

**Part VIII**

# **The PIMS Share Report, and Who Controls the Data?**

*What 1,273 Practices and 20 Innovators Inform Us About Market Share, API Access, and the Future of Veterinary Software*

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April 13, 2026

[vetsoftwarehub.com/papers/companion-animal-veterinary-software-ai](https://vetsoftwarehub.com/papers/companion-animal-veterinary-software-ai)

## **TL;DR:**

- ▶ Avimark leads North American PIMS market share at 25.4% of practices, followed by Cornerstone (19.5%) and ezyVet (16.5%). The two leading vendor families, IDEXX and Covetrus, collectively account for roughly 77% of all named PIMS mentions. ezyVet punches above its practice-count weight on a veterinarian-reach basis (21.8% of FTE-weighted share) due to its larger average practice size.
- ▶ On-premise PIMS (Avimark, Cornerstone, Impromed, others) still account for an estimated **56.9%** of practices, but cloud platforms now represent **43.1%** and are growing. Every PIMS launched in the past five years is cloud-native. ezyVet dominates the cloud tier at 16.4% of all mentions, larger than the next four cloud competitors combined.
- ▶ ISVs rate the veterinary PIMS ecosystem as very challenging to third-party integration. Eighteen ISVs gave an average ecosystem openness score of **1.94 out of 5.0**, with no respondent rating it above 3 (moderate). Instinct scored highest among individual PIMS (4.27). The ecosystem-level score is meaningfully lower than the per-PIMS average, likely reflecting the cumulative burden of navigating inconsistent APIs, opaque processes, and the absence of any industry-wide integration standard.
- ▶ Every ISV surveyed (100%) stated that read or write-back access, or both, to PIMS data is important to delivering full value to practices, and every one (100%) said they would prefer a PIMS-sanctioned integration path. Where ISVs have resorted to alternative methods, it has been because no approved path was seemingly available. The exception is the on-premise systems, where integration agents are readily available from third parties without PIMS vendor involvement, but at a cost.

## I. Survey Methodology and Data Notes

The data in this paper is drawn from the ASIPS (Ayers Software in Practice Survey), conducted by Kynetec as part of its Veterinary Practice Software Usage Market Research Study (PRJ17655). The survey consisted of a 15-minute online questionnaire fielded 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). Only one respondent was permitted per practice. The full questionnaire was published as an appendix to the Part VI installment of this series.

This report discusses a variety of methods to analyze PIMS share of market and also includes top-level summary analysis of independent software vendor (ISV) reported experiences to date in attempting to integrate their software offerings with various PIMS. Future reports will go into the integration ecosystem in more detail from the ISVs' perspective and will report on the PIMS vendors' policies as they have reported to us. We will also discuss the results of the ASIPS survey with regard to PIMS customer satisfaction as well as rate of change in the PIMS customer installed bases by vendor (referred to as "churn" in the industry).

**Mars Veterinary Health exclusion.** Practices operating under the Mars Veterinary Health umbrella, including VCA Animal Hospitals and Banfield Pet Hospital, were purposely excluded from the survey results below. These organizations enforce standardized internally-developed practice management systems and operate as closed ecosystems with respect to software selection. Their inclusion would distort both the PIMS market share analysis and the third-party software adoption data.

The Mars exception is BluePearl (Specialty/Referral). BluePearl does not fall under the Mars direction for internal PIMS, and in fact uses a combination of Cornerstone and Instinct. Because they have the freedom to make their own software choices, we have included their approximately 100 hospitals in the survey results.

Mars Veterinary Health collectively operates approximately 2,100-2,200 US and Canada locations across its three brands.<sup>1</sup> A post-collection discussion of the Mars exclusion, including the refined treatment of VCA and BluePearl respondents, is detailed in Section IX.

**Country market-size weighting.** All North American market share figures are weighted by practice count to estimate actual country market size. The weighting uses 28,000 estimated non-Mars US practices and 3,614 English-speaking Canadian practices<sup>2</sup> (excluding Quebec). The resulting US-to-Canada weighting ratio is 8.3:1, reflecting the US market's very large share of the English-speaking North American practice population. Without proper weighting, Canadian-dominant products would appear, in the survey, to hold larger North American positions than their actual market footprint warrants.

**Respondent screening.** To qualify, respondents were required to be a companion animal veterinarian, veterinary technician (RVT/LVT/CVT), practice manager, or other practice staff

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<sup>1</sup>Mars Veterinary Health location estimate: Banfield Pet Hospital operates more than 1,000 hospitals in the US and Puerto Rico. VCA Animal Hospitals operates more than 1,000 hospitals across the US and Canada. BluePearl Specialty and Emergency Pet Hospital operates approximately 100 locations in the US. The combined US and Canada total is approximately 2,100–2,200 locations.

<sup>2</sup>Canadian Veterinary Medical Association, 2024. Quebec's 23% share of Canadian practices (Statistics Canada Census, 2021) was removed from the weighting base.

member; to be familiar with or knowledgeable about all software used in the clinic; and to be located in the US or Canada (excluding Quebec).

A detailed discussion of the methodology, including the adjustments to the response inclusion depending on the purpose of the analysis, the implicit sampling dynamics for large-practice PIMS, the Mars exclusion, margin of error by subgroup, and interpretation caveats, is provided in Section IX.

## II. PIMS Share of Market: North American Overview

This section presents the first comprehensive, survey-based estimate of PIMS market share across the English-speaking North American veterinary practice landscape. The methodology, weighting, and exclusions are described in Section I, with detailed methodology and caveats in Section IX.

**Table 1: North American PIMS Market Share (Practice-Count and Veterinary FTE Weighted)**

PIMS Software	Total N	U.S. N	CA N	NA Wtd Share	Avg FTE	Est. Vets	% of Vets Share	% Ind.	% Corp.	% GP	% Spec/Emerg
Avimark (Covetrus)	304	235	69	25.4%	3.9	1,194	23.0%	67%	32%	99%	1%
Cornerstone (IDEXX)	219	198	21	19.5%	4.7	1,038	20.0%	64%	35%	91%	8%
ezyVet (IDEXX)	188	164	24	16.5%	6.0	1,128	21.8%	64%	35%	80%	16%
Pulse (Covetrus)	83	76	7	7.4%	3.4	278	5.4%	72%	28%	98%	0%
Impromed / Infinity (Covetrus)	68	56	12	5.8%	4.8	328	6.3%	72%	28%	96%	4%
Shepherd	47	43	4	4.2%	2.8	133	2.6%	98%	2%	87%	6%
Neo (IDEXX)	48	37	11	4.0%	2.9	141	2.7%	92%	4%	94%	4%
DaySmart <sup>1</sup>	45	41	4	4.0%	2.8	125	2.4%	93%	7%	98%	2%
Vetspire	36	32	4	3.2%	3.6	129	2.5%	33%	67%	83%	11%
Instinct <sup>2</sup>	22	19	3	1.9%	14.3	314	6.1%	73%	27%	23%	64%
NectarVet <sup>3</sup>	2	2	0	0.2%	—	—	—	—	—	—	—
Digitail	11	6	5	0.8%	2.8	31	0.6%	91%	0%	91%	0%
Provet	6	6	0	0.6%	5.4	32	0.6%	83%	17%	100%	0%
VetCove PIMS	3	3	0	0.3%	6.0	18	0.4%	0%	100%	100%	0%
Other <sup>4</sup>	73	54	19	6.0%	4.0	294	5.7%	48%	43%	83%	10%
<i>PIMS not identified</i> <sup>5</sup>	106	78	28	—	—	—	—	—	—	—	—
<b>TOTAL (named PIMS) <sup>6</sup></b>	—	—	—	—	<b>4.5</b>	—	<b>100.0%</b>	68%	31%	90%	7%

Source: Kynetec PRJ17655 (n=1,155 named PIMS mentions, excluding the 106 PIMS not identified in the share of market estimates). Weighted by practice count: US=28,000; CA=3,614, see methodology section.

