinary Context: In veterinary software, design must accommodate the unique workflow of a veterinary visit: the rapid transitions between exam rooms, the need for quick data entry during consultations, the integration of diagnostic images and laboratory results, and the seamless handoff between veterinarians, technicians, and front desk staff. A designer without veterinary domain knowledge might create a beautiful interface that fundamentally misunderstands how practices actually operate.

The Software Engineer (Coder)

Core Responsibility: Software engineers translate product requirements and designs into working software. They write, test, and maintain the code that powers the application, ensuring it is secure, scalable, reliable, and performant.

Key Functions: Evaluating requirements for technical feasibility, designing software architecture, writing and testing code, creating technical documentation, maintaining existing code and resolving issues, collaborating with designers and product managers to implement features, and ensuring integration with external systems (labs, imaging, payment processors).

Andreessen describes the evolution of coding through multiple abstraction layers, from machine code to assembly language to compiled languages like C, to scripting languages like Python, and now to AI-assisted coding. He observes:

"The really good coders now... their day job is kind of arguing with AI bots, trying to get them to write the right code. But if you don't know how to write the code yourself, you don't know how to evaluate what the coding bots are giving you."

Veterinary Context: Veterinary software engineers must understand the PIMS ecosystem, including DICOM for imaging, secure API architectures for third-party integrations, and the

unique data structures required for veterinary medical records (species-specific fields, multi-pet households, complex treatment protocols).

The Super-Empowered Individual and Domain Expertise

In a recent podcast interview (February 2026), Mark Andreessen, co-founder of Andreessen Horowitz (A16Z) and creator of the first widely-used web browser, offered striking insights into how AI is transforming the three core roles that bring software products to market: the Product Manager, the Designer, and the Software Engineer (Coder). His observations have profound implications for how veterinary practices should evaluate their PIMS vendors and third-party application providers.

Andreessen introduces the concept of the *"super-empowered individual"*, someone who leverages AI to become dramatically more capable:

"AI is going to take people who are good at doing things, and it's going to make them very good at doing things... But then there's this other thing that's happening... where the really great people are becoming like spectacularly great."

This creates what Andreessen calls a *"T-shaped"* skill profile, or extending the metaphor, an *"E-shaped"* or *"F-shaped"* profile where individuals have deep expertise in one domain but can competently operate across multiple domains using AI assistance.

He references Scott Adams' career advice: *"The additive effect of being good at two things is like more than double... The additive effect of being good at three things is more than triple, because you become a super relevant specialist in the combination of the domains."*

This has profound implications for veterinary software development. *"Don't be fungible... don't be a cog. If you're just a designer, just a product manager, just a coder, then in theory you can be swapped out. But if you have this combination of things that's actually quite rare, then all of a sudden you're not fungible."*

Tasks Change Faster Than Jobs: Implications for Software Teams

Andreessen offers a crucial distinction between jobs and tasks:

"There's the concept of the job, but the job is not actually the atomic unit of what happens in the workplace. The atomic unit of what happens in the workplace is the task, and the way economists think about it is a job is a bundle of tasks."

He illustrates this with the evolution of executive email, where tasks shifted dramatically (from dictating to secretaries to typing personally) while job titles remained stable. Similarly, in software development:

"In coding, the tasks are going to change. In product management, the tasks are going to change. Designer, management tasks are going to change. And so the job can persist longer than the individual tasks."

For veterinary software evaluation, this means assessing not just current team composition but how teams are adapting their workflows to leverage new capabilities while maintaining deep domain expertise.

Implications for Evaluating Veterinary Software Vendors

When assessing how your PIMS vendor or third-party application provider will deliver new features and integrations, consider these questions derived from Andreessen's framework:

Domain Expertise: Does the vendor's product team include individuals with genuine veterinary practice experience? A designer who has worked in a veterinary clinic, a product manager who understands the economics of practice ownership, or an engineer who has built laboratory integrations will bring irreplaceable context to feature development.

Cross-Functional Capability: Are team members developing F-shaped or E-shaped skill profiles? The most innovative features often emerge when a designer can prototype code, when an engineer deeply understands user workflows, or when a product manager can directly test technical feasibility.

AI Leverage: Is the vendor using AI to enhance productivity without sacrificing domain expertise? As Andreessen notes, the goal is not to replace human judgment but to amplify it: *"If the goal is to be a mediocre coder, then just let the AI do it... If the goal is I want to be one of the best software people in the world... then yeah, you 100% want to go all the way down."*

User Research Practices: Does the vendor continually conduct meaningful user research within actual veterinary practices? Andreessen emphasizes that great design comes from deeply understanding how products will *"function in a world of human beings"*, not from abstract specifications.

Integration Philosophy: How does the vendor approach third-party integrations? Teams that understand veterinary workflows will build APIs and integration points that reflect how practices actually operate, not how software engineers imagine they should operate.

Conclusion

The software that powers your veterinary practice is shaped by the people who build it. As AI transforms how product teams work, the vendors who will deliver the most valuable innovations are those who combine deep veterinary domain knowledge with cross-functional capability and thoughtful AI leverage. Understanding how your vendor's product team is structured, and whether they possess genuine expertise in veterinary medicine workflows, provides crucial insight into the quality and relevance of future enhancements.

Andreessen: "The silos of these roles are disappearing... The talented people in any of those roles become super-powered, and they become good at doing all three of those things, and then those people become incredibly valuable, because then those are people who can actually design and build great new products from scratch."

For veterinary software, that combination of cross-functional capability and deep veterinary domain expertise is what separates vendors who truly understand your practice from those simply selling software.