Companion Animal Veterinary Software Guide (CAVSG) Part IX

In Their Own Words:
Independent Innovators versus PIMS Vendors' Quite Different Perspectives on Veterinary Data Access and PIMS Openness

Plus: ~1200 Practices Comment on their Satisfaction Levels with their PIMS

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TL;DR

- The integration ecosystem, according to Independent Software Vendor (ISV) feedback, is far from open. Weighted by each PIMS's share of practices, the average ISV-rated API openness across the fourteen platforms is **2.23 out of 5.0.** When the same ISVs rated the ecosystem as a whole, the figure fell to **1.95**: the whole is worse than the sum of its parts. No ISV rated the overall ecosystem above 3.
- The PIMS aggregator-independent divide is stark. Roughly **79%** of North American practices operate on a PIMS owned by IDEXX or Covetrus. The aggregator-subtotal weighted Q11 average is **2.02**; the independent-group weighted average is **3.28**. All six aggregator-owned PIMS sit below every independent PIMS in the rating distribution. The practices most likely to want third-party integration are the ones whose PIMS vendors are rated lowest on enabling it.
- Vendor self-characterization diverges from ISV-reported experience. Ten of fifteen PIMS responded to the CAVSG PIMS Vendor Survey with a written submission; five describe an essentially open and fee-free posture, and several frame integration fees as cost recovery rather than access gating. ISVs working with the same platforms report a different reality: qualification barriers, NDA opacity, per-clinic fees that consume 10 to 20 percent of an established ISV's revenue per clinic, and a much larger share for low-priced or early-stage entrants; and category-based exclusion.
- Covetrus's Pulse response, received in time for incorporation into this second edition, confirms a gated and fee-bearing model: per-location and per-transaction fees, partnership and case-by-case approval, and ISV-rated openness of 1.20.
- Customer demand is not in dispute. In ASIPS Wave 1, **88%** of PIMS-using practices rated read and/or write-back access by third-party applications as important; **99.7%** of those who said it was important volunteered an open-ended explanation.
- The ASIPS PIMS customer satisfaction view aligns with the ISV openness view: the PIMS whose practices are least satisfied with their platform are largely the same PIMS where ISVs report the most restricted access.
- The sharpest illustration of the openness divide sits in the specialty and emergency referral segment, where the only two substantive cloud-native PIMS compete head-to-head. One charges no API fees, publishes open documentation, provides a sandbox environment, and has declined zero integration applications. The other requires a certified partnership, charges tiered onboarding and per-location fees, and imposes a six-dimension qualification process covering cybersecurity, financial viability, and operational continuity, among others. Both describe governance frameworks, but their frameworks are built on different premises, and the ISV-rated openness gap between them (**4.25 vs. 2.19**) is the widest between any two directly competing cloud PIMS in the survey.
- One knowledgeable ISV founder, Dr. Ivan Zak, observes that, with the most recent advances in agentic coding tools, cloud and on-premise PIMS alike will no longer be able to effectively

restrict access to practice data. This development could influence the ecosystem in favor of opening up access to innovation across the board.

- The data in this paper documents a customer-side mandate (88% of practices), an ISV-side innovation pipeline rated 4+ at the most open platforms, and an aggregator-side restriction concentrated on the largest PIMS by share. Whether the gap closes depends on which side moves first.

Section I: Introduction and Methodology

This CAVSG Part IX is a triangulation exercise. It draws on *three primary data sources* to characterize the integration ecosystem between Practice Information Management Systems (PIMS) and the independent software vendors (ISVs) building products (mostly AI-native) on top of them that greatly expand practice capabilities. The three data sources are complementary rather than redundant, since each captures a different vantage point on the veterinary technology ecosystem.

The CAVSG AI Innovator (ISV) Survey captures lived experience, the perspective of ISVs who have actually attempted integration with one or more PIMS. The CAVSG PIMS Vendor Survey captures their stated policies and individual perspectives on their own access models, fee structures, and capability tiers. The ASIPS practice survey, drawn from Part VIII of this series, captures market structure and customer perspective: the share of practices on each PIMS, the satisfaction those practices report, and what they say about read and write access for third-party tools.

Where the three sources converge, the finding is robust. Where they diverge, the divergence is itself a finding, and the substance of Sections IV through VI.

The Three Surveys

The ASIPS practice survey was fielded for CAVSG by Kynetec under project PRJ17655 between January 13 and March 4, 2026. The validated sample is 1,273 North American companion animal practices (1,057 in the United States and 216 in English-speaking Canada). Mars Veterinary Health practices are excluded from market share analysis on the grounds that VCA and Banfield enforce proprietary internal PIMS not available to the open market; BluePearl is retained because its hospitals select from commercially available PIMS. The full ASIPS methodology, including weighting, screening, sample composition, the Mars treatment, and an eleven-point list of interpretation caveats, is set out in Part VIII, Section IX, and is not repeated here.

The CAVSG AI Innovator (ISV) Survey was distributed in March 2026 to a broad set of ISVs across 8-10 product categories: AI scribes, AI assisted and unassisted teleradiology, client communications, prevented care plans, AI receptionists, and several other categories[1] with no direct PIMS overlap. Twenty-one ISVs responded substantively, including the additions through April 30, 2026.[2] The survey instrument asked each ISV respondent to rate the API openness of every PIMS with which it had attempted or asked for integration on a 1-to-5 scale (1 = Very Closed, 5 = Very Open), and to rate the veterinary PIMS ecosystem as a whole on the same scale. The resulting dataset comprises 140 individual PIMS-level ratings from 18 ISVs covering all 14 PIMS tracked in this report, plus a 20-respondent ecosystem-level rating. The survey also collected open-ended commentary on barriers, fees, model PIMS, and additional context volunteered by the participants.

[1] Each of these had one participant, a reflection of the creativity of innovators in coming up with value-added approaches to support practice growth, client engagement, and productivity.

[2] Two additional entries are excluded from the ISV analysis: one because the respondent is a group veterinary practice rather than an ISV, and one because the respondent operates under non-disclosure constraints that prevented a standard survey submission. Both contributed qualitative context to the broader research; see Appendix A for the full reconciliation.

The CAVSG PIMS Vendor Survey was sent in early March 2026 to the 15 commercially marketed companion animal PIMS in the United States and Canada,[3] *with reminders through May 1, 2026; Covetrus's response, received May 5, 2026, is new to this edition. Nine vendors, representing 11 PIMS, returned completed written responses; Covetrus also submitted an abbreviated, data-scope-only joint response covering Avimark and Impromed; and one vendor (VetCove PIMS) submitted a partial response. The instrument asked each vendor to describe its access model, fee structure, integration capability tier, fee transparency permissions, application restrictions, third-party developer counts, and forward-looking views on industry standards. Non-respondents are documented as such, since refusal to participate is itself a structural data point.*

Author Impartiality

The CAVSG series is independent research. The series and its two authors receive no compensation from any PIMS vendor or ISV for participation, coverage, favorable framing, or any other consulting fees.[4] No PIMS vendor or ISV had editorial control over this paper, and none was shown a draft prior to publication except for limited factual review of direct quotations and vendor-attested counts.

The editorial approach throughout Part IX is to let the market participants speak for themselves. ISV ratings are reported with their distributions intact. PIMS vendor positions are reported in the vendor's own words where possible, and characterized faithfully where summary is required. Where ISV experience and vendor-stated policy diverge, both are presented and the divergence is described, not adjudicated. The reader is the adjudicator.

Limitations

As a general rule, AI capability is moving forward fast. Virtually every ISV and PIMS is advancing their capability and functionality. The survey results, albeit only a month or two old, could become obsolete as all software companies advance on three fronts: 1) strategy and policies, 2) design and goals, and 3) detailed execution. The latter includes things like accuracy, the benefit of accumulated context, and the handling of edge cases, all of which are applicable to every application, whether it be PIMS core "all in one" extensions, value-added applications within a PIMS, or the ISVs apart from the PIMS in the veterinary practice. It is the most dynamic and rapidly changing technology environment in the history of commerce and in our profession.

Three limitations, one for each survey, bear directly on how the Part IX findings should be read.

First, the ISV survey was distributed to a list of innovators with established product-market fit. The selection criterion produces a sample predisposed toward wanting greater PIMS openness, and the responses should be read in that light. ISV ratings reflect subjective integration experience over time rather than an objective technical audit. PIMS vendor policies do change and are continuing to change, which may make historical comments an inaccurate reflection of current reality. Per-PIMS sample sizes range from 5 to 13, so individual PIMS averages carry wider implicit confidence intervals than the cross-PIMS aggregate. The full set of ISV survey caveats is set out in the methodology footers attached to Tables 2 and 3 in Section III.

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[3] An open-source veterinary practice management system, OpenVPM, launched publicly on April 21, 2026 under an MIT license. At the time of publication the project had zero confirmed production deployments in a veterinary practice. OpenVPM completed the CAVSG PIMS Vendor Survey, and its responses are documented in the Companion Document under a separate "Emerging Development" heading. It is excluded from the commercially marketed PIMS count in Part IX because it is not a commercially marketed product. Its self-reported Level 5 capability rating and fee-free access posture reflect open-source architectural intent rather than in-market evidence.

[4] Lead author Jon Ayers, former IDEXX Chairman and CEO from 2002 through 2019, discloses personal seed investments in veterinary ISVs that may have contributed to this research, and a legacy IDEXX shareholding. Both are earmarked 100% as the sources of funds for philanthropy to animal welfare causes under the Ayers' Giving Pledge.

Second, the PIMS vendor survey is self-reported. Capability tiers, integration counts, and fee characterizations were not independently audited. Where PIMS vendor-stated positions and ISV-reported experience differ for the same PIMS, both are shown in Sections III and VI. Non-response by one cloud-based PIMS (Vetspire), a partial response from VetCove PIMS, an abbreviated data-scope-only joint submission from Covetrus for Avimark and Impromed, and the effective non-response on Cornerstone (scoped out of the IDEXX cloud-PIMS submission from Section 2 onward) are documented in Table 4 and discussed in Section VI.

Third, the ASIPS practice survey carries the methodological characteristics of any opt-in panel: practice-count market share is potentially overweighted toward larger practices because larger practices have more potential panelists, and prompted PIMS options are easier to select than write-in alternatives. Both effects are discussed in detail in Part VIII, Section IX.

Margin-of-error figures for the ASIPS sample are reported in Part VIII (±2.76% at the 95% confidence level for the North American base, ±2.89% for the PIMS user base) and are not restated here. Where Part IX cites an ASIPS-derived figure, the reader should understand the figure as carrying the corresponding margin.

Section II: Market Context — The PIMS Landscape and Customer Expectations

The North American PIMS market is structurally concentrated. Two vendor families, IDEXX and Covetrus, together account for an estimated 79% of all named-PIMS installations: IDEXX at 40.0% (Cornerstone, ezyVet, Neo) and Covetrus at 38.6% (Avimark, Pulse, Impromed/Infinity). The remaining 21.2% is split across nine independent named PIMS plus a residual write-in category. ASIPS fielded 1,155 valid named-PIMS responses (Kynetec PRJ17655, January 13 through March 4, 2026), and the share-of-market chart below presents the practice-count weighted breakdown.

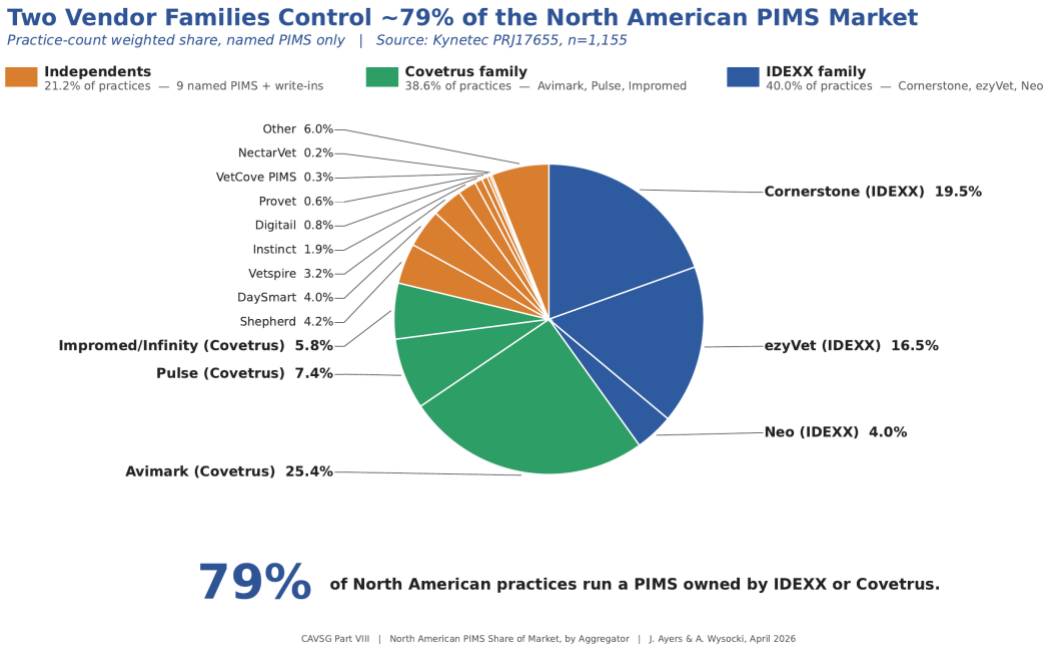

Figure II-1. North American PIMS share of market by aggregator. ASIPS Wave 1, n=1,155 named-PIMS users.

This concentration is the structural fact that makes the per-PIMS openness ratings in Section III consequential. The most restrictive PIMS, as rated by the ISVs, are the dominant platforms serving four out of every five practices, not the emerging PIMS offerings. Weighted by each PIMS's share of practices, the ISV-rated API openness average across the 14 covered PIMS is 2.23/5.00. This practice-share-weighted figure is the integration environment a typical ISV actually faces when it tries to

integrate across its addressable customer and prospect base, and it is the headline used throughout Part IX.[5]

The market also splits along a second dimension with direct consequences for ISV access: deployment architecture. 57% of named-PIMS practices run on-premise software, where third-party integrations are typically established at the practice's database layer through middleware vendors (BitWerx, AllyDVM, others, and ISV-built agents) almost entirely outside the PIMS vendor's direct involvement or control. The remaining 43% run cloud-native PIMS,[6] where the vendor controls the API gateway and is the gatekeeper for what they themselves describe as "sanctioned" access.[7]

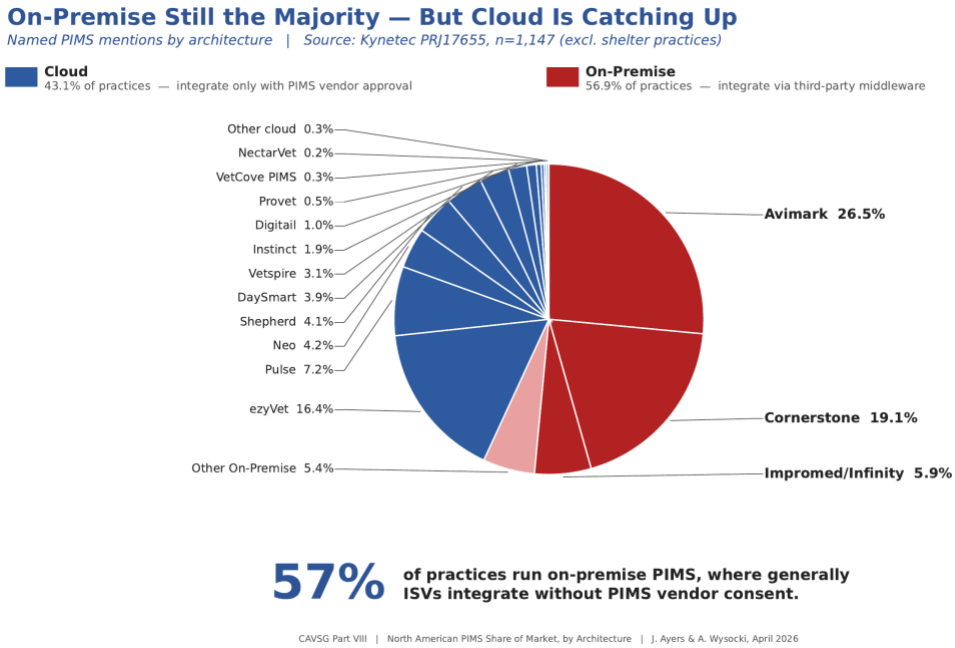

Figure II-2. North American PIMS market by deployment architecture. Same survey base.