<sup>1</sup> DaySmart: company estimate of 2,400 NA installations (not verified). <sup>2</sup> Instinct: confirmed estimates as generally on target for the US, but notes a global presence as well.

<sup>3</sup> NectarVet: not prompted; 2 write-ins. CEO estimates ~500 installations (not verified). Would result in 1.6% weighted share estimate, if prompted (with a margin of error).

<sup>4</sup> "Other": 73 write-in responses. See Table 2 for detail.

<sup>5</sup> 106 respondents used a PIMS but did not specify which one. (106)

<sup>6</sup> Margin of error: NA (n=1,259) ±2.76%; PIMS base (n=1,153) ±2.89%.

The 73 write-in responses classified under "Other" span a long tail of legacy on-premise systems and niche solutions. Eleven respondents with a VCA/Woofware PIMS were excluded; eight BluePearl respondents using identifiable PIMS were retained.

**The write-ins (number of mentions-excludes NectarVet)**

<b>PIMS Software</b>	<b>Total</b>	<b>U.S.</b>	<b>Canada</b>
Vetup	14	1	13
Intravet	11	11	0
DVMAX / Sneakers (IDEXX)	4	3	1
Chameleon	4	4	0
ClinicHQ	3	3	0
ClieTrax	3	3	0
Dogbyte	3	3	0
PetPass	3	3	0
AcuroVet	3	3	0
DVM Manager	2	2	0
VetFM	2	2	0
SimpleDVM	2	2	0
Cavanti	1	1	0
2I Nova V tech	1	1	0
AlisVet	1	0	1
OpenVPMS	1	0	1
Hippo Manager	1	1	0
Evet	1	1	0
CVIS	1	1	0
Petpoint	1	0	1
QuickVet	1	1	0
Pet point hospital	1	1	0
Personal	1	1	0
VTech Prime	1	1	0
Stringsoft	1	1	0
Vetnet	1	0	1
Vetport	1	1	0
Vetware	1	0	1
Vision	1	1	0
Cornerstone + Instinct (dual)	1	1	0
Via (Mars)	1	1	0
<b>TOTAL</b>	<b>73</b>	<b>54</b>	<b>19</b>

Source: Kynetec PRJ17655. Excludes 11 VCA/Woofware and 2 NectarVet (broken out separately). Vetup: 93% Canadian, likely a single hospital group. Intravet: all U.S., legacy on-premise.

### III. U.S. PIMS Practice Installation Numbers and Estimates

This section translates the survey-based market share percentages into estimated U.S. practice counts and veterinarian reach for each PIMS. The estimates are calculated by applying each PIMS’s percentage of U.S. mentions (n=978 respondents who identified their PIMS) to a base of 28,000 estimated non-Mars U.S. veterinary practices.

The 28,000 figure excludes approximately 2,000-2,100 practices in the Mars Veterinary Health network (VCA, Banfield), which operate on proprietary, centrally managed PIMS platforms not represented in this survey. The figure is drawn from converging industry estimates (range: 26,000–30,000); the midpoint of the range was used.

Each PIMS company was provided the opportunity to comment on the survey, the methodology, and the estimated number of practices in the survey. We received substantive comments which improved the analytical rigor. Several PIMS companies chose to provide commentary on their number of practice locations. These comments are included in the “Company Comments” column for comparison. Two vendors provided specific counts: DaySmart Vet (2,400 NA installations, not independently verified) and NectarVet (approximately 500 installations per the CEO, which informed the adjustment from 2 write-in mentions to 17). Instinct confirmed the survey-derived estimates as “generally correct.” Provet, which is part of a publicly traded company in Europe (NordHealth) with a strong presence in the Nordics and the UK, discloses that they have roughly 3000 practice locations globally. IDEXX discloses over 10,000 cloud-based PIMS locations globally.

The other PIMS companies either declined to comment or did not respond at all after our multiple attempts to engage on the survey.

**Table 3: U.S. PIMS Market — Estimated Practice Locations and Veterinarian Reach**

PIMS Software	U.S. Mentions	% of Mentions	Est. U.S. Practices ‡	Company Comments	Avg FTE Vets	Est. Total Vets	% of Vets
Avimark (Covetrus)	235	23.7%	<b>6,626</b>	—	4.0	937	20.9%
Cornerstone (IDEXX)	198	19.9%	<b>5,583</b>	—	4.5	899	20.0%
ezyVet (IDEXX)	164	16.5%	<b>4,624</b>	<i>“Surpassed 10,000 practices globally (ezyVet + Neo)”</i>	6.2	1,018	22.7%
Pulse / eVetPractice (Covetrus)	76	7.6%	<b>2,143</b>	—	3.3	250	5.6%
Impromed / Infinity (Covetrus)	56	5.6%	<b>1,579</b>	—	4.9	273	6.1%
Shepherd	43	4.3%	<b>1,212</b>	—	2.9	123	2.7%
DaySmart Vet	41	4.1%	<b>1,156</b>	2,400	2.8	116	2.6%
Neo (IDEXX)	37	3.7%	<b>1,043</b>	—	3.0	112	2.5%
Vetspire (Thrive)	32	3.2%	<b>902</b>	—	3.6	116	2.6%
Instinct	19	1.9%	<b>536</b>	<i>“Generally correct”</i>	14.4	274	6.1%
NectarVet (adjusted) †	17	1.7%	<b>479</b>	500	3.5	60	1.3%
Digitail	6	0.6%	<b>169</b>	—	3.0	18	0.4%
Provet	6	0.6%	<b>169</b>	<i>“3,000+ globally”</i>	5.4	32	0.7%

DVMAX / Sneakers (IDEXX)	3	0.3%	85	—	3.5	10	0.2%
VetCove PIMS	3	0.3%	85	—	6.0	18	0.4%
Hippo Manager	1	0.1%	28	—	2.0	2	0.0%
Other	56	5.6%	1,579	—	4.1	230	5.1%
<b>TOTAL</b>	<b>993</b>	<b>100.0%</b>	<b>28,000</b>	<b>—</b>	<b>4.5</b>	<b>4,488</b>	<b>100.0%</b>

‡ Est. U.S. Practices = % of Mentions × 28,000 estimated non-Mars U.S. veterinary practices.

