Companion Animal Veterinary Software Guide Pt IX Companion Document

PIMS Profiles

A Per-Vendor Reference for the Practice

Profiles of the 15 NA Companion Animal PIMS

Jon Ayers and Adam Wysocki | VetSoftwareHub ·

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How to use this Companion Document.

This document is for the PIMS customers. It presents the survey results and summary analysis developed in CAVSG Part IX, but organized individual PIMS. It also includes representative customer comments for each PIMS from the ASIPS survey.

For each PIMS we show:

1. An overview of the PIMS vendor's self-reported capability level, fee policy and other representations in summary form, along with a summary of the ISV and ASIPS survey results for this PIMS;
2. The ISV's-reported openness rating averages and response distribution as well as the anonymized ISV commentary specific to that PIMS;
3. The ASIPS customer satisfaction view on the PIMS offering with representative positive, mixed, and negative customer comments;
4. A summary of the PIMS complete survey response; and
5. The PIMS vendor's full survey response, only cleansed of common boilerplate.

If you are evaluating a PIMS switch or auditing your current vendor's integration posture, this document is your worksheet. Part IX tells you where the market is going. The per-PIMS profiles tell you what to ask the vendor in the room next week.

Each profile pairs vendor self-attestation against ISV-reported integration experience and ASIPS customer satisfaction. In doing so, a buyer can triangulate rather than rely on any single source.

We remind the reader that this is only one element of evaluating a PIMS and its suitability for a practice or group. It is not meant to represent a comprehensive PIMS evaluation, and we would discourage customers from assuming that it is.

The survey data will become quickly out of date as PIMS and ISVs policies, API architectures, and technologies race forward along with the rapid pace of AI development.

Methodology in brief.

PIMS vendor self-reports come from the CAVSG PIMS Vendor Integration Survey (March 2 – April 28, 2026).

ISV-reported figures and comments are drawn from the CAVSG AI Innovator Survey, which received 23 responses (March 10 – April 30, 2026); not every respondent answered every question, so per-PIMS rating counts vary and are stated alongside each PIMS. Two survey responses were excluded entirely from the quantitative results as they did not qualify or were self-silenced by an NDA.

All ISV survey respondents are kept anonymous in this document, with one exception: Dr. Ivan Zak of Serenity Vet has consented to named attribution for his commentary and is identified by name where his quotes or narrative explanations are reproduced. As with every other ISV, Serenity Vet's individual quantitative ratings remain pooled within the per-PIMS Q11 averages and distributions and are not separately attributed.

ASIPS customer figures and comments are drawn from the Kynetec/ASIPS survey of 1,273 North American practices (fielded January 13 – March 4, 2026). Full survey methodologies and limitations are documented in CAVSG Parts VIII and IX.

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[1] Some of the independent vendors have other systems of record offerings serving other verticals, but have stated that the veterinary vertical is the majority of their business portfolio. A case of Provet, which is owned by NordHealth, a publicly traded companies on a Nordic exchange. Their financials, therefore, are public and show that they also own a physical therapy systems of record software offering, but that veterinary is by far their largest revenue, generator and growth focus.

COVETRUS

- Pulse
- Avimark
- Impromed

PARENT (US-BASED)-AFFILIATED VENDORS,

- Vetspire
- VetCove

EMERGING DEVELOPMENT (for information purposes only)

- OpenVPM

INDEPENDENT VENDORS

Instinct *(Independent · cloud-native SaaS · Instinct Science, Inc.)*

ASIPS estimated market share (North America, by mentions): 1.9% (22 of 1,273 NA ASIPS respondents)

Estimated US practice locations (from ASIPS): ~536

Company stated NA practice locations: declined to disclose precise figure; vendor describes Instinct's software as powering "thousands of veterinary practices across the US and Canada" (figure spans Instinct EMR, Instinct EMR for Primary Care, and other Instinct Science products)

Average vets per practice (from ASIPS): 14.3 (Instinct's base is 64% Specialty/Referral/Emergency, 23% General Practice, 14% Other)

Vendor self-reported capability level: Level 4 today, target Level 5 by July 2026

Vendor-stated API fee posture: Free and open to all developers; no access fees, no minimum practice count, no certification fee, no partnership requirement; standard API license agreement and hospital approval required for data access

ISV-reported Q11 openness average: 4.25 / 5.0 (N = 12)

ASIPS customer satisfaction average: 5.77 / 7.0 (n = 22)

1. Vendor self-report: capability level and fee policy

Instinct rates itself at Level 4 today (write APIs for complex workflows with audit trails and role-based access), targeting Level 5 (full app ecosystem) by July 2026. The respondent commented that Instinct is "already close to Level 5 but would need to understand more specifically what you're envisioning before confirming that. I'm not aware of any PIMS in the industry that meets the description above."

Instinct's access model checks "free and open to all developers" with no access fees, no minimum practice count, no certification fee, no partnership requirement, and no case-by-case approval gate. The vendor qualifies that although the access model is free and open, Instinct "first require[s] a standard API license agreement in place and approval from the hospital" because "practice data privacy and security are paramount." Fee transparency is marked "not applicable (no such fees)."

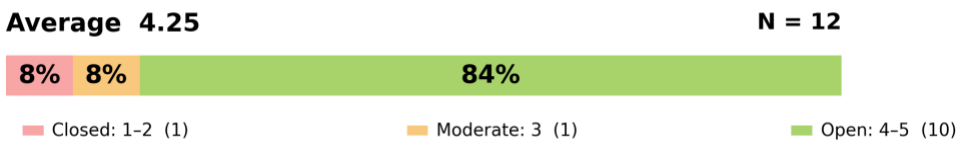
Instinct supports 33 active third-party integrations and reports zero integration applications declined in the prior 12 months. The vendor's developer program counts approximately 40 third-party developers, with ~30 approved in the last 12 months. Public API documentation is available at docs.instinctvet.com/reference, alongside a sandbox / test environment, published integration guides, a dedicated integration support team, and a developer community channel.

Instinct CEO Caleb Frankel's January 2026 blog post announcing the ScribbleVet acquisition states: "At Instinct, we put our hospitals first. While we are building deeply integrated intelligence with ScribbleVet, Instinct will continue to support multiple AI scribe integrations, and ScribbleVet will continue to support multiple PIMS integrations. Instinct remains open — if there's a tool you already love, nothing is changing!"

2. ISV-reported integration experience

Instinct receives the highest average API openness rating of any PIMS in the survey (4.25 / 5.0, N = 12), with 10 of 12 ISV raters scoring Instinct as Open (4 or 5) and only one rater scoring it as Closed (1–2). ISV commentary uniformly characterizes Instinct's API posture as the reference model for openness, with multiple respondents citing free access, sanctioned read/write integration, and supportive engagement before and after Instinct's ScribbleVet acquisition.

CAVSG AI Innovator Survey (Spring 2026, 20 ISV respondents). Q11 asked each ISV to rate this PIMS's API openness on a 1–5 scale (1 = Very Closed, 5 = Very Open).



Q11 distribution: 1 × (1), 0 × (2), 1 × (3), 3 × (4), 7 × (5). Source: CAVSG AI Innovator Survey, N = 12.

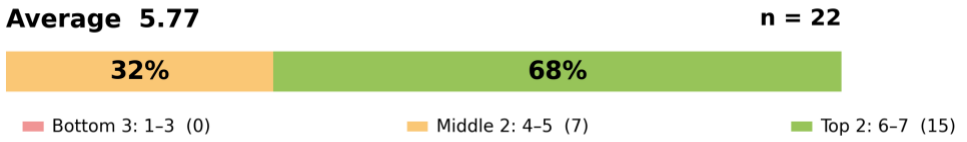
Anonymized ISV commentary

> *There is no cost. I don't hear this very often!*
>
> *Easiest to work with. Even post-ScribbleVet acquisition they have kept up support.*
>
> *Live sanctioned read+write. No fee. Huge fan. Fantastic. Tied … as best model.*
>
> *One ISV noted that Instinct offers an open API and that other ISVs in their category had achieved full read/write integration, describing Instinct's open posture as encouraging relative to other PIMS.*
>
> *In the process: will be completed in approx. 2 weeks. Waited for enough traction from customers.*
>
> *An encouraging conversation at WVC: especially given recent changes to their acquisition perimeter. I am still waiting on access. Fees were not discussed in my initial meeting so it is unknown at this time.*

> *Originally we were told they didn't have a public API, but I heard they now have one.*
>
> *One ISV reported signing an agreement with Instinct but not yet receiving API credentials, preventing evaluation of the integration experience.*
>
> *Great team but specialty hospitals are not in our pipeline so we won't need to integrate for some time.*
>
> *One ISV reported that Instinct's newer API is substantially improved over the prior version, with growing support resources, although the vendor remains selectively protective of certain revenue categories.*

3. ASIPS customer satisfaction — Overall

Ayers Software in Practice Survey (Kynetec PRJ17655, n = 1,273 NA practices). QA2 asked each PIMS-using practice to rate overall satisfaction on a 1–7 scale.

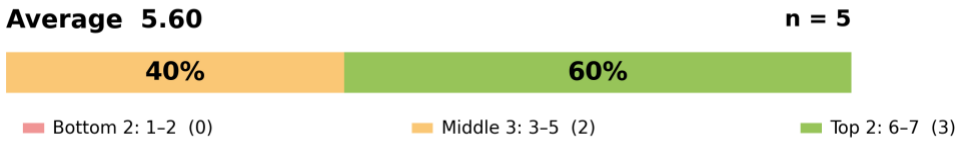


n = 22. T2B: 15 (68%). M3B: 7 (32%). B2B: 0 (0%).

No respondents rated Instinct below 4 on the 7-point satisfaction scale. Caution: small base size (n = 22). Comments should be read as illustrative rather than statistically representative.

ASIPS Customer Satisfaction of GPs

General Practices



n = 5. T2B: 3 (60%). M3B: 2 (40%). B2B: 0 (0%). All comments presented.

Caution: very small base size (n = 5).

Positive comments (rating 6–7)

> *Intuitive, they are responsive to feedback.*
>
> *It's very friendly for the DVM. There have been hiccups with file transfers from previous software, but improvements are being made.*
>
> *We previously used Cornerstone and found it clunky, especially when multiple users were logged on simultaneously. We like that Instinct is cloud-based and it has helpful workflows.*

Mixed comments (rating 3–5)

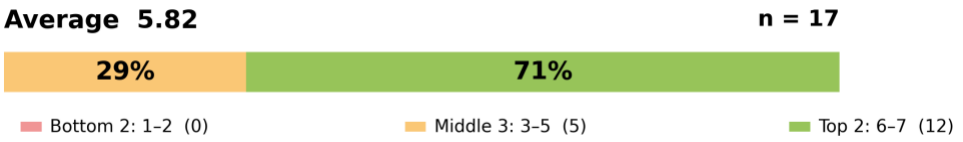
> *Many ways it can be improved, including communication with clients, scheduling appointments.*
>
> *They make minor changes too frequently that are unnecessary. Otherwise straightforward and easy to use.*

Negative comments (rating 1–2)

> *No General Practice respondents rated Instinct below 5.*

ASIPS Customer Satisfaction of Specialty, Referral, and Emergency

> *Specialty, Referral, and Emergency Practices*



> *n = 17. T2B: 12 (71%). M3B: 5 (29%). B2B: 0 (0%). All substantive comments presented.*
>
> *Caution: small base size (n = 17). Comments should be read as illustrative rather than statistically representative. Instinct's Specialty/Referral/Emergency base is 77% emergency and specialty practices.*

Positive comments (rating 6–7)

> *Instinct is very user friendly, easy to use, easy to train, and constantly updates and listens to its clients and makes changes to continuously make our job easier and more streamlined.*
>
> *We love Instinct, it's innovative and modern, and with Instinct being so new, they are always open to feedback and are able to roll out changes or upgrades quarterly, if not monthly.*
>
> *Instinct is very intuitive and user friendly. I like the format of medical records.*
>
> *It's a great simple to use platform.*
>
> *Looks good, easy to use, streamlined and linear navigation.*
>
> *Overall, Instinct is easy to navigate, visually appealing and user friendly.*
>
> *I think it is very user friendly, easy to find everything.*

Mixed comments (rating 3–5)

> *The software is great for the patient medical record management side of things, but generating reports can be difficult or cumbersome.*
>
> *Cannot tab forward, windows close when you tab back.*

> *Could have many other features that could make work easier.*
>
> *Sometimes hard to navigate. And redundant at times.*

Negative comments (rating 1–2)

> *No Specialty/Referral/Emergency respondents rated Instinct below 4 on the 7-point satisfaction scale.*

4. PIMS vendor survey response summarized

Respondent: Elliott Garber, VP Strategic Partnerships

Response date: March 11, 2026

Installed base: Instinct declined to disclose a precise location count, indicating in separate correspondence that the CAVSG Part VIII PIMS location count was “generally correct.” The response describes Instinct’s software as powering “thousands of veterinary practices across the US and Canada,” a figure that spans Instinct’s product family beyond the Instinct EMR PIMS specifically. Per ASIPS, Instinct’s estimated US installed base is approximately 314 practice locations.

Integration capability and access (Sections 2a, 2b, 2c)

Instinct rates itself at Level 4 today, targeting Level 5 by July 2026. The data-access table reports read/write access on 8 of 11 categories (client records, patient records, appointments/scheduling, EHR/medical records, invoices/charges, imaging, client communications, and financial/reporting) and read-only access on 3 categories (inventory, prescriptions, custom fields). Access conditions check only “free and open to all developers” as applying today; the response notes that practice data privacy and security require a standard API license agreement and hospital approval before access is provisioned, but characterizes these as governance steps rather than fee gates or partnership requirements. Fee transparency is marked “not applicable (no such fees).”

Integration architecture and developer resources (Sections 3a, 3c)

Section 3a developer-resources checkboxes mark public API documentation, sandbox environment, integration guides, dedicated integration support, and developer community as available; published SLA and developer-portal self-service registration are not. Section 3c integration-architecture checkboxes mark REST APIs, GraphQL, webhooks, HL7/FHIR, middleware platform support, and “other” (described as data warehouse / data lake patterns); file-based integration and direct database access are not. The combination of REST plus GraphQL plus webhooks plus HL7/FHIR is the most architecturally diverse capability set among PIMS in the survey.

Public position and competitive context (Sections 4a, 4b, 4c)

Instinct cites a pre-existing public statement (Section 4a) from CEO Caleb Frankel’s January 2026 blog post announcing the ScribbleVet acquisition (“Instinct remains open — if there’s a tool you already love, nothing is changing!”). The new CAVSG Section 4b statement describes Instinct as having a “nearly decade-long track record of building practice tools openly,” formally launching the Partner API in late 2024 and expanding it steadily, with current support for 33 active third-party integrations alongside public documentation, sandbox access, integration guides, and dedicated support. The response pairs openness with what it describes as responsible governance: “access to practice data requires a standard API license agreement and hospital approval, because protecting practice data privacy and security is not something

we are willing to compromise on." Section 4c competitive-context selections check "we view open integration as a competitive advantage and actively promote it" and "we are investing in expanding our integration capabilities."

Strategic outlook and industry posture (Sections 6a, 6b, 6c, 6d)

On the role of third-party applications over the next 2–3 years, the respondent writes that as software development costs decline, PIMS platforms will continue building out their own features to fill gaps currently solved by third-party applications, while AI tooling is enabling new entrants and more robust point solutions to enter the market faster, creating pressure on software providers to continue innovating. On Instinct's biggest challenge, the response cites prioritization tradeoffs between continued API-endpoint development and core-platform progress, noting that until recently the speed of innovation produced intentional API breaking changes that were "a bad partner experience", and that the company has more recently prioritized API stability and committed to facilitating integrations across the spectrum of hardware and software.

Section 6c (whether open API access will become a baseline expectation for veterinary practices in the next 2–3 years) is answered "Unlikely (unfortunately)." This answer is notable as a contrast to Instinct's own substantively open posture: the vendor expresses skepticism that the broader industry will converge on open API access as a baseline expectation in the near term. On Section 6d (industry standards and collaborative efforts), the response affirms interest in data-format standardization and collaborative efforts to support innovation, while flagging that such efforts are challenging in an industry unlikely to have government regulation mandating them.

5. PIMS vendor FULL survey response

The text below is reproduced verbatim from the Instinct submission, cleansed of common boilerplate. Source: Instinct_survey_cleansed_v2.docx (Vendor Supplemental Positioning Statements section plus Sections 1–6 of the CAVSG PIMS Vendor Integration Survey instrument as completed by Elliott Garber, March 11, 2026).

Vendor Supplemental Positioning Statements

The following statements were provided by Instinct alongside its survey response, as supplemental context for readers of this profile. They are the vendor's own positioning, distinct from the survey instrument that follows.

Timing context.

> The general practice product launched in December 2025. The ASIPS data therefore reflects almost entirely the ER and specialty installed base.

Footprint and product architecture.

> Instinct EMR and Treatment Plan has a large footprint in BluePearl and many VCA locations. Treatment Plan is not a full PIMS but functions as a modern clinical workflow layer on top of legacy systems.

Section 1: Respondent Information

PIMS Product Name: **Instinct EMR and Instinct EMR for Primary Care**
Parent Company (if applicable): **Instinct Science**
Respondent Name: **Elliott Garber**
Respondent Title: **VP, Strategic Partnerships**
Email: **drelliott@instinct.vet**
Date: **Mar 11, 2026**

US Practice Location Count

Number of US and, separately, English-speaking Canadian practice locations currently using your PIMS: **Instinct's software powers thousands of veterinary practices across the US and Canada.**

We decline to provide a location count

Section 2: Integration Capability Self-Assessment

2a. Integration Capability Level

Please select the single level that best describes your current integration capability, and separately your target for July 2026:

Level	Description	Current (Today)	Target (July 2026)
1	No APIs — manual export/import or copy/paste only	☐	☐
2	Read-only APIs for basic data objects (patient, client, appointment records)	☐	☐
3	Limited write APIs for simple workflows (appointments, tasks, notes)	☐	☐
4	Write APIs for more complex workflows (refills, charges, medical records) with audit trails and role-based access	**X**	☐
5	Full app ecosystem (webhooks, scopes, app review process, monitoring, developer portal)	☐	**X**

Comments on Integration Capability Level (optional — e.g., capabilities that vary by data object or workflow):

We launched a new robust partner API in late 2024 and have steadily been adding endpoints ever since. We have tackled progressively more complex use cases and integration types, prioritizing development decisions based on the mutual feedback of our customers and partners. I believe we are already close to your Level 5 but would need to understand more specifically what you're envisioning before confirming that. I'm not aware of any PIMS in the industry that meets the description above.

2b. Access Model (for levels 2-5)

For vendors with API capabilities (levels 2-5), please indicate all access model conditions that apply:

#	Access Condition	Applies Today	Planned July 2026
1	Free and open to all developers (public documentation, self-service registration)	X	☐
2	Minimum practice count or volume qualification required	☐	☐
3	One-time onboarding or certification fee	☐	☐
4	Ongoing fee per location or per transaction	☐	☐
5	Case-by-case approval required (no published criteria)	☐	☐
6	Partnership or business relationship required	☐	☐

Comments on Access Model (optional — e.g., fee structures, approval timelines, sandbox availability):

I marked #1 as it most closely reflects our approach. However, practice data privacy and security are paramount at Instinct so we first require a standard API license agreement in place and approval from the hospital.

2c. Access Fee Transparency (for levels 2-5)

Industry feedback indicates that some PIMS vendors charge third-party application developers fees for API access or integration enablement, while also restricting those partners from disclosing the existence or details of such fees to the mutual customer (the veterinary practice). We believe that fee transparency is essential for practices to make fully informed decisions about their technology stack. The following questions are designed to surface the current state of fee disclosure policies.

1. If your PIMS charges any fees related to API access or integration enablement, what information are partners permitted to share with the mutual customer? (Select all that apply)

- ☐ Existence of fee
- ☐ Fee amount / rate card
- ☐ How the fee is billed (vendor billed vs. partner billed)
- ☐ Any minimums, tiers, or usage caps
- ☐ None of the above
- **X** Not applicable (no such fees)

2. If any items above are not permitted to be shared, please indicate where the restriction is defined (agreement type and section name/number) and whether written permission can be granted.

Section 3: Integration Details

3a. Developer Resources

Please indicate which of the following developer resources you currently offer:

- **X** Publicly accessible API documentation
- ☐ Developer portal with self-service registration
- **X** Sandbox or test environment for developers
- **X** Published integration guides or tutorials
- **X** Dedicated integration support team or point of contact
- **X** Developer community forum or Slack channel
- ☐ Published SLA for API uptime and response times

Approximate number of active third-party integrations today: **33**
URL for developer documentation (if public): **https://docs.instinctvet.com/reference/**

3b. Data Access Scope

For each data category below, please indicate the current level of third-party API access you provide:

Data Category	No Access	Read Only	Read/Write	Planned July 2026
Client records	☐	☐	**X**	☐
Patient records	☐	☐	**X**	☐
Appointments / scheduling	☐	☐	**X**	☐
EHR: Medical records / SOAP notes, lab results, and consultations	☐	☐	**X**	☐
Invoices / charges	☐	☐	**X**	☐
Inventory / products	☐	**X**	☐	**X**
Prescriptions / refills	☐	**X**	☐	**X**
Imaging / radiology	☐	☐	**X**	☐
Client Communications (reminders, phone calls, emails, texts, etc.)	☐	☐	**X**	☐
Financial / reporting data	☐	☐	**X**	☐
Custom fields / templates	☐	**X**	☐	☐

3c. Integration Architecture

Please indicate which integration mechanisms you support:

- **X** REST APIs
- **X** GraphQL
- **X** Webhooks (real-time event notifications)
- **X** HL7 / FHIR

☐ File-based integration (CSV, XML export/import)

☐ Direct database access

X Middleware / integration platform (e.g., BitWerx, GreyWind, Vetsource SyncVet)

X Other (please specify below)

If 'Other,' please describe:

Data Warehouse, Data Lake

Section 4: Public Position on Open Integration

This is the most important section of the survey…

4a. Existing Public Statements

Has your company previously made a public statement regarding your integration or API openness philosophy? **A: Yes.**

If yes, please paste or summarize the statement and provide the source (press release, blog post, conference presentation, etc.):

This statement is from Caleb's public announcement on the Instinct blog about our acquisition of ScribbleVet:

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

https://instinct.vet/blog/instinct-science-scribblevet-joining-forces-2026/

4b. New Statement for CAVSG

Your public statement on integration openness and API strategy (will be published as provided):

At Instinct, we put hospitals first. Caring for the caretakers of the veterinary world has always been our mission, and that means giving practices the flexibility to choose the tools that work best for them through secure and deeply integrated workflows. The hospitals we serve are complex, fast-moving environments that rely on diagnostics, imaging, AI scribes, inventory systems, client communication tools, and more. Instinct EMR's job is to make it easy for hospitals to connect the tools their teams need.

Since the founding of Instinct, we've integrated our Treatment Plan product with any systems our customers choose. We took this a step further for our full PIMS, Instinct EMR, by formally launching our Partner API in late 2024 and have been expanding it steadily since, guided by feedback from our hospital customers and our growing community of developer partners. Today we support over 30 active third-party integrations. Our API documentation is public. Access is free. We also provide a sandbox environment, published integration guides, and dedicated integration support to make the developer experience as straightforward as possible.

That openness extends to categories where we are investing heavily in our own products. When we acquired ScribbleVet in January 2026, our CEO Dr. Caleb Frankel was direct: "At Instinct, we put our hospitals first. While we are building deeply integrated intelligence with

ScribbleVet, Instinct will continue to support multiple AI scribe integrations, and ScribbleVet will continue to support multiple PIMS integrations. Instinct remains open. If there's a tool you already love, nothing is changing."

Looking ahead, we are actively investing in expanded webhooks, broader write access, and additional developer tooling to support the veterinary ecosystem. We pair that openness with responsible governance: access to practice data requires a standard API license agreement and hospital approval, because protecting practice data privacy and security is not something we are willing to compromise on. Within that framework, our goal is to support any legitimate veterinary application and help hospitals build the technology stack that best serves their teams and patients.

We have a nearly decade-long track record of building practice tools openly, and we plan to keep it that way. Putting hospitals first and caring for the caretakers starts with never getting in the way of the tools veterinary teams need to do their best work.

4c. Competitive Context

Open integration is increasingly cited as a factor in PIMS selection, particularly by corporate groups evaluating standardization and by independent practices seeking best-of-breed application stacks. How would you characterize your approach? (Check all that apply.)

We view open integration as a competitive advantage and actively promote it

We are investing in expanding our integration capabilities

Section 5: Third-Party Developers Access Criteria

Number of third-party developers currently in your program: **~40**

Number of third-party developers approved in the last 12 months: **~30**

Number of third-party developer applications declined in the last 12 months: **0**

Do you have any requirements or restrictions on which types of third-party applications can integrate with your PIMS?

No restrictions — any legitimate veterinary application may integrate

Section 6: Strategic Outlook

6a. How do you see the role of third-party applications evolving relative to built-in PIMS features over the next 2-3 years?

As the cost and time required for software development continues to decrease, PIMS platforms will naturally continue building out their own features to fill gaps currently being solved by third-party applications. At the same time, the speed of AI is allowing new entrants and more robust point solutions to enter the market faster. All of this will create pressure on software providers to continue to innovate in order to stay competitive and valuable, which will push the industry forward and result in even better tools for the veterinary caretakers we serve, and that's a great thing.

6b. What is the biggest challenge your company faces in providing more open integration to third-party developers?

As a relatively new software company and one that innovates fast, our biggest challenge has been prioritizing the continued development of new API endpoints and balancing that against continued progress on our own core platform and features. Until recently the speed of innovation meant intentional breaking changes and evolution of our API which would be a bad partner experience. As we've matured in the past few years, we prioritized this open API and are committed to facilitating integrations across the spectrum of hardware and software in our space. We have a 10 year track record of providing practice system tools like Instinct Treatment Plan and Instinct EMR openly and we're very proud to continue it.

6c. Do you believe that open, well-documented API access to PIMS data will become a baseline expectation for veterinary practices in the next 2-3 years?

Unlikely (unfortunately)

6d. Are there industry standards or collaborative efforts (e.g., data format standardization, common authentication frameworks) that you believe would accelerate integration across the veterinary ecosystem?

We are definitely interested in data format standardization efforts and would love to be involved in any efforts to support innovation in the veterinary ecosystem. Unfortunately this is challenging in an industry that is unlikely to have government regulation mandating it.

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NectarVet *(Independent · AI-native cloud · NectarVet, Inc.)*

ASIPS estimated market share (North America, by mentions): 0.2% raw write-in (2 of 1,273 NA ASIPS respondents). Per Part IX Table 1, a CEO-supplied installed-base estimate of approximately 500 NA practices supports an adjusted figure of 17 mentions (1.7% of the 993 simulated US named-PIMS base).

Estimated US practice locations (from ASIPS): 0.2% NectarVet was the only commercially marketed PIMS in North America not prompted in the questionnaire, a survey design error. See Part IX Table 1 footnote for the 17-mention adjustment derivation.

Company stated NA practice locations: ~500 NA practices live

Average vets per practice (from ASIPS): not separately measured (insufficient N in ASIPS)

Vendor self-reported capability level: Level 4 today, target Level 5 (full app ecosystem) by July 2026

Vendor-stated API fee posture: Case-by-case partnership today; targeted to become "free and open to all developers" by July 2026; most integrations have no fee; fees apply only in two

specific exception cases: 1) NectarVet driving ongoing co-marketing on the partner's behalf (*author note: which is more akin to a marketing commission*), or 2) partner replacing NectarVet payment-processing revenue.

ISV-reported Q11 openness average: 3.50 / 5.0 (N = 6)

ASIPS customer satisfaction average: not separately measured (write-in only; insufficient n for satisfaction or practice-mix breakdown)

1. Vendor self-report: capability level and fee policy

NectarVet rates itself at Level 4 today (write APIs for complex workflows with audit trails and role-based access), targeting Level 5 (full app ecosystem) by July 2026. The data-access table shows read/write on 9 of 11 categories (client, patient, appointments, EHR/medical records, inventory, prescriptions, imaging, client communications, custom fields) and read-only on 2 (invoices/charges, financial/reporting).

NectarVet checks two access conditions today: case-by-case approval and partnership required. The "free and open to all developers" condition is not checked today but is checked as a planned July 2026 target. Fee transparency is fully open to the mutual customer: existence, fee amount/rate card, billing method, and minimums/tiers/usage caps are all permitted disclosures. The CEO describes the fee posture as follows: "We generally do not have restrictions on who we partner with, and do not ask for a fee — we ask for a fee in special cases where we are driving ongoing efforts for marketing on their behalf (e.g., demoing their product for them), or where they are replacing our payment processing revenue (e.g., CareCredit)." NectarVet reports approximately 30 third-party developers in its program, approximately 20 approved in the last 12 months, and 2 declined.

NectarVet's prior public position is "Flexible partnerships, APIs available for wide range of integrators." The new CAVSG statement describes NectarVet as architected from day one as an AI-native, API-first ecosystem with a comprehensive GraphQL backend; the platform is positioned as both an all-in-one PIMS (native AI tools, client portal, phone system with AI call summarization, digital anesthesia monitoring, 2-way SMS) and an "intelligent conduit" between digital workflow and physical diagnostic, pharmacy, financial, and inventory suppliers. Application restrictions are explicit: API access is offered "only to legitimate companies that have paying customers (not individuals who want to use our software to develop something from scratch)."

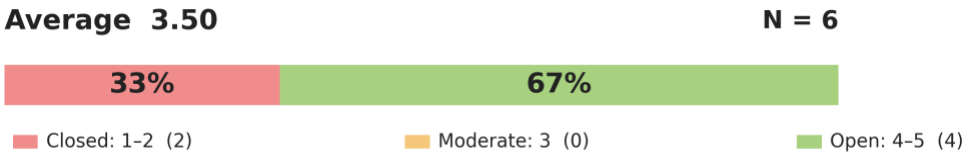
NectarVet answers "Uncertain" to whether open API access will become a baseline expectation for veterinary practices over the next 2–3 years, pairing the answer with a pointed comment from the CEO: "There is a lot of anti-competitive behavior in the space, which seems more like a business strategy than a product or tech strategy. It's not clear to me whether the baseline will change." On the ecosystem side, the CEO frames NectarVet's biggest challenge as developer prioritization: "There are not a lot of 3rd party developers who want to integrate with us — the larger ones have partnerships with larger PIMS, and the smaller ones want to integrate with the

largest PIMS first so that it opens their market. The larger we get as a PIMS, the more developers who want to integrate with us, but it's an uphill battle."

2. ISV-reported integration experience

NectarVet receives an average API openness rating of 3.50 / 5.0 (N = 6) from ISV respondents, with 2 of 6 raters scoring NectarVet as Closed (1–2), none as Moderate (3), and 4 as Open (4–5). ISV commentary describes a vendor whose leadership is explicitly receptive to integration, with API documentation provided proactively in multiple cases; the dominant friction reported is not access posture but ISV prioritization, with respondents citing NectarVet's limited current scale or the technical complexity of integration as reasons to deprioritize building.

CAVSG AI Innovator Survey (Spring 2026, 20 ISV respondents). Q11 asked each ISV to rate this PIMS's API openness on a 1–5 scale (1 = Very Closed, 5 = Very Open).



Q11 distribution: 2 × (1), 0 × (2), 0 × (3), 1 × (4), 3 × (5). Source: CAVSG AI Innovator Survey, N = 6.

Anonymized ISV commentary

> *One ISV reported that NectarVet shared its API documentation but the ISV deprioritized pursuing credentials due to the technical complexity of the integration.*
>
> *One ISV reported strong interest from NectarVet's leadership, with API documentation provided, though they had deprioritized building the integration due to the platform's limited scale.*
>
> *One scribe-category ISV reported early conversations with NectarVet, noting that NectarVet offers its own product in the category.*
>
> *I know very little, except anytime somebody mentions them, they get really excited to talk about it, and I don't know why.*

3. ASIPS customer satisfaction — Overall

Element 3 not applicable. NectarVet was not separately measured in the Kynetec ASIPS PRJ17655 dataset beyond two raw write-in mentions, insufficient for satisfaction or practice-mix breakdown. NectarVet was not a prompted choice in the ASIPS QA1 list and appeared in the survey only via the "Other (please specify)" open-end. The two raw write-in mentions are retained in the ASIPS practice-count weighted aggregate (per the V7 raw-write-in convention) but no satisfaction or tier-level analysis is produced for NectarVet.

4. PIMS vendor survey response summarized

CAVSG PIMS Vendor Integration Survey response, NectarVet. Boilerplate (preamble, introduction, and submission instructions common across all 15 surveys) has been removed. The response is presented in the order of the survey instrument.

Respondent: Joanna Chung, CEO

Response date: March 10, 2026

Installed base: Approximately 500 NA practices live.

Integration capability (Section 2a)

NectarVet rates itself at Level 4 today (write APIs for complex workflows with audit trails and role-based access), targeting Level 5 (full app ecosystem) by July 2026. The data-access table shows read/write on 9 of 11 categories (client, patient, appointments, EHR/medical records, inventory, prescriptions, imaging, client communications, custom fields) and read-only on 2 (invoices/charges, financial/reporting).

Access model and fees (Sections 2b and 2c)

NectarVet checks two access conditions today: case-by-case approval and partnership required. The “free and open to all developers” condition is not checked today but is checked as a planned July 2026 target. Fee transparency is fully open to the mutual customer: existence, fee amount/rate card, billing method, and minimums/tiers/usage caps are all permitted disclosures. The CEO describes the fee posture as follows:

> *We generally do not have restrictions on who we partner with, and do not ask for a fee — we ask for a fee in special cases where we are driving ongoing efforts for marketing on their behalf (e.g., demoing their product for them), or where they are replacing our payment processing revenue (e.g., CareCredit).*

NectarVet reports approximately 30 third-party developers in its program, approximately 20 approved in the last 12 months, and 2 declined (independent veterinarians attempting to build custom software for their own clinics, not legitimate ISVs).

Public position on open integration (Section 4)

NectarVet’s prior public position is “Flexible partnerships, APIs available for wide range of integrators.” The new CAVSG survey statement describes NectarVet as architected from day one as an AI-native, API-first ecosystem with a comprehensive GraphQL backend; the platform is positioned as both an all-in-one PIMS (native AI tools, client portal, phone system with AI call summarization, digital anesthesia monitoring, 2-way SMS) and an “intelligent conduit” between digital workflow and physical diagnostic, pharmacy, financial, and inventory suppliers.

Section 4c competitive-context additional comment:

> *We are truly flexible in our partnerships — we strive to offer clinics BOTH a vertically integrated approach with white-labeled integration options, AND the option to not use what's available off-the-shelf and use their preferred tool. Our platform is highly modular — they can 'turn off' any feature and 'turn on' an integration for that portion of the workflow instead.*

Application restrictions are explicit: API access is offered "only to legitimate companies that have paying customers (not individuals who want to use our software to develop something from scratch)." For embedded offerings, NectarVet evaluates PIMS scope expansions on a case-by-case basis and sets roadmap based on "(1) how useful we think the application will be to our customers, and (2) how big they are — in that order."

Strategic outlook (Section 6)

On the evolving role of third-party applications, the CEO writes:

> *With the rise of AI capabilities, there will both be a proliferation of third-party applications, and a rapid commoditization of most of them. What is important as a PIMS is to facilitate innovation through open partnerships, while also 'setting the bar' with our own built-in PIMS features. We will compete on the merit of the quality of our features, not through restriction, as we have done with our client portal and AI scribing tool. The 'vote' lies in the hands of the customer.*

NectarVet's biggest challenge is described frankly in the CEO's own words:

> *The 3rd party developers! There are not a lot of 3rd party developers who want to integrate with us — the larger ones have partnerships with larger PIMS, and the smaller ones want to integrate with the largest PIMS first so that it opens their market. The larger we get as a PIMS, the more developers who want to integrate with us, but it's an uphill battle.*

NectarVet answers "Uncertain" to whether open API access will become a baseline expectation for veterinary practices over the next 2–3 years, pairing the answer with a pointed comment:

> *There is a lot of anti-competitive behavior in the space, which seems more like a business strategy than a product or tech strategy. It's not clear to me whether the baseline will change.*

Industry standards (Section 6d)

On industry standards, the CEO writes: "Yes, data standardization would absolutely help accelerate integration."

5. PIMS vendor FULL survey response

The text below is reproduced verbatim from the NectarVet submission, cleansed of common boilerplate. Source: _NectarVet_survey_March_10_cleansed_v2.docx (Sections 1–6 of the CAVSG PIMS Vendor Integration Survey instrument as completed by Joanna Chung, CEO,

March 10, 2026). Note: the survey response includes a privacy preference for the practice-location count; per the CEO's subsequent authorization recorded in the Element 4 PIMS Vendor Survey Response Summaries (April 25, 2026), the approximate figure of 500 NA practices is published in this Companion entry.

Section 1: Respondent Information

PIMS Product Name: **NectarVet**

Parent Company (if applicable): **None**

Respondent Name: **Joanna Chung**

Respondent Title: **CEO**

Email: **joanna@nectarvet.com**

Date: **3/10/2026**

US Practice Location Count

Number of US and, separately, English-speaking Canadian practice locations currently using your PIMS: **US: 500, another 300 contracted but not live yet; Canada: 25**

We prefer this number remain confidential (for internal validation only)

Section 2: Integration Capability Self-Assessment

2a. Integration Capability Level

Please select the single level that best describes your current integration capability, and separately your target for July 2026:

Level	Description	Current (Today)	Target (July 2026)
1	No APIs -- manual export/import or copy/paste only	☐	☐
2	Read-only APIs for basic data objects (patient, client, appointment records)	☐	☐
3	Limited write APIs for simple workflows (appointments, tasks, notes)	☐	☐
4	Write APIs for more complex workflows (refills, charges, medical records) with audit trails and role-based access	X	☐
5	Full app ecosystem (webhooks, scopes, app review process, monitoring, developer portal)	☐	X

2b. Access Model (for levels 2-5)

For vendors with API capabilities (levels 2-5), please indicate all access model conditions that apply:

#	Access Condition	Applies Today	Planned July 2026
1	Free and open to all developers (public documentation, self-service registration)	☐	X
2	Minimum practice count or volume qualification required -- NONE	☐	☐
3	One-time onboarding or certification fee -- depends on integration partner and development required on our end. Most of our integration partners do not pay a fee today.	☐	☐
4	Ongoing fee per location or per transaction -- depends on integration partner and active/ongoing sales & marketing efforts that we agree to on their behalf. Most of our integration partners do not pay a fee today.	☐	☐
5	Case-by-case approval required (no published criteria)	X	☐
6	Partnership or business relationship required	X	☐

Comments on Access Model (optional -- e.g., fee structures, approval timelines, sandbox availability):

We generally do not have restrictions on who we partner with, and do not ask for a fee — we ask for a fee in special cases where we are driving ongoing efforts for marketing on their behalf (e.g., demoing their product for them), or where they are replacing our payment processing revenue (e.g., CareCredit).

2c. Access Fee Transparency (for levels 2-5)

Industry feedback indicates that some PIMS vendors charge third-party application developers fees for API access or integration enablement, while also restricting those partners from disclosing the existence or details of such fees to the mutual customer (the veterinary practice). We believe that fee transparency is essential for practices to make fully informed decisions about their technology stack. The following questions are designed to surface the current state of fee disclosure policies.

