

Companion Animal Veterinary Software Guide

Part VI

Eighty-Eight Percent and Rising: The Customer Mandate for Open PIMS Integration

What 1,273 Veterinary Practices Say About Connecting Their Apps to Their PIMS Data, and Why It Isn't Happening Fast or Easily Enough

Jonathan Ayers

Adam Wysocki

March 31, 2026 (amended¹)

vetsoftwarehub.com/papers/companion-animal-veterinary-software-ai

TL;DR:

- ▶ **88.4% of practices rate ISV access to their PIMS data as important—for read access, write-back, or both.** A survey of 1,273 veterinary practices finds that 80% rate read access as important and 75% rate write-back as important. When both dimensions are considered together, 88.4% (982 of 1,111 PIMS-using practices) express importance for at least one direction. Of those 982, fully 979 (99.7%) took the time to provide an open-ended comment explaining why. Fewer than 4% affirmatively rate both directions as unimportant. This demand is consistent across practice types and for both the US and Canada.

¹ The original version of this paper, which was published on March 30, 2026, has been amended to include another 8% of respondents who indicated that even though read access was not important, write access was important. These respondents were overlooked in the first analysis. This brings the total respondents who believe that either read or write access by their ISV software to their PIMS data is important to 88.4%.

- ▶ **The reasons are clinical, operational, and personal.** Among 979 respondents who explained why integration was important, the themes span patient safety (fragmented records create clinical risk), workflow efficiency (software that can't integrate defeats its own purpose), AI scribe friction (copy-and-paste workarounds consume the time scribes were purchased to save), and staff wellbeing. These respondents didn't just check a box; they took the time to explain why they felt that way.
- ▶ **The practice's consent should be sufficient.** Across other industry analogs (e-commerce, healthcare, banks) the customer, not the system-of-record vendor, controls access to their data. Veterinary practices expect the same. The question is whether the PIMS vendors are listening.

Executive Summary

This paper presents the first analysis of customer-reported data from the Ayers Software in Practice Survey (“ASIPS”), a field market research study of 1,273 validated veterinary practices across the United States (n=1,057) and English-speaking Canada (n=216), funded by Ayers and conducted by Kynetec between January 13 and March 4, 2026. The survey is the largest independent study of veterinary software usage and attitudes of its kind.

The focus of this survey report-out chapter is a single, clarifying question: **What do PIMS customers say about the need for their other software (Independent Service Vendors: “ISVs”²) to integrate with, that is, to have read or write access to, their PIMS system-of-record databases?**

This paper is based on customer feedback, with associated analysis. Our analysis is independent of all PIMS vendors and ISVs. Our only interest is in what serves practices, their patients, and pet owners.

The answer is unambiguous. *Eighty-eight percent of practices that use a PIMS software system rate ISV access—read, write-back, or both—as important. Eighty percent rate read access as important on its own (45% “very important”), and 75% rate write-back as important. When both dimensions are combined, 88% express integration importance for at least one direction. Of those 982, fully 979 (99.7%) provided an open-ended comment explaining why. Fewer than 4% affirmatively rate both as unimportant.*

Among the respondents who provided open-ended explanations, the reasoning spans clinical safety, workflow efficiency, administrative burden, and the right to choose their own technology

² “ISV” is a term used in industry to identify software applications that provide value to the customer, but are not systems of record. Instead, they need access to the systems of record held by the PIMS. Examples in the veterinary industry are all those described in Part III of this series, including online appointment booking, scribes, pet owner communications, care plans, AI receptionists, teleradiology, clinical decision support.

partners. These are not speculative preferences. They are operational requirements expressed by the professionals who use these systems, their PIMS and ISV choices, every day.

This paper also examines why, despite this clear customer demand, ISV integration with PIMS is not easily available. Our conclusions here are based on evidence gathered through the CAVSG series, direct discussions with ISV founders and innovators over the last six months, and a systematic survey we just completed of 21 ISV founders and innovators.

We identify the various barriers: the absence of rigorous, easy-to-use APIs; insufficient PIMS vendor resources dedicated to third-party integrations; the PIMS monetization of API access through fees charged to ISVs; the use of non-disclosure agreements (NDAs) that obscure commercial arrangements from the practices themselves; and the selective exclusion of ISV categories that compete with PIMS's product extension and revenue ambitions.

This survey's aggregated results tell a unique story for each PIMS vendor. Many PIMS, including the ones with the most customers, exhibit at least one, if not more, of these restraints. But several other PIMS are genuinely trying to be open without charging access fees. But even then, these companies' actual behaviors in practice don't always match their stated principles. Finally, this is an evolving topic, with PIMS companies continually changing their approach. We expect, partly as a result of the research and market pressure, that PIMS companies will continue to adjust their policies and practices. The results of the 21 ISV survey will be presented in a separate CAVSG chapter in the next two weeks.

This paper is evidence-based. It is addressed to practice managers and owners, corporate accounts, PIMS vendors, and ISVs.

Future installments of the CAVSG series will address PIMS vendor market shares, scribe and other AI software adoption, and ISV category penetration from the same survey dataset.

I. The CAVSG Series and This Paper's Place in It

The Companion Animal Veterinary Software Guide (CAVSG) is an independent, multi-part series providing veterinary practices, corporate groups, and technology leaders with comprehensive, unbiased guidance on software selection and strategy.

Parts I through V developed a framework for evaluating veterinary software, documented industry feedback to the openness thesis presented at VMX 2026, provided an AI technology roadmap across 13+ application categories, analyzed the future architecture of the PIMS in the age of AI, and presented industry analog case studies from commerce, CRM, healthcare, and fintech demonstrating that open API access strengthens rather than weakens system-of-record platforms.

Part VI marks a shift from analysis and argument to evidence. Throughout this series, the authors have advanced the thesis that veterinary practices, as the owners of their data and the

customers of the PIMS vendors, should have the ability to grant their ISVs of choice both read and write access to their PIMS data, based solely on their consent, similar to how other industries have successfully evolved. This paper puts that thesis to the test with the largest independent professional market research conducted on this topic: the voices of 1,273 practices.

Part VI is the first paper that analyzes the survey results. Future papers in this series will discuss scribe adoption and share of market (next up), other ISV category share and adoption, and PIMS vendor market shares and customer ratings and feedback.

II. Survey Methodology

Study Design and Execution

The ASIPS was designed and funded by Jon Ayers and executed by Kynetec, a leading animal health market research firm. The study employed a 15-minute online survey administered to a dedicated veterinary professionals panel between January 13 and March 4, 2026.

Parameter	Detail
Method	Online survey among a dedicated veterinary professionals panel
Total Sample	n=1,273 validated practice responses
United States	n=1,057
Canada (English-speaking)	n=216
Survey Length	15 minutes
Field Dates	January 13 – March 4, 2026
Representation	One respondent per practice, no practices counted twice.

Respondent Qualifications

Respondents were screened to meet all of the following criteria: they must be a companion animal veterinarian, veterinary technician, practice manager, or other practice staff member; they must be familiar with and knowledgeable about all software used in the clinic; they must be located in the US or Canada (excluding Québec); and only one respondent per practice was permitted. This one-per-practice requirement ensures that the dataset represents 1,273 distinct practice operations, not individual opinions within the same clinic. Practices that belong to Mars Veterinary Health were excluded as they have a proprietary PIMS and software ecosystem strategy.

Scope of This Analysis

This paper focuses on the survey questions related to ISV integration with the PIMS, specifically:

Importance of other software being able to read PIMS data (QB11);
 Open-ended explanation of why read access matters (QB11A);
 Importance of other software being able to write back to PIMS (QB12); and
 Open-ended explanation of why write-back matters (QB12A).