† NectarVet: only 2 write-in responses; adjusted to 17 based on installed base estimates from the NectarVet CEO.

Margin of error: U.S. total (n=1,057) ±3.02%; PIMS user base (n=978) ±3.13%.

The two large vendor families by estimated U.S. practice count are IDEXX (Cornerstone + ezyVet + Neo + DVMAX: approximately 11,335 practices, 40.5% of mentions), and Covetrus (Avimark + Pulse + Impromed: approximately 10,348 practices, 36.9%). The survey shows an emerging tier of independent cloud-native platforms. Among the independents, Shepherd (1,212 est.), DaySmart (1,156 est.), and Vetspire (902 est.) have established meaningful U.S. footprints, while Instinct, though smaller by practice count (536 est.), is present in practices representing 6.1% of the market, veterinarian-FTE-weighted, supported by its concentration in large specialty and emergency hospitals averaging 14.4 FTE vets per location (although they have a general practice presence which accounts for an estimated 22% of their installations).

## IV. Practice Type Distribution by PIMS

The survey classified each responding practice into one of three categories: general practice (including small animal general practice, cat-only, mixed large/small animal, and reclassified write-ins), specialty/referral/emergency/urgent care, or other (mobile/house call, large animal, animal welfare/shelter, and remaining write-ins). Table 4 shows how each PIMS distributes across these practice types.

The practice type distribution reveals a clear structural divide in the PIMS market. The legacy on-premise systems and smaller cloud platforms serve an overwhelmingly general practice client base: Avimark (99.0% GP), Pulse (96.4%), and Impromed (95.6%), are all above 95%. These PIMS were designed for and adopted by the bread-and-butter small animal general practice.

Instinct is the decisive outlier. With 77.3% of its practices classified as specialty, referral, emergency, or urgent care, it has a different market profile than the other PIMS products in the survey. This concentration in large, complex hospitals explains both its high average FTE (14.3 vets per practice) and its outsized veterinarian-reach share relative to its practice-count share.

ezyVet and Vetspire represent a middle tier with meaningful specialty/emergency penetration (18.1% and 16.7%, respectively), suggesting these cloud platforms have gained traction in more complex clinical environments beyond general practice. By contrast, Avimark and Pulse are almost entirely absent from specialty and emergency settings, which is consistent with their on-premise or simpler cloud architectures and their orientation toward smaller, less complex workflows.

DaySmart Vet shows an unusually high “Other” percentage (15.6%), potentially driven by a presence in the mobile/house call segment. This niche positioning distinguishes it from the traditional GP-focused competitors.

**Table 4: Practice Type Distribution by PIMS**

PIMS Software	n	% General Practice	% Spec/Ref/ER/UC	% Other
Avimark (Covetrus)	304	99.0%	0.7%	0.3%
Cornerstone (IDEXX)	219	91.8%	7.8%	0.5%
ezyVet (IDEXX)	188	79.8%	18.1%	2.1%
Pulse (Covetrus)	83	96.4%	1.2%	2.4%
Impromed / Infinity (Covetrus)	68	95.6%	4.4%	0.0%
Neo (IDEXX)	48	91.7%	4.2%	4.2%
Shepherd	47	89.4%	6.4%	4.3%
DaySmart Vet	45	82.2%	2.2%	15.6%
Vetspire	36	83.3%	16.7%	0.0%
Instinct	22	22.7%	77.3%	0.0%
NectarVet †	2	—	—	—
Digitail	11	81.8%	0.0%	18.2%
Provet	6	100.0%	0.0%	0.0%
VetCove PIMS	3	100.0%	0.0%	0.0%
Other	73	82.8%	9.5%	7.7%
<b>TOTAL</b>	<b>1,155</b>	<b>89.0%</b>	<b>8.1%</b>	<b>2.8%</b>

Source: Kynetec PRJ17655 (n=1,155 named PIMS mentions). Practice type reclassification: “General Practice” includes general small animal (n=1,046), cat-only (n=2), mixed large/small animal (n=72), and 10 write-ins reclassified as GP. “Spec/Ref/ER/UC” includes specialty/referral (n=66) and emergency-only/urgent care (n=39). “Other” includes mobile/house call (n=25), large animal (n=2), animal welfare/shelter (n=8), and 3 remaining write-ins. NectarVet: only 2 write-in responses; practice type data unavailable.

## V. On-Premise vs. Cloud Distribution

Table 5 divides the named PIMS market into two technology platform categories: on-premise systems that run on local servers within the practice, and cloud-based platforms delivered as software-as-a-service. This distinction has significant implications for integration capabilities, update cycles, remote access, and the ease with which third-party ISVs can connect to practice data.

The survey data shows that on-premise systems account for 56.9% of named PIMS mentions, representing the installed base of Avimark, Cornerstone, Impromed, and a tail of legacy products. Cloud platforms collectively account for 43.1% of mentions but punch above their weight on a veterinarian-reach basis (45.7% of FTE-weighted share), driven primarily by ezyVet’s large average practice size (6.0 FTE) and Instinct’s concentration in large specialty hospitals (14.3 FTE).

The transition from on-premise to cloud is well underway, but far from complete. The three largest legacy on-premise stalwarts, Avimark, Cornerstone, and Impromed, collectively represent 51.5% of all named PIMS mentions. These are mature products with deeply embedded install bases, particularly in general practice, with relatively high satisfaction levels

(to be detailed in a future installment). Migration away from on-premise systems is constrained by data conversion costs and challenges, workflow retraining, and in many cases a “good enough” assessment by practice owners who see limited incremental value in cloud delivery alone. Corporate groups have also been slow to change out existing PIMS (supporting data in a future installment).

Among cloud platforms, ezyVet leads with 16.4% of mentions and 21.9% of FTE-weighted share, larger than the next four cloud competitors combined. Pulse (7.2%), Neo (4.2%), Shepherd (4.1%), and DaySmart (3.9%) form a second tier. Vetspire (3.1%) and Instinct (1.9%) round out the individually significant cloud products. The newer entrants, Digitail, Provet, NectarVet, and VetCove PIMS, remain small in absolute terms but could represent the growth edge of the market. Notably, every PIMS product launched in the past five years is cloud-native; no new on-premise system has entered the market in recent memory.