1. If your PIMS charges any fees related to API access or integration enablement, what information are partners permitted to share with the mutual customer? (Select all that apply)

- **X** Existence of fee
- **X** Fee amount / rate card
- **X** How the fee is billed (vendor billed vs. partner billed)

X Any minimums, tiers, or usage caps

☐ None of the above

☐ Not applicable (no such fees)

2. If any items above are not permitted to be shared, please indicate where the restriction is defined (agreement type and section name/number) and whether written permission can be granted.

Section 3: Integration Details

3a. Developer Resources

Please indicate which of the following developer resources you currently offer:

X Publicly accessible API documentation

☐ Developer portal with self-service registration

X Sandbox or test environment for developers

X Published integration guides or tutorials

X Dedicated integration support team or point of contact

X Developer community forum or Slack channel

☐ Published SLA for API uptime and response times

Approximate number of active third-party integrations today: **around 25–30**

URL for developer documentation (if public): **Available under NDA**

3b. Data Access Scope

For each data category below, please indicate the current level of third-party API access you provide:

Data Category	No Access	Read Only	Read/Write	Planned July 2026
Client records	☐	☐	X	☐
Patient records	☐	☐	X	☐
Appointments / scheduling	☐	☐	X	☐
EHR: Medical records / SOAP notes, lab results, and consultations	☐	☐	X	☐
Invoices / charges	☐	X	☐	☐
Inventory / products	☐	☐	X	☐

Data Category	No Access	Read Only	Read/Write	Planned July 2026
Prescriptions / refills	☐	☐	X	☐
Imaging / radiology	☐	☐	X	☐
Client Communications (reminders, phone calls, emails, texts, etc.)	☐	☐	X	☐
Financial / reporting data	☐	X	☐	☐
Custom fields / templates	☐	☐	X	☐

3c. Integration Architecture

Please indicate which integration mechanisms you support:

- **X** REST APIs
- **X** GraphQL
- **X** Webhooks (real-time event notifications)
- ☐ HL7 / FHIR
- **X** File-based integration (CSV, XML export/import)
- ☐ Direct database access
- ☐ Middleware / integration platform (e.g., BitWerx, GreyWind, Vetsource SyncVet)
- **X** Other (please specify below)

If 'Other,' please describe:

Cloud-native background processing via Taskiq and Redis for heavy data sync jobs.

Section 4: Public Position on Open Integration

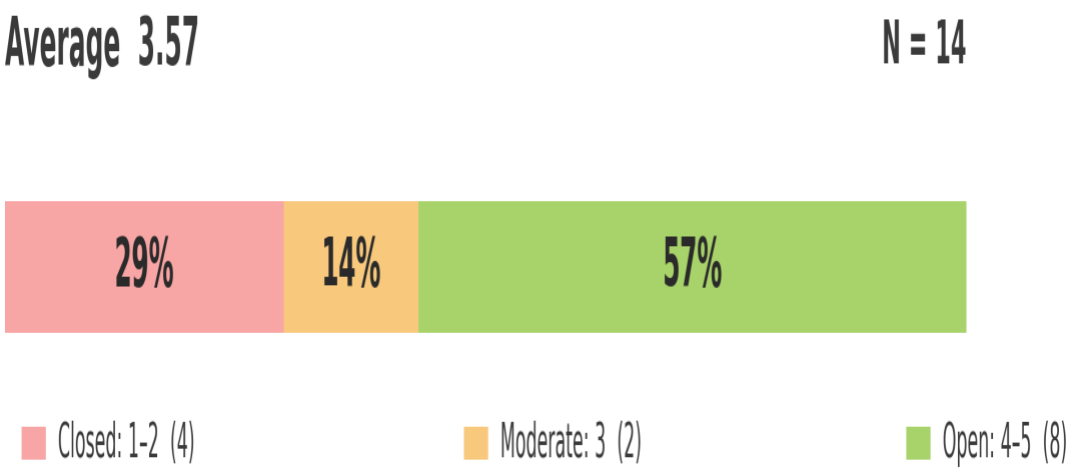
This is the most important section of the survey…

4a. Existing Public Statements

Has your company previously made a public statement regarding your integration or API openness philosophy? **A: Yes.**

If yes, please paste or summarize the statement and provide the source (press release, blog post, conference presentation, etc.):

"Flexible partnerships — API's available for wide range of integrators."



Source: NectarVet marketing collateral ("Nectar distinctives" slide), provided with survey response.

4b. New Statement for CAVSG

At NectarVet, we architected our platform from day one as an AI-native, API-first ecosystem. By leveraging a comprehensive GraphQL backend, we ensure that every capability available to our own frontend is inherently accessible to our partners.

The best practice management software should be invisible — humming in the background so you can stay focused in the exam room. Nectar is the easiest, AI-powered platform designed to provide a unified digital core for your clinic, providing all your software needs — 5 AI tools, client portal, phone system with AI call summarization, digital anesthesia monitoring, unlimited 2-way SMS, etc. all embedded into one seamless PIMS.

But we understand that your practice runs on more than just code; it relies on a physical ecosystem of diagnostics, pharmacy, financial, and inventory suppliers. That is why we don’t just offer an all-in-one platform — we act as the intelligent conduit between your digital workflow and the physical tools that produce your results. With Nectar, you get the efficiency of a streamlined, all-in-one experience and the absolute freedom to integrate with the partners you trust most. We handle the connectivity; you focus on the care.

4c. Competitive Context

Open integration is increasingly cited as a factor in PIMS selection, particularly by corporate groups evaluating standardization and by independent practices seeking best-of-breed application stacks. How would you characterize your approach? (Check all that apply.)

We view open integration as a competitive advantage and actively promote it

We are investing in expanding our integration capabilities

We prefer a vertically integrated approach (our own applications and features)

Additional comments:

We are truly flexible in our partnerships — we strive to offer clinics BOTH a vertically integrated approach with white-labeled integration options, AND the option to not use what's available off-the-shelf and use their preferred tool. Our platform is highly modular — they can "turn off" any feature and "turn on" an integration for that portion of the workflow instead.

Section 5: Third-Party Developers Access Criteria

Number of third-party developers currently in your program: **~30**

Number of third-party developers approved in the last 12 months: **~20**

Number of third-party developer applications declined in the last 12 months: **2** (they weren't real companies, they were independent veterinarians who wanted to use our platform to test/develop their own custom software for their clinic)

Do you have any requirements or restrictions on which types of third-party applications can integrate with your PIMS?

No restrictions — any legitimate veterinary application may integrate

We require applications to meet quality or security certification standards

We evaluate on a case-by-case basis

Please describe any notable restrictions or requirements:

We currently only offer API access to legitimate companies that have paying customers (not individuals who want to use our software to develop something from scratch). If there is development work involved on our end (e.g., an embedded offering), we evaluate the scope of the work on a case-by-case basis and set our roadmap according to (1) how useful we think the application will be to our customers, and (2) how big they are — in that order.

Section 6: Strategic Outlook

6a. How do you see the role of third-party applications evolving relative to built-in PIMS features over the next 2-3 years?

I believe with the rise of AI capabilities, there will both be a proliferation of third-party applications, and a rapid commoditization of most of them. What is important as a PIMS is to facilitate innovation through open partnerships, while also "setting the bar" with our own built-in PIMS features. We will compete on the merit of the quality of our features, not through restriction, as we have done with our client portal and AI scribing tool. The "vote" lies in the hands of the customer.

6b. What is the biggest challenge your company faces in providing more open integration to third-party developers?

Honestly? The 3rd party developers! There are not a lot of 3rd party developers who want to integrate with us — the larger ones have partnerships with larger PIMS, and the smaller ones want to integrate with the largest PIMS first so that it opens their market.

The larger we get as a PIMS, the more developers who want to integrate with us, but it's an uphill battle.

6c. Do you believe that open, well-documented API access to PIMS data will become a baseline expectation for veterinary practices in the next 2-3 years?

Uncertain

Comments:

There is a lot of anti-competitive behavior in the space, which seems more like a business strategy than a product or tech strategy. It's not clear to me whether the baseline will change.

6d. Are there industry standards or collaborative efforts (e.g., data format standardization, common authentication frameworks) that you believe would accelerate integration across the veterinary ecosystem?

Yes, data standardization would absolutely help accelerate integration.

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Shepherd *(Independent · cloud-native SaaS · owned by Synergy Pet Group)*

ASIPS estimated market share (North America, by mentions)**:** 4.2% (47 of 1,273 NA ASIPS respondents)

Estimated US practice locations (from ASIPS)**:** ~1,212

Company stated NA practice locations: not disclosed

Average vets per practice (from ASIPS)**:** 2.8

Vendor self-reported capability level: Level 3 today → Level 5 by July 2026

Vendor-stated API fee posture: Open to all ISVs; nominal setup plus per-location monthly fee once integration reaches adoption scale (vendor reports waivers and adjustments for early-stage companies); fee structure characterized as permanent in April 20, 2026 vendor correspondence.

ISV-reported Q11 openness average: 3.57 / 5.0 (N = 14)

ASIPS customer satisfaction average: 5.34 / 7.0 (n = 47)

1. Vendor self-report: capability level and fee policy

Shepherd operates an open API platform available to all ISVs. A nominal setup fee and per-location monthly fee apply only after an integration reaches meaningful adoption scale, and both are routinely waived for early-stage companies. In accompanying correspondence, the General Manager stated:

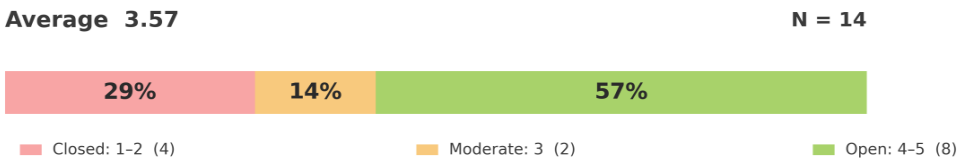
> *I want to be transparent that we do have a fee structure associated with scale. It's not something I see changing 'tomorrow.' The cost to run our infrastructure continues to grow as different companies request access and ask for near real-time access and higher rate limits.* — Kyle Estes, General Manager (April 20, 2026 correspondence)

Fee transparency is fully open to the mutual customer.

Shepherd rates itself at Level 3 today, targeting Level 5 by July 2026. 85+ active third-party integrations, zero applications declined in the last 12 months. The sole categorical restriction is payment processing, where Shepherd provides a native integrated payments solution.

2. ISV-reported integration experience

CAVSG AI Innovator Survey (Spring 2026, 20 ISV respondents). Q11 asked each ISV to rate this PIMS's API openness on a 1–5 scale (1 = Very Closed, 5 = Very Open).



Q11 distribution: 2 × (1), 2 × (2), 2 × (3), 2 × (4), 6 × (5). Source: CAVSG AI Innovator Survey, N = 14.

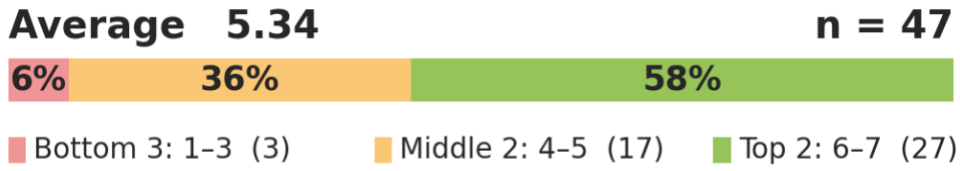
Anonymized ISV commentary

Shepherd received four citations as a model of good API practice, the most of any PIMS in the model-PIMS section of the survey. Respondents emphasized open API access, direct provisioning of API keys to clinics, responsiveness, and the absence of integration fees.

> *Shepherd has been one of the more developer-friendly PIMS we have worked with. They provide an open, Swagger-documented API and give API keys directly to clinics. Appointment pull works via API. Writeback is currently via Chrome Extension because the API does not yet support medical record writes, but their overall posture is open and collaborative. No fees for API access.*
>
> *One PIMS already had an integration with a competitor. After evaluating our product, they proposed an acquisition; when we declined, they withdrew from integration discussions, citing plans to compete in our category.*
>
> *One ISV described a pattern of Shepherd deferring integration conversations: initially asking the ISV to return the following year, then citing competing priorities when approached again.*
>
> *Amazing to work with!*
>
> *We had early conversations, and they are extremely receptive…*
>
> *One ISV reported a direct integration with Shepherd using its external APIs, describing it as among their more straightforward integrations to date.*
>
> *One ISV reported a live sanctioned read-and-write integration with Shepherd, characterizing it as a model integration and the source of more inbound interest than any other PIMS integration in their portfolio.*
>
> *One ISV reported similar experience with Shepherd: multiple conversations yielding no integration, with Shepherd citing its own offering in the category.*

3. ASIPS customer satisfaction

Ayers Software in Practice Survey (Kynetec PRJ17655, n = 1,273 NA practices). QA2 asked each PIMS-using practice to rate overall satisfaction on a 1–7 scale.



n = 47. Bottom 3 (1–3): 3 (6%). Middle 2 (4–5): 17 (36%). Top 2 (6–7): 27 (58%).

Positive comments (rating 6–7)

> *Easy to use and great layout and functionality. The admins of the software are constantly listening to the users and updating the software regularly.*

> *It's so user friendly! I love the physical exam template and the notes section. Love the diagnosis options. The reminders are easy to see. I love the task feature.*
>
> *I was relief before this practice and used many different software programs. This is by far the most intuitive program I've run across. It's very easy to see patient history.*
>
> *It is user friendly, web based, frequent improvements and updates to improve workflow. As a doctor, I like it much better than previously used systems: Avimark, Impromed, Cornerstone.*
>
> *Shepherd has almost everything figured out! The reports are cumbersome and after several updates, they take an incredibly long time to generate, which is frustrating.*
>
> *I love how organized it is, how it operates. The only reason it's not a 7 is that it can be glitchy sometimes and goes down fairly often.*
>
> *Overall it works great for what we need. There have been a few occasions where it went down for several hours which was really stressful. I'm a solo doctor mobile practice and it does everything we need.*

Mixed comments (rating 4–5)

> *It's very intuitive and user friendly, there are still some bugs though that need to be worked out.*
>
> *Shepherd is a good PIMS, but there are a lot of ways it could improve. I feel like the reporting aspect is not as helpful or accurate as other softwares.*
>
> *Shepherd often has too many unnecessary 'clicks' to achieve something simple.*
>
> *Once I'm used to the features, I can navigate it fairly easily but there is a somewhat steep learning curve. I would prefer to view my SOAPs records in a one screen format.*
>
> *The software is easy to use, but is still very new so has some kinks. I'd love the reporting to be a bit simpler.*
>
> *We are hybrid mixed animal, clinic and mobile; works great in clinic for many things, terrible in the field and not at all suited to multi-species practice.*
>
> *There are a lot of important things that Shepherd does not allow us to do.*

Negative comments (rating 1–3)

> *It does not create an easier workflow like it claims.*

Only 1 of 47 respondents rated Shepherd at 1–2.

4. PIMS vendor survey response summarized

CAVSG PIMS Vendor Integration Survey response, Shepherd Veterinary Solutions. Boilerplate (preamble, introduction, and submission instructions common across all 15 surveys) has been removed. The response is presented in the order of the survey instrument.

Respondent: Kyle Estes, General Manager

Response date: March 28, 2026 (revised April 20, 2026)

Installed base: Shepherd declined to provide US or English-speaking-Canadian practice location counts.

Integration capability (Section 2a)

Shepherd rates itself at Level 3 today (limited write APIs for simple workflows: appointments, tasks, notes), targeting Level 5 (full app ecosystem) by July 2026. The data-access table shows read/write on 7 of 11 categories (client, patient, appointments, inventory, prescriptions, imaging, client communications), read/write plus read-only on EHR/medical records (both boxes checked), read-only on 2 categories (invoices/charges, financial/reporting), and no access on custom fields/templates.

The response describes a production-grade API platform with a robust and continuously expanding set of endpoints at both the platform and individual customer level. As new functionality is introduced, corresponding endpoints are developed to ensure that all core workflows can be accessed and extended programmatically. Shepherd enables customer-specific API access, allowing practices and partners to build custom workflows and applications directly on top of the platform.

The platform is actively investing in expanding developer tooling, improving documentation, and introducing webhooks to support real-time, event-driven integrations.

Access model and fees (Sections 2b and 2c)

Shepherd's revised April 20 submission checks two access conditions: minimum practice count or volume qualification required, and one-time onboarding/certification fee. The original March 28 submission had also checked "ongoing fee per location or per transaction," but that checkbox was removed in the revision. Importantly, Shepherd's "minimum practice count" checkbox does not function as an access gate: the API is open to all ISVs regardless of scale. The checkbox reflects a fee threshold, meaning that once an ISV's integration reaches a certain volume of practice adoption, Shepherd begins charging. This is structurally different from Provet's Track 2 minimum practice count, which gates eligibility for Provet's official integration listing rather than gating practice-level API access (per Provet Element 4).

The revised narrative describes "a nominal setup fee and a per-location monthly fee for API access once a certain scale is reached for each integrated vendor," adding: "We have historically waived or adjusted fees to support early-stage companies and ensure that smaller or emerging vendors are able to participate in the ecosystem." In accompanying email correspondence (April 20, 2026), the General Manager was direct about the fee's permanence:

> *I want to be transparent that we do have a fee structure associated with scale. It's not something I see changing 'tomorrow.' The cost to run our infrastructure continues to grow as different companies a) request access and b) ask for near real-time access and higher rate limits.*

Fee transparency is fully permitted to the mutual customer: existence of fee, fee amount/rate card, and how the fee is billed are all checked. The response states: “One of Shepherd’s core values is transparency. We have no issues with vendors sharing that we do charge a setup and ongoing maintenance fee.” Minimums, tiers, and usage caps are not checked as permitted disclosures.

Public position on open integration (Section 4)

Shepherd has not made a prior public statement on integration or API openness philosophy (Section 4a, “No”). The new CAVSG survey statement positions Shepherd as believing “the future of veterinary software is built on open, extensible platforms that enable innovation, not restrict it,” paired with accountability: “openness must be paired with accountability. As a system of record, Shepherd is responsible for the reliability, integrity, and performance of the workflows that practices depend on every day.” Each customer has access to their own API credentials and can build custom applications and workflows directly on top of the platform.

Application restrictions

No restrictions except payment processing. Shepherd explicitly states it “does not restrict third-party integrations based on overlapping functionality.” The sole exception is payments, which Shepherd characterizes as “a uniquely sensitive category involving regulatory requirements, financial risk, and strict security standards,” requiring “end-to-end encryption, tokenization, and tightly controlled data handling protocols.” Shepherd provides a fully integrated native payments solution and maintains a controlled approach in this category.

Strategic outlook (Section 6)

Shepherd expects the veterinary software landscape to increasingly adopt a “platform + ecosystem model” over the next 2–3 years:

> *PIMS platforms will continue to serve as the system of record and core workflow engine, while third-party applications will play an important role in delivering specialized and innovative functionality.*

The survey response adds that PIMS platforms will continue to expand capabilities in areas critical to core workflows, but “third-party developers will continue to play a key role in driving innovation and depth within specific domains,” leading to “more flexible, extensible platforms that allow practices to adopt a combination of native functionality and best-in-class external tools.” The customer benefit is framed explicitly: “increased choice, faster innovation, and the ability to evolve their technology stack over time without being constrained by a single vendor’s roadmap.”

Shepherd’s biggest integration challenge is described as managing inbound demand at scale:

> *We receive a high volume of inbound integration requests from our customers and other companies, reflecting the growing importance of open ecosystems in veterinary software. As a system of record, our responsibility extends beyond simply enabling*

> *access; we are ultimately accountable for the performance, reliability, and integrity of workflows that incorporate third-party applications.*

Shepherd adds that this requires "ensuring that integrations meet a consistent standard for security, data handling, and user experience," with a focus on "reducing friction through improved tooling, documentation, and more self-service onboarding, without compromising the quality standards our customers depend on." Shepherd's response on Section 6c checks both "Yes" and "Likely" on whether open, well-documented API access will become a baseline expectation, the only Wave-1 respondent to check both, with the comment: "Particularly as customers advance in how they evaluate software and think about standardizing their technology stack(s). Well-documented APIs will increasingly be viewed as a requirement."

Industry standards (Section 6d)

On industry standards, Shepherd draws an explicit analogy to human healthcare:

> *The veterinary software ecosystem would benefit significantly from greater standardization, similar to what exists in human healthcare. Today, systems often store and structure data differently, which makes it harder to share information between practices, migrate data when switching systems, or give pet parents consistent access to their pet's medical history.*

Shepherd identifies three specific benefits of standardization:

- Easier data migration when practices switch systems
- Improved continuity of care between general practice and specialty or emergency providers
- Better pet-parent access to medical records

Shepherd adds a call for vendor collaboration:

> *We believe greater collaboration across vendors to adopt these standards would meaningfully improve the ecosystem and make integrations simpler and more reliable over time.*

5. PIMS vendor FULL survey response

Respondent Information

PIMS Product Name: **Shepherd Veterinary Solutions**

Parent Company (if applicable): **Synergy Pet Group**

Respondent Name: **Kyle Estes**

Respondent Title: **General Manager**

Email: **Kyle@Shepherd.Vet**

Date: **28 Mar 2026**

1. US Practice Location Count

As noted in the introduction, we will be publishing estimates of US practice locations for each PIMS. We invite you to provide your own figure: Number of US and, separately, English-speaking Canadian practice locations currently using your PIMS

We decline to provide a location count

Integration Capability Self-Assessment

2a. Integration Capability Level

Please select the single level that best describes your current integration capability, and separately your target for July 2026:

Level	Description	Current (Today)	Target (July 2026)
1	No APIs -- manual export/import or copy/paste only	☐	☐
2	Read-only APIs for basic data objects (patient, client, appointment records)	☐	☐
3	Limited write APIs for simple workflows (appointments, tasks, notes)	X	☐
4	Write APIs for more complex workflows (refills, charges, medical records) with audit trails and role-based access	☐	☐
5	Full app ecosystem (webhooks, scopes, app review process, monitoring, developer portal)	☐	X

Comments on Integration Capability Level (optional -- e.g., capabilities that vary by data object or workflow):

Shepherd provides a production-grade API platform with a robust and continuously expanding set of endpoints at both the platform and individual customer level. As new functionality is introduced, corresponding endpoints are developed to ensure that all core workflows can be accessed and extended programmatically.

The platform supports both read and write capabilities, with access aligned to the requirements of each integration to ensure appropriate system behavior and data integrity. In addition, Shepherd enables customer-specific API access, allowing practices and partners to build custom workflows and applications directly on top of the platform.

While our API capabilities have historically evolved alongside our broader product development, Shepherd is actively investing in expanding developer tooling, improving documentation, and introducing webhooks to support real-time, event-driven integrations.

Our goal is to support a flexible, extensible ecosystem while maintaining the reliability and performance standards expected of a system of record.

2b. Access Model (for levels 2-5)

For vendors with API capabilities (levels 2-5), please indicate all access model conditions that apply:

#	Access Condition	Applies Today	Planned July 2026
1	Free and open to all developers (public documentation, self-service registration)	☐	☐
2	Minimum practice count or volume qualification required	X	☐
3	One-time onboarding or certification fee	X	☐
4	Ongoing fee per location or per transaction	☐	☐
5	Case-by-case approval required (no published criteria)	☐	☐
6	Partnership or business relationship required	☐	☐

Comments on Access Model (optional -- e.g., fee structures, approval timelines, sandbox availability):

Shepherd charges a nominal setup fee and a per-location monthly fee for API access once a certain scale is reached for each integrated vendor.

We have historically waived or adjusted fees to support early-stage companies and ensure that smaller or emerging vendors are able to participate in the ecosystem. Our goal is to enable broad access while maintaining a sustainable and high-quality integration environment.

As integration volumes increase, ensuring consistent performance, system stability, and data integrity becomes increasingly important, particularly for a system of record. We believe a sustainable integration model is critical to supporting an open ecosystem without introducing performance risk or fragmentation for customers. Our approach is designed to enable extensibility while maintaining the reliability standards that our customers expect of us.

2c. Access Fee Transparency (for levels 2-5)

Industry feedback indicates that some PIMS vendors charge third-party application developers fees for API access or integration enablement, while also restricting those partners from disclosing the existence or details of such fees to the mutual customer (the veterinary practice). We believe that fee transparency is essential for practices to make fully informed decisions about their technology stack. The following questions are designed to surface the current state of fee disclosure policies.

1. If your PIMS charges any fees related to API access or integration enablement, what information are partners permitted to share with the mutual customer? (Select all that apply)

- X Existence of fee
- X Fee amount / rate card
- X How the fee is billed (vendor billed vs. partner billed)
- ☐ Any minimums, tiers, or usage caps
- ☐ None of the above
- ☐ Not applicable (no such fees)

2. If any items above are not permitted to be shared, please indicate where the restriction is defined (agreement type and section name/number) and whether written permission can be granted.

One of Shepherd's core values is transparency. We have no issues with vendors sharing that we do charge a setup and ongoing maintenance fee.

3. Integration Details

3a. Developer Resources

Please indicate which of the following developer resources you currently offer:

- X Publicly accessible API documentation
- ☐ Developer portal with self-service registration
- X Sandbox or test environment for developers
- X Published integration guides or tutorials
- X Dedicated integration support team or point of contact
- X Developer community forum or Slack channel
- X Published SLA for API uptime and response times

Approximate number of active third-party integrations today: **85**

URL for developer documentation (if public): **Requires NDA**

3b. Data Access Scope

For each data category below, please indicate the current level of third-party API access you provide:

Data Category	No Access	Read Only	Read/Write	Planned July 2026
Client records	☐	☐	X	☐
Patient records	☐	☐	X	☐
Appointments / scheduling	☐	☐	X	☐
EHR: Medical records / SOAP notes, lab results, and consultations	☐	X	X	☐
Invoices / charges	☐	X	☐	☐
Inventory / products	☐	☐	X	☐
Prescriptions / refills	☐	☐	X	☐
Imaging / radiology	☐	☐	X	☐
Client Communications (reminders, phone calls, emails, texts, etc.)	☐	☐	X	☐
Financial / reporting data	☐	X	☐	☐
Custom fields / templates	X	☐	☐	☐

3c. Integration Architecture

Please indicate which integration mechanisms you support:

X REST APIs

☐ GraphQL

☐ Webhooks (real-time event notifications)

☐ HL7 / FHIR

☐ File-based integration (CSV, XML export/import)

☐ Direct database access

X Middleware / integration platform (e.g., BitWerx, GreyWind, Vetsource SyncVet)

☐ Other (please specify below)

If 'Other,' please describe:

Shepherd currently supports REST-based APIs and middleware integration approaches, which provide reliable and flexible access to platform data for a wide range of use cases.

We are actively developing webhook support to enable real-time, event-driven integrations. This is a key area of investment as we continue to evolve toward more dynamic and responsive integration models.

Our approach is to introduce real-time capabilities in a way that aligns with our broader architectural principles, ensuring that event-driven integrations can scale reliably without introducing performance or stability risks to the core platform.

4. Public Position on Open Integration

This is the most important section of the survey…

4a. Existing Public Statements

Has your company previously made a public statement regarding your integration or API openness philosophy? **A: No.**

4b. New Statement for CAVSG

Shepherd believes the future of veterinary software is built on open, extensible platforms that enable innovation, not restrict it. Practices should be able to choose and build the technology stack that best supports their operations, and a modern PIMS should serve as the foundation for that ecosystem.

At the same time, we believe that openness must be paired with accountability. As a system of record, Shepherd is responsible for the reliability, integrity, and performance of the workflows that practices depend on every day. For that reason, our approach is to provide accessible, production-grade APIs with meaningful read and write capabilities; while maintaining standards that ensure integrations meet expectations for security, stability, and user experience.

Shepherd supports both third-party integrations and customer-driven development. Each customer has access to their own API credentials and can build custom applications and workflows directly on top of the platform. We have seen customers develop a wide range of solutions, which reinforces our belief that innovation is best enabled through an extensible core platform.

Our API platform continues to evolve alongside our product. As new functionality is introduced, corresponding endpoints are developed to ensure that core workflows remain accessible and extensible. We are actively investing in expanding our developer ecosystem, including improvements to documentation, onboarding, and tooling, as well as the introduction of webhooks and more advanced event-driven capabilities.

We believe the most effective integration models balance flexibility and reliability, enabling a broad ecosystem of partners while ensuring consistent, high-quality outcomes for customers. Our goal is to support an open marketplace that drives innovation across the veterinary industry, without compromising the performance or trust that practices place in their system of record.

4c. Competitive Context

Open integration is increasingly cited as a factor in PIMS selection, particularly by corporate groups evaluating standardization and by independent practices seeking best-of-breed application stacks. How would you characterize your approach? (Check all that apply.)

We view open integration as a competitive advantage and actively promote it

We are investing in expanding our integration capabilities

Additional comments:

We believe the most effective integration strategies balance openness with accountability. Enabling broad access through APIs is critical, but it must be paired with standards that ensure reliability, data integrity, and a consistent customer experience.

Our focus is on building a platform that allows customers to adopt and extend best-in-class solutions while maintaining the performance and trust required of a system of record.

5. Third-Party Developers Access Criteria

Number of third-party developers currently in your program: **5**

Number of third-party developers approved in the last 12 months: **10+**

Number of third-party developer applications declined in the last 12 months: **0**

Do you have any requirements or restrictions on which types of third-party applications can integrate with your PIMS?

No restrictions -- any legitimate veterinary application may integrate

Please describe any notable restrictions or requirements:

Shepherd supports an open integration ecosystem and does not restrict third-party integrations based on overlapping functionality. The only exception is payment processing.

Payments represent a uniquely sensitive category involving regulatory requirements, financial risk, and strict security standards. This includes the need for end-to-end encryption, tokenization, and tightly controlled data handling protocols to ensure that sensitive financial information is protected at all times.

As a result, Shepherd provides a fully integrated native payments solution and maintains a controlled approach in this category to ensure consistent security, compliance, and reliability for our customers.

In all other areas, our focus is on enabling a broad ecosystem of integrations while maintaining appropriate standards for data integrity, security, and user experience.

6. Strategic Outlook

6a. How do you see the role of third-party applications evolving relative to built-in PIMS features over the next 2-3 years?

Over the next 2–3 years, we expect the veterinary software landscape to increasingly adopt a platform + ecosystem model. PIMS platforms will continue to serve as the system of record and core workflow engine, while third-party applications will play an important role in delivering specialized and innovative functionality.

PIMS platforms will continue to expand capabilities over time, particularly in areas that are critical to core workflows. However, third-party developers will continue to play a key role in driving innovation and depth within specific domains.

As a result, the market will move toward more flexible, extensible platforms that allow practices to adopt a combination of native functionality and best-in-class external tools based on their needs.

In this model, the customer ultimately benefits from increased choice, faster innovation, and the ability to evolve their technology stack over time without being constrained by a single vendor’s roadmap.

6b. What is the biggest challenge your company faces in providing more open integration to third-party developers?

The primary challenge currently is managing the demand for integration requests in a way that maintains quality and reliability at scale. We receive a high volume of inbound integration requests from our customers and other companies, reflecting the growing importance of open ecosystems in veterinary software.

As a system of record, our responsibility extends beyond simply enabling access; we are ultimately accountable for the performance, reliability, and integrity of workflows that incorporate third-party applications. This requires ensuring that integrations meet a consistent standard for security, data handling, and user experience.

Our focus is on continuing to scale our integration capabilities to support this level of demand, while reducing friction through improved tooling, documentation, and more self-service onboarding, without compromising the quality standards our customers depend on.

6c. Do you believe that open, well-documented API access to PIMS data will become a baseline expectation for veterinary practices in the next 2-3 years?

X Yes

X Likely

Yes. Particularly as customers advance in how they evaluate software and think about standardizing their technology stack(s). Well-documented APIs will increasingly be viewed as a requirement.

6d. Are there industry standards or collaborative efforts (e.g., data format standardization, common authentication frameworks) that you believe would accelerate integration across the veterinary ecosystem?

The veterinary software ecosystem would benefit significantly from greater standardization, similar to what exists in human healthcare.

Today, systems often store and structure data differently, which makes it harder to share information between practices, migrate data when switching systems, or give pet parents consistent access to their pet's medical history.

Establishing common standards would make it easier to move data across clinics, improve continuity of care between general practice and specialty or emergency providers, and give pet parents better, more reliable access to their pet's information.

We believe greater collaboration across vendors to adopt these standards would meaningfully improve the ecosystem and make integrations simpler and more reliable over time.

Source: CAVSG PIMS Vendor Integration Survey response (Shepherd, March 28, 2026, revised April 20, 2026); CAVSG AI Innovator Survey (Spring 2026); Ayers Software in Practice Survey (Kynetec PRJ17655, January–March 2026).

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Provet *(Independent · cloud-native SaaS · Parent: Nordhealth)*

Nordhealth background: Incorporated in Norway, headquarters in Helsinki, Finland. Veterinary PIMS annual recurring revenues (ARR) €26.8 million. Total Revenues €50.8 million (includes physical therapy software and other revenues).[2]

ASIPS estimated market share (North America, by mentions)**:** 0.6% (6 of 1,273 NA ASIPS respondents)

Estimated US practice locations (from ASIPS)**:** ~169

Company stated NA practice locations: 3,000+ practice locations globally (CEO-authorized publication via Michael Gastaldo, VP Americas, March 31, 2026); North American only count not separately disclosed

Average vets per practice (from ASIPS)**:** 5.4

Vendor self-reported capability level: Level 5 today (with the explicit caveat that no formal developer portal exists; standardised partner request forms and direct technical support are in place); July 2026 target column not specified

Vendor-stated API fee posture: Two-track model. Track 1 (practice-level access): no minimum, no fees, no partnership requirement. Track 2 (official integration listing): minimum practice count and partnership required, no onboarding or per-location fee, quality/security certification required, case-by-case evaluation.

ISV-reported Q11 openness average: 3.27 / 5.0 (N = 11)

ASIPS customer satisfaction average: 4.33 / 7.0 (n = 6)

1. Vendor self-report: capability level and fee policy

Provet rates itself at Level 5 (full app ecosystem) today, with the explicit caveat that a formal developer portal does not exist; standardised forms route partner and customer API requests to a direct technical-team email for support through sandbox to production. The data-access table shows read/write on 8 of 11 categories (client records, patient records, appointments, EHR/medical records, inventory, prescriptions, imaging, custom fields) and read-only on 3 (invoices/charges, client communications, financial/reporting). Near-term roadmap items include

[2] Source: Nordhealth 2025 annual report

a developer portal/app store, an open MCP server for LLM integration, and expanded permissioning at the API layer.

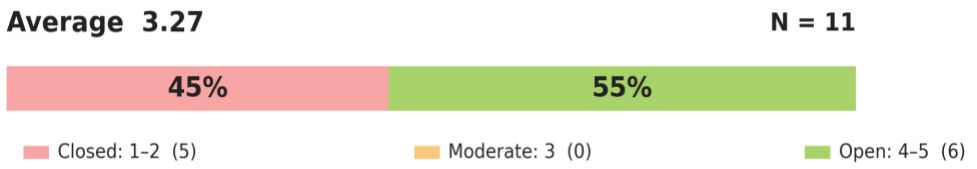
Provet operates a two-track access model. Track 1 (practice-level autonomy) allows any clinic to grant API access to any company, without vendor consent, minimum practice count, or partnership requirement, placing it among the most permissive practice-level access models in the survey. Track 2 (official integration listing) requires a partnership agreement and a minimum practice-count threshold to qualify for marketing and technical support; the threshold gates the listing, not the API key itself. The Section 2c comment reads: “There are no additional fees; only fair usage and rate limiting.” Provet reports 150+ third-party integration partners overall, with additional customer-specific integrations built by veterinary groups with in-house development teams.

Provet has made prior public statements (Section 4a, “Yes”) describing itself as “the first PIMS to market with an open API in 2015,” with references across provet.com/integrations, blog articles, customer case studies, developer documentation at developers.provetcloud.com, third-party industry coverage, and social media. The new CAVSG statement positions Provet as believing veterinary software “should enable innovation, not restrict it,” with strategy “to continue expanding interoperability while strengthening the controls, governance, and security that modern veterinary organizations require.”

Provet answers “Yes” (definitive) to whether open, well-documented API access will become a baseline expectation for veterinary practices over the next 2–3 years. On Provet’s biggest integration challenge, the CEO writes: “Since PIMS software contains sensitive data, we don’t want to allow automatic onboarding for third-parties (yet), so we want to ensure that anyone issued with an API key is a known entity that we can enter into a partnership agreement with.”

2. ISV-reported integration experience

CAVSG AI Innovator Survey (Spring 2026, 20 ISV respondents). Q11 asked each ISV to rate this PIMS’s API openness on a 1–5 scale (1 = Very Closed, 5 = Very Open).



Q11 distribution: 3 × (1), 2 × (2), 0 × (3), 1 × (4), 5 × (5). Source: CAVSG AI Innovator Survey, N = 11.

Anonymized ISV commentary

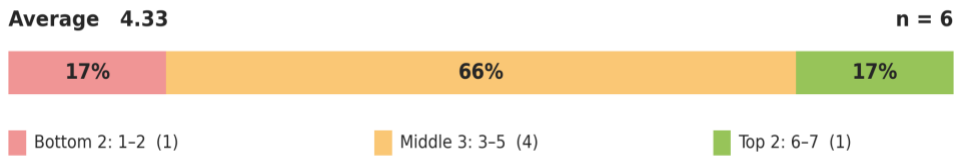
ISVs report a bimodal experience with Provet that aligns with the two-track access model documented in Element 4. A minority describe direct integrations through Provet’s public APIs as straightforward and the vendor as helpful. A larger group describe Provet as unresponsive,

declining engagement, or functionally closed despite having public API endpoints, with at least one ISV citing a substantive fee as a barrier.

> *One ISV reported a direct integration with Provet through its external APIs, characterizing the experience as straightforward and the vendor as helpful.*
>
> *One scribe-category ISV reported that Provet explicitly declined to engage on an integration despite having API endpoints available, indicating a lack of interest in third-party connections in that category.*
>
> *“Easy to work with!”*
>
> *One ISV reported that Provet stopped responding once the ISV acknowledged having no existing clinic relationships on the platform.*
>
> *“Very unresponsive and closed off.”*
>
> *One ISV characterized Provet as a nominally open-API PIMS that is not functionally open, noting that Provet cites in-house AI development as a reason for declining third-party integrations.*
>
> *“Most willing to integrate although the fee is robust.”*

3. ASIPS customer satisfaction

Ayers Software in Practice Survey (Kynetec PRJ17655, n = 1,273 NA practices). QA2 asked each PIMS-using practice to rate overall satisfaction on a 1–7 scale.



Caution: small base size (n=6). Comments should be read as illustrative rather than statistically representative.

n = 6. T2B: 1 (17%). M3B: 4 (66%). B2B: 1 (17%). All comments presented.

Positive comments (rating 6)

> *“Efficient after learning curve.”*

Mixed comments (rating 4–5)

> *“There are changes we requested that never happened.”*
>
> *“I like that it is cloud-based.”*
>
> *“It is supposed to be very customizable to your own needs, but has annoying limitations. Diagnosis has to be very specific and use their specific terminology.”*

> *"It takes so much time having to click through so many different screens. It adds a lot of time to every appointment."*

Negative comments (rating 1)

> *"Average product."*

4. PIMS vendor survey response summarized

Respondent Information

Respondent: Charles MacBain, CEO, Nordhealth

Response date: March 31, 2026 (with supplemental correspondence March 31 and April 20, 2026)

Installed base: 3,000+ practice locations globally, confirmed for publication with attribution by Michael Gastaldo (Nordhealth, VP Americas) on March 31, 2026.

