Updated & Expanded for 2026

The Complete Buyer's Guide to Veterinary Practice Management Software

A veterinary practice's companion to choosing the right solution

provet

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Choosing *the right* veterinary software

Technology is reshaping veterinary care, and at the center of every clinic's toolkit is the practice management system (PIMS). You already know the promise of a modern platform – fewer clicks, smoother handoffs, clearer finances – but wanting a better system and getting there are two different things.

Your PIMS runs the day. When software stumbles, so does the clinic. No team wants avoidable downtime or a chaotic cutover – especially when everyone is already stretched. Still, moving on from a legacy, server-based system may be exactly what your clinic needs. The payoff is real: more efficient workflows, better client communication, and more days that finish on time. The hard part is choosing a reliable partner and planning a switch that protects your data, your team, and your patients.

This Buyer's Guide is here to help. Inside, you'll find clear criteria for selecting a PIMS, questions to ask vendors, red flags to avoid, and a step-by-step approach to implementation. The goal: give you the confidence to choose well – and the roadmap to make the transition with minimal disruption and maximum impact.

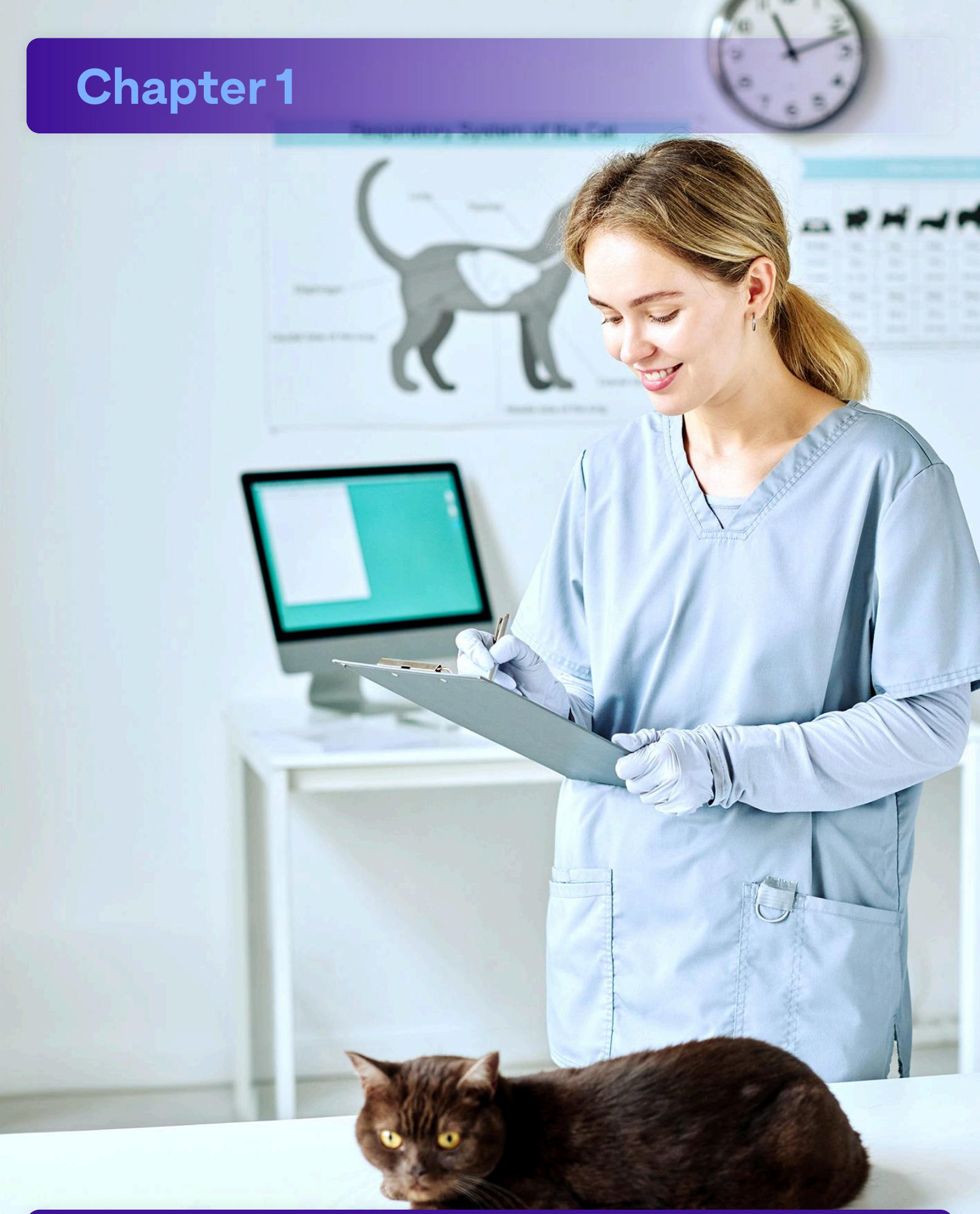
The purpose of this guide

This guide helps you choose a new practice management system with clarity and confidence. You'll learn how to evaluate vendors against your clinic's real workflows, what to ask about implementation and data migration, how to weigh features vs. outcomes, and which commitments to secure before you sign – so the switch delivers the efficiency and calm your team needs.

Why you need this guide

The market is crowded and many PIMS look alike on the surface. Under each modern UI are very different assumptions about workflows, data, integrations, and support. Getting this choice right means asking the right questions and finding the right fit for your team and patients. This guide lays out the trade-offs, red flags, and decision criteria to build a stronger clinic – one that runs efficiently, scales smoothly, and finishes more days on time.

Chapter 1



Software goals: The case for cloud

While many clinics still run server-based systems, the broader veterinary community – vendors, partners, and associations – has moved decisively to the cloud. That shift has opened real choice in a market that once had only a few options, and forward-thinking leaders are seeing the benefits every day.

Cloud delivery frees teams from fixed workstations, removes the burden of backups and manual updates, and makes it easier (and cheaper) to adopt new capabilities – including AI-assisted tools – as they become available. The question is no longer "Is the cloud worth it?" It's "What do we need from a cloud PIMS?" Before you choose, it helps to understand what "cloud-based" really means – and what it enables.

What is cloud-based software?

A cloud PIMS isn't just an on-prem server moved to a data center. It's software designed for the web and delivered as a service. They reduce total admin overhead, speed adoption of new workflows (including assistive AI), and keep teams productive in the exam room, at home, or across sites – without the operational risk of maintaining local servers.

True cloud-based systems:	VS.	Alternatively, systems that mimic (but are not truly) cloud-based systems:
• Run entirely in a web browser		• Require partial downloads or local installations
• Don't require local installation or manual updates		• Use a hosted server, but still depend on your clinic's infrastructure
• Allow access from any internet-connected device, without special tools		• Require a VPN, remote desktop, or workaround to log in remotely
• Store your data on secure, encrypted remote servers		• Need manual updates or scheduled downtime for upgrades
• Update automatically with no need for on-site maintenance		• Offer limited access outside the building
• Support real-time collaboration between team members, even across locations		• Still rely on physical hardware or outsourced IT support
• Don't depend on in-clinic hardware to function		

What can cloud-based software do for you?

Beyond freeing teams from the physical limits of a back-room server, cloud-based systems deliver benefits many clinics don't fully consider. Don't settle for "good enough"—use the list below to compare vendors on outcomes.

Lower maintenance costs

Retire the on-site server - and the worry. No more crashes, lag, or recurring IT callouts for hardware maintenance and repairs.

Better affordability

Most cloud solutions use a monthly subscription. When you remove server costs and add the expanded features and integrations you gain (see Chapter 3), the total cost often decreases.