**Table 5: On-Premise vs. Cloud PIMS Distribution**

PIMS	n	% of Named	Avg FTE Vets	% Wtd by FTE	Architecture
<b>On-Premise (3 major + other)</b>					
Avimark	304	26.5%	3.9	23.1%	On-Premise
Cornerstone	219	19.1%	4.7	20.1%	On-Premise
Impromed/Infinity	68	5.9%	4.8	6.3%	On-Premise
Other On-Premise	62	5.4%	3.9	4.7%	On-Premise
<b>On-Premise Total</b>	<b>653</b>	<b>56.9%</b>	<b>4.3</b>	<b>54.3%</b>	
<b>Cloud (10 prompted + write-ins)</b>					
ezyVet	188	16.4%	6.0	21.9%	Cloud
Pulse/eVetPractice	83	7.2%	3.4	5.4%	Cloud
Neo	48	4.2%	2.9	2.7%	Cloud
Shepherd	47	4.1%	2.8	2.6%	Cloud
DaySmart	45	3.9%	2.8	2.4%	Cloud
Vetspire	36	3.1%	3.6	2.5%	Cloud
Instinct	22	1.9%	14.3	6.1%	Cloud
Digitail	11	1.0%	2.8	0.6%	Cloud
Provet	6	0.5%	5.4	0.6%	Cloud
VetCove PIMS	3	0.3%	6.0	0.3%	Cloud
NectarVet	2	0.2%	3.5	0.1%	Cloud
Other cloud write-ins	3	0.3%	—	0.4%	Cloud
<b>Cloud Total</b>	<b>494</b>	<b>43.1%</b>	<b>4.8</b>	<b>45.7%</b>	
<b>TOTAL (ex-Shelter)</b>	<b>1,147</b>	<b>100%</b>	<b>—</b>	<b>100%</b>	

Source: Kynetec PRJ17655 (n=1,147 named PIMS mentions, excluding 9 shelter practices). On-Premise classification: locally installed server-based software. Cloud classification: SaaS/browser-based delivery. “Other On-Premise” includes Intravet, DVMAX, Chameleon, ClieTrax, and other legacy write-in systems. Shelter practices (n=9, including PetPass, ClinicHQ, Petpoint, and Chameleon/CMS respondents) excluded from percentage base.

The on-premise to cloud ratio also has direct implications for the integration ecosystem discussed in earlier CAVSG installments. On-premise PIMS typically require and benefit from a middleware layer (such as BitWerx or Covetrus Connect for Avimark, see below) that enables third-party ISV data exchange. Cloud-native platforms can, in principle (and if they choose), offer direct API access, though as the ISV survey data in subsequent sections will show, “cloud” does not mean “open.”

## VI. PIMS Adoption Is Effectively Universal

Of the 1,273 practices surveyed, 1,166 identified a specific PIMS by name. The remaining 107 could not. A natural question arises: do those 107 represent practices operating without practice management software?

They do not.

### The Survey Screener

Before reaching the PIMS identification question (QA1), every respondent answered a self-assessment screener (QS7) about their familiarity with their practice’s software. The screener offered four options:

**Option 1:** “I’m not aware of any details related to my practice’s use of PIMS software.” Terminated.

**Option 2:** “I know whether my practice uses PIMS software, but I’m not familiar with the software name(s) or any details about it.” Terminated.

**Option 3:** “I know the name(s) of the PIMS software my practice uses, but I’m not very familiar with its features or details.” Continued.

**Option 4:** “I’m familiar with the name(s) and other details of the PIMS software used in my practice.” Continued.

All 107 respondents who could not name their PIMS were terminated by this screener. None bypassed it. And critically, Option 2 explicitly presupposes PIMS usage: the respondent affirms that the practice uses PIMS software but cannot recall its name. These are not practices without software. They are practices where the respondent, likely a technician, associate veterinarian, or practice manager, was not the person who selected the system.

### Profile of the 107

If these respondents truly lacked PIMS software, their practice profiles would look different from the broader survey population. They do not.

Metric	Cannot Name PIMS (n=107)	Named PIMS (n=1,166)
Average FTE Veterinarians	4.9	4.5
AI Scribe Adoption	40%	52%
Independent Ownership	75%	68%
General Practice	80%	n/a
2+ FTE Veterinarians	85%	n/a
US / Canada Split	74 / 28	n/a

These are ordinary veterinary practices. They average 4.9 FTE veterinarians, actually higher than practices that named their PIMS (4.5). Eighty percent are general practices. Seventy-five percent are independently owned. Their geographic distribution (69% US, 26% Canada) mirrors the broader sample.

Two other data points are particularly telling. Forty percent of these respondents report that their practice uses an AI scribe. AI scribe SOAP notes are typically inserted back into the clinical notes of the PIMS. And thus a practice is highly unlikely to use an AI scribe without PIMS software. And 85% of these respondents work in practices with two or more full-time-equivalent veterinarians, a scale at which paper-based record keeping is not operationally viable.

## What the Data Shows

**Zero respondents out of 1,273 indicated they operate without practice management software.** The survey did not offer “we don’t use a PIMS” as a response option, because the screening panel recruits from practicing veterinary professionals at established clinics where PIMS usage is a baseline assumption. The 107 who could not name their PIMS were screened out because they lacked familiarity with the product name, not because they lack a product.

PIMS adoption among companion animal veterinary practices in the United States and English-speaking Canada is, for all practical purposes, universal. The relevant market question is not whether a practice uses a PIMS, but which one it uses and how open that PIMS is to third-party integration.

## VII. ISV API Openness Ratings by PIMS

This section presents the initial and summarized results of the CAVSG AI Innovator Survey, a parallel study of independent software vendors (ISVs) operating in the veterinary technology ecosystem. Where Sections II through VI draw on the ASIPS practice survey to characterize the demand side of the market, this section captures the supply side: the experience of companies that build products requiring access to practice data held inside PIMS platforms.

This Part VIII reports the results of a survey we conducted directly with innovators who are offering solutions that augment the PIMS but do not compete with it or replace it.

We invited 22 founders to respond, with individual confidentiality, indicating we would aggregate their results to provide a mosaic of the experiences of these innovators with integration. This gave them comfort that their individual responses would not be identifiable, avoiding potential impact on their existing business relationships with PIMS vendors.

**We received 20 responses, and all were enthusiastic to share their experiences with each PIMS they have interacted with over the last 12 months.**

We invited this group because they share common characteristics: they have already achieved adoption by veterinary practices and/or have contracts with corporate groups. We use adoption as a market signal that these are viable innovators. We did not evaluate their individual offerings; instead, we let the market speak. Readers should note that this selection criterion produces a sample predisposed toward wanting greater PIMS openness, which is a directional limitation of the ISV dataset.

The group of 20 includes a variety of innovation categories, and each is provided by a company with no apparent interest in developing its own PIMS:

- Online booking applications (*several*);
- AI scribes (*several*);
- Pet owner communication and engagement applications (*several*);
- AI receptionists (*several*);
- Teleradiology, including AI-assisted radiographic interpretation (*several*); and
- Applications with a unique value proposition and without current direct competition (*one each, but several in aggregate*).

This spectrum provides readers an understanding of the range of AI applications whose founders we surveyed. The categories largely mirror the range of options described in Part III of this series. Notably, the group included ISVs that have been in the market for many years, some that have been in the market for only a couple of years, and in a few cases, more recent arrivals.

Every respondent (100%) indicated that read access to the PIMS database is important to delivering full value to their practice customers, and in nearly all cases, write-back access was described as equally important. Not one innovator said that access to PIMS data was unnecessary. This is consistent with the practice feedback in CAVSG Part VI.