> *"We were the first PIMS to market with an open API in 2015."*

— Charles MacBain, CEO, Provet / Nordhealth (CAVSG PIMS Vendor Integration Survey response, March 31, 2026)

Note on platform descriptor. In supplemental correspondence (March 31, 2026), Charles MacBain requested that Provet be described as an "AI-native cloud platform" rather than the framework descriptor "cloud-native SaaS," stating that Nordhealth's AI offerings "are more advanced compared to many of the current providers listed as AI-native cloud platforms" in the survey. The Companion retains the framework descriptor used consistently across all CAVSG reports for cross-vendor comparability; the request is memorialized here and reproduced verbatim in the Element 5 supplemental panel.

Integration capability (Section 2a)

Provet rates itself at Level 5 (full app ecosystem) today, with the explicit caveat that a formal developer portal does not exist; standardised forms are in place for partners and customers to request API access. Once a request is received, a direct email address to the technical team is provided for support with API usage and workflows, including the path to production. The process starts with a sandbox environment, followed by a production go-live in a subsequent step. The data-access table shows read/write on 8 of 11 categories (client records, patient records, appointments, EHR/medical records, inventory, prescriptions, imaging, custom fields) and read-only on 3 (invoices/charges, client communications, financial/reporting).
Near-term roadmap items include a developer portal/app store, an open MCP server for integration with LLMs, and expanded permissioning and controls at the API layer.

Access model and fees (Sections 2b and 2c)

Provet checks two access conditions today: minimum practice count or volume qualification required, and partnership or business relationship required. No one-time onboarding or certification fee, no ongoing per-location or per-transaction fee, and no case-by-case approval are checked. The Section 2b survey comment reads:

> *"Customers are allowed to request API access for their own internal needs free of charge. Third party tools require an integration agreement (mostly to protect the clinics as people don't always read terms and conditions) before issuing an API key."*

In supplemental correspondence (April 20, 2026), the CEO clarified that the access model operates as two distinct tracks. The first track is practice-level autonomy:

> *"Any clinic, for any reason, without consent, can give API access to any company. I am pretty sure we are the most advanced here, as you get very extensive API access, and our customers have integrated with lots of third parties and built their own apps on top (without us being aware)."*

Editor's note: Provet's Track 1 access is among the most permissive practice-level models in the survey. Lupa (free and open, all eleven categories read/write today) is equally permissive on a different axis.

The second track is the official integration listing, which is where the checked boxes apply:

> *"If a third party wants to be listed as an official integration and get our marketing/tech support (we get hundreds of requests but only have a small team), we need to see that they have a handful of clinics."*

The minimum practice count and partnership requirements therefore apply to Track 2 only. Track 1 operates without vendor approval, minimum practice count, or partnership agreement, placing it among the most permissive practice-level access models in the survey. The earlier framing of Provet's minimum practice count as gating access to the API key itself, drawn in the Shepherd Element 4 entry, applies only to Track 2 (official integration listing); at the practice level, no minimum applies.

Fee transparency (Section 2c) permits partners to disclose existence of fee, fee amount/rate card, and how the fee is billed, with the qualifying comment: "There are no additional fees; only fair usage and rate limiting."

Public position on open integration (Section 4)

Provet has made prior public statements (Section 4a, YES) describing itself as "the first PIMS to market with an open API in 2015," citing references across its website (provet.com/integrations), blog articles, customer case studies, developer documentation at developers.provetcloud.com, third-party industry coverage, and social media.

The new CAVSG survey statement reads:

> *"Veterinary software should enable innovation, not restrict it. As the market evolves, practices and groups increasingly need a PIMS that connects openly with the tools they rely on, protects data ownership, and adapts to different workflows rather than forcing everyone into the same model. That principle is fundamental to Provet. We believe in true freedom of choice through an open platform and the ability to integrate with the diagnostic, laboratory, communication, and payment tools our customers already trust. Our open API, 150+ integrations, and commitment to data ownership reflect that long-standing position."*
>
> *"Our strategy for 2026 and beyond is to continue expanding interoperability while strengthening the controls, governance, and security that modern veterinary organizations require. In our view, the future of veterinary software is open, secure, and built around the realities of practice, not around vendor lock-in."*

Application restrictions

Quality/security certification required and case-by-case evaluation. Provet reports 150+ third-party integration partners overall, with additional customer-specific integrations built by veterinary groups with in-house development teams. Provet also offers a paid data warehouse

to customers that allows custom SQL queries against a copy of their production database; this option is not available to third-party partners.

Strategic outlook (Section 6)

On the evolving role of third-party applications, the CEO writes:

> *"We want our customers to be able to compose the software suite that suits them best, and that means allowing them to use our core PIMS along with other supplemental tooling, from small apps through to data warehousing solutions. As such, we want to continue to offer an integrations-first approach via our API, but also via MCP for AI integrations, and also continue improving the developer experience. This is strategically the same direction that all modern SaaS has travelled, from Slack to Shopify to Salesforce. This industry is no different. We're in a great place right now and we're going to keep offering more for developers and integrators to work with, so that our customers get the best and most flexible experience."*

On Provet's biggest challenge:

> *"Since PIMS software contains sensitive data, we don't want to allow automatic onboarding for third-parties (yet), so we want to ensure that anyone issued with an API key is a known entity that we can enter into a partnership agreement with."*

Provet answers "Yes" (definitive) to the 2-3 year baseline-expectation question.

Industry standards (Section 6d)

> *"There is a great deal of fragmentation across countries when it comes to integrations that are legal requirements (e.g. fiscal legal reporting, antimicrobial reporting, etc). Standards on how the industry does this globally would greatly ease the pain of supporting different markets and enabling higher quality integrations to be built."*

5. PIMS vendor full survey response

The text below is reproduced from the Provet Cloud submission, cleansed of common boilerplate and annotated with editor's notes and supplemental references drawn from vendor correspondence (the platform-designation request, global practice presence figure, and two-track API access model clarification). Source: Provet Cloud PIMS Vendor Integration Survey response as completed by Charles MacBain, CEO, Nordhealth, March 31, 2026, with supplemental correspondence dated March 31 and April 20, 2026 (Charles MacBain and Michael Gastaldo, VP Americas).

Section 1: Respondent Information

PIMS Product Name: **Provet**

Parent Company (if applicable): **Nordhealth**

Respondent Name: **Charles MacBain**

Respondent Title: **CEO**

Email: **charles.macbain@provet.com**

Date: **31 March, 2026**

Supplemental: Platform Designation Request (from vendor correspondence)

Nordhealth CEO Charles MacBain requested that Provet be described as an “AI-native cloud platform” rather than “Cloud-Native SaaS,” stating: “Our AI offerings are more advanced compared to many of the current providers listed as AI-native cloud platforms in your survey.”

Source: Email from Charles MacBain to Jonathan Ayers and Adam Wysocki, March 31, 2026.

US Practice Location Count

Number of US and, separately, English-speaking Canadian practice locations currently using your PIMS:

We prefer this number remain confidential (for internal validation only)

Supplemental: Global Practice Presence (from vendor correspondence)

Nordhealth’s Michael Gastaldo (VP, Americas) confirmed that Provet Cloud serves 3,000+ practice locations globally, and authorized publication of this figure: “If you intend to reference the 3,000+ practice locations we serve globally, we are comfortable including that in the report.”

Source: Email from Michael Gastaldo to Jonathan Ayers, March 31, 2026.

Section 2: Integration Capability Self-Assessment

2a. Integration Capability Level

Please select the single level that best describes your current integration capability, and separately your target for July 2026:

Level	Description	Current (Today)	Target (July 2026)
1	No APIs — manual export/import or copy/paste only	☐	☐
2	Read-only APIs for basic data objects (patient, client, appointment records)	☐	☐
3	Limited write APIs for simple workflows (appointments, tasks, notes)	☐	☐
4	Write APIs for more complex workflows (refills, charges, medical records) with audit trails and role-based access	☐	☐
5	Full app ecosystem (webhooks, scopes, app review process, monitoring, developer portal)	**X**	☐

Editor’s note: *The vendor selected Level 5 “with caveat below” in the original form. The caveat is that no formal developer portal exists. The Level 5 definition includes “developer portal” as a named criterion. The vendor’s architecture does include webhooks (confirmed in Section 3c) and a published SLA (confirmed in Section 3a), both Level 5 attributes. The July 2026 target column was left blank, though the Section 4a narrative references plans for a developer portal/app store and open MCP server.*

Comments on Integration Capability Level:

A formal developer portal does not exist, but standardised forms are in place for partners and customers to request API access. Once a request is received, a direct email address to the technical team is provided for support with API usage and workflows, including the path to

production. The process starts with a sandbox environment, followed by a production go-live in a subsequent step.

2b. Access Model (for levels 2–5)

#	Access Condition	Applies Today	Planned July 2026
1	Free and open to all developers (public documentation, self-service registration)	☐	☐
2	Minimum practice count or volume qualification required	**X**	☐
3	One-time onboarding or certification fee	☐	☐
4	Ongoing fee per location or per transaction	☐	☐
5	Case-by-case approval required (no published criteria)	☐	☐
6	Partnership or business relationship required	☐	☐

Comments on Access Model:

Customers are allowed to request API access for their own internal needs free of charge. Third party tools require an integration agreement (mostly to protect the clinics as people don't always read terms and conditions) before issuing an API key.

Supplemental: Two-Track API Access Model (from vendor correspondence)

Nordhealth CEO Charles MacBain clarified Provet's access model as two distinct tracks:

Track 1 (Practice-level autonomy): "Any clinic, for any reason, without consent, can give API access to any company. I am pretty sure we are the most advanced here, as you get very extensive API access, and our customers have integrated with lots of third parties and built their own apps on top (without us being aware)."

Track 2 (Official integration listing): "If a third party wants to be listed as an official integration and get our marketing/tech support (we get hundreds of requests but only have a small team), we need to see that they have a handful of clinics."

The survey's Box 2 ("Minimum practice count or volume qualification required") applies to Track 2 only. Track 1 operates without vendor approval or minimum practice count, placing it among the most permissive access models in the survey.

Source: Email from Charles MacBain to Jonathan Ayers, April 20, 2026.

2c. Access Fee Transparency (for levels 2–5)

Industry feedback indicates that some PIMS vendors charge third-party application developers fees for API access or integration enablement, while also restricting those partners from disclosing the existence or details of such fees to the mutual customer (the veterinary practice). We believe that fee transparency is essential for practices to make fully informed decisions about their technology stack. The following questions are designed to surface the current state of fee disclosure policies.

1. If your PIMS charges any fees related to API access or integration enablement, what information are partners permitted to share with the mutual customer? (Select all that apply)

- ☐ Existence of fee
- ☐ Fee amount / rate card
- ☐ How the fee is billed (vendor billed vs. partner billed)
- ☐ Any minimums, tiers, or usage caps
- ☐ None of the above
- ☐ Not applicable (no such fees)

2. If any items above are not permitted to be shared, please indicate where the restriction is defined (agreement type and section name/number) and whether written permission can be granted.

We do not charge fees to any partner in the US and Canada.

Section 3: Integration Details

3a. Developer Resources

Please indicate which of the following developer resources you currently offer:

- **X Publicly accessible API documentation**
- ☐ Developer portal with self-service registration
- **X Sandbox or test environment for developers**
- **X Published integration guides or tutorials**
- **X Dedicated integration support team or point of contact**
- ☐ Developer community forum or Slack channel
- **X Published SLA for API uptime and response times**

Approximate number of active third-party integrations today: **150**

URL for developer documentation (if public): **https://developers.provetcloud.com**

3b. Data Access Scope

Data Category	No Access	Read Only	Read/Write	Planned July 2026
Client records	☐	☐	X	☐
Patient records	☐	☐	X	☐
Appointments / scheduling	☐	☐	X	☐
EHR: Medical records / SOAP notes, lab results, and consultations	☐	☐	X	☐
Invoices / charges	☐	X	☐	☐
Inventory / products	☐	☐	X	☐

Prescriptions / refills	☐	☐	X	☐
Imaging / radiology	☐	☐	X	☐
Client Communications (reminders, phone calls, emails, texts, etc.)	☐	☐	X	☐
Financial / reporting data	☐	X	☐	☐
Custom fields / templates	☐	☐	X	☐

3c. Integration Architecture

Please indicate which integration mechanisms you support:

- **X REST APIs**
- ☐ GraphQL
- **X Webhooks (real-time event notifications)**
- ☐ HL7 / FHIR
- **X File-based integration (CSV, XML export/import)**
- ☐ Direct database access
- ☐ Middleware / integration platform (e.g., BitWerx, GreyWind, Vetsource SyncVet)
- ☐ Other (please specify below)

If 'Other,' please describe:
File-based integrations are available via UI only (not via API). Customers can purchase paid access to a data warehouse where they can run custom SQL queries against a copy of their production database; this option is not available to third-party partners. For diagnostic imaging devices, we provide DICOM worklist capabilities to customers.

Section 4: Public Position on Open Integration

This is the most important section of the survey…

4a. Existing Public Statements

Has your company previously made a public statement regarding your integration or API openness philosophy? **A: Yes.**

If yes, please paste or summarize the statement and provide the source (press release, blog post, conference presentation, etc.):

We were the first PIMS to market with an open API in 2015. Since then, we have continued to allow integration with third-party software and custom solutions that our customers have built internally. In the near-term future, we want to expand on these offerings with a developer portal/app store, open MCP server for integration with LLMs, and expanded permissioning and controls at the API layer.

A few examples of references to our Open API can be found across our website (provet.com/integrations), blog articles (provet.com/blog/veterinary-software-open-api), customer case studies (provet.com/customers/how-provet-cloud-open-api-helped-a-forward-thinking-clinic-thrive), documentation (developers.provetcloud.com/restapi/), third-party websites

(vetanswers.com.au), and social media (facebook.com/provet.cloud). There are many more — please let us know should you wish to have other examples.

4b. New Statement for CAVSG

Your public statement on integration openness and API strategy (will be published as provided):

Veterinary software should enable innovation, not restrict it. As the market evolves, practices and groups increasingly need a PIMS that connects openly with the tools they rely on, protects data ownership, and adapts to different workflows rather than forcing everyone into the same model. That principle is fundamental to Provet.

We believe in true freedom of choice through an open platform and the ability to integrate with the diagnostic, laboratory, communication, and payment tools our customers already trust. Our open API, 150+ integrations, and commitment to data ownership reflect that long-standing position.

Our strategy for 2026 and beyond is to continue expanding interoperability while strengthening the controls, governance, and security that modern veterinary organizations require. In our view, the future of veterinary software is open, secure, and built around the realities of practice, not around vendor lock-in.

4c. Competitive Context

How would you characterize your approach? (Check all that apply.)

We view open integration as a competitive advantage and actively promote it

Section 5: Third-Party Developers Access Criteria

Number of third-party developers currently in your program: **150**

Number of third-party developers approved in the last 12 months: **N/A**

Number of third-party developer applications declined in the last 12 months: **N/A**

Do you have any requirements or restrictions on which types of third-party applications can integrate with your PIMS?

We require applications to meet quality or security certification standards

We evaluate on a case-by-case basis

Please describe any notable restrictions or requirements:

We have 150+ widely usable general integration partners, but through our Open API we also have customer-specific integrations (especially with veterinary groups that have their own development teams) on top of this.

Section 6: Strategic Outlook

6a.

How do you see the role of third-party applications evolving relative to built-in PIMS features over the next 2–3 years?

We want our customers to be able to compose the software suite that suits them best, and that means allowing them to use our core PIMS along with other supplemental tooling, from small apps through to data warehousing solutions. As such, we want to continue to offer an integrations-first approach via our API, but also via MCP for AI integrations, and also continue improving the developer experience. This is strategically the same direction that all modern SaaS has travelled, from Slack to Shopify to Salesforce. This industry is no different. We're in a great place right now and we're going to keep offering more for developers and integrators to work with, so that our customers get the best and most flexible experience.

6b.

What is the biggest challenge your company faces in providing more open integration to third-party developers?

Since PIMS software contains sensitive data, we don't want to allow automatic onboarding for third-parties (yet), so we want to ensure that anyone issued with an API key is a known entity that we can enter into a partnership agreement with.

6c.

Do you believe that open, well-documented API access to PIMS data will become a baseline expectation for veterinary practices in the next 2–3 years?

Yes

6d.

Are there industry standards or collaborative efforts (e.g., data format standardization, common authentication frameworks) that you believe would accelerate integration across the veterinary ecosystem?

There is a great deal of fragmentation across countries when it comes to integrations that are legal requirements (e.g. fiscal legal reporting, antimicrobial reporting, etc). Standards on how the industry does this globally would greatly ease the pain of supporting different markets and enabling higher quality integrations to be built.

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Digitail *(Independent · cloud-native SaaS · Digitail, Inc.)*

ASIPS estimated market share (North America, by mentions)**:** 0.8% (11 of 1,273 NA ASIPS respondents)

Estimated US practice locations (from ASIPS)**:** ~169

Company stated NA practice locations: approximately 900 (NA, per vendor)

Average vets per practice (from ASIPS)**:** 2.8

Vendor self-reported capability level: Level 4 today (vendor-acknowledged absence of audit trail and webhooks; strict reading places at high Level 3); July 2026 target column left blank

Vendor-stated API fee posture: one access condition checked ("free and open to all developers, public documentation, self-service registration"); no minimum, no fees, no partnership requirement, no case-by-case approval. Hybrid posture: documentation and

sandbox open and self-service; production access reviewed against three published criteria (data security, ecosystem fit, platform stability) with three to seven business-day turnaround.

ISV-reported Q11 openness average: 2.36 / 5.0 (N = 11)

ASIPS customer satisfaction average: 4.91 / 7.0 (n = 11)

1. Vendor self-report: capability level and fee policy

Digitail rates itself at Level 4 today (write APIs for complex workflows with audit trails and role-based access); the July 2026 target column was left blank. The vendor's own comment qualifies the self-rating: no audit trail exists, and role-based access is inherited from the Digitail user account during the OAuth handshake rather than enforced at the API permission layer. A strict reading of the framework places the current capability at high Level 3, since audit trails (a named Level 4 attribute), webhooks, and a published SLA are all absent, although a developer portal (a Level 5 attribute) exists today. The data-access table shows read/write on 7 of 11 categories (client records, patient records, appointments, EHR/medical records, invoices/charges, prescriptions, client communications), read-only on 2 (inventory, financial/reporting), and no access on 2 (imaging, custom fields/templates).

Digitail checks one access condition today: "free and open to all developers (public documentation, self-service registration)." The vendor's own comment and public documentation describe a hybrid posture: documentation and sandbox access are open and self-service, but production access is reviewed against three publicly published criteria (data security, ecosystem fit, platform stability), with three to seven business-day turnaround. Approved integrations enter a three-tier partner program (Tier 0 Self-Serve, Tier 1 Qualified Partner, Tier 2 Strategic Partner). Fee transparency is marked "Not applicable (no such fees)," accurate for Tiers 0 and 1; whether Tier 2's "commercial terms" component includes monetary elements is not disclosed.

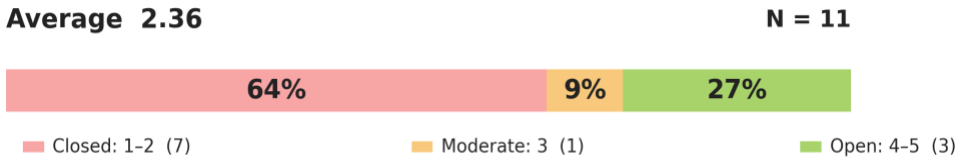
Digitail has made prior public statements (Section 4a, "Yes"), citing its API access request page (digitail.com/api-request/), its full public API documentation (documentation.digitail.io), and its partnership opportunities page. The partnership FAQ explicitly states: "Is there a cost to become a Digitail partner? No, there is no cost to become a partner or to join our referral program. Technical integration partnerships may require a mutual investment of time and resources depending on complexity." Digitail's posture includes one publicly disclosed categorical exclusion: third-party online booking products intended for deployment across multiple clinics are not eligible because they overlap with core Digitail functionality. Single-clinic booking builds for a clinic's own internal use are permitted.

Digitail reports approximately 50 third-party developers in its program, 15 or more approved in the last 12 months, and fewer than 10 declined, implying an approval rate of roughly 60–75 percent. Digitail answers "Likely" (not "Yes") to whether open API access will become a baseline expectation for veterinary practices over the next 2–3 years. On the biggest integration challenge, the response cites "balancing openness with the operational realities of running a

lean, focused team. Every approved integration represents a long-term commitment to API stability, data integrity, and the experience of the clinics that depend on it."

2. ISV-reported integration experience

CAVSG AI Innovator Survey (Spring 2026, 20 ISV respondents). Q11 asked each ISV to rate this PIMS's API openness on a 1–5 scale (1 = Very Closed, 5 = Very Open).



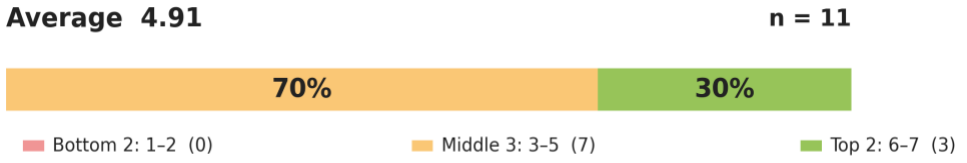
Q11 distribution: 6 × (1), 1 × (2), 1 × (3), 0 × (4), 3 × (5). Source: CAVSG AI Innovator Survey, N = 11.

Anonymized ISV commentary

> *"They are very open and accommodating, but perhaps not as mature in their evolution than some others."*
>
> *"We are in the process of integration with them. We have received sandbox access and are performing tests now. They are supportive and provide help when we need it."*
>
> *"Although we had multiple clinics contact them and contacted them ourselves, we received no response."*
>
> *"They have said yes to an integration, we have sent our API documentation, but they want to see proof of use with Digitail clinics before integrating…. We continue to push for roadmap timeline and integration next steps."*
>
> *One ISV reported multiple unsuccessful conversations with Digitail, noting that Digitail offers its own solution in the category.*
>
> *"No response …"*

3. ASIPS customer satisfaction

Ayers Software in Practice Survey (Kynetec PRJ17655, n = 1,273 NA practices). QA2 asked each PIMS-using practice to rate overall satisfaction on a 1–7 scale.



Caution: small base size (n=11). Comments should be read as illustrative rather than statistically representative.

n = 11. T2B: 3 (27%). M3B: 7 (64%). B2B: 0 (0%). Due to the small sample size, all substantive comments are presented.

Positive comments (rating 6–7)

> *"I can do everything in one place, I don't have to have multiple products and programs linked to each other."*
>
> *"Easy to use and always updating."*
>
> *"There is a lot that this PIMS system does well on the medical side, and a lot of potential we have not tapped into. However, since they are primarily an American run program, integration with Canadian sites has had its downfalls."*

Mixed comments (rating 3–5)

> *"Overall it is a solid program with room to grow. The developers take a lot of feedback and update features fairly regularly."*
>
> *"I love the AI aspect of Digitail. It makes my note taking much more efficient. However, I feel like it has a lot of technical issues, is constantly changing and not always for the best."*
>
> *"It is highly annoying that you can't go into the 'negative' with medications. I also think that the halo on the smiley face for deceased patients is in bad taste. Reminders get sent out for booked euthanasia appointments stating we can't wait to see them."*
>
> *"Many features that are over complicated, or simple tasks that are not possible."*
>
> *"Overall it is a friendly layout and relatively easy to use. It often crashes and has major glitches that create frustration in the middle of a busy day."*
>
> *"We just switched to this system so it's very hard to give a full opinion, but after 4 weeks there are definitely some issues that still need to be worked out."*
>
> *"It has become very slow, doesn't integrate with our online pharmacy so we have to manually put in prescriptions."*

Negative comments

No respondents rated Digitail below 3.

4. PIMS vendor survey response summarized

Respondent Information

Respondent: Mike Rodgers, Head of Marketing

Response date: April 24, 2026

Installed base: 1,400+ practice locations globally and 900 across North America (United States plus English-speaking Canada combined; majority United States), with the vendor authorizing publication with attribution.

Integration capability (Section 2a)

Digitail rates itself at Level 4 today (write APIs for complex workflows with audit trails and role-based access); the July 2026 target column was left blank. The vendor's own comment qualifies the self-rating: no audit trail exists, and role-based access is inherited from the Digitail user account used during the OAuth handshake rather than enforced at the API permission layer. A strict reading of the framework places the current capability at high Level 3: the absence of audit trails (one of the named Level 4 attributes), the absence of webhooks (Section 3c), and the absence of a published SLA (Section 3a) all weigh against a Level 4 designation, although the existence of a developer portal is a Level 5 attribute that Digitail clears today.

The data-access table shows read/write on 7 of 11 categories (client records, patient records, appointments, EHR/medical records, invoices/charges, prescriptions, client communications), read-only on 2 (inventory, financial/reporting), and no access on 2 (imaging, custom fields/templates). Authentication uses OAuth 2.0 Authorization Code Grant with PKCE, the modern standard for protecting clinical data and aligned with the standardization Digitail itself endorses in Section 6d.

Access model and fees (Sections 2b and 2c)

Digitail checks one access condition today: "free and open to all developers (public documentation, self-service registration)." No minimum practice count, no certification fee, no ongoing per-location fee, no case-by-case approval, and no partnership requirement are checked. The vendor's own comment and public documentation describe a hybrid posture that the survey instrument did not capture cleanly: documentation and sandbox access are open and self-service, but production access is reviewed and approved against three publicly published criteria (data security, ecosystem fit, and platform stability), with typical turnaround of three to seven business days. The "free and open" check captures the self-service portion accurately; it does not capture the production-access review step.

The Digitail API is publicly described as serving three named user categories: veterinary clinics and hospital groups connecting Digitail with internal systems (accounting, BI dashboards, CRMs, inventory tools); technology partners and developers building applications for Digitail clinics; and veterinary ecosystem partners (diagnostics, insurance, pharmacy, telemedicine, analytics) exchanging data with clinics.

Approved integrations enter a three-tier partner program. Tier 0 (Self-Serve) is the default and provides API documentation, sandbox, and developer portal, with no direct support channel and no listing in the Digitail partner marketplace. Tier 1 (Qualified Partner) requires demonstrated active clinic usage and strategic fit (reviewed quarterly), and adds API Slack-workspace support and marketplace listing. Tier 2 (Strategic Partner) is by invitation or mutual agreement, requires significant distribution or revenue potential, and involves a formal partnership agreement covering "IP ownership, commercial terms, SLA, and termination." The Tier 0 marketplace exclusion is the most operationally significant restriction in the model: marketplace listing is one of the main ways practices discover integrations, and Tier 0 partners must demonstrate active clinic usage to qualify for Tier 1 promotion (a soft chicken-and-egg dynamic that the survey's "free and open" framing does not surface).

Fee transparency (Section 2c) is checked as "Not applicable (no such fees)." This is accurate for Tier 0 and Tier 1, where there is no fee. Whether Tier 2's "commercial terms" component includes monetary elements (revenue share, integration fees, co-build investment with payment) is not disclosed in the survey.

Public position on open integration (Section 4)

Digitail has made prior public statements (Section 4a, "Yes"), citing its API access request page (digitail.com/api-request/), its full public API documentation (documentation.digitail.io), and its partnership opportunities page. The partnership FAQ explicitly states: "Is there a cost to become a Digitail partner? No, there is no cost to become a partner or to join our referral program.

Technical integration partnerships may require a mutual investment of time and resources depending on complexity."
The new CAVSG survey statement positions Digitail as an "AI-native, all-in-one cloud platform" for which native and connected core workflows are "a deliberate architectural choice." Selected passages:

> *"Digitail is an AI-native, all-in-one cloud platform — and we build accordingly. The core workflows clinics need to run a great practice are native, connected, and designed to work together from day one. That's not a limitation. It's a deliberate architectural choice that makes everything faster, smarter, and more reliable for the practices we serve."*

> *"Our API is open, publicly documented, and backed by a sandbox environment, a structured partner program, and a clear path from self-serve access to deeper strategic collaboration. Our commitment for 2026 and beyond is simple: keep making the core platform better, and keep making the ecosystem around it stronger. Those two goals reinforce each other."*

Application restrictions

Section 4c competitive-context selections check "we view open integration as a competitive advantage and actively promote it" and "we are investing in expanding our integration capabilities." The "We restrict categories where we offer competing functionality" option was not checked. Digitail's public API documentation, however, explicitly states: "Third-party online booking products intended for deployment across multiple clinics are not eligible, as this overlaps with core Digitail functionality." Single-clinic booking builds for a clinic's own internal use are permitted. The accurate characterization of Digitail's posture therefore includes a narrow, publicly disclosed categorical exclusion scoped to one product category, rather than a broader pattern of restriction.
Section 5 reports approximately 50 third-party developers in the program, 15 or more approved in the last 12 months, and fewer than 10 declined. Both "No restrictions, any legitimate veterinary application may integrate" and "We evaluate on a case-by-case basis" are checked, which a strict reading would treat as mutually exclusive. The public documentation, the vendor's own Section 5 narrative, and the booking-category exclusion all confirm that case-by-case evaluation is the operative model. The 15-plus approved versus fewer-than-10 declined figures imply an approximate approval rate of 60 to 75 percent, which the vendor characterizes as "vast majority approved." Clinics or groups using the API to build custom tools on top of their own Digitail data are required to sign a Data Processing Agreement before production access.

Strategic outlook (Section 6)

On the evolving role of third-party applications relative to built-in PIMS features:

> *"Digitail is the only true AI-native, all-in-one cloud PIMS in the market, and we believe the next 2–3 years will validate that position. Clinics are moving away from fragmented stacks of five or six tools toward platforms where the core workflows are native, connected, and designed to work together. We expect that consolidation to accelerate, but plan to support clinics where they are at in their transition through our partnerships."*

On Digitail's biggest challenge in providing more open integration to third-party developers:

> *"Balancing openness with the operational realities of running a lean, focused team. Every approved integration represents a long-term commitment to API stability, data integrity, and the experience of the clinics that depend on it.*

> *Scaling a partner program without diluting that quality bar and without pulling engineering resources away from the core product clinics rely on daily is the central tension."*

Digitail answers "Likely" (not "Yes") to whether open, well-documented API access will become a baseline expectation for veterinary practices over the next 2–3 years, with the comment: "Corporate groups standardizing across many locations and independents assembling best-of-breed stacks both have strong reasons to demand it. The pace will depend on whether the industry coalesces around shared standards, but the direction of travel is clear."

Industry standards (Section 6d)

Digitail identifies three areas where standardization would meaningfully reduce ecosystem friction: a common data model for core clinical entities (patients, visits, vaccines, medications, diagnostic results) so partners do not have to remap their integration for every PIMS; shared authentication patterns built on OAuth 2.0 with consistent scope definitions; and common conventions for sensitive operations such as prescription writing, lab result delivery, and payment reconciliation. The response concludes:

> *"A vet-specific equivalent of FHIR's role in human medicine would be a strong long-term accelerant."*

5. PIMS vendor full survey response

The text below is reproduced from the Digitail submission, cleansed of common boilerplate and annotated with editor's notes and supplemental references drawn from Digitail's public API documentation, partnership pages, and integrations directory (verified April 27, 2026). Source: Digitail PIMS Vendor Integration Survey response as completed by Mike Rodgers, Head of Marketing, April 24, 2026. Public-documentation supplements are clearly labeled and sourced inline.

Section 1: Respondent Information

PIMS Product Name: **Digitail**

Parent Company (if applicable): **n/a**

Respondent Name: **Mike Rodgers**

Respondent Title: **Head of Marketing**

Email: **michael.rodgers@digitail.io**

Date: **April 24, 2026**

US Practice Location Count

Number of US and, separately, English-speaking Canadian practice locations currently using your PIMS: **1400+ Globally, 900 across North America (U.S. + Canada combined — majority in U.S.)**

We are willing to have this number published with attribution

Section 2: Integration Capability Self-Assessment

2a. Integration Capability Level

Please select the single level that best describes your current integration capability, and separately your target for July 2026:

Level	Description	Current (Today)	Target (July 2026)
1	No APIs — manual export/import or copy/paste only	☐	☐
2	Read-only APIs for basic data objects (patient, client, appointment records)	☐	☐
3	Limited write APIs for simple workflows (appointments, tasks, notes)	☐	☐
4	Write APIs for more complex workflows (refills, charges, medical records) with audit trails and role-based access	**X**	☐
5	Full app ecosystem (webhooks, scopes, app review process, monitoring, developer portal)	☐	☐

Comments on Integration Capability Level:

No audit trail. Developer portal is available. Regarding role-based access, our API can do as much or as little as the user account we authenticate through for the handshake. Role permission is based on the Digitail user account.

Editor's note: *Digitail self-rated Level 4, which the survey instrument defines as including audit trails. The vendor's own comment confirms there is no audit trail. Combined with the absence of webhooks (Section 3c) and no published SLA (Section 3a), a strict reading of the framework places the current capability at high Level 3. The July 2026 target column was left blank; most respondents provided an aspirational target.*

2b. Access Model (for levels 2–5)

#	Access Condition	Applies Today	Planned July 2026
1	Free and open to all developers (public documentation, self-service registration)	**X**	☐
2	Minimum practice count or volume qualification required	☐	☐
3	One-time onboarding or certification fee	☐	☐
4	Ongoing fee per location or per transaction	☐	☐
5	Case-by-case approval required (no published criteria)	☐	☐
6	Partnership or business relationship required	☐	☐

Comments on Access Model:

We offer:
• Access to our public REST API and sandbox environment
• Full API documentation
• A review process to ensure your integration is a good fit for the Digitail ecosystem

Documentation and sandbox access are open and self-service. Production access is reviewed against publicly published criteria, with typical turnaround of 3–7 business days.

Editor's note: *Only Box 1 ("Free and open to all developers") was checked; Box 5 ("Case-by-case approval required") was not. The vendor's own comment and public documentation both describe a*

review-and-approval process for production access. The accurate characterization is case-by-case approval against publicly published criteria, with self-service sandbox access. The survey instrument did not offer this hybrid cleanly, but the "free and open" check alone overstates the access model.

Supplemental: Who Can Use the Digitail API (from public documentation)

The Digitail API is available to three named categories of users:

• Veterinary clinics and hospital groups connecting Digitail with internal systems (accounting, BI dashboards, CRMs, inventory tools).

• Technology partners and developers building applications or integrations that Digitail clinics will actively use.

• Veterinary ecosystem partners including diagnostic labs, insurance providers, pharmacy networks, telemedicine platforms, and analytics providers exchanging data with clinics.

All API access is reviewed and approved by the Digitail team against three stated criteria: data security, ecosystem fit, and platform stability.

Source: https://documentation.digitail.io/, verified April 27, 2026.

2c. Access Fee Transparency (for levels 2–5)

Industry feedback indicates that some PIMS vendors charge third-party application developers fees for API access or integration enablement, while also restricting those partners from disclosing the existence or details of such fees to the mutual customer (the veterinary practice). We believe that fee transparency is essential for practices to make fully informed decisions about their technology stack. The following questions are designed to surface the current state of fee disclosure policies.

1. If your PIMS charges any fees related to API access or integration enablement, what information are partners permitted to share with the mutual customer? (Select all that apply)

- ☐ Existence of fee
- ☐ Fee amount / rate card
- ☐ How the fee is billed (vendor billed vs. partner billed)
- ☐ Any minimums, tiers, or usage caps
- ☐ None of the above
- **X Not applicable (no such fees)**

2. If any items above are not permitted to be shared, please indicate where the restriction is defined (agreement type and section name/number) and whether written permission can be granted.

N/A

Editor's note: *Digitail's public Tier 2 description references a formal partnership agreement covering "IP ownership, commercial terms, SLA, and termination." Whether Tier 2 commercial terms include monetary components (revenue share, integration fees, co-build investment with payment) is not disclosed in the survey. The "Not applicable (no such fees)" response is accurate for Tier 0 and Tier 1; the Tier 2 question remains open.*

Section 3: Integration Details

3a. Developer Resources

Please indicate which of the following developer resources you currently offer:

- **X Publicly accessible API documentation**
- **X Developer portal with self-service registration**
- **X Sandbox or test environment for developers**
- ☐ Published integration guides or tutorials
- **X Dedicated integration support team or point of contact**
- **X Developer community forum or Slack channel**
- ☐ Published SLA for API uptime and response times

Approximate number of active third-party integrations today: **40+**

URL for developer documentation (if public): **https://documentation.digitail.io/**

Supplemental: Partnership Tier Structure (from public documentation)

All approved integrations start at Tier 0 (Self-Serve). Based on usage, strategic fit, and mutual interest, partners can progress to Tier 1 or Tier 2. The tier determines the level of support, visibility, and collaboration.

Source: https://documentation.digitail.io/, verified April 27, 2026.

Tier	Who Qualifies	What They Get	Friction / Requirements
Tier 0 (Self-Serve)	Default for all approved integrations.	API documentation, sandbox, developer portal. Public documentation only as support.	No direct support channel, no technical Q&A, no implementation calls. NOT listed in the Digitail partner marketplace.
Tier 1 (Qualified Partner)	Demonstrated active clinic usage plus strategic fit. Reviewed quarterly.	Tier 0 plus access to API Slack workspace for async support. Listed in partner marketplace, included in relevant sales conversations.	Quarterly review cadence; no fixed criteria beyond strategic fit.
Tier 2 (Strategic Partner)	By invitation or mutual agreement with Digitail's CPO and revenue leader. Significant distribution or revenue potential.	Tier 1 plus dedicated Digitail contact, formal SLA, joint go-to-market, roadmap access, potential co-build investment.	Formal partnership agreement covering IP ownership, commercial terms, SLA, and termination.

Editor's note: *The Tier 0 marketplace exclusion is the most operationally significant restriction in the model. Marketplace listing is one of the main ways practices discover integrations. Tier 0 partners must demonstrate active clinic usage to qualify for Tier 1 promotion, which is harder to achieve without marketplace presence. This creates a soft chicken-and-egg dynamic that the survey's "free and open" framing does not surface.*

Supplemental: Live Integration Partners (from digitail.com/integrations/)

Digitail's public integrations directory lists partners across the following categories:

• Diagnostics: IDEXX Reference Labs, IDEXX VetLab Station, Antech, Ellie Diagnostics, Zoetis (VetFuse and Reference Labs), Heska, MicroVet, Vetek Labs, Moichor, Bionote, National Biovet Laboratory, Midwest Veterinary Laboratory, QSM Diagnostics.

• Imaging: Sound SmartPACS, IDEXX Web PACS, Parasight, Purview.

• Pharmacy / Prescriptions: Vetsource, Blue Rabbit (Wedgewood), Vetcove Home Delivery.

• Inventory / Distribution: Vetcove, Inventory Ally, CDMV, CUBEX, VetSnap.

• Payments: Digitail Secure Payments, CareCredit.

• Reputation / Marketing: ReviewTrackers, ReviewTree, Greenline.

• Front Desk / AI: Dodo (AI receptionist).

• Productivity / Other: Fetchit (VoIP), TextBlaze, Google Calendar, Google Maps, PetLink (microchips), Okta, TypingDNA, Kumba, myBalto Foundation.

• Coming soon: Radimal (radiology), Vets Choice Radiology, Zomedica, B&L Labs, Trupanion (insurance), DVMRx (prescriptions), Creative Science.