More accessibility

Cloud is browser-based, so your PIMS works on virtually any internet-enabled device. From an equine vet updating records in the field to a manager reconciling invoices at home, everyone can stay productive.

Greater scalability

Your software should grow with you. As patients, appointments, users, or locations increase, a true cloud platform maintains performance across devices and sites.

Easier updates

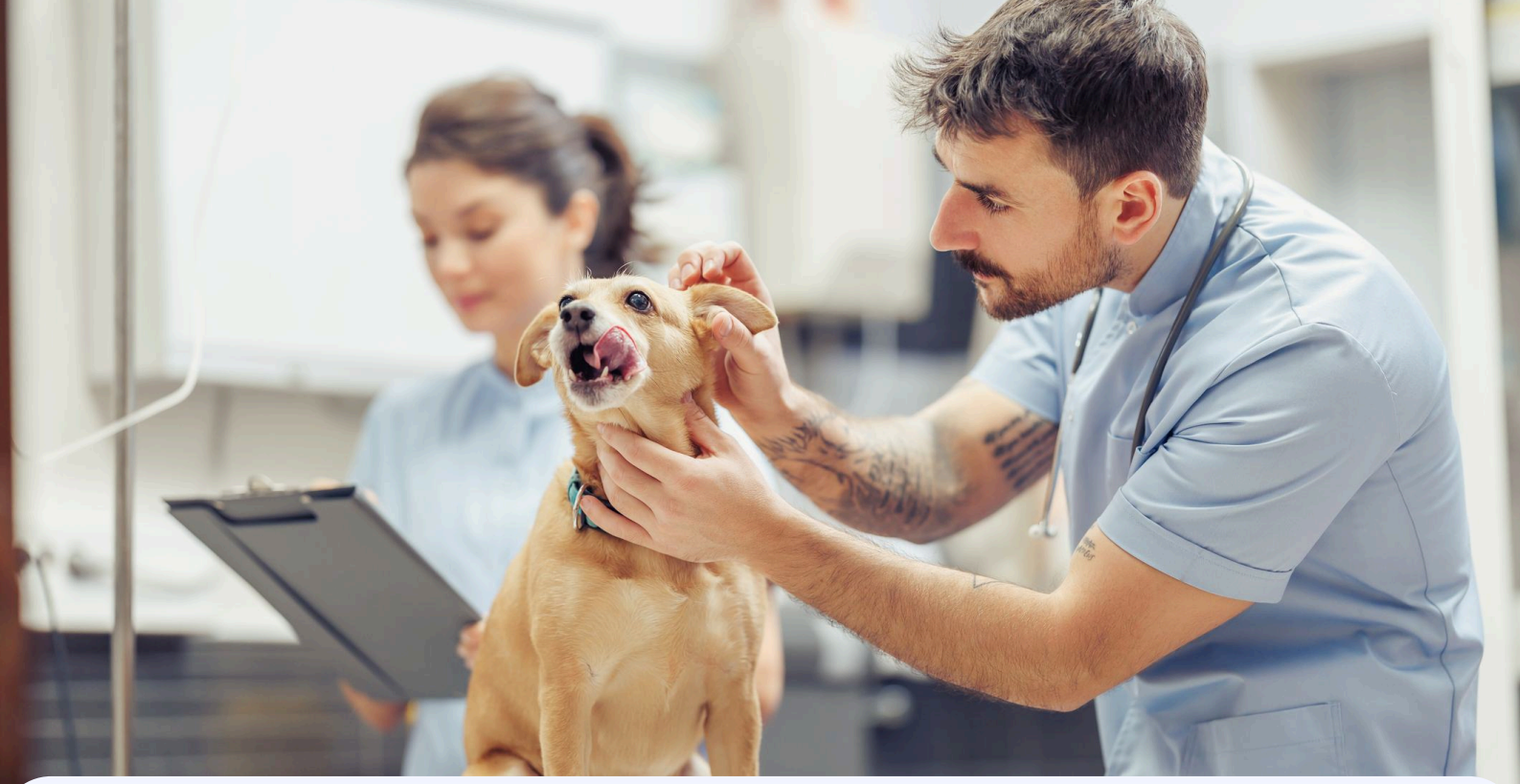
No more manual downloads or downtime. Features, fixes, and security enhancements roll out automatically and continuously.

Improved support

Modern cloud providers typically offer personalized onboarding, structured training, and responsive, ongoing support - so your team succeeds and stays confident.

Stronger data security

Moving data to the cloud can feel risky, but reputable providers prioritize cybersecurity: encryption, access controls, monitoring, and automatic backups/patching that often exceed on-prem standards.



Automation and efficiency

Cloud systems shine at taking the busywork off your team's plate. While skilled people should handle medicine and client care, many routine tasks – reminders, scheduling, paperwork – consume hours. Automating them in your PIMS boosts efficiency, reduces burnout, and delivers a more consistent client experience.

Nine automations your cloud PIMS should include:

Reminders

In most practices, reminders for annual exams and vaccinations are already automated. However, automated email or text messaging reminders also work for parasite prevention refills, recheck exams, and follow-up tests, such as a glucose curve or an ACTH stimulation test.

Online scheduling

Online scheduling not only frees up your receptionists for in-person client interactions, but clients also prefer it. Online scheduling gives everyone more time flexibility, and most platforms allow teams to control the schedule through preset rules.

Appointment confirmations

While receptionists may need to follow up by phone with a small number of clients who don't respond, automated email or text confirmations and reminders can significantly reduce the number of calls your front desk staff must make.

Check-in paperwork

Emailing digital versions of required check-in forms to your clients at home allows them to fill them out without distractions, reduces bottlenecks at the reception desk, and ensures accurate and complete client records.

Medical records

Pre-formatted templates that populate based on the visit type listed on the schedule reduce the time team members spend charting. AI scribe software can record visit conversations and complete templates, further streamlining workflows.

Item bundling

Bundling items in your practice management software can streamline the creation of estimates and invoices for your clients. Linking items under a given treatment name or code triggers the system to add all items to the invoice with a single click.

Laboratory and imaging integration

In many practices, team members manually enter lab tests or imaging results into a patient's medical record. Automating the transfer of information through integrated platforms saves time and ensures complete, thorough medical records.

Medication refills

Refills can consume a large portion of your support staff's day. Using an online pharmacy can automate medication and food refills while ensuring teams maintain control of prescription approvals.

Client feedback

Client input helps your practice strive for continuous improvement. Cloud-based practice management software can help you elicit client feedback by automatically sending client surveys after selected patient visits.

What are your goals for a new system?