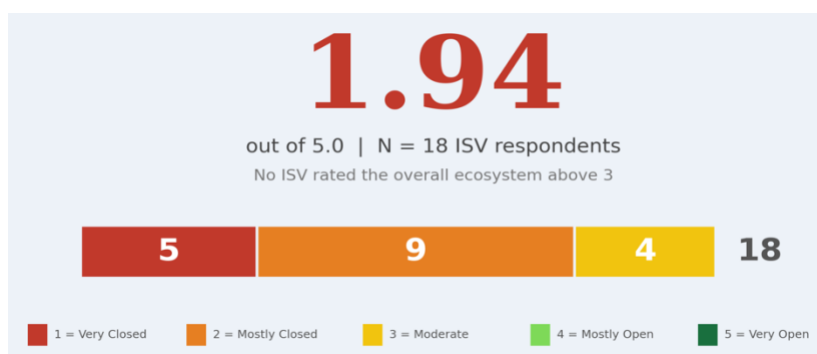
Each respondent was asked to rate the API openness of every PIMS with which they had attempted or asked for integration, using a 1-to-5 scale (1 = Very Closed, 5 = Very Open). They were also asked to provide a single overall rating of the veterinary PIMS ecosystem as a whole. Not all ISVs attempted contact with all the 14 PIMS in the survey.

The resulting dataset comprises 131 individual PIMS-level ratings from 15 ISVs who provided scores, covering all 14 PIMS tracked in this report. A separate *ecosystem-level question* was answered by 18 ISVs. The methodology, caveats, and interpretive notes follow the data tables below.

## Overall Ecosystem Openness

When asked to characterize the overall state of PIMS API openness in the veterinary industry, the 18 responding ISVs returned an average score of **1.94 out of 5.0**. No ISV rated the ecosystem above 3 (Moderate). Five ISVs rated it 1 (Very Closed), nine rated it 2 (Mostly Closed), and four rated it 3 (Moderate). The modal response was 2 (Mostly Closed).

This ecosystem-level average (1.94) is meaningfully lower than the per-PIMS weighted average across all 131 individual ratings (**2.58**) and PIMS share-weighted (**2.31**). The gaps reflect the



cumulative friction of navigating integration across multiple PIMS platforms. Even ISVs who achieved workable integrations with some PIMS rate the system-level experience more harshly than any individual PIMS in isolation. The ecosystem score captures what the per-PIMS averages do not: the aggregate burden of inconsistent APIs, opaque processes, selection criteria, commercial terms, and the absence of any industry-wide integration standard.

*Source: CAVSG AI Innovator Survey, Q11, N=131 ratings from 15 ISVs across 14 PIMS.*

## Per-PIMS Openness Ratings

Table 6 presents the average ISV openness rating for each of the 14 PIMS covered in the survey, along with the distribution of individual ratings and the number of ISV respondents.

*Percentages below are used solely to calculate the weighted average openness score and do not represent market share estimates. Share estimates are reported in Section II,*

PIMS Market Analysis — North American Veterinary Practice Software Usage Survey							
<i>Based on 1,098 respondent mentions of the 14 PIMS evaluated by the ISVs. "Other" PIMS were excluded from this weighting exercise as they were not evaluated by the ISVs (1,155 named PIMS in Table 1 - 73 "Other" + 18 NectarVet simulated, less 2 NectarVet double-count)   Source: Kynetec PRJ17655   Survey fielded Q1 2026</i>							
PIMS Software	Mentions	% of weighting	Avg # Vets (FTE)	Est. Total Vets	% of Total Vets weighting	ISV Openness Avg (1–5)	No. of ISV Ratings
Avimark (Covetrus)	304	25.1%	3.9	1,194	24.2%	<b>2.09</b>	11
Cornerstone (IDEXX)	219	19.2%	4.7	1,038	21.0%	<b>2.38</b>	8
ezyVet (IDEXX) §§	188	16.3%	6	1,128	22.8%	<b>2.07</b>	14
Pulse / eVetPractice (Covetrus)	83	7.3%	3.4	278	5.6%	<b>1.56</b>	9
Impromed / Infinity (Covetrus)	68	5.8%	4.8	328	6.6%	<b>1.78</b>	9
Shepherd	47	4.2%	2.8	133	2.7%	<b>3.31</b>	13
Neo (IDEXX)	48	4.0%	2.9	141	2.9%	<b>1.71</b>	7
DaySmart Vet	45	4.0%	2.8	125	2.5%	<b>2.00</b>	8
Vetspire	36	3.1%	3.6	129	2.6%	<b>3.20</b>	10
Instinct §	22	1.9%	14.3	314	6.4%	<b>4.27</b>	11
NectarVet (simulated) †§	18	1.6%	2.8	50	1.0%	<b>3.33</b>	6
Digital §	11	0.8%	2.8	31	0.6%	<b>2.22</b>	9
Provet	6	0.6%	5.4	32	0.6%	<b>3.18</b>	11
VetCove PIMS	3	0.3%	6	18	0.4%	<b>2.40</b>	5
<b>Weighted avg openness (by practice locations)</b>						<b>2.23</b>	
<b>Weighted avg openness (by FTEs)</b>						<b>2.31</b>	

† NectarVet is the only PIMS actively being marketed and was not prompted, an unfortunate flaw in the survey design. We adjusted the 2 write-ins to 18 based on estimated installed base sourced from the NectarVet CEO (not independently verified), to provide a more accurate weighting of the ISV aggregate average openness score for the ecosystem. Their average veterinary FTE is an estimate.

‡ "Other" includes 73 write-in responses and DVMAX/Sneakers (IDEXX). Largest: Vetup (14, write-in, 93% Canadian, likely single hospital group), Intravet (11, write-in, all U.S., legacy on-premise), Chameleon (4), DVMAX/Sneakers (4, IDEXX, on-premise/Mac), AcuroVet (3), ClinicHQ (3), Dogbyte (3), PetPass (3), ClenTrax (3), Hippo Manager (1), and others with ≤2 mentions each. Vetup, Intravet, and DVMAX are on-premise systems not actively marketed for general or specialty practice. 11 VCA respondents (Woofware/proprietary) excluded; 8 BluePearl retained.

§ Claim that they offer an open API to all ISVs and charge no access fees.

§§ IDEXX claims that they will have an API open to all developers targeting second half 2026, with tiered access fees. More detail on PIMS statements in a future installment.

Margin of error: Total North America (n=1,259) ±2.76% at the 95% confidence level. PIMS user base (n=1,153) margin of error is ±2.89%.

The per-PIMS averages above should be interpreted alongside the methodology caveats in Section IX. A forthcoming installment will include extended ISV survey analysis, representative comments, and PIMS company position statements from at least nine PIMS vendors, plus coverage of two additional platforms not included in the original ISV survey.

Five PIMS in the US report offering open API access to any ISV without per-clinic fees: Instinct, NectarVet, Digitail, Lupa, and openPIMS<sup>3</sup>. These claims are vendor self-reported and have not been independently verified. One of the five, openPIMS, is an open-source veterinary PIMS.