Source: https://digitail.com/integrations/, verified April 27, 2026.

3b. Data Access Scope

Data Category	No Access	Read Only	Read/Write	Planned July 2026
Client records	☐	☐	**X**	☐
Patient records	☐	☐	**X**	☐
Appointments / scheduling	☐	☐	**X**	☐
EHR: Medical records / SOAP notes, lab results, and consultations	☐	☐	**X**	☐
Invoices / charges	☐	☐	**X**	☐
Inventory / products	☐	**X**	☐	☐
Prescriptions / refills	☐	☐	**X**	☐
Imaging / radiology	**X**	☐	☐	☐
Client Communications (reminders, phone calls, emails, texts, etc.)	☐	☐	**X**	☐
Financial / reporting data	☐	**X**	☐	☐
Custom fields / templates	**X**	☐	☐	☐

3c. Integration Architecture

Please indicate which integration mechanisms you support:

X REST APIs

☐ GraphQL

☐ Webhooks (real-time event notifications)

☐ HL7 / FHIR

☐ File-based integration (CSV, XML export/import)

☐ Direct database access

☐ Middleware / integration platform (e.g., BitWerx, GreyWind, Vetsource SyncVet)

☐ Other (please specify below)

Supplemental: Authentication Protocol (from public documentation)

The Digitail API uses OAuth 2.0 Authorization Code Grant with PKCE (Proof Key for Code Exchange). This is the modern standard for protecting clinical data, requiring explicit user consent for each application's data access. The implementation matches what Digitail's own Section 6d answer endorsed as a target for industry-wide standardization.

Source: https://documentation.digitail.io/authentication, verified April 27, 2026.

Section 4: Public Position on Open Integration

This is the most important section of the survey…

4a. Existing Public Statements

Has your company previously made a public statement regarding your integration or API openness philosophy? **A: Yes.**

If yes, please paste or summarize the statement and provide the source (press release, blog post, conference presentation, etc.):

Digitail maintains two public-facing resources that articulate our API and integration position: our API access request page (https://digitail.com/api-request/) and our full public API documentation (https://documentation.digitail.io/). These pages describe who the API is for, our review process, our partnership tier structure (Tier 0 self-serve, Tier 1 qualified partner, Tier 2 strategic partner).

Supplemental: Partnership Opportunities Page (from digitail.com/partnership-opportunities/)

Digitail's partnership page describes a three-step process (Apply, Discuss, Grow) and includes an FAQ. Key disclosures from the FAQ:

• "Is there a cost to become a Digitail partner? No, there is no cost to become a partner or to join our referral program. Technical integration partnerships may require a mutual investment of time and resources depending on complexity."

• "Does Digitail offer a referral incentive or affiliate program? Yes! We offer a structured referral program for individuals or organizations that introduce new clinics to Digitail."

• API access is provided "to approved partners," and Digitail states it prioritizes "integrations that solve real workflow pain points for clinics."

Source: https://digitail.com/partnership-opportunities/, verified April 27, 2026.

4b. New Statement for CAVSG

Your public statement on integration openness and API strategy (will be published as provided):

Digitail is an AI-native, all-in-one cloud platform — and we build accordingly. The core workflows clinics need to run a great practice are native, connected, and designed to work together from day one. That's not a limitation. It's a deliberate architectural choice that makes everything faster, smarter, and more reliable for the practices we serve.

Veterinary medicine is a broad and rapidly evolving ecosystem, and we don't pretend otherwise.

Specialized diagnostics tools, insurance platforms, pharmacy networks, telemedicine providers, analytics partners — these create real value for clinics, and a modern PIMS should make it easier for those partners to build alongside it. Ours does.

Our API is open, publicly documented, and backed by a sandbox environment, a structured partner program, and a clear path from self-serve access to deeper strategic collaboration.

Our integration strategy is guided first and foremost by the needs of our clinics. We prioritize integrations that meaningfully improve clinical workflows, expand customer value, and create a seamless experience across the systems our customers rely on. Because integrations directly impact the customer experience, we look for partners who are equally invested in maintaining a high standard of quality — that means ongoing product maintenance, reliable performance, and responsive support when shared customers need help. Our goal is a strong, mutual experience on both sides.

Our commitment for 2026 and beyond is simple: keep making the core platform better, and keep making the ecosystem around it stronger. Those two goals reinforce each other. That's what the future of veterinary software looks like.

4c. Competitive Context

How would you characterize your approach? (Check all that apply.)

- **We view open integration as a competitive advantage and actively promote it**
- **We are investing in expanding our integration capabilities**

Additional comments:

Open integration is core to our strategy. We actively welcome partners who extend what clinics can do with Digitail — and our tiered partner program is designed to reward those who deliver real value with deeper collaboration over time.

Editor's note: *Section 4c offered "We restrict categories where we offer competing functionality" as a checkbox option. Digitail did not check it. However, Digitail's public API documentation explicitly states: "Third-party online booking products intended for deployment across multiple clinics are not eligible, as this overlaps with core Digitail functionality." The public documentation also lists use cases the API "may not be the right fit" for, including those "primarily for competitive analysis or data aggregation." The accurate answer includes a narrow, stated categorical exclusion. To the vendor's credit, the exclusion is publicly disclosed, specifically scoped to one product category, and not hidden behind a stalling pattern.*

Supplemental: Stated Exclusions (from public documentation)

Categorical exclusion (booking): "Third-party online booking products intended for deployment across multiple clinics are not eligible, as this overlaps with core Digitail functionality." Single-clinic booking builds for a clinic's own internal use are permitted.

Soft exclusions ("may not be the right fit"): Use cases "primarily for competitive analysis or data aggregation" are outside scope. Access "to all Digitail clinics without individual authorization" is not provided. The documentation also notes the API is not designed for one-time data exports, bulk operations, or teams without technical resources to implement OAuth.

Data Processing Agreement: Clinics or groups using the API to build custom tools on top of their own Digitail data are required to sign a DPA before production access, covering data handling, storage, and protection.

Source: https://documentation.digitail.io/, verified April 27, 2026.

Section 5: Third-Party Developers Access Criteria

Number of third-party developers currently in your program: **50+**

Number of third-party developers approved in the last 12 months: **15+**

Number of third-party developer applications declined in the last 12 months: **<10**

Do you have any requirements or restrictions on which types of third-party applications can integrate with your PIMS?

No restrictions — any legitimate veterinary application may integrate

We evaluate on a case-by-case basis

Please describe any notable restrictions or requirements:

We evaluate every integration request on a case-by-case basis to ensure ecosystem fit, data security, and platform stability. Clinics and groups building tools on top of their own Digitail data are subject to a Data Processing Agreement before production access. The vast majority of requests we receive are approved.

Editor's note: *Both "No restrictions" and "We evaluate on a case-by-case basis" were checked. These are mutually exclusive on a strict reading. The public documentation, the vendor's own Section 5 narrative, and the stated booking exclusion all confirm that case-by-case evaluation is the operative model. The 15+ approved versus <10 declined in the last 12 months implies an approximate approval rate of 60–75%, depending on the actual decline figure. The vendor characterizes this as "vast majority approved."*

Section 6: Strategic Outlook

6a.

How do you see the role of third-party applications evolving relative to built-in PIMS features over the next 2–3 years?

Digitail is the only true AI-native, all-in-one cloud PIMS in the market, and we believe the next 2–3 years will validate that position. Clinics are moving away from fragmented stacks of five or six tools toward platforms where the core workflows are native, connected, and designed to work together. We expect that consolidation to accelerate, but plan to support clinics where they are at in their transition through our partnerships.

Third-party applications will continue to play an important role, our API and partner program are built to support that ecosystem broadly.

6b.

What is the biggest challenge your company faces in providing more open integration to third-party developers?

Balancing openness with the operational realities of running a lean, focused team. Every approved integration represents a long-term commitment to API stability, data integrity, and the

experience of the clinics that depend on it. Scaling a partner program without diluting that quality bar and without pulling engineering resources away from the core product clinics rely on daily is the central tension.

6c.

Do you believe that open, well-documented API access to PIMS data will become a baseline expectation for veterinary practices in the next 2–3 years?

Likely

Comments:

Corporate groups standardizing across many locations and independents assembling best-of-breed stacks both have strong reasons to demand it. The pace will depend on whether the industry coalesces around shared standards, but the direction of travel is clear.

6d.

Are there industry standards or collaborative efforts (e.g., data format standardization, common authentication frameworks) that you believe would accelerate integration across the veterinary ecosystem?

Standardization in three areas would meaningfully reduce friction across the ecosystem: (1) a common data model for core clinical entities — patients, visits, vaccines, medications, diagnostic results — so partners don't have to remap their integration for every PIMS; (2) shared authentication patterns built on OAuth 2.0 with consistent scope definitions; and (3) common conventions for sensitive operations like prescription writing, lab result delivery, and payment reconciliation. A vet-specific equivalent of FHIR's role in human medicine would be a strong long-term accelerant.

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DaySmart *(Independent · cloud-native SaaS · DaySmart Software)*

ASIPS estimated market share (North America, by mentions): 4.0% (45 of 1,273 NA ASIPS respondents)

Estimated US practice locations (from ASIPS): ~1,156

Company stated NA practice locations: approximately 2,400

Average vets per practice (from ASIPS): 2.8 (DaySmart's base is 98% General Practice, 2% Specialty/Referral/Emergency)

Vendor self-reported capability level: Level 3 today; no July 2026 target indicated

Vendor-stated API fee posture: Case-by-case partnership model; partnership or business relationship required; *vast majority of integrations have no fee*; fees apply only in special commercial cases

ISV-reported Q11 openness average: 2.38 / 5.0 (N = 8)

ASIPS customer satisfaction average: 5.13 / 7.0 (n = 45)

1. Vendor self-report: capability level and fee policy

DaySmart rates itself at Level 3 today (limited write APIs for simple workflows: appointments, tasks, notes); the response did not check a July 2026 target. The data-access table shows read/write on 4 of 11 categories (client records, patient records, appointments, client communications), read-only on 6 (medical records/SOAP, invoices, inventory, prescriptions, imaging, financial/reporting), and no access on custom fields.

DaySmart explains the medical-record scoping: "We provide a public API with limited write capabilities, primarily focused on scheduling and select operational workflows. For security, data integrity, and user experience reasons, write access to the medical record is *not* broadly available. Instead, we support structured data ingestion into the medical record through specific, vetted third-party partners operating under dedicated agreements (e.g., lab integrations, online pharmacy integrations)." [*emphasis* added for clarity.]

DaySmart's access model checks two access conditions today: case-by-case approval (no published criteria) and partnership or business relationship required. The respondent clarifies: "API access is typically granted for non-commercial, private clinic use. Access for third-party commercial vendors is treated as an enhancement request and requires a direct relationship and formal agreement."

On fees: "The vast majority of integrations with third party developers do not have any fee. They are an exception, more than the rule — for special commercial cases." DaySmart permits partners to share fee existence, amount, and billing method with the mutual customer.

DaySmart has not made a prior public statement on integration or API openness philosophy (Section 4a, "No"). The new CAVSG survey public statement reads in full: "DaySmart supports an integration strategy focused on enabling meaningful, secure, and high-quality connections that deliver real value to veterinary practices. We continue to invest in expanding our API capabilities, including improved data access, workflow support, and developer tooling, while maintaining a strong emphasis on data security, system performance, and clinical integrity. Our approach prioritizes integrations that demonstrate clear customer demand, operational reliability, and long-term viability. As the veterinary technology ecosystem evolves, we expect to broaden access and standardization in a way that balances openness with the responsibility of protecting practice data and ensuring a consistent user experience."

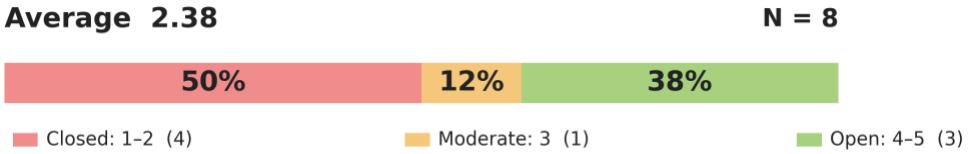
DaySmart answers "Likely" (not "Yes") to whether open, well-documented API access will become a baseline expectation for veterinary practices over the next 2–3 years; no narrative comment was provided on Section 6c. On industry standards, the response cites HL7/FHIR alongside common authentication and data normalization frameworks as potential accelerants of veterinary interoperability.

2. ISV-reported integration experience

DaySmart receives an average API openness rating of 2.38 / 5.0 (N = 8) from ISV respondents. ISV commentary describes a small-vendor profile with limited partner bandwidth: some

respondents reported responsive initial outreach with no fee for non-commercial integrations, while others described disengagement on the basis of limited market share or declining responsiveness over the past year.

CAVSG AI Innovator Survey (Spring 2026, 20 ISV respondents). Q11 asked each ISV to rate this PIMS's API openness on a 1–5 scale (1 = Very Closed, 5 = Very Open).



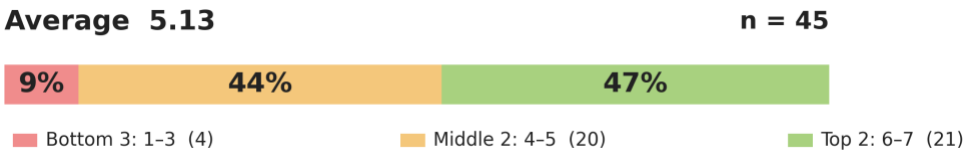
Q11 distribution: 4 × (1), 0 × (2), 1 × (3), 3 × (4), 0 × (5). Source: CAVSG AI Innovator Survey, N = 8.

Anonymized ISV commentary

> *They communicated that they do not want to compete with us even though their customers are complaining about their native module.*
>
> *As soon as we approached them they said that we need to ask our client (clinic) to initiate connection and they will surely allow us to get integrated. This is by far the fastest PIMS in terms of answers. But we are not able to evaluate how friendly their API is yet.*
>
> *Small and disorganized.*
>
> *One ISV has a direct DaySmart integration dating back several years to a predecessor company, noting that platform volume remains limited and that DaySmart's responsiveness has declined over the past year or two, though the integration continues to function.*
>
> *One ISV has disengaged from DaySmart, citing its limited market share and lack of vendor support.*
>
> *We'd like to do this, but for us this is like a second or third-tier priority.*
>
> *Need to use [an alternative] to integrate.*

3. ASIPS customer satisfaction — Overall

Ayers Software in Practice Survey (Kynetec PRJ17655, n = 1,273 NA practices). QA2 asked each PIMS-using practice to rate overall satisfaction on a 1–7 scale.



n = 45. T2B: 21 (47%). M3B: 23 (51%). B2B: 1 (2%). DaySmart is an independent, cloud-based PIMS positioned for smaller practices.

DaySmart's ASIPS base is 98% General Practice (44 of 45 respondents). The single Specialty respondent rated DaySmart at 6 on the 7-point scale. A combined chart is shown for the full ASIPS sample; a Specialty/Referral/Emergency sub-chart is omitted because the base size (n = 1) is too small for a separate analysis.

Positive comments (rating 6–7)

> *I was with them since they started and grew with them. They have made a lot of changes to be better.*
>
> *The program is simple to learn and use while maintaining a high level of efficiency and clarity. Easy to navigate.*
>
> *Overall it's a great PIMS and intuitive, easy to use, modern.*
>
> *Very user friendly. Easy to search medical files to find information you need.*
>
> *It is easy to use and learn and has the functionality that our small practice needs for a reasonable cost, but there are things I wish I could do that aren't available.*
>
> *If Daisy (AI) built in was better, it would be a 7.*
>
> *The flexibility of it being accessible at home or office is wonderful. Also, the data analysis options with easy visual accessibility is a nice benefit.*

Mixed comments (rating 3–5)

> *It is very user friendly and they try to keep updating with recommendations.*
>
> *It can be clunky at times and I wish it had better options for record keeping, such as anesthesia sheets, dental charts.*
>
> *It is easy to pick up but lacks some basic needs for a medical system.*
>
> *There always seems to be outages integrating labs with the PIMS. Follow up is click heavy and clunky.*
>
> *The medical record entering is a bit cumbersome. Finding things in the records is not simple and when you open a patient's current record, you can't simultaneously see past records without opening a new window.*
>
> *They also changed the price without a warning or update which was unprofessional.*
>
> *Overall I thought it was easy to use but it could often be glitchy, which makes it frustrating when writing patient records.*

Negative comments (rating 1–2)

> *Click-heavy. So many clicks to do simple tasks. Need to constantly click back and forth between patient homepage and individual SOAP notes. AI SOAP notes doesn't work well. Very clunky. Takes lots of time to get anything done.*
>
> *Only 1 of 45 respondents rated DaySmart at 1–2.*

4. PIMS vendor survey response summarized

Respondent: Jason Green, Director of Product

Response date: March 30, 2026

Installed base: DaySmart declined to provide US or English-speaking-Canadian practice location counts.

Integration capability (Section 2a)

DaySmart rates itself at Level 3 today (limited write APIs for simple workflows: appointments, tasks, notes); the response did not check a July 2026 target. The data-access table shows read/write on 4 of 11 categories (client records, patient records, appointments, client communications), read-only on 6 (medical records/SOAP, invoices, inventory, prescriptions, imaging, financial/reporting), and no access on custom fields. The respondent explains the medical-record scoping:

> *We provide a public API with limited write capabilities, primarily focused on scheduling and select operational workflows. For security, data integrity, and user experience reasons, write access to the medical record is not broadly available. Instead, we support structured data ingestion into the medical record through specific, vetted third-party partners operating under dedicated agreements (e.g., lab integrations, online pharmacy integrations).*

Access model and fees (Sections 2b and 2c)

DaySmart checks two access conditions today: case-by-case approval (no published criteria) and partnership or business relationship required. The respondent clarifies:

> *API access is typically granted for non-commercial, private clinic use. Access for third-party commercial vendors is treated as an enhancement request and requires a direct relationship and formal agreement.*

On fees, the respondent writes:

> *The vast majority of integrations with third party developers do not have any fee. They are an exception, more than the rule — for special commercial cases.*

DaySmart permits partners to share fee existence, amount, and billing method with the mutual customer.

Public position on open integration (Section 4)

DaySmart has not made a prior public statement on integration or API openness philosophy (Section 4a, “No”). The new CAVSG survey statement reads in full:

> *DaySmart supports an integration strategy focused on enabling meaningful, secure, and high-quality connections that deliver real value to veterinary practices. We continue to invest in expanding our API capabilities, including improved data access, workflow support, and developer tooling, while maintaining a strong emphasis on data security, system performance, and clinical integrity. Our approach prioritizes integrations that demonstrate clear customer demand, operational reliability, and long-term viability. As the veterinary technology ecosystem evolves, we expect to broaden access and standardization in a way that balances openness with the responsibility of protecting practice data and ensuring a consistent user experience.*

Strategic outlook (Section 6)

On the evolving role of third-party applications, the respondent writes:

> *We expect increased specialization from third-party applications, particularly in AI-driven workflows and automation. At the same time, PIMS platforms will continue to serve as the system of record, with hybrid models supporting both legacy and cloud-based practices.*

On DaySmart’s biggest challenge:

> *The rapid growth of new vendors creates challenges in consistently evaluating integration demand, technical quality, security standards, and long-term viability. Balancing openness with the need to maintain platform stability, security, and support quality requires careful prioritization of integrations that deliver meaningful value to shared customers.*

DaySmart answers “Likely” (not “Yes”) to whether open, well-documented API access will become a baseline expectation for veterinary practices over the next 2–3 years; no narrative comment was provided on Section 6c.

Industry standards (Section 6d)

On industry standards, the response reads:

> *Industry standards such as HL7/FHIR, along with common authentication and data normalization frameworks, could help accelerate interoperability across the veterinary ecosystem.*

5. PIMS vendor FULL survey response

The text below is reproduced verbatim from the DaySmart submission, cleansed of common boilerplate. Source: Daysmart_survey_cleansed_2.docx (Sections 1–6 of the CAVSG PIMS Vendor Integration Survey instrument as completed by Jason Green, Director of Product, March 30, 2026).

Section 1: Respondent Information

PIMS Product Name: **DaySmart Vet**
Parent Company (if applicable): **DaySmart Software**
Respondent Name: **Jason Green**
Respondent Title: **Director of Product**
Email: **jason.green@daysmart.com**
Date: **March 30, 2026**

US Practice Location Count

Number of US and, separately, English-speaking Canadian practice locations currently using your PIMS: **Not provided**

We decline to provide a location count

Section 2: Integration Capability Self-Assessment

2a. Integration Capability Level

Please select the single level that best describes your current integration capability, and separately your target for July 2026:

Level	Description	Current (Today)	Target (July 2026)
1	No APIs — manual export/import or copy/paste only	☐	☐
2	Read-only APIs for basic data objects (patient, client, appointment records)	☐	☐
3	Limited write APIs for simple workflows (appointments, tasks, notes)	**X**	☐
4	Write APIs for more complex workflows (refills, charges, medical records) with audit trails and role-based access	☐	☐
5	Full app ecosystem (webhooks, scopes, app review process, monitoring, developer portal)	☐	☐

Comments on Integration Capability Level (optional — e.g., capabilities that vary by data object or workflow):

We provide a public API with limited write capabilities, primarily focused on scheduling and select operational workflows. For security, data integrity, and user experience reasons, write access to the medical record is not broadly available. Instead, we support structured data ingestion into the medical record through specific, vetted third-party partners operating under dedicated agreements (e.g., lab integrations, online pharmacy integrations).

2b. Access Model (for levels 2-5)

For vendors with API capabilities (levels 2-5), please indicate all access model conditions that apply:

#	Access Condition	Applies Today	Planned July 2026
1	Free and open to all developers (public documentation, self-service registration)	☐	☐
2	Minimum practice count or volume qualification required	☐	☐
3	One-time onboarding or certification fee	☐	☐
4	Ongoing fee per location or per transaction	☐	☐
5	Case-by-case approval required (no published criteria)	X	☐
6	Partnership or business relationship required	X	☐

Comments on Access Model (optional — e.g., fee structures, approval timelines, sandbox availability):

API access is typically granted for non-commercial, private clinic use. Access for third-party commercial vendors is treated as an enhancement request and requires a direct relationship and formal agreement.

2c. Access Fee Transparency (for levels 2-5)

Industry feedback indicates that some PIMS vendors charge third-party application developers fees for API access or integration enablement, while also restricting those partners from disclosing the existence or details of such fees to the mutual customer (the veterinary practice). We believe that fee transparency is essential for practices to make fully informed decisions about their technology stack. The following questions are designed to surface the current state of fee disclosure policies.

1. If your PIMS charges any fees related to API access or integration enablement, what information are partners permitted to share with the mutual customer? (Select all that apply)

- **X** Existence of fee
- **X** Fee amount / rate card
- **X** How the fee is billed (vendor billed vs. partner billed)
- ☐ Any minimums, tiers, or usage caps
- ☐ None of the above
- ☐ Not applicable (no such fees)

2. If any items above are not permitted to be shared, please indicate where the restriction is defined (agreement type and section name/number) and whether written permission can be granted.

The vast majority of integrations with third party developers do not have any fee. They are an exception, more than the rule – for special commercial cases.

Section 3: Integration Details

3a. Developer Resources

Please indicate which of the following developer resources you currently offer:

- **X** Publicly accessible API documentation
- ☐ Developer portal with self-service registration
- **X** Sandbox or test environment for developers
- ☐ Published integration guides or tutorials
- **X** Dedicated integration support team or point of contact
- ☐ Developer community forum or Slack channel
- ☐ Published SLA for API uptime and response times

Approximate number of active third-party integrations today: **50**
URL for developer documentation (if public): **https://vettersoftware.com/docs/**

3b. Data Access Scope

For each data category below, please indicate the current level of third-party API access you provide:

Data Category	No Access	Read Only	Read/Write	Planned July 2026
Client records	☐	☐	**X**	☐
Patient records	☐	☐	**X**	☐
Appointments / scheduling	☐	☐	**X**	☐
EHR: Medical records / SOAP notes, lab results, and consultations	☐	**X**	☐	☐
Invoices / charges	☐	**X**	☐	☐
Inventory / products	☐	**X**	☐	☐
Prescriptions / refills	☐	**X**	☐	☐
Imaging / radiology	☐	**X**	☐	☐
Client Communications (reminders, phone calls, emails, texts, etc.)	☐	☐	**X**	☐
Financial / reporting data	☐	**X**	☐	☐
Custom fields / templates	**X**	☐	☐	☐

3c. Integration Architecture

Please indicate which integration mechanisms you support:

- **X** REST APIs
- ☐ GraphQL
- **X** Webhooks (real-time event notifications)
- ☐ HL7 / FHIR

☐ File-based integration (CSV, XML export/import)

☐ Direct database access

X Middleware / integration platform (e.g., BitWerx, GreyWind, Vetsource SyncVet)

☐ Other (please specify below)

If 'Other,' please describe:

Select data access models are supported for approved partners via controlled data services.

Section 4: Public Position on Open Integration

This is the most important section of the survey…

4a. Existing Public Statements

Has your company previously made a public statement regarding your integration or API openness philosophy? **A: No.**

4b. New Statement for CAVSG

Your public statement on integration openness and API strategy (will be published as provided):

DaySmart Vet supports an integration strategy focused on enabling meaningful, secure, and high-quality connections that deliver real value to veterinary practices. We continue to invest in expanding our API capabilities, including improved data access, workflow support, and developer tooling, while maintaining a strong emphasis on data security, system performance, and clinical integrity. Our approach prioritizes integrations that demonstrate clear customer demand, operational reliability, and long-term viability. As the veterinary technology ecosystem evolves, we expect to broaden access and standardization in a way that balances openness with the responsibility of protecting practice data and ensuring a consistent user experience.

4c. Competitive Context

Open integration is increasingly cited as a factor in PIMS selection, particularly by corporate groups evaluating standardization and by independent practices seeking best-of-breed application stacks. How would you characterize your approach? (Check all that apply.)

We are investing in expanding our integration capabilities

We offer integrations selectively based on partnership criteria

Section 5: Third-Party Developers Access Criteria

Number of third-party developers currently in your program: **Not provided**

Number of third-party developers approved in the last 12 months: **Not provided**

Number of third-party developer applications declined in the last 12 months: **Not provided**

Do you have any requirements or restrictions on which types of third-party applications can integrate with your PIMS?

We evaluate on a case-by-case basis

Section 6: Strategic Outlook

6a. How do you see the role of third-party applications evolving relative to built-in PIMS features over the next 2-3 years?

We expect increased specialization from third-party applications, particularly in AI-driven workflows and automation. At the same time, PIMS platforms will continue to serve as the system of record, with hybrid models supporting both legacy and cloud-based practices.

6b. What is the biggest challenge your company faces in providing more open integration to third-party developers?

The rapid growth of new vendors creates challenges in consistently evaluating integration demand, technical quality, security standards, and long-term viability. Balancing openness with the need to maintain platform stability, security, and support quality requires careful prioritization of integrations that deliver meaningful value to shared customers.

6c. Do you believe that open, well-documented API access to PIMS data will become a baseline expectation for veterinary practices in the next 2-3 years?

Likely

6d. Are there industry standards or collaborative efforts (e.g., data format standardization, common authentication frameworks) that you believe would accelerate integration across the veterinary ecosystem?

Industry standards such as HL7/FHIR, along with common authentication and data normalization frameworks, could help accelerate interoperability across the veterinary ecosystem.

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Lupa *(Independent · cloud-native SaaS · Lupa)*

Status: Early in commencing North America at survey fielding. Vendor submitted survey response independently for forward-looking inclusion. No ISV ratings (Element 2) and no ASIPS satisfaction data (Element 3) are available; vendor self-reports in Element 1 are forward-looking and not validated by the CAVSG ISV or customer evidence base. Practice owners should treat the profile as architectural and philosophical posture rather than evidence of in-market performance.

Vendor-reported practice locations: 574 *global* practice locations live; 1,000+ signed (CEO-authorized for publication with attribution)

Vendor self-reported capability level: Level 4 today, target Level 5 (full app ecosystem with webhooks, scopes, app review process, monitoring, developer portal) by July 2026

Vendor-stated API fee posture: Free and open to all developers; no minimum practice count, no onboarding fee, no ongoing fee, no case-by-case approval, no partnership requirement; commercial third-party applications must pass a security review covering data handling, authentication, and applicable data-protection compliance (enterprise clients building internal-use integrations are exempt)

1. Vendor self-report: capability level and fee policy

Lupa rates itself at Level 4 today, targeting Level 5 (full app ecosystem with webhooks, scopes, app review process, monitoring, developer portal) by July 2026. Core Level 5 elements (webhooks, scoped API access, audit trails) are described as already in production, with the public developer portal in active development for mid-2026 GA. The data-access table shows read/write across all 11 data categories as current state, one of the most open data-access profiles in the survey.

Lupa checks "free and open to all developers" today and as a 2026 target; no other access conditions are checked. Fee transparency is marked "Not applicable (no such fees)" because Lupa does not charge for API access or integration enablement. Commercial third-party applications must pass a security review covering data handling, authentication, and applicable data-protection and healthcare-privacy compliance; enterprise clients building internal-use integrations are exempt. Lupa’s prior public statement (2025 conference, CEO Nicolò Frisiani) described Lupa as "the operating system of the veterinary industry," with practices free to install any third-party application even where it overlaps with Lupa’s native features.

The new CAVSG survey statement reinforces this position: free APIs, public documentation, no developer fees; 40+ integrations live and 20+ in active development as of March 2026. Lupa cites UK precedent in which it has displaced incumbent cloud PIMS at multi-site enterprise groups in part because of its open architecture, and intends to bring the same approach to the US market. The response cites cross-industry analogs with specific statistics (Shopify’s 8,000+ third-party apps; Salesforce’s $7.1 billion AppExchange economy; Epic’s post-Cures-Act FHIR adoption and concurrent market-share growth from 31% to 42%).

Lupa answers "Yes" (definitive) to whether open, well-documented API access will become a baseline expectation for veterinary practices over the next 2–3 years: "Within 2-3 years, a closed or restrictive API posture will be disqualifying for most buyers. Human healthcare was pushed toward interoperability through regulatory mandates (the 21st Century Cures Act, ONC rules around information blocking). Veterinary will likely reach the same destination through market pressure rather than regulation, but the direction is clear." On industry standards, the CEO names specific efforts by region (SNOMED CT adoption promoted by the AVMA, VeNom coding in the UK, AAHA diagnostic term sets) and argues for FHIR-style convergence: "A credible, industry-backed effort to converge on a shared schema, something analogous to what

FHIR has become for human healthcare, would dramatically reduce integration friction and accelerate the entire ecosystem."

2. ISV-reported integration experience

Element 2 not applicable. Lupa was not yet present in customers, writ large, in the North American market when the CAVSG AI Innovator Survey was fielded (March-April, 2026) and therefore received no ISV ratings on Q11 and no ISV commentary. Lupa submitted its PIMS vendor survey response independently in March 2026 in parallel with the published CAVSG outreach to in-market PIMS vendors.

3. ASIPS customer satisfaction — Overall

Element 3 not applicable. Lupa was not separately measured in the Kynetec ASIPS PRJ17655 dataset (vendor was not yet active in the North American market during the survey fielding period). No ASIPS satisfaction figure or tier-level analysis is produced for Lupa.

4. PIMS vendor survey response summarized

Respondent: Nicolò Frisiani, Founder and CEO

Response date: March 30, 2026

Installed base: 574 global practice locations live and 1,000+ signed (CEO-authorized for publication with attribution).

Integration capability (Section 2a)

Lupa rates itself at Level 4 today, targeting Level 5 (full app ecosystem with webhooks, scopes, app review process, monitoring, developer portal) by July 2026; core Level 5 elements (webhooks, scoped API access, audit trails) are described as already in production, with the public developer portal in active development for mid-2026 GA. The data-access table shows read/write across all 11 data categories as current state, one of the most open data-access profiles in the survey.

Access model and fees (Sections 2b and 2c)

Lupa checks “free and open to all developers” today and as a 2026 target; no other access conditions are checked (no minimum practice count, no onboarding fee, no ongoing fee, no case-by-case approval, no partnership requirement). Fee transparency is marked “Not applicable (no such fees)” because Lupa does not charge for API access or integration enablement.

Commercial third-party applications must pass a security review covering data handling, authentication, and applicable data-protection and healthcare-privacy compliance; enterprise clients building internal-use integrations are exempt from commercial certification.

Public position on open integration (Section 4)

Lupa's prior public statement (2025 conference, CEO Nicolò Frisiani) described Lupa as "the operating system of the veterinary industry," with practices free to install any third-party application even where it overlaps with Lupa's native features. The new CAVSG survey statement reinforces this position: free APIs, public documentation, no developer fees; 40+ integrations live and 20+ in active development as of March 2026. Lupa cites UK precedent in which it has displaced incumbent cloud PIMS at multi-site enterprise groups in part because of its open architecture, and intends to bring the same approach to the US market.

Strategic outlook (Section 6)

On the evolving role of third-party applications, the CEO writes:

> *Third-party applications will increasingly own truly specialised, often clinically deep workflows: advanced diagnostic imaging analysis, AI-driven medical diagnosis predictions, genomics and breed-specific risk profiling, clinical trial matching, and other domains where deep vertical expertise matters more than breadth of platform.*

The CEO articulates a three-part framework for what the winning PIMS will do:

> *(1) data infrastructure that is enterprise-ready, multi-clinic, and built for the consolidation wave that is reshaping the industry; (2) core day-to-day workflows where native integration creates a meaningful advantage (e.g., AI-assisted consultations flowing seamlessly into prescriptions, invoicing, and inventory in a single flow of work); and (3) ecosystem connectivity, serving as the technology backbone not just for the individual clinic but for the whole organisation.*

The response cites cross-industry analogs with specific statistics:

> *Shopify proved that an open app ecosystem (8,000+ third-party apps) could coexist with strong native features and actually increase platform stickiness. Salesforce built a $7.1 billion AppExchange economy where every dollar on the platform generated $6.19 in the partner ecosystem. And in healthcare, Epic's initial resistance to interoperability gave way to FHIR-based openness after the 21st Century Cures Act, and its market share grew from 31% to over 42% in the years that followed. The lesson across industries is consistent: platforms that open up grow faster than those that lock down.*

On Lupa's biggest challenge:

> *The biggest challenge is not technical. Our APIs are comprehensive and our platform was designed for openness from the ground up. The real friction is on the ecosystem side: many veterinary software developers are still early in their journey and may lack the engineering resources to build robust integrations quickly. We invest in developer support, documentation, and sandbox tooling to lower that barrier, but the broader industry would benefit from shared standards that reduce the per-PIMS integration cost for developers targeting multiple platforms.*

Lupa answers “Yes” (definitive) to whether open, well-documented API access will become a baseline expectation for veterinary practices over the next 2–3 years:

> *Within 2-3 years, a closed or restrictive API posture will be disqualifying for most buyers. Human healthcare was pushed toward interoperability through regulatory mandates (the 21st Century Cures Act, ONC rules around information blocking). Veterinary will likely reach the same destination through market pressure rather than regulation, but the direction is clear.*

Industry standards (Section 6d)

On industry standards, the CEO names specific efforts by region (“SNOMED CT adoption promoted by the AVMA, VeNom coding in the UK, various AAHA diagnostic term sets”) and argues for FHIR-style convergence:

> *A credible, industry-backed effort to converge on a shared schema, something analogous to what FHIR has become for human healthcare, would dramatically reduce integration friction and accelerate the entire ecosystem.*

5. PIMS vendor FULL survey response

The text below is reproduced verbatim from the Lupa submission, cleansed of common boilerplate. Source: _Lupa_survey_March_30_cleansed_v2.docx (Sections 1–6 of the CAVSG PIMS Vendor Integration Survey instrument as completed by Nicolò Frisiani, Founder and CEO, March 30, 2026).

Section 1: Respondent Information

PIMS Product Name: **Lupa OS**

Parent Company (if applicable): **Lupa**

Respondent Name: **Nicolò Frisiani**

Respondent Title: **Founder and CEO**

Email: **nicolo@lupapets.com**

Date: **30.03.2026**

US Practice Location Count

Number of US and, separately, English-speaking Canadian practice locations currently using your PIMS: **574 locations live, 1,000+ signed**

> **We are willing to have this number published with attribution**

Section 2: Integration Capability Self-Assessment

2a. Integration Capability Level

Please select the single level that best describes your current integration capability, and separately your target for July 2026:

Level	Description	Current (Today)	Target (July 2026)
1	No APIs -- manual export/import or copy/paste only	☐	☐
2	Read-only APIs for basic data objects (patient, client, appointment records)	☐	☐
3	Limited write APIs for simple workflows (appointments, tasks, notes)	☐	☐
4	Write APIs for more complex workflows (refills, charges, medical records) with audit trails and role-based access	X	☐
5	Full app ecosystem (webhooks, scopes, app review process, monitoring, developer portal)	☐	X

Comments on Integration Capability Level (optional -- e.g., capabilities that vary by data object or workflow):

Core elements of our Level 5 target are already in production (e.g., webhooks, scoped API access, audit trails). Other components, such as a fully spec'd public developer portal with self-service app review and monitoring dashboards, are actively in development and expected to reach general availability by mid-2026.

2b. Access Model (for levels 2-5)

For vendors with API capabilities (levels 2-5), please indicate all access model conditions that apply:

#	Access Condition	Applies Today	Planned July 2026
1	Free and open to all developers (public documentation, self-service registration)	X	X
2	Minimum practice count or volume qualification required	☐	☐
3	One-time onboarding or certification fee	☐	☐
4	Ongoing fee per location or per transaction	☐	☐
5	Case-by-case approval required (no published criteria)	☐	☐
6	Partnership or business relationship required	☐	☐

Comments on Access Model (optional -- e.g., fee structures, approval timelines, sandbox availability):

Lupa's API is free and open to all developers with no partnership agreement, minimum practice count, or volume qualification required. That said, we are deeply committed to our clients having a consistently excellent experience. This means two things in practice:

First, some integrations require engineering work on our side to guarantee that end-to-end workflows remain seamless. In those cases, we prioritise based on client demand, i.e., the number of existing or prospective clients requesting a given integration.

Second, any third-party application that will be offered commercially to Lupa practices must meet our security and data-handling standards before going live. This protects the broader client base and maintains the trust practices place in us as their system of record. For enterprise clients building internal tools for use exclusively within their own organization, these commercial certification requirements do not apply, though standard API authentication and access controls remain in place.

2c. Access Fee Transparency (for levels 2-5)

Industry feedback indicates that some PIMS vendors charge third-party application developers fees for API access or integration enablement, while also restricting those partners from disclosing the existence or details of such fees to the mutual customer (the veterinary practice). We believe that fee transparency is essential for practices to make fully informed decisions about their technology stack. The following questions are designed to surface the current state of fee disclosure policies.

1. If your PIMS charges any fees related to API access or integration enablement, what information are partners permitted to share with the mutual customer? (Select all that apply)

- ☐ Existence of fee
- ☐ Fee amount / rate card
- ☐ How the fee is billed (vendor billed vs. partner billed)
- ☐ Any minimums, tiers, or usage caps
- ☐ None of the above
- **X** Not applicable (no such fees)

2. If any items above are not permitted to be shared, please indicate where the restriction is defined (agreement type and section name/number) and whether written permission can be granted.

Not applicable. Lupa does not charge any fees for API access or integration enablement.