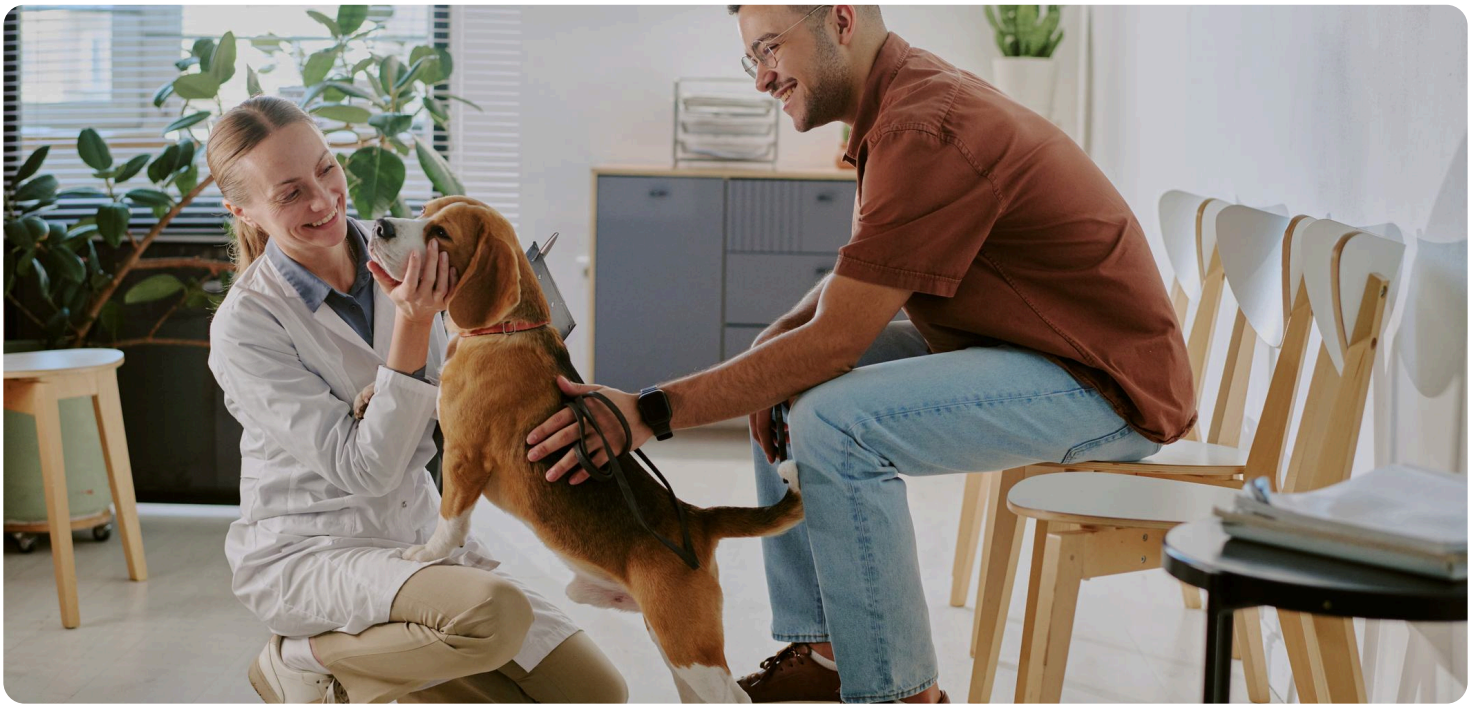
The value of any PIMS switch depends on your current setup and what you want to improve. Start by naming the problems to solve and the outcomes to achieve, then track them with clear key performance indicators (KPIs).

Think of KPIs as your north star - simple, quantifiable measures that show progress. You can also include a few qualitative goals (e.g., “smoother handoffs”) to capture team sentiment.

Common goals (with example KPIs):

- **Revenue growth** – Improve charge capture; reduce no-shows.
  KPIs: % missed charges, no-show rate, revenue per visit.
- **Practice efficiency** – Remove busywork with integrations and automation.
  KPIs: Avg. clicks/steps for key tasks, hours saved/week, visit cycle time.
- **Staff happiness** – Streamline routine tasks; cut the most time-consuming workflows.
  KPIs: eNPS/ENG score, turnover rate, after-hours charting time (pajama time).
- **Client satisfaction** – Offer convenient communication (online booking, SMS, portals).
  KPIs: NPS/CSAT, booking completion rate, response time, payment time.
- **Clinical quality & compliance** – Standardize records, orders, and discharge instructions.
  KPIs: Template adoption, missing-record rate, follow-up completion.
- **Scalability & reliability** – Support multi-site growth without performance loss.
  KPIs: Uptime, page load times, onboarding time for new staff/sites.

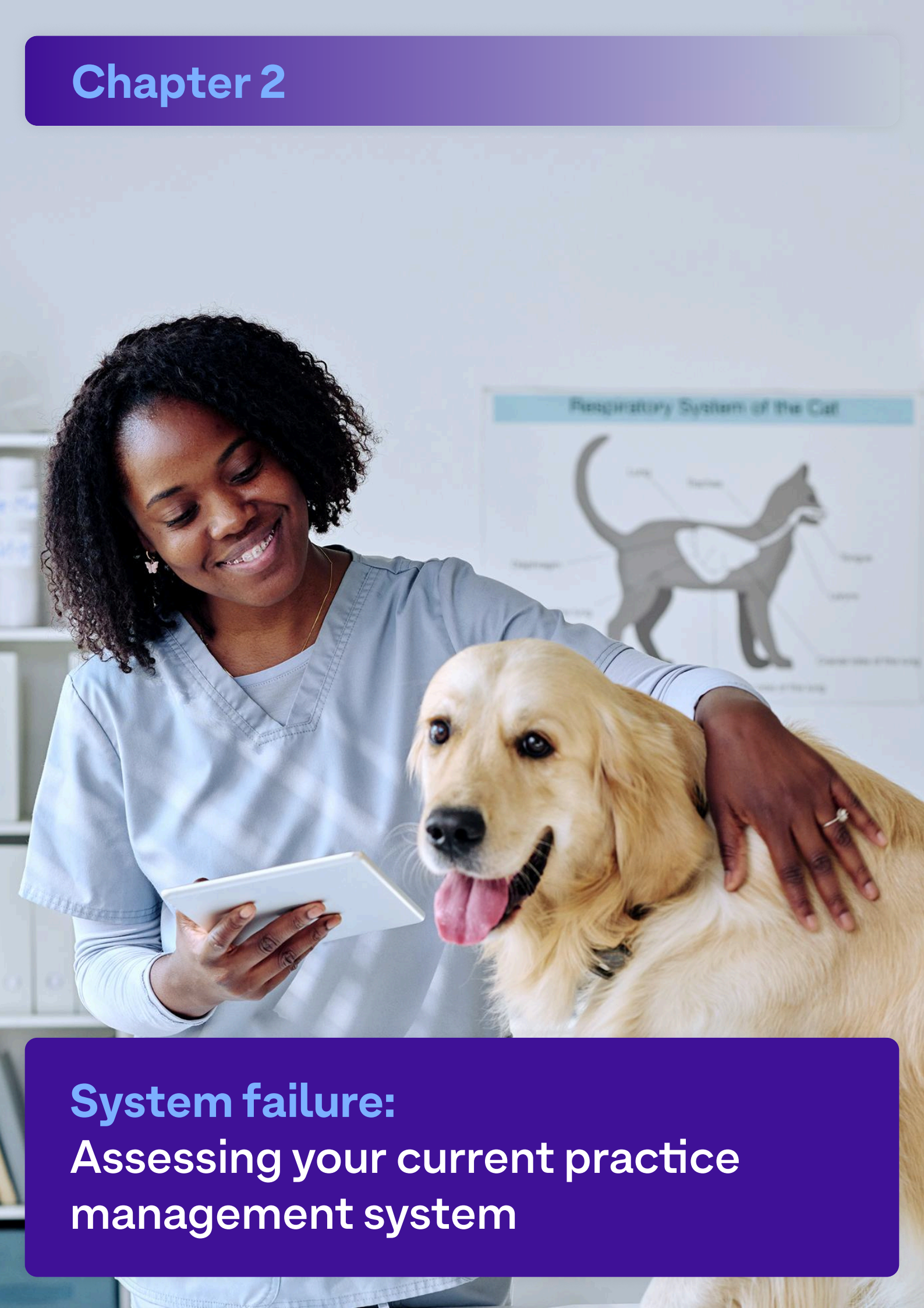
Define baseline numbers, set targets, and review monthly. Let these KPIs guide vendor selection, implementation priorities, and success checks after go-live.