## **On-Premise PIMS Access through Third Party Middleware**

The three major on-premise PIMS (Avimark, Cornerstone, Impromed) present a distinct integration scenario. Because these systems run on local practice servers located within the practice, practices have the ability to authorize direct API access to a local agent that sits on the server and extracts and relays practice data back-and-forth with their ISV and their local PIMS. The middleware providers of these agents include BitWerx (supporting Cornerstone, Avimark, and Impromed, among others), Covetrus Connect (3 PIMS), and AllyDVM, among others.

As a result, albeit at an ongoing cost, all ISVs have access to their customers' PIMS database simply with client consent and a commercial agreement with the middleware provider. No involvement of the PIMS vendor is necessary. In practical terms, the on-premise PIMS can be more accessible to ISVs than certain cloud platforms, precisely because integration does not require PIMS vendor approval or involvement.

ISV sentiment toward this middleware scenario is mixed. Some ISVs view BitWerx as a functional, if in some cases imperfect, bridge that enables integrations without the involvement of the PIMS vendor. Others report that middleware engagements are complex, specifically for diagnostic ISVs, such as those routed through GrayWind. In addition, they report that commercial terms can be opaque and are typically individually negotiated with a non-disclosure agreement. Finally, the resulting integration is sometimes slower and less functional than a direct API with a cloud-based PIMS.

The per-clinic fees charged by middleware providers add a cost layer that does not exist with certain cloud PIMS that offer direct, access fee-free API access. Depending on the ISV charge to the practice, these costs may be minor or they could have a significant impact on the ISV economics.

## **Methodology and Caveats**

**Sample composition.** The 20 ISV respondents span six product categories. Not every ISV rated every PIMS; the number of ratings per PIMS ranges from 5 (VetCove) to 14 (ezyVet). ISVs generally rated only the PIMS with which they had direct experience or had attempted integration. PIMS with fewer ratings carry wider implicit confidence intervals.

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<sup>3</sup> These five PIMS each state they provide open API access to any ISV without charging integration or per-clinic access fees. Instinct, NectarVet, and Digitail are included in the ISV openness ratings in Table 6 above. Lupa and openPIMS were not part of the original ISV survey because they entered the market recently. "Open API" as used here means the PIMS vendor provides documented API endpoints available to any qualifying ISV upon practice consent, without requiring per-clinic fees for data access. This is distinct from the broader openness ratings in Section VII, which also reflect documentation quality, responsiveness, and integration depth.

**Rater heterogeneity.** ISVs differ in their integration maturity, business model, and tolerance for friction. An ISV with deep engineering resources and high per-clinic revenue may rate a PIMS more favorably than a smaller ISV facing the same barriers, because the cost of overcoming those barriers is proportionally smaller. The ratings reflect subjective experience, not an objective technical audit.

**Outlier effects.** With sample sizes of 5 to 14 per PIMS, a single outlier rating can meaningfully shift the average. Where known, we will note cases in our future installment where an unusually high or low rating reflects a specific ISV's atypical integration path (e.g., Chrome extension workarounds, bespoke enterprise deals) rather than the experience available to a typical ISV.

**Temporal snapshot.** These ratings reflect ISV experiences as of March 2026. PIMS vendors may improve or restrict their API access over time. It is a dynamic marketplace.

**Not all PIMS were contacted by all ISVs.** The number of PIMS rated by each ISV generally correlated with their stage of development. Earlier-stage ISVs may have attempted integration with only a few of the PIMS with larger customer bases, while more mature ISVs rated 11 to 14. This means the smaller PIMS ratings may reflect a less representative cross-section of ISV experiences.

**100% read/write requirement.** Every ISV in the survey stated they need read and/or write access to their customers' databases and systems of record that are part of the PIMS.

*Every one of the ISVs, 100%, stated they would prefer to use a PIMS-approved integration path.* Where they have used alternative methods, it was because a sanctioned path was seemingly unavailable.

**Ecosystem vs. per-PIMS gap.** The point gap between the ecosystem rating (1.94) and the per-PIMS weighted average (2.31) is a consistent finding across respondents. It suggests that the burden of the integration ecosystem is greater than the sum of its parts: even ISVs with some positive individual PIMS experiences view the overall system as mostly closed.

**On-premise access via middleware.** The three major on-premise PIMS (Cornerstone, Avimark, Impromed) are accessible by all ISVs through third-party middleware including BitWerx, AllyDVM, and others, at a cost. The on-premise systems are therefore more accessible in one specific respect: ISVs can achieve integration through middleware without requiring PIMS vendor permission or approval.

Access fees are each negotiated bespoke by the ISV. Access fees were a hindrance to all ISVs, but the degree depended on the ISV's business model and how much they charged per practice per month. The higher the ISV's per clinic price point, the less the access charge represented as a percentage of total costs and revenue opportunity.

## **VIII. What All This Means for Practice Decision-Makers**

The data in this paper was collected from 1,273 practices and 20 ISVs, but the audience we had in mind when writing it was always the practice owner, manager or group technology lead, who has to make a real decision about software that will run their clinic or network for the next several years.

Here is what we think the findings mean in practical terms.

**Market concentration is real, but it does not necessarily mean the market leaders are the right choice for your practice.** Two vendor families account for roughly 77% of named PIMS installations in North America. That scale brings resources, stability, and broad third-party familiarity. It also sometimes brings legacy architecture, slower innovation cycles, and in some cases, integration ecosystems that ISVs rate as mostly closed. Neither fact alone makes a PIMS right or wrong for your situation. But you should go into any evaluation understanding that many of these platforms built their installed bases during a different era of veterinary software, and the priorities of that era do not always align with what practices need today.

**The cloud versus on-premise question has effectively been answered by the market.** Every PIMS launched in the past five years is cloud-native. On-premise systems still represent the majority of current installations, but no new on-premise platform has entered the market. If you are on a system that runs on a server in your premises today, you are not on a failing platform. In fact, you will see in a future installment that the satisfaction level with these systems is surprisingly strong. Beyond that, on-premise systems have one structural advantage: ISVs can integrate through middleware without requiring the PIMS vendor's cooperation, which means your technology options are less dependent on vendor policy.

However, customers of on-premise systems are slowly migrating to a cloud PIMS. That should factor into how you think about a multi-year software technology horizon.

**Integration openness belongs on your evaluation checklist, not in the fine print.** The ISV survey found that 100% of independent software vendors need read and/or write access to your PIMS to deliver their full value to your practice. If your PIMS makes that difficult, expensive, or not practical for ISVs, you are not just buying a practice management system. You are buying a constraint on any AI scribe, booking tool, communication platform, and diagnostic integration you may want to add over the next three to five years.

Ask every PIMS vendor you evaluate a direct question: what does it cost an independent software company to integrate with your platform, and how long does it typically take? The answer will tell you a great deal about what your options will look like as the technology landscape continues to evolve.