This 57/43 split is the structural reason the ecosystem feels different to ISVs depending on which PIMS they are integrating with. *On the on-premise side* of the market, the middleware ecosystems, together with direct database access under the practice-consent doctrine, keep ISV onboarding largely under the practice's own control. *On the cloud side*, the PIMS vendor largely decides[8] who connects, on what terms, and at what price they charge. Section VI returns to this divide once both bodies of evidence have been laid out.

To make the absolute scale of each platform concrete, the table below pairs the survey-derived U.S. practice estimate for each named PIMS with the North American practice count that the PIMS vendor

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[5] The market-weighted average is computed as the sum of (per-PIMS Q11 average × per-PIMS share of named-PIMS practices) divided by the sum of weights, where shares are taken from the practice-count weighted breakdown in Figure II-1: Avimark 25.4%, Cornerstone 19.5%, ezyVet 16.5%, Pulse 7.4%, Impromed/Infinity 5.8%, Shepherd 4.2%, DaySmart 4.0%, Neo 4.0%, Vetspire 3.2%, Instinct 1.9%, Digitail 0.8%, Provet 0.6%, VetCove PIMS 0.3%, and NectarVet 0.2%. All five of the lowest ISV-rated PIMS (Pulse, Impromed/Infinity, Neo, Avimark, ezyVet) are aggregator-owned and collectively serve approximately 59.1% of practices; Cornerstone, the sixth-lowest, is also aggregator-owned, so every aggregator-owned PIMS sits below every independent in the rating distribution. This concentration of restrictive ratings on the largest platforms is the mechanical reason the practice-share-weighted average sits at 2.23. **The full per-PIMS Q11 ratings appear in the ISV API Openness Ratings table in Section III.**

[6] 57/43 computed from ASIPS as follows (See CAVSG Part VIII): on-premise PIMS: Avimark 25.4%, Cornerstone 19.5%, Impromed/Infinity 5.8%, plus ~6.2% on-premise share of write-ins and DVMAX = ~57%; the balance is cloud.

[7] Some ISVs have found ways around the cloud PIMS control gate. With the advancement of coding capability this route has become easier to accomplish according to one ISV. PIMS vendors referred to this as "unsanctioned" access. However, every ISV (100%) said they would prefer to achieve access through the PIMS API approach.

[8] Unless they have completely opened APIs, as many of the smaller independent players do.

itself stated in response to the CAVSG PIMS Vendor Survey, where one was provided. The U.S. estimate is computed by applying each PIMS's share of named-PIMS mentions among the U.S. respondents to the 28,000 ex-Mars estimated U.S. veterinary practice base. The vendor-stated count, when provided, is reproduced as the vendor characterized it; some vendors offered global rather than North American figures, and these are flagged in the column.

Table 1. Estimated PIMS No. of Practices **PIMS Software**	**Est. U.S. Practices (ASIPS)**	**Vendor-Stated NA Installations**
Avimark (Covetrus)	6,626	Not provided
Cornerstone (IDEXX)	5,583	Not provided
ezyVet (IDEXX)	4,624	10,000+ globally including Neo
Pulse / eVetPractice (Covetrus)	2,143	Not provided
Impromed / Infinity (Covetrus)	1,579	Not provided
Other (write-ins)	1,579	n/a
Shepherd	1,212	Not provided
DaySmart Vet	1,156	2,400
Neo (IDEXX)	1,043	Not separately provided
Vetspire (Thrive)	902	Not provided
Instinct Science	536	"Generally correct"
NectarVet †	479	~500 in North America
Digitail	169	900 (NA, vendor)
Provet Cloud (Nordhealth)	169	Not provided
DVMAX / Sneakers (IDEXX)	85	Not provided
VetCove PIMS	85	Not provided
Hippo Manager	28	Not provided
TOTAL (U.S. PIMS-using base)	**28,000**	**—**

Source: Kynetec PRJ17655. Est. U.S. Practices = % of mentions × 28,000 estimated non-Mars U.S. veterinary practices. The 28,000 base excludes approximately 2,100 VCA and Banfield practices, which operate on proprietary, centrally managed PIMS not available to the open market; BluePearl (~100 hospitals) is retained because its hospitals select from commercially available PIMS. Adding VCA and Banfield back yields approximately 30,100 traditional full-service U.S. practices; industry estimates range from 30,000 to 33,000 with no canonical source. † NectarVet: only 2 write-in responses; adjusted to 17 based on installed base estimates from the NectarVet CEO of approximately 500 North American installations (note, not independently verified). Margin of error: U.S. total (n=1,057) ±3.02%; PIMS user base (n=978) ±3.13% at the 95% confidence level.

Two specific reference points worth carrying forward into Sections III through V: a reader who later encounters Instinct's ISV-rated openness of 4.25/5 will know it serves roughly 1.9% of practices but an estimated disproportionate 6.2% of all veterinarians, given its concentration in larger specialty and emergency hospitals.[9] A reader who encounters Pulse's ISV-rated openness of 1.20/5 will know that

[9] See CAVSG Pt VIII for a complete discussion of the PIMS share of market estimates, including those that are weighted by the average number of veterinarians for practice, ASIPS methodology, limitations and caveats. This also includes a margin of error analysis.

Pulse serves about 7.4% of practices, and the same logic of scale-relative-to-openness applies to every PIMS in the table.

The customer side of the market has its own structural signal, separately documented in Part VI of this series. Across the same ASIPS sample, 88% of practices rated read and/or write-back access by third-party applications as important to their operations, with 80% rating read access alone important and roughly four-fifths rating write-back. The 99.7% open-ended response rate to the related question is unusually high in market research experience.

The substance of those comments was overwhelmingly oriented toward a single theme: practices want their PIMS, their AI scribes, their communications apps, their calendaring, and their diagnostic tools to work together without the practice itself having to negotiate, broker, or fund the connection. Section II establishes the supply-side context for that demand. Sections III through V explain why the demand is so often unmet.

Section III: The Two Opposing Vendor Surveys: Quantitative Summary Findings

This section presents the numerical results from the two CAVSG vendor surveys and from the ASIPS practice survey. Five tables follow.

- The first three derive from the CAVSG AI Innovator (ISV) Survey per-PIMS API openness ratings, the aggregator-vs-independent comparison, and the ecosystem-level rating.
- The fourth derives from the CAVSG PIMS Vendor Survey: a high-level summary of each vendor's self-reported access and fee policy.
- The fifth derives from ASIPS Wave 1: customer satisfaction with each PIMS, rated by the practices that use them.

ISV-Rated API Openness, by PIMS

The composition and breadth of the AI Innovator Survey respondent group warrant attention before the per-PIMS ratings are presented.

Twenty-one independent software vendors (ISVs) returned substantive responses to the instrument.[10] Twenty answered the aggregate ecosystem-level openness rating. The per-PIMS ratings shown in Table 2 reflect each respondent's direct integration experience with each PIMS in question; ISVs that had not asked for or attempted access with a particular PIMS did not rate it, and the per-PIMS number of entries (the "N") disclosed in the table footers reflects that variance.

The respondent group is neither casually assembled nor concentrated in any single category of veterinary innovation. It spans the principal AI-native and AI-adjacent product categories that companion animal practices are actively deploying today, and each respondent is a company with no apparent or stated interest in developing its own PIMS.[11] Most categories have several entries.

The categories represented in the respondent group are:

- Online booking applications;
- AI scribes;

[10] Two additional entries are excluded from the ISV analysis: one because the respondent is a group veterinary practice, and one because non-disclosure constraints prevented a standard submission. See Appendix A.

[11] The exception is one ISV respondent who has also developed an open-source PIMS project. To test for directional bias, the per-PIMS Q11 averages were recomputed with this respondent excluded. This respondent rated only one PIMS (contributing 1 of the 140 individual ratings in the dataset). That single per-PIMS average shifts by 0.08 points; the practice-count weighted average shifts by 0.01 points. Thus, we can conclude from this sensitivity analysis that per-PIMS averages reported in Table 2 were not materially driven by this respondent's ratings.

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

Across these categories, the respondent group includes ISVs with many thousands of practice deployments, ISVs widely cited in industry coverage of veterinary AI, ISVs founded by practicing veterinarians, ISVs founded by experienced software entrepreneurs from outside veterinary medicine, and a smaller number of more recent arrivals. Several have raised institutional venture capital from investors active across U.S. healthcare and small-business software. Several have integrated with multiple generations of PIMS architecture, on-premise and cloud, and are in active integration cycles with those PIMS today. The result is a body of survey evidence anchored in direct, current integration experience with the same PIMS platforms that the vendor self-reports later in this paper characterize from the inside.

This composition matters for how the data that follows should be read. The per-PIMS ratings presented below do not represent a self-selected fringe, but the lived experience of an operating set of innovators whose products veterinary practices are actively choosing to deploy. The categories represented here are also not incidental: each addresses a workflow or data absence pressure that has intensified for U.S. companion animal practices over the past several years, including declining patient visit counts, rising client expectations on access and engagement, and the pull of veterinarians away from the exam room as documentation burdens have grown.

Section VII returns to that frame. For the purposes of Section III, the ISV respondent group is best understood as the supply side of veterinary medicine's response to those structural pressures, and what they have learned about PIMS API access while attempting to deliver that response at scale is the substance of the ratings that follow.

Each ISV in the AI Innovator Survey rated every PIMS with which it had attempted or asked for integration on a 1-to-5 scale (1 = Very Closed, 5 = Very Open). The table reports the mean rating for each PIMS along with the number of ISVs contributing a rating.[12] Across 140 individual ratings from 18 ISVs spanning all 14 PIMS, the practice-share-weighted average ISV-rated openness is **2.23** out of 5.

This is the headline figure used throughout Part IX.

Table 2. ISV Openness Ratings of PIMS **PIMS Software**	**N (No. of ISV ratings)**	**ISV Avg Rating (1–5)**	**Vendor Group**
Avimark	12	**2.08**	Covetrus
Cornerstone	9	**2.33**	IDEXX
ezyVet	16	**2.19**	IDEXX
Pulse / eVetPractice	10	**1.20**	Covetrus
Impromed / Infinity	9	**1.44**	Covetrus
Shepherd	14	**3.57**	Independent
Neo	7	**1.86**	IDEXX

[12] This table and the PIMS averages have been updated since the publication of CAVSG Part VIII reflecting advances in methodology and the inclusion of a few missed ISV surveys.

Table 2. ISV Openness Ratings of PIMS PIMS Software	N (No. of ISV ratings)	ISV Avg Rating (1–5)	Vendor Group
DaySmart Vet	8	**2.38**	Owned by DaySmart Software
Vetspire	10	**3.70**	Owned by Thrive Pet Healthcare
Instinct	12	**4.25**	Independent
NectarVet	6	**3.50**	Independent
Digitail	11	**2.36**	Independent
Provet	11	**3.27**	Owned by NordHealth
VetCove PIMS	5	**2.40**	Owned by VetCove
Practice-share weighted average	**140**	**2.23**	**—**

Source: CAVSG AI Innovator Survey, Q11. N = 140 individual ratings from 18 ISVs across 14 PIMS. ISVs rated only the PIMS with which they had direct experience, so the per-PIMS N varies. Practice-share weights from Section II, Figure II-1. PIMS rows ordered by share of named-PIMS practices in the ASIPS sample. Per-rating distribution detail is preserved in the underlying ISV API Openness Summary workbook.

The visible spread is the central finding. The five highest ratings (Instinct 4.25, Vetspire 3.70, Shepherd 3.57, NectarVet 3.50, Provet 3.27) all belong to non-aggregator cloud PIMS that collectively serve roughly 11% of practices. The six lowest ratings (Pulse 1.20, Impromed 1.44, Neo 1.86, Avimark 2.08, ezyVet 2.19, Cornerstone 2.33) are all aggregator-owned and collectively serve roughly 79% of practice locations. Every aggregator-owned PIMS occupies the bottom six positions. Section IV-B examines each vendor's stated access policy alongside these ratings.

Aggregator vs. Independent: Practice-Share-Weighted Openness

Grouping PIMS by ownership reveals the structural pattern behind the weighted average. The two PIMS aggregators, IDEXX and Covetrus, have a share-weighted ISV openness rating that is meaningfully lower than that of the independent PIMS group: all five PIMS rated above 3.0 sit in the independent group.

Table 3. ISV Openness Ratings by PIMS Group Vendor Group	Share of NA Mkt	Weighted Avg Q11 (1–5)	PIMS in Group
IDEXX (Cornerstone, ezyVet, Neo)	40.0%	**2.23**	3
Covetrus (Avimark, Pulse, Impromed)	38.6%	**1.80**	3
Aggregator subtotal	**78.6%**	**2.02**	**6**
Non-aggregated (8 named cloud PIMS)	15.2%	**3.28**	8
Full named-PIMS weighted average	**93.8%**	**2.23**	**14**

Sources: CAVSG AI Innovator Survey, Q11 (per-PIMS averages); Section II, Figure II-1 (practice-count shares). Group averages are computed as the share-weighted mean of the per-PIMS Q11 averages within each group, divided by the

sum of in-group shares. The 6.2% residual to 100% reflects the 4.0% "Other (write-ins)" bucket plus shares not represented in this group breakdown.

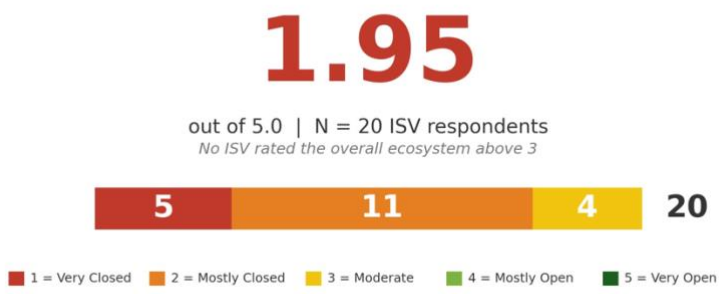
The 1.26-point rating gap between the aggregator subtotal (2.02) and the independent group (3.28) is the supply-side companion to the demand-side finding from Part VI: the practices most likely to want third-party integrations are the ones whose PIMS vendors are rated lowest by ISVs on enabling them.

Within the independent group, the 3.28 average masks substantial variance: Instinct, Vetspire, Shepherd, NectarVet, and Provet all rate above 3.0; DaySmart, Digitail, and VetCove PIMS rate below 2.5.

Ecosystem-Level Rating

Beyond rating individual PIMS, ISVs were asked to characterize the overall state of PIMS API openness in the veterinary industry on the same 1-to-5 scale. Responding ISVs (20) returned an average of **1.95** out of 5, with a modal rating of 2 (Mostly Closed). No ISV rated the ecosystem 4 (Mostly Open) or 5 (Very Open).

Source: CAVSG AI Innovator Survey, overall ecosystem openness rating question.



The **1.95** ecosystem average is materially below the practice-share-weighted per-PIMS average of **2.23**. The pattern is consistent across respondents: even ISVs that rated several individual PIMS in the 3-to-5 range still rated the ecosystem as a whole at 1, 2, or 3. The interpretation, fully developed in Section IV-A, is that the burden of navigating 14 different access regimes is greater than the sum of the individual PIMS experiences.

PIMS Vendor Stated Access and Fee Policy

The CAVSG PIMS Vendor Survey was sent to 15 commercially marketed PIMS in March 2026, with reminders through May 1 and a final cutoff of May 5, 2026. Nine vendors (representing 11 PIMS) returned written surveys; the same Covetrus submission also included an abbreviated, data-scope-only joint response covering Avimark and Impromed. A tenth respondent (VetCove PIMS) submitted a partial response consisting of a policy statement and competitive-context selection. One cloud-based PIMS (Vetspire) did not return a response by the publication cutoff. The table below records each vendor's stated position on two questions: whether their API is open to all developers, and whether they charge fees for API access. Pink shading marks PIMS vendors who did not respond or effectively respond; Avimark and Impromed are unshaded because Covetrus submitted an abbreviated response on their behalf.

