

PRESENTED BY

2nd Annual Edition



THE STATE OF THE INDUSTRY FLUID DELIVERY AND PROFITABILITY

2026



ORIGINAL DATA

ON PRACTICE PROFITABILITY, STAFFING,
& FLUID DELIVERY TECHNOLOGY

150+

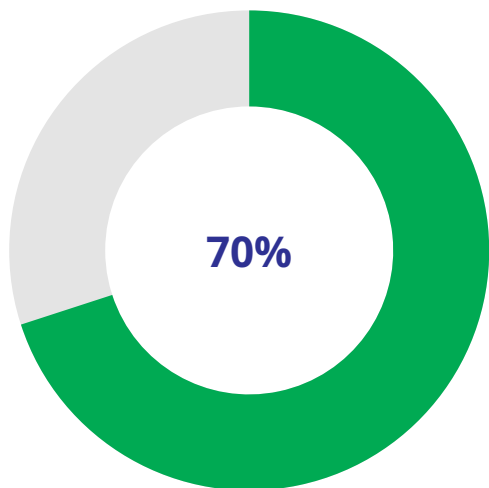
VETERINARY
PROFESSIONALS
SURVEYED

Demographics

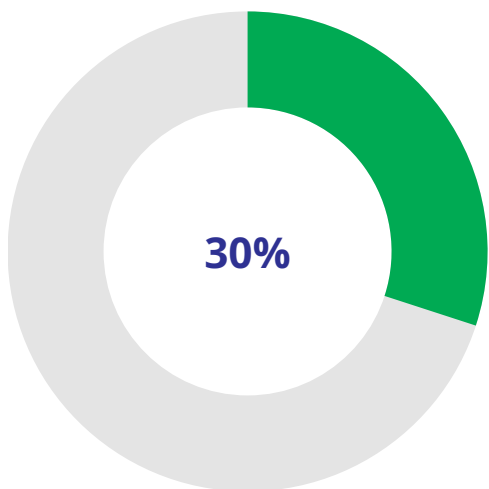


Total respondents **163**

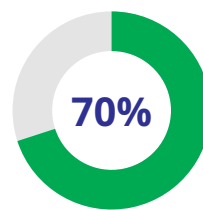
Respondent split:



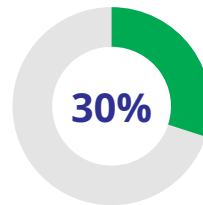
Companion animal
114



Large animal
49



Equine:
34
(70% of large animal)



Food animal/mixed
15
(30% of large animal)

PART A

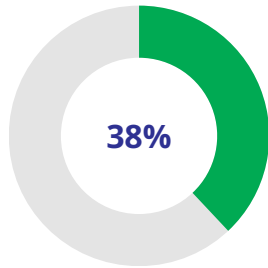
COMPANION ANIMAL PRACTICES

114 RESPONDENTS

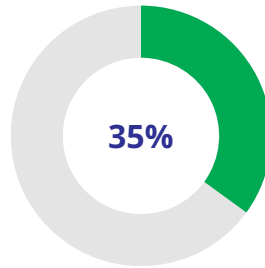


Practice profile and current state

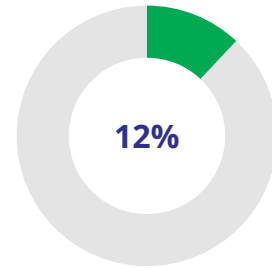
1. What is your role in the practice?