III. The Data: What Customers Say About ISV Access

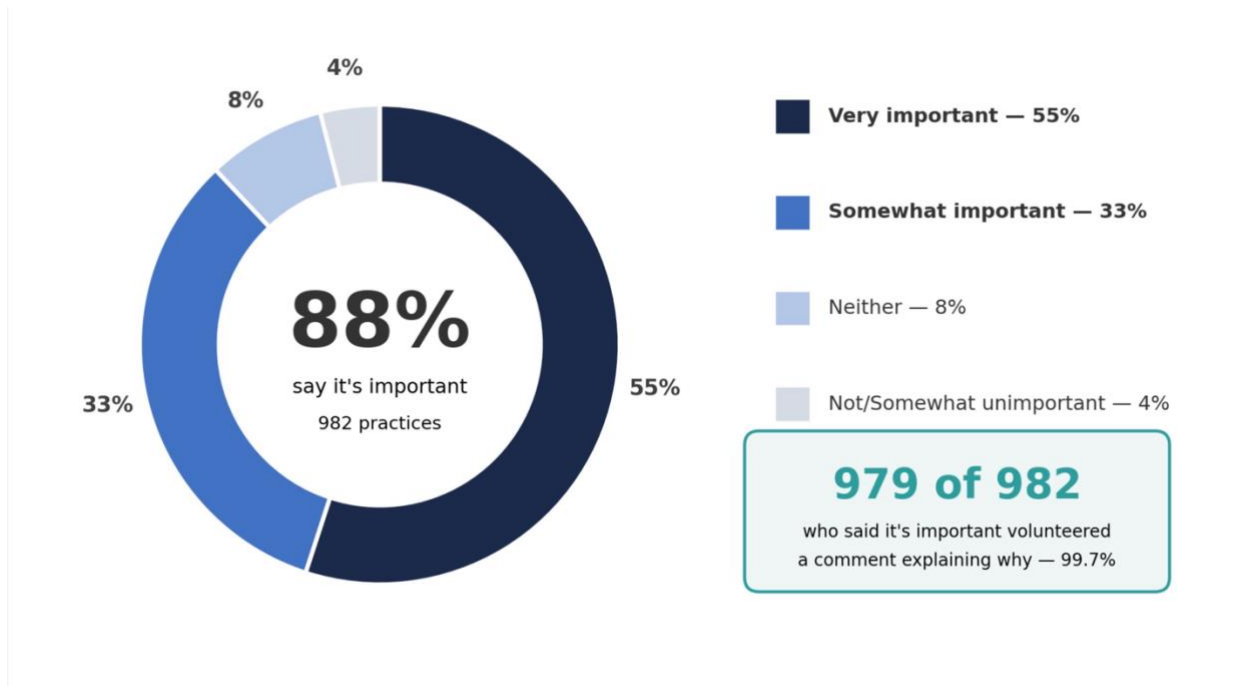
A. The Quantitative Finding: Integration Is Not a Nice-to-Have

The ASIPS asked all PIMS-using practices two direct questions about the importance of ISV integration. The results leave no room for ambiguity.

Respondents, when asked if they want either read access, write access, or both, 982 of 1,111 PIMS-using respondents (88.4%) rate at least one direction of integration, if not both, as important.

Of those 982, fully 979 (99.7%) volunteered an open-ended comment explaining why (the comment section was optional).

For read access alone (QB11A), 884 of 887 provided comments; for write-back (QB12A), 836. This alone indicates the energy that customers feel on this issue. These responses, including verbatims, form the primary evidence base for this paper.



On the question of whether other software should be able to access the medical record, calendar, or other PIMS data automatically (*read access*), 45% of respondents said “very important” and 35% said “somewhat important,” for a combined “top-two-box” (T2B) out of five score of 80%. In the United States, the figure was 81%; in Canada, 73%.

On the question of whether other software should be able to update the PIMS automatically, such as adding to the medical record or updating the calendar (*write-back*), 39% said “very important” and 36% said “somewhat important,” for a combined T2B of 75%. US practices were slightly higher at 77%, with corporate practices (about 1/3 of responses) reaching 82%.

These numbers are striking not just for their magnitude but for their consistency. Corporate practices rate integration somewhat higher (87% for read access, 82% for write-back), consistent with their multi-location need for standardized data flows, but independent practices are not far behind (79% and 74% respectively).

Only 7% of respondents rated read access as unimportant (bottom two box), and 7% for write-back. The neutral middle is small: 14% for read, 17% for write-back. This is not a divided market. It is a market with a clear, strong consensus.

What About the Other 20%?

But what about the 20% who did not rate read access as important? A closer look reveals that the 80% figure for read access alone actually *understates* the breadth of integration demand. The survey’s skip-pattern design asked respondents to explain why access was important (QB11A) only if they rated it 4 or 5. As a result, no verbatim comments exist from the “Neither” or “Not Important” groups on read access. However, many of these same respondents rated write-back access as important and provided detailed explanations of why.

When respondents who rated read access as neutral or unimportant but rated write-back as important are included, **88.4% of practices (982 of 1,111) express importance for at least one direction of integration.** Of those 982, fully 979 (99.7%) provided an open-ended comment explaining why. This is not passive checkbox selection but considered, articulated demand. The 80% figure for read access remains accurate on its own terms, but the composite measure is the more complete indicator: fewer than 12% of practices express no integration interest in either direction.

The True Floor Is Smaller Than It Appears. The 129 respondents (11.6%) who expressed no importance for either read or write-back access are not a bloc of principled opponents. Two-thirds of this group (71 respondents) selected “Neither” on both questions—they are neutral, not negative. Excluding “Neither” responses entirely, only 42 respondents (3.8% of the total sample) affirmatively rated both directions of integration as unimportant. The hardest “no”—both rated “Not at all important”—is just 20 respondents, or 1.8% of the sample.

Profile of the Disengaged. The single most important characteristic of this group: 64% use none of the listed ISV software categories (online booking, payments, pharmacy)—compared to 40% overall. They are not anti-integration. *They have not yet adopted the tools that create integration need.* They are smaller practices (mean 3.9 vet FTEs versus 4.5 overall), more likely to be independent (78% versus 68%), and slightly more rural (20% versus 16%). The group reads as disengaged non-adopters rather than as principled opponents of integration.

Even the “Other 20%” Articulates Integration Need. Among the 95 crossover respondents—those who rated read access as neutral or unimportant but write-back as important—all 95 provided open-ended comments explaining why write-back matters. Their words demonstrate that even respondents outside the read-access T2B express concrete integration needs:

“I would love a direct integration with CoVet into Shepherd. Currently we are using a Covet Google Chrome Extension so there is a lot of copying/pasting. While it is saving time at the end of the night, it is still work to do and I’d like to hopefully reduce that time.”

— Vetspire | USA | Independent | 3 vets | Rated read access “Neither”

“Right now we are re-typing or copy and pasting all client communications into medical notes and its very time consuming and redundant.”

— Cornerstone (IDEXX) | USA | Corporate | 7 vets | Rated read access “Somewhat unimportant”

“It would be handy if any outgoing messages to clients and any replies were automatically added to the medical record as client communication. At present, receptionists have to manually add communications and appointments to the PIMS from AllyDVM.”

— Avimark (Covetrus) | Canada | Corporate | 3.5 vets | Rated read access “Somewhat unimportant”

“Having an AI scribe app that automatically links to my PIMs to save a few copy/paste steps would be helpful, but not necessary!”

— Instinct | USA | Independent | Emergency | 1 vet | Rated read access “Not at all important”

The Shrinking Floor. As AI scribe adoption and ISV usage continue to accelerate across veterinary medicine, the non-adopter segment that comprises the bulk of the “true floor” will erode naturally. The 88% figure is not a ceiling. It is a floor that is rising.

A note on statistical precision. The findings reported above are based on the full ASIPS sample (n=1,273), for which the maximum margin of error at the 95% confidence level is $\pm 2.75\%$. At this level, the headline results—80% T2B for read access, 75% for write-back, and the composite 88% for either direction—are robust: even at the outer bound of sampling error, a decisive majority of practices rate ISV integration as important.