Table 4. PIMS Responses PIMS	Open to All Devs?	API Access Fees?	Stated Tier	Notes
Instinct	Yes	No fees	Lvl 4 → 5	33 active integrations; 0 declined
NectarVet	Yes	No fees	Lvl 4 → 5	~30 partners; ~500 US locations
Lupa	Yes	No fees	Lvl 4 → 5	40+ live integrations; 574 global locations
Provet	Yes (see notes)	No fees	Lvl 5	*"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."* 150+ integrations; two-track access (Track 1 practice-level open; Track 2 listing gated on min practice count)
Shepherd	Yes	Nominal at scale	Lvl 3 → 5	85+ integrations; fees waived for early-stage
VetCove PIMS	Yes, if requested by customers	No fees	—	Submitted a policy statement to the survey, without otherwise completing the CAVSG survey
Digitail	Yes (with a carve-out)	No fees	Lvl 4	40+ integrations; ~900 NA locations; multi-clinic booking products carved out
DaySmart	No	Not disclosed	Lvl 3	Case-by-case approval
ezyVet (IDEXX)	No	Yes — tiered	Lvl 4 → 5	100+ certified integrations; partnership required
Neo (IDEXX)	No (presumed)	Yes (presumed)	Not disclosed	Grouped with ezyVet in IDEXX response; metrics not separated
Cornerstone (IDEXX)	Effectively a non-response	—	Not disclosed	On-premise; IDEXX response excluded Cornerstone from Section 2 onward
Pulse (Covetrus)	No	Yes — per-location/transaction	Lvl 2–4 → 5	250+ integrations across Covetrus estate (Pulse,

Table 4. PIMS Responses PIMS	Open to All Devs?	API Access Fees?	Stated Tier	Notes
				Avimark, Impromed); read/write on 9 of 11 data categories; partnership and case-by-case approval required
Avimark (Covetrus)	—	—	—	Abbreviated submission (data scope only); read/write on 5 of 11 data categories
Impromed (Covetrus)	—	—	—	Abbreviated submission (data scope only); read/write on 2 of 11 data categories
Vetspire	No response	—	—	Did not respond despite repeated outreach

Source: CAVSG PIMS Vendor Integration Survey (March 2 – May 5, 2026), supplemented by direct correspondence. "Stated Tier" reflects each vendor's self-rated API capability level on the survey's 1–5 scale (current state → July 2026 target where both were reported). Pink shading marks PIMS vendors who did not return a written response. Avimark and Impromed are unshaded because Covetrus submitted an abbreviated, data-scope-only joint response covering both on-premise products. "Effective non-response" for Cornerstone reflects that the IDEXX response stated explicitly that it focused on the cloud-native PIMS (ezyVet and Neo) from Section 2 onward.

Four patterns are visible. First, every PIMS that offers open API access without fees is not part of an aggregator. Second, aggregator-owned PIMS for which a position is stated report either fees, a partnership requirement, or both; Covetrus's Pulse response confirms this pattern at the second-largest aggregator, with per-location and per-transaction fees alongside partnership and case-by-case approval. Third, one cloud-native PIMS (Vetspire) has yet to provide a vendor-attested position on access or fees; VetCove PIMS submitted a partial response attesting to an open API with no fees. Fourth, IDEXX scoped Cornerstone out of its written response from Section 2 onward, while Covetrus's abbreviated joint response on Avimark and Impromed addressed only data scope, not access policy or fees, leaving the largest on-premise installed bases without a vendor-attested integration policy framework.

ASIPS Customer Satisfaction, by PIMS

The ASIPS questionnaire asked each PIMS-using practice to rate its current PIMS on a 1-to-7 satisfaction scale (1 = Not at all satisfied, 7 = Extremely satisfied). The table below presents the mean satisfaction rating for each PIMS, with a separate mean for general practice and specialty/referral users where the subgroup contained at least three respondents. The PIMS rows are ordered by total mentions, matching the ordering in Section II.

Table 5. PIMS Customer Satisfaction PIMS Software	N	Avg Sat (1–7)	GP Avg (n)	Spec/Ref Avg (n)
Avimark (Covetrus)	304	**5.18**	5.18 (301)	n/a
Cornerstone (IDEXX)	219	**5.13**	5.16 (200)	4.82 (17)
ezyVet (IDEXX)	188	**5.06**	5.09 (151)	5.00 (30)
Pulse / eVetPractice (Covetrus)	83	**4.64**	4.63 (81)	n/a
Impromed / Infinity (Covetrus)	68	**4.63**	4.63 (65)	4.67 (3)
Neo (IDEXX)	48	**5.35**	5.42 (45)	n/a
Shepherd	47	**5.34**	5.34 (41)	5.33 (3)
DaySmart Vet	45	**5.13**	5.11 (44)	n/a
Vetspire	36	**5.14**	5.20 (30)	5.00 (4)
Instinct	22	**5.77**	5.60 (5)	6.00 (14)
Digitail	11	**4.91**	5.00 (10)	n/a
Provet	6	**4.33**	4.33 (6)	n/a
VetCove PIMS	3	**5.00**	5.00 (3)	n/a
Other (write-ins)	73	**4.06**	4.10 (59)	4.14 (7)
VCA Woofware/VIA ‡	12	**4.45**	4.56 (10)	4.00 (2)
TOTAL (named PIMS)	**1,165**	**5.02**	**5.03 (1,051)**	**5.05 (85)**

Source: Kynetec PRJ17655 (ASIPS Wave 1), survey item QA2_A1, fielded January – March 2026. Total NA respondents: 1,273. PIMS user base: 1,153 actual + 17 NectarVet simulated. NectarVet is excluded from this satisfaction table because the 2 actual write-in mentions did not yield a usable satisfaction sample; the 17-mention figure used elsewhere in this paper for share weighting is a calibration estimate without a corresponding satisfaction sample. "Other (write-ins)" aggregates 73 responses across PIMS not on the prompted list, dominated by Vetup (14), Intravet (11), and DVMAX/Sneakers (4), all on-premise systems not actively marketed for general or specialty practice. ‡ VCA's PIMS, Woofware/VIA shown separately and excluded from the named-PIMS total because it is not a commercially available PIMS. Subgroup means shown only where n ≥ 3; otherwise n/a.

Three observations stand out. First, the cross-PIMS satisfaction average of 5.02 on the 1-to-7 scale corresponds to roughly the "somewhat satisfied" midpoint, well short of the "very satisfied" or "extremely satisfied" levels (6 and 7). A 7 is the level that practices actively recommend.

Second, Instinct (5.77) leads the named PIMS, with its specialty/referral subgroup average of 6.00 across 14 ratings reflecting concentration in the larger emergency and specialty hospitals where Instinct is best established.

Third, some of the lowest-satisfaction named PIMS are also the same group that ISVs rate as, to various degrees, restrictive on access: Impromed (4.63), Pulse (4.64), and Digitail (4.91) all sit below the cross-PIMS average.

Section IV: Industry Characterization — How ISVs and PIMS Vendors Describe the Landscape

Sections II and III presented the structural and quantitative findings: who is on which PIMS, how the ISVs rate API openness, what the PIMS vendors say about their own access policies, and how customers rate the PIMS they use.

This section turns to the qualitative evidence. It is organized into three subsections.

Subsection IV-A presents the ISV ecosystem perspective drawn from the three general open-ended questions in the AI Innovator Survey.

Subsection IV-B presents the PIMS vendor perspective drawn from the policy and outlook sections of the Vendor Survey.

Subsection IV-C introduces the points where the two perspectives converge and where they diverge, in preparation for the structural analysis in Section V.

IV-A: The ISV Ecosystem Perspective

Tone snapshot. Five anonymized verbatim quotes that span the range.

"Veterinary is the most gated ecosystem I've come across."

"Answering some of these questions would put us in conflict with existing NDAs we have with the PIMS we work with."

"A $30/month API cost is unsustainable when your product sells for $50/month."

"Bitwerx … enables a faster, cheaper time to market by opening up on-premise. Otherwise, you would need to build your own on-premise agents integrations."

"[Instinct is] easiest to work with. Even post-ScribbleVet acquisition they have kept up support."

Across 21 substantive ISV responses to the AI Innovator Survey, six themes recur with enough consistency that they should be treated as ecosystem-level findings rather than individual opinions. Each is summarized in turn before the verbatim and de-attributed survey responses are presented in their entirety.

The bifurcation theme. Multiple ISVs describe the ecosystem in the same shape: a small number of non-aggregator cloud PIMS that are genuinely open and developer-friendly, and a larger group of legacy and aggregator-owned PIMS that ISVs experience as effectively closed. One respondent put it directly in the open-ended comments: the veterinary PIMS ecosystem is sharply bifurcated, with independent cloud PIMS such as Vetspire and Shepherd genuinely open and the largest PIMS conglomerates treating API access as a revenue extraction opportunity. The Section III data corroborates the framing. All five PIMS rated above 3.0 in Q11 are non-aggregator (Instinct, Vetspire, Shepherd, NectarVet, and Provet), and all six of the lowest-rated PIMS in the share-weighted sample (Pulse, Impromed, Neo, Avimark, Cornerstone, and ezyVet) are aggregator-owned.

The cumulative friction observation. The ecosystem-level rating in Section III (**1.95/5.00**) is meaningfully lower than the practice-share-weighted per-PIMS average (**2.23/5.00**), a 0.28-point gap that is consistent across respondents. Respondents who rated several individual PIMS in the 3-to-5 range still rated the ecosystem as a whole at 1, 2, or 3. The interpretation that emerges from the open-ended responses is that the cost of navigating 14 different access regimes, each with its own qualification criteria, fee structure, and partnership requirements, exceeds the sum of the individual PIMS experiences. The whole is worse than the sum of its parts.

The middleware workaround. For the three major on-premise PIMS (Avimark, Cornerstone, Impromed), middleware providers (BitWerx most prominently, plus Covetrus Connect and AllyDVM) supply a structural workaround. Practices can authorize a local agent that sits on the in-clinic server and exchanges data between the PIMS and the ISV, with no PIMS vendor involvement required. ISVs describe this arrangement as imperfect but functional. Sync frequencies and feature coverage are limited, fees are bespoke and sometimes opaque, and the commercial terms are typically negotiated

under non-disclosure. But the path exists, and several respondents credit BitWerx with unlocking the on-premise market for early-stage companies. The cloud-side equivalent does not exist: where the cloud PIMS vendor declines or delays, the ISV has fewer alternatives.

The access fee costs. Per-clinic monthly access fees, in the range of $30 to $50 in most cases, are economically asymmetric depending on the ISV's pricing model. An ISV charging a practice $50 per month for its own product cannot absorb a $30 per-clinic API fee without losing money on every account; an ISV charging several hundred dollars per month can. The structural effect is to favor larger, established ISVs and to filter out lower-priced or earlier-stage entrants regardless of product quality. Multiple respondents flagged this as the single most important commercial barrier. Several reported absorbing the fees rather than passing them to clinics; others reported passing them through; one called the fee structure a toll that redirects capital away from growth and innovation.

The Model PIMS. Some ISVs answered the optional question about which PIMS, if any, they consider a model of good API practice.

Three overall ISV survey observations. First, the ranking by citations is almost, but not exactly, the ranking by Q11 openness. Instinct has the highest Q11 average (4.25) with two model-PIMS citations, an artifact of its concentration in fewer available specialty and emergency hospitals; ISVs with no specialty footprint did not encounter Instinct in the field.

Second, Vetspire's presence in the model-PIMS list comes with a documented counter-narrative. Three ISVs in a similar product category reported that they were initially given a Vetspire integration, but that the integration was subsequently withdrawn or degraded after Vetspire released its own offering in that category. The model-PIMS citations and the access-retraction reports should be read together, since both are accurate reflections of different ISV experiences with the same vendor.

Third, the tone: ISV frustration paired with pragmatism. The composite tone of the open-ended responses is not anger and not resignation. Respondents describe the PIMS gatekeeping in vivid terms (one called veterinary the most gated ecosystem in their tech career), but in the same breath they describe the workarounds they use, the partnerships they prioritize, and the model PIMS they hold up as proof that the alternative is viable. Every respondent (100%) said they would prefer a PIMS-sanctioned integration path. Where they have used alternative methods, it has been because no sanctioned path was available, practical, or cost competitive. The pragmatism is structural, not philosophical: ISVs build their products to reach the practices that want them, and the practices want them whether the PIMS vendor cooperates or not.

The verbatim and de-attributed open-ended responses of the general observations regarding the ecosystem follow, organized by the four general ISV-survey questions that elicited them. Throughout this subsection, the ISV perspective is reported without speaker attribution, consistent with the AI Innovator Survey's anonymity provisions. PIMS vendors and middleware providers are named because their stated positions are part of the public record. Direct quotations are presented in italics inside quotation marks. Paraphrased entries beginning "One ISV reported…" or similar are used where the original wording named a vendor or individual whose identification would conflict with the section's anonymity standard.

Part A. Greatest Barrier to PIMS Integration. *In your experience, what is the single greatest barrier to integrating your application with veterinary PIMS?*

> *"The two dominant PIMS conglomerates control the vast majority of the market and both gate API access behind expensive middleware partnerships or refuse to recognize third-party integrations. The independent cloud PIMS … are far more open but represent a smaller share of the installed base. The fundamental issue is that the largest PIMS vendors treat API access as a revenue extraction opportunity rather than a feature for their customers, even though the data legally belongs to the practice."*
>
> *"Ironically, the less developed PIMS are the ones that are much more open to innovation, because they recognize they can't go and build this stuff. They're like, okay, to go and integrate. Whereas the PIMS that used to be leading the pack are the ones that are fighting back against it, because*

they still have this idea and narrative in their mind of, you know, we should be building everything. The ones that were ahead of the curve prior to this are now going to be lagging behind because they're not willing to open up, and they're feeling threatened."

"Many of the PIMS want to be a one-stop-shop and rather than becoming a hub or ecosystem with beneficial economics for all parties, they make it their policy not to introduce competing products. Many of their modules are unworkable for hospitals; we've even heard from some PIMS that do not have a solution … say that they don't want to integrate because they may want to compete down the road."

"Veterinary software vendors, by and large, don't seem to want to allow new technologies in, and that's the biggest barrier I've seen. I think a lot of them want to build things internally, which makes it extremely difficult. It gets hard for not just vendors to get in, but for practices to really control their own data. In my career across tech, veterinary is the most gated ecosystem I've come across."

"The amount of bureaucracy and gatekeeping is very high. No clear expectations or communications on how to apply, get access, etc. Even for the ones that say they are open and publish APIs, they still require approvals. Uncertainty. Not knowing whether the access will be there tomorrow is also daunting. With PIMS making decisions on a whim to allow or restrict access, it makes building long-term integrations difficult. Especially because the main affected party is not even us, it is the provider, the veterinary practice. Providers suffer a lot when we give them a new feature that makes their lives easier, just to take it away a couple months later, because a PIMS decided they didn't want to do this anymore."

"No one makes it easy with published APIs. A test environment that we can easily integrate and test with and a simple path to quickly move to production ready."

One ISV identified the major PIMS vendors' unwillingness to provide sanctioned API access as the primary barrier, noting that this forces innovators into alternative methods that create legal and operational risk.

"The single greatest barrier is the restrictive stance on writing back to the patient record."

"The PIMS' willingness to do so!"

"The PIMS' own bandwidth: you can judge how well run a PIMS is by their ability to accommodate. However, all the PIMS we had easy integrations with were with PIMS where clinics connected us, and where the PIMS wants to use our technology in one way or another."

"The time it takes to initiate, integrate and maintain each integration. All PIMS are overly protective about certain high-margin business lines, prohibiting integrations that would threaten those revenue streams."

"Building up that relationship with the PIMS, that in itself takes half a year to a year."

"I don't think the market understands the economics of a business, because a lot of people out there trying to give their software away for 99 bucks, or 100 bucks. My toll fee into some of these PIMS is 50 bucks. You can't go run a business making $50 a location. By the way, it should be zero, but it's not."

"Bitwerx is a very important player in this ecosystem. Their service isn't perfect (it needs faster and more reliable sync frequencies), but it enables a faster, cheaper time to market by opening up on-premise options. Otherwise, you would need to build your own unsanctioned integrations, which is time- and resource-intensive. They are generally responsive and definitely unlock the market for early stage companies."

"When we integrate a practice management system, we either go direct, we go through a named middleware, or we use alternative paths."

"Those servers, they got a lot of agents. They probably have more than a dozen agents sitting there … they all work."

"I'm always happy to help, but answering some of these questions would put us in conflict with existing NDAs we have in place with the PIMS we work with, even with the guarantee of anonymity."

"We've had conversations and things just shut down or they just stop. And it's kind of like if we're coming at it from the position of we're trying to do what's right for the healthcare teams … we all share that, or we say we share that common mission and that goal. And yet it just, you know … actions speak louder than words."

"The PIMS that have to use their connectivity as a revenue center, they have a bigger strategy problem. Your PIMS should be able to compete on the veracity of its capabilities as a practice information management system. You shouldn't be monetizing the customer's data for revenue … Let's build bridges, so practices can pick the right solutions and services that work best for them."