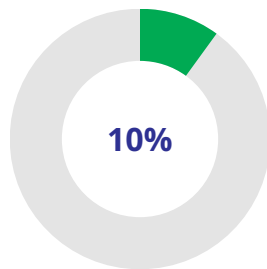
Practice owner/partner



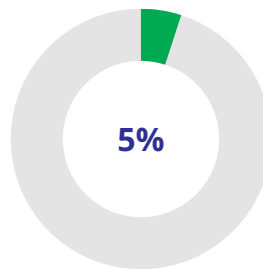
Associate veterinarian



Practice manager



Medical director

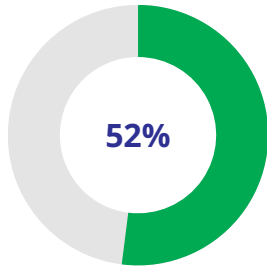


Other

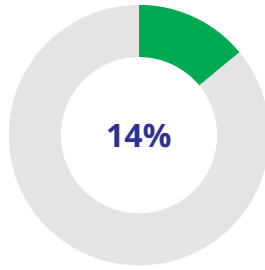


Our respondent pool reflects a healthy mix of decision-makers and frontline practitioners. Over a third of respondents own or co-own their practice, meaning equipment purchasing perspectives come from people who sign the checks. The 35% associate veterinarian representation is important because these are the people using equipment daily but often have limited input on what gets purchased.

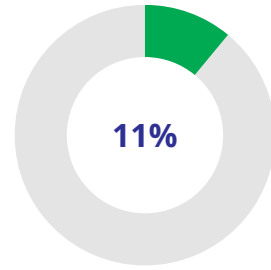
2. Which best describes your practice ownership structure?



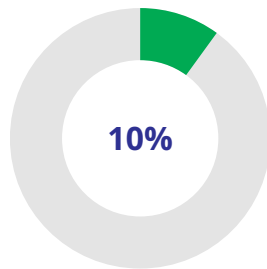
Independent (single location)



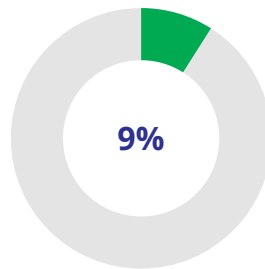
Independent (multiple locations)



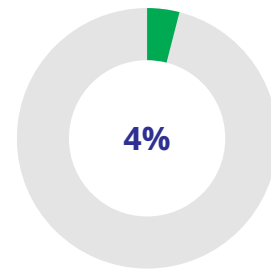
Part of a corporate group (less than 10 locations)



Part of a corporate group (10-50 locations)



Part of a corporate group (50+ locations)

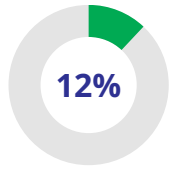


Other (co-op, non-profit, university, etc.)

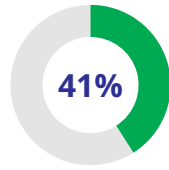


Independent single-location practices still represent the majority of our respondents, though corporate-affiliated practices account for 30% combined. This tracks with broader industry data showing corporate consolidation continuing but independents still making up the majority of individual practice locations. Equipment purchasing dynamics differ significantly between these groups - independents make faster decisions with tighter budgets, while corporate-affiliated vets navigate longer procurement cycles with more purchasing power.

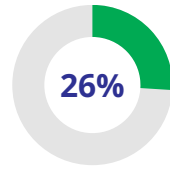
3. How would you describe your practice's current financial health?



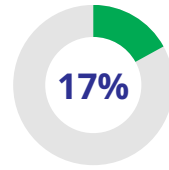
Thriving and growing rapidly



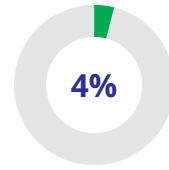
Steady and profitable



Breaking even



Struggling but managing



Considering major changes/sale

Top Responses:

"We're profitable but it doesn't feel like thriving. Revenue is up but so are wages, supplies, rent. The margin hasn't actually changed much in three years at least."

Chicago, IL - Independent (multiple locations)

"I'd say we're breaking even on a good month. We're in a price-sensitive market and there's a Banfield two miles away now. I'm not panicking but I'm sure we'll start to see more pronounced impacts over time."

El Paso, TX - Independent (single location)

"Steady. Not exciting and not scary like some colleagues have said. We've focused on controlling costs rather than chasing revenue growth, and I think that's been a good strategy for us. I'd rather be boring and profitable than exciting and stressed and broke."