However, readers should interpret subgroup comparisons with additional care. Margins of error widen as sample sizes shrink:

Table 1. Margin of Error by Sample Subgroup (95% Confidence Level)

Sample / Subgroup	n	Margin of Error (±)	95% CI for 80% T2B Read
Full ASIPS Sample	1,273	±2.75%	77.3% – 82.8%
US Total	1,057	±3.02%	77.0% – 83.0%
US Independent	715	±3.67%	76.3% – 83.7%
US Corporate	325	±5.44%	74.6% – 85.4%
Canada	216	±6.68%	73.3% – 86.7%

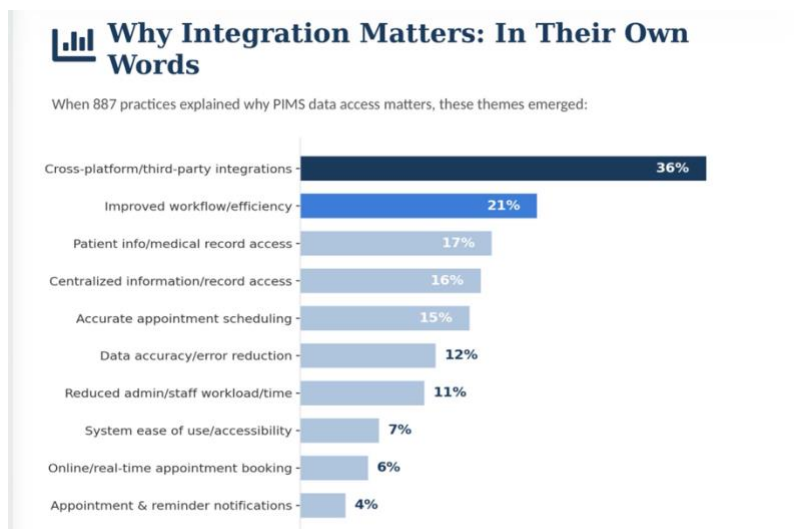
Note: The 95% CI column illustrates the plausible range around a point estimate of 80% (Top 2 Box, read access). Formula: $p \pm 1.96 \times \sqrt{p(1-p)/n}$. Subgroup margins widen as sample sizes decrease.

The overall pattern is unambiguous: strong demand for integration across every subgroup above.

B. The Qualitative Finding: Why Integration Matters

The quantitative data tells us how many practices want integration. The open-ended responses, 884 verbatim explanations for read access alone, tell us why. Kynetec coded these responses into categories.

The top reasons cited:



Source: ASIPS, QB11A. Base: All practices using PIMS who rated importance as 4 or 5. Total sample n=887. Only reasons mentioned by at least 4% of total are shown.

For write-back, the top reasons were similar but shifted toward operational execution: workflow and process efficiency (20%), complete and accurate medical records (16%), seamless system interoperability (14%), and reduced administrative workload (13%).

But the coded categories, while useful, understate the intensity of the customer voice. The verbatim responses and their number reveal a level of frustration, specificity, and urgency that summary statistics cannot capture. We have organized the most illustrative responses into six thematic categories.

Theme 1: Integration as a Non-Negotiable

A significant number of respondents frame PIMS integration not as a preference but as a baseline requirement, a condition of purchase and continued use.

“Want all software to integrate” ezyVet (IDEXX) | USA | Very important

“2 way integration is critical and a non negotiable for us. It streamlines workflow and ensures all integrations are working off the most current information.”

ezyVet (IDEXX) | USA | Very important

“Automation is integral to our workflow. If automation is not a function, then we typically will not bring in that new software.”

ezyVet (IDEXX) | USA | Very important

“It seems self-evident to me. If we have other software scheduling appts for example, it’s pretty useless if it can’t access our appt calendar.”

Avimark (Covetrus) | USA | Very important

“Read and write-back capability is vital to ensuring that client and patient information is not lost between the two platforms.”

ezyVet (IDEXX) | USA | Very important

These are not aspirational statements. They describe current purchasing criteria and workflow standards. When a practice says integration is “non-negotiable,” it signals that PIMS vendors who restrict ISV access are making a strategic choice that their customers explicitly oppose.

Theme 2: Patient Safety and Clinical Risk

A second group of respondents connects the absence of integration directly to clinical risk: missed test results, duplicated procedures, fragmented records, and compromised care.

“This is necessary to be certain that all medical information on a pet can be accessed at once, preventing a situation where a test result for example may not show up and I may believe the test was never performed.”

ezyVet (IDEXX) | USA | Very important

“For good patient care, I need everything in one place. I need the PIMS to have the entire record so I can access patient history in order to prevent mistakes. I don’t have time to be on multiple platforms to piece together the case.”

Shepherd | USA | Somewhat important

“Fragmented information leads to poorly scheduled visits, uncertainty about what’s going on in a given case, and other confusions.”

ezyVet (IDEXX) | USA | Very important

When integration fails, the medical record becomes incomplete. Information sits in silos. Clinicians either spend time hunting across platforms or, more dangerously, proceed without the full picture. This is not an efficiency argument. It is a patient safety argument.

Theme 3: Without Integration, the Software Defeats Its Own Purpose

A third category of respondents argues that software which cannot integrate with the PIMS creates more work than it eliminates, turning what should be a solution into a burden.

“I do not want my staff to spend time copy and pasting info between platforms, this wastes time and can cause errors.”

ezyVet (IDEXX) | USA | Very important

“If we are paying for a service, our team should not have to double the work to ensure it was done correctly every time.”

ezyVet (IDEXX) | Canada | Very important

“Otherwise we have to manually add it, which is so time consuming it likely eats up any time made by the software that we are using.”

Avimark (Covetrus) | Canada | Very important

“We are currently running into issues of our PetDesk scheduling appointments in ezyVet but not updating in real time causing the schedule to be double booked.”

ezyVet (IDEXX) | USA | Very important

The implication is clear. When a practice invests in an ISV application, whether for scheduling, communications, or documentation, and that application cannot read from or write back to the PIMS, the investment is partially or wholly undermined. The practice pays for the ISV tool and then pays again in staff time to bridge the gap manually.

Theme 4: AI Scribe Integration, a Flashpoint

A growing subset of respondents specifically calls out the need for their preferred AI scribe tool to integrate, including CoVet, ScribbleVet, ScribeNote, VetRec, and others, and the friction caused when these cannot read from or write back to the PIMS. The copy-and-paste workaround is a recurring pain point.

“Having the AI scribe program automatically link to the PIMS system to provide a medical history timeline and entering the exam findings into a preset SOAP template. Too much time spent cutting and pasting.”

Avimark (Covetrus) | USA | Very important

“The CoVet software currently does not integrate with VetUp, as such it requires me to email the document to myself to copy/paste into the platform which is time wasted compared to seeing patients/contacting clients.”

Other (VetUp) | Canada | Very important

“Especially for the scribe software, ease of transfer is important or else it really isn’t saving much time.”

Cornerstone (IDEXX) | USA | Very important

“When communication tools, AI scribes, inventory systems, and billing platforms can pull information directly from the PIMS, staff can move seamlessly from one task to another without toggling between screens or copying information.”

Neo (IDEXX) | USA | Very important

AI scribes represent one of the most rapidly adopted ISV categories in veterinary medicine. The clinical value of a scribe will increasingly depend on integration: the scribe needs to read patient context from the PIMS to produce accurate notes, and those notes need to write back to the medical record to complete the workflow. When the PIMS vendor excludes, or even worse blocks, either direction, the practice is left copying and pasting, which consumes the very time the scribe was purchased to save. The next CAVSG paper, Part VII (scheduled to be released on April 1), will do a deep dive into scribe adoption, penetration, satisfaction, and which scribe and PIMS vendor strategies are leading.

Theme 5: Vendor Choice and Competition

Some respondents explicitly connect integration openness to their ability to choose the best tools for their practice, rather than being locked into whatever their PIMS vendor offers.

“That way I don’t get pigeon holed into only being able to use one vendor.”

Cornerstone (IDEXX) | USA | Very important

“The more our PIMS integrates with other software, the easier it will be for our staff to do their job and potentially require less support staff.”

Avimark (Covetrus) | USA | Very important

“We should be able to have everything we use be integrated for ease of access.”

Avimark (Covetrus) | USA | Very important

Theme 6: Administrative Burden and Staff Wellbeing

A final category of responses links integration to the daily experience of veterinary staff, particularly the frustration of redundant data entry and the time it takes away from patient care.