Part B. Integration Fees. *Have integration fees (upfront and/or ongoing) been a meaningful barrier for your company?*

"Integration fees are a barrier to broad ecosystem openness. Whether they're justified depends entirely on the value the AI application delivers to the end user. A $30/month API cost is unsustainable when your product sells for $50/month, but reasonable at higher price points. The per-clinic fee model as currently structured prevents many early-stage or lower-cost AI tools from integrating at all, ultimately limiting the ecosystem for everyone."

"I understand there is some need for integration fees. Vendors have to maintain sandbox environments and that requires support. But high ongoing fees just get reflected back onto their customers ultimately. I think it's an anti-competitive practice, and it blocks out a lot of truly innovative technologies, especially in the age of AI where small teams can build meaningful products quickly with fewer resources than ever before."

One ISV argued that the per-clinic-per-month middleware fee model creates a cost structure that is either passed to clinics or absorbed by innovators at a cost to unit economics, and that these fees are charged for access to data that legally belongs to the practice, citing Vetspire and Shepherd as evidence that open APIs are technically and commercially viable without middleware fees.

One ISV reported no payment requests yet from Digitail or NectarVet, free access from DaySmart and Instinct, and noted that Bitwerx was the main vendor that had disclosed pricing.

"They are a barrier but we pass the cost on to the customer, so it's more of an issue for them ultimately."

One ISV reported a policy of absorbing integration fees rather than passing them to clinics, taking the view that access to the PIMS is a foundational expectation, and has engaged several PIMS vendors to reduce those costs.

"Within the SMB sector, integration costs significantly erode gross margins. When combined with a relatively restricted price ceiling, these toll fees levied by PIMS aggregators and vendors redirect capital away from growth and innovation."

Part C. Additional Comments for the CAVSG Research Team. *Any additional comments you would like the CAVSG research team to consider?*

"The veterinary PIMS ecosystem is sharply bifurcated. Independent cloud PIMS (Vetspire, Shepherd) are genuinely open and developer-friendly with no fees. The largest PIMS conglomerates, which control the vast majority of practices, treat API access as a revenue extraction opportunity. The clinics themselves want these integrations and are frustrated by their PIMS vendor blocking access to their own data. The industry would benefit enormously from standardized, open APIs: or at minimum, a recognition that practice data belongs to the practice and third-party access should not be gated behind prohibitive fees."

"Most of the newer PIMS have been built with an API out of the box. Part of the struggle with the legacy PIMS is that adding an API is an afterthought, and they struggle with onboarding, certification, sandbox creation, etc."

"Standardization is missing. Unlike human healthcare (HL7/FHIR), veterinary has no data standard. Every PIMS uses different schemas, endpoint naming, and auth methods. An industry-wide data standard would unlock an entire generation of innovation. Small clinics are left behind: per-clinic fee models and complex integration requirements mean that independent, single-location practices rarely benefit from AI tools, only large DSOs can absorb the cost. The openness gap is also an equity gap. PIMS vendors that make integration easy in the next 12 to 24 months will become the default platform layer in the next 5 years. Those that don't will get bypassed by clinics choosing cloud-native PIMS that were built API-first from day one."

"We're seeing a massive shift across the technology industry in terms of openness. Truly open source seems to be the driving direction of technology broadly. I envision this will happen in veterinary too. An open source PIMS provider will come along, something somebody could realistically build in a weekend with the tools available today. I think the biggest barriers right now are the giants, and I don't see that lasting much longer. It is exciting to watch that change start to happen, and I hope to be able to serve practices when it does. I know traditionally they say veterinary is behind in terms of technology adoption, and that may be the case. We're just starting to see folks now begin to adopt some of our technology, but it is still very early. I'm excited to stay in the field and see where it goes."

"I'm being told my product is great, followed by 'How many customers do you have?' I feel if PIMS keeps a closed system then the lack of integration will spawn a 100 new PIMS. Coding is a non-factor now. They have a large chunk of the pie, but there will be a lot more companies vying for a piece in my opinion."

Part D. Model PIMS for API Practice. *Which PIMS vendors, if any, do you consider a model of good API practice, and why?*

The narrative summaries that follow describe each named PIMS in turn, ordered by number of citations, with verbatim quotations retained where the wording adds substantive content.

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

One ISV described Shepherd's API posture in technical detail, noting an open Swagger-documented API, direct API key provisioning to clinics, responsive support, no fees, and an openly acknowledged current limitation that medical record write endpoints are not yet available via the API. The respondent characterized Shepherd's overall posture as genuinely open and collaborative.

"Amazing data, good team, great responsiveness."

"Self-service toggle, external APIs, no barriers."

Vetspire. Three ISVs cited Vetspire as a model of good API practice. Vetspire's self-service API key model, GraphQL endpoint, and fee-free posture are described in detail in the per-PIMS Companion Document; respondents in Part D made similar observations about openness and ease of access.

"Vetspire is easy to work with to get API access; their API has some low rate limits, but is workable."

The counter-narrative. The Vetspire model PIMS citations in Part D are accompanied by a specific counter-narrative. Three different ISVs in a similar product category reported that they were initially given an integration with Vetspire, but that the integration was subsequently withdrawn or degraded, with Vetspire releasing its own offering in that broadly defined category shortly thereafter. The Part D citations and the access-retraction reports should be read together. Vetspire's open posture as an integration partner appears real for many ISVs and at many points in time. The same posture has not been durable for ISVs whose products Vetspire later chose to compete with directly.

Two ISVs cited *Provet* as a model: one in a Provet-specific response and one in a collective response naming Provet alongside Shepherd and Instinct. The Provet-specific response was brief.

"Helpful, direct API access, no complaints."

Two ISVs cited *Instinct* as a model: one in an Instinct-specific response and one in the same collective response that named Provet and Shepherd. The Instinct-specific response emphasized communication consistency over technical openness.

> *"Only vendor that has had clear communications, provided clear expectations and has stayed true to their messaging."*

One ISV cited *Digitail* as a model, focusing on the practical scope of the API and the vendor's willingness to extend it.

> *"They allow us full access to read/write and their APIs provide most of the fields we need. For the fields they do not provide they are willing to add those."*

One ISV named three independent cloud PIMS together rather than singling out any one of them.

> *"Instinct, Provet and Shepherd: Open, good communication, and great APIs."*

This response is reflected in the citation count for each of the three PIMS named.

One ISV responded to the question with a single phrase, *"None so far."*

IV-B: The PIMS Vendor Perspective

Tone snapshot. Verbatim quotes that span the range, from open-source idealism to the most open vendor's pessimism about whether the rest of the industry will follow.

> *"We aspire to be the operating system of the veterinary industry."*
>
> *"Openness and governance must advance together. Third-party access to clinical data without governance is unmanaged access to clinical data."*
>
> *"Will open API access become a baseline expectation in two to three years? Unlikely, unfortunately."*

The CAVSG PIMS Vendor Integration Survey was fielded from March 3 through May 5, 2026 to all 15 commercially marketed PIMS serving the US companion animal veterinary market.

What follows is a synthesis of how the vendors describe their own openness philosophy, sorted into seven groups, followed by the verbatim Section 4b public statements that each respondent supplied.

We organize the groups along two axes: whether the API is generally available to ISVs without case-by-case approval, and whether access carries fees. The seven groups are 1) open with no fees, 2) open with infrastructure-driven fees at scale, 3) open in principle but gated on access, 4) selective with tiered or undisclosed fees, 5) abbreviated submission — data access scope only, 6) effective non-response for on-premise PIMS vendors, and 7) non-response from cloud-native PIMS. The groups are descriptive rather than evaluative; the ISV-rated openness data sits in Section III, and the convergence and divergence between vendor self-characterization and ISV experience is the subject of IV-C and Section VI.

Group 1, open with no fees. Six vendors fall in this group based on their written responses or directly attested public position: Instinct, NectarVet, Provet, Lupa, Digitail, and VetCove. Each describes an API that is generally available to ISVs without case-by-case approval beyond a standard license agreement and customer authorization, with no per-location, per-transaction, or onboarding fees.

- Instinct rates itself at Level 4 today (targeting Level 5 by July 2026), with 33 active integrations and zero applications declined; the access model checks free and open to all developers and pairs that with a standard API license agreement and hospital approval for data privacy and security reasons.
- NectarVet rates itself at Level 4 today and operates a case-by-case partnership model in transition to free and open to all developers by July 2026; most integration partners pay no fee,

with narrow exceptions for co-marketing or for integrations that displace NectarVet payment-processing revenue.

- Provet rates itself at Level 5 today on architectural grounds, with the explicit caveat that no formal developer portal yet exists, and reports 150+ third-party integration partners. The access model operates on two tracks: Track 1 allows any clinic to grant API access to any developer with no minimum practice count, no fee, and no partnership requirement, placing it among the most permissive practice-level access models in the survey; Track 2, the official integration listing that brings marketing and technical support, requires a partnership agreement and a minimum practice-count threshold but carries no onboarding, per-location, or per-transaction fees.

- Lupa rates itself at Level 4 today (targeting Level 5 by July 2026), with 40+ live integrations and 20+ in active development, public documentation, and read/write access on all eleven data categories. Lupa was not active in the North American market at survey fielding and is therefore not represented in the Table 2 ISV ratings or the ASIPS satisfaction view. The figures above are vendor self-attestation without the ISV-side or customer-side triangulation applied to other Group 1 entries; readers should weight Lupa's placement in this group accordingly.

- VetCove rates itself as open to all ISVs with no access fees, but provided an incomplete survey with regard to detailed levels of capability in their API.

- Digitail rates itself at Level 4 today, with no July 2026 target supplied, and reports 40+ active integrations across approximately 900 North American practice locations. The API is publicly documented at documentation.digitail.io, with REST endpoints, an OAuth 2.0 authorization model, a developer portal with self-service registration, and a sandbox environment; webhooks, an audit trail, and a published SLA are all absent today, which would strict-read the platform at high Level 3 against the survey's 1-to-5 rubric. Production access is reviewed against three publicly stated criteria (data security, ecosystem fit, and platform stability) with a typical 3 to 7 business day turnaround. The access model is open *with one explicit categorical carve-out:* multi-clinic third-party online booking products are not eligible for the API on the stated basis that they overlap with core Digitail functionality, while single-clinic booking builds for a clinic's own internal use are permitted.

Group 2, open with infrastructure-driven fees at scale. Shepherd is the sole occupant of this group. The API is open to all ISVs from day one with no gating on application type, partnership status, or practice count. A nominal setup fee and a per-location monthly fee apply only after an integration reaches meaningful adoption scale, and Shepherd states that fees are routinely waived for early-stage and smaller vendors. The General Manager, in correspondence accompanying the April 20 revised survey response, was explicit that the fee structure exists, that it is not expected to change in the near term, and that it is driven by the cost of running infrastructure as ISVs request access and ask for higher rate limits and near-real-time access. Shepherd rates itself at Level 3 today, targeting Level 5 by July 2026, with 85+ active integrations and zero applications declined in the last 12 months. The sole categorical access restriction is payment processing, where Shepherd offers a native integrated payments solution. Independent ISV feedback collected by CAVSG corroborates the open and developer-friendly characterization.

Group 3, open in principle but gated on access. DaySmart alone falls in this group. DaySmart rates itself at Level 3 today, with read/write on four of eleven data categories and read-only on six. The vast majority of third-party integrations carry no fees, but commercial third-party access is treated as an enhancement request requiring a direct relationship and formal agreement; the access model checks both case-by-case approval and partnership required. DaySmart describes security, integrity, and clinical-grade governance as the rationale for the gating, and permits partners to disclose fee existence and structure to the mutual customer.

Group 4, selective with tiered or undisclosed fees. Two cloud PIMS occupy this group: IDEXX (ezyVet and Neo) and Covetrus's Pulse. IDEXX operates a certified partnership program for cloud PIMS access, with a one-time onboarding or certification fee and ongoing per-location or per-transaction fees

in structured tiers, both today and in 2H 2026. The minimum practice count is described as phasing out as a barrier for certified partners. IDEXX states that practices and developers can build workflows on their own data without a commercial integration relationship, but that commercialized or broadly deployed solutions require partnership. While the response groups Neo with ezyVet under a single cloud PIMS umbrella, every metric (capability level, integration count, data access scope, location count) explicitly references ezyVet, and Neo-specific figures are not independently disclosed. Cornerstone is acknowledged but explicitly out of scope from Section 2 onward. IDEXX rates ezyVet at Level 4 today, targeting Level 5 by 2H 2026, with 100+ certified integrations. A new API platform was announced as launching approximately one month from the discussion (target ~May 2026), described as practice-first with corporate cross-practice aggregation in scope; specific capability tier, fee structure, and access criteria for the new platform were not disclosed in the discussion.

Covetrus's Pulse sits in the same group on a different access model. Pulse self-rates Levels 2, 3, and 4 simultaneously today (the survey instrument requested a single answer), targeting Level 5 by July 2026, and reports 250+ active integrations across the Covetrus estate (Pulse plus the Avimark and Impromed installed bases via Covetrus Connect). The vendor checked three of six access conditions both today and in July 2026: ongoing fees per location or per transaction, case-by-case approval required, and partnership or business relationship required. Pulse declined to check "free and open to all developers" for either timeframe. On fee transparency, the only disclosure permitted to mutual customers is the existence of a fee; rate cards, billing method, tiers, minimums, and usage caps are restricted under Mutual Data Non-Disclosure Agreements (MDNAs). On developer access, Pulse's response identifies a quality-and-security certification standard combined with case-by-case evaluation as the gating criteria for ISV approval; numerical fields for active developer counts, approvals, and declines were left blank. Pulse's Section 4c selection identifies only "investing in expanding our integration capabilities" as the operative posture, declining to check competitive-advantage, selective-by-criteria, or vertically-integrated alternatives. The ISV-rated Q11 average for Pulse, drawn from ten ISVs with direct integration experience, is 1.20 — the lowest in the survey.

Group 5, abbreviated submission — data access scope only. Covetrus's Avimark and Impromed/Infinity sit in this group. The May 5 joint submission addressed only Section 3b (Data Access Scope), declining to respond to access policy, fee structure, capability tier, or strategic outlook. Avimark reports read/write access on five of eleven data categories; Impromed on two of eleven. Covetrus added a qualifying note that the team can write back generic medical record notes for both products but considers this insufficient to claim full read/write support on the EHR category. The response is treated as a partial vendor-attested position throughout this paper.

Group 6, effective non-response on on-premise PIMS. Cornerstone (IDEXX) sits alone in this group. Cornerstone is a so-called legacy on-premise system whose access in practice is mediated by middleware (BitWerx, AllyDVM) operating on a practice-consent basis rather than by vendor-controlled API policy. In that sense, a non-response from the PIMS vendor on on-premise integration policy is structurally consistent with the on-premise reality: the vendor does not directly control whether ISVs reach the practice's database.

But the structural explanation only extends so far. Cornerstone alone serves an estimated 19.5% of named-PIMS practices in the United States, the largest share of any cloud or on-premise system in the survey. The parent company has chosen to articulate integration governance for its cloud flagship while saying nothing about the on-premise installed base that still constitutes a large portion of its customers. IDEXX submitted a detailed cloud-PIMS response with a policy framework, certification criteria, governance posture, and a Section 6c forecast, then explicitly scoped Cornerstone out from Section 2 onward.

The silence on Cornerstone is not evasion in the conventional sense; there is genuinely no vendor-controlled API to articulate policy about. It is, however, a structural abdication: the parent company has no published position on which middleware partners meet its security and data-handling standards, no guidance on what practices should expect when authorizing BitWerx or AllyDVM access to their database, and no accountability framework for the integration experience that a large share of its

customers actually live with. The asymmetry between cloud-side governance and on-premise silence is not a gap in the survey response but a gap in the vendor's own strategy.

Group 7, no response from cloud-native PIMS. Vetspire sits alone in this group and is the only cloud-native PIMS in the survey scope without a vendor-attested public position on access policy, fee structure, or capability tier. Vetspire is a cloud-native SaaS for which the vendor exercises direct, technical control over API access. Unlike the on-premise non-response, where the vendor's silence is at least partly explained by the structural reality that the vendor does not control practice-side data access, cloud-native non-response sits on top of full vendor control. In cloud-native SaaS, the vendor's API policy is the governing fact of the integration ecosystem, and the absence of any vendor-attested position leaves the ISVs and practices that work with Vetspire to operate without the policy framework that the written respondents have supplied.