Columbus, OH - Independent (single location)

"I don't know our exact financial health because corporate doesn't share those numbers with associates. I know we're busy and that they keep hiring. I assume that means we're doing fine."

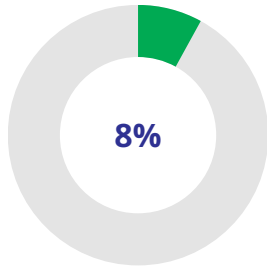
Houston, TX - Corporate group (50+ locations)



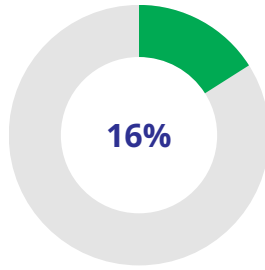
The majority of practices (53%) report being either steady/profitable or thriving, which is encouraging. But the 26% breaking even and 17% struggling represent a significant portion of the profession operating without a financial cushion. For these practices, every equipment decision carries real weight. Unexpected costs are challenging when you're breaking even. The 4% considering major changes or sale is a small number but represents real practices facing real crossroads - and equipment reliability plays a role in practice valuation.



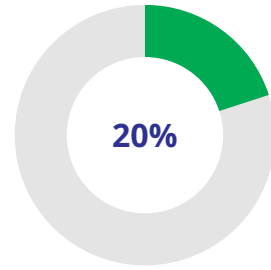
4. What was your practice's year-over-year revenue change in 2025?



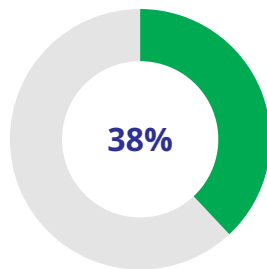
Decreased more than 10%



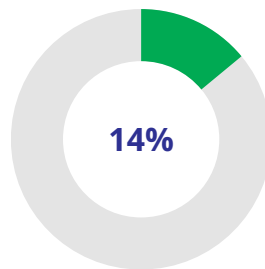
Decreased 4-7%



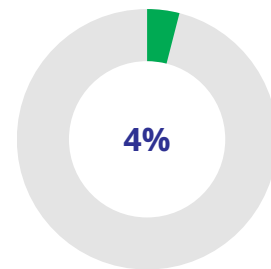
Flat (within 2%)



Increased 0-10%



Increased 11-20%

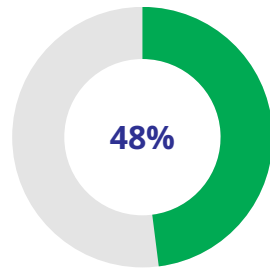


Increased more than 20%

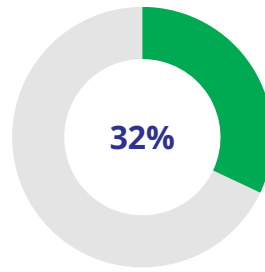


Just over half of companion animal practices (56%) reported some level of revenue growth in 2025, but that number deserves context. Industry-wide, veterinary service prices rose roughly 6-7% year over year, while patient visits declined for the third consecutive year. That means most of the "growth" in this data is price increases masking fewer patients walking through the door. The 24% reporting revenue declines despite industry-wide price hikes are in a particularly difficult spot. They're losing enough volume that raising fees can't keep up. And for the 20% holding flat, inflation means flat revenue is effectively a decline in purchasing power. The standouts are the 4% growing more than 20%, who are almost certainly winning on volume rather than price alone.

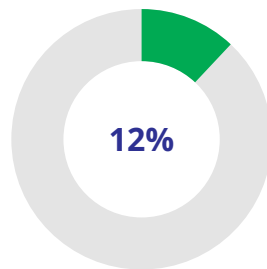
5. How many full-time veterinarians does your workplace location currently employ?