**No PIMS is the right fit for every practice, and market share rank is an unreliable proxy for fit.** The data shows clearly that different platforms serve different clinical environments. Some are built for complexity and scale. Others are built for high-volume general practice. A few have meaningful penetration across both general and specialty settings. A few of the newer cloud PIMS serve smaller and more specialized practice types. Understanding where a platform concentrates its design investment tells you more about whether it is right for you than knowing how many practices use it.

The goal of this paper is not to tell you which PIMS to choose. It is to give you a more complete picture of the market so that the questions you ask, and the answers you settle for, are grounded in data rather than vendor marketing.

## **IX. ASIPS Survey Methodology, Statistical Notes, and Interpretation Caveats**

### **Survey Design and Fielding**

The data in this paper is drawn from the Kynetec Veterinary Practice Software Usage Market Research Study (PRJ17655), conducted on behalf of the ASIPS (Ayers Software in Practice

Survey). The survey consisted of a 15-minute online questionnaire fielded 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). Only one respondent was permitted per practice.

**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 Quebec). Clinical staff, as the primary user base for AI scribe technology, are defined as veterinarians (practice owners/partners and associate/employed veterinarians) and veterinary technicians present in exam rooms during patient consultations.

### **Mars Veterinary Health Exclusion**

Practices operating under the Mars Veterinary Health umbrella, other than BluePearl, were excluded from this paper's estimated share of market analysis. The rationale was that these entities enforce standardized internal practice management systems across their networks and operate as closed ecosystems with respect to software selection. Their inclusion would distort both the PIMS market share analysis and the third-party software adoption data.

Mars Veterinary Health collectively operates approximately 2,200 US and Canada locations across its three brands: Banfield Pet Hospital (more than 1,000 hospitals in the US and Puerto Rico), VCA Animal Hospitals (more than 1,000 hospitals across the US and Canada), and BluePearl Specialty and Emergency Pet Hospital (approximately 100 locations in the US).

**Screener implementation and post-collection audit.** The survey screener (QS4a) terminated Banfield respondents but allowed VCA and BluePearl respondents to continue. A post-collection audit of the raw data confirmed that 20 Mars-affiliated respondents are in the final raw dataset: 6 identified as VCA in the US (QS4a code 9), 6 as VCA in Canada (QS4b code 4), and 8 as BluePearl in the US (QS4a code 2). All 12 VCA respondents reported using Woofware, VCA's proprietary PIMS. The 8 BluePearl respondents reported using Cornerstone (6) and Instinct (2).

**Refined exclusion methodology.** Upon review, the exclusion was refined to align with the original rationale. The Mars exclusion applies to entities that enforce standardized, proprietary PIMS ecosystems not available to the broader market. This rationale applies to Banfield (proprietary internal system, terminated at screener) and VCA (Woofware, a proprietary PIMS). It does not apply to BluePearl, whose hospitals select from commercially available PIMS products and participate in the open PIMS market in the same manner as other corporate specialty groups such as Ethos, NVA, or Mission Veterinary Partners, all of which are included in the survey.

Accordingly, the 12 VCA respondents (and all Woofware write-ins) are excluded from the published tables above. The 8 BluePearl respondents are retained. The 28,000 US practice denominator is not materially affected: VCA's approximately 1,000 full-service locations were already excluded from the denominator, and retaining BluePearl's approximately 100 specialty locations within the 28,000 figure is conservative and directionally appropriate.

## Market-Size Weighting

All market share figures are weighted by practice count to reflect actual country 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 28,000 represents estimated non-Mars practices, drawn from converging industry estimates (range: 26,000–30,000); the midpoint of the range was used. For Canada, the Canadian Veterinary Medical Association reports 4,694 total veterinary practices nationally (CVMA, 2024). Because the survey was conducted in English only and excluded Quebec, Quebec's 23% share of Canadian practices (Statistics Canada Census, 2021) was removed from the weighting base, yielding 3,614 English-speaking Canadian practices.

Weight factors: US weight = 28,000 practices ÷ US respondents who identified their PIMS = 31.41 (using a denominator adjusted for VCA exclusion); Canada weight = 3,614 practices ÷ Canadian respondents = 17.29. Each US respondent thus receives 1.82x higher weight than each Canadian respondent, reflecting the US market's 8.3:1 size advantage.

Without proper weighting, Canadian-dominant products would appear to hold larger North American positions than their actual market footprint warrants. Multiple product use is permitted; brand percentages may sum to more than 100%.

## The NectarVet Adjustment

NectarVet received only 2 write-in responses in the survey but was adjusted to 17 in the US tables. We rigorously evaluated all of the write-in responses and found that NectarVet is the only actively marketed cloud-based PIMS of meaningful size that was inadvertently omitted from the prompted answer list. The questionnaire was finalized before NectarVet was added to the CAVSG vendor survey. Other write-in PIMS in the data (Woofware, Intravet, Vetup) are either proprietary to a single corporate entity or legacy on-premises systems no longer being actively marketed to new customers. The adjustment was therefore a correction for a known survey design gap, not a general policy of supplementing survey data with external estimates.

The adjustment is based on installed base data confirmed by NectarVet's CEO, who reports approximately 500 practices on the platform (approximately 480 in the US and 15 to 20 in Canada). We note that this figure is vendor-confirmed rather than survey-derived, and readers should note that limitation when interpreting NectarVet's market position.

## Implicit Sampling Dynamics: Probability Proportional to Size

The ASIPS was fielded through Kynetec's veterinary professional panel, where individual practitioners opt in.<sup>4</sup> A practice with 14 veterinarians has 14 potential panelists who could respond on that practice's behalf, while a 2-vet practice has only 2. This creates an implicit probability-proportional-to-size (PPS) effect: larger practices have a higher probability of representation in the sample, not a lower one.<sup>5</sup>

To illustrate: one PIMS reports an average of 14.3 veterinarians per practice, roughly five times the survey-wide average of approximately 3. Each hospital therefore has roughly five times as

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<sup>4</sup>The ASIPS was fielded through Kynetec's veterinary professional panel, where individual practitioners opt in. A practice with 14 veterinarians has 14 potential panelists, while a 2-vet practice has only 2. This creates an implicit probability-proportional-to-size effect. See Section IX for a detailed discussion.

<sup>5</sup>Wiley Encyclopedia of Survey Research Methods: PPS sampling is a method where "the probability of selecting a unit is proportional to its size," applicable in "single-stage sampling of establishments."

many potential panelists who could respond on that practice's behalf. All else being equal, a practice using this PIMS is approximately five times more likely to appear in the sample than a typical 3-vet general practice.

This is a substantial built-in advantage, not a disadvantage. While we cannot isolate this effect precisely in the current data (doing so would require an independent, vendor-confirmed installed base for each PIMS), the direction of the bias is unambiguous: large-practice PIMS are overrepresented, not underrepresented, in individual-panel survey designs. Practice-count market share should therefore be understood as potentially overstating the position of PIMS concentrated in large hospitals.