On the pace of API development, the nine respondents who completed the survey divide cleanly. Six name July 2026 or 2H 2026 as the target for Level 5 capability. Provet rates itself at Level 5 today on architectural grounds, the only respondent to do so. The Track 1 practice-level access model is among the most permissive in the survey; the Track 2 official-listing track gates on a minimum practice count. The Level 5 self-rating reflects architectural posture rather than ISV-validated ecosystem density, which sits at 3.27 in Section III Table 2. The pattern is that vendors who describe themselves as already at Level 5 do so on architectural rather than ecosystem-density grounds, while vendors who describe themselves as approaching Level 5 are gated on developer tooling, sandbox maturity, and webhook coverage rather than on any bright-line technical barrier.

On fee transparency to the mutual customer, the responses are remarkably consistent. Every respondent who has fees (IDEXX, Shepherd, DaySmart for narrow cases) permits partners to disclose fee existence, amount or rate card, and billing method to the practice. IDEXX explicitly states that confidentiality provisions in partnership agreements relate to proprietary technical and commercial architecture rather than to preventing practices from understanding fee structures. The transparency posture stands in tension with the ISV-reported experience of NDA-gated commercial terms, which is documented in Section IV-A and revisited in Section V; vendor-stated transparency permissions and ISV-experienced disclosure friction are not the same thing.

On the 2-3 year forecast for whether open API access becomes a baseline expectation (Section 6c of the survey), the field splits into four camps. Four respondents say Yes definitively (Lupa, Provet, IDEXX, and Covetrus for Pulse). One says both Yes and Likely (Shepherd). Two say Likely (DaySmart and Digitail). One says Uncertain (NectarVet, paired with the comment that anti-competitive behavior in the space looks more like a business strategy than a product or tech strategy). One says Unlikely, unfortunately (Instinct, with the parenthetical signaling that the comment is about the industry overall rather than Instinct's own trajectory). The split is informative: the most open vendor in the survey (Instinct, by ISV-rated Q11 average) is the most pessimistic forecaster, and the vendors with the most restrictive access models (IDEXX and Pulse) are among the most affirmative on the direction of travel. The asymmetry is consistent with vendors describing the industry as they would like it to be rather than as it is.

On industry standards and data standardization (Survey section 6d), every respondent who answered substantively supports it. The specific analogies vary: Shepherd, DaySmart, and IDEXX invoke human healthcare and FHIR; Provet highlights cross-border legal-reporting fragmentation; Lupa cites Shopify, Salesforce AppExchange, and Epic's post-Cures-Act FHIR shift as platform-openness analogs; Instinct acknowledges the absence of a regulatory forcing function as the structural barrier. Digitail proposes a vet-specific FHIR equivalent and names three concrete standardization areas: a common data model for core clinical entities (patients, visits, vaccines, medications, diagnostic results), OAuth 2.0 with consistent scope definitions, and shared conventions for sensitive operations such as prescription writing, lab result delivery, and payment reconciliation. NectarVet provides the shortest affirmative answer in the survey, a single sentence. The convergence on standardization-in-principle is real; the gap between principle and the absence of any active industry working group is itself part of the IV-C divergence story.

The *verbatim* Section 4b public statements supplied by each respondent follow, organized by group. Each statement is reproduced as the vendor supplied it, except for typographic normalization. Where a vendor declined to submit a statement or did not respond, that is noted.

Instinct (*VP, Strategic Partnerships. Response Date: March 11, 2026.)*

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'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, 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.

Lupa (*Founder and CEO. Response Date: March 30, 2026.)*

Lupa is architected as an open platform: free, publicly documented APIs with no developer fees and no partnership or volume qualification required for developer access. 40+ integrations are live today and 20+ are in active development. Practices are free to install any third-party application even where it overlaps with our native features. Lupa's position, as stated publicly by the CEO, is that Lupa aspires to be the operating system of the veterinary industry, drawing an iOS analogy: a platform whose value increases as more developers and customers build on it. Our UK precedent, where Lupa has displaced incumbent cloud PIMS at multi-site enterprise groups in part because of our open architecture, is the model we are bringing to the US market.

NectarVet (*CEO. Response Date: March 10, 2026.)*

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.

Digitail (*Head of Marketing. Response Date: April 24, 2026.)*

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.

Shepherd (*General Manager, Synergy Pet Group. Response Date: March 28, 2026, revised April 20, 2026.)*

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.

Provet (*CEO, NordHealth. Response Date: March 31, 2026.)*

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.

DaySmart (*Director of Product. Response Date: March 30, 2026.)*

DaySmart's integration strategy is focused on enabling meaningful, secure, and high-quality connections that deliver real value to veterinary practices. We continue to invest in our API capabilities with an emphasis on data security, system performance, and clinical integrity. Integrations are prioritized based on customer demand, operational reliability, and long-term viability.

IDEXX (ezyVet, Neo) (*IDEXX Veterinary Software Leadership Team. Response Date: April 11, 2026.)*

IDEXX's position on open integration is grounded in a dual principle: openness and governance must advance together. IDEXX's certified partnership program is designed to enable practices and their chosen third-party applications to connect with IDEXX's cloud PIMS (ezyVet and Neo) through well-documented APIs, with security, reliability, and auditability built in. IDEXX views third-party access to clinical data without appropriate governance as unmanaged access to clinical data, and positions its certification criteria, data privacy compliance, cybersecurity controls, financial viability and operational continuity, modern API engineering standards, and service level commitments, as the framework that allows open integration to scale responsibly. IDEXX affirms that open, well-documented API access will become a baseline expectation in the next two to three years, and advocates for industry standards in FHIR-analog data models, common authentication, security certification, and data portability.

Pulse (Covetrus) (*Covetrus, Pulse leadership. Response Date: May 5, 2026.)*

"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."

Non-respondents (on-premise PIMS)

Cornerstone (IDEXX) is the only on-premise PIMS for which no Section 4b statement was supplied. The IDEXX response submitted a detailed cloud-PIMS public statement (above) but explicitly scoped focus to ezyVet and Neo from Section 2 onward. Avimark and Impromed/Infinity, addressed in Covetrus's abbreviated joint submission immediately above, did not receive a Section 4b statement either; their treatment in Group 5 of this section reflects the data-scope-only nature of that response.

Non-respondents (cloud-native PIMS)

Vetspire is a cloud-native SaaS for which no response was received by publication deadline. With Covetrus's Pulse response now on the record (Group 4), Vetspire is the sole cloud-native PIMS without a vendor-attested public statement on access policy, fee structure, or capability tier. Unlike the on-premise non-response, where vendor policy operates against a backdrop of practice-consent middleware access, the cloud-native non-respondent controls API access directly, and its silence is correspondingly more consequential.

VetCove PIMS submitted a partial response on May 4, 2026. The response does not complete the survey instrument but includes a public statement on integration philosophy (reproduced below), a Section 4c selection ("We view open integration as a competitive advantage and actively promote it"), and a policy on third-party applications with a payment-processing component.

VetCove PIMS (*Chief Strategy Officer. Response Date: May 4, 2026. Partial response: statement only.)*

> "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."
>
> Payment-processing policy (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."

IV-C: Where the Two Perspectives Converge and Diverge

Sections IV-A and IV-B presented the ISV ecosystem perspective and the PIMS vendor perspective in their own words. The two views are not symmetric. The ISV side draws on 20 substantive responses spanning all 14 of the PIMS the ISVs work with; the vendor side draws on nine written respondents (one of which, IDEXX, scoped Cornerstone out from Section 2 onward), an abbreviated data-scope-only submission jointly covering Avimark and Impromed, a partial response from VetCove PIMS, and one cloud-native PIMS (Vetspire) that did not respond. Even with that asymmetry, the points of convergence and the points of divergence are visible enough to summarize before Section V turns to the structural critique.

Points of convergence

Both sides agree on the direction of travel. ISVs and PIMS vendors alike expect third-party applications to grow in importance over the next two to three years, with the PIMS continuing to function as the system of record while specialty workflows (AI scribes, imaging, diagnostics, client communications, clinical decision support) increasingly run on third-party tools. Every PIMS vendor who answered substantively endorses the platform-plus-ecosystem model in some form, and every ISV who described a model PIMS named one whose openness made that model possible.

Both sides also agree, in principle, on industry standards. Five of the nine written PIMS vendor respondents named FHIR or FHIR-analog data models, common authentication frameworks, or shared certification standards as accelerators; ISV respondents identified the same fragmentation across PIMS schemas as a top cost driver and would welcome convergence. Both sides describe data security and clinical-grade governance as legitimate concerns, and both sides accept that API development is genuinely resource-intensive on the engineering side. The convergence on principle is real and should be acknowledged before the divergence is described.

Points of divergence

The first and largest divergence is the credibility gap. Several PIMS vendors who describe themselves in vendor-survey language as open or as actively investing in open integration carry ISV-rated Q11 averages of 1 or 2 out of 5. The credibility gap is not uniform; the highest-rated PIMS in Section III (Instinct, NectarVet, Shepherd, Vetspire, Provet) describe themselves as open and are also generally experienced as open by ISVs. The gap is concentrated at the lower end of the openness rating distribution and is largest where the vendor-stated position is open in principle, gated on access or selective. Section VI develops this as a side-by-side table; here the observation is qualitative.

The second divergence is on fees. PIMS vendors that charge fees frame them as infrastructure cost recovery, partner-program funding, or governance scaling; ISVs describe the same fees as a toll on innovation that is asymmetric across the ISV price spectrum and that ultimately gets passed to the practice or absorbed in margin. The frame is not reconcilable on its face. Both descriptions can be simultaneously true (fees can both fund infrastructure and operate as a tax on lower-priced ISVs) but the policy implications differ depending on which frame is used.

The third divergence is on qualification criteria. PIMS vendors who require partnership status, a minimum practice count, or case-by-case approval describe these as legitimate filters for security, viability, and clinical integrity. ISVs describe the same filters as gatekeeping that is administered inconsistently, takes between six months and a year to navigate, and produces no clear rules for entry. Both characterizations describe the same gates from different sides; the policy question is whether the gates serve the practice or the vendor.

The fourth divergence is on the outlook. Four of the nine written PIMS vendors say definitively that open API access will become a baseline expectation in the next two to three years (Lupa, Provet, IDEXX, and Covetrus for Pulse); one says both Yes and Likely; two say Likely; one says Uncertain; one says Unlikely. The forecast distribution is more optimistic than the ISV-survey description of the present-day ecosystem warrants. ISVs, in their own words, describe an ecosystem in which the largest PIMS conglomerates treat API access as a revenue extraction opportunity and in which uncertainty about whether access will be there tomorrow is a structural feature. The vendor view of where the industry is going and the ISV view of where the industry currently is do not yet converge on the same near-term trajectory.

These observations are characterizations of the two sides as they describe themselves and one another. Section V turns to the structural mechanisms that produce the divergences and asks why an ecosystem in which both sides agree on the direction of travel still produces a 1.95 ecosystem-level rating from the ISVs who work in it.

Section V: The Six Barriers — Evidence from Both Sides

The structural mechanisms in question can be sorted into six barriers, first articulated in CAVSG Part VI and reprised here with primary evidence from the AI Innovator Survey, the PIMS Vendor Survey, and the AI Innovator Survey checkbox matrix. Five of the six were named in the original Part VI framework. The sixth, rigorous prequalification, was visible in the earlier evidence but is broken out here as a distinct barrier. Both the Section IV-B groups (see above) and the checkbox matrix argue that prequalification deserves its own treatment because the gates that govern whether an ISV can begin the integration process are different in kind from the gates that govern what the integration costs once it begins.

The barriers are not mutually exclusive. A typical ISV-PIMS relationship encounters several at once. The cumulative friction observation in IV-A, that the ecosystem rating sits roughly 0.28 points below the practice-share-weighted per-PIMS average, is the direct consequence.

Throughout this section the ISV evidence is reported in anonymized respondent voice, consistent with the AI Innovator Survey's anonymity provisions; PIMS vendors and middleware providers are named because their stated positions are part of the public record.

Barrier 1: Rigorous Prequalification Process before API Access

Several PIMS gate API access not on technical or security grounds but on the ISV's commercial profile: minimum practice count, partnership status, financial viability, customer guarantees, or some combination. These criteria filter on whether an ISV is already established, regardless of product quality. They create a chicken-and-egg problem for early-stage entrants who cannot acquire customers without integration but cannot acquire integration without customers.

The ISV evidence concentrates around three patterns.

The first is the customer-count gate. Several respondents reported being told their product was strong but that the conversation was conditioned on a practice-count threshold the respondent could not meet at its stage. One described the loop directly: the product is great, *how many customers do you have*.

A second pattern is qualification by reciprocal introduction. Multiple respondents reported that PIMS vendors stopped responding once it was clear the ISV did not have customers among the vendor's installed base, and re-engagement required the ISV to find a mutual customer first. Provet and Shepherd were both named in this context.

The third pattern is the formal certification gate. One respondent reported that ezyVet's upfront integration cost was in the thousands of dollars, paired with a customer guarantee in the hundreds of practices for that single PIMS, before any development could begin. Another respondent's case escalates the same pattern: the ISV reported being told by a PIMS vendor that its integration violated a PIMS third-party agreement; a determination the respondent characterized as pretextual rather than technical.

The vendor framing is consistent and defends each gate as legitimate. IDEXX's certified partnership program describes a one-time onboarding or certification fee, ongoing tiered fees, and an evolving but non-trivial practice-count threshold; the company states the minimum is *phasing out as a barrier for certified partners* but the gate remains. DaySmart operates on case-by-case approval requiring a direct relationship and formal agreement. The vendors describe these gates as serving security, viability, and clinical-grade governance; the ISVs describe the same gates as filters that produce a market for established vendors and exclude entrants whose first integration would have been their first customer.

Barrier 2: Insufficient PIMS Vendor Resources

Even when a PIMS has an API and is willing in principle, the vendor's integration team is often too small or too oversubscribed to onboard new partners on a timeline that supports the ISV's go-to-market. The result shows up as months-long response times, multi-meeting processes that produce feedback but not commitments, and waitlists that operate without published criteria for advancement.

The pattern is most visible at the larger vendors. One respondent reported several video meetings across more than a year, each producing positive feedback but no plan; another described communication as *very slow with extended back-and-forth internally that was not visible* to the ISV, with the process spanning months before the statement of work arrived. A third reported that the PIMS *seemed very disorganized and overwhelmed* and that an integration described as achievable within the week had returned no response months later.

On the open PIMS side of the table, the same dynamic appeared in different form: one respondent reported that when a PIMS was contacted in October 2025, the vendor asked the ISV to come back in 2026; when the ISV did, the PIMS reported having too many other things to do and would respond at an unspecified later date. Across the matrix, 58 of 266 ISV-PIMS pairs sit at the tried-with-no-result tier (per the ISV survey checkbox). The bandwidth observation captures most of them: *you can judge how well run a PIMS is by their ability to accommodate*.

Vendors largely agree that integration is resource-intensive, though they describe the resource constraint as a feature of growing demand rather than as a feature of internal priorities and processes that are not streamlined. IDEXX's certified partnership program is described as bandwidth-constrained on the partner-success side, with tiered fees in part funding partner-program staffing. Several vendors targeting Level 5 by July 2026 are explicitly resource-gated rather than architecture-gated. The shared

description from both sides is that integration resourcing is a real constraint; the divergence is on whether the constraint is structural or chosen.

Barrier 3: Observed Selective Exclusion of Competing Categories

Where a PIMS has its own product in a category, or plans one, several PIMS restrict API access for ISVs in that category while continuing to support ISVs in non-competing categories. The pattern is not universal, but where it appears it produces a competitive landscape in which the rules of integration depend on whether the ISV competes with the PIMS's own roadmap.

The clearest documented case is Vetspire's scribe-access retraction. As noted in IV-A, three respondents reported integrations either withdrawn or degraded after Vetspire released competing offerings, with one describing the closure as actively replacing previously open APIs and citing Vetspire's rationale as customer-centric and security-related. The same respondent, on Shepherd, reported *multiple conversations, not interested. Has their own*; another respondent on Shepherd reported being told the vendor declined integration because *they wanted to compete with us eventually*. DaySmart was described, in the same vein, as having communicated that it did not want to compete with an ISV whose customers were complaining about the native module. Provet's pattern is structurally similar in a different form: one respondent reported that Provet's open API agreement excluded certain use cases specifically, and another reported that Provet declined to work on integrations from a certain category of ISV despite having API endpoints available.