“I feel that increased integration through PIMS systems can decrease the administrative workload on the veterinary paraprofessional and increase patient time and outcomes.”

USA

“Makes paperwork easier and more time to treat patients.”

Cornerstone (IDEXX) | USA | Very important

“It frees up time for employees to complete other tasks.”

ezyVet (IDEXX) | USA | Very important

In an industry facing well-documented workforce challenges, including burnout, turnover, and staffing shortages, every minute of unnecessary administrative work has a human cost. Integration is not solely a technology issue. It is a staff retention and wellbeing issue.

Conclusion. Many of these responses reflect a growing awareness among practice teams that integration restrictions are not a technical limitation. They are a business strategy of their PIMS vendor, and not necessarily a customer-friendly one at that. When a practice cannot connect a preferred independent software vendor to their PIMS data because the PIMS vendor has not built, or has deliberately withheld, the necessary API access, the practice's technology choices are restricted by the PIMS vendor. Exclusions are not a result of the practice's own assessment of what best serves its patients, staff, and business.

IV. Why ISV Integration Is Not Universally Available

The customer demand is clear. So why is it not being met? The five barriers described below are based on evidence gathered through the CAVSG series and direct discussions with ISV founders and innovators over the last six months. These discussions inspired a systematic survey of 21 ISVs about their experience integrating with each PIMS. Notably, all 21 vendors indicated that integration with the customer PIMS was important to achieving the full value of their offering.

Every PIMS vendor's policies and practices in the field are different, and even different depending on which ISV they are interacting with. A very few are genuinely open. But most in practice exhibit certain headwinds to ISV innovation, whether by accident, lack of strategic vision or design.

We will have considerably more to say on this subject when we publish the results of a separate survey completed by 21 ISVs (nearly 100% response rate) regarding their direct experience integrating with each of 14 different PIMS vendors. The survey covers

- whether each ISV obtained sanctioned read, write, or both API access,
- how long the process took,
- what the experience was like,
- what workarounds they attempted or succeeded with when sanctioned access was unavailable,
- were they directed to a third-party,
- the fees charged integrating,
- and whether they had to sign a non-disclosure agreement with regard to their arrangements with the PIMS vendor, including costs charged.

Barrier 1: The Absence of Rigorous, Easy-to-Use APIs

Many PIMS vendors have not developed comprehensive, well-documented, and stable APIs that ISVs can access freely and easily. In some cases, the API does not exist for critical data objects. In others, the API exists but lacks write-back capability, has undocumented limitations, or is brittle enough that PIMS updates break existing integrations without notice. Self-service developer portals, sandboxes, and published documentation, all standard in other software industries, remain the exception rather than the norm in veterinary PIMS.

The practical consequence is that ISVs face an unpredictable and often lengthy integration process. What should be a technical exercise, connecting one system to another through published interfaces, becomes a relationship-dependent negotiation.

Barrier 2: Insufficient Resources to Handle ISV Demand

Some PIMS vendors have not allocated sufficient engineering, partnership, or support resources to manage the volume of incoming integration requests. The result is that ISVs are told to “take a ticket and get in line.” Timelines stretch from weeks to months. Some requests are simply never addressed.

This is not necessarily a deliberate strategy. But it is a lack of strategic vision: failure to anticipate emerging market needs. The surge in AI-enabled veterinary applications has created unprecedented demand for PIMS integration, and PIMS vendors designed for a slower pace of ecosystem development may not have anticipated this volume. However, the effect on practices and ISVs is the same: innovations that could improve clinical care, reduce administrative burden, and strengthen practice operations are delayed or blocked.

Barrier 3: Monetization of API Access

Some PIMS vendors charge ISVs for API access, and these fees become a profit center, a mechanism for monetizing the installed base of captive customers. Fee structures vary: one-time onboarding fees, ongoing per-location charges, per-transaction fees, or minimum volume qualifications. In some cases, the fees are meaningful enough to alter the ISV’s business model or to effectively price smaller or earlier-stage ISVs out of the market.

The concern deepens when fees are calibrated to the vendor’s market power rather than the actual cost of providing access, and when those fees are structured specifically to slow or price out smaller ISVs. The practices paying for the PIMS end up bearing the cost of restricted innovation.

Analogs in other industries that had naturally evolved to open API access have eliminated any API fees.

Barrier 4: Non-Disclosure Agreements That Obscure Commercial Terms

Industry participants report that some PIMS vendors require ISVs to sign non-disclosure agreements (NDAs) as a condition of integration. While NDAs serve legitimate purposes in protecting proprietary technology, the practical effect in this context can extend further: ISVs are prevented from disclosing to the mutual customer, the veterinary practice, the existence, amount, or structure of fees being charged for API access.

The reasons for such restrictions are easy to speculate about: the PIMS vendor may not want its customers to know that it is charging ISVs for access to the customer's own data. It may not want other ISVs to know what terms have been offered to competitors. It may wish to maintain pricing flexibility by preventing market-wide visibility into its fee structure.

Regardless of the rationale, the consequence is an information asymmetry that works against the practice. The practice cannot make a fully informed decision about its technology stack if it does not know that its PIMS vendor is extracting fees from the ISVs serving that practice. Those fees are ultimately passed through to the practice in the form of higher ISV pricing or reduced ISV investment in the product, a point made directly by one of the larger ISVs in the space.

Barrier 5: Selective Exclusion of Competing ISV Categories

Some PIMS vendors deliberately exclude certain categories of ISVs from integration access, particularly in categories where the PIMS offers its own competing module. One example is online booking. Where a PIMS vendor offers a proprietary booking tool, it may deny or delay integration access for independent booking applications, effectively forcing the practice to use the PIMS-native module regardless of whether it is the best available option.

Another prominent example is scribe software. The authors have credible reports from multiple sources that one PIMS vendor initially provided access to third-party scribe software, and then pulled that access when they launched their own scribe offering, naturally upsetting some of their customer base.

As Part III of this series observed: “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.”

This pattern is not unique to veterinary software. It is well-documented in other technology markets. The industry analog evidence presented in Part V of this series demonstrates that the platforms that chose to compete by restricting access (Siebel in CRM, Magento in commerce, and the pre-Cures Act posture in healthcare) lost market share to platforms that competed on ecosystem richness. The consistent finding across commerce, CRM, healthcare, and fintech is that open API access governed by customer consent proved value-additive for every participant.

V. The Consent Principle: The Practice's Data, the Practice's Choice

Underlying all five barriers is a fundamental question of governance: who decides whether an ISV can access the practice's data?

Throughout this series, and in the industry analog evidence of Part V, a consistent principle has emerged. In every mature framework examined, whether Shopify in commerce, Salesforce in CRM, Epic in healthcare, or Plaid in fintech, *the customer*, not the system-of-record vendor, holds the key. The customer's consent is sufficient to unlock data access for the applications they choose.

In the veterinary context, this means the practice's consent should be sufficient for an ISV to access the practice's PIMS data. The PIMS vendor's role is to provide the technical infrastructure for secure access, including authentication, audit trails, rate limits, and data governance, not to serve as a commercial gatekeeper deciding which innovations the practice is permitted to use.

The ASIPS data confirms that this is what customers expect. When 88% of practices say that ISV access to their PIMS data is important—for read, write-back, or both—they are not asking the PIMS vendor for a favor. They are expressing a requirement for how their system should work, a system they pay for and a database that contains their records.

VI. Implications for Stakeholders

For Practice Owners and Managers

The data in this paper gives practice leaders a factual basis for conversations with their PIMS vendor. If your practice is among the 88% that considers ISV integration important in at least one direction, you now know that you are in the overwhelming majority. When evaluating your current PIMS or selecting a new one, integration openness should be weighted as a first-class criterion alongside workflow fit. Ask your PIMS vendor directly:

1. Which ISVs can read and write to my current PIMS system today?
2. What are the timelines and fees the PIMS charge my ISV for new integrations (adding to my ISV costs)?
3. Are any ISV categories excluded?

The answers will tell you more about your vendor's strategic posture than any marketing material.