Section 3: Integration Details

3a. Developer Resources

Please indicate which of the following developer resources you currently offer:

- **X** Publicly accessible API documentation
- ☐ Developer portal with self-service registration
- **X** Sandbox or test environment for developers
- **X** Published integration guides or tutorials
- **X** Dedicated integration support team or point of contact
- ☐ Developer community forum or Slack channel
- **X** Published SLA for API uptime and response times

Approximate number of active third-party integrations today: **40+**

URL for developer documentation (if public): **https://developers.lupapets.com/docs**

3b. Data Access Scope

For each data category below, please indicate the current level of third-party API access you provide:

Data Category	No Access	Read Only	Read/Write	Planned July 2026
Client records	☐	☐	X	☐
Patient records	☐	☐	X	☐
Appointments / scheduling	☐	☐	X	☐
EHR: Medical records / SOAP notes, lab results, and consultations	☐	☐	X	☐
Invoices / charges	☐	☐	X	☐
Inventory / products	☐	☐	X	☐
Prescriptions / refills	☐	☐	X	☐
Imaging / radiology	☐	☐	X	☐
Client Communications (reminders, phone calls, emails, texts, etc.)	☐	☐	X	☐

Data Category	No Access	Read Only	Read/Write	Planned July 2026
Financial / reporting data	☐	☐	X	☐
Custom fields / templates	☐	☐	X	☐

3c. Integration Architecture

Please indicate which integration mechanisms you support:

- **X** REST APIs
- ☐ GraphQL
- **X** Webhooks (real-time event notifications)
- ☐ HL7 / FHIR
- **X** File-based integration (CSV, XML export/import)
- **X** Direct database access
- **X** Middleware / integration platform (e.g., BitWerx, GreyWind, Vetsource SyncVet)
- ☐ Other (please specify below)

Section 4: Public Position on Open Integration

This is the most important section of the survey…

4a. Existing Public Statements

Has your company previously made a public statement regarding your integration or API openness philosophy? **A: Yes.**

If yes, please paste or summarize the statement and provide the source (press release, blog post, conference presentation, etc.):

Conference presentation (2025). Lupa's CEO, Nicolò Frisiani, has publicly described Lupa as "the operating system of the veterinary industry," drawing an analogy to iOS: Lupa provides a suite of powerful native applications, but practices are free to install any third-party app they choose, whether it complements or overlaps with Lupa's own features. Just as iPhone users download WhatsApp even though iMessage exists, veterinary practices should have the freedom to pick the tools that work best for them. Openness is not a liability; it is the foundation of a healthy software ecosystem.

4b. New Statement for CAVSG

Lupa was designed from the outset as an open platform. We believe the veterinary profession deserves the same caliber of software ecosystem that exists in every other major industry, and that starts with genuine, unrestricted API access.

We think of Lupa as the operating system of the veterinary practice. Like any good OS, we invest heavily in native applications that cover the core clinical and operational workflows, and we believe many of those workflows are best served natively, where tight integration between features (e.g., AI-assisted consultations flowing directly into prescriptions, invoicing, and inventory) creates a meaningfully better experience. But we also recognise that the ecosystem is vast. There will always be specialised tools, vertical solutions, and innovative applications that complement what we do, and practices should be free to use them without friction, even in areas where our own features overlap.

Our APIs are free, our documentation is publicly accessible, and we do not charge developers for access or integration enablement. As of March 2026, over 40 integrations are live on Lupa, with 20+ third parties actively developing new ones. We welcome that activity and are continuing to invest in making the developer experience as smooth as possible. This is not a theoretical commitment. In the UK, where Lupa launched first, we have displaced incumbent cloud PIMS platforms at multi-site enterprise groups precisely because of our open architecture. Those groups evaluated us against established vendors and chose Lupa in large part because our integration model gave them the flexibility they needed. We intend to bring the same approach to the US market.

We believe the best PIMS earns its position by building great products, not by restricting what practices can connect to. That principle guides everything we do.

4c. Competitive Context

Open integration is increasingly cited as a factor in PIMS selection, particularly by corporate groups evaluating standardization and by independent practices seeking best-of-breed application stacks. How would you characterize your approach? (Check all that apply.)

We view open integration as a competitive advantage and actively promote it

We are investing in expanding our integration capabilities

Additional comments:

Openness is core to Lupa’s product strategy and go-to-market positioning. We actively promote our open platform as a key differentiator, particularly with corporate groups and multi-site operators evaluating PIMS options. We believe practices should never feel locked in, and that the best way to earn their loyalty is to keep earning it through product quality, not through integration restrictions.

Section 5: Third-Party Developers Access Criteria

Number of third-party developers currently in your program: **20**

Number of third-party developers approved in the last 12 months: **35**

Number of third-party developer applications declined in the last 12 months: **0**

Do you have any requirements or restrictions on which types of third-party applications can integrate with your PIMS?

No restrictions -- any legitimate veterinary application may integrate

We require applications to meet quality or security certification standards

Please describe any notable restrictions or requirements:

Any third-party application intended to be offered commercially to Lupa practices must pass a security review covering data handling, authentication practices, and compliance with applicable data protection and healthcare privacy regulations. This is a straightforward, well-documented process and we work with developers to get through it efficiently.

For enterprise clients or practice groups building internal integrations for use within their own organization, commercial certification is not required. We do not restrict integration based on competitive overlap. If a developer builds a better solution for a specific workflow, practices should be free to use it.

Section 6: Strategic Outlook

6a. How do you see the role of third-party applications evolving relative to built-in PIMS features over the next 2-3 years?

Third-party applications will increasingly own truly specialised, often clinically deep workflows: advanced diagnostic imaging analysis, AI-driven medical diagnosis predictions, genomics and breed-specific risk profiling, clinical trial matching, and other domains where deep vertical expertise matters more than breadth of platform. The PIMS, meanwhile, will anchor on three things: (1) data infrastructure that is enterprise-ready, multi-clinic, and built for the consolidation wave that is reshaping the industry; (2) core day-to-day workflows where native integration creates a meaningful advantage (e.g., AI-assisted consultations flowing seamlessly into prescriptions, invoicing, and inventory in a single flow of work); and (3) ecosystem connectivity, serving as the technology backbone not just for the individual

clinic but for the whole organisation, enabling practices to buy, sell, coordinate, and partner across the broader veterinary ecosystem.

The PIMS that wins will be the one that excels at all three while making third-party integrations seamless. This pattern is not unique to veterinary. Shopify proved that an open app ecosystem (8,000+ third-party apps) could coexist with strong native features and actually increase platform stickiness. Salesforce built a $7.1 billion AppExchange economy where every dollar on the platform generated $6.19 in the partner ecosystem. And in healthcare, Epic's initial resistance to interoperability gave way to FHIR-based openness after the 21st Century Cures Act, and its market share grew from 31% to over 42% in the years that followed. The lesson across industries is consistent: platforms that open up grow faster than those that lock down.

6b. What is the biggest challenge your company faces in providing more open integration to third-party developers?

The biggest challenge is not technical. Our APIs are comprehensive and our platform was designed for openness from the ground up. The real friction is on the ecosystem side: many veterinary software developers are still early in their journey and may lack the engineering resources to build robust integrations quickly. We invest in developer support, documentation, and sandbox tooling to lower that barrier, but the broader industry would benefit from shared standards (see 6d) that reduce the per-PIMS integration cost for developers targeting multiple platforms.

6c. Do you believe that open, well-documented API access to PIMS data will become a baseline expectation for veterinary practices in the next 2-3 years?

Yes

Comments:

Practices, and especially corporate groups standardising across locations, are already making purchasing decisions based on integration openness. Within 2-3 years, a closed or restrictive API posture will be disqualifying for most buyers. Human healthcare was pushed toward interoperability through regulatory mandates (the 21st Century Cures Act, ONC rules around information blocking). Veterinary will likely reach the same destination through market pressure rather than regulation, but the direction is clear.

6d. Are there industry standards or collaborative efforts (e.g., data format standardization, common authentication frameworks) that you believe would accelerate integration across the veterinary ecosystem?

Yes. The single most impactful thing would be a common veterinary data schema for core objects (patient, client, appointment, medical record, invoice, diagnosis, symptoms, etc.) so that developers do not have to build bespoke mappings for every PIMS they integrate with. Various standards efforts exist in different countries (SNOMED CT adoption promoted by the AVMA, VeNom coding in the UK, various AAHA diagnostic term sets), but none are consistently enforced, widely adopted, or interoperable with one another. A credible, industry-backed effort to converge on a shared schema, something analogous to what FHIR has become for human healthcare, would dramatically reduce integration friction and accelerate the entire ecosystem. We would actively participate in and contribute to any such effort.

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IDEXX

ezyVet *(IDEXX-owned · cloud-native SaaS · IDEXX Laboratories, Inc.)*

ASIPS estimated market share (North America, by mentions): 16.5% (188 of 1,273 NA ASIPS respondents)

Estimated US practice locations (from ASIPS): ~4,624

Company stated NA practice locations: not separately disclosed ("10,000+ globally for ezyVet plus IDEXX Neo combined", per the PIMS survey response)

Average vets per practice (from ASIPS): 6.0

Vendor self-reported capability level: Level 4 today → Level 5 by 2H 2026

Vendor-stated API fee posture: One-time onboarding or certification fee plus ongoing per-location or per-transaction fees in structured tiers; partnership and certification required; "targeting" free and open self-service in 2H 2026

ISV-reported Q11 openness average: 2.19 / 5.0 (N = 16)

ASIPS customer satisfaction average: 5.06 / 7.0 (n = 188)

1. Vendor self-report: capability level and fee policy

ezyVet operates within IDEXX's certified partnership program. The April 2026 IDEXX response rates ezyVet at Level 4 today (write APIs for complex workflows with audit trails and role-based access), targeting Level 5 (full app ecosystem) by 2H 2026. The response cites 100+ active certified third-party integrations, REST APIs, webhooks, a persistent sandbox, and dedicated integration support; developer documentation sits on the IDEXX partnership portal, with a public developer landing page targeted for 2026.

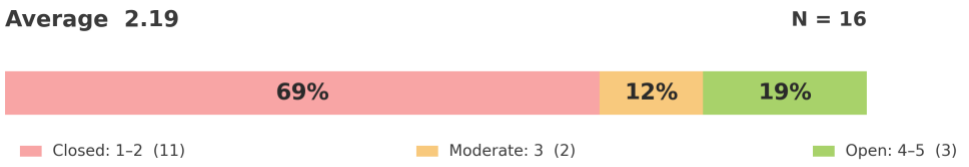
On fees, IDEXX checks both a one-time onboarding or certification fee and an ongoing per-location or per-transaction fee in "structured tiers" today, with the same fee structure planned as an "evolved tiered model" for 2H 2026. A partnership or business relationship is required both today and in 2026. The response states IDEXX is "targeting" free and open self-service access

for 2H 2026, but the same submission's checkbox selections retain partnership and tiered fees through that horizon. Specific fee amounts, tier definitions, and per-location rates are not disclosed in the response.

IDEXX states that confidentiality provisions in partnership agreements relate to proprietary technical and commercial architecture, not to preventing practices from understanding fee structures. The response also describes an AI-Native Agentic Platform under development, targeting 2026, designed to enable agent-based integrations using MCP-compatible patterns.

2. ISV-reported integration experience

CAVSG AI Innovator Survey (Spring 2026, 20 ISV respondents). Q11 asked each ISV to rate this PIMS's API openness on a 1–5 scale (1 = Very Closed, 5 = Very Open).



Q11 distribution: 7 × (1), 4 × (2), 2 × (3), 1 × (4), 2 × (5). Source: CAVSG AI Innovator Survey, N = 16.

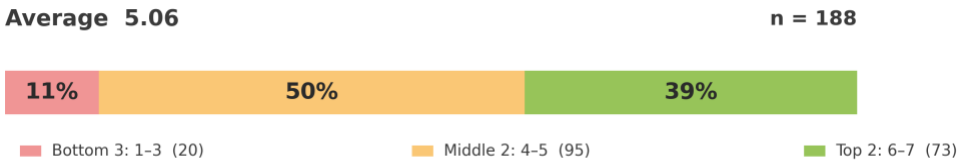
Anonymized ISV commentary

> *Integration required working through a third-party middleware vendor, ___, rather than directly with ezyVet/IDEXX. Communication was very slow with extended back-and-forth internally at IDEXX that was not visible. There were significant limitations: IDEXX pushed back on integration flows not originating from within the PIMS itself. The process spanned months with repeated follow-ups before receiving the SOW. Never matured to anything eventually: limited capabilities.*
>
> *Got pretty far along in the process initially. Was told the upfront integration cost would be in the thousands, plus an ongoing monthly fee. There was also a customer guarantee requirement: the numbers were in the hundreds of practices just for this one specific PIMS. You weren't able to go in and start building without this upfront payment, so it ended up being very expensive and would have had to be passed along to our customers.*
>
> *We opted to go with a 3rd party integrator as we knew that getting access would be extremely difficult.*
>
> *They have formal APIs but again pushed us to [a specific third-party] which is unaffordable relative to our own per-clinic revenue: given we only charge … and we also go through [other channels] and have to provide discounts.*
>
> *One ISV reported receiving no response from ezyVet despite several contact attempts.*
>
> *One ISV reported that ezyVet integration remains blocked for key endpoint categories, with integration fees and limited endpoint coverage.*

> *One ISV reported that ezyVet gates its category from integration, with no medical-record writeback support available. Context: ezyVet offers its own solution in this category.*
>
> *One ISV reported that a named individual at ezyVet made the decision to block the integration after extended dialogue.*

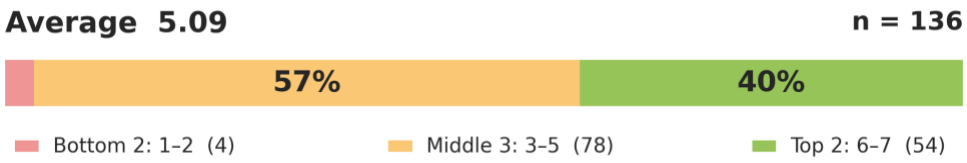
3. ASIPS customer satisfaction — Overall

Ayers Software in Practice Survey (Kynetec PRJ17655, n = 1,273 NA practices). QA2 asked each PIMS-using practice to rate overall satisfaction on a 1–7 scale.



General Practices

ASIPS Customer Satisfaction of GPs



n = 136. T2B: 54 (40%). M3B: 78 (57%). B2B: 4 (3%).

Positive comments (rating 6–7)

> *ezyVet is hands down the heart of our clinic. It has allowed us to scale, streamline, and improve our day to day operations. Out of the box, ezyVet has every tool needed to mold the software exactly to our practice.*
>
> *Very easy to navigate, very easy to see when vaccinations are due, very easy to follow the SOAP format, integrates beautifully with IDEXX.*
>
> *Ezyvet really does do it all. You can schedule online, communicate with clients, manage records. No need for third-party sites like Vetstoria or PetDesk.*
>
> *I like how customizable it is and how there are many ways to complete a particular task. I appreciate it mostly for the way I can create custom templates and short hand prompts to make medical recordkeeping less taxing.*
>
> *Have used many systems and this is by far the easiest, most efficient, and useful.*
>
> *Overall my experience with ezyVet has been very pleasant. When we first switched from Cornerstone, there were a lot of hiccups but overall has been working well.*

> *I am happy with how it has improved our workflow and time spent over our last PIMS. Even though set up took a lot of work and was frustrating at times with the data conversion, I am really happy with it now.*

Mixed comments (rating 4–5)

> *ezyVet has many features, and is excellent for managing large client bases, multiple practices and multiple staff. However, it is not user friendly. Background work (inputting or changing prices, managing templates) is very complicated.*
>
> *Previously used Cornerstone, another IDEXX PIMS system. ezyVet seems archaic compared to Cornerstone. Too many tabs to click, more difficult to navigate a patient's file.*
>
> *Pricing has increased dramatically over the last few years, major drawback. Support has also degraded sharply since IDEXX acquired the company.*
>
> *Unlike its name, ezyVet is not so easy to learn to use. Do not have ability to have multiple tabs open at a time.*
>
> *We switched from Cornerstone and I tend to still like the way Cornerstone organized information. Sometimes if I don't know EXACTLY what I'm looking for in ezyVet, I'll never know it's there.*
>
> *Managing inventory is a complete disaster. Some types of communications with clients are easy like having templates. But other types are not.*
>
> *Customer service has become poor as time has gone on.*

Negative comments (rating 1–3)

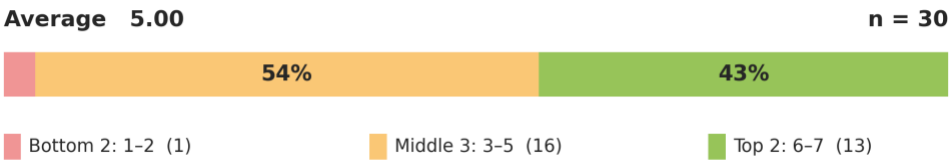
Negative tier expanded to include rating 3 due to limited B2B respondents.

> *It is difficult to use. Have to look in multiple places for patient information. Doesn't communicate with Covetrus pharmacy.*
>
> *EzyVet was clearly designed by a lab because the only thing that is straightforward is the diagnostics.*
>
> *It seems better designed for inventory management than for consistent medical notes. I'm forever clicking from window to window trying to find where a conversation with a client is recorded.*
>
> *It is not user friendly, there are multiple steps to every action. Reports are not always easy to find, and customer service is almost non existent.*
>
> *Too many glitches; customer support is frustrating; inventory management is a headache.*
>
> *It is confusing with too many different places to put things and too many chances for mistakes.*

> *The software is not that easy to use. There are too many separate sections that do not properly communicate.*

Specialty, Referral, and Emergency

ASIPS Customer Satisfaction of Spec/Ref/ER



n = 30. T2B: 13 (43%). M3B: 16 (54%). B2B: 1 (3%).

Caution: small base (n < 30 with 1 respondent in B2B). Tier figures are directional.

ezyVet has a notably larger specialty/referral user base than Cornerstone, reflecting its cloud architecture and multi-department design.

Positive comments (rating 6–7)

> *Of all the practice management systems out there I find ezyVet to be the most intuitive. It's nice that you're able to easily sort through a variety of information by grouping it by medications, lab work, imaging.*
>
> *I love this software. I made a ton of templates at the beginning that save me so much time on my record keeping.*
>
> *This software is way better than any other software I have used (Cornerstone, PracticeVantage) and I like that it is cloud based.*
>
> *It works well. Fairly easy to use.*
>
> *Cloud based, responsive.*
>
> *Ezyvet is user friendly once you have the general understanding of its structure. Easy to track medications, even external prescriptions.*
>
> *Cloud based. Good integration with scribe software. Inventory needs to be better established or better with development.*

Mixed comments (rating 4–5)

> *I like that there is so much information and tasks that can be done from one system. I HATE all the updates that change things I never asked or wanted to change and cannot opt out of. They make workflow different and more difficult about 95% of the time.*
>
> *Too many tabs. Navigating between the purple, the blue, and the green pages. There are 100 places to attach things and they get lost because of it.*
>
> *I'm pretty sure that we don't use an optimized version, but we were never really trained all that well.*

> *It makes complicated medical records and there are way too many tabs.*
>
> *It leaves a lot to be desired and is not as easy as it is supposed to be.*
>
> *Too many options to store communications that are not visible across the entire chart.*

Negative comments (rating 1–3)

Only 1 of 30 specialty/referral/emergency respondents rated ezyVet at 1–2.

4. PIMS vendor survey response summarized

CAVSG PIMS Vendor Integration Survey response, IDEXX Veterinary Software Leadership Team. Boilerplate (preamble, introduction, and submission instructions common across all 15 surveys) has been removed. The IDEXX response groups ezyVet, Neo, and Cornerstone collectively but assigns ezyVet-specific metrics; sister-PIMS material has been removed for this entry. The summary below presents only ezyVet-attributed content, in the order of the survey instrument.

Respondent: IDEXX Veterinary Software Leadership Team (no individual named; submitted from VetsoftIntegrations@idexx.com)

Response date: April 11, 2026

Installed base: ezyVet-only count not separately disclosed. Combined cloud PIMS base (ezyVet plus IDEXX Neo) reported as exceeding 10,000 locations globally, growing at a ~34% compound annual growth rate from 2020 to 2025, representing over 66% of IDEXX's total PIMS installed base.

Integration capability (Section 2a)

IDEXX rates ezyVet at Level 4 today (write APIs for complex workflows with audit trails and role-based access), targeting Level 5 (full app ecosystem) by 2H 2026. The response describes 100+ active certified third-party integrations across diagnostics, client engagement, payments, inventory management, digital imaging, and telemedicine. Partners connect through a certified partnership framework, with access scoped to approved endpoints and use cases.

The roadmap to 2H 2026 references four advances: an AI-Native Agentic Platform supporting agent-based integrations and MCP-compatible patterns; expanded APIs with new endpoints and higher data throughput; a redesigned partner program and onboarding intended to support partners across a broader range of sizes and stages; and a "step-change reduction in integration lead times with a trajectory toward near real-time enablement."

Editor's note: the response does not define what 'near real-time' means in operational terms (target latency, sandbox-to-production turnaround, or endpoint coverage). Practices evaluating IDEXX timelines should ask for measurable commitments tied to specific endpoints.

The data-access table in the response shows read-only across all 11 categories as the current state, with read/write targeted for 2H 2026. A footnote within the same table asserts that read/write is already available, an internal inconsistency in the submission.

Access model and fees (Sections 2b and 2c)

IDEXX did not check "Free and open to all developers (public documentation, self-service registration)" for today. The response checks both "One-time onboarding or certification fee" and "Ongoing fee per location or per transaction" as applying today and as a planned "evolved tiered model" for 2H 2026. "Partnership or business relationship required" is also checked for both today and 2026. The minimum practice count threshold is described as "phasing out as a

barrier for certified partners who meet modern security, service level, and financial viability standards."

Specific fee amounts, tier definitions, whether fees increase or decrease with volume, and per-location rates are not disclosed in the response. The same submission states that IDEXX is "targeting" free and open self-service access in 2H 2026, but the access-condition checkboxes for that future state continue to show partnership and tiered fees in place.

On fee transparency, IDEXX states that confidentiality provisions in partnership agreements relate to proprietary technical and commercial architecture, not to preventing practices from understanding fee structures.

Public position on open integration (Section 4)

IDEXX provides a detailed public statement endorsing open integration, framed around a dual principle: openness and governance must advance together. Third-party access without governance is characterized in the response as "unmanaged access to clinical data." IDEXX states it does not impose categorical restrictions on integration partners based on application type, including where functionality overlaps with IDEXX's own products.

Strategic outlook (Section 6)

IDEXX answers "Yes" to whether open, well-documented API access will become a baseline expectation for veterinary practices in the next two to three years. The response adds that the baseline expectation will evolve quickly beyond "open vs. closed" to encompass governance quality, security posture, service reliability, depth of AI capability, partner ecosystem breadth, and long-term stability. IDEXX identifies the central challenge as executing on all dimensions simultaneously, including openness, security, governance, clinical integrity, scale, and long-term investment.

Industry standards and collaboration (Section 6d)

IDEXX advocates for industry-level collaborative efforts including standardized data models analogous to FHIR in human medicine; common authentication frameworks (standardized OAuth 2.0 scopes across PIMS vendors); shared security and certification standards covering data handling, access control, breach notification, and service levels; data portability standards; and veterinary AI literacy frameworks. IDEXX states it is open to participating in industry-level working groups and welcomes dialogue with other PIMS vendors, application developers, and practice organizations.

5. PIMS vendor FULL survey response

The text below is reproduced verbatim from the IDEXX submission. Capability-level and access-condition tables are preserved. Internal IDEXX inconsistencies (e.g., the data-access table read-only/footnote conflict noted in Element 4) are present in the source and not edited here.

Section 1: Respondent Information

PIMS Product Name: **ezyVet**

Parent Company: **IDEXX Laboratories, Inc. (NASDAQ: IDXX)**

Respondent Name: **IDEXX Veterinary Software Leadership**

Respondent Title: **Veterinary Software Leadership Team**

Email: **VetsoftIntegrations@idexx.com**

Date: **April 2026**

US Practice Location Count

ezyVet is IDEXX's cloud-native SaaS PIMS, supporting a broad range of general, specialty, emergency, and academic care settings globally. With ~98% of new PIMS placements now cloud-based, the cloud-native platforms represent the active, growing integration surface and are the primary basis for this response. The combined cloud-native PIMS base (ezyVet plus IDEXX Neo) has surpassed 10,000 locations globally [combined figure; ezyVet-only count not separately disclosed], growing at a ~34% compound annual growth rate from 2020 to 2025, and represents over 66% of IDEXX's total PIMS installed base.

Practices increasingly expect connected workflows, the ability to incorporate third-party tools, and the flexibility to choose solutions that best support their teams and patients. IDEXX agrees with that direction and is actively investing to support it. At the same time, veterinary PIMS platforms are clinical systems of record and of action. Third-party access must therefore be implemented in a way that preserves clinical integrity, data security, auditability, and operational reliability at scale — requirements that intensify with third-party access requests.

PIMS Product	US / Canada Locations	Installed Base Growth	Platform Type
ezyVet	Not separately disclosed	Not separately disclosed	Cloud-Native SaaS

Metric note: This response focuses on ezyVet. The 10,000+ figure cited in the narrative above is global and combined for ezyVet plus IDEXX Neo; an ezyVet-only figure is not separately disclosed. The ~35% CAGR figure for cloud-native PIMS (2020–2024) is likewise a combined ezyVet plus Neo metric.

We are willing to have the cloud PIMS figure (combined ezyVet plus Neo) published with attribution

Section 2: Integration Capability Self-Assessment

2a. Integration Capability Level

Current: **Level 4 (ezyVet)** | Targeting: **Level 5 — 2H 2026**

Level	Description	Current (Today)	Targeting (2H 2026)
1	No APIs — manual export/import or copy/paste only		
2	Read-only APIs for basic data objects (patient, client, appointment records)		
3	Limited write APIs for simple workflows (appointments, tasks, notes)		
4	Write APIs for complex workflows (refills, charges, medical records) with audit trails and role-based access	✓ **Current**	

Level	Description	Current (Today)	Targeting (2H 2026)
5	Full app ecosystem (webhooks, scopes, app review process, monitoring, developer portal)		✓ **Targeting**

Metric note: Capability level reflects ezyVet.

Comments on Integration Capability Level:

ezyVet currently operates at Level 4, providing write APIs for complex workflows with audit trails and role-based access. Partners connect through a certified partnership framework, with access scoped to approved endpoints and use cases.

The integration landscape is evolving. IDEXX is targeting the following advances through 2026:

- **AI-Native Agentic Platform (targeting 2026)** — enabling a new class of lightweight, agent-based integrations designed for AI-native builders and practices building workflows on their own data; including early architectural work toward agent-based interaction models and emerging standards (e.g., MCP-compatible patterns) with appropriate governance, authentication, and audit controls required in clinical environments.
- **Expanded APIs** with new endpoints, expanded data throughput, and a performant architecture designed for current and anticipated scale.
- **Partner program and onboarding** redesigned to support credible partners across a broad range of sizes and stages.
- **Step-change reduction** in integration lead times with a trajectory toward near real-time enablement.

ezyVet supports 100+ active certified third-party integrations across diagnostics, client engagement, payments, inventory management, digital imaging, telemedicine, and more — one of the broadest published integration ecosystems of any cloud-native veterinary PIMS. This ecosystem continues to grow: numerous new integrations were added throughout 2025.

AI has been embedded in IDEXX's clinical products and R&D for over a decade — predating the current wave of consumer AI by years and grounded in clinical data at a scale that most veterinary software participants have never operated at. For example:

- **IDEXX DecisionIQ** within VetConnect PLUS applies AI to clinical decision support.
- **IDEXX Web PACS** uses AI to accelerate imaging workflows and reduce time to diagnosis.
- **IDEXX inVue Dx Cellular Analyzer** applies deep learning trained on millions of patient samples for point-of-care cytology.
- **ezyVet AI-Assisted Notes** uses generative AI for clinical documentation embedded directly in the PIMS workflow.

These examples are representative of IDEXX's decades-long AI investment strategy — not the totality of it. AI embedded in our platforms with this depth of clinical data produces demonstrably different outcomes than AI that is announced but not yet operating at clinical scale.

2b. Access Model

Access Condition	Applies Today	Targeting 2H 2026
Free and open to all developers (public documentation, self-service registration)	✓ **(within certification pathways)**	✓
Minimum practice count or volume qualification: phasing out as a barrier for certified partners who meet modern security, service level, and financial viability standards	Partner certification program	Targeting streamlined access for all certified partners
One-time onboarding or certification fee	✓	✓
Ongoing fee per location or per transaction	✓ **(structured tiers)**	✓ **(evolved tiered model)**
Partnership program and certification criteria: available to credible partners upon request; certain commercial elements under mutual NDA as is standard in technology partnerships	✓ **Available upon credible request**	Targeting more publicly available program documentation
Partnership or business relationship required	✓	✓ **(streamlined onboarding)**

Comments on Access Model

IDEXX operates a scaled partnership program designed to enable a growing ecosystem of developers, AI-native builders, and enterprise practice groups — while maintaining the standards that clinical veterinary environments require.

The current model is structured in tiers: no-cost access to API documentation and self-registration, sandbox access during the certification process, and a per-clinic integration support fee via commercial agreement.

The program is built on the following principles:

- **Certified and credible access:** Integration access is available to partners that meet modern standards aligned with our highly trusted, clinical-grade PIMS platform. Requirements include data privacy compliance, demonstrated cybersecurity controls, financial viability and operational continuity, modern API engineering standards, and defined service level commitments. The path to certification is designed to be achievable for any credible partner.
- **No unauthorized access, full stop:** Unauthorized access to PIMS data — including through undisclosed integrations, credential sharing, or exceeding authorized API scopes — creates cybersecurity exposure, degrades system performance for all users, and generates potential liability for practices. IDEXX partnership agreements treat unauthorized access as grounds for termination. This protects every legitimate partner as much as it protects practices.
- **Transparent program framework:** Program certification criteria, legal framework, and commercial structure are available to any partner approaching with credible

intent. Where partnership agreements include confidentiality provisions, these are bilateral and protect proprietary technical and commercial architecture — not mechanisms to prevent practices from understanding what fees exist or how they are structured. IDEXX explicitly permits partners to disclose the existence, general structure, and basis of any integration-related fees to their customers.

- **Evolving toward self-service at scale:** Q1 2026: certified partners gain immediate API access upon approval with a turnkey onboarding process. Q2 2026: targeting an additional tier representing advanced SaaS partnership models, including development licenses with usage-based metrics, designed for AI-native builders and practices building automations on their own data. Practices retain full portability.
- **Minimum practice count threshold:** As the program scales, size will not be a barrier for credible certified partners. Quality and commitment are what matter most.

2c. Access Fee Transparency

Industry feedback indicates that some PIMS vendors charge third-party application developers fees for API access or integration enablement, while also restricting those partners from disclosing the existence or details of such fees to the mutual customer (the practice). This question is intended to surface vendor policy on what partners are permitted to share with their mutual customers about such fees.

1. If your PIMS charges fees related to API access or integration enablement, what information are partners permitted to share with the mutual customer?

✓ **Existence of fee**

✓ **Fee amount / rate card (within program tiers)**

✓ **How the fee is billed**

✓ **Minimums, tiers, or usage caps**

☐ None of the above

☐ Not applicable

2. If any items above are not permitted to be shared, please indicate where the restriction is defined.

Where elements are subject to mutual NDA, this reflects bilateral commercial confidentiality standard in technology partnerships — not a restriction that prevents practices from understanding what they are paying for.

Comments on Fee Transparency and Commercial Framework

IDEXX's partnership model does not prohibit partners from communicating to their customers the existence or general structure of integration-related fees. Confidentiality provisions relate to bilateral technical / commercial issues — not to prevent practices from understanding what fees may be associated with the tools they use.

The commercial framework is structured as follows:

- **Published, consistent, and accessible:** Program tiers, fee structures, and certification requirements are documented and available to credible partners. As the program evolves toward greater self-service in 2026, core parameters are also being made publicly available.
- **Aligned with the value of platform access:** The PIMS partnership commercial framework reflects the investment required to operate a secure, performant, clinically reliable platform at global scale. This includes access to IDEXX's ~10,000+ location cloud PIMS installed base [combined ezyVet plus Neo], and the VetConnect PLUS ecosystem — spanning both reference laboratory and in-clinic diagnostics and serving as a unified software layer across IDEXX's diagnostic portfolio. VC+ is available free of charge to our global customer base, including our ~65,000 reference laboratory customers. VetConnect PLUS also delivers AI-powered clinical decision support wherever veterinarians prefer to access it — through PIMS, mobile, and web.
- **Accessible commercial model:** IDEXX recognizes that a healthy ecosystem requires participation models that are workable across a range of partner types and stages. Evolving tiered and usage-based models are intended to broaden access while preserving the standards customers expect. IDEXX assesses the total value exchange end-to-end and can tailor commercial structures to support joint value creation.
- **Supporting long-term clinical ecosystem investment:** IDEXX has invested >$2.4 billion cumulatively in R&D from 1998 through 2024 and projects another $1.2 billion in further innovation over the next 4+ years. Commercial returns from the partner program contribute to sustaining the investment pace that delivers ongoing innovation to our customers and the broader partner ecosystem.
- **Transparent to practices:** Practices are entitled to understand the nature and basis of fees in their technology stack. IDEXX does not restrict partners from disclosing the existence, general basis, or tier structure of commercial terms to customers. Data belongs to the practice. IDEXX's commercial model governs access to platform infrastructure — not to the practice's own clinical and operational data.

Section 3: Integration Details

3a. Developer Resources

✓ Publicly accessible API documentation (ezyVet developer documentation publicly available)

✓ Developer portal with self-service registration (partial today; full self-service portal targeting 2026)

✓ Sandbox / test environment for developers (persistent sandbox; expanded automated tooling targeting 2026)

✓ Published integration guides and tutorials

✓ Dedicated integration support team / point of contact

☐ Developer community forum / Slack channel — targeting 2026

✓ Published SLA for API uptime and response times (within partnership agreements)

Active third-party integrations: **100+ (ezyVet)**

Developer documentation URL: **ezyVet API documentation available via the IDEXX partnership portal; public developer landing page targeting 2026**

Metric note: Integration count reflects ezyVet certified integrations per the public software.idexx.com/ezyvet-integrations page.

Comments on Developer Resources:

ezyVet, alongside VetConnect PLUS, supports partners integrating into the daily clinical and operational workflows of tens of thousands of practices. The scale and clinical sensitivity of this ecosystem are exactly why consistent standards for security, reliability, and authorized partner access are not optional — they are the foundation on which a credible open ecosystem is built.

A note on third-party integration experience reports: Anonymous feedback from individual respondents can provide useful directional signal, and IDEXX takes recurring themes in that feedback seriously. That said, anonymized, unvalidated responses from a self-selected — often spanning different time periods, product contexts, and stages of company maturity — do not by themselves constitute a systematic or representative audit of current policy or practice. Further, a reported experience involving a legacy on-premise system, a third-party middleware provider, or an integration attempted years ago may not reflect current capabilities, policies, or timelines. IDEXX's 97%+ customer retention and sustained double-digit growth in Software recurring revenue are important indicators of how practices — the actual customers — experience and value our platform.

3b. Data Access Scope

Data Category	No Access	Read Only	Read/Write (Targeting 2H 2026)
Client records	—	✓	✓
Patient records	—	✓	✓
Appointments / scheduling	—	✓	✓
EHR: Medical records / SOAP notes, lab results, and consultations	—	✓	✓
Invoices / charges	—	✓	✓
Inventory / products	—	✓	✓
Prescriptions / refills	—	✓	✓
Imaging / radiology	—	✓	✓
Client Communications (reminders, phone, email, text)	—	✓	✓
Financial / reporting data	—	✓	✓
Custom fields / templates	—	✓	✓

Metric note: Data access scope reflects ezyVet. Read/write access is available across all 11 categories, plus private APIs and direct data lake access for practices electing to use them — one of the broadest data access profiles of any certified veterinary PIMS integration ecosystem.

3c. Integration Architecture

✓ **REST APIs**

☐ GraphQL — not supported

✓ **Webhooks (real-time event notifications)**

☐ HL7 / FHIR — targeting; supporting industry standards development

✓ **File-based integration (CSV, XML export/import)**

☐ Direct database access — not supported (security and data integrity requirement)

✓ **Middleware / integration platforms (e.g., BitWerx, GreyWind, Vetsource SyncVet)**

✓ **AI-Native Agentic Platform — targeting 2026: enabling lightweight, agent-based integrations with appropriate governance, authentication, and audit controls required in clinical environments.**

Comments on Integration Architecture:

Middleware and integration partners are supported as one of several pathways depending on use case, system architecture, and partner readiness. Direct API access is available within the certified partner program model for ezyVet. Integration pathways are selected based on use case, system architecture, reliability, and governance requirements — not to constrain access or add unnecessary cost.

ezyVet supports modern REST APIs, webhooks, and scalable governance frameworks.

Section 4: Public Position on Open Integration

This is the most important section of the survey…

4a. Existing Public Statements

Has your company previously made a public statement regarding your integration or API openness philosophy? **A: Yes.**

If yes, please paste or summarize the statement and provide the source:

IDEXX has made public statements regarding software integration and ecosystem strategy in quarterly earnings releases, investor day presentations, and conference presentations.

4b. New Statement for CAVSG — IDEXX Public Position on Open Integration and API Strategy

Our North Star

Open integration is foundational to how veterinary software ecosystems should evolve. Practices increasingly expect connected workflows, the ability to incorporate third-party

innovation, and the flexibility to choose solutions that best support their teams and patients. IDEXX agrees with that direction. Connected ecosystems enable better care, and advancing integration across the veterinary landscape is a strategic priority.

IDEXX's mission is to enhance the health and well-being of pets, people, and livestock — a purpose backed by more than 40 years of innovation and 11,000 employees globally. We succeed by helping veterinarians deliver better care through integrated, reliable, and scalable solutions, while supporting customer choice and third-party innovation within a trusted framework.

At the same time, in clinical environments — supporting thousands of practices, specialty hospitals, emergency centers, and academic institutions globally — openness alone is not enough. Third-party access must be implemented with clinical-grade governance, security, reliability, auditability, workflow integrity, and supportability. These are not barriers to innovation; they make innovation durable and trustworthy at scale.

IDEXX supports open integration as a prerequisite for building a fully functioning vertical clinical ecosystem — one where authorized, certified, secure, and service-committed participants can innovate within a framework that protects the practices and patients they collectively serve. Third-party access without governance, security, and accountability is not an ecosystem; it is unmanaged access to clinical data. The right answer is open and governed — and IDEXX is committed to supporting both in concert at scale.

Practice Data Protection

A critical question is often overlooked as third-party agents and integrations proliferate across veterinary software: do practices actually know what these players are accessing, monitoring, and doing with their data? This is not a new problem — this industry has operated with limited visibility into it for years, and it represents a more significant risk than the integration access debate itself. On-premise environments in particular have enabled agents to operate outside the practice's line of sight — in some cases without clear authorization, in others with nominal consent that bears little resemblance to informed awareness of what data is being accessed or used downstream. In other industries, this would not be acceptable. Veterinary medicine deserves better. This is why calls to simply "open up" access are incomplete — it's not whether to open, but how.

IDEXX's answer is an authorized, certified integration ecosystem — including 100+ partners on ezyVet alone, and growing across our platforms. These are partners who have chosen a sustainable, governed path over unauthorized access. That is the standard we are committed to building toward.