The counter-example is Instinct, which acquired ScribbleVet in January 2026 and stated in writing that openness extends to categories where it is investing heavily in its own products: *Instinct will continue to support multiple AI scribe integrations* and ScribbleVet will continue to support multiple PIMS integrations (CEO statement reproduced in the IV-B Section 4b text). Shepherd's vendor response identifies payment processing as the sole categorical access restriction, with Shepherd offering a native integrated payments solution; categories outside payments are described as open.

The Instinct and Shepherd cases together establish that selective exclusion is not an inherent property of PIMS economics but a strategic choice. The ISV-side framing of the choice was articulated directly in another response: the less developed PIMS are more open because they recognize they cannot build everything themselves, and the PIMS that historically led the category are the ones now resisting open access because they retain the conviction that they should be building everything internally. The category-exclusion barrier is the most directly competition-facing of the six and is the one in which the divergence between vendor framing and ISV experience is most legible: the vendor describes a product strategy, and the ISV describes a foreclosed market.

Barrier 4: Monetization of API Access

Where fees apply, they fall on a per-clinic-per-month or upfront-onboarding basis whose absolute level is asymmetric across the ISV price spectrum. ISVs whose products sell for $50 to $200 per month per clinic cannot absorb the same dollar fee as ISVs whose products sell for several times more, and the structural effect is to filter on ISV pricing model rather than on product quality.

The dollar figures reported by respondents are specific enough to characterize the structure. For the Covetrus on-premise estate, accessed via Covetrus Connect middleware, one respondent reported a $5,000 setup plus $65 to $85 per clinic per month, with a contract not signed after extensive negotiation because the per-clinic fee was uneconomic given the value provided. For Pulse, multiple respondents reported either an upfront cost in the range of $50,000 to $100,000 or a per-clinic monthly cost plus a revenue share. For ezyVet, another respondent reported the upfront integration cost in the thousands of dollars plus an ongoing monthly fee, discontinued because the costs would have to be passed to the ISV's customers. One diagnostics ISV reported being directed to a designated middleware partner for a major cloud PIMS, with a $20,000 one-time setup fee and a $3,000 per month ongoing fee.

The general principle was stated directly in another response: *a $30 per month API cost is unsustainable when your product sells for $50 per month*. Three respondents independently estimated that integration fees of $30 to $85 per clinic per month, layered on top of the ISV's own pricing, can

consume 10 to 20 percent or more of revenue per clinic, with the result that early-stage or lower-priced ISVs face an expansion economics problem that their established competitors do not.

Vendors who charge fees frame them as infrastructure cost recovery, partner-program funding, or governance scaling. Shepherd's nominal fee structure was described as driven by the cost of running infrastructure as ISVs request access and higher rate limits; fees are routinely waived for early-stage and smaller vendors. IDEXX's tiered structure is presented as the funding mechanism for the certified partner program. Covetrus's Pulse response, received May 5, 2026, confirms the per-location and per-transaction fee structure that ISVs reported under NDA, with the vendor checking those access conditions on the survey instrument both today and in the July 2026 timeframe; the rate cards, billing method, and tiers themselves remain restricted under MDNAs and are not part of the public record.

Every fee-charging respondent permits partners to disclose fee existence, amount or rate card, and billing method to the practice; IDEXX states explicitly that confidentiality provisions in partnership agreements relate to proprietary technical and commercial architecture rather than to preventing practices from understanding fee structures.

Methodology note on fee figures cited in this Barrier: the dollar amounts reported above are drawn from individual ISV survey responses describing confidential commercial relationships; they are not vendor-attested fee schedules. The consistency of figures across multiple ISVs in the same range, and against the general principle stated by one respondent that a $30 per month API cost is unsustainable when product price is $50 per month, is the basis for treating them as indicative of a structural pattern rather than as individual outliers.

The fee-divergence observed in IV-C is genuine and not reconcilable on its face: fees can fund infrastructure and operate as a tax on lower-priced ISVs simultaneously, but the policy implication differs depending on which frame is privileged. The ISV-side framing, that fees are charged for access to data that legally belongs to the practice, is the framing the open-API thesis turns on.

Barrier 5: NDA Opacity

Several PIMS require ISVs to sign non-disclosure agreements as a precondition for accessing API documentation, fee schedules, or even the substantive part of the initial conversation. The result is an information asymmetry that is most consequential not for the ISV but for the practice that pays the fee: the customer cannot easily compare what its vendor charges different ISVs in the same category, and cannot verify whether the fee being passed through to it is the same fee that comparable practices are paying.

The strongest evidence for this barrier is the survey itself. One respondent declined to answer specific questions on the open-ended portion of the AI Innovator Survey on the grounds that doing so would *put us in conflict with existing NDAs we have with the PIMS we work with*. The same dynamic was reported by other respondents in less direct form: commercial terms described as undisclosable, fee structures referenced only as ranges or relative magnitudes, and specific PIMS partners identified only by category. The middleware layer that mediates the on-premise ecosystem operates under similar constraints; one respondent noted that vendor commercial terms are confidential in ways that limit what the ISV can tell the practice about what the integrator charges versus what the PIMS charges.

Vendor positions on confidentiality are more complex than the ISV experience suggests. As IV-B documented, every fee-charging vendor who responded permits partners to disclose fee existence, amount or rate card, and billing method to the practice, and IDEXX explicitly distinguishes partnership-agreement confidentiality (covering technical and commercial architecture) from any restriction on telling the practice what the integration costs. The transparency posture is real on the vendor side; the ISV-experienced disclosure friction is also real. The structural source of the tension is that an ISV operating under NDA is rationally cautious about which disclosures are within the permitted scope and which are outside it, and the cost of getting that wrong falls on the ISV. The practical effect is a market in which the practice paying the bill cannot easily comparison-shop ISV-PIMS combinations on price, and that opacity is itself a barrier to the customer-led integration model that the open-API thesis presumes.

Barrier 6: Absent, Difficult to Use, or Incomplete APIs

For some PIMS, the API simply does not exist in a usable form, does not cover the data ISVs need, or is structured in ways that make integration impractical for the dominant ISV use cases. The checkbox matrix from the AI Innovator Survey provides the clearest quantitative view: across the 14 PIMS, 104 of 266 ISV-PIMS relationships sit at Tier 1 (no contact, including structurally inapplicable cases) and another 58 at Tier 2 (tried with no result). The combined 162 out of 266, roughly 61%, is the share of ISV-PIMS pairs where, for whatever reason, no integration conversation has yet produced a result.

The qualitative evidence narrows that 61% to two distinct sub-patterns. The first is API absence or near-absence on the on-premise side: several respondents report that Cornerstone has no direct API. Integration is achievable only through middleware (BitWerx, and Covetrus Connect, which Covetrus offers for Avimark and Impromed) operating on a practice-consent basis, with endpoint coverage described as minimal and writeback limited to generic notes rather than structured SOAP records. One respondent reported that an Impromed middleware provider revoked write permissions without prior notice on at least one occasion.

The second sub-pattern is API incompleteness on the cloud side. One respondent described Pulse's API, in language attributed to Covetrus's own partnerships team, as *not built out much at all with a large product dev backlog*, and a separate respondent noted that even sanctioned Pulse integrations cannot perform on-demand pulls. One respondent put the cross-PIMS pattern most directly: *no one makes it easy with published APIs*. Another respondent identified the structural cause: legacy PIMS were built before the API era, so adding an API is an afterthought, and the vendor struggles with onboarding, certification, and sandbox creation in ways that newer PIMS, built API-first, do not.

Vendor self-reports in IV-B corroborate the incompleteness reading rather than contradict it. Six of the nine written respondents (Instinct, Lupa, NectarVet, Shepherd, IDEXX, and Covetrus for Pulse) name July 2026 or 2H 2026 as the target for Level 5 capability, which is itself an acknowledgement that they are not at Level 5 today. DaySmart self-rates Level 3 today and provides no Level 5 target. Digitail self-rates Level 4 today and provides no July 2026 target. Pulse self-rates Levels 2–4 today (multi-selected) targeting Level 5 by July 2026, and reports 250+ integrations across the Covetrus estate; the same platform carries an ISV-rated Q11 of 1.20, the lowest in the survey. Cornerstone was scoped out of the IDEXX response from Section 2 onward. The structural picture is that the PIMS where ISVs report the worst incompleteness experience are largely the same PIMS where vendor self-reports describe ongoing development, on-premise non-policy, or full non-response. The forecast asymmetry observed in IV-C, that vendors expect open API access to become a baseline expectation in two to three years while ISVs experience a present-day ecosystem in which baseline access does not yet exist, sits on top of this same gap.

Cumulative Effect of the Six Barriers

The six barriers do not operate in isolation. A typical ISV navigating one of the larger PIMS encounters a prequalification gate, then waits on vendor bandwidth, then signs an NDA to read documentation, then is quoted a fee structure under that NDA, and may discover that its category is excluded before any of the above has resolved.

Each individual barrier admits a defensible vendor framing in isolation; the cumulative effect across the six is what produces the 1.95 ecosystem rating. The 0.28-point gap between that ecosystem rating and the practice-share-weighted per-PIMS average of 2.23 reflects the additional fact that the most restrictive barrier-stacks operate at the largest PIMS by share. Section VI develops the cross-cutting patterns: the on-premise versus cloud divergence that determines which barriers apply, the credibility gap between vendor self-characterization and ISV-rated experience, what the non-response by certain vendors signals as a finding rather than as missing data, and the market-weighted concentration of practices on the most restrictive PIMS.

A Head-to-Head Comparison: Two Cloud PIMS, Two Access Models

The six barriers described above are structural findings across the ecosystem. What they look like in practice is most visible when two PIMS that compete directly in the same market segment articulate their access policies side by side on the same survey instrument.

ezyVet (IDEXX) and Instinct are the only two substantive cloud-native PIMS competing in the specialty and emergency referral hospital segment, a market characterized by large multi-doctor facilities, high clinical complexity, and heavy dependence on third-party integrations for diagnostics, imaging, pharmacy, and AI-assisted documentation. Both also compete in general practice, where ezyVet has a large and established installed base (an estimated 4,624 U.S. practices per ASIPS) and Instinct is a newer entrant (an estimated 536 U.S. practices in total, with a disproportionate 6.2% share of veterinarians given its concentration in larger specialty referral hospitals). The two vendors returned written responses to the same CAVSG PIMS Vendor Survey during the same fielding window. Their responses on five dimensions of access policy could hardly be more different.

The table below pairs verbatim or near-verbatim language from each vendor's survey submission on the same five policy dimensions. No editorial characterization is added inside the table; the vendors' own words are the exhibit.

Policy Dimension	ezyVet (IDEXX)	Instinct
Access philosophy	*"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."*	*"At Instinct, we put hospitals first ... that means giving practices the flexibility to choose the tools that work best for them through secure and deeply integrated workflows."*
API documentation and developer experience	API access requires a certified partnership. *"Program tiers, fee structures, and certification requirements are documented and available to credible partners."*	*"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."*
Fees	*"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."* One-time onboarding/certification fee plus ongoing per-location or per-transaction fees, structured in tiers.	No fees. *"Access is free."* Standard API license agreement and hospital approval are the only requirements.
Qualification process	*"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*	*"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."* Zero applications declined (Table 4).

	commitments, and a verified record of authorized access."	
Posture toward competing categories	No stated position in the survey response on whether ISVs in categories where IDEXX competes are eligible for API access on the same terms. ISV evidence in Section IV-A and Barrier 3 documents category-level friction at ezyVet.	*"That openness extends to categories where we are investing heavily in our own products."* *CEO Dr. Caleb Frankel, on the January 2026 ScribbleVet acquisition: "Instinct will continue to support multiple AI scribe integrations, and ScribbleVet will continue to support multiple PIMS integrations. Instinct remains open."*

Source: CAVSG PIMS Vendor Integration Survey (March–May 2026). ezyVet language from the IDEXX Veterinary Software Leadership Team response (April 11, 2026). Instinct language from the Elliott Garber, VP Strategic Partnerships response (March 11, 2026). Both responses are reproduced in full in the Section IV-B compilation. Bracketed text is editorial clarification; all other language is verbatim from the survey submissions.

The quantitative data already presented in this paper aligns with the policy contrast the table reveals. ISVs rate ezyVet's API openness at 2.19 out of 5 (N=16); they rate Instinct's at 4.25 (N=12), a 2.06-point gap that is the widest between any two cloud PIMS that compete head to head.

On the customer side, ASIPS practices rate Instinct's overall satisfaction at 5.77 on the 1-to-7 scale (the highest among all named PIMS) against ezyVet's 5.06 (below the 5.13 cross-PIMS average for the three PIMS with at least 100 respondents). In the credibility-gap analysis in Section VI (Table 6), Instinct is one of only two PIMS where ISVs rate the platform above the vendor's own stated tier (gap of -0.25), while ezyVet carries the largest positive gap in the table at +1.81.

This is not an argument that one vendor is right and the other wrong. Both vendors describe a governance framework; the frameworks are built on different premises. IDEXX's framework begins with the proposition that commercialized integrations require a certification process and a commercial relationship, and that fees fund the infrastructure, security, and partner-success resources that a clinical-grade ecosystem demands. Instinct's framework begins with the proposition that the hospital's consent and a standard license agreement are sufficient, that fees are unnecessary, and that openness in competing categories is a commitment the vendor makes to its customers rather than a concession it grants to its competitors.

The difference between the two models maps directly onto Barriers 1 and 4 as described above. IDEXX's certification requirements (data privacy compliance, cybersecurity controls, financial viability, operational continuity, API engineering standards, service-level commitments, and authorized-access verification) are precisely the multidimensional prequalification gate that ISVs in Section IV-A describe as the chicken-and-egg problem for early-stage entrants. Instinct's single-gate model (license agreement plus hospital approval) is the model that the same ISVs cite when asked which PIMS they consider a model of good API practice. IDEXX's tiered fee structure is the monetization barrier that multiple ISVs identified as consuming 10 to 20 percent or more of per-clinic revenue for lower-priced products. Instinct's zero-fee posture is the counter-evidence that access fees are a strategic choice, not an operational necessity.

Two final observations sharpen the comparison. First, Instinct reports 33 active integrations with zero applications declined in the survey period. IDEXX reports 100+ certified integrations, a figure that reflects a larger installed base and a decade and a half operating history. Note that the survey does not disclose the number of applications that did not advance through the certification process. The ratio of applicants to certified partners is a metric the ISV community would find informative, and its absence from the IDEXX response is itself a data point. Second, Instinct's explicit commitment to openness in competing categories, stated in writing by the CEO after the company acquired a scribe vendor, is the only such commitment in the nine written survey responses. Several other vendors describe open

postures; Instinct is the only one that addresses the hardest case (a category where the vendor has just made an acquisition) and commits in writing to continued ISV access in that category.

The exhibit sharpens the access-model debate. The two vendors that most directly compete for the same hospitals, in the most integration-intensive segment of veterinary medicine, have described access philosophies that sit at opposite ends of the policy spectrum documented throughout this paper. The practices choosing between them, and the ISVs choosing where to invest their integration resources, have the vendors' own words to read side by side.

Is the Game Changing? An ISV Goes On The Record.

Dr. Ivan Zak (Co-Founder, Serenity Vet; previously founder, SmartFlow, sold to IDEXX a decade ago) is an emergency veterinarian with over two decades of experience in developing veterinary ISV software and integrations with PIMS. He wrote in his April 30, 2026 response to the CAVSG AI Innovator Survey:

> *"With recent releases from Claude, including a Chrome extension capable of reading the entire UI through rapid screenshots, and the new Codex release that enables control of the full computer and screen environment, traditional integrations are becoming increasingly unnecessary. This applies both to cloud software products and to on-premise solutions.*
>
> *"Given these developments, companies can no longer effectively restrict access to data."*

If his understanding of the technology is accurate, this development could obviate the entire barrier discussion by allowing ISVs, with the consent of their customers, to easily obtain access to their data residing in their PIMS, be it cloud or on-premise, without involvement of the PIMS vendor. We will come back to Dr. Zak in Section VIII.

Section VI: Cross-Cutting Synthesis

This section steps back from the per-barrier analysis to develop six cross-cutting findings that emerge only when the three primary data sources are read together:

- the on-premise versus cloud structural divide that determines which barriers apply at all;
- a side-by-side comparison of vendor-stated capability tiers and ISV-rated openness;
- a triangulation against the ASIPS customer satisfaction view;
- the satisfaction plateau across cloud and on-premise PIMS, set against the AI scribe satisfaction benchmark;
- what the silence of certain vendors signals as a finding rather than as missing data; and
- the structural fact that the most restrictive integration policies are concentrated at the largest PIMS by practice share.