Key Takeaways

- **Define the outcomes.** List what you need from a PIMS and why. Tie requirements to real workflows.
- **Prioritize automation.** Compare cloud options on their ability to remove clicks and automate everyday tasks.
- **Set goals and KPIs.** Establish baselines and targets so the switch delivers measurable results.
- **Include the team.** Gather role-based input to surface must-haves and blind spots before you choose.

Chapter 2



System failure:
Assessing your current practice management system

Signs that your current system isn't meeting *your needs*

You probably wouldn't be exploring a new PIMS if your current one met your needs. In a profession where stress runs high, software should reduce friction, not create it. Technology's role is to add efficiency and give your team breathing room.

In this chapter, you'll learn how to audit your current system – capabilities, workflows, and support – to see what's working and what isn't. We'll also show why it's important to involve every role (reception, nursing, vets, managers) and give you a quick way to capture their input.

- [ ] Cannot automate routine tasks (e.g., appointments, invoices, etc.)
- [ ] Very slow and crashes often
- [ ] Outdated user interface
- [ ] Poor integration capabilities
- [ ] Not customizable/inflexible
- [ ] Too many clicks to complete tasks
- [ ] Too difficult to learn / train
- [ ] No longer qualifies for updates or vendor support
- [ ] Too costly to maintain
- [ ] Unreliable customer support
- [ ] Perpetuates inefficient workflows
- [ ] Requires frequent IT help
- [ ] Vague data security protocols
- [ ] Limited portability / remote access

Turn pain points into requirements

1. List failures and shortcomings of your current system.
2. Map each issue to benefits a modern cloud-based PIMS should provide (see Chapter 1): automation, interoperability, easier updates, security, uptime, and scalability.
3. Collect staff input with a short survey or huddle by role. This includes what slows them down, what they avoid, and what "good" looks like.

This exercise gives you a clear, shared view of the gaps and a starting set of requirements to use when evaluating vendors and planning your transition.

Why ask your staff for input?

Your practice management system touches every role, and each team member sees different parts of the workflow up close. Front desk staff live in scheduling, check-in/out, and phones. Technicians wrestle with estimates, charting, and refills. Vets navigate records, orders, and discharge.

Because they use the software the most, your team knows its strengths, gaps, and workarounds. They can surface must-have features, expose blind spots you may not see, and help define what "good" looks like in a new system.

How to collect input (quick and practical):

- **Use the scorecard:** Print the next page, "Scoring our practice management system," and hand it out.
- **Time-box it:** Spend 5–10 minutes in your next staff meeting to complete and discuss scores.
- **Include every role:** Reception, technicians/nurses, veterinarians, managers - more perspectives = better decisions.

The most complete assessment comes from broad participation. Bring these insights into your vendor conversations (see Chapter 6) to ensure any cloud-based solution you consider maps to real workflows and delivers measurable improvements.

Scoring our practice management system

Name (optional, if you prefer to remain anonymous): .....

Role at practice: .....

1. **On a scale of 1 to 5 (with 5 being the best score), how would you rate our current system overall?** .....
2. **How long have you been using this system?** .....
3. **Do you have previous experience with other systems? If so, which ones have you used?**

.....

4. **From the list below:**

- CIRCLE all the features that our current system PERFORMS BEST.
- CROSS OUT all the features that our current system PERFORMS THE WORST.

Design and ease of use	Appointment calendar	Online booking
Online forms and check-ins	Automated reminders	EMR navigation
Text templates and shortcuts	Prescription management	Health plans and financing
Payment flexibility	Invoice and estimate creation	Accounting software integration
Insurance claims integration	Financial reporting and analytics	Patient referral management
Inventory and ordering	Supplier integration	Printers and hardware
Lab and imaging integration	AI assistant or scribe	Digital whiteboard
Shared staff inbox	Internal communication tools	Client communication tools
Remote accessibility	System search capabilities	System speed
System reliability	Data security	Customer support
Other:	Other:	Other:

5. **What are the 5 most important features to have in a practice management system?**
   (Feel free to refer to the list above.)

- 1:
- 2:
- 3:
- 4:
- 5:

6. **What are the 5 least important features?**

- 1:
- 2:
- 3:
- 4:
- 5:

Any additional comments or feedback?

.....

Not everything in your current system has to change

Changing practice management software doesn't mean you have to change everything about how technology helps you run your practice. Your current system has pros and cons, and it's likely you'll want to keep some of the benefits after the switch.

In a full assessment of your current system, be sure to document the tools and processes you expect to retain after the switch to a new cloud-based solution. Divide this system audit into two categories:

Workflows

From Fear Free® patient check-in to managing lab results and more, your team follows a set of standard operating procedures that ensure your practice runs smoothly. Many of these workflows require steps that your software needs to complete.

Work with your team to identify the workflows you want to keep, then write them down or create visual flowcharts highlighting instances where your PIMS plays a role. Alternatively, you can identify the workflows you want to change to help guide your choice of new software.

Third-party integrations

Whatever your current software, you're likely using some third-party tools (e.g., X-ray storage, reference laboratory portal) that may or may not interface with your PIMS. Some software is highly adaptable, enabling direct integration of many tools in the PIMS main dashboard.

However, just because a tool can integrate with your PIMS doesn't mean it will do so smoothly. Keep a list of the integrations you currently cannot live without, and those you hope to add in the future, so you can test their functionality during a software demo or trial period.

Common essentials include diagnostic equipment, client communications and engagement apps, inventory management platforms, online pharmacies, pet insurance, wellness plans, financing companies, and more.

Key Takeaways

- **Audit the gaps.** A clear view of what's slow, fragile, or hard to use in your current PIMS will shape your requirements.
- **Ask the team.** Collect quick, role-based feedback to see how the software really performs day to day.
- **Protect what works.** List the workflows, templates, and integrations you want to keep in any new system.
- **Use the list with vendors.** Bring these requirements to PIMS demos to compare options on outcomes, not features.

Chapter 3

Integrations and Open API:
Key features of a modern practice management system

In Chapter 1, we covered core cloud benefits - lower maintenance, continuous updates, and anywhere access - and introduced integrations: the built-ins and add-ons that make a PIMS truly work for your clinic. This chapter clarifies which integrations to expect and how to evaluate them.

Your tech stack (and why openness matters)

The most flexible systems sit at the center of a practice tech stack: the PIMS connects securely to other tools through an open API. Rather than chasing a "unicorn" that does everything, look for a cloud PIMS that's interoperable by design, so you can mix, match, and evolve tools as your workflows change.

Must-have veterinary software integrations

Let's look at the kinds of tools that your software should be capable of integrating with to help you lighten your task load, save time, and deliver better care.

Laboratory & diagnostics
Results should attach automatically to the right patient record, with order entry, automatic charge capture, and imaging. This reduces data entry, errors, and missed charges.

Client communications
Two-way SMS/email, reminders, recalls, and feedback requests should sync with the PIMS to cut no-shows, improve compliance, and capture preferences and consent.

Inventory management
Real-time item counts, reorder points, and controls to reduce shrink. With automated medication dispensing (e.g., Cubex), the PIMS should update records and invoices automatically.

Payments (in-clinic & online)
Integrated checkout that posts paid transactions to the medical record, updates inventory, and simplifies end-of-day reconciliation. No double entry.

Reporting & analytics
Built-in reports are table stakes; many clinics also need automated scheduling of reports, custom dashboards, and (where available) benchmarking against peers.

Telemedicine
Video consults, photo/chat triage, and follow-up messaging integrated with the PIMS to document care and decide when an in-person visit is needed.

Online pharmacy
Place orders from the patient chart or allow client self-service. Integration should reduce on-hand stock while preserving prescription approval control in the PIM

Accounting
Place orders from the patient chart or allow client self-service. Integration should reduce on-hand stock while preserving prescription approval control in the PIM

AI scribing tools
Native or integrated tools that capture conversations or dictation and draft structured notes (e.g., SOAP), ready for clinician review – reducing clicks, manual data entry, and after-hours charting.