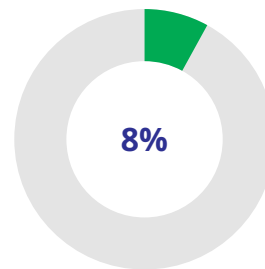
1-3



4-7



8-10



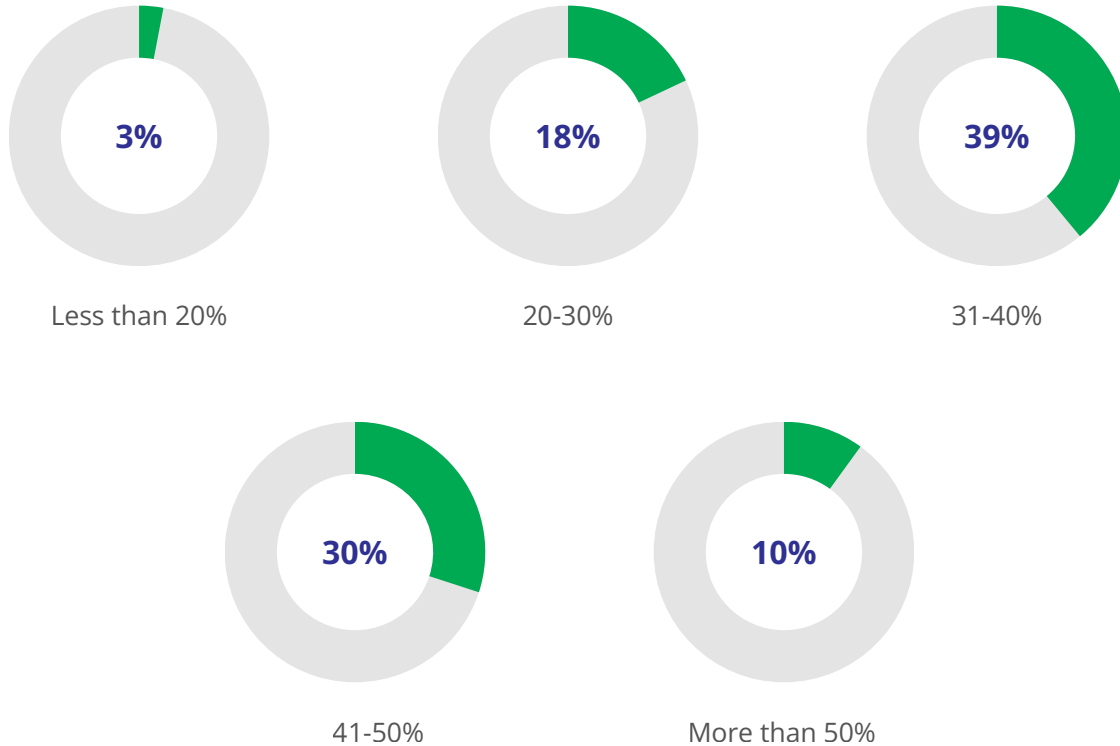
11+



Nearly half of companion animal respondents work in practices with 1-3 veterinarians, confirming that the backbone of companion animal medicine remains small practices. In these smaller operations, equipment reliability matters even more - there's less redundancy, less backup, and less margin for error when a pump goes down during a critical procedure.

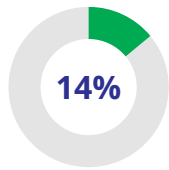
Staffing challenges and costs

6. What percentage of your revenue goes to staff wages and benefits?

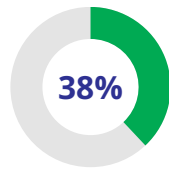


The 31-40% range is where most practices land, which aligns with industry benchmarks from multiple data sources. But the 40% of respondents spending more than 40% of revenue on labor is a warning sign. When labor costs consume nearly half of revenue, there's very little room for equipment investment, maintenance, or upgrades. This creates a cycle where practices can't afford to invest in tools that would reduce labor burden, which keeps labor costs high.

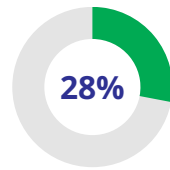
7. How many open positions do you currently have?