Section VIII below returns to that concentration as the headline of the paper.

The On-Premise Versus Cloud Divergence

The structural fact that determines which barriers apply to which PIMS is deployment architecture. Section II established that approximately 57% of named-PIMS practices run on-premise software and 43% run cloud-native PIMS, and that split maps directly onto how third-party access is governed. On the on-premise side, third-party integrations are typically established at the practice's database layer through middleware vendors. BitWerx is the most prominent of these, with Covetrus Connect serving the Covetrus on-premise estate and AllyDVM operating in adjacent space. The middleware operates on a practice-consent basis: the practice authorizes a local agent that sits on the in-clinic server, and the PIMS vendor is structurally not in the integration loop.

This is why the IDEXX response to the CAVSG Vendor Survey scoped focus to ezyVet and Neo from Section 2 onward. The aggregator-owned on-premise products (Cornerstone, Avimark, Impromed) collectively serve roughly 51% of named-PIMS practices, and for those practices the parent vendor is not the gatekeeper at the API layer. ISV access is governed by the practice's middleware choice and its consent to data egress. Section IV-C characterized this asymmetry as structurally explainable rather than as evasion, and the same characterization carries forward here.

The cloud side is the inverse. For the eleven cloud-native PIMS in the survey scope, the vendor controls the API gateway and chooses who connects, on what terms, and at what price. Where the cloud vendor declines or delays, the ISV has fewer alternatives than its on-premise peer: there is no in-clinic server to host a middleware agent, no practice-side database to read against. One respondent put the asymmetry directly, observing that the on-premise route, even when imperfect, exists in a way that the cloud route does not when the vendor refuses. The Section V barriers apply with materially different weight on each side of this divide. Barriers 1 (prequalification), 4 (monetization), and 5 (NDA opacity) are concentrated on the cloud side; Barriers 2 (vendor resourcing) and 6 (API absence or incompleteness) are visible on both sides but show different fingerprints.

The Gap Between Vendor Self-Characterization and ISV-Rated Experience

Across the cloud PIMS, vendor self-rated capability tiers and ISV-rated Q11 averages tell visibly different stories about the same systems. The table below pairs each cloud PIMS's Section IV-B vendor-stated current capability tier with its Section III Table 2 ISV survey Q11 average.

Table 6. PIMS Openness Ratings: PIMS vs. ISVs PIMS	Vendor-Stated Tier: Now and in July 2026	ISV-Rated Q11 Avg	Gap
ezyVet (IDEXX)	4 → 5	2.19	**1.81**
Pulse (Covetrus)	2–4 → 5	1.20	2.80
Shepherd	3 → 5	3.57	**–0.57**
Neo (IDEXX)	Not disclosed	1.86	—
DaySmart Vet	3	2.38	**0.62**
Vetspire	No response	3.70	—
Instinct	4 → 5	4.25	**–0.25**
NectarVet	4 → 5	3.50	**0.50**
Digitail	4	2.36	**1.64**
Provet	5	3.27	**1.73**
VetCove PIMS	Partial; no tier	2.40	—

Source: Section IV-B vendor-stated capability tiers (current "Lvl"; arrow notation indicates current to July 2026 target where both were reported) and Section III Table 2 ISV-rated Q11 averages. Gap = vendor-stated current tier minus ISV-rated Q11 average; positive values indicate vendor self-assessment exceeds ISV experience, negative values indicate the reverse. No gap is computed for "Not disclosed" or "No response" entries. The Q11 scale measures ISV-rated openness as experienced; the capability tier is the vendor's self-rated technical maturity claim. The two are not strictly the same instrument and the gap should be read as an indicative comparison rather than as an exact numerical difference. On-premise PIMS (Cornerstone, Avimark, Impromed) are excluded because access on those systems is governed by practice-side middleware authorization rather than by the PIMS vendor's API policy, as established in Section II and Section IV-C.

The visible pattern is that the cloud PIMS where vendor self-assessment and ISV experience converge are the same PIMS where the ISV experience is most positive. Instinct (current Level 4, ISV-rated 4.25) and Shepherd (current Level 3, ISV-rated 3.57) sit on the negative-gap side, with ISVs rating the platforms above the vendor's stated current tier.

Among the responding cloud PIMS with measurable positive gaps, the largest are at ezyVet (current Level 4, ISV-rated 2.19, an approximately 1.81-point spread), Provet (current Level 5, ISV-rated 3.27, approximately 1.73 points, driven by ISV experience with the Track 2 official-listing gate (minimum practice count) rather than by capability or by Track 1 practice-level access, which is open without minimum or fee), and Digitail (current Level 4 self-stated, ISV-rated 2.36, approximately 1.64 points; the vendor's own Section 2 admission of no audit trail combined with the architectural absence of webhooks and a published SLA places the platform closer to high Level 3 on a strict reading, which would narrow the gap to roughly 0.64 points). DaySmart's stated Level 3 sits roughly 0.62 points above its 2.38 rating. NectarVet shows a positive gap of 0.50 points. With the Pulse vendor response now incorporated into this second edition, Pulse joins the table at a 2.80 gap (vendor-stated Level 4, the highest of the multi-selected 2–4 range; ISV-rated 1.20), reflecting the divergence between vendor-stated capability and the ISV-experienced reality of per-location and per-transaction fees, partnership requirements, and case-by-case approval.

The Q11 scale and the vendor-stated capability tier are not strictly the same instrument. Q11 measures ISV-rated openness as experienced; the capability tier is a self-rated technical maturity claim against the survey's 1-to-5 rubric. A vendor at Level 4 capability operated as a partnership-required, fee-bearing channel can produce a low Q11 in lived experience, and the table above shows exactly that pattern. The gap is real, but its interpretation *runs through the access-policy and fee structures* documented in Section IV-B and Section V Barriers 1, 4, and 5 rather than through the technical capability rating alone.

The credibility gap is, in other words, less a story about whether the API exists than a story about the policy posture wrapped around it.

The Section V head-to-head exhibit shows how the gap traces to access philosophy rather than to technical capability alone.

The Customer-Satisfaction Triangulation

Table 5 reported ASIPS customer satisfaction ratings for the same set of PIMS that the credibility gap table examines. The pattern at both ends of the satisfaction distribution lines up with the openness pattern from the ISV side. Practices using Provet, Impromed/Infinity, Pulse, and Digitail returned the lowest mean satisfaction ratings among named PIMS at 4.33, 4.63, 4.64, and 4.91 on the 1-to-7 scale, all below the 5.02 cross-PIMS average. The same four PIMS sit in or near the bottom of the Q11 openness distribution from the ISV side: Pulse 1.20, Impromed 1.44, Digitail 2.36, and Provet 3.27 (with Provet pulled by ISV experience with its Track 2 official-listing gate rather than by capability). At the other end, Instinct's Q11 of 4.25 from the ISV side is paired with a 5.77 ASIPS satisfaction average, the highest among named PIMS.

The correlation is not mechanical. Practices do not rate their PIMS on API openness;[13] they rate it on the broader experience of running the clinic on it, and other factors (training, support quality, billing accuracy, reporting flexibility) feed into satisfaction independently of integration posture. But the supply-side openness pattern and the practice-side satisfaction pattern point in the same direction at both ends of the distribution, and Part VI documented the customer-side demand for third-party access (88% rating read and/or write-back access important, with 80% rating read access alone and roughly four-fifths rating write-back) that gives the linkage operational meaning.

The PIMS that ISVs find hardest to integrate with are, in the same survey wave, the PIMS whose practices are the least satisfied with the platform overall.

[13] In fact, until this CAVSG series started to be published this past January, it is likely that most practices never even considered the concept of how open their PIMS was to third-party integrations. They just knew their software did not always work together as they would have liked.

The Satisfaction Plateau and the AI Scribe Benchmark

The ASIPS PIMS satisfaction view in Section III, Table 5 carries a second observation that bears on the integration question. The two largest on-premise PIMS, Cornerstone (5.13, n=219) and Avimark (5.18, n=304), produce a combined N-weighted satisfaction average of approximately 5.16 on the 1-to-7 scale. The cloud-native PIMS in the same table cluster largely between 4.6 and 5.2, with the two largest cloud platforms (ezyVet at 5.06 and Pulse at 4.64) at or below the on-premise pair, and an N-weighted cloud-only average of approximately 5.08.

The implication is that the migration from on-premise to cloud, which the cloud-native PIMS vendors have positioned for years as a satisfaction-improving architectural shift, has not produced a measurable satisfaction gain in the customer survey data. Cloud architectures deliver other benefits, including remote access, automatic updates, and the API surface that makes integrations possible at all on the cloud side. But on the customer's overall satisfaction with the platform on which the practice runs its day-to-day operations, the cloud transition has achieved only parity with the legacy on-premise systems rather than pulling ahead.

The benchmark for what AI-era software can achieve in this market sits inside the same ASIPS dataset, in a different category. The highest customer-rated software in ASIPS is not a PIMS at all. It is an AI scribe: the leading independent scribe, with 127 customer ratings, has a mean satisfaction of 5.9 on the 1-to-7 scale, with 70% of users rating satisfaction at 6 or 7. The next two highest-rated AI scribes, also independents, sit at 5.8 (n=104) and 5.7 (n=82), each with about two-thirds of their users in the 6-to-7 range. (CAVSG Part VII, April 1, 2026, Tables 4 and 5.) The PIMS-embedded scribes from the PIMS vendors run materially below their independent competitors, averaging 4.72 against the top four independents at 5.75 combined.

This leading scribe satisfaction cluster (average of three offerings) sits roughly 0.7 to 0.9 points above both the on-premise PIMS pair and the cloud PIMS cluster. The category demonstrates that veterinary software can reach satisfaction levels well above 5.0 when the product is particularly customer and user focused, AI-native, and developed with concentrated engineering and clinical-feedback resources on a single workflow. The customer base is willing to rate veterinary software in the 6 to 7 range when the software earns that rating. The same dataset shows the PIMS, both cloud and on-premise, have generally not yet earned that rating. The plateau at roughly 5.0 across the PIMS landscape is a description of where the platforms currently stand.

The forward question for every PIMS, cloud or on-premise, is whether the AI capability that has produced industry-leading satisfaction in the AI scribe category in roughly two to three years can be applied to the PIMS itself: to the scheduling, charge capture, reporting, client communications, and clinical record workflows that drive day-to-day satisfaction with the platform. The independent scribe vendors built their satisfaction lead by concentrating engineering on a single workflow done well. The PIMS vendors that close the satisfaction gap will need either comparable focus on their own core workflows or the openness to let the focused ISVs do that work on top of their platform. Both paths exist, and Section IV-B's split between vendors that operate on the consent principle and vendors that gate access at the API layer is the practical map of which path each vendor has chosen.

What the Non-Responses Signal

Of the fifteen invited PIMS, nine returned complete written responses (IDEXX for ezyVet and Neo; Covetrus for Pulse; plus Instinct, NectarVet, Lupa, Shepherd, Provet, DaySmart, and Digitail); two PIMS (Avimark, Impromed/Infinity) submitted an abbreviated, data-scope-only joint response; one PIMS (VetCove PIMS) submitted a partial policy-statement response; one PIMS (Cornerstone) was effectively non-respondent under the IDEXX cloud-scoped response; and one PIMS (Vetspire) was non-respondent. The structural circumstances behind each silence are different, and the cloud-native non-response from Vetspire — now standing alone — is the most consequential, since the parent has direct technical control over the API gateway and no on-premise structural reason to abstain.

The *on-premise* non-policy on Cornerstone is structurally explainable. As established above, on-premise PIMS access is governed by the practice's middleware authorization, not by the parent

vendor's API policy. The IDEXX response stated explicitly that it focused on the cloud-native PIMS from Section 2 onward. For Cornerstone, this is consistent with a position that the parent has no direct API role to articulate for a product where the integration path runs through BitWerx or AllyDVM at the practice's election. The non-policy is itself a position; it is not silence in the sense of evasion. It does, however, leave open the question of what the parent's posture becomes when a Cornerstone practice migrates to ezyVet or Neo and discovers that the integrations it had through middleware do not carry over.

Covetrus's abbreviated joint submission for Avimark and Impromed addresses the same on-premise category in a different way: a vendor-attested data-scope answer, with no corresponding access-policy or fee position, sitting one step closer to articulated governance than the Cornerstone treatment but well short of the cloud-side Pulse response.

The *cloud-native* silence is the louder finding. Vetspire stands alone in this category. Vetspire is a cloud-native SaaS where the vendor controls the API gateway directly, and its non-response means that no vendor-attested public statement on access policy, fee structure, or capability tier exists. VetCove PIMS, also cloud-native, submitted a policy statement attesting to an open API with no fees but did not complete the survey instrument or disclose a capability tier.

The model-PIMS citations from ISVs and the access-retraction reports for Vetspire documented in IV-A are both lived descriptions of different ISV experiences with the same vendor, and the absence of a vendor statement leaves the reader to weigh those descriptions against one another without rebuttal. VetCove PIMS's partial response is meaningfully different from non-response: the policy statement describes an open, fee-free API architecture tied to a payment-processing revenue model, but the absence of a completed survey instrument leaves the statement untriangulated against the detailed capability, access, and fee disclosures that the full respondents supplied.

The most consequential silence in the dataset is the silence at Vetspire, where the structural argument that the parent has no API role (because it is a cloud-based system) does not apply.

Market-Weighted Openness Concentration

The final cross-cutting finding is that the most restrictive integration policies, as ISVs experience them, are concentrated at the largest PIMS by practice share. The two PIMS aggregator families collectively serve approximately 79% of named-PIMS practices: IDEXX at 40.0% (Cornerstone, ezyVet, Neo) and Covetrus at 38.6% (Avimark, Pulse, Impromed/Infinity). The aggregator-subtotal weighted Q11 average is **2.02**, against an independent-group weighted average of **3.28**. All six aggregator-owned PIMS rate below every one of the eight independent PIMS in the survey: the bottom six are Pulse 1.20, Impromed 1.44, Neo 1.86, Avimark 2.08, ezyVet 2.19, and Cornerstone 2.33; the lowest-rated independent (Digitail at 2.36) sits above the highest-rated aggregator. Avimark, the most-served PIMS at 25.4% of named-PIMS practices, is rated 2.08.

Two numbers describe the cumulative effect. The practice-share-weighted Q11 average across 14 PIMS is **2.23,** computed from 140 ratings and reflecting the integration environment a typical ISV actually faces given the share concentration on the lower-rated platforms. The ecosystem-level rating, asked of the same ISVs as a single overall question, is **1.95,** a 0.28-point drop below the per-PIMS weighted average.

The step from per-PIMS weighted to ecosystem corresponds to a different question being asked: the share-weighted average reflects the integration environment a typical ISV actually faces in any given PIMS; the ecosystem-level rating reflects the cumulative experience of operating across the full PIMS landscape rather than within any single PIMS. *The whole is worse than the sum of its parts* because the cost of navigating fourteen different access regimes exceeds the cost of any one.

The 79% market concentration on aggregator-owned PIMS, paired with the 2.02 weighted aggregator-subtotal rating, is the structural finding that the customer demand documented in Part VI is colliding with on the supply side. Roughly four out of every five practices in North America operate on a PIMS where the parent vendor's stated access posture, where it is articulated at all, requires partnership status, fees, or both, and where ISVs report a Q11 openness of 2.02 weighted across the same base. The 88%

of practices who told the ASIPS survey that read and/or write-back access by third-party tools is important to their operations are concentrated on the same PIMS where ISVs report the most restrictive access policies. That collision is the headline Section VIII returns to.

Section VII: Implications for Stakeholders

The evidence assembled in Sections I through VI speaks to different audiences in different ways. This section draws out the practical implications for each stakeholder group, organized around the data sources most relevant to each. The per-PIMS detail that supports each implication is presented in the Companion Document; this section is synthesis.

For Practice Owners and Managers

The ASIPS survey established that 88% of PIMS-using practices rate third-party read and/or write-back access as important to their operations. The verbatim record, published in Part VI of this series, describes integration as a non-negotiable purchasing criterion, a clinical safety requirement, and a precondition for the practice's freedom to choose the tools that best serve its patients. That demand is not a future aspiration; it reflects how practices expect their software to work today.

The data in this paper gives practice leaders a factual basis for a direct conversation with their PIMS vendor. Three questions cut through marketing language to reveal a vendor's actual posture.

1. Which third-party applications have, with my consent, sanctioned read and write-back access to my system today, and what is the timeline for adding new integrations?
2. What fees, if any, does my PIMS vendor charge to the ISV for API access, and how are those fees passed through to my practice?
3. Has my vendor declined or withdrawn integration access for any ISV category, and if so, on what grounds?