What We're Continuously Advancing

IDEXX's software ecosystem operates at meaningful scale, creating leverage across clinical, operational, and diagnostic workflows. ezyVet is among the largest cloud-native veterinary PIMS platforms globally, serving independent, specialty, academic, and enterprise customers across multiple regions. Together with VetConnect PLUS — which spans both reference laboratory and in-clinic diagnostics, serves as a unified software layer across IDEXX's portfolio, and is available free of charge to our global customer base, including our ~65,000 reference laboratory customers — IDEXX delivers a deeply integrated clinical software platform that enables connected workflows, data-driven insights, and consistent standards of care across veterinary medicine.

To serve a rapidly expanding and increasingly sophisticated ecosystem at the pace and breadth the market demands, IDEXX is delivering:

- **Expanded developer infrastructure and support** — including self-service capabilities, persistent sandbox environments, automated tooling, and dedicated partner support.
- **AI-native agentic platform capabilities (in development)** — enabling lightweight, agent-based integrations for AI-native builders and practices creating workflows on their own data, with appropriate controls for portability, governance, and performance.
- **An evolved partner ecosystem model** — introducing streamlined onboarding, published program parameters, and tiered access models that support participants from emerging developers to enterprise-scale partners.
- **Continued reduction in integration lead times** — enabled by ongoing investments in APIs, tooling, and onboarding processes, with a clear trajectory toward near real-time enablement.

These investments in open, governed integration build on a long-standing application of AI across IDEXX's products and workflows, advancing a software ecosystem increasingly infused with intelligent capabilities. This is not new at IDEXX — it is deeply embedded in the company's product and R&D strategy and has been deployed in clinical applications for over a decade:

- **IDEXX DecisionIQ** applies AI to clinical decision support for our global customer base.
- **IDEXX Web PACS** uses AI for imaging workflow acceleration.
- **The inVue Dx Cellular Analyzer** applies deep learning to point-of-care cytology at scale, leveraging models trained on millions of patient samples.
- **AI-Assisted Notes** uses generative AI for clinical documentation embedded directly in the PIMS workflow.

These examples are representative of a decades-long and broad AI investment strategy — not the totality of it. AI embedded in our platforms, trained on deep clinical data and proven in real-world use, is fundamentally different — and measurably so — from AI that is not yet operating at scale in clinical settings. This distinction reinforces that enabling innovation at scale requires more than access alone.

Open Integration Is Necessary. It Is Not Sufficient

Open integration is necessary to a modern veterinary software ecosystem, but openness by itself is not sufficient. The more important question is how openness is implemented in a way that supports customer choice, responsible innovation, and long-term platform trust.

IDEXX's model supports both direct innovation and scaled ecosystem participation. Practices and developers can build workflows and applications on their own data, without requiring a commercial integration relationship with IDEXX. Where solutions are commercialized or deployed broadly across the ecosystem, participation in the partnership and certification framework helps ensure security, reliability, and supportability at scale.

The integration access debate is often framed too narrowly. We believe the profession is best served by asking a more complete set of questions:

- **Governance, security, and authorized access at scale:** How is practice data secured, governed, and audited? How are integrations certified, monitored, and maintained? How does the platform detect and respond to unauthorized access?
- **Write-back integrity and auditability:** When third-party applications write to the medical record — such as adding SOAP notes, updating treatment plans, or modifying clinical data — how are the audit trail, user authorization, and version integrity of that write-back ensured and maintained?
- **Demonstrated AI capability with clinical outcomes:** What AI capabilities are operating in clinical production today with validated outcomes and transparent methodology?
- **Long-term platform commitment:** Who owns this platform and what is their investment horizon? In a market where many PIMS / ISVs are backed by venture or private equity with defined exit timelines, incentives around product, pricing, and partnerships can differ materially from those of a long-term public company.
- **Sustained investment, domain depth, and clinical proximity:** How committed is this ISV or PIMS to investing meaningfully behind this profession over decades? As a reference point, IDEXX has invested >$2.4 billion in R&D from 1998 through 2024, with plans for $1.2 billion in additional innovation investment over the next 4+ years.

One insightful analog is human healthcare. Leading EHR platforms support interoperability through governed ecosystems that include developer registration, API certification, sandbox environments, and structured partner programs. Open standards and governed access have enabled portability and innovation without sacrificing accountability.

As an S&P 500 company with a global software and diagnostics ecosystem, IDEXX operates with significant transparency, audit, and accountability obligations. We believe that openness, governance, security, and long-term investment should advance together.

Long-Term Commitment

When a practice chooses a cloud PIMS platform, it is making a long-term commitment about trust, performance, clinical alignment, and the stability of its technology partner. IDEXX brings more than 40 years of continuous innovation, the transparency obligations of a Nasdaq-listed public company, 11,000 employees committed to advancing veterinary care globally, and an investment horizon defined by the long-term health of the veterinary profession — not by a fund lifecycle or founder's exit preferences. Our partner ecosystem reflects the same standards: openness to credible participants, governance that protects practices, and sustained investment.

Open and governed are not trade-offs — the strongest clinical ecosystem enables innovation while maintaining the trust, safety, and reliability required at scale. IDEXX is committed to advancing both.

4c. Competitive Context

We view open integration as a competitive advantage and actively promote it

We are investing in expanding our integration capabilities

We offer integrations through a certified partnership program with credible modern standards for security, service levels, and data governance

Other: open + governed + clinically reliable + long-term investment-backed

Additional comments:

The right answer for veterinary medicine is a platform that is open to credible, certified participants — and has the scale, investment, clinical depth, and governance infrastructure to make that openness sustainable and trustworthy over the long term.

Section 5: Third-Party Developer Access Criteria

Number currently in program: **100+ active certified integrations (ezyVet)**

Number approved in last 12 months: **IDEXX has continued to expand its partner ecosystem. Partnership discussions are governed by mutual NDAs and not publicly disclosed.**

Number declined in last 12 months: **Not publicly disclosed; evaluated against security, reliability, and data integrity standards.**

Application restrictions / requirements:

Quality or security certification standards required
Case-by-case evaluation (published criteria targeting 2026)

Notable restrictions or requirements:

IDEXX does not impose categorical restrictions based on application type — including where functionality overlaps with IDEXX's own offerings, or where a partner uses third-party middleware — provided solutions meet standards for security, performance, data integrity, service levels, and authorized access only. Category competition is not a basis for exclusion.

Certification requirements reflect what every responsible participant in a clinical software ecosystem should commit to: data privacy compliance, demonstrated cybersecurity controls, financial viability and operational continuity, modern API engineering standards, service level commitments, and a verified record of authorized access. Unauthorized access is treated as a breach and grounds for termination. IDEXX's published guidance on authorized vs. unauthorized integrations is publicly available.

The path to certified access is designed to be achievable for any credible partner. IDEXX actively encourages a high-quality, growing ecosystem.

Section 6: Strategic Outlook

6a. How do you see the role of third-party applications evolving relative to built-in PIMS features over the next 2–3 years?

The boundary between PIMS-native and third-party functionality is increasingly fluid. The PIMS remains the system of record, governance layer, and clinical workflow anchor. What is changing is the surface area over which third-party innovation can add value: AI-native workflows, ambient documentation, specialty care applications, client engagement, and data analysis tools that operate at the edge of the clinical workflow.

A meaningful new category is emerging: the practice itself as a builder, creating automations and workflows on its own data without a software intermediary. Our AI-Native Agentic Platform (targeting 2026) is designed to serve both traditional software partners and this new class of builder as the technology becomes accessible to non-developer users.

The evolution toward agent-based interaction models — including emerging standards like MCP — is an important industry direction. IDEXX is actively evaluating and developing architectural capabilities to support this evolution, with appropriate governance, authentication, and auditability required for clinical use.

6b. What is the biggest challenge your company faces in providing more open integration to third-party developers?

Leading on all dimensions simultaneously — and that is an expectation IDEXX embraces, not apologizes for. The challenge is executing on all dimensions that matter at once: openness, security, governance, clinical integrity, scale, and long-term investment. That requires continued work in tooling, onboarding, monitoring, and commercial models that support a broader range of developers without lowering standards.

As AI becomes more embedded in clinical workflows, the governance challenge grows more important, not less. Better, faster, and more automated governance is the right answer — not less governance. The entire ecosystem benefits when the bar is raised.

6c. Do you believe that open, well-documented API access to PIMS data will become a baseline expectation for veterinary practices in the next 2–3 years?

Yes

Comments:

Yes — and the question will evolve quickly beyond “open vs. closed.” The baseline expectation will include governance quality, security posture, service reliability, depth of AI capability, partner ecosystem breadth, and long-term stability. The practices asking the most sophisticated questions today — particularly groups evaluating multi-location standardization — are already asking all of these simultaneously.

6d. Are there industry standards or collaborative efforts that you believe would accelerate integration across the veterinary ecosystem?

The veterinary industry would benefit from collaborative investment in:

- **Standardized data models:** Common formats for core veterinary objects (patient, client, appointment, clinical record, invoice) — analogous to FHIR in human medicine. This would reduce integration friction and support data portability across the ecosystem.
- **Common authentication frameworks:** Standardized OAuth 2.0 scopes across PIMS vendors would reduce the security surface area and simplify partner development.

- **Shared security and certification standards:** An industry-level baseline certification for veterinary application developers — covering data handling, access control, breach notification, and service levels. The standard should be meaningfully rigorous and enforced.
- **Data portability standards:** Practices should be able to move their data between platforms seamlessly.
- **Veterinary AI literacy frameworks:** Structured guidance on evaluating AI-generated clinical content, data governance implications, and the legal and ethical responsibilities of AI-assisted clinical documentation.

IDEXX is open to participating in industry-level working groups and welcomes dialogue with other PIMS vendors, application developers, and practice organizations. Platform-level governance and controls remain essential alongside any industry standards.

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Cornerstone *(IDEXX-owned · on-premise · IDEXX Laboratories, Inc.)*

ASIPS estimated market share (North America, by mentions): 19.5% (219 of 1,273 NA ASIPS respondents)

Estimated US practice locations (from ASIPS): ~5,583

Company stated NA practice locations: not separately disclosed; IDEXX response notes Cornerstone is “on-premise, long-standing installed base transitioning to cloud” with no count given

Average vets per practice (from ASIPS): 4.7

Vendor self-reported capability level: Not provided. IDEXX explicitly de-scopes Cornerstone from substantive Section 2 onward, aligning the integration roadmap with cloud-native successors (ezyVet, Neo). For practices currently on Cornerstone, integration questions in 2026 are answered through middleware (BitWerx, Covetrus Connect, AllyDVM) rather than through the PIMS vendor. Practices weighing further investment in Cornerstone-anchored workflows should treat the de-scoping as a planning input.

Vendor-stated API fee posture: not separately addressed in IDEXX response; on-premise integration via third-party middleware (BitWerx, Covetrus Connect, AllyDVM)

ISV-reported Q11 openness average: 2.33 / 5.0 (N = 9)

ASIPS customer satisfaction average: 5.13 / 7.0 (n = 219)

1. Vendor self-report: capability level and fee policy

IDEXX’s April 2026 survey response includes Cornerstone as one of its three companion animal PIMS but does not separately characterize it across the survey instrument. The response states explicitly: *“From this point forward, this response focuses on the cloud-native PIMS (ezyVet and Neo).”* No capability level, integration count, data access scope, fee posture, or location count is provided for Cornerstone. The only Cornerstone-specific substantive statement appears in Section 3c (Comments on Integration

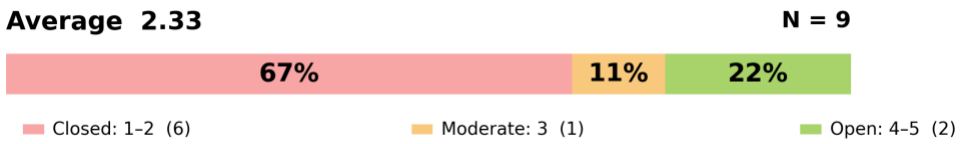
> Architecture): *"Legacy on-premise systems present different technical constraints; IDEXX's integration roadmap is aligned with the cloud-native platforms that represent virtually all current placements."*

Cornerstone is, by ASIPS mentions, the second-largest companion animal PIMS in the United States with an estimated 5,583 practice locations. Despite that scale, the IDEXX submission provides no Cornerstone-specific capability self-assessment. Practitioners and ISVs evaluating Cornerstone integration should treat the absence of vendor-attested detail as itself a finding.

On-premise integration with Cornerstone in practice runs through third-party middleware. The middleware providers most active for Cornerstone are BitWerx, Covetrus Connect, and AllyDVM. Per the published Part VIII, these agents sit on the practice's local server and authorize ISV access with practice consent and a commercial agreement with the middleware provider, without involvement of IDEXX. The resulting integration carries an ongoing per-clinic fee paid to the middleware provider, the existence of which is not subject to IDEXX disclosure restrictions.

2. ISV-reported integration experience

> *CAVSG AI Innovator Survey (Spring 2026, 20 ISV respondents). Q11 asked each ISV to rate this PIMS's API openness on a 1–5 scale (1 = Very Closed, 5 = Very Open).*



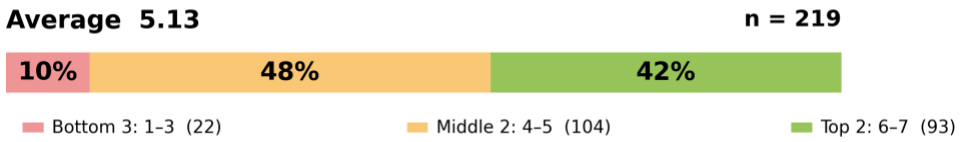
Q11 distribution: 3 × (1), 3 × (2), 1 × (3), 1 × (4), 1 × (5). Source: CAVSG AI Innovator Survey, N = 9.

Anonymized ISV commentary

> *Two ISVs reported connecting to Cornerstone via Bitwerx.*
>
> *More than two ISVs said they integrate with Cornerstone via an unnamed third-party vendor.*
>
> *One ISV was referred by IDEXX to a third-party vendor for Cornerstone integration but the engagement stalled with no pricing, no clarity on capability, and no path to integration.*

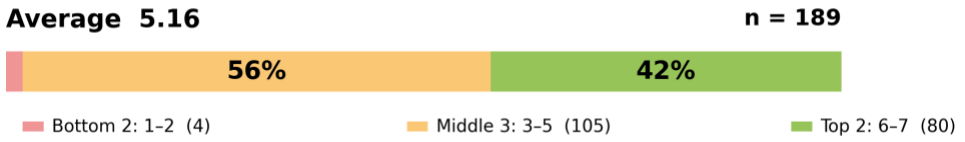
3. ASIPS customer satisfaction — Overall

> *Ayers Software in Practice Survey (Kynetec PRJ17655, n = 1,273 NA practices). QA2 asked each PIMS-using practice to rate overall satisfaction on a 1–7 scale.*



General Practices

ASIPS Customer Satisfaction of GPs



n = 189. T2B: 80 (42%). M3B: 105 (56%). B2B: 4 (2%).

> *Negative tier expanded to include rating 3 due to limited B2B respondents.*

Positive comments (rating 6–7)

> *I have used other softwares and Cornerstone is the best. It is very easy to navigate and find all the patient information easily.*
>
> *We have been using Cornerstone since it was first out, I think it was around 1999. The software updates have allowed our practice to go paperless, and communication is better with how we use our call back system.*
>
> *It is a very reliable system. We have been with the company for 37 years. Reasonably priced. Interfaces well with lab equipment.*
>
> *I'm satisfied with the Cornerstone PIMS system because it supports my daily workflow and helps keep patient care, client communication, and recordkeeping organized in one place. The interface is reliable and familiar.*
>
> *It is a very intuitive software and adaptable to our specific needs.*
>
> *Cornerstone is very user friendly and very organized. It could be a little more integrated as far as client communication and online scheduling. Also having a digital controlled drug log would be nice.*
>
> *It is generally easy to learn and understand. It is a very capable software. We rarely ever have to travel outside of Cornerstone to seek information.*

Mixed comments (rating 4–5)

> *The software is a workhorse and gets the job done but the features are very basic compared to newer PIMS.*

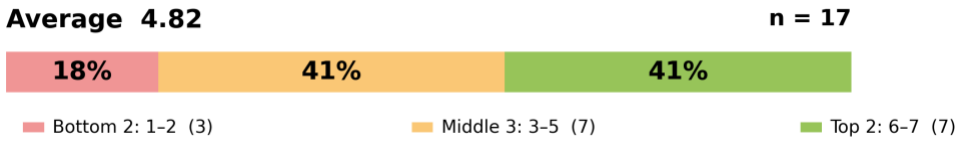
> *It seems “old school,” but our practice is rather “old school” too with some paper records, so Cornerstone is probably a fair fit for us.*
>
> *It has a steep learning curve, but it has the most functions of any PIMS I’ve used in the past.*
>
> *I have become accustomed to using Cornerstone over the last 8 years. It is easy to navigate as there are multiple ways to perform the same task. But there is plenty of room for improvements and it has been difficult to make changes if initial setup was done incorrectly.*
>
> *It is overall a useful program, but requires a lot of clicks to get things done. Does not allow Antech lab work to integrate as seamlessly as its own lab work from the outside laboratory.*
>
> *Cornerstone is what I am most familiar with, but the entire system feels very dated and has limited functionality. It also does not integrate well with most outside services such as our imaging software, laboratories, and client communication services.*
>
> *It is what I am used to but it is clunky at times and requires many tabs and pages to be open. It also doesn’t integrate well with Antech labs and almost seems to make that hard.*

Negative comments (rating 1–3)

> *The interface is from the 1990s. Functionality is poor.*
>
> *Cornerstone requires you to repeatedly identify yourself when trying to enter info. ID to login, ID to start a patient file, ID as who is requesting lab sample, ID to add charge, ID to create estimate.*
>
> *Of all the programs I’ve had experience with I dislike Cornerstone the most. I feel like I spend more time clicking and opening/closing windows than I do reading anything related to the patient.*
>
> *Clunky. Not intuitive. Does not have a lot of features other softwares have. Not advancing.*
>
> *It is so complicated but also not updated. The features are old and not user friendly.*
>
> *The software has a lot of elements that are not efficient or user friendly. Different parts of the system do not integrate together well.*
>
> *Very outdated, difficult to go through patient history.*

Specialty, Referral, and Emergency

ASIPS Customer Satisfaction of Spec/Ref/ER



n = 17. T2B: 7 (41%). M3B: 7 (41%). B2B: 3 (18%). All substantive comments presented.

> *Caution: small base size (n = 17). Comments should be read as illustrative rather than statistically representative.*

Positive comments (rating 6–7)

> *I find Cornerstone very easy to use and fairly intuitive to explain to new people.*
>
> *It's user friendly as the doctor to view the schedule, look up patients and enter doctor notes.*
>
> *I feel like Cornerstone is good but there's always ways to improve software.*
>
> *There are some workflow things that are frustrating.*

Mixed comments (rating 4–5)

> *From a medical records side it works very well. It seems to have some difficult user interfaces that could be improved. The connection with the lab results gets disrupted quite a lot.*
>
> *I hate all the attachments that my practice loads files in. It also is slow and crashes all the time.*
>
> *I know there are better more inclusive options out there.*
>
> *Clunky interface, difficult to use.*

Negative comments (rating 1–2)

> *It's clunky and dated, and there is limited automation. There's also not an easy and intuitive way to see all patient information without clicking to a dozen different poorly formatted screens.*
>
> *You cannot search for results, particularly lab results. There is no integration between labs. If something is not scanned in you cannot find it without a paper record.*

4. PIMS vendor survey response summarized

CAVSG PIMS Vendor Integration Survey response, IDEXX Veterinary Software Leadership Team. The IDEXX response groups ezyVet, Neo, and Cornerstone together for purposes of respondent identification but explicitly de-scopes Cornerstone from substantive characterization. The summary below is therefore brief by necessity and limited to what the response actually says about Cornerstone. For the IDEXX corporate-level positioning material (Section 4b public

statement, Section 6 strategic outlook, Section 6d industry standards), see the ezyVet entry of this Companion Document, where these sections are reproduced as IDEXX submitted them.

Respondent: IDEXX Veterinary Software Leadership Team (no individual named; submitted from VetsoftIntegrations@idexx.com)

Response date: April 11, 2026

Installed base: Cornerstone US/Canada practice location count not disclosed. The combined cloud PIMS figure cited in the IDEXX response (10,000+ globally for ezyVet plus IDEXX Neo) explicitly excludes Cornerstone. Per ASIPS, Cornerstone's estimated US installed base is approximately 5,583 practice locations.

De-scoping decision (Section 1 and recurring)

IDEXX submitted a unified PIMS Vendor Integration Survey response covering all three of its companion animal PIMS: ezyVet, Cornerstone, and Neo. Within that response, Cornerstone is identified as on-premise but is not separately characterized across the survey instrument. The following sections were answered with reference to ezyVet, IDEXX's cloud-native flagship, and not separately disclosed for Cornerstone: Section 2a Integration Capability Level; Section 2b Access Model; Section 3a Developer Resources; Section 3b Data Access Scope; Section 3c Integration Architecture; Section 5 Third-Party Developer Access Criteria. Beyond the on-premise descriptor in Section 1, the only Cornerstone-relevant statement in the IDEXX response appears in Section 3c (Comments on Integration Architecture):

> *Legacy on-premise systems present different technical constraints; IDEXX's integration roadmap is aligned with the cloud-native platforms that represent virtually all current placements.*
>
> *Source: IDEXX, Section 3c Comments on Integration Architecture, CAVSG PIMS Vendor Integration Survey response, April 11, 2026.*

Historical scale and integration access

Cornerstone is one of the historically largest PIMS installed bases in North America, with an ASIPS-estimated 5,583 US practice locations and a 20.2% share of the US named-PIMS base. Despite that scale, no vendor-attested capability self-assessment, fee posture, integration count, or developer-resource detail is provided in the IDEXX response.

On-premise integration with Cornerstone in practice runs through third-party middleware. As discussed in Part VIII, the major middleware providers active for Cornerstone are BitWerx, Covetrus Connect, and AllyDVM. These agents sit on the practice's local server and authorize ISV access with the practice's consent and a commercial agreement with the middleware provider, without involvement of IDEXX. ISV-reported integration cost in this pathway has been documented at four-figure setup with two-figure per-clinic monthly fees on the lower end of middleware pricing, and at five-figure setup with mid-two-figure per-clinic monthly fees on the higher end.

In effect, the absence of a Cornerstone-specific vendor characterization in the IDEXX response is itself a finding: a PIMS at the scale of Cornerstone is being operated under a corporate posture that explicitly aligns the integration roadmap with cloud-native successors (ezyVet and Neo). For a practice on Cornerstone today, integration questions are answered not by the PIMS vendor but by the middleware market.

5. PIMS vendor FULL survey response

The text below is reproduced from the IDEXX submission as it pertains to Cornerstone, cleansed of common boilerplate. Because IDEXX explicitly de-scoped Cornerstone from substantive Sections 2 through 6, this Element 5 is presented as an editorial extract: Section 1 Respondent Information and the US Practice Location Count are reproduced as submitted, followed by an Editorial Note that documents the de-scoping decision and reproduces the single Cornerstone-relevant Section 3c comment verbatim. The IDEXX corporate-level positioning material (Section 4b, Section 6, Section 6d) is reproduced in the ezyVet entry of this Companion Document.

Section 1: Respondent Information

PIMS Product Name: **Cornerstone**

Parent Company: **IDEXX Laboratories, Inc. (NASDAQ: IDXX)**

Respondent Name: **IDEXX Veterinary Software Leadership**

Respondent Title: **Veterinary Software Leadership Team**

Email: **VetsoftIntegrations@idexx.com**

Date: **April 2026**

US Practice Location Count

Cornerstone is IDEXX's on-premise PIMS, with a long-standing installed base transitioning to cloud.

PIMS Product	US / Canada Locations	Installed Base Growth	Platform Type
Cornerstone	Not separately disclosed	Not separately disclosed	On-Premise

Metric note: IDEXX did not separately disclose Cornerstone US/Canada location counts or growth rates. The cloud-native PIMS statistics cited in IDEXX's response (combined ezyVet plus Neo) explicitly exclude Cornerstone.

Editorial Note: Cornerstone Coverage in IDEXX's Survey Response

IDEXX submitted a unified PIMS Vendor Integration Survey response covering its three companion animal PIMS — ezyVet, Cornerstone, and Neo. Within that response, Cornerstone is identified as on-premise but is not separately characterized across the survey instrument. The following sections were answered with reference to ezyVet, IDEXX's cloud-native flagship, and not separately disclosed for Cornerstone:

- Section 2a Integration Capability Level
- Section 2b Access Model
- Section 3a Developer Resources

- Section 3b Data Access Scope
- Section 3c Integration Architecture
- Section 5 Third-Party Developer Access Criteria

Beyond the on-premise descriptor in Section 1, the only Cornerstone-relevant statement in the IDEXX response appears in the Comments on Integration Architecture (Section 3c):

> "Legacy on-premise systems present different technical constraints; IDEXX's integration roadmap is aligned with the cloud-native platforms that represent virtually all current placements."
>
> *— IDEXX, Section 3c Comments on Integration Architecture, CAVSG PIMS Vendor Integration Survey response, April 11, 2026.*

The corporate-level positioning material in the IDEXX response — the public statement on open integration (Section 4b), the fee transparency framework (Section 2c), the competitive-context positioning (Section 4c), and the strategic outlook on industry standards (Section 6) — reflects IDEXX's company-level position and is not directly tied to a specific PIMS in the survey instrument. For this material in full, see the ezyVet profile of this Companion Document, where these sections are reproduced as IDEXX submitted them. The Neo profile of this Companion Document reproduces the same material with ezyVet-specific identity claims removed.

This Cornerstone profile reflects what IDEXX provided about Cornerstone in its survey response: the on-premise descriptor in Section 1 and the legacy-systems sentence quoted above. The other elements of this Cornerstone profile in the Companion Document (ISV-reported integration experience, ASIPS customer satisfaction) remain fully populated and provide the substantive evidence base for Cornerstone's integration profile.

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Neo *(IDEXX-owned · cloud-native SaaS · IDEXX Laboratories, Inc.)*

ASIPS estimated market share (North America, by mentions): 4.0% (48 of 1,273 NA ASIPS respondents)

Estimated US practice locations (from ASIPS): ~1,043

Company stated NA practice locations: not separately disclosed (IDEXX combined cloud PIMS figure of 10,000+ globally includes ezyVet plus Neo; Neo-only count not given)

Average vets per practice (from ASIPS): 2.9

Vendor self-reported capability level: Not separately disclosed. The IDEXX response groups Neo with ezyVet under a single "cloud PIMS" umbrella, but every quantitative metric in the response is attributed to ezyVet only. For Neo specifically, no vendor-attested capability level,

integration count, data access scope, or developer documentation URL is provided. Practices evaluating Neo should treat this attribution gap as itself a finding.

Vendor-stated API fee posture: presumed same as ezyVet (one-time onboarding or certification fee plus ongoing per-location or per-transaction fees in structured tiers; partnership and certification required), but not independently stated

ISV-reported Q11 openness average: 1.86 / 5.0 (N = 7)

ASIPS customer satisfaction average: 5.35 / 7.0 (n = 48)

1. Vendor self-report: capability level and fee policy

IDEXX's April 2026 survey response groups Neo with ezyVet under a single "cloud PIMS" umbrella, but every specific metric is attributed to ezyVet only. Per the response's own metric notes, capability level "reflects ezyVet," data access scope "reflects ezyVet," and the active third-party integration count "reflects ezyVet certified integrations." No independent capability level, integration count, data access scope, or US/Canada location count is provided for Neo.

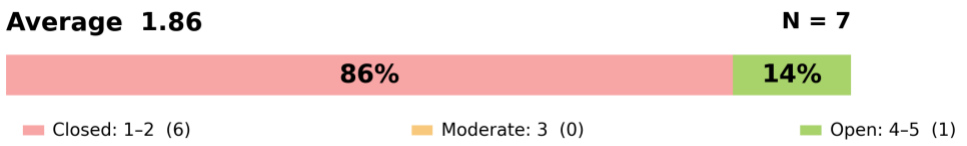
The same partnership, certification, and tiered fee model is presumed to apply to Neo: a one-time onboarding or certification fee plus ongoing per-location or per-transaction fees in structured tiers, with a partnership or business relationship required and a minimum practice count threshold described as "phasing out as a barrier" for certified partners. None of these terms is independently stated for Neo in the response.

IDEXX's AI-Native Agentic Platform (targeting 2H 2026), described in the response as supporting agent-based integrations with MCP-compatible patterns, is positioned as a cloud-PIMS-level capability and is therefore presumed to apply to Neo as well as ezyVet. The response does not specify Neo-specific roadmap dates, endpoint coverage, or feature parity with ezyVet.

In effect, Neo's API posture in this Companion Document is the ezyVet posture by attribution. For practitioners and ISVs evaluating Neo specifically, the absence of Neo-only quantitative detail in the IDEXX response is itself a finding.

2. ISV-reported integration experience

> *CAVSG AI Innovator Survey (Spring 2026, 20 ISV respondents). Q11 asked each ISV to rate this PIMS's API openness on a 1–5 scale (1 = Very Closed, 5 = Very Open).*



Q11 distribution: 3 × (1), 3 × (2), 0 × (3), 1 × (4), 0 × (5). Source: CAVSG AI Innovator Survey, N = 7.

Anonymized ISV commentary

> *We opted to go with a 3rd party integrator as we knew that getting access would be extremely difficult.*
>
> *One ISV noted that Neo offers limited endpoint coverage and charges integration fees.*

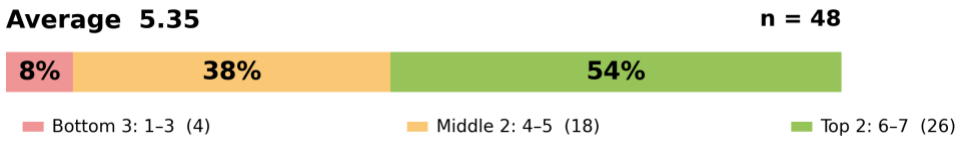
Same [third-party integrator] stalling pattern [as ezyVet]. Looked at least. Smaller practices, few client requests.

One ISV reported they have looked at Neo less than IDEXX's other two PIMS because few of their practice customers ask about Neo, characterizing the Neo customer base as predominantly smaller practices.

One ISV had hoped a third-party middleware provider would serve as a universal pathway across all three IDEXX PIMS but found the same complexity and stalling pattern on Neo as on the other two; they describe basic developer-onboarding questions like access to a working Neo instance for testing as unresolved.

3. ASIPS customer satisfaction

Ayers Software in Practice Survey (Kynetec PRJ17655, n = 1,273 NA practices). QA2 asked each PIMS-using practice to rate overall satisfaction on a 1–7 scale.



n = 48. T2B: 26 (54%). M3B: 20 (42%). B2B: 2 (4%).

Negative tier expanded to include ratings 3–4 due to limited B2B respondents.

Positive comments (rating 6–7)

The system is easy to navigate, even for new staff. Training time is minimal, and daily workflows feel streamlined and efficient.

System is easy to use and understand. If you can use the internet you can use Neo. It integrates well with payments and client communications pretty seamlessly and they add to it all the time. I also like that it's cloud-based so I only have to worry about having internet.

It is amazing, so thorough with incorporating Trupanion, diagnostics, messaging and soon coming AI. I also love all the reports you can run on sales. The ease of adjusting pricing. Overall, very solid.

Neo has made a lot of improvements since it first came out. It is user friendly, you are able to do a lot of the day to day tasks with it. It's great for ordering supplies and keeping track of inventory. Overall it is a very efficient program.

Excellent software overall. Great customer service and suggestions for changes are taken seriously.

> *Very user friendly, constant updates, platform is on the cloud, able to work from anywhere and pull up files and lab details.*
>
> *I love the fact that IDEXX Neo is now offering AI assisted notes. It is super user friendly and easy to train new people on.*

Mixed comments (rating 3–5)

> *Neo is simple to use and suffices for a small general practice. However, there are frustrating inefficiencies and lots of room for user error, especially when invoicing. Having to manually input lot numbers every time we open a new box or bottle is time consuming.*
>
> *Since using it for over a year Neo has added some much needed features, but there are still some significant faults. Callbacks and consults are on different tabs and there is no easy way to view them together.*
>
> *I love the clean interface and how user friendly Neo looks. There could be better allowances for owners to function within the financial histories and reports. At times the reporting is also glitchy.*
>
> *I think there are significant improvements to be made to the system overall to where we could drop some additional platforms we use for better client communication options.*
>
> *Not a fully functional system, has a lot of limitations but it does the basics needed to operate a practice.*
>
> *Not the smoothest workflow for EMR system but does integrate well with in-house diagnostics and sending out to IDEXX.*
>
> *It's average, not really good or bad. Not much makes it stand out compared to things like ezyVet.*

Negative comments (rating 1–4)

> *Neo has so many tabs on homescreens to see patient information and sometimes hard to navigate through something when you are in a rush and trying to look up information.*
>
> *Limited ability of programming.*
>
> *I don't find the system very user friendly compared to other PIMS.*
>
> *I prefer the full blown Cornerstone for medical records.*
>
> *No way to text clients without buying add ons. No integration of lab results into medical records.*
>
> *Call back notes are organized oddly. I don't like making a new consult every time I make a communication note. It makes the patient clipboard very cluttered and disorganized.*
>
> *It lacks a time clock. Its reminder system is rather slim.*

4. PIMS vendor survey response summarized

CAVSG PIMS Vendor Integration Survey response, IDEXX Veterinary Software Leadership Team. The IDEXX response groups ezyVet, Neo, and Cornerstone together for purposes of respondent identification, then groups Neo with ezyVet under a single “cloud PIMS” umbrella for substantive characterization. Every specific metric in the response is attributed to ezyVet only; no independent capability level, integration count, data access scope, or location count is provided for Neo. The summary below covers what the response says about Neo as part of the cloud PIMS grouping. For the IDEXX corporate-level positioning material (Section 4b public statement, Section 6 strategic outlook, Section 6d industry standards), see the ezyVet entry of this Companion Document, where these sections are reproduced as IDEXX submitted them.

Respondent: IDEXX Veterinary Software Leadership Team (no individual named; submitted from VetsoftIntegrations@idexx.com)

Response date: April 11, 2026

Installed base: Neo-only US/Canada practice location count not disclosed. The combined cloud PIMS base (ezyVet plus IDEXX Neo) is reported as exceeding 10,000 locations globally, growing at a ~34% compound annual growth rate from 2020 to 2025. The figure does not separate Neo from ezyVet. Per ASIPS, Neo’s estimated US installed base is approximately 1,043 practice locations.

Integration capability and access (Section 2a, 2b, 2c)

The IDEXX response does not assign a separate capability level to Neo or describe Neo-specific integration capabilities. Neo is grouped with ezyVet under the cloud PIMS umbrella for the integration capability self-assessment, with the response’s metric note stating that the rating “reflects ezyVet.” Per the v29 Element 4 footnote, the same partnership, certification, and tiered fee model is presumed to apply: a one-time onboarding or certification fee, ongoing per-location or per-transaction fees in structured tiers, partnership or business relationship required, and a minimum practice count threshold described as “phasing out as a barrier” for certified partners.

On fee transparency, IDEXX states that confidentiality provisions in partnership agreements relate to proprietary technical and commercial architecture, not to preventing practices from understanding fee structures. Specific fee amounts, tier definitions, whether fees increase or decrease with volume, and per-location rates are not disclosed in the response, and no Neo-specific fee delta from ezyVet is stated.

Integration architecture (Section 3c)

The Section 3c integration-architecture checkboxes are reproduced for Neo in the Element 5 drop-in below: REST APIs, webhooks, file-based integration, and middleware platform support are checked; GraphQL, HL7/FHIR, and direct database access are not. The AI-Native Agentic Platform (targeting 2H 2026) appears as an additional checked item with the same characterization used for ezyVet. The capability checklist is identical between the two cloud PIMS in the response, but Neo-specific endpoint coverage, sandbox parity, and developer-resource maturity are not separately characterized.

Note on Neo-specific integration experience

ISV-reported integration experience is treated separately in Element 2 of this entry and in CAVSG Part IX. ISV commentary specific to Neo describes a third-party-integrator pathway similar to ezyVet, with limited endpoint coverage and integration fees. The Neo Q11 distribution (six ratings of 1–2 against one rating of 4 across seven raters) is the most heavily closed pattern of any IDEXX PIMS in the survey. One ISV also described receiving inconsistent direction from different IDEXX teams regarding Neo integration access during early 2026.

5. PIMS vendor FULL survey response

The text below is reproduced verbatim from the IDEXX submission as it pertains to Neo, cleansed of common boilerplate. Because IDEXX grouped Neo with ezyVet under a single "cloud PIMS" umbrella in its substantive responses, the Neo Element 5 reproduces the same survey instrument as ezyVet, with Neo-specific identity claims where applicable and "not separately disclosed" entries where IDEXX attributed the metric to ezyVet only. The corporate-level positioning material in Sections 4, 5, and 6 is reproduced as IDEXX submitted it; this material reflects IDEXX's company-level position and is the same content reproduced in the ezyVet entry of this Companion Document.

Section 1: Respondent Information

PIMS Product Name: **IDEXX Neo**

Parent Company: **IDEXX Laboratories, Inc. (NASDAQ: IDXX)**

Respondent Name: **IDEXX Veterinary Software Leadership**

Respondent Title: **Veterinary Software Leadership Team**

Email: **VetsoftIntegrations@idexx.com**

Date: **April 2026**

US Practice Location Count

IDEXX Neo is IDEXX's cloud-native SaaS PIMS, purpose-built for general practice. With ~98% of new PIMS placements now cloud-based, the cloud-native platforms represent the active, growing integration surface and are the primary basis for this response. The combined cloud-native PIMS base (ezyVet plus Neo) has surpassed 10,000 locations globally [combined figure; Neo-only count not separately disclosed], growing at a ~34% compound annual growth rate from 2020 to 2025, and represents over 66% of IDEXX's total PIMS installed base.

Practices increasingly expect connected workflows, the ability to incorporate third-party tools, and the flexibility to choose solutions that best support their teams and patients. IDEXX agrees with that direction and is actively investing to support it. At the same time, veterinary PIMS platforms are clinical systems of record and of action. Third-party access must therefore be implemented in a way that preserves clinical integrity, data security, auditability, and operational reliability at scale — requirements that intensify with third-party access requests.

PIMS Product	US / Canada Locations	Installed Base Growth	Platform Type
IDEXX Neo	Not separately disclosed	Not separately disclosed	Cloud-Native SaaS

Metric note: This response focuses on Neo. The 10,000+ figure cited in the narrative above is global and combined for ezyVet plus Neo; a Neo-only figure is not separately disclosed. The ~35% CAGR figure for cloud-native PIMS (2020–2024) is likewise a combined ezyVet plus Neo metric.

We are willing to have the cloud PIMS figure (combined ezyVet plus Neo) published with attribution

Section 2: Integration Capability Self-Assessment

2a. Integration Capability Level

Current: **Not provided** | Targeting: **Not provided**

Level	Description	Current (Today)	Targeting (2H 2026)
1	No APIs — manual export/import or copy/paste only		
2	Read-only APIs for basic data objects (patient, client, appointment records)		
3	Limited write APIs for simple workflows (appointments, tasks, notes)		
4	Write APIs for complex workflows (refills, charges, medical records) with audit trails and role-based access		
5	Full app ecosystem (webhooks, scopes, app review process, monitoring, developer portal)		

Metric note: IDEXX did not separately characterize Neo's capability level in its survey response.