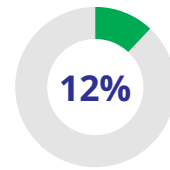
None - fully staffed



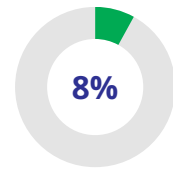
1-2 positions



3-4 positions



5+ positions



We've stopped trying to fill certain roles

Top Responses:

"Two tech positions have been open for five months. We've had three people accept offers and ghost us before their start date. It's a different world out there then it used to be I think."

Nashville, TN - Independent (single location)

"We've stopped trying to hire a second receptionist. We just reorganized so techs rotate through the front desk. In a way this gives everyone a bit of a break to sit down plus we stopped spending money on job postings that go nowhere."

Albuquerque, NM - Independent (single location)

"Fully staffed for the first time in two years. I raised wages 15% across the board and added a four-day work week option. It's a choice between different expenses. because the turnover was costing us more."

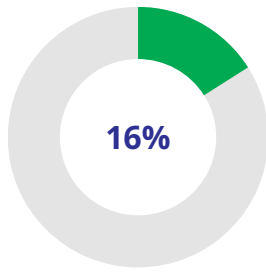
Boston, MA - Independent (multiple locations)



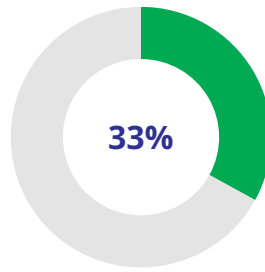
Only 14% of practices report being fully staffed. That means 86% of companion animal practices are operating with at least one gap in their team. The 8% who have stopped trying to fill certain roles represents a concerning adaptation - practices restructuring around permanent understaffing rather than solving it. In understaffed environments, equipment that reduces manual monitoring, automates fluid delivery, and frees up technician time isn't a luxury. It's a staffing solution.



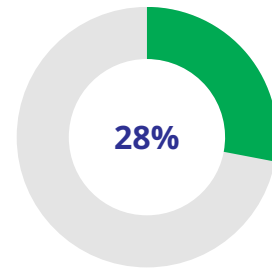
8. What is your average staff turnover rate annually?



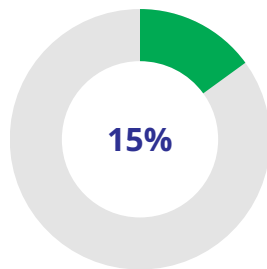
Less than 10%



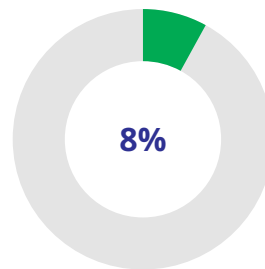
10-20%



21-35%



36-50%

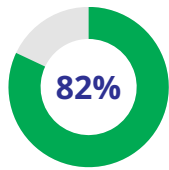


More than 50%

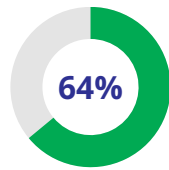


A combined 51% of practices experience turnover above 20%, which means they're replacing a significant portion of their team every year. Each new hire requires equipment training, and pump operation is consistently cited as one of the steeper learning curves for incoming staff who didn't spend adequate time learning this during their education. High turnover combined with complex equipment creates a compounding problem as practices are perpetually in training mode.

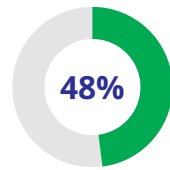
9. Which positions are hardest to fill? (Rank top 3)



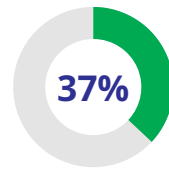
Licensed technicians



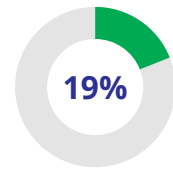
Veterinarians



Assistants



Reception/
customer service



Practice manager

Top Responses:

"Licensed techs. That's been the answer for years. We lose them to human nursing, to corporate practices offering sign-on bonuses, and to burnout when they go start a part-time dog walking business that's far less stressful. The staff pipeline here just isn't big enough or something."