A fourth structural check sits in Section VI Table 6. If your PIMS appears in the positive-gap range above 1.0 (Pulse 2.80, ezyVet 1.81, Provet 1.73, Digitail 1.64), the gap between vendor roadmap claims and ISV-reported reality is wider at your platform than at competing platforms. Ask for evidence the trajectory is producing results ISVs can confirm in writing, not in a sales meeting.

Practices currently on Cornerstone, Avimark, or Impromed who are evaluating migration to their parent's cloud product (ezyVet, Pulse) should verify in writing that the integrations they have today through middleware will carry over post-migration. The policy framework on the cloud side of the same parent company is not the same as the practice-consent middleware framework that governs the on-premise platforms. Section VI documents this asymmetry as a structural finding.

Practices whose PIMS sits at the higher end of the positive-gap range in Table 6 above should treat the vendor's roadmap claims with proportionate scrutiny and ask for evidence that the stated trajectory is producing results ISVs can confirm. The per-PIMS profiles in the Companion Document provide the detail needed to ground that conversation for each specific platform.

For Corporate Groups

Corporate practices rated integration importance even higher than independents in the ASIPS survey. Multi-location groups have both additional leverage and additional need. They require standardized data flows across their portfolio, often operate technology evaluation at scale, and bear the compounding cost of restricted access across dozens or hundreds of locations.

The concentration finding from Section VI is directly relevant: roughly 79% of named-PIMS practices operate on aggregator-owned platforms where the weighted Q11 average is 2.02, against an independent-group average of 3.28. Corporate groups whose portfolio is concentrated on the lower-rated platforms are absorbing that integration friction across every location.

Groups evaluating PIMS contracts are in a position to make integration openness a contractual requirement, and the ASIPS data suggests that many already view it that way.

For PIMS Vendors

The customer demand documented in this paper is a present-day market condition that 88% of PIMS-using practices have articulated. The vendor survey responses in Section IV-B show that a majority of written respondents describe an open and fee-free posture, and several of the more restrictive vendors describe trajectories toward greater openness. The gap between stated trajectory and ISV-reported experience, documented in the table above and developed more fully in Section VI, is the measure against which those trajectories will be evaluated.

The industry analogs developed in Part V of this CAVSG series demonstrate that in other markets, the platforms that opened their ecosystems grew faster, retained customers more effectively, and attracted more third-party innovation than those that maintained gatekeeper models. The veterinary PIMS market is not exempt from that pattern. Vendors that build rigorous, well-documented APIs with self-service access and reasonable economics will likely strengthen their competitive position. Those that continue to restrict access, charge extractive fees, or selectively exclude ISV categories are making a choice that the majority of their customers explicitly reject.

The on-premise estate presents a distinct structural circumstance. The three aggregator-owned on-premise PIMS still today serve approximately 51% of named-PIMS practices, where third-party access is governed by practice-consent middleware rather than by the vendor's API policy. The parent PIMS companies of these products have *not* (to our knowledge) published positions on middleware security standards, practice-level authorization guidance, or accountability frameworks for the integration experience their customers live with. Whether that silence reflects considered deference to the practice's autonomy or structural inattention, the result is that the majority of the installed base operates without vendor-side governance of its integration layer.

For ISVs

The barrier taxonomy developed in Section V and the ecosystem-level rating of 1.95 (from 20 ISV respondents) describe the cumulative operating environment. The weighted per-PIMS average of 2.23 reflects the integration environment a typical ISV faces at any given PIMS. The 0.28-point drop to the ecosystem rating reflects the additional friction of navigating fourteen different access regimes, each with its own qualification criteria, fee structure, and partnership requirements.

This paper documents the customer mandate for what ISVs have experienced operationally: practices want integration, and evidence shows that the barriers are on the PIMS side, not the demand side. ISVs building products routinely require integration with the customer data that resides within them as controlled by the PIMS. They should evaluate each platform's actual openness, as documented in the Companion Document, rather than relying on vendor marketing or roadmap promises. The per-PIMS Q11 ratings, checkbox distributions, and anonymized commentary provide a factual basis for that evaluation. On the on-premise side, the practice-consent middleware pathway is often the only viable route to the installed base, and its economics and reliability warrant the same due-diligence scrutiny that cloud-side API programs receive.

Section VIII: Summary of the Research

This CAVSG Part IX brings three independent surveys to bear on a single question: how open is the integration ecosystem between the PIMS that anchor veterinary practice operations and the third-party applications that practices increasingly rely on. The CAVSG AI Innovator (ISV) Survey captured lived experience from twenty-one ISVs working across fourteen PIMS. The CAVSG PIMS Vendor Survey captured stated policy from nine written respondents. The ASIPS practice survey captured market structure and customer demand from 1,273 North American companion animal practices. The three vantage points were assembled to allow the reader to triangulate, and the triangulation is the finding.

Two numbers anchor the supply-side picture. Weighted by each PIMS's share of practices, the average ISV-rated API openness across the fourteen platforms is **2.23 out of 5**. That weighted figure is the integration environment a typical ISV actually faces. When the same ISVs were asked to rate the ecosystem as a whole on the same scale, the figure fell to **1.95**. *The whole is worse than the sum of its*

parts: navigating fourteen different access regimes, each with its own qualification criteria, fee structure, and partnership requirements, produces cumulative friction beyond what any single PIMS imposes on its own.

Roughly four out of every five full-service veterinary practices in North America operate on a PIMS owned by IDEXX or Covetrus. The aggregator-subtotal weighted Q11 average across these six platforms is **2.02**, against a non-aggregator-group weighted average of **3.28**. All six aggregator-owned PIMS rate below every independent PIMS in the survey. The customer-satisfaction view from ASIPS lines up with the openness view at both ends of the distribution: *the PIMS whose practices have the lowest satisfaction level with their platform are largely the same PIMS where ISVs report the most restricted access.*

A second observation from the same satisfaction data sharpens the picture. *The migration from on-premise to cloud has not yet, for the most part, produced a measurable customer-satisfaction gain.* The two largest on-premise PIMS, Cornerstone and Avimark, average roughly 5.16 on the 1-to-7 ASIPS scale. The cloud-native PIMS cluster around 4.6 to 5.2 (with one exception), with the two largest cloud platforms (ezyVet, Pulse) below the on-premise pair. Cloud architectures deliver other benefits, but on overall customer satisfaction with the platform itself, the cloud transition has so far only generally reached parity with the legacy on-premise systems rather than pulling ahead.

The benchmark for what AI-era veterinary software can deliver sits one category over. The leading AI scribes, all independents, achieve customer-satisfaction means of 5.9, 5.8, and 5.7 on the 1-to-7 scale, roughly 0.7 to 0.9 points above the PIMS landscape (CAVSG Part VII). Can the AI capability that has lifted the scribe category to those levels be applied to the PIMS workflows that drive day-to-day satisfaction with the platform itself? The available paths run along the same axis as the rest of this paper: focus engineering on the core PIMS workflows, open the platform to the focused ISVs already doing that work, or both.

What the customers want is not in dispute. In the ASIPS study, 88% of PIMS-using practices rated read and/or write-back access by third-party applications as important to their operations. Among the 887 respondents who said integration was important, 884 (99.7%) volunteered an open-ended explanation.

The verbatim record published in Part VI of this CAVSG series describes integration as a non-negotiable purchasing criterion, a clinical safety requirement, an antidote to copy-and-paste workflow defeat, and a precondition for the practice's freedom to choose the tools that best serve its patients. The customer side of the market is not asking the PIMS vendor for a favor. It is describing how practices expect their software to work.

The collision between the two sides of the market is clearly evident. The 88% customer demand is concentrated on the same 79% of practices whose PIMS sit at the most restrictive end of the openness distribution. The vendor positions documented in Section IV-B are not uniformly closed; five of the nine written respondents describe an open and fee-free posture, and several of the more restrictive vendors describe trajectories toward greater openness. But the present-day reality the ISVs report (as of March 2026) and the present-day reality the practices describe converge on the same characterization: at the largest PIMS by share, third-party access is difficult, expensive, or unavailable, and the practice and the ISV bear the cost of that restriction whether or not the parent vendor describes the restriction as policy.

Section IX: Our View, the Future

The structural finding that runs through the entire paper is that the practice's data, the practice's choice of tools, and the practice's authorization for those tools to communicate with one another are not three different questions. They are one question. *The practice's consent should be sufficient.*

The role of the PIMS vendor is to build secure, well-documented technical infrastructure (authentication, audit trails and practice-controlled reversal functionality, data governance) that lets the practice exercise that authorization with confidence. Acting as a commercial gatekeeper that decides which innovations the practice may adopt is a different role, and it is the role that the customer-side data, the ISV-side data, and the industry analogs developed in CAVSG Part V together call into question. The vendors

who already operate on the consent principle are not handicapped by their openness; the ISV ratings and the customer-satisfaction ratings put most of them at the upper end of the distribution on both axes.

When PIMS vendors construct barriers to ISV integration, or charge access fees, or both, these PIMS create the incentive for the ISV to integrate using alternative methods ("unsanctioned" using one PIMS's nomenclature). These approaches are becoming far easier to accomplish with the advancement of coding tools, according to many of the ISVs (some who bring quite sophisticated technical capabilities from other industries). Yet, these alternative approaches don't always have rigorous audit trails, and the ability to back out changes to the databases should the practice so choose to do so.

The result is perverse: *the rigorous qualification process that PIMS proclaim as protecting their safety goals (and which they generally say needs to be funded by access fees) has the effect of undermining those very safety goals.* Yet, as we reported, every ISV in the survey stated they would rather use a well-constructed API than an alternative approach, if available technically and economically.

A senior ISV founder with two decades of PIMS veterinary integration experience put the trajectory more directly. Speaking on the record, Dr. Ivan Zak (Co-Founder, Serenity Vet; previously founder, SmartFlow, sold to IDEXX) volunteered:

> *"…that data does not truly belong to them [the PIMS], it belongs to the veterinary clinics themselves. As a result, [PIMS] organizations should shift their mindset and accelerate innovation within this new paradigm.*
>
> *"Instead of viewing open access to databases as a vulnerability, companies should treat it as a strategic advantage. Explicitly enabling access can become a source of leverage rather than a weakness.*
>
> *"Ultimately, the most interconnected PIMS will win in this market. The challenge of integration will not be solved through traditional APIs or even improved MCP protocols, but increasingly through these emerging workarounds that bypass conventional integrations entirely."*
>
> *Dr. Ivan Zak, April 30, 2026; attribution requested in writing.*

The argument has a direct operational implication for PIMS strategy. The substantial engineering, legal, and business-development resources currently committed to evaluating, qualifying, and gating individual ISV integrations are, from the patient's point of view, *unrewarded work.* They do not produce better patient care. They slow the path to the care-improving tool the practice has already chosen. Redirecting those resources to world-class APIs (broad, well-documented, self-service, and free) converts that effort into infrastructure that benefits the entire customer base at scale, and frees the PIMS vendor to compete on the quality of its platform rather than on the height of its access barrier.

The *next horizon* beyond a conventional API, and just around the corner, is agentic access through emerging standards such as the Model Context Protocol (MCP). MCP allows AI systems and their agents to reason across the practice's data and the tools the practice has authorized, in real time and on the practice's terms. A PIMS that ships first-class MCP support is no longer a gatekeeper. It is a platform on which the practice's chosen AI tools operate at the level of clinical reasoning rather than data extraction, and it opens the innovation funnel for the practice rather than narrowing it. That is the layer at which the AI scribe satisfaction lead identified earlier in this paper has the prospect of extending from a single category to the entire PIMS experience.

Companion Document: Per-PIMS Satisfaction and Integration Profiles

The Companion Document is separated from the main paper to preserve the main paper's narrative focus. It can serve as a standalone PIMS selection support guide.

That document presents the same evidence developed in CAVSG Part IX, but at the level of each individual PIMS, for the benefit of PIMS customers. For each PIMS the guide shows:

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-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 comments (if any).
4. A summary of the PIMS's complete survey response.
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, the Companion 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.

Appendix A: ISV Survey Respondent Reconciliation

The CAVSG AI Innovator Survey received 23 submissions between March 10 and April 30, 2026. Not every submission contributed to every analytical layer of this report. This appendix reconciles the 23 submissions into three groups based on the type of data each respondent was able to provide, and documents the two submissions excluded from the ISV analysis. All respondents remain anonymous in accordance with the survey protocol.

Group 1: Ecosystem-Level Rating Respondents (N = 20)

Twenty ISVs answered the survey's overall ecosystem openness question ("How would you characterize the overall state of PIMS API openness in the veterinary industry today?") on the 1-to-5 scale. These 20 ratings produce the ecosystem-level average of 1.95 reported in Section III. The rating distribution: 5 rated the ecosystem 1 (Very Closed), 11 rated it 2 (Mostly Closed), 4 rated it 3 (Moderate), and none rated it 4 or 5. No ISV rated the overall ecosystem above 3.

Of these 20 respondents, 17 also provided individual per-PIMS Q11 openness ratings (see Group 2 below). Three respondents provided an ecosystem-level rating but did not provide per-PIMS ratings, either because their integration experience was limited to checkbox-level documentation or because they did not complete the per-PIMS rating section of the survey. These three respondents span two product categories (AI radiology and pet insurance/wellness).

Group 2: Per-PIMS Q11 Rating Respondents (N = 18, 140 Ratings)

Eighteen ISVs provided individual API openness ratings on the 1-to-5 scale for specific PIMS with which they had attempted or asked for integration. These 18 ISVs generated 140 individual PIMS-level ratings across all 14 PIMS tracked in this report. The per-PIMS ratings are the basis for the Q11 averages and distributions presented in Section III, Table 2, and for the practice-share-weighted average of 2.23.

Seventeen of the 18 per-PIMS raters also provided an ecosystem-level rating (and are therefore also counted in Group 1). One ISV provided per-PIMS Q11 ratings but did not provide an ecosystem-level rating; that respondent's data was derived from a verbal interview rather than a written survey submission, and the ecosystem question was not posed during the interview. That respondent

contributed eight per-PIMS ratings spanning three IDEXX PIMS, two Covetrus PIMS, and three independent PIMS.

Per-PIMS rating counts vary by PIMS because ISVs rated only the platforms with which they had direct integration experience. The per-PIMS N ranges from 5 (VetCove PIMS) to 16 (ezyVet). The number of PIMS rated per ISV ranges from 1 to 13, with a median of 8.

Group 3: Excluded Respondents (2 of 23)

Two of the 23 submissions were excluded from the ISV analysis. Both contributed substantive qualitative input to the broader CAVSG research, and both are documented here to maintain a complete evidentiary record.

Excluded respondent 1 (group veterinary practice). The first was excluded because the respondent is a group veterinary practice rather than an independent software vendor. The survey was directed at software developers, and a practice perspective, however informed, represents a different stakeholder position. The respondent's qualitative observations on PIMS integration from the practice side provided useful context for the demand-side framing in Section IV.

Excluded respondent 2 (NDA-constrained). The second was excluded because the respondent operates under non-disclosure constraints that prevented a standard written survey submission. We felt this was important context, even though we had no quantifiable responses.

Reconciliation Summary

The table below maps how the 23 submissions distribute across the two quantitative instruments (ecosystem-level rating and per-PIMS Q11 ratings) and identifies the excluded respondents.

Category	Count	Ecosystem rating	Per-PIMS Q11 ratings
Both ecosystem and per-PIMS	17	Yes	Yes (132 of 140)
Ecosystem only	3	Yes	None provided
Per-PIMS only	1	Not provided	Yes (8 of 140)
Excluded: group practice	1	Excluded	N/A
Excluded: NDA-constrained	1	Not collected	N/A
Total submissions	**23**	**20 included**	**18 ISVs, 140 ratings**

The 20 ecosystem respondents and the 18 per-PIMS Q11 respondents overlap by 17. The total number of unique ISVs contributing at least one quantitative rating to this report is 21 (17 who contributed both, plus 3 ecosystem-only, plus 1 per-PIMS-only). The two excluded respondents bring the total submission count to 23.

Respondent product categories span AI scribes, AI radiology, AI receptionists, pet parent communication and engagement platforms, clinical decision support, pet insurance/wellness, and several unique one-off categories. Most categories include more than one or two respondents. The category distribution is consistent with the range of AI applications described in Part III of this series.

Source: CAVSG AI Innovator Survey, Waves V6 and V7 (March 10 – April 30, 2026). Full methodology in Section I of this report.