### **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):  $\pm 5.44\%$

PIMS user base (n=1,153):  $\pm 2.89\%$

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

### **Reconciliation of Respondent Counts**

The published tables in this report reference several different respondent counts depending on context. This note traces the chain from the 1,273 total survey respondents to the 1,155 named PIMS mentions in Table 1 and the 1,098 mentions in the Section VII ISV openness table.

**From 1,273 to 1,261: The VCA Exclusion.** The Kynetec survey (PRJ17655) collected 1,273 validated responses: 1,057 in the United States and 216 in English-speaking Canada. Of these, 1,166 named a PIMS in response to QA1 and 107 reported that their practice does not use a PIMS (QS6=2).

Twelve VCA respondents were excluded from the published tables. Of the 12, eleven had named Woofware as their PIMS and one fell in the unnamed category. This produces: 1,166 named minus 11 VCA = 1,155 named PIMS mentions; 107 unnamed minus 1 VCA = 106 PIMS not identified; 1,155 + 106 = 1,261 respondents in the published universe.

The 8 BluePearl respondents were retained because BluePearl hospitals select from commercially available PIMS (Cornerstone, Instinct) and are not restricted to a proprietary system.

**From 1,261 to 1,155: The "PIMS Not Identified" Exclusion.** Of the 1,261 post-VCA respondents, 106 indicated they use a PIMS but did not identify which one. These 106 appear as a display row in Table 1 but are excluded from the denominator for market share calculations. The source line figure of n=1,155 reflects only respondents who named a specific PIMS product.

**From 1,155 to 1,098: The Section VII ISV Openness Table.** The Section VII table covers only the 14 PIMS that ISVs were asked to rate. It differs from Table 1 in two ways. NectarVet was adjusted from 2 to 18 based on installed base data from NectarVet’s CEO (approximately 500 practices); 16 simulated responses were added. This adjustment is applied only in Section VII and table 3 in Section III. The 73 write-in PIMS in the “Other” category were not presented to ISVs and have no openness rating data; they are excluded from the Section VII analysis. The net effect: 1,155 + 16 (NectarVet) – 73 (Other) = 1,098.

**Margin of Error Denominators.** The margin of error figures cite n=1,153 (PIMS base), which is 2 lower than 1,155. The margin of error is computed on the actual survey-collected sample. The 2 NectarVet write-ins were broken out from the “Other” write-in pool and given their own row in Table 1. The 2-count difference reflects the residual adjustment from that reclassification.

Step	N	Note
Total survey respondents	1,273	1,057 US + 216 CA
VCA excluded	-12	11 named Woofware + 1 unnamed
<b>Published universe</b>	<b>1,261</b>	All rows displayed in Table 1
PIMS not identified	-106	Displayed but excluded from denominator
<b>Named PIMS mentions (Table 1)</b>	<b>1,155</b>	1,082 tracked + 73 Other; NectarVet = 2 actual
<b>Section VII adjustments:</b>		
NectarVet simulation (2 → 18)	+16	Applied only in Section VII
Other row dropped	-73	No ISV openness data
<b>Section VII ISV table</b>	<b>1,098</b>	14 PIMS only

## Interpretation Caveats

No survey is perfect unless it is a census of every practice in the US and Canada. We present these caveats in the interest of full transparency.

**1. Prompted versus write-in bias.** PIMS products listed as prompted options (e.g., Avimark, Cornerstone, ezyVet) are inherently easier for respondents to select than products requiring a write-in response. NectarVet and Lupa, among others, were omitted from the prompted list due to questionnaire design timing. NectarVet received a post-hoc adjustment (see above); Lupa did not because of its far smaller US practice footprint. PIMS that were not prompted may be undercounted relative to their actual installed base.

**2. Practice-count versus veterinarian-reach.** Practice-count market share treats every practice equally regardless of size. A 2-vet general practice counts the same as a 20-vet specialty hospital. This metric understates the clinical footprint of PIMS concentrated in large, multi-veterinarian hospitals. To address this, we present the estimated veterinarian reach (FTE-weighted) alongside practice counts. Readers should consider both metrics when evaluating a PIMS vendor’s market position.

**3. Probability proportional to size.** As discussed above, the individual-panel survey design creates an implicit PPS dynamic that may overrepresent large-practice PIMS.

**4. Small sample sizes.** Several PIMS products have sample sizes below n=30 (Instinct n=22, Digitail n=11, Provet Cloud n=6, VetCove PIMS n=3, NectarVet n=2 unadjusted). Individual product figures for these PIMS are directional and should not be treated as precise market

share estimates. Grouped figures (e.g., all independents, all cloud-native PIMS) are more reliable.

**5. Mars exclusion scope.** The exclusion of Mars Veterinary Health (VCA, Banfield) removes approximately 2,000-2,100 practice locations from the addressable market. All market share figures should be understood as shares of the non-Mars market. The 8 BluePearl respondents were retained in the dataset (see above) because BluePearl hospitals select from commercially available PIMS, but the VCA and Banfield exclusion means these figures do not reflect software usage patterns in the largest single veterinary employer in North America.

**6. Temporal snapshot.** The ASIPS data was collected between January 13 and March 4, 2026. The veterinary PIMS market is evolving rapidly. Several PIMS vendors launched or expanded products during or shortly after the survey fielding period. The data captures a specific moment in each vendor's growth trajectory and should not be extrapolated as a forecast.

**7. Vendor-confirmed data.** Where PIMS vendors have provided their own estimates of practice installations, those figures are included in the tables for comparison. We encourage all PIMS vendors to disclose their practice counts to strengthen the dataset. Vendor-provided figures should be evaluated alongside survey-derived estimates, not as replacements for them.

**8. Instinct Treatment Plan footprint.** Instinct's Treatment Plan product operates in Mars-affiliated hospitals (including BluePearl and VCA locations) and other practices where Instinct is not used as the primary PIMS. These locations are excluded from, or separately treated in, the PIMS market share tables. Instinct's total clinical footprint therefore extends beyond what the PIMS practice count reflects. This is relevant context, as it illustrates how hospitals are layering modern workflow tools on top of legacy PIMS without fully replacing them.

**9. Quebec exclusion.** The survey was conducted in English only. Quebec, which represents 23% of Canadian veterinary practices, was excluded. Canadian market share figures reflect English-speaking Canada only and may not generalize to the full Canadian market. From the authors' knowledge, the Quebec PIMS market is quite unique and may have a substantially different PIMS composition.

**10. Number of US practices assumption.** We use a core assumption that there are roughly 30,000 US veterinary practices, with a range of uncertainty from 28,000 to 32,000, all figures including Mars. However, to our knowledge, no one really knows the real number. The ambiguity arises from the smallest practices, including those that provide basic services such as vaccines, spay/neuter, and pop-up clinics in retail settings. The distinction between a full-service veterinary practice and these other types of practices is not well defined. The assumption impacts both the relative weighting of the two countries and Section III, US PIMS market.

**11. Canadian dollar is 72% of the USD.** We treat the average size of US and Canadian practices as equivalent, but on a dollar basis, the Canadian market is discounted by the currency differential. This could affect the revenue share of software offerings between the two countries and may overweight Canada.