Comments on Integration Capability Level:

The integration landscape is evolving. IDEXX is targeting the following advances through 2026:

- **AI-Native Agentic Platform (targeting 2026)** — enabling a new class of lightweight, agent-based integrations designed for AI-native builders and practices building workflows on their own data; including early architectural work toward agent-based interaction models and emerging standards (e.g., MCP-compatible patterns) with appropriate governance, authentication, and audit controls required in clinical environments.
- **Expanded APIs** with new endpoints, expanded data throughput, and a performant architecture designed for current and anticipated scale.
- **Partner program and onboarding** redesigned to support credible partners across a broad range of sizes and stages.
- **Step-change reduction** in integration lead times with a trajectory toward near real-time enablement.

AI has been embedded in IDEXX's clinical products and R&D for over a decade — predating the current wave of consumer AI by years and grounded in clinical data at a scale that most veterinary software participants have never operated at. For example:

- **IDEXX DecisionIQ** within VetConnect PLUS applies AI to clinical decision support.
- **IDEXX Web PACS** uses AI to accelerate imaging workflows and reduce time to diagnosis.

- **IDEXX inVue Dx Cellular Analyzer** applies deep learning trained on millions of patient samples for point-of-care cytology.

These examples are representative of IDEXX's decades-long AI investment strategy — not the totality of it. AI embedded in our platforms with this depth of clinical data produces demonstrably different outcomes than AI that is announced but not yet operating at clinical scale.

2b. Access Model

Access Condition	Applies Today	Targeting 2H 2026
Free and open to all developers (public documentation, self-service registration)	✓ **(within certification pathways)**	✓
Minimum practice count or volume qualification: phasing out as a barrier for certified partners who meet modern security, service level, and financial viability standards	Partner certification program	Targeting streamlined access for all certified partners
One-time onboarding or certification fee	✓	✓
Ongoing fee per location or per transaction	✓ **(structured tiers)**	✓ **(evolved tiered model)**
Partnership program and certification criteria: available to credible partners upon request; certain commercial elements under mutual NDA as is standard in technology partnerships	✓ **Available upon credible request**	Targeting more publicly available program documentation
Partnership or business relationship required	✓	✓ **(streamlined onboarding)**

Comments on Access Model

IDEXX operates a scaled partnership program designed to enable a growing ecosystem of developers, AI-native builders, and enterprise practice groups — while maintaining the standards that clinical veterinary environments require.

The current model is structured in tiers: no-cost access to API documentation and self-registration, sandbox access during the certification process, and a per-clinic integration support fee via commercial agreement.

The program is built on the following principles:

- **Certified and credible access:** Integration access is available to partners that meet modern standards aligned with our highly trusted, clinical-grade PIMS platform. Requirements include data privacy compliance, demonstrated cybersecurity controls, financial viability and operational continuity, modern API engineering standards, and defined service level commitments. The path to certification is designed to be achievable for any credible partner.

- **No unauthorized access, full stop:** Unauthorized access to PIMS data — including through undisclosed integrations, credential sharing, or exceeding authorized API scopes — creates cybersecurity exposure, degrades system performance for all users, and generates potential liability for practices. IDEXX partnership agreements treat unauthorized access as grounds for termination. This protects every legitimate partner as much as it protects practices.
- **Transparent program framework:** Program certification criteria, legal framework, and commercial structure are available to any partner approaching with credible intent. Where partnership agreements include confidentiality provisions, these are bilateral and protect proprietary technical and commercial architecture — not mechanisms to prevent practices from understanding what fees exist or how they are structured. IDEXX explicitly permits partners to disclose the existence, general structure, and basis of any integration-related fees to their customers.
- **Evolving toward self-service at scale:** Q1 2026: certified partners gain immediate API access upon approval with a turnkey onboarding process. Q2 2026: targeting an additional tier representing advanced SaaS partnership models, including development licenses with usage-based metrics, designed for AI-native builders and practices building automations on their own data. Practices retain full portability.
- **Minimum practice count threshold:** As the program scales, size will not be a barrier for credible certified partners. Quality and commitment are what matter most.

2c. Access Fee Transparency

Industry feedback indicates that some PIMS vendors charge third-party application developers fees for API access or integration enablement, while also restricting those partners from disclosing the existence or details of such fees to the mutual customer (the practice). This question is intended to surface vendor policy on what partners are permitted to share with their mutual customers about such fees.

1. If your PIMS charges fees related to API access or integration enablement, what information are partners permitted to share with the mutual customer?

✓ **Existence of fee**

✓ **Fee amount / rate card (within program tiers)**

✓ **How the fee is billed**

✓ **Minimums, tiers, or usage caps**

☐ None of the above

☐ Not applicable

2. If any items above are not permitted to be shared, please indicate where the restriction is defined.

Where elements are subject to mutual NDA, this reflects bilateral commercial confidentiality standard in technology partnerships — not a restriction that prevents practices from understanding what they are paying for.

Comments on Fee Transparency and Commercial Framework

IDEXX's partnership model does not prohibit partners from communicating to their customers the existence or general structure of integration-related fees. Confidentiality provisions relate to bilateral technical / commercial issues — not to prevent practices from understanding what fees may be associated with the tools they use.

The commercial framework is structured as follows:

- **Published, consistent, and accessible:** Program tiers, fee structures, and certification requirements are documented and available to credible partners. As the program evolves toward greater self-service in 2026, core parameters are also being made publicly available.
- **Aligned with the value of platform access:** The PIMS partnership commercial framework reflects the investment required to operate a secure, performant, clinically reliable platform at global scale. This includes access to IDEXX's ~10,000+ location cloud PIMS installed base [combined ezyVet plus Neo], and the VetConnect PLUS ecosystem — spanning both reference laboratory and in-clinic diagnostics and serving as a unified software layer across IDEXX's diagnostic portfolio. VC+ is available free of charge to our global customer base, including our ~65,000 reference laboratory customers. VetConnect PLUS also delivers AI-powered clinical decision support wherever veterinarians prefer to access it — through PIMS, mobile, and web.
- **Accessible commercial model:** IDEXX recognizes that a healthy ecosystem requires participation models that are workable across a range of partner types and stages. Evolving tiered and usage-based models are intended to broaden access while preserving the standards customers expect. IDEXX assesses the total value exchange end-to-end and can tailor commercial structures to support joint value creation.
- **Supporting long-term clinical ecosystem investment:** IDEXX has invested >$2.4 billion cumulatively in R&D from 1998 through 2024 and projects another $1.2 billion in further innovation over the next 4+ years. Commercial returns from the partner program contribute to sustaining the investment pace that delivers ongoing innovation to our customers and the broader partner ecosystem.
- **Transparent to practices:** Practices are entitled to understand the nature and basis of fees in their technology stack. IDEXX does not restrict partners from disclosing the existence, general basis, or tier structure of commercial terms to customers. Data belongs to the practice. IDEXX's commercial model governs access to platform infrastructure — not to the practice's own clinical and operational data.

Section 3: Integration Details

3a. Developer Resources

✓ Publicly accessible API documentation

✓ Developer portal with self-service registration (partial today; full self-service portal targeting 2026)

✓ Sandbox / test environment for developers (persistent sandbox; expanded automated tooling targeting 2026)

✓ **Published integration guides and tutorials**

✓ **Dedicated integration support team / point of contact**

☐ Developer community forum / Slack channel — targeting 2026

✓ **Published SLA for API uptime and response times (within partnership agreements)**

Active third-party integrations: **Not provided**

Developer documentation URL: **Not provided**

Metric note: IDEXX did not separately disclose Neo-specific integration counts or developer documentation URL in its survey response.

Comments on Developer Resources:

> ***A note on third-party integration experience reports:*** Anonymous feedback from individual respondents can provide useful directional signal, and IDEXX takes recurring themes in that feedback seriously. That said, anonymized, unvalidated responses from a self-selected — often spanning different time periods, product contexts, and stages of company maturity — do not by themselves constitute a systematic or representative audit of current policy or practice. Further, a reported experience involving a legacy on-premise system, a third-party middleware provider, or an integration attempted years ago may not reflect current capabilities, policies, or timelines. IDEXX's 97%+ customer retention and sustained double-digit growth in Software recurring revenue are important indicators of how practices — the actual customers — experience and value our platform.

3b. Data Access Scope

Data Category	No Access	Read Only	Read/Write (Targeting 2H 2026)
Client records	Not separately disclosed	Not separately disclosed	Not separately disclosed
Patient records	Not separately disclosed	Not separately disclosed	Not separately disclosed
Appointments / scheduling	Not separately disclosed	Not separately disclosed	Not separately disclosed
EHR: Medical records / SOAP notes, lab results, and consultations	Not separately disclosed	Not separately disclosed	Not separately disclosed
Invoices / charges	Not separately disclosed	Not separately disclosed	Not separately disclosed
Inventory / products	Not separately disclosed	Not separately disclosed	Not separately disclosed
Prescriptions / refills	Not separately disclosed	Not separately disclosed	Not separately disclosed
Imaging / radiology	Not separately disclosed	Not separately disclosed	Not separately disclosed

Data Category	No Access	Read Only	Read/Write (Targeting 2H 2026)
Client Communications (reminders, phone, email, text)	Not separately disclosed	Not separately disclosed	Not separately disclosed
Financial / reporting data	Not separately disclosed	Not separately disclosed	Not separately disclosed
Custom fields / templates	Not separately disclosed	Not separately disclosed	Not separately disclosed

Metric note: IDEXX did not separately characterize Neo's data access scope in its survey response.

3c. Integration Architecture

✓ **REST APIs**

☐ GraphQL — not supported

✓ **Webhooks (real-time event notifications)**

☐ HL7 / FHIR — targeting; supporting industry standards development

✓ **File-based integration (CSV, XML export/import)**

☐ Direct database access — not supported (security and data integrity requirement)

✓ **Middleware / integration platforms (e.g., BitWerx, GreyWind, Vetsource SyncVet)**

✓ **AI-Native Agentic Platform — targeting 2026: enabling lightweight, agent-based integrations with appropriate governance, authentication, and audit controls required in clinical environments.**

Comments on Integration Architecture:

Middleware and integration partners are supported as one of several pathways depending on use case, system architecture, and partner readiness. Direct API access is available within the certified partner program model. Integration pathways are selected based on use case, system architecture, reliability, and governance requirements — not to constrain access or add unnecessary cost.

Section 4: Public Position on Open Integration

This is the most important section of the survey…

4a. Existing Public Statements

Has your company previously made a public statement regarding your integration or API openness philosophy? **A: Yes.**

If yes, please paste or summarize the statement and provide the source:

IDEXX has made public statements regarding software integration and ecosystem strategy in quarterly earnings releases, investor day presentations, and conference presentations.

4b. New Statement for CAVSG — IDEXX Public Position on Open Integration and API Strategy

Our North Star

Open integration is foundational to how veterinary software ecosystems should evolve. Practices increasingly expect connected workflows, the ability to incorporate third-party innovation, and the flexibility to choose solutions that best support their teams and patients. IDEXX agrees with that direction. Connected ecosystems enable better care, and advancing integration across the veterinary landscape is a strategic priority.

IDEXX's mission is to enhance the health and well-being of pets, people, and livestock — a purpose backed by more than 40 years of innovation and 11,000 employees globally. We succeed by helping veterinarians deliver better care through integrated, reliable, and scalable solutions, while supporting customer choice and third-party innovation within a trusted framework.

At the same time, in clinical environments — supporting thousands of practices, specialty hospitals, emergency centers, and academic institutions globally — openness alone is not enough. Third-party access must be implemented with clinical-grade governance, security, reliability, auditability, workflow integrity, and supportability. These are not barriers to innovation; they make innovation durable and trustworthy at scale.

IDEXX supports open integration as a prerequisite for building a fully functioning vertical clinical ecosystem — one where authorized, certified, secure, and service-committed participants can innovate within a framework that protects the practices and patients they collectively serve. Third-party access without governance, security, and accountability is not an ecosystem; it is unmanaged access to clinical data. The right answer is open and governed — and IDEXX is committed to supporting both in concert at scale.

Practice Data Protection

A critical question is often overlooked as third-party agents and integrations proliferate across veterinary software: do practices actually know what these players are accessing, monitoring, and doing with their data? This is not a new problem — this industry has operated with limited visibility into it for years, and it represents a more significant risk than the integration access debate itself. On-premise environments in particular have enabled agents to operate outside the practice's line of sight — in some cases without clear authorization, in others with nominal consent that bears little resemblance to informed awareness of what data is being accessed or used downstream. In other industries, this would not be acceptable. Veterinary medicine deserves better. This is why calls to simply "open up" access are incomplete — it's not whether to open, but how.

IDEXX's answer is an authorized, certified integration ecosystem. Our partners have chosen a sustainable, governed path over unauthorized access. That is the standard we are committed to building toward.

What We're Continuously Advancing

IDEXX's software ecosystem operates at meaningful scale, creating leverage across clinical, operational, and diagnostic workflows. Together with VetConnect PLUS — which spans both reference laboratory and in-clinic diagnostics, serves as a unified software layer across IDEXX's portfolio, and is available free of charge to our global customer base, including our ~65,000 reference laboratory customers — IDEXX delivers a deeply

integrated clinical software platform that enables connected workflows, data-driven insights, and consistent standards of care across veterinary medicine.

To serve a rapidly expanding and increasingly sophisticated ecosystem at the pace and breadth the market demands, IDEXX is delivering:

- **Expanded developer infrastructure and support** — including self-service capabilities, persistent sandbox environments, automated tooling, and dedicated partner support.
- **AI-native agentic platform capabilities (in development)** — enabling lightweight, agent-based integrations for AI-native builders and practices creating workflows on their own data, with appropriate controls for portability, governance, and performance.
- **An evolved partner ecosystem model** — introducing streamlined onboarding, published program parameters, and tiered access models that support participants from emerging developers to enterprise-scale partners.
- **Continued reduction in integration lead times** — enabled by ongoing investments in APIs, tooling, and onboarding processes, with a clear trajectory toward near real-time enablement.

These investments in open, governed integration build on a long-standing application of AI across IDEXX's products and workflows, advancing a software ecosystem increasingly infused with intelligent capabilities. This is not new at IDEXX — it is deeply embedded in the company's product and R&D strategy and has been deployed in clinical applications for over a decade:

- **IDEXX DecisionIQ** applies AI to clinical decision support for our global customer base.
- **IDEXX Web PACS** uses AI for imaging workflow acceleration.
- **The inVue Dx Cellular Analyzer** applies deep learning to point-of-care cytology at scale, leveraging models trained on millions of patient samples.

These examples are representative of a decades-long and broad AI investment strategy — not the totality of it. AI embedded in our platforms, trained on deep clinical data and proven in real-world use, is fundamentally different — and measurably so — from AI that is not yet operating at scale in clinical settings. This distinction reinforces that enabling innovation at scale requires more than access alone.

Open Integration Is Necessary. It Is Not Sufficient

Open integration is necessary to a modern veterinary software ecosystem, but openness by itself is not sufficient. The more important question is how openness is implemented in a way that supports customer choice, responsible innovation, and long-term platform trust.

IDEXX's model supports both direct innovation and scaled ecosystem participation. Practices and developers can build workflows and applications on their own data, without requiring a commercial integration relationship with IDEXX. Where solutions are commercialized or deployed broadly across the ecosystem, participation in the partnership and certification framework helps ensure security, reliability, and supportability at scale.

The integration access debate is often framed too narrowly. We believe the profession is best served by asking a more complete set of questions:

- **Governance, security, and authorized access at scale:** How is practice data secured, governed, and audited? How are integrations certified, monitored, and maintained? How does the platform detect and respond to unauthorized access?
- **Write-back integrity and auditability:** When third-party applications write to the medical record — such as adding SOAP notes, updating treatment plans, or modifying clinical data — how are the audit trail, user authorization, and version integrity of that write-back ensured and maintained?
- **Demonstrated AI capability with clinical outcomes:** What AI capabilities are operating in clinical production today with validated outcomes and transparent methodology?
- **Long-term platform commitment:** Who owns this platform and what is their investment horizon? In a market where many PIMS / ISVs are backed by venture or private equity with defined exit timelines, incentives around product, pricing, and partnerships can differ materially from those of a long-term public company.
- **Sustained investment, domain depth, and clinical proximity:** How committed is this ISV or PIMS to investing meaningfully behind this profession over decades? As a reference point, IDEXX has invested >$2.4 billion in R&D from 1998 through 2024, with plans for $1.2 billion in additional innovation investment over the next 4+ years.

One insightful analog is human healthcare. Leading EHR platforms support interoperability through governed ecosystems that include developer registration, API certification, sandbox environments, and structured partner programs. Open standards and governed access have enabled portability and innovation without sacrificing accountability.

As an S&P 500 company with a global software and diagnostics ecosystem, IDEXX operates with significant transparency, audit, and accountability obligations. We believe that openness, governance, security, and long-term investment should advance together.

Long-Term Commitment

When a practice chooses a cloud PIMS platform, it is making a long-term commitment about trust, performance, clinical alignment, and the stability of its technology partner. IDEXX brings more than 40 years of continuous innovation, the transparency obligations of a Nasdaq-listed public company, 11,000 employees committed to advancing veterinary care globally, and an investment horizon defined by the long-term health of the veterinary profession — not by a fund lifecycle or founder's exit preferences. Our partner ecosystem reflects the same standards: openness to credible participants, governance that protects practices, and sustained investment.

Open and governed are not trade-offs — the strongest clinical ecosystem enables innovation while maintaining the trust, safety, and reliability required at scale. IDEXX is committed to advancing both.

4c. Competitive Context

We view open integration as a competitive advantage and actively promote it

We are investing in expanding our integration capabilities

We offer integrations through a certified partnership program with credible modern standards for security, service levels, and data governance

Other: open + governed + clinically reliable + long-term investment-backed

Additional comments:

The right answer for veterinary medicine is a platform that is open to credible, certified participants — and has the scale, investment, clinical depth, and governance infrastructure to make that openness sustainable and trustworthy over the long term.

Section 5: Third-Party Developer Access Criteria

Number currently in program: **Not separately disclosed for Neo**

Number approved in last 12 months: **IDEXX has continued to expand its partner ecosystem. Partnership discussions are governed by mutual NDAs and not publicly disclosed.**

Number declined in last 12 months: **Not publicly disclosed; evaluated against security, reliability, and data integrity standards.**

Application restrictions / requirements:

Quality or security certification standards required
Case-by-case evaluation (published criteria targeting 2026)

Notable restrictions or requirements:

IDEXX does not impose categorical restrictions based on application type — including where functionality overlaps with IDEXX's own offerings, or where a partner uses third-party middleware — provided solutions meet standards for security, performance, data integrity, service levels, and authorized access only. Category competition is not a basis for exclusion.

Certification requirements reflect what every responsible participant in a clinical software ecosystem should commit to: data privacy compliance, demonstrated cybersecurity controls, financial viability and operational continuity, modern API engineering standards, service level commitments, and a verified record of authorized access. Unauthorized access is treated as a breach and grounds for termination. IDEXX's published guidance on authorized vs. unauthorized integrations is publicly available.

The path to certified access is designed to be achievable for any credible partner. IDEXX actively encourages a high-quality, growing ecosystem.

Section 6: Strategic Outlook

6a. How do you see the role of third-party applications evolving relative to built-in PIMS features over the next 2–3 years?

The boundary between PIMS-native and third-party functionality is increasingly fluid. The PIMS remains the system of record, governance layer, and clinical workflow anchor. What is changing is the surface area over which third-party innovation can add value: AI-native workflows, ambient documentation, specialty care applications, client engagement, and data analysis tools that operate at the edge of the clinical workflow.

A meaningful new category is emerging: the practice itself as a builder, creating automations and workflows on its own data without a software intermediary. Our AI-Native Agentic Platform (targeting 2026) is designed to serve both traditional software partners and this new class of builder as the technology becomes accessible to non-developer users.

The evolution toward agent-based interaction models — including emerging standards like MCP — is an important industry direction. IDEXX is actively evaluating and developing architectural capabilities to support this evolution, with appropriate governance, authentication, and auditability required for clinical use.

6b. What is the biggest challenge your company faces in providing more open integration to third-party developers?

Leading on all dimensions simultaneously — and that is an expectation IDEXX embraces, not apologizes for. The challenge is executing on all dimensions that matter at once: openness, security, governance, clinical integrity, scale, and long-term investment. That requires continued work in tooling, onboarding, monitoring, and commercial models that support a broader range of developers without lowering standards.

As AI becomes more embedded in clinical workflows, the governance challenge grows more important, not less. Better, faster, and more automated governance is the right answer — not less governance. The entire ecosystem benefits when the bar is raised.

6c. Do you believe that open, well-documented API access to PIMS data will become a baseline expectation for veterinary practices in the next 2–3 years?

Yes

Comments:

Yes — and the question will evolve quickly beyond “open vs. closed.” The baseline expectation will include governance quality, security posture, service reliability, depth of AI capability, partner ecosystem breadth, and long-term stability. The practices asking the most sophisticated questions today — particularly groups evaluating multi-location standardization — are already asking all of these simultaneously.

6d. Are there industry standards or collaborative efforts that you believe would accelerate integration across the veterinary ecosystem?

The veterinary industry would benefit from collaborative investment in:

- **Standardized data models:** Common formats for core veterinary objects (patient, client, appointment, clinical record, invoice). This would reduce integration friction and support data portability across the ecosystem.
- **Common authentication frameworks:** Standardized OAuth 2.0 scopes across PIMS vendors would reduce the security surface area and simplify partner development.

- **Shared security and certification standards:** An industry-level baseline certification for veterinary application developers — covering data handling, access control, breach notification, and service levels. The standard should be meaningfully rigorous and enforced.
- **Data portability standards:** Practices should be able to move their data between platforms seamlessly.
- **Veterinary AI literacy frameworks:** Structured guidance on evaluating AI-generated clinical content, data governance implications, and the legal and ethical responsibilities of AI-assisted clinical documentation.

IDEXX is open to participating in industry-level working groups and welcomes dialogue with other PIMS vendors, application developers, and practice organizations. Platform-level governance and controls remain essential alongside any industry standards.

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COVETRUS

Pulse *(Covetrus-owned · cloud-native SaaS · Covetrus)*

ASIPS estimated market share (North America, by mentions): 7.4% (83 of 1,273 NA ASIPS respondents)

Estimated US practice locations (from ASIPS): ~2,143

Company stated NA practice locations: Not provided

Average vets per practice (from ASIPS): 3.4

Vendor self-reported capability level: Levels 2–4 (current; multi-selected) – target Level 5 by July 2026

Vendor-stated API fee posture: Ongoing per-location or per-transaction fees; case-by-case approval; partnership required; no planned changes for July 2026

ISV-reported Q11 openness average: 1.20 / 5.0 (N = 10)

ASIPS customer satisfaction average: 4.64 / 7.0 (n = 83)

1. Vendor self-report: capability level and fee policy

Pulse, the cloud-native PIMS in the Covetrus portfolio, returned the CAVSG PIMS Vendor Integration Survey on May 5, 2026. The respondent identified Pulse as a Covetrus product, and the survey was completed without a named individual respondent or specific submission date recorded in Section 1. The location count was marked confidential for internal validation; no figure is published.

On Section 2a (capability level), Pulse selected Levels 2, 3, and 4 simultaneously for current state, where the instrument asked for a single level. The Level 5 target is set for July 2026. The vendor describes its integration capabilities as “intentionally designed to scale with partner

needs, supporting a spectrum of use cases from foundational data exchange to more advanced, workflow-driven integrations."

On Section 2b (access model), Pulse checks three conditions as applying today: ongoing fee per location or per transaction, case-by-case approval (no published criteria), and partnership or business relationship required. The "free and open to all developers" condition is not checked, and no "Planned July 2026" column boxes are checked, indicating no committed change in access model over the next twelve to fourteen months. The vendor states it is "in the process of standardizing" and "continually refining" its access model.

On Section 2c (fee transparency), Pulse permits partners to disclose only the existence of fees to the mutual customer. Fee amount or rate card, how the fee is billed (vendor billed vs. partner billed), and any minimums, tiers, or usage caps are not permitted disclosures. The vendor states: "Generally, we do not share private agreement details publicly. We execute Mutual Data Non-Disclosure Agreements (MDNAs) with all partners to clearly define and govern what data can and cannot be shared."

On Section 3a (developer resources), Pulse marks publicly accessible API documentation, a sandbox or test environment for developers, and a dedicated integration support team or point of contact as available. Self-service developer portal registration, published integration guides or tutorials, a developer community forum, and a published SLA for API uptime are not marked as available. The vendor reports 250+ active third-party integrations, and notes that an updated portal is in development; current public documentation is the Covetrus Connect documentation at vetdata.freshdesk.com, which spans connections to Pulse, Avimark, and Impromed. The 250+ figure therefore reflects the broader Covetrus integration estate rather than Pulse-specific connections, and is not directly comparable to the per-PIMS integration counts reported by other respondents in this survey.

On Section 3b (data access scope), Pulse marks read/write access on nine of eleven data categories: client records, patient records, appointments and scheduling, EHR / medical records / SOAP notes, invoices and charges, inventory and products, prescriptions and refills, imaging and radiology, and client communications. Financial / reporting data is read-only; custom fields and templates is read-only today with the planned-July-2026 column also marked.

On Section 3c (integration architecture), Pulse marks REST APIs, webhooks, and middleware / integration platform support (BitWerx, GreyWind, Vetsource SyncVet) as available, plus "Other," described as "embedded workflow integrations that seamlessly connect key activities and partners directly within the user experience for strategic partners."

On Section 4c (competitive context), Pulse selects only "We are investing in expanding our integration capabilities." The vendor does not select "We view open integration as a competitive advantage and actively promote it," nor "We offer integrations selectively based on partnership criteria," nor "We prefer a vertically integrated approach."

On Section 5 (third-party developer access criteria), Pulse marks “We require applications to meet quality or security certification standards” and “We evaluate on a case-by-case basis.” The numerical fields for developers in program, approved in the last 12 months, and applications declined in the last 12 months were left blank in the submission.

On Section 6c (whether open API access becomes a baseline expectation in the next two to three years), Pulse selects “Yes.”

Pulse public statement (Section 4b)

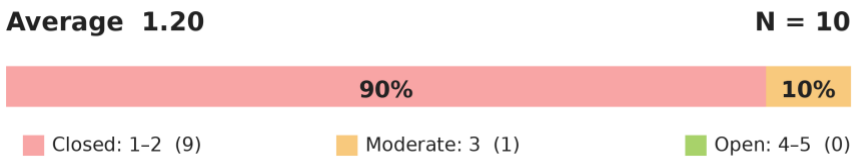
Pulse is designed to provide the ultimate value to veterinary practices. Pulse is a PIMS that provides a robust foundation of essential functionality, built in preferred solutions, complemented by the flexibility to extend through trusted partners.

Delivering the critical workflows every practice depends on, supportive built in payments and client communications, while enabling additional choice through well-integrated partner solutions. This approach empowers practices to tailor their technology stack to their unique needs without sacrificing consistency, performance, or data integrity.

By combining a strong foundational platform with a curated ecosystem of integrations, we create a balanced model: one that supports standardization where it matters most, while preserving the flexibility practices need to grow, differentiate, and evolve.

2. ISV-reported integration experience

CAVSG AI Innovator Survey (Spring 2026, 20 ISV respondents). Q11 asked each ISV to rate this PIMS’s API openness on a 1–5 scale (1 = Very Closed, 5 = Very Open).



Q11 distribution: 9 × (1), 0 × (2), 1 × (3), 0 × (4), 0 × (5). Source: CAVSG AI Innovator Survey, N = 10.

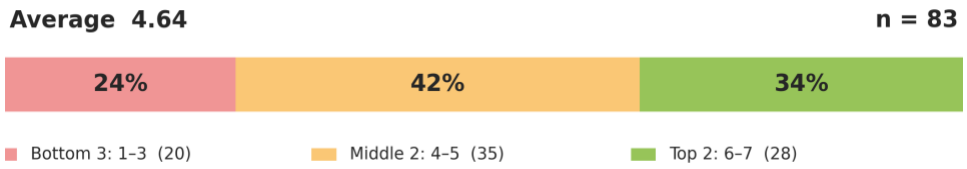
Anonymized ISV commentary

> *One ISV reported that Covetrus offered Pulse middleware integration at a high per-clinic monthly cost plus a revenue share, and that Pulse’s underlying API remained incomplete with a large development backlog. No integration had been successfully completed despite years of exploration.*
>
> *“Mentioned a high setup requirement equivalent to multiple development sprints, which wasn’t worth continuing to explore. Upfront cost was in the high five- to low six-figure range.”*
>
> *“Even if you have a sanctioned integration, their API is not capable of on-demand pulls.”*

> *“Need to use third party tool to have access in a timely manner.”*
>
> *One ISV reported no Covetrus response regarding Pulse despite multiple contact attempts, including an in-person approach at an industry trade show.*
>
> *One ISV reported very limited access to Pulse endpoints, with substantial upfront cost required to unlock faster sync times and richer feature coverage.*
>
> *“Covetrus seemed very disorganized and overwhelmed, and although we were told we could integrate within the week, months have passed with no response.”*
>
> *One ISV extended the same assessment to Pulse, describing Covetrus as the most difficult PIMS vendor to engage across its portfolio.*

3. ASIPS customer satisfaction

Ayers Software in Practice Survey (Kynetec PRJ17655, n = 1,273 NA practices). QA2 asked each PIMS-using practice to rate overall satisfaction on a 1–7 scale.



n = 83. Bottom 3 (1–3): 20 (24%). Middle 2 (4–5): 35 (42%). Top 2 (6–7): 28 (34%).

Positive comments (rating 6–7)

> *“The software is user-friendly for people who have little to no experience with it. Pulse has the capability of doing everything we need from a medical records perspective. The support from the company is exceptional.”*
>
> *“Intuitive interface and good organisation of patient information.”*
>
> *“It is much easier to use compared to my past PIMS experiences (I’ve used IDEXX Neo, Cornerstone, and PetWare from Banfield).”*
>
> *“It’s cloud based. It offers many more features and integrates much better than my previous PIMS.”*
>
> *“Easy to use, easy to prepare and transfer estimates, easy to communicate with clients.”*
>
> *“Covetrus is better at providing timely updates, reminders and notification of updates, which in turn makes us more likely to learn and utilize other features.”*
>
> *“It handles almost everything I need. Updates regularly.”*

Mixed comments (rating 3–5)

> *“Some areas of the software are easy to use and intuitive, but others cause constant issues and the company is unable to resolve the problems.”*
>
> *“Had a horrible launch of the product last year. Many areas still not developed well. No functioning whiteboard for treatments. Difficult to track combo vaccines and reminders.”*
>
> *“Prior to using eVet, I used Avimark for years. Comparing the two, there are so many inefficiencies with eVet. It is less intuitive, there is less organization, there are fewer ways to search for things.”*
>
> *“Despite multiple trainings during onboarding, I still find many aspects confusing especially trying to correct wrong payments. I do not like that the comms are in a completely separate section.”*
>
> *“I’ve used several different PIMS and haven’t loved any of them. I do not love the medical records. It is extremely difficult to find information you are looking for, especially client communications.”*
>
> *“Cloud based software that freezes and glitches with any blip in the WiFi, unreliable and unpredictable.”*
>
> *“The program is click-heavy, updates and breaks often, and takes forever to generate reports.”*

Negative comments (rating 1–2)

> *“Pulse has constant outages (currently it is not loading client information). There are numerous updates that do not make sense. The customer support is very much lacking.”*
>
> *“I think the system is not very user friendly, there are constant updates which change areas of the software that were working properly with no improvement. Teaching the last 20 new hires to use this system shows just how counter-intuitive it is.”*
>
> *“It is a very slow software that often lags. It feels very outdated even though it is a new software. It requires you to download all documents prior to printing.”*
>
> *“The system is cumbersome, trying to look up a client and pet name takes 3 screens, the medical record is in pieces and you have to go to many different screens to get the full picture.”*
>
> *“It’s a very click heavy program with a nonsensical flow to how to get things done. Inventory tracking is at best a guess. Reports are a joke.”*
>
> *“Click heavy, hard to navigate, hard to integrate old records or transferred records. Constant updates that are mandatory with changing features.”*
>
> *“Difficult to work with, deletes notes, takes multiple steps to complete tasks, not efficient.”*

4. PIMS vendor survey response summarized

Respondent and submission

Respondent: Covetrus. Submission date: May 5, 2026. The respondent name, title, email, and submission-date fields in Section 1 were not filled in; the survey was returned as a Covetrus corporate response. The location count field is marked confidential for internal validation only and is not published here.

Integration capability and access (Sections 2a, 2b, 2c)

Pulse selected Levels 2, 3, and 4 concurrently as its current capability tier (the instrument asked for a single level), with Level 5 marked as the July 2026 target. The data-access table reports read/write on 9 of 11 categories and read-only on 2 (financial / reporting data, custom fields / templates). Three access conditions apply today: ongoing per-location or per-transaction fees, case-by-case approval with no published criteria, and partnership or business relationship required. No conditions are marked under the Planned July 2026 column. Fee transparency is narrow: only the existence of a fee may be disclosed to the mutual customer; rate card, billing method, and minimums or tiers may not.

Integration architecture and developer resources (Sections 3a, 3c)

Section 3a developer-resources checkboxes mark publicly accessible API documentation, a sandbox / test environment, and a dedicated integration support team or point of contact as available. Self-service developer-portal registration, published integration guides or tutorials, a developer community forum, and a published SLA for API uptime are not marked. Section 3c integration-architecture checkboxes mark REST APIs, webhooks, middleware / integration platform support, and “Other” (described as embedded workflow integrations for strategic partners). GraphQL, HL7 / FHIR, file-based integration, and direct database access are not marked. The vendor reports 250+ active third-party integrations, with the developer documentation available through the Covetrus Connect login portal at vetdata.freshdesk.com, which serves Pulse, Avimark, and Impromed. The 250+ figure spans the full Covetrus on-premise plus cloud integration estate rather than Pulse alone.

Public position and competitive context (Sections 4a, 4b, 4c)

Pulse reports no prior public statement (Section 4a). The new Section 4b statement, reproduced in Element 1 above and in full in Element 5 below, characterizes Pulse as a PIMS providing “a robust foundation of essential functionality, built in preferred solutions, complemented by the flexibility to extend through trusted partners.” Section 4c competitive-context selections check only “we are investing in expanding our integration capabilities.” The vendor does not select “we view open integration as a competitive advantage and actively promote it,” a contrast with the seven other written respondents who all check that statement.

Third-party developer access criteria (Section 5)

Pulse marks “we require applications to meet quality or security certification standards” and “we evaluate on a case-by-case basis” as application restrictions. “No restrictions” and “we restrict

categories where we offer competing functionality" are not marked. The numerical fields for total developers in the program, developers approved in the last 12 months, and applications declined in the last 12 months were left blank.

Strategic outlook and industry posture (Sections 6a, 6b, 6c, 6d)

On the role of third-party applications relative to built-in PIMS features over the next 2–3 years (Section 6a), the respondent writes that "the barrier to entry is compressing" and that decisions must center on the benefit to the practice and industry. On the company's biggest challenge in providing more open integration (Section 6b), the response cites "a comprehensive evaluation process" oriented toward putting the practice at the heart of decision-making. Section 6c (whether open API access becomes a baseline expectation in 2–3 years) is answered "Yes." Section 6d (industry standards or collaborative efforts that would accelerate ecosystem integration) was left blank.

5. PIMS vendor FULL survey response

The text below reproduces the Pulse survey submission, cleansed of common boilerplate. Source: CAVSG PIMS Vendor Integration Survey, returned by Covetrus on May 5, 2026. Checked boxes are shown as X; unchecked boxes are shown as ☐.

Section 1: Respondent Information

PIMS Product Name: Covetrus Pulse

Parent Company: Covetrus

Respondent Name: (not provided)

Respondent Title: (not provided)

Email: (not provided)

Date: (not provided in Section 1; submission received May 5, 2026)

US and English-speaking Canadian practice locations: number not provided; X "We prefer this number remain confidential (for internal validation only)."

Section 2a. Integration Capability Level

Level 1 (No APIs): ☐ Current ☐ July 2026 Target

Level 2 (Read-only APIs): X Current ☐ July 2026 Target

Level 3 (Limited write APIs): X Current ☐ July 2026 Target

Level 4 (Write APIs with audit trails and role-based access): X Current ☐ July 2026 Target

Level 5 (Full app ecosystem): ☐ Current X July 2026 Target

Comments on Integration Capability Level

Our integration capabilities are intentionally designed to scale with partner needs, supporting a spectrum of use cases from foundational data exchange to more advanced, workflow-driven integrations (e.g., refills, billing, and medical records). This flexibility

ensures we can meet partners where they are today while enabling future expansion as requirements evolve.

For more complex workflows, we provide APIs that incorporate auditability and role-based access controls, aligning with enterprise expectations for security, compliance, and operational governance.

Section 2b. Access Model (Applies Today / Planned July 2026)

1. Free and open to all developers (public documentation, self-service registration): ☐ / ☐
2. Minimum practice count or volume qualification required: ☐ / ☐
3. One-time onboarding or certification fee: ☐ / ☐
4. Ongoing fee per location or per transaction: X / ☐
5. Case-by-case approval required (no published criteria): X / ☐
6. Partnership or business relationship required: X / ☐

Comments on Access Model

We are in the process of standardizing our access model as practice needs and dynamics continue to evolve, we know it is important to continue advancing our integration strategy.

We are continually standardizing and refining our access model to keep pace with evolving practice needs and market dynamics, ensuring our integration strategy remains adaptable and forward-looking.

Our model provides PIMS partners with well-documented APIs, secure access credentials, and a dedicated sandbox for development and testing. We pair this with ongoing technical support and close collaboration with our engineering teams throughout the integration lifecycle.

This approach reduces development friction, accelerates time to market, and ensures reliable, scalable interoperability as requirements continue to evolve.

Section 2c. Access Fee Transparency

Information partners are permitted to share with the mutual customer:

X Existence of fee

☐ Fee amount / rate card

☐ How the fee is billed (vendor billed vs. partner billed)

☐ Any minimums, tiers, or usage caps

☐ None of the above

☐ Not applicable (no such fees)

Comments on fee disclosure restrictions

Generally, we do not share private agreement details publicly.

We execute Mutual Data Non-Disclosure Agreements (MDNAs) with all partners to clearly define and govern what data can and cannot be shared. While the majority of these agreements follow standardized frameworks, we maintain flexibility to accommodate unique partner requirements through tailored provisions when necessary. This approach ensures consistent data governance, compliance, and trust, while allowing for adaptability based on specific use cases.