For Corporate Groups

Corporate practices rated integration importance even higher than independents (87% for read access, 82% for write-back). Multi-location groups have additional leverage and additional need: they require standardized data flows across their portfolio and often operate technology evaluation at scale. Corporate groups are in a position to make integration openness a contractual requirement in PIMS negotiations, and the ASIPS data suggests that many already view it that way.

For PIMS Vendors

The customer demand documented here is not a trend to monitor. It is a current market condition. Eighty percent of your customers say integration matters. PIMS vendors that respond to this demand by building rigorous, well-documented APIs with self-service access and free of access/integration fees of any kind will, strengthen their competitive position, consistent with the pattern observed across every industry analog in Part V. Some are already taking this position.

Those PIMS that continue to restrict access, charge extractive fees, or selectively exclude ISV categories are making a choice that the majority of their customers explicitly reject.

We have surveyed the 14 actively marketed PIMS and their vendors to state their policies and practices with regard to API access. We expect to have those results for publication in early April. We already have commitments from 5 to 6 PIMS vendors that they will respond to our survey. As of this writing, four have responded and have a policy of not charging any fees.

For ISVs (including the AI innovators)

This paper documents the customer mandate for what ISVs have experienced operationally: practices want integration, and the barriers are on the PIMS side, not the demand side. The data provides ISVs with an evidence-based tool for conversations with PIMS vendors, corporate accounts, and investors. ISVs should also encourage their practice customers to express this demand directly to PIMS vendors. As the ASIPS demonstrates, the customer voice is both clear and strong.

VII. Conclusion

The ASIPS provides the first large-scale, independent, quantitative evidence of what the veterinary software market has been saying in corridors, conference halls, and practice manager meetings: PIMS integration with ISVs is not optional. It is a clinical, operational, and strategic requirement for the vast majority of veterinary practices in North America.

Eighty-eight percent of practices express that ISV integration with their PIMS is important in at least one direction—read, write-back, or both. Eighty percent rate read access as important; 75% rate write-back as important; and when both dimensions are combined, 88% express

importance for at least one direction. Fewer than 4% affirmatively rate both directions as unimportant. Among the 982 who expressed importance, 979 (99.7%) provided open-ended comments explaining why. The reasons span patient safety, workflow efficiency, staff burden, and the fundamental right to choose their own tools. The demand is not theoretical. It is current, it is specific, and it comes from practices across every region, practice type, and PIMS platform.

The barriers to meeting this demand, including absent APIs, insufficient resources, access fees, NDAs, and selective exclusion, are real, but they are not immutable. They are the result of business decisions made by PIMS vendors, and they can be reversed by business decisions. The industry analogs documented in Part V demonstrate that the platforms that chose openness outperformed those that chose restriction, in every case.

The practice's consent should be sufficient. The customer has spoken. The question now is whether the PIMS vendors are listening.

VIII. The Future: Anticipating Agents as Users

Everything we have documented above assumes a specific model: human developers building integrations through published API endpoints. That model is already being overtaken by something more fundamental.

The next generation of PIMS users will not be developers. They will be AI agents.

This is not a speculative claim. Part II of the VetSoftwareHub series describes this trajectory directly, predicting that software applications will at some point receive more agent visitors than practice staff, and describing an approaching wave of “agentic engineering” in which individual veterinarians build their own tools using AI coding assistants and then need to connect those tools to their patient data. The implication is clear: PIMS providers need to redesign their applications today for this new world coming shortly.

A well-documented OpenAPI makes a PIMS accessible to developers. But developers are not agents. To make a PIMS accessible to AI agents, a different protocol is needed: the **Model Context Protocol (MCP)**. MCP is an emerging standard that allows AI agents to discover, authenticate with, and interact with software systems in real time. Where an API requires a developer to write code that calls specific endpoints, an MCP server allows an agent to understand what data and actions are available and to use them autonomously on behalf of the user, with proper governance and permissions.

Consider the practical difference. With an open API, a practice can hire a developer or purchase an ISV application that connects scheduling software to the PIMS calendar. With MCP, a practice owner could say to an AI assistant: “I want a dashboard that shows me all patients overdue for heartworm testing, sorted by last visit date, with one-click texting to the client,” and

have the agent build a functional tool that connects to the PIMS immediately, securely, and with proper governance. No developer required. No ISV intermediary. The agent does the work.

The mental model for PIMS vendors is this: **OpenAPI is your interface for human developers. MCP is your interface for AI agents. You need both.** But if you only build one, you are building for today. If you build both, you are building for the future. And the trajectory of the entire software industry—not just veterinary medicine—is moving definitively from developer-built integrations to agent-driven workflows.

For PIMS vendors, this should not be seen as a threat. On the contrary, a PIMS that publishes a comprehensive MCP server becomes the foundation of an ecosystem. Every agent that connects through it increases the platform’s value, deepens switching costs, and creates a potential revenue opportunity through marketplace participation. The same logic that makes open APIs a competitive advantage—documented across the industry analogs in Part V—applies with even greater force to agent accessibility. The platform that agents can connect to is the platform that wins.

Put this all together and the picture becomes clear. The customer mandate documented in this paper—88% expressing integration importance for at least one direction, with 80% for read access and 75% for write-back—is a mandate for open APIs today. But the market is not standing still. The PIMS vendors that respond to today’s demand with open APIs and simultaneously anticipate tomorrow’s demand by exposing MCP servers will be the platforms that anchor the next era of veterinary technology. Those that do neither will find themselves outpaced—first by ISVs that route around them, and then by agents that bypass them entirely.

The concept of PIMS-as-agent-platform, including the architectural requirements for MCP adoption in veterinary software, will be developed in detail by Kevin Cohen in a forthcoming CAVSG paper dedicated to this topic. This concept has also been raised by two to three other innovators in conversations over the past six months, so it is a consistent theme that we are hearing from those most forward thinking.

IX. Methodology and Margin of Error

The data in this paper, from a survey entitled ASIPS (Ayers Software in Practice Survey), is drawn from the Kynetec Veterinary Practice Software Usage Market Research Study (PRJ17655). The survey consisted of a 15-minute online questionnaire conducted among a dedicated panel of veterinary professionals between January 13 and March 4, 2026. The study was commissioned by Jon Ayers in November 2025 and fielded by Kynetec, a global research firm specializing in animal health and agriculture.

The total validated sample comprises 1,273 practices: 1,057 in the United States and 216 in English-speaking Canada (Quebec was excluded because the survey was conducted in English only).

Respondent screening. To qualify, respondents were required to be a companion animal veterinarian, veterinary technician (RVT/LVT/CVT), practice manager, or other practice staff member; to be familiar with or knowledgeable about all software used in the clinic; and to be located in the US or Canada (excluding Québec). Only one respondent was permitted per practice, ensuring that the dataset represents 1,273 distinct practice operations rather than multiple opinions from within the same clinic.

Scope of this section. The survey methodology is described in full in Section II of this paper. This appendix provides the formal statistical notes and margin-of-error calculations for reference.

Mars Veterinary Health exclusion. Practices operating under the Mars Veterinary Health umbrella (including VCA Animal Hospitals, BluePearl Specialty and Emergency, and Banfield Pet Hospital) were purposely excluded from the study. These organizations enforce standardized internal practice management systems across their networks and operate as a closed ecosystem with respect to software selection. Their inclusion would distort the data, as individual practice-level software choice is not applicable within these groups. Mars Veterinary Health collectively operates approximately 2,200 US and Canada locations across its three brands.³

Market-size weighting. Where market share figures are reported in this series, they are weighted by practice count to reflect actual market size rather than raw survey proportions. The weighting uses third-party data to establish the practice population in each country, then applies weight factors so that each survey respondent represents a proportional share of their national market. The US practice count of 30,000 is drawn from converging industry estimates; for Canada, the Canadian Veterinary Medical Association reports 4,694 total veterinary practices nationally, reduced to 3,614 after excluding Quebec's 23% share. The resulting US:Canada weighting ratio is 8.3:1, reflecting the US market's dominant share of the English-speaking North American practice population. The ISV integration importance ratings in this paper (QB11, QB12) are reported as unweighted survey percentages, since the questions were asked of all PIMS-using practices regardless of country.