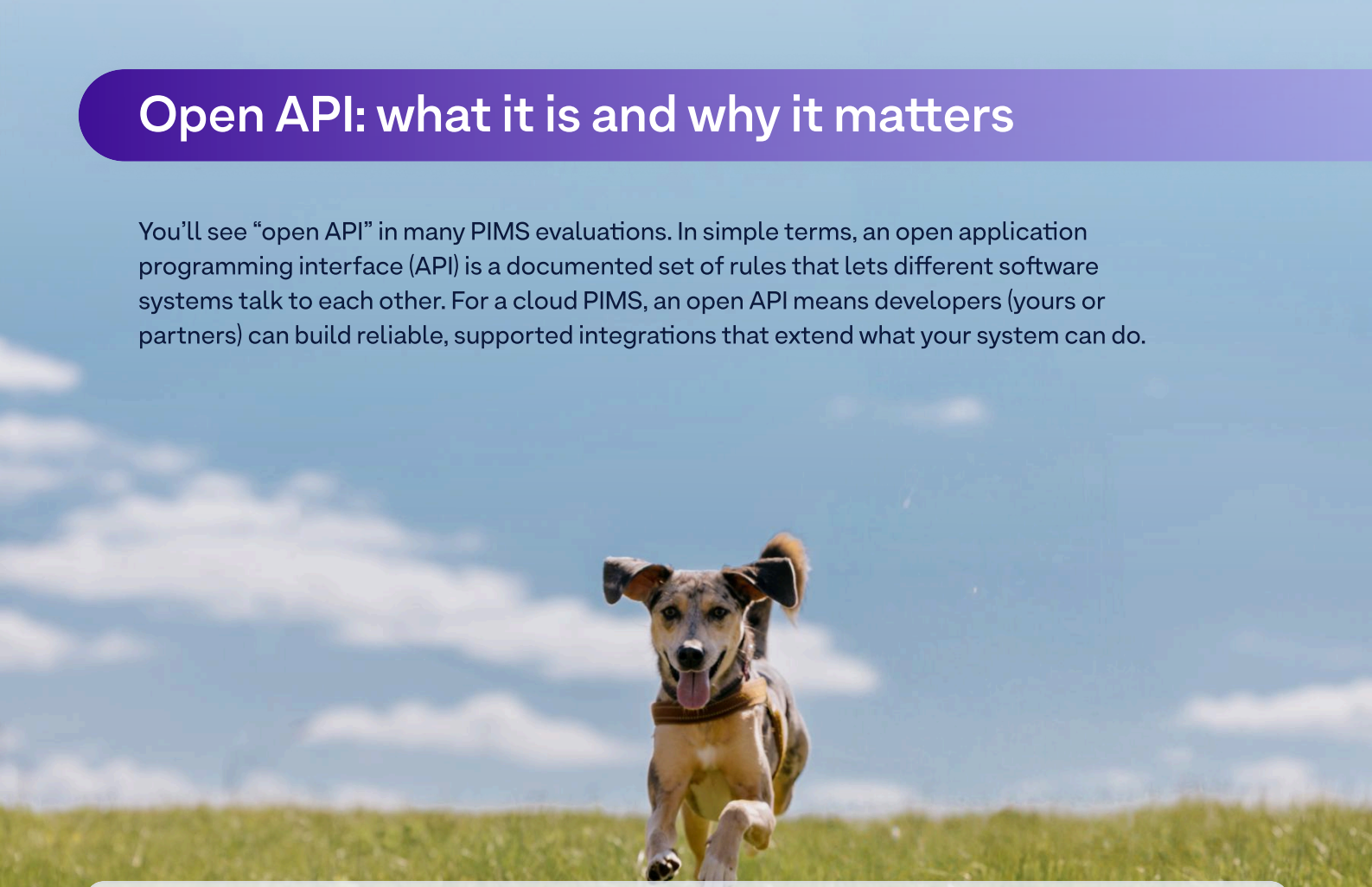
How to evaluate integrations (quick tests)

- **Workflow fit:** Can staff complete the job with fewer steps than today?
- **Data flow:** Orders → results → charges → records move without manual re-entry.
- **Reliability:** Vendor shows recent uptime and incident history; results attach correctly in test cases.
- **Security & consent:** Role-based access, audit trails, data encryption, and clear PHI handling.
- **Supportability:** Who owns issues (PIMS vs partner)? Documented SLAs and a named escalation path.
- **Versioning:** Public docs, stable endpoints, and a roadmap that won't break you during updates.
- **Portability:** You can export your data, and integrations won't lock you in.

A modern, open, cloud PIMS doesn't try to be everything. It connects everything, so you can deliver better care with less admin and adapt your stack as your practice grows.

Open API: what it is and why it matters

You'll see "open API" in many PIMS evaluations. In simple terms, an open application programming interface (API) is a documented set of rules that lets different software systems talk to each other. For a cloud PIMS, an open API means developers (yours or partners) can build reliable, supported integrations that extend what your system can do.



Benefits of an open API

- **Choice, not lock-in:** Pick best-fit tools (labs, imaging, payments, comms, analytics) instead of one vendor's limited bundle.
- **Streamlined workflows:** Data moves automatically (orders, results, charges) so staff don't retype or switch tabs.
- **Fewer errors, better records:** Structured, consistent data flows into the medical record and reporting.
- **Future-proofing:** As needs change, you can add/replace tools without a full system swap.

How to ask about an open API

Use these five questions with any vendor to clarify what "open" really means:

1. **Do you have a published, open API?** (Docs, versioning, auth, rate limits)
2. **Which tools integrate today via the API?** (Specific partners and use cases)
3. **Is configuration included in implementation?** (Who sets up and tests each integration)
4. **What ongoing support do you provide?** (SLAs, ownership when issues span two vendors)
5. **Are there limits or extra fees?** (Usage caps, premium endpoints, partner certification costs)

If a PIMS doesn't offer an open API, request a current list of third-party tools they support and how those connections are maintained.

Key Takeaways

- **Start with the hub.** Choose a cloud PIMS that's open-API first.
- **Design your stack.** List the third-party tools you need and confirm they integrate cleanly.
- **Verify the details.** Ask about API docs, setup/ownership, support SLAs, limits, and fees.
- **Plan for tomorrow.** Ensure integrations are versioned and future-proof, not one-off connectors.

Chapter 4

The future is now:
AI and advanced analytics

AI is rapidly emerging as a powerful tool in the veterinary world. While AI won't replace veterinarians or support staff, it is transforming how veterinary teams and individuals work and communicate. As a result, AI capabilities are increasingly being featured in veterinary PIMS.

What the emergence of AI means for you

Not all AI features are created equal. Understanding how to evaluate these tools to identify genuine benefits versus marketing hype is a critical part of choosing the right software system for your practice.