Section 3a. Developer Resources

X Publicly accessible API documentation

☐ Developer portal with self-service registration

X Sandbox or test environment for developers

☐ Published integration guides or tutorials

X Dedicated integration support team or point of contact

☐ Developer community forum or Slack channel

☐ Published SLA for API uptime and response times

Approximate number of active third-party integrations today: 250+

URL for developer documentation: An updated portal is in development. Covetrus Connect documentation is publicly available with the creation of a login, connecting to Pulse, Avimark, and Impromed: https://vetdata.freshdesk.com/support/solutions

Section 3b. Data Access Scope (No Access / Read Only / Read/Write / Planned July 2026)

Client records: ☐ / ☐ / X / ☐

Patient records: ☐ / ☐ / X / ☐

Appointments / scheduling: ☐ / ☐ / X / ☐

EHR: Medical records / SOAP notes, lab results, consultations: ☐ / ☐ / X / ☐

Invoices / charges: ☐ / ☐ / X / ☐

Inventory / products: ☐ / ☐ / X / ☐

Prescriptions / refills: ☐ / ☐ / X / ☐

Imaging / radiology: ☐ / ☐ / X / ☐

Client Communications (reminders, phone calls, emails, texts): ☐ / ☐ / X / ☐

Financial / reporting data: ☐ / X / ☐ / ☐

Custom fields / templates: ☐ / X / ☐ / X

Section 3c. Integration Architecture

X REST APIs

☐ GraphQL

X Webhooks (real-time event notifications)

☐ HL7 / FHIR

☐ File-based integration (CSV, XML export/import)

☐ Direct database access

X Middleware / integration platform (e.g., BitWerx, GreyWind, Vetsource SyncVet)

X Other

Other architecture description

Pulse offers embedded workflow integrations that seamlessly connect key activities and partners directly within the user experience for strategic partners. These integrations are designed to align with how clinics operate day-to-day, enabling more streamlined operations, improved data continuity, and a more cohesive ecosystem of partners. This approach not only enhances usability and adoption but also creates a scalable foundation for expanding partner capabilities over time.

Section 4a. Existing Public Statements

Has the company previously made a public statement regarding integration / API openness? ☐ Yes / X No

Section 4b. New Statement for CAVSG

X Yes — statement provided.

Pulse is designed to provide the ultimate value to veterinary practices. Pulse is a PIMS that provides a robust foundation of essential functionality, built in preferred solutions, complemented by the flexibility to extend through trusted partners.

Delivering the critical workflows every practice depends on, supportive built in payments and client communications, while enabling additional choice through well-integrated partner solutions. This approach empowers practices to tailor their technology stack to their unique needs without sacrificing consistency, performance, or data integrity.

By combining a strong foundational platform with a curated ecosystem of integrations, we create a balanced model: one that supports standardization where it matters most, while preserving the flexibility practices need to grow, differentiate, and evolve.

Section 4c. Competitive Context

☐ We view open integration as a competitive advantage and actively promote it

X We are investing in expanding our integration capabilities

☐ We offer integrations selectively based on partnership criteria

☐ We prefer a vertically integrated approach (our own applications and features)

☐ Other

Additional comments on competitive context

Pulse is designed API first that we use internally and often extend to partners.

Section 5. Third-Party Developers Access Criteria

Number of third-party developers currently in your program: (not provided)

Number approved in the last 12 months: (not provided)

Number declined in the last 12 months: (not provided)

Restrictions on which types of third-party applications can integrate:

☐ No restrictions — any legitimate veterinary application may integrate

☐ We restrict categories where we offer competing functionality

X We require applications to meet quality or security certification standards

X We evaluate on a case-by-case basis

Notable restrictions or requirements: (not provided)

Section 6. Strategic Outlook

6a. Role of third-party applications evolving relative to built-in PIMS features (next 2–3 years)

The barrier to entry is compressing. We must be thoughtful about what the benefit will be to the practice and industry to provide the best service and cost to the practice while they are able to focus on delivering quality care to their patients.

6b. Biggest challenge in providing more open integration to third-party developers

We have a comprehensive evaluation process we use to ensure we are putting the practice at the heart of our decision-making for their benefit and value.

6c. Will open, well-documented API access become a baseline expectation in 2–3 years?

X Yes / ☐ Likely / ☐ Uncertain / ☐ Unlikely

Comments: (not provided)

6d. Industry standards or collaborative efforts that would accelerate integration

(not provided)

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Avimark *(Covetrus-owned · on-premise · Covetrus)*

ASIPS estimated market share (North America, by mentions): 25.4% (304 of 1,273 NA ASIPS respondents)

Estimated US practice locations (from ASIPS): ~6,626

Company stated NA practice locations: Not separately disclosed

Average vets per practice (from ASIPS): 3.9

Vendor self-reported capability level: Not selected on the abbreviated submission
Vendor-stated API fee posture: Not selected on the abbreviated submission
ISV-reported Q11 openness average: 2.08 / 5.0 (N = 12)
ASIPS customer satisfaction average: 5.18 / 7.0 (n = 304)

1. Vendor self-report: capability level and fee policy

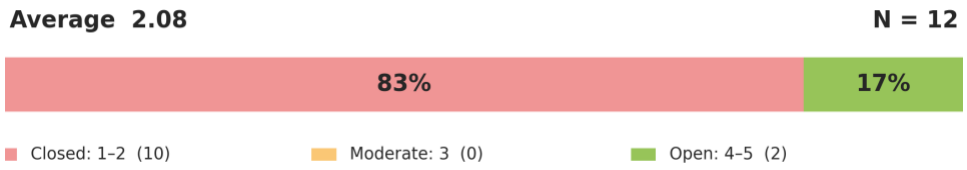
Avimark, the Covetrus on-premise PIMS, was covered in an abbreviated CAVSG PIMS Vendor Integration Survey submission returned by Covetrus on May 5, 2026 jointly covering Avimark and Impromed. The submission addresses Section 3b (Data Access Scope) only; capability tier (Section 2a), access model (Section 2b), fee transparency (Section 2c), developer resources (Section 3a), integration architecture (Section 3c), public position (Section 4), developer-program metrics (Section 5), and strategic outlook (Section 6) were not selected.

On Section 3b (data access scope), Avimark reports read/write access on five of eleven data categories: client records, patient records, appointments and scheduling, prescriptions and refills, and client communications. Five categories are read-only: EHR / medical records / SOAP notes / lab results / consultations, invoices and charges, inventory and products, imaging and radiology, and financial / reporting data. Custom fields and templates are reported as no access. No Planned-July-2026 column boxes are checked, indicating no committed change in data access scope over the next twelve to fourteen months.

The submission includes a single qualifying note that applies to both Avimark and Impromed: “We can write back generic medical record notes for both Avimark and Impromed, but it was not enough to check a full read/write support on the EHR. We can also write back many attributes on inventory/products, but we do not support creating new products.”

2. ISV-reported integration experience

CAVSG AI Innovator Survey (Spring 2026, 20 ISV respondents). Q11 asked each ISV to rate this PIMS’s API openness on a 1–5 scale (1 = Very Closed, 5 = Very Open).



Q11 distribution: 5 × (1), 5 × (2), 0 × (3), 0 × (4), 2 × (5). Source: CAVSG AI Innovator Survey, N = 12.

Anonymized ISV commentary

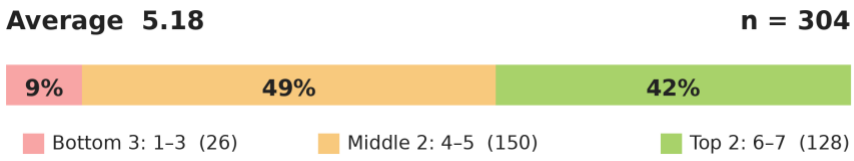
ISVs report a bimodal experience with Avimark, with ratings clustered at the two extremes and none in the middle. A small minority placed the rating at the maximum, while the larger group rated at the closed end. The commentary below, drawn predominantly from the closed-end group, points to a third-party middleware pathway (typically BitWerx) as the de facto access

mechanism for Avimark, with direct Covetrus engagement reported as unresponsive or unavailable.

> *Many ISVs reported that they connected through either an unnamed third-party integrator or named BitWerx, typically with no direct engagement with Covetrus. One noted the connection was "at a per-practice monthly fee in the low-two-digit range."*
>
> *One ISV reported that Covetrus does not offer direct API access for Avimark, routing all integration requests through Covetrus Connect middleware, and noted that Covetrus Connect supports only generic Notes-field writeback rather than structured SOAP records, which the respondent considered a meaningful workflow limitation.*
>
> *"Avimark integration was only accessible via Covetrus Connect middleware (mid-four-figure setup plus mid-two-digit per-clinic monthly fee), not through a direct API. Endpoint coverage was minimal. After extensive negotiation, contract was never signed due to per-clinic fees being economically unsustainable given the low value it provided."*
>
> *One ISV reported that Avimark integration was their top client request but Covetrus declined with a non-committal response. Two third-party integrators were explored as alternatives, but neither path proceeded.*
>
> *"Avimark's APIs are outdated and support is limited. Expensive ongoing integration fee."*
>
> *One ISV characterized Covetrus as among the least responsive PIMS vendors for Avimark, citing unresponsiveness and lack of organization, and uses a third-party integration system instead.*

3. ASIPS customer satisfaction

Ayers Software in Practice Survey (Kynetec PRJ17655, n = 1,273 NA practices). QA2 asked each PIMS-using practice to rate overall satisfaction on a 1–7 scale.



n = 304. Bottom 3 (1–3): 26 (9%). Middle 2 (4–5): 150 (49%). Top 2 (6–7): 128 (42%).

Positive comments (rating 6–7)

> *"Avimark provides a competent software that manages pretty much every aspect of practice. It is more user friendly and easy to learn than most competitors. It is highly customizable and we have implemented many unique ways of using the software. In general tech support is available quickly and they are responsive and helpful."*

> *“I have used Avimark over 20 years and it surpasses all other software I have tried and used in the last 30 years.”*
>
> *“Avimark is easy to use, easy to teach new users. Has all the features we need.”*
>
> *“We briefly used Cornerstone instead of Avimark and it was a nightmare. Made me value Avimark more. When considering to switch, no other software was able to offer the functions that we needed.”*
>
> *“The most user-friendly interface, the most versatile, so easy to change things, multiple menus and options for navigation, very intuitive.”*
>
> *“Easy to use software with impeccable service in the 27 years we have used it.”*
>
> *“Very user friendly! We were a beta-testing practice in the early days (used it for the past 25 or so years). It integrates easily with our reference lab and has been pretty kind to our non-tech folks.”*

Mixed comments (rating 3–5)

> *“Avimark is a very straightforward system. Very easy to learn. Great for medical records and typing notes. It’s not so great at practice management, i.e. keeping track of inventory, generating useful financial reports.”*
>
> *“It does the bare minimum but is clunky and outdated.”*
>
> *“It’s the devil I know. Would I love a better option, yes. Is there an option currently worth changing to, no.”*
>
> *“It has some great features but it’s hard to communicate with certain software and harder to access from home.”*
>
> *“It’s not user friendly and takes multiple steps to do something a cloud-based software can do in one step. It’s clunky and miserable to review lab work in.”*
>
> *“It is a solid workhorse but old and not up to date with features, AI, and functions.”*
>
> *“Avimark is outdated, not cloud based, not easy to use with AI software, not able to make templates to use.”*

Negative comments (rating 1–2)

> *“It is not at all user-friendly and is very clunky and convoluted. Nothing seems to help make our workflows more efficient.”*
>
> *“It is archaic compared to other programs. Interface looks old, features not always easy to use. Goes down a lot, freezes, gives error codes a lot.”*
>
> *“Not user friendly; difficult to set up schedules for appointments; difficult to add documents to medical records; not cloud based; difficult to search for specific criteria; no flexibility.”*

> *“Everything is counterintuitive, randomly changes prices and reminders, freezes mid-transaction or mid-record, thus erasing all notes written. Extremely slow.”*
>
> *“Clunky, time consuming, inefficient, not intuitive, steep learning curve, difficult to quickly assess patient medical record.”*
>
> *“It is dated and difficult to track medical records and prescriptions. Estimates are not functional.”*
>
> *“It’s difficult to sort out medical history from food and medicine orders. Alerts are annoying and often ignored. Doesn’t integrate with our lab or AI software.”*

4. PIMS vendor survey response summarized

Respondent and submission

Respondent: Covetrus. Submission date: May 5, 2026. The Avimark and Impromed surveys were returned together in a single document covering Section 3b only. Respondent name, title, and email fields were not separately provided. The submission is abbreviated relative to the full CAVSG PIMS Vendor Integration Survey instrument.

Data access scope (Section 3b)

Read/write on 5 of 11 categories (client records, patient records, appointments / scheduling, prescriptions / refills, client communications). Read-only on 5 categories (EHR / medical records / SOAP notes / lab results / consultations, invoices / charges, inventory / products, imaging / radiology, financial / reporting data). No access on custom fields / templates. No Planned-July-2026 column boxes are checked.

Qualifying note (provided in addition to the data scope table)

> *We can write back generic medical record notes for both Avimark and Impromed, but it was not enough to check a full read/write support on the EHR. We can also write back many attributes on inventory/products, but we do not support creating new products.*

Sections not addressed in the abbreviated submission

The abbreviated Covetrus submission for Avimark did not address Section 1 (respondent information / location count), Section 2 (capability level, access model, fee transparency), Section 3a (developer resources), Section 3c (integration architecture), Section 4 (public position and competitive context), Section 5 (third-party developer access criteria), or Section 6 (strategic outlook).

5. PIMS vendor FULL survey response

The text below summarizes the abbreviated Avimark portion of the CAVSG PIMS Vendor Integration Survey, returned by Covetrus on May 5, 2026. Only Section 3b (Data Access Scope) was completed; no other section of the instrument was addressed.

Section 3b. Data Access Scope (No Access / Read Only / Read/Write / Planned July 2026)

Client records: ☐ / ☐ / X / ☐

Patient records: ☐ / ☐ / X / ☐

Appointments / scheduling: ☐ / ☐ / X / ☐

EHR: Medical records / SOAP notes, lab results, consultations: ☐ / X / ☐ / ☐

Invoices / charges: ☐ / X / ☐ / ☐

Inventory / products: ☐ / X / ☐ / ☐

Prescriptions / refills: ☐ / ☐ / X / ☐

Imaging / radiology: ☐ / X / ☐ / ☐

Client Communications (reminders, phone calls, emails, texts): ☐ / ☐ / X / ☐

Financial / reporting data: ☐ / X / ☐ / ☐

Custom fields / templates: X / ☐ / ☐ / ☐

Vendor qualifying note (applies to both Avimark and Impromed)

> *We can write back generic medical record notes for both Avimark and Impromed, but it was not enough to check a full read/write support on the EHR. We can also write back many attributes on inventory/products, but we do not support creating new products.*

Sections 1, 2, 3a, 3c, 4, 5, and 6 of the survey instrument were not addressed in the abbreviated submission.

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Impromed *(Covetrus-owned · on-premise · Covetrus)*

ASIPS estimated market share (North America, by mentions): 5.8% (68 of 1,273 NA ASIPS respondents)

Estimated US practice locations (from ASIPS): ~1,579

Company stated NA practice locations: Not separately disclosed

Average vets per practice (from ASIPS): 4.8

Vendor self-reported capability level: Not selected on the abbreviated submission

Vendor-stated API fee posture: Not selected on the abbreviated submission

ISV-reported Q11 openness average: 1.44 / 5.0 (N = 9)

ASIPS customer satisfaction average: 4.63 / 7.0 (n = 68)

1. Vendor self-report: capability level and fee policy

Impromed (Infinity), the Covetrus on-premise PIMS, was covered in an abbreviated CAVSG PIMS Vendor Integration Survey submission returned by Covetrus on May 5, 2026 jointly covering Avimark and Impromed. The submission addresses Section 3b (Data Access Scope) only; capability tier (Section 2a), access model (Section 2b), fee transparency (Section 2c),

developer resources (Section 3a), integration architecture (Section 3c), public position (Section 4), developer-program metrics (Section 5), and strategic outlook (Section 6) were not selected.

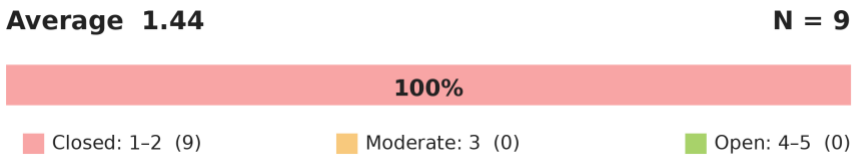
On Section 3b (data access scope), Impromed reports read/write access on three of eleven data categories: appointments and scheduling, prescriptions and refills, and client communications. Seven categories are read-only: client records, patient records, EHR / medical records / SOAP notes / lab results / consultations, invoices and charges, inventory and products, imaging and radiology, and financial / reporting data. Custom fields and templates are reported as no access. No Planned-July-2026 column boxes are checked, indicating no committed change in data access scope over the next twelve to fourteen months.

Impromed's data access scope is materially more restricted than Avimark's. Where Avimark reports read/write on client records and patient records, Impromed reports read-only on those same categories. The two PIMS share the same qualifying note submitted with the data scope table:

> *We can write back generic medical record notes for both Avimark and Impromed, but it was not enough to check a full read/write support on the EHR. We can also write back many attributes on inventory/products, but we do not support creating new products.*

2. ISV-reported integration experience

CAVSG AI Innovator Survey (Spring 2026, 20 ISV respondents). Q11 asked each ISV to rate this PIMS's API openness on a 1–5 scale (1 = Very Closed, 5 = Very Open).



Q11 distribution: 5 × (1), 4 × (2), 0 × (3), 0 × (4), 0 × (5). Source: CAVSG AI Innovator Survey, N = 9.

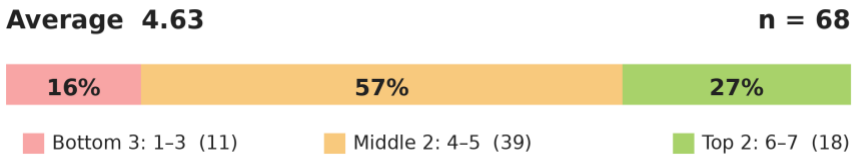
Anonymized ISV commentary

> *As with Avimark, many ISVs reported that they connected through either an unnamed third-party integrator or named BitWerx, typically with no direct engagement with Covetrus.*
>
> *One ISV indicated that, as with Avimark, Impromed integration is encouraged via Covetrus Connect middleware, with writeback limited to generic Notes rather than structured SOAP records.*
>
> *One ISV reported that middleware write permissions had been revoked without prior notice on at least one occasion.*
>
> *One ISV described Impromed's ongoing integration fees as expensive.*

> *“Lower priority than Avimark.”*

3. ASIPS customer satisfaction

Ayers Software in Practice Survey (Kynetec PRJ17655, n = 1,273 NA practices). QA2 asked each PIMS-using practice to rate overall satisfaction on a 1–7 scale.



n = 68. Bottom 3 (1–3): 11 (16%). Middle 2 (4–5): 39 (57%). Top 2 (6–7): 18 (27%).

Positive comments (rating 6–7)

> *“I really like the software because you can customize it to fit your likings and needs. Same software but each workstation can be set up differently.”*
>
> *“Has a good balance of thoroughness and the ability to personalize most everything from reports to screen layouts, client handouts, etc. Have been using it for 22 years.”*
>
> *“It is very powerful and has a lot of functions that make our day flow efficiently.”*
>
> *“It is very intuitive software; it does not take long for people to learn how to use at all, even if not tech savvy.”*
>
> *“Impromed is easy to use and fulfills the practice needs. It is easy to organize medical records, view prescriptions, and create reports.”*
>
> *“We have been using Impromed in various versions for more than 20 years and have been very happy with it during that time.”*
>
> *“Impromed is an excellent program with good software support. It used to be better before it was bought by Henry Schein and then Covetrus, but that’s life.”*

Mixed comments (rating 3–5)

> *“Definitely has its quirks and annoyances but still better than a lot of other systems. The system is capable of a lot.”*
>
> *“Impromed has a very steep learning curve. There are many, many ways to use the software but it takes time to develop comfort level. X-ray image integration is awful.”*
>
> *“I feel like the system is getting more ‘buggy’ and Covetrus is spending less and less time developing the program. Likely because cloud based is the future of PIMS.”*
>
> *“It is not predictable or efficient. When I am looking at the patient information, the client information is not visible. I have to close out the patient information before viewing the client information.”*

> *“A fairly indirect system so a lot of clicks to get to the information and a complicated layout.”*
>
> *“Horrible IT support ever since Covetrus purchased a stake in company and then pivoted to Covetrus’s own in-house system.”*
>
> *“We really wanted to link IDEXX to Impromed but IDEXX, Impromed, and our IT guy couldn’t make it happen.”*

Negative comments (rating 1–2)

> *“I HATE the program. NOT user friendly at all. Cornerstone is better and then Avimark.”*
>
> *“Clunky, can’t stand that I can’t have 2 patients up at the same time. The SOAP template is clunky and inefficient.”*
>
> *“It is not intuitive and requires multiple click-throughs in order to see medical record details. Very slow.”*
>
> *“The system is a bit dated, and there are way too many steps to accomplish one task.”*
>
> *“Impromed feels very old and clunky.”*
>
> *“There are not a lot of additional programs that sync or work with Impromed. We would love an app to communicate more directly with clients. I also wish it integrated better with online scheduling platforms.”*
>
> *“It sucks. It’s ugly formatted. Super childish, not professional look, crashes all the time. I hate it.”*

4. PIMS vendor survey response summarized

Respondent and submission

Respondent: Covetrus. Submission date: May 5, 2026. The Impromed and Avimark surveys were returned together in a single document covering Section 3b only. Respondent name, title, and email fields were not separately provided. The submission is abbreviated relative to the full CAVSG PIMS Vendor Integration Survey instrument.

Data access scope (Section 3b)

Read/write on 3 of 11 categories (appointments / scheduling, prescriptions / refills, client communications). Read-only on 7 categories (client records, patient records, EHR / medical records / SOAP notes / lab results / consultations, invoices / charges, inventory / products, imaging / radiology, financial / reporting data). No access on custom fields / templates. No Planned-July-2026 column boxes are checked.

Qualifying note (provided in addition to the data scope table)

We can write back generic medical record notes for both Avimark and Impromed, but it was not enough to check a full read/write support on the EHR. We can also write back many attributes on inventory/products, but we do not support creating new products.

Sections not addressed in the abbreviated submission

The abbreviated Covetrus submission for Impromed did not address Section 1 (respondent information / location count), Section 2 (capability level, access model, fee transparency), Section 3a (developer resources), Section 3c (integration architecture), Section 4 (public position and competitive context), Section 5 (third-party developer access criteria), or Section 6 (strategic outlook).

5. PIMS vendor FULL survey response

The text below summarizes the abbreviated Impromed portion of the CAVSG PIMS Vendor Integration Survey, returned by Covetrus on May 5, 2026. Only Section 3b (Data Access Scope) was completed; no other section of the instrument was addressed.

Section 3b. Data Access Scope (No Access / Read Only / Read/Write / Planned July 2026)

Client records: ☐ / X / ☐ / ☐

Patient records: ☐ / X / ☐ / ☐

Appointments / scheduling: ☐ / ☐ / X / ☐

EHR: Medical records / SOAP notes, lab results, consultations: ☐ / X / ☐ / ☐

Invoices / charges: ☐ / X / ☐ / ☐

Inventory / products: ☐ / X / ☐ / ☐

Prescriptions / refills: ☐ / ☐ / X / ☐

Imaging / radiology: ☐ / X / ☐ / ☐

Client Communications (reminders, phone calls, emails, texts): ☐ / ☐ / X / ☐

Financial / reporting data: ☐ / X / ☐ / ☐

Custom fields / templates: X / ☐ / ☐ / ☐

Vendor qualifying note (applies to both Avimark and Impromed)

We can write back generic medical record notes for both Avimark and Impromed, but it was not enough to check a full read/write support on the EHR. We can also write back many attributes on inventory/products, but we do not support creating new products.

Sections 1, 2, 3a, 3c, 4, 5, and 6 of the survey instrument were not addressed in the abbreviated submission.

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PARENT-AFFILIATED VENDORS, US-BASED

Vetspire *(Parent-Affiliated · cloud-native SaaS · Thrive Pet Healthcare)*

ASIPS estimated market share (North America, by mentions)**:** 3.2% (36 of 1,273 NA ASIPS respondents)

Estimated US practice locations (from ASIPS)**:** ~902

Company stated NA practice locations: Not provided

Average vets per practice (from ASIPS)**:** 3.6

Vendor self-reported capability level: survey not returned

Vendor-stated API fee posture: survey not returned

ISV-reported Q11 openness average: 3.70 / 5.0 (N = 10)

ASIPS customer satisfaction average: 5.14 / 7.0 (n = 36)

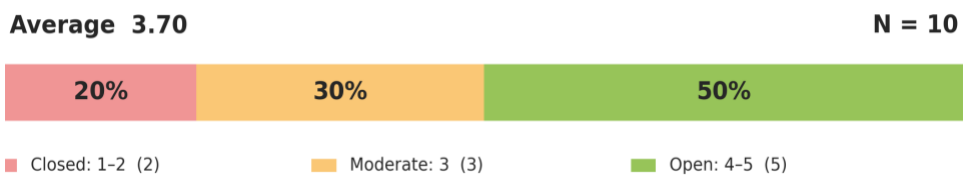
Vetspire was they only PIMS vendor to not respond to the CAVSG PIMS Vendor Integration Survey (March 2 – April 28, 2026). This, despite repeated outreach to the company's CEO and CTO, who also serves as CTO for Thrive Pet Healthcare. A final outreach on April 2, 2026 described the ISV findings for Vetspire as "not a simple open-or-closed story," offered a phone walkthrough of the survey, and noted that participation would give Vetspire the opportunity to present its own perspective on API openness and integration philosophy. No response was received.

Vetspire is a cloud-native PIMS owned by Thrive Pet Healthcare (formerly Pathway Vet Alliance), one of the largest veterinary consolidators in the United States. Thrive operates approximately 380 veterinary hospitals and clinics across the country, spanning general practice, specialty, and emergency care. A significant portion of Vetspire's ASIPS respondent base consists of Thrive-affiliated practices: approximately **42%** of Vetspire users in the ASIPS sample are Thrive affiliates. Thrive's specialty and referral practices represent a notable segment of Vetspire's deployment footprint.

Because Vetspire did not return the PIMS Vendor Integration Survey, Elements 4 (vendor survey summary) and 5 (full vendor survey response) are not available for this profile. The profile below is built from the two independent data sources available: the CAVSG AI Innovator Survey (Element 2) and the Kynetec ASIPS customer satisfaction survey (Element 3).

2. ISV-reported integration experience

CAVSG AI Innovator Survey (Spring 2026, 20 ISV respondents). Q11 asked each ISV to rate this PIMS's API openness on a 1–5 scale (1 = Very Closed, 5 = Very Open).



Q11 distribution: 0 × (1), 2 × (2), 3 × (3), 1 × (4), 4 × (5). Source: CAVSG AI Innovator Survey, N = 10.

Vetspire's Q11 profile is among the most analytically interesting in the CAVSG dataset. At 3.70, Vetspire's average is the second-highest of any PIMS in the survey (behind only Instinct at 4.25), well above the 14-PIMS practice-count weighted average of 2.23.

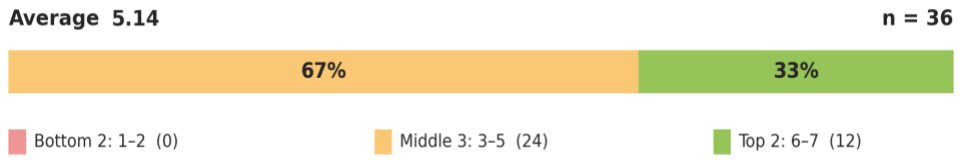
But the commentary reveals a sharp tension between Vetspire's technical openness and its competitive policies in 2026. Multiple ISVs praised Vetspire's GraphQL API and its self-service API key model as among the most developer-friendly in the ecosystem. At the same time, the CAVSG authors confirmed from at least four independent sources that Vetspire initially granted integration access to ISVs in one product category, then withdrew or degraded that access after launching a competing product in that same category. This is the only documented access retraction in the entire CAVSG dataset.

Anonymized ISV commentary

> *One ISV described Vetspire as the most developer-friendly PIMS in the ecosystem: clinics self-generate API keys without an approval process, partnership requirement, or third-party involvement, and there are no integration fees. The GraphQL API is functional for read operations, and the respondent cited Vetspire as the model of API openness the industry should aim for.*
>
> *"The only major PIMS that is easy to work with! Go Vetspire!"*
>
> *Three different ISVs in the same category reported that they were initially given an integration, but that it was subsequently withdrawn or degraded, with Vetspire offering their own in this category shortly thereafter.*
>
> *"They are quite restrictive with any write back on anything to do with the patient record."*
>
> *One ISV reported very low Vetspire volume (a handful of practices) and integration via a third-party integrator rather than directly.*
>
> *One ISV described their Vetspire integration as an early and highest-volume engagement that works reliably with low error rates.*

3. ASIPS customer satisfaction

Ayers Software in Practice Survey (Kynetec PRJ17655, n = 1,273 NA practices). QA2 asked each PIMS-using practice to rate overall satisfaction on a 1–7 scale.



n = 36. T2B: 12 (33%). M3B: 24 (67%). B2B: 0 (0%). Approximately 42% of Vetspire users in the ASIPS sample are Thrive-affiliated practices. No respondents rated Vetspire below 3 on the 7-point satisfaction scale.

Positive comments (rating 6–7)

> *“Record keeping is a breeze. Easily able to communicate when each staff member is finished with their portion of the patient record. Able to text clients directly through the software.”*
>
> *“Overall it is easy to use, easy to enter medical records and AI features make it efficient to search.”*
>
> *“Very user friendly once you learn how to use it. Very easy to scan medical records for keywords and info.”*
>
> *“Vetspire is very user friendly on the medical side. Easy to read, use, and referral practices have given positive feedback in readability.”*
>
> *“It’s not perfect but it’s very user friendly.”*
>
> *“For the most part it is very intuitive. There are some limitations on flexibility.”*
>
> *“Overall just well rounded. Allows signature before checkout. Easy to use.”*

Mixed comments (rating 3–5)

> *“Vetspire is very intuitive, easy to learn, great flow for basic appointments. Reminders and inventory are terrible. Lots of bugs overall.”*
>
> *“It’s as good and in some ways better than many of the other vet software apps I’ve used. I love the AI for reducing time spent writing patient records. However, the reminder system is clunky.”*
>
> *“I see it as a young program that still has growth potential.”*
>
> *“They seem to constantly be making updates, sometimes something as small as color or font, and any time they make adjustments some part of the system seems to crash.”*
>
> *“They are still building it so there are still features that do not work or things that need to be made still. Workflow takes a lot longer than other PIMS I have used.”*
>
> *“They switched software on us without our input and the treatment software (NOVA) and the PIMS (Vetspire) is not as good as what we had and is constantly having errors.”*
>
> *“I love the clean interface. There could be better allowances for owners to function within the financial histories and reports. At times the reporting is also glitchy.”*

Negative comments (rating 1–2)

No respondents rated Vetspire below 3 on the 7-point satisfaction scale.

Vetspire’s ASIPS profile reflects a cloud-native PIMS that users find intuitive and easy to learn, particularly on the medical records side, with praise for AI-powered search and record-keeping features.

The mixed-tier comments (67% of respondents) consistently flag the same pattern: a modern, clean interface paired with persistent gaps in reminders, inventory, reporting, and stability. Several respondents described a product that is still maturing, with frequent updates that sometimes introduce new issues. One respondent noted that Vetspire was deployed at their practice without staff input, replacing a predecessor system. The absence of any ratings below 3 is notable: Vetspire is one of only three PIMS in the ASIPS dataset (alongside Instinct and Digitail) with zero bottom-two-box respondents.

4. PIMS vendor survey response summarized

Element 4 not available. Vetspire did not return the CAVSG PIMS Survey.

5. PIMS vendor FULL survey response

Element 5 not available. Survey not returned.

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VetCove *(Parent-Affiliated · cloud-native SaaS · Vetcove Inc.)*

ASIPS estimated market share (North America, by mentions)**:** 0.3% (3 of 1,273 NA ASIPS respondents)

Estimated US practice locations (from ASIPS)**:** ~85

Company stated NA practice locations: not disclosed in partial response; enterprise-only positioning targets large corporate groups

Average vets per practice (from ASIPS)**:** 6.0

Vendor self-reported capability level: not provided

Vendor-stated API fee posture: open API; no third-party integration fees, per vendor statement

ISV-reported Q11 openness average: 2.40 / 5.0 (N = 5)

ASIPS customer satisfaction average: 5.00 / 7.0 (n = 3)

VetCove provided a partial response to the CAVSG PIMS Vendor Integration Survey on May 4, 2026, the day before publication. The response, submitted by VetCove's Chief Strategy Officer, consists of (1) a public statement on the company's integration philosophy (reproduced in Element 5), (2) a Section 4c selection on competitive positioning, and (3) a policy statement on third-party applications that include a payment-processing component.

VetCove is best known as a B2B veterinary purchasing platform serving approximately 80% of US veterinary clinics. The company also operates a home delivery platform, where it competes with Covetrus and Vetsource.

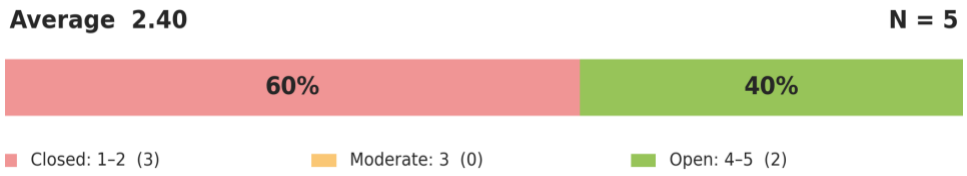
Its enterprise PIMS product has been under development for several years and was launched separately. It targets large corporate hospital groups exclusively and is currently deployed with National Veterinary Associates (NVA) and perhaps others. VetCove has no near-term plans for

independent practice availability. The revenue model for the PIMS is tied to transparent payment processing fees rather than traditional SaaS subscription pricing.

1. Vendor self-report: capability level and fee policy

2. ISV-reported integration experience

CAVSG AI Innovator Survey (Spring 2026, 20 ISV respondents). Q11 asked each ISV to rate this PIMS's API openness on a 1–5 scale (1 = Very Closed, 5 = Very Open).



Q11 distribution: 2 × (1), 1 × (2), 0 × (3), 2 × (4), 0 × (5). Source: CAVSG AI Innovator Survey, N = 5.

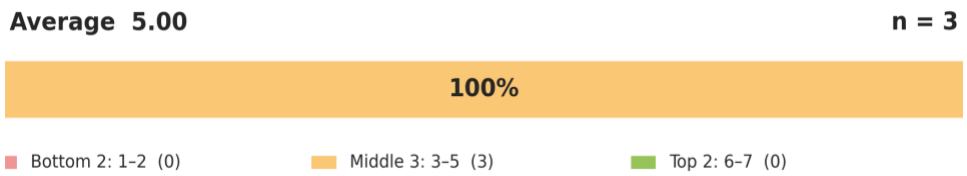
VetCove PIMS received Q11 openness ratings from 5 of 20 ISV respondents. The distribution is bimodal: two ISVs rated VetCove at 4 (toward the open end of the scale) while two rated it at 1 (Very Closed) and one at 2. The remaining 15 ISVs left VetCove unrated, reflecting the platform's early-stage deployment and limited ISV engagement to date. The V7 average of 2.40 is modestly above the 14-PIMS practice-count weighted average of 2.23, though the very small rating pool limits the interpretive weight of the comparison.

Anonymized ISV commentary

> *"They are working on end points."*
>
> *One ISV reported that VetCove expressed interest in eventual integration, though the platform's transaction-fee model raises a double-fee concern, since ISVs would layer VetCove processing charges on top of their own subscription economics. Reported practice volume was modest.*
>
> *"I don't know why people keep mentioning VetCove. I think they might be the next one that we really reach out to."*

3. ASIPS customer satisfaction

Ayers Software in Practice Survey (Kynetec PRJ17655, n = 1,273 NA practices). QA2 asked each PIMS-using practice to rate overall satisfaction on a 1–7 scale.



Caution: very small base size (n = 3), all from NVA practices. Comments should be read as early-adopter signals rather than statistically representative market sentiment.

n = 3. T2B: 0 (0%). M3B: 3 (100%). B2B: 0 (0%). All three respondents rated VetCove PIMS at 5 on the 7-point scale. Due to the very small sample size, all comments are presented.

Mixed comments (rating 5)

> *"There are pieces and functions lacking but overall very user friendly."*
>
> *"We've only had it for a week, but it has a ton of stuff that needs work. Client listed for a pet can only be one person (most pets owned by couples). Can't add to problem list except during an appointment. No boarding module. Many many small issues. Better than DVMax though, which we changed from."*
>
> *"Well integrated, easy to use. Very poor integration with inventory management and invoicing. Many extra steps and errors have been made so far with recent transition."*

All three respondents are from NVA practices, consistent with VetCove's enterprise-only deployment strategy. The comments reflect an early-deployment product: broadly positive on usability and ease of learning, but flagging meaningful gaps in inventory management, client data structures, and integration depth. One respondent explicitly noted that VetCove was an improvement over DVMax (the predecessor PIMS in this practice, a discontinued on-premise PIMS owned by IDEXX), while another described the transition as still producing workflow errors. The uniform rating of 5 (middle of the 7-point scale) and the mixed praise-and-critique tone suggest a product that early adopters find workable but not yet polished.

4. PIMS vendor survey response summarized

See below.

5. PIMS vendor FULL survey response

The CAVSG PIMS Vendor Integration Survey response from VetCove consists of the three statements below, reproduced verbatim from email correspondence dated May 4, 2026.

Respondent: Chief Strategy Officer

Response date: May 4, 2026 (partial; statement-only)

Installed base: Not disclosed.

Public position on open integration (provided in lieu of Section 4b)

> *"We believe a PIMS should empower veterinary practices, not control them."*
>
> *"Our platform is built on an open API architecture designed to lower barriers and guarantee interoperability. Because we generate revenue through payment processing rather than subscriptions, our only incentive is to help practices grow, not to gate access, limit choices, or charge for integrations. We have never charged a third-party vendor to integrate with our platform."*
>
> *"Even as we rapidly expand our own capabilities to deliver a seamless experience for veterinary teams and their clients, our commitment to an open ecosystem is unwavering.*

Corporate consolidators have the absolute freedom to build the technology stack that works best for them."

"Our goal is simple: provide real choice, and build a product that earns the right to be the system practices rely on most."

Competitive context (Section 4c)

"We view open integration as a competitive advantage and actively promote it."

Policy on third-party applications with a payment-processing component (provided in response to a direct question, not part of the survey instrument)

"If a partner chooses to use a 3rd party that transacts a portion of payments directly, we would handle that directly with the customer rather than through the third-party integrator. Our approach is to maintain a transparent commercial relationship and avoid indirect or hidden costs, aligning directly with customers on the value we provide."

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EMERGING DEVELOPMENT - for information purposes only

OpenVPM *(Independent · open source · Independent Open Source Project)*

Status: Pre-production at time of publication. Public launch April 21, 2026 under MIT license; GitHub repo at launch had 41 commits, 2 stars, and *zero confirmed production deployments in a veterinary practice.* The Level 5 capability self-rating reflects open-source architectural posture, not in-market evidence. No ISV ratings (Element 2) or ASIPS satisfaction data (Element 3) are available.

Practice owners should weight this profile as architectural intent rather than evidence of operational maturity.

Vendor self-reported capability level: Level 5 (full app ecosystem) today and as July 2026 target — by design, because the entire codebase, database schema, and API layer are publicly available under an open source license.

Vendor-stated API fee posture: Free and open to all developers (only access condition checked); no minimum practice count, no onboarding fee, no ongoing fee, no case-by-case approval, no partnership requirement; described as "self-service by design."

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