Margin of error and significance testing. At the 95% confidence level, the maximum margin of error for the full base of each key subgroup is as follows: Total Sample (n=1,273): $\pm 2.75\%$; Total US (n=1,057): $\pm 3.02\%$; Total Canada (n=216): $\pm 6.68\%$; US Independent Clinics (n=715): $\pm 3.67\%$; US Corporate Clinics (n=325): $\pm 5.44\%$. These figures are also presented in Table 1 in the body of this paper. The headline findings—80% T2B for read access, 75% for write-back, and the composite 88% for either direction—are robust at these levels of precision. Subgroup comparisons (e.g., corporate versus independent, US versus Canada) should be interpreted with appropriate care, as the margins widen for smaller samples. Where individual subgroup

³ Mars Veterinary Health location estimate: Banfield Pet Hospital operates “more than 1,000” hospitals in the US and Puerto Rico (banfield.com/about-banfield). VCA Animal Hospitals operates “more than 1,000” hospitals across the US and Canada (vcahospitals.com/about-us; AVMA, “VCA launches urgent care hospitals,” 2022, reporting “more than 1,000 hospitals across 46 states and five Canadian provinces”). BluePearl Specialty and Emergency Pet Hospital operates approximately 100 locations in the US (BluePearl Facebook page; Fortune, “Candy maker Mars is the biggest vet provider in the country,” January 2025, noting BluePearl “has nearly doubled to about 100 hospitals”). The combined US and Canada total is approximately 2,100–2,300 locations. Mars Veterinary Health’s frequently cited “nearly 3,000” figure is a worldwide total that includes European operations (AniCura, Linnaeus) and other international brands (Fortune, January 2025).

sample sizes fall below n=30, counts are shown in place of percentages and significance testing is not applied; grouped figures are directional.

About the CAVSG Series

Part I	Original framework for evaluating veterinary software; presented at VMX 2026
Part II	Industry feedback and validation from VMX 2026; documents the PIMS openness thesis and market momentum
Part III	AI Technology Roadmap: comprehensive review of 13+ application categories with practice guidance
Part IV	PIMS in the Age of AI: dissects the PIMS into its database and application layers, argues that AI will transform workflows while the system-of-record and governance functions persist
Part V	Open API and System-of-Record Industry Analogs: four case studies from commerce, CRM, healthcare, and fintech demonstrating that open APIs strengthen platforms
Part VI	The Customer Speaks (this paper): first analysis of ASIPS survey data on ISV integration demand and the barriers to meeting it

For more information, copies of published parts, or to contact the authors:

Email: jonayers888@gmail.com; adam@vetsoftwarehub.com

Web: vetsoftwarehub.com/papers/companion-animal-veterinary-software-ai

This paper was supported by use of Claude (Anthropic). The authors directed and carefully oversaw all analysis and editorial decisions. All survey data was collected and processed by Kynetec using standard market research protocols.

© 2026 VetSoftwareHub. All rights reserved.

Appendix: ASIPS Survey Questionnaire

The following is the complete survey instrument as fielded by Kynetec between January 13 and March 4, 2026. Purple text in the original indicates programming notes not shown to respondents.

Veterinary Practice Software Usage Study

STUDY DETAILS

FOR INTERNAL USE ONLY – NOT SHOWN TO RESPONDENTS

- **MARKETS: USA, CANADA**

	Target Quota
TOTAL	n=950+
USA	n=800+
Canada	n=150+

RESPONDENT QUALIFICATIONS SUMMARY [LIST FOR INTERNAL USE ONLY]

- Veterinary professionals meeting the following criteria:
 - Veterinarian (owner/partner or associate), veterinary technician, practice manager, or other practice staff member
 - Familiar with/knowledgeable about PIMS and other software used in the practice
 - Only 1 respondent per practice

- **METHODOLOGY [FOR INTERNAL USE ONLY]:**
 - Online survey of approximately 15 minutes

SURVEY BEGINS HERE; PURPLE TEXT INDICATES PROGRAMMING NOTES AND IS NOT TO BE SHOWN TO RESPONDENTS

WELCOME SCREEN

Thank you for your interest in our study. Your opinions are very important to us!

This is a country-wide study designed to represent people from varying situations. For this reason, the first section of this survey consists of a few classification questions. It will only take a couple minutes to determine if you fit into one of the groups needed for this study.

In accordance with standard market research practices, your identity will remain confidential! Your responses will not be linked with your name, and your information will be used for research purposes only. Your participation in this research is voluntary, and you have the right to withdraw or stop participating in this survey at any time.

If you would like to participate, please click "Next".

INTEGRITY QUESTIONS

Honest answers are important to the integrity of the research process. As such, please take the time necessary to provide thorough and thoughtful answers to this survey. If you attempt to

complete the survey in an unreasonable amount of time or answer in nonsensical ways, you may be disqualified.

Do you agree to carefully read and respond as accurately as possible to all questions within the survey?

- Yes
- No

[PROGRAMMER: RESPONDENT MUST CHECK ‘YES’ BOX BEFORE BEING ALLOWED TO MOVE ON TO THE SURVEY; TERMINATE IF ‘NO’ IS SELECTED]

SCREENING QUESTIONS

QS1. Which of the following best describes your position in your veterinary practice?
[SINGLE PUNCH]

1	Veterinary practice owner/partner
2	Associate or employed veterinarian
3	Registered/licensed/certified veterinary technician
4	Veterinary assistant
5	Hospital administrator or practice manager
6	Receptionist/client service representative
7	Kennel assistant or similar
91	Other (please specify): _____ [SPECIFY]

QS2a. What **[US: state / CAN: province]** is your practice located in? If your practice has more than 1 location, please consider the location where you primarily work.

[INSERT DROP-DOWN LIST OF US STATES / CANADA PROVINCES IN ALPHABETICAL ORDER. TERMINATE IF QUEBEC SELECTED. ASSIGN TO REGION USING THE FOLLOWING:

USA:

- **Northeast:** Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, Pennsylvania, New Jersey
- **South:** West Virginia, Maryland, Delaware, Virginia, District of Columbia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Mississippi, Alabama, Texas, Oklahoma, Arkansas, Louisiana
- **Midwest:** Wisconsin, Illinois, Michigan, Indiana, Ohio, North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri
- **West:** Montana, Idaho, Wyoming, Utah, Colorado, New Mexico, Arizona, Nevada, Alaska, Washington, Oregon, California, Hawaii

CANADA:

- **Atlantic:** Newfoundland and Labrador, Prince Edward Island, Nova Scotia, New Brunswick
- **Central:** Ontario
- **Prairies:** Alberta, Saskatchewan, Manitoba
- **West Coast:** British Columbia
- **Northern Territories:** Yukon, Northwest Territories, Nunavut]

PRG: SHOW QS2 ONLY IF NO ZIP CODE OR POSTAL CODE INFORMATION IS ON FILE. IF ZIP CODE/POSTAL CODE ON FILE, AUTO FILL WITH PANEL DATA.

QS2. IF US, SHOW: What is the 5-digit ZIP code of your practice? If your practice has more than 1 location, please consider the location where you primarily work.

IF CANADA, SHOW: What is the postal code of your practice? If your practice has more than 1 location, please consider the location where you primarily work.

[IF US, ONLY ALLOW NUMERICAL RESPONSE. IF CANADA, ALLOW ALPHA AND NUMERICAL RESPONSE.]

PRG: SHOW QS3 ONLY IF NO PRACTICE NAME INFORMATION IS ON FILE. IF PRACTICE NAME ON FILE, AUTO FILL WITH PANEL DATA.

QS3. What is the name of your practice? Please note this information is for classification purposes only and will not be linked to your responses.

[MANDATORY TEXT BOX]

[QS2 & QS3 TO BE USED FOR QC ONLY AND NOT REPORTED/LINKED WITH THE REST OF RESPONDENT'S DATA; REMOVE RESPONDENT IF THERE HAS ALREADY BEEN A QUALIFIED SURVEY SUBMITTED FOR PRACTICE MATCHING INFORMATION ON FILE OR ZIP/POSTAL CODE IN QS2 & NAME IN QS3]

QS4. Which of the following do you predominantly work for?