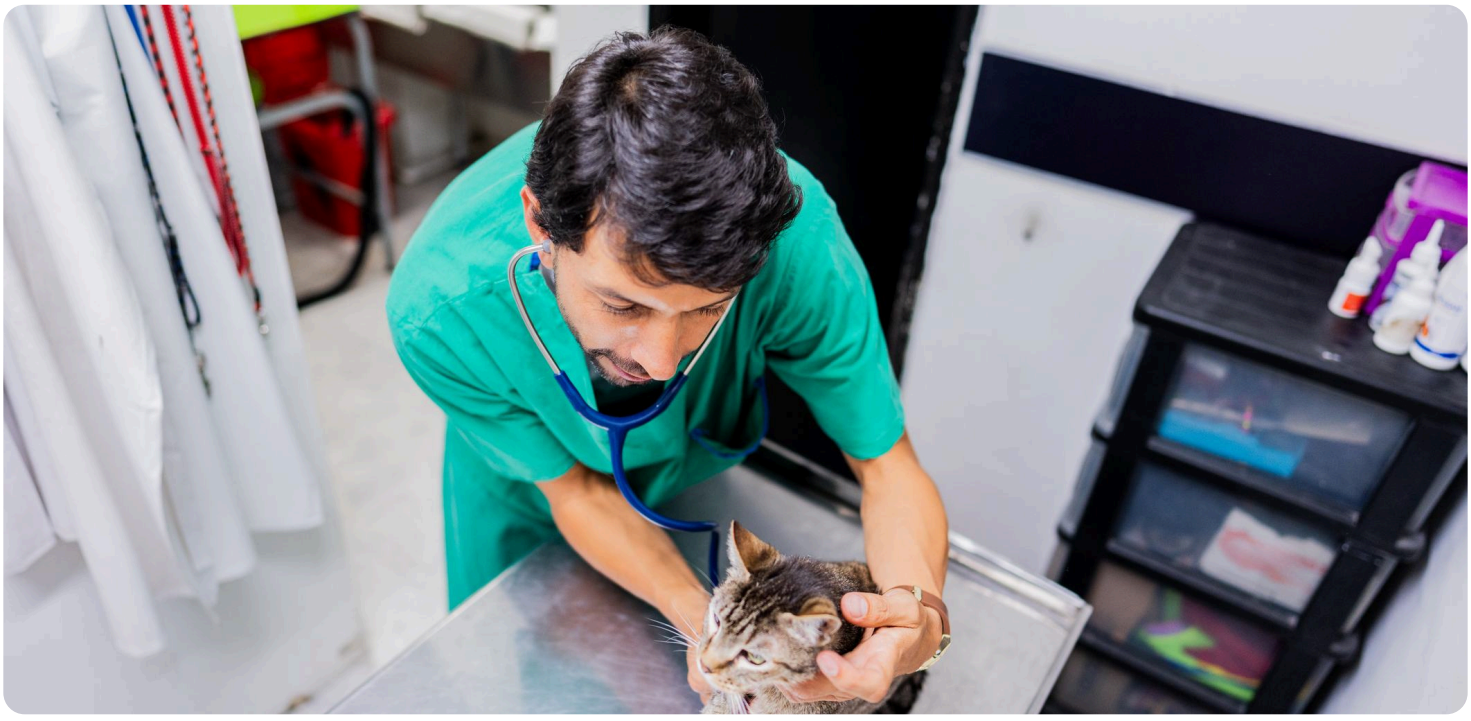
Thoughtful AI in action

The most useful AI features alleviate everyday problems in veterinary practice. Common uses pertaining to veterinary practice software include:

- **Voice-to-text AI scribes** that convert SOAP notes into structured records.
- **Radiology and cytology tools** that flag potential abnormalities for further review.
- **Chatbot-style assistants** that help triage client queries or search and summarize patient records.

AI tools won't replace team members. Instead, they allow team members to spend more time focusing on patient care and client communication.

The general rule to follow when considering AI: Don't adopt tools for the sake of novelty. Each AI tool should be added thoughtfully to address a specific problem.



Key questions to ask about AI

Karen Bolten, DVM, MBA, owner of The Business Vet, encourages veterinary teams to ask three foundational questions when evaluating AI features in any PIMS:

Is it safe?

Because AI tools tend to be lightly regulated, it's up to you to ensure data is handled responsibly. Always check the privacy policy to understand how your data is collected, stored, and used. Look for clear language, voluntary GDPR compliance, and the ability to opt out of data being used for training. If the policy feels vague or overly complex, consider it a red flag.

Does it do what it says it does?

Many AI companies don't disclose how their tools are trained or how they measure accuracy, making it harder to evaluate reliability. Veterinary tools should be supported by clinical evidence, just as medical products and diagnostics are. Look for peer-reviewed research, white papers, and clarity on training and validation data. If a tool makes clinical claims without proof, proceed with caution.

Does it actually help your team?

ven a safe and accurate AI tool isn't valuable if it doesn't solve real workflow problems. Start by identifying your key bottlenecks, then select tools designed to address them. Consider how well the tool integrates with your current systems, how hard it is to learn, and whether you can test it first. Adoption should be driven by need – not hype.

The answers may guide your decisions about choosing a new PIMS with AI features. Here are a few more questions to consider:

- Are data handling practices transparent?
- Can you opt out of data use for training?
- Does the tool solve a specific pain point for your clinic?
- Is it intuitive and well-integrated, or does it create more friction?

Avoiding the hype: Evaluating AI PIMS features

Some AI features are natively built into cloud-based PIMS platforms, offering seamless integration and streamlined support. Others are third-party solutions that may offer advanced functionality but require custom integration. Consider how well the PIMS in question runs the partner AI program.

Choose tools that align with your clinical goals and workflows. Avoid adopting AI just because it's trendy. Instead, push for transparency, ask critical questions, and support companies that prioritize ethical design, security, and clinical relevance.

The power of data analytics

Data analytics may have an even greater day-to-day impact on your business than AI. A PIMS that supports robust data analysis allows you to make better decisions about staffing, pricing, inventory, marketing, investments in future growth, and other factors linked to the hospital's financials.

What to look for in a reporting dashboard

Your new PIMS should act as a digital command center. The most effective platforms include:

- **Customizable dashboards**
- **Automated KPI tracking**
- **Charts, graphs, and other visualization tools**
- **Wide and narrow-scale metrics**
- **Benchmarking tools**

Let's get the full data & analytics section (page 26) onto a single page, as right now the transition feels a bit stuck in the middle of the "we're talking about AI, and now mid-way through the page we're talking about analytics?"

6 essential KPIs your PIMS should track

Look for software systems that allow you to easily track these basic metrics:

- **Start with real problems.** Choose AI/analytics that measurably reduce admin or improve care – not trendware.
- **Safety and control first.** Prefer human-in-the-loop workflows, clear review steps, and explainable outputs.
- **Data you can trust.** Ensure quality, privacy, and governance (access controls, audit trails, retention).
- **Measure what matters.** Confirm the PIMS can track your core KPIs and tie AI usage to outcomes (time saved, no-shows, charge capture).
- **Plan for adoption.** Look for simple setup, role-based training, and support to turn features into daily habit.

Key Takeaways

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Chapter 5

The PIMS partnership:
Data security and vendor trust

Choosing a new practice management system is fundamentally about trust. When you select a software partner, you also entrust them with your clinic's most valuable asset: data. Medical records, payments, diagnostic images, and internal messages power your daily operations.

Trusting your software partner

Your data must be protected, recoverable, private, and ethically used - especially as AI-powered features become more common. Not all vendors apply the same rigor or transparency, and not all incidents are caused by hackers; misconfiguration and human error matter too. Evaluate every PIMS through the lenses of security, privacy, compliance, and control so the move to a new system strengthens your posture.

Key principles to expect:

Your new PIMS should act as a digital command center. The most effective platforms include:

- **Protection:** modern encryption, access controls, and monitoring.
- **Recoverability:** tested backups and clear disaster-recovery objectives.
- **Privacy & ethics:** explicit policies for data use, retention, and any AI training - ideally opt-in with auditability.
- **Compliance & transparency:** documented practices, clear ownership, and open incident communication.