1	Independently owned, private practice
2	Corporate or group owned practice
3	Spay/Neuter or vaccine practice
4	Animal shelter / rescue organization
5	Other (please specify): _____

[ASK QS4A IF CORPORATE PRACTICE (CODE 2) SELECTED IN QS4 FOR USA ONLY] [SINGLE SELECT]

QS4a. Which corporate practice or hospital chain are you employed by?

1	Banfield	TERMINATE
2	Blue Pearl	CONTINUE
3	Community Vet Practices / VIP Pet Care	CONTINUE
4	Ethos	CONTINUE
5	Mission Pet Health / Southern Veterinary Partners / Mission Veterinary Partners	CONTINUE
6	NVA	CONTINUE
7	PetVet Care Center (PVCC)	CONTINUE
13	Rarebreed Veterinary Partners	CONTINUE
8	Thrive Pet Healthcare / Pathway Vet Alliance	CONTINUE

9	VCA	CONTINUE
10	VetCor	CONTINUE
11	Western Veterinary Partners	CONTINUE
12	Other corporate practice or hospital chain	CONTINUE

[ASK QS4B IF CORPORATE PRACTICE (CODE 2) SELECTED IN QS4 FOR CANADA ONLY]
[SINGLE SELECT]

QS4b. Which corporate practice or hospital chain are you employed by?

1	Globalvet	CONTINUE
2	NVA	CONTINUE
3	P3	CONTINUE
4	VCA	CONTINUE
5	VetCare	CONTINUE
6	VetStrategy	CONTINUE
7	Other corporate practice or hospital chain	CONTINUE

QS5. In general, how familiar are you with the different types of software that may be used in your practice?

Not at all familiar 1	Slightly familiar 2	Somewhat familiar 3	Very familiar 4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[TERMINATE IF CODE 1 SELECTED; SKIP TO Q_REF1]

QS6. Does your practice currently use a Practice Information Management System (PIMS)?

1	Yes	CONTINUE
2	No	SKIP TO SURVEY SECTION B
3	I don't know	TERMINATE; SKIP TO Q_REF1

QS7. And, how familiar are you with your practice's use of Practice Information Management System (PIMS) software?

1	I'm not aware of any details related to my practice's use of PIMS software	TERMINATE; SKIP TO Q_REF1
2	I know whether my practice uses PIMS software, but I'm not familiar with the software name(s) or any details about it	TERMINATE; SKIP TO Q_REF1

3	I know the name(s) of the PIMS software my practice uses, but I'm not very familiar with its features or details	CONTINUE
4	I'm familiar with the name(s) and other details of the PIMS software used in my practice	CONTINUE

Q_REF1. INSERT STANDARD VETSPANEL REFERRAL QUESTIONS

NEW SCREEN [SHOW FOR QS2a, QS4A, AND QS4B TERMINATES ONLY]:

[IF RESPONDENT SCREENS OUT, SHOW:]

Unfortunately, you do not fit into one of the groups of veterinary professionals that we are currently seeking to take part in this study. However, your opinions are important to us, so we hope that you will be able to participate in a future study. Thank you again, and have a good day!

TERMINATION TEXT [SHOW FOR QS5, QS6_3, AND QS7 TERMINATES ONLY]:

Thank you! Those are all the questions we have for you today.

[END OF SCREENER]

Thank you for taking a few minutes to answer our questions! You are eligible to participate in our study.

Today's survey will focus on the software used in your veterinary practice. Before continuing with the survey, **please ensure you are aware of the name of the Practice Information Management System (PIMS) and any other software** that may be used by your practice. If you need to pause the survey now to look up this information, you will be able to continue from this point once you reopen the survey.

SECTION A: PIMS USAGE

Objectives: Understand PIMS currently used by practices, satisfaction with PIMS, incidence of recent switching and/or planning to switch PIMS software, and reasons for switching

First, we'd like to learn more about your practice's use of Practice Information Management System (PIMS) software.

QA1. What Practice Information Management System (PIMS) is currently used by your practice?

[SINGLE SELECT]

1	Avimark (Covetrus)
2	Cornerstone (IDEXX)
3	DaySmart Vet (formerly Vetter)
4	Digitail
5	DVMAX / Sneakers (IDEXX)
6	ezyVet (IDEXX)
7	Hippo Manager
8	Impromed or Infinity (Covetrus)
9	Instinct Science
10	Neo (IDEXX)
11	Provet Cloud (Nordhealth)
12	Pulse or eVetPractice (Covetrus)
13	Shepherd
14	VetCove PIMS
15	Vetspire (Thrive Pet Healthcare)
91	Other (please specify): _____ [ANCHOR]

QA1a. What does your practice use its Practice Information Management System (PIMS) for? Please select all that apply.

RANDOMIZE BUT KEEP 'OTHER' LAST

1	Scheduling appointments
2	Sending appointment reminders to clients

3	Managing patient medical records
4	Tracking vaccinations and reminders
5	Recording practice notes and treatment history
6	Managing billing and invoicing
7	Processing payments
8	Managing inventory (medications, supplies, etc.)
9	Ordering or tracking lab tests
10	Generating reports (financial, operational, practice
11	Managing prescriptions and medication logs
12	Communicating with clients (newsletters, marketing, etc.)
13	Storing diagnostic images or files
14	Staff scheduling or workflow management
15	Tracking patient follow-ups or callbacks
91	Other (please specify): _____ [ANCHOR]

QA1b. Which features/functions of your current PIMS do you **like most**? Please select all that apply.

RANDOMIZE BUT KEEP 'OTHER' AND 'NONE' LAST

1	INSERT QA1a SELECTIONS
97	Other (please specify): _____ [ANCHOR]
99	None [ANCHOR; EXCLUSIVE]

QA1c. And, which features/functions of your current PIMS do you **dislike most**? Please select all that apply.

RANDOMIZE BUT KEEP 'OTHER' AND 'NONE' LAST

1	INSERT QA1a SELECTIONS; EXCLUDE QA1b SELECTIONS
97	Other (please specify): _____ [ANCHOR]
99	None [ANCHOR; EXCLUSIVE]

PRG: SHOW QA2 AND QA2a ON THE SAME SCREEN

QA2. How would you rate your overall satisfaction with **[INSERT QA1 SELECTION]**?

Not at all satisfied						Extremely satisfied
1	2	3	4	5	6	7
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QA2a. Please explain the reasons for your above response.

[OPEN END; MANDATORY TEXT BOX]

QA3. In the past 12 months, has your practice changed the Practice Information Management System (PIMS) used in the practice?

1	Yes
2	No
3	I don't know

ASK QA4-QA5 IF QA3=YES

QA4. What Practice Information Management System (PIMS) did your practice previously use but stop using in the past 12 months? Select all that apply.

[MULTI SELECT]

	INSERT QA1 LIST; EXCLUDE QA1 SELECTION
91	Other (please specify): _____ [ANCHOR]

QA5. For what reasons did your practice change the Practice Information Management System (PIMS) used in the past 12 months? Please be as specific and detailed as possible in your response.

[OPEN END; MANDATORY TEXT BOX]

QA6. Looking ahead to the next 12 months, is your practice considering changing the Practice Information Management System (PIMS) used in the practice?

1	Yes
2	No
3	I don't know

ASK QA7-QA8 IF QA6=YES

QA7. What Practice Information Management System (PIMS) software is your practice considering switching to in the next 12 months? *Select all that apply.*

[MULTI SELECT]

	INSERT QA1 LIST; EXCLUDE QA1 SELECTION
91	Other (please specify): _____ [ANCHOR]
98	Don't know

QA8. For what reasons is your practice considering changing the Practice Information Management System (PIMS) used in the practice in the next 12 months? Please be as specific and detailed as possible in your response.

[OPEN END; MANDATORY TEXT BOX]

QA9. In general, what improvements would you like to see made for Practice Information Management Systems (PIMS)? Please be as specific and detailed as possible in your response.

[OPEN END; MANDATORY TEXT BOX]

SECTION B: OTHER PRACTICE SOFTWARE USAGE

Objectives: Understand what other types of software outside of PIMS is used by veterinary practices

[IF QS6=2, SHOW:] Today’s survey will also focus on any other software used in your veterinary practice. Before continuing with the survey, **please ensure you are aware of the names of the software** that may be used by your practice. If you need to pause the survey now to look up this information, you will be able to continue from this point once you reopen the survey.

[IF QS6≠2, SHOW:] Next, we’d like to learn more about other types of software that may or may not be used in your practice.

QB1. Does your practice currently use a **pet owner portal or client communication application**?

1	Yes
2	No
3	I don’t know

ASK QB2 IF QB1=YES

QB2. What **pet owner portal or client communication application software** is currently used by your practice? Select all that apply.

[MULTI SELECT]

1	AllyDVM
2	AutoRemind
3	Chckvet
4	PracticeWise
5	Covetrus Comms

6	DemandForce
7	ePET
8	Otto.vet
9	PetDesk
10	PetsApp
11	Vello
12	Vet Hero
13	Vet2Pet
14	VetScene
15	VetVerifi
16	VitusVet
17	Weave
91	Other (please specify):_____ [ANCHOR]

QB3. Does your practice currently offer **pet care / wellness plans** for pet owner clients?

1	Yes
2	No
3	I don't know

ASK QB4 IF QB3=YES

QB4. What software is currently used in your practice to manage your practice's **pet care / wellness plans**?

[SINGLE SELECT]

1	Covetrus CarePlans
2	Nest
3	Petly Plans (IDEXX)
4	Snout
91	Other (please specify):_____ [ANCHOR]

QB5. Does your practice currently use **AI Receptionist** software?

By AI Receptionist software, we mean a service that uses artificial intelligence to handle administrative tasks for a practice, like answering calls, scheduling appointments, and answering common client questions.

1	Yes
2	No
3	I don't know

ASK QB6 IF QB5=YES

QB6. What **AI Receptionist** software is currently used in your practice?

[SINGLE SELECT]

1	Dodo.Vet
2	GetTalky
3	MissedCalls.help
91	Other (please specify): _____ [ANCHOR]

QB7. Does anyone in your practice or any of your doctors (yourself or others) currently use **AI Scribe** software?

By AI Scribe software, we mean software that automates the process of creating medical records for veterinary practices by recording the exam conversations between veterinarians and clients to generate a transcript and structured notes that are then added to the medical record in the PIMS.

1	Yes
2	No
3	I don't know

ASK QB8 IF QB7=YES

QB8. To the best of your knowledge, what **AI Scribe** software is currently used by anyone in your practice? Select all that apply.

[MULTI SELECT]

1	Co.Vet
2	ScribbleVet
3	ScribeNote
4	VetRec
6	HappyDoc
91	Other (please specify): _____ [ANCHOR]
5	I don't know [ANCHOR LAST]

ASK QB8a IF QS1=1-4 AND QB7=YES; SKIP QB8a IF QB8=DON'T KNOW

QB8a. And, what **AI Scribe** software, if any, do **you** personally use? Select all that apply.

[MULTI SELECT]

	INSERT QB8 SELECTIONS
93	Other (please specify): _____ [ANCHOR]
98	I don't know [ANCHOR LAST]
99	None; I do not personally use AI Scribe software

PRG: SHOW QB8c AND QB8d ON THE SAME SCREEN. ASK FOR EACH QB8a SELECTION; DO NOT ASK IF 'DON'T' KNOW' OR 'NONE' SELECTED IN QB8a

QB8c. How would you rate your overall satisfaction with **[INSERT QB8a SELECTION]**?

Not at all satisfied						Extremely satisfied
1	2	3	4	5	6	7
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QB8d. Please explain the reasons for your above response.

[OPEN END; MANDATORY TEXT BOX]

QB9. What other types of software, if any, are currently used in your practice? Select all that apply.

A short description is included for each software type listed.

[RANDOMIZE; MULTI SELECT]

1	Online Appointment booking <i>(Allows the pet owner to book an appointment directly on the practice's website)</i>
2	Payments <i>(helps manage financial transactions with clients; encompasses various tools for processing payments, handling billing, and potentially offering payment plans)</i>
3	Pharmacy <i>(streamlines management of medications and supplies; assists with tasks like creating and managing prescriptions, tracking inventory, and processing orders)</i>
91	Other (please specify): _____ [ANCHOR]
99	None of these [ANCHOR; EXCLUSIVE]

ASK QB10 IF CODE 1 SELECTED IN QB9

QB2. What **online appointment booking** software is currently used by your practice? Select all that apply.

[MULTI SELECT]

1	AllyDVM
2	Chckvet
3	PracticeWise
4	PetDesk
5	Qwaiting

6	Setmore
7	Vet Hero
8	Vetstoria
91	Other (please specify): _____ [ANCHOR]

QB3. How important is it for your other software to be able to access the medical record in your PIMS (read from it), calendar, or other PIMS data automatically?

[SINGLE SELECT]

Not at all important	Somewhat unimportant	Neither important nor unimportant	Somewhat important	Very important
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ASK QB3A IF QB3_4 OR 5

QB3a. You mentioned that it is important for your other software to be able to access the medical record in your PIMS (read from it), calendar, or other PIMS data automatically. Please explain in further detail why it is important to you.

QB4. How important is it for your other software to update your PIMS (I.e., write back to it) automatically, such as adding to the medical record or automatically updating the calendar?

[SINGLE SELECT]

Not at all important	Somewhat unimportant	Neither important nor unimportant	Somewhat important	Very important
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ASK QB4A IF QB4_4 OR 5

QB4a. You mentioned that it is important for your other software to update your PIMS (I.e., write back to it) automatically, such as adding to the medical record or automatically updating the calendar. Please explain in further detail why it is important to you.

SECTION C: DEMOGRAPHICS

Objectives: Capture additional profile/sample description information

There are just a few more questions for classification purposes only.

QC1. Which of the following best describes your practice?

1	A general practice small animal practice
2	A specialty or referral practice where patients are referred from full-service practices
3	A cat-only practice
4	An emergency-only practice
5	A mobile or house call practice
6	A large animal practice
7	A mixed practice with both large animals and small animals
8	Other (please specify): _____

QC2. In what setting is your practice located?

1	Urban area
2	Suburban area
3	Rural area

QC3. How many full-time veterinarians practice in your practice (30+ hours/week)? And, how many part-time veterinarians (<30 hours/week)?

_____ full-time veterinarians (30+ hours/week) **[ACCEPTED RANGE 0-99]**

_____ part-time veterinarians (<30 hours/week) **[ACCEPTED RANGE 0-99]**

[INCLUDE HIDDEN VARIABLE CALCULATING PRACTICE SIZE. PRACTICE SIZE=FULL-TIME + (0.5*PART-TIME)]

QC4. Who in your practice contributes to decisions regarding the PIMS software used in your practice? Please select all that apply.

1	Veterinary practice owner/partner
2	Associate or employed veterinarian
3	Registered/licensed/certified veterinary technician
4	Veterinary assistant
5	Hospital administrator or practice manager
6	Receptionist/client service representative
7	Kennel assistant or similar
8	Corporate office [ONLY SHOW IF QS4=2]
9	Other practice staff member, please specify: _____ [SPECIFY]

SLOW-START QUESTIONS [FOR SLOW LAUNCH ONLY – REMOVE THESE QUESTIONS WHEN FULL LAUNCHING]

These last few questions relate to the survey itself. We would like your help to fine-tune any areas of confusion in our online survey. Please record any specific comments you have as well as any general feedback.

QP1. Was there anything in this survey that you found confusing or had difficulty answering?

Yes - 1 - **CONTINUE**
No - 2 - **SKIP TO P3**

QP2. What did you find confusing or have difficulty answering? *(Please be as specific as possible and record your response in the box below.)*

QP3. Below, please record any suggestions for improving the online survey as well as any additional comments you may have. *(Please be as specific as possible and record your response in the box below.)*

PRG: NOT MANDATORY

CLOSE: Thank you! Those are all the questions we have for you today.