The modern cybersecurity landscape

Veterinary practices are increasingly targeted by cybercriminals. Even without large stores of national IDs, attackers know practice data is mission-critical: locking it can halt care and operations, making clinics tempting ransomware targets. That reality raises the bar for your vendor and for your internal processes. The right partner helps you reduce risk with strong defaults, clear controls, and fast recovery - so your clinic can keep moving, even when threats evolve.

Must-ask questions about data security

When you compare vendors, use these essentials to probe a PIMS provider's security posture:

- **Certification:** Are you ISO/IEC 27001–certified (current certificate)?
- **Backups & recovery:** Do you provide encrypted, off-site, redundant backups? What are your RPO/RTO and how often do you test restores?
- **Incident response:** What is your breach/incident response plan and customer notification SLA?
- **Privacy & compliance:** Are you GDPR-compliant (with a DPA) even for non-EU customers? Do you support regional data residency?
- **Access security:** Do you offer SSO/2FA or passwordless, IP allow-listing, role-based access, and audit logs?
- **(Nice to have):** Do you complete independent pen tests and share summaries?

Also run an internal audit. Ensure your own endpoints, networks, and third-party apps (not just the PIMS) meet the same standards.

AI data risks

AI features add specific considerations. Before adopting, ask:

AI features add specific considerations. Before adopting, ask:

- **Training use:** Is my data used to train or fine-tune models? Is that opt-in and revocable?
- **Segregation:** Is customer data logically isolated from other clients' data?
- **Retention & deletion:** How long are prompts/outputs/logs kept? Can I purge them?
- **Third parties:** Which model providers/sub-processors see my data? Under what terms?
- **Controls:** Can I disable AI features per role? Are human-in-the-loop review steps standard?

🚩 **Red flags:** Vague or dense privacy policies, no way to opt out of training use, no sub-processor list, or refusal to share security summaries. Choose vendors with clear, comprehensible policies.

Who owns your data?

Data ownership may seem straightforward, that is, until you try to switch systems and your vendor refuses to release your records or charges a hefty fee. There's not much you can do about the policies of your current software provider, but you can carefully evaluate new software options. Get confirmation in writing that:

- **You retain ownership of all data generated in the system**
- **You can export your data in a standard, usable format**
- **There are no excessive fees or contractual roadblocks to data access**

Your data should be your data, and that's that.

Key Takeaways

- **Validate security rigor.** Prefer vendors with ISO/IEC 27001 certification and clear GDPR compliance (DPA, data residency, incident SLAs).
- **Demand resilience.** Encrypted, off-site redundant backups, tested DR with stated RPO/RTO, and transparent uptime/incident reporting.
- **Own and move your data.** Contract must state you own all data, provide standard exports/API access, reasonable fees (or none), and clear deletion/retention terms.
- **Control AI & access.** Opt-in data use for AI training, named subprocessors, and strong controls (SSO/2FA, RBAC, IP allow-listing, audit logs).

Chapter 6

Making contact: The secrets to a great software demo

A demo is where you confirm fit with your real workflows - not just a feature tour. Use this roadmap to stay in control and compare vendors on outcomes.

1. Prep so you run the demo

- **Define success (3–5 outcomes):** e.g., finish more days on time; cut check-in time 50%; auto-attach lab results with charge capture.
- **Pick scenarios (share in advance):**
  a. Online booking → check-in (forms, reminders)
  b. Consult → notes → discharge (templates/assistive tools)
  c. Estimate → treatment → invoice → payment (bundles, reversals)
  d. Lab/imaging (order, worklist, results to record, auto charges)
  e. Comms (2-way SMS/email, post-visit surveys, audit trail)
- **Bring sample data:** de-identified day list, complex SOAP, referral case, payment exception.
- **Use team input:** pull role-based feedback from page 14 and KPIs from Chapter 1.
- **Assign observers:** reception, nurse/tech, vet, manager—each notes clicks/steps, speed, clarity.
- **Have a scorecard ready:** workflow fit, automation, integrations, analytics, security, implementation, performance (rate 1–5).

2. What vendors will ask - be ready with tight answers

They'll open with discovery. Prepare concise, quantified replies so you can move to your scenarios.

- **Why switch? What's hard today? Is the current system helping or hurting?**
  Cite evidence: no-show %, missed charges, after-hours charting, crashes.
- **Where is time lost? How well does staff use it? How is support?**
  Call out workflows: check-in, notes, invoicing, lab/imaging entry; training gaps; support SLAs.
- **Top 2–3 outcomes; timeline to change.**
  Name must-keep integrations (labs, imaging, payments, comms, accounting).
- **AI interest?**
  What you'd use (scribe, summaries, discharge) and how review/permissions work.

They'll open with discovery. Prepare concise, quantified replies so you can move to your scenarios.

Questions you should ask during the demo

(Group them so you cover everything without derailing the flow of the demo.)

Differentiation & fit

- What truly sets your PIMS apart for clinics like ours?
- Any limits to concurrent users or locations?

Flexibility & usability

- How customizable are templates, forms, price lists, roles/permissions?
- Show how we'd build a new template and use it now.

Integrations & API

- Which third-party tools are certified? Which don't work well today?
- Who owns troubleshooting? Versioning, rate limits, or fees?

Data migration

- What's included in base cost? What issues commonly arise and how are they mitigated?
- Sample plan: sources, mapping, test loads, sign-off.

Security & privacy

- Data security standards (e.g., encryption, backups, audit logs), incident response.
- Data residency/GDPR; AI data use (opt-in/opt-out).

Analytics & KPIs

- Can we track our core KPIs (no-shows, time to checkout, missed charges)? Scheduled reports? Tailored dashboards?

Implementation, training, support

- Typical timeline in weeks; cutover plan; role-based training paths.
- Support channels/hours, response SLAs, escalation, named CSM.
- Hardware/internet requirements.

Pricing & roadmap

- Pricing options/modules; any integration or usage fees.
- What's shipping next quarter that affects our use cases?

3. What to see live (show, don't tell)

They'll open with discovery. Prepare concise, quantified replies so you can move to your scenarios.

- **Online booking → check-in:** rules, digital forms, confirmation/no-show prevention.
- **Consult → notes → discharge:** templates; (optional) assistive scribe; history summary.
- **Estimate → treatment sheet → invoice → payment:** bundles, edits, reversals, reconciliation.
- **Lab/imaging:** order from chart, results auto-attach, automatic charge capture.
- **Client comms:** reminders, two-way messages, post-visit surveys logged in the record.
- **Analytics:** run/report KPIs; schedule a report; show a custom dashboard.
- **Multi-site controls:** site-level settings, consolidated reporting, pricing controls.

4. How to rate the demo (simple rubric)

Weight what matters most; score 1–5 each:

- **Workflow fit & usability (30%)**
- **Automation & integrations (25%)**
- **Reporting/analytics (15%)**
- **Security/compliance (10%)**
- **Implementation & support (10%)**
- **Performance & reliability (10%)**

🚩 **Red flags:** Slides instead of product; "coming soon" for core workflows; no live integration demo; vague security/export answers; unclear ownership for integration issues.

5. After the demo: lock proof points

They'll open with discovery. Prepare concise, quantified replies so you can move to your scenarios.

- **Sandbox/pilot** (time-boxed) with your data and success metrics.
- **Migration outline** (mapping, test loads, acceptance criteria).
- **TCO & contract basics** (modules, integrations, training, support, data/export terms).
- **References** that match your size/specialty/multi-site model.

A great demo replaces opinions with evidence – fewer clicks, faster paths, cleaner handoffs – so you can choose with confidence. In the next chapter, we'll dig into onboarding and implementation to ensure those promises hold at go-live.

Key Takeaways

- **Run the demo.** Share 3–5 outcomes, real scenarios, and sample data beforehand so the session reflects your workflows.
- **Prove it live.** Ask vendors to walk end-to-end flows and note clicks/steps, speed, and automation. Compare on outcomes, not slides.
- **Cover the essentials.** Ask structured questions on integrations/API, migration, security/privacy, analytics/KPIs, pricing, and implementation/support.
- **Score and validate.** Use a simple weighted rubric, capture notes, and require a time-boxed sandbox/pilot + migration outline before you decide.

Chapter 7

PIMS University: Implementation, onboarding & support

Introducing a new practice management system takes careful planning, thorough training, and patience while everyone adjusts. Even the most user-friendly software requires some collective "rewiring." That's why you must assess not only the product, but the people behind it – the team that will train your staff, stand with you on go-live, and support you day to day. Look for real humans (not just chatbots), consistent guidance, and a willingness to explain not only how the tools work, but why – with empathy for your stressors and clear paths to resolve them.

Why implementation support matters

It's easy to be swept up in features and demos, but what happens after you choose a PIMS determines success. As Peter Bowie, DVM (TowardHealth Consulting), notes, the outcome of a transition often depends less on the software itself and more on how well the implementation is supported, staffed, and structured. If you don't ask the right questions, you can pick a system that looks great on paper but creates months of frustration during rollout. Build implementation into your decision.

Ask about the details

Not all vendors provide the same depth of onboarding. Some deliver robust, hands-on training; others are lighter-touch or offer intensive help only on request. Dr. Bowie recommends pressing for specifics:

- **Will a representative come on-site** (or virtually) to evaluate our workflows before setup?
- **Is there a sandbox** for role-based practice before go-live?
- **How many support staff** will be present on the go-live day, and how will they triage issues?
- **Are there additional fees** for extra implementation support, and what do they include?

He also emphasizes that extra support is often worth the cost if it leaves your team confident once trainers step away.

Prioritize software providers that prioritize you

A step few vendors advertise – but Dr. Bowie strongly recommends – is a pre-adoption audit: a structured review of your hospital's workflows by someone fluent in the system. The goal is to spot incompatibilities before training begins. If a vendor can't provide this (or won't refer you to someone who can), you risk mid-implementation surprises that force drastic workflow changes and temporary slowdowns.

Evaluate training tools and timelines

Demos show a polished interface; training happens in real life. Ask how learning actually works:

- **How is training delivered?** (self-paced modules, live sessions, peer-led practice)
- **Are there department-specific tracks** for reception, techs/nurses, vets, and managers?
- **How much time will each role need** to train properly?
- **What percentage of normal capacity** should we plan for in the early days?

Confirm there's a sandbox so staff can rehearse end-to-end scenarios with de-identified data.

Consider post-launch flexibility

Implementation doesn't end on go-live day. Dr. Bowie advises asking about follow-ups – such as a 6- or 12-month post-launch audit – to ensure you're using the software to its full potential. Vendors may not offer this by default, but they should be willing when asked.

Key implementation, training, and support questions to ask (callout)

- **Team experience:** Does the implementation team include people who have worked in a practice setting?
- **Timeline:** How long (days or weeks) does a typical implementation take – what drives variation?
- **Go-live continuity:** On launch day, will there be any interruption to operations? How is cutover managed?
- **New-hire enablement:** Are there self-help tools or additional support for staff who join later?
- **Local support:** Is localized customer support available at no charge, and during what hours?
- **Accountability:** Will we have a dedicated account manager or CSM?
- **Feedback loop:** How do you collect product feedback, and how are feature enhancements prioritized?
- **Responsiveness:** How long do support issues generally take to resolve? What are your SLAs and escalation paths?

Bottom line: Treat implementation as a shared clinical project. Ask for a thoughtful pre-adoption audit, real hands-on training (with a sandbox), human support at go-live, and structured follow-through. As Dr. Bowie reminds us, the software matters – but people, process, and partnership determine whether your transition is smooth, confident, and sustainable.

Key Takeaways

- **Prioritize people and process.** Strong vendor support during implementation is invaluable - extra onsite time and training are often worth the cost.
- **Demand clarity up front.** Get a documented plan for onboarding, migration, training, go-live, and post-launch reviews - with timelines and owners.
- **Insist on practice-first prep.** Ask for a pre-adoption audit and sandbox rehearsal to surface issues early and speed adoption.
- **Know the safety net.** Confirm SLAs, escalation paths, a dedicated CSM, and localized support so you know how fast issues will be resolved.

Chapter 8

Decision time: Evaluating your software options

Once you've seen the demos and compared vendors, it's time to narrow the field to the system that fits your medicine, your team, and your goals. Implementation quality and data policies (see earlier chapters) matter – but the software itself must also deliver the everyday functionality your clinic relies on. Drawing on Dr. Peter Bowie's guidance, here are core capability areas to weigh.

Features to consider when choosing a new PIMS

External communication
Two-way texting and email, online booking, digital forms, and automated reminders built in or via well-supported integrations. These reduce no-shows, speed check-in, and keep clients informed.

Internal communication
Team messaging and real-time chart visibility help keep reception, nurses/techs, and vets in sync as records are updated.

Whiteboard and treatment management
A clear inpatient/outpatient whiteboard that tracks status and provides an organized treatment checklist – linking completed treatments directly to invoices for clean charge capture.

Finances and charge capture
Flexible payment options (in-clinic and online), integrated terminals/readers, and automated charge capture across orders, treatments, and results. Aim for fast checkout and fewer missed charges.

Medical records (SOAP notes)
Fast, customizable templates; seamless links to diagnostics; optional assistive tools to draft notes and discharge instructions so clinicians review rather than retype.

Inventory management
Intuitive stock controls you'll actually use: real-time counts, reorder points, and (where relevant) automated dispensing that updates records and invoices. Reduces shrink and external tool sprawl.

Reporting and analytics
Easy access to the reports you run most, with the ability to schedule, customize, and (ideally) connect to accounting. Confirm it can track your KPIs from Chapter 1.

Tip: Re-test these features with your own scenarios before deciding. Features that look similar on a slide can feel very different in daily use.

10 essential questions to help you select the right software

Use this final check to turn your research into a confident decision. Each question includes why it matters.

- **Is cloud-based software right for our practice?** – Confirms you want the benefits outlined earlier (updates, resilience, access) over server maintenance.
- **Does it include the features we actually need?** – Validates everyday workflows: comms, whiteboard/treatments, SOAP, payments, inventory, reporting.
- **Is it genuinely user-friendly?** – A modern, intuitive UI lowers training time and reduces errors - especially in busy hours.
- **Does it integrate well with our third-party tools?** – From labs and imaging to payments and telemedicine - clean integrations prevent re-entry and missed charges.
- **Does it offer robust data security?** – Look for encryption, backups, incident response, and GDPR-aligned practices (see Chapter 5).
- **Will it scale as we grow?** – Performance should hold across more patients, users, and locations without slowing or breaking workflows.
- **What training and support will we receive?** – Confirm people-led onboarding, role-based tracks, a sandbox, go-live staffing, SLAs, and escalation paths (Chapter 7).
- **How is data migration handled - and what's included?** – Ask for scope, test loads, validation steps, common risks, and whether migration is in the base cost.
- **What's the pricing model and total cost?** – Map subscription, add-ons, integration/usage fees, and how costs change as your practice evolves.
- **What do customers like us say?** – Request references that match your size/specialty and review independent feedback (e.g., Capterra).

✨ Bonus: **Can we commit to the change?**
Block time for training and stabilization; success requires focused staff effort in the early weeks.

With patience and a clear rubric, you can select a PIMS that fits today and adapts to tomorrow. Whether you're moving from paper, a legacy server, or another cloud system, we hope this guide helps you run an effective selection process and deliver a smooth transition for your team and your clients.