**Baltimore, MD -
Independent (single
location)**

"Finding a vet who wants to work in a small independent practice in the Midwest is genuinely hard. They all want coastal cities or corporate stability. I get it but it makes staffing a two-vet practice feel like a lot more stress than I imagined it would be."

**Minneapolis, MN -
Independent (single
location)**

"We can find warm bodies for assistant roles but finding someone who actually wants to build a career here is hard. Good ones go get their tech license and then leave for higher pay somewhere else."

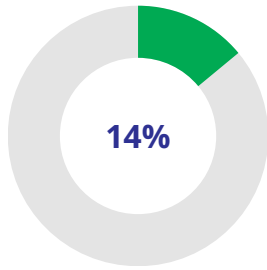
**Indianapolis, IN -
Independent (single
location)**



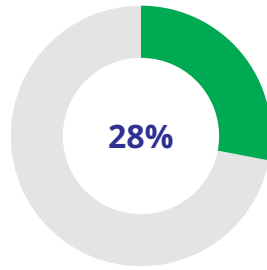
Licensed technicians top the list at 82%, which is consistent across virtually every veterinary workforce study. This has direct implications for fluid delivery because techs are typically the ones operating and monitoring infusion pumps. When practices can't hire enough techs, remaining staff handle larger patient loads, and any equipment that requires less hands-on monitoring becomes more valuable. The 64% struggling to recruit veterinarians reflects an ongoing geographic mismatch between where vets want to live and where practices need them.



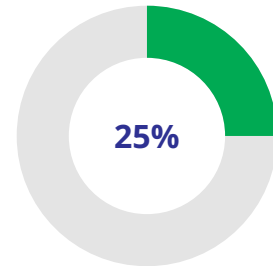
10. How much do staffing challenges impact your ability to see patients?



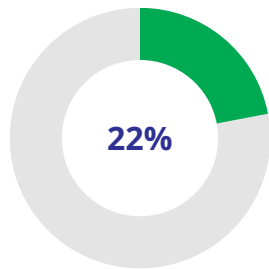
We turn away 20%+ of appointment requests



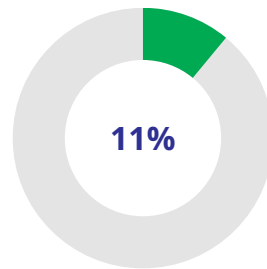
We turn away 10-20% of requests



We turn away less than 10%



We can accommodate most requests with overtime



No impact - we're adequately staffed

Top Responses:

"I did the math and we turn away roughly 15% of people who call. At our average transaction value, that's around \$180,000 a year and we can't do anything about it because I literally don't have enough people."

San Jose, CA - Independent (single location)

"We accommodate everyone but the overtime is very hard on morale. My techs are tired and I'm tired and we're seeing the patients but the quality of the experience for the staff and the clients is not as good as it was like 3 years ago."

Portland, OR - Independent (single location)

"We've shortened appointment slots and cut back on same-day availability. Clients notice and some have left reviews about it on google. But I can't manufacture technicians out of thin air."

**Sacramento, CA -
Independent
(multiple locations)**

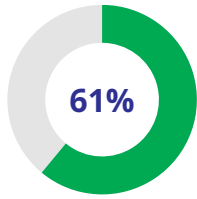
"We had to close our doors on Saturdays last year because we couldn't staff it. Saturday was 20% of our weekly revenue. So it cost a lot of money but I wasn't going to burn out the people who actually showed up and maybe it's just a temporary step that we can reverse soon."

**Kansas City, MO
Independent (single
location)**

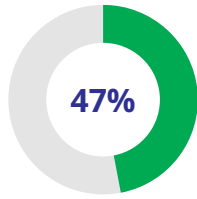


The revenue impact of staffing shortages is noteworthy. When 42% of practices report turning away 10% or more of appointment requests, the profession is leaving significant revenue behind and not because demand is down, but because there aren't enough hands. This is where equipment efficiency stops being an abstract concept and becomes a revenue question. Every minute a technician saves by using a pump instead of manually monitoring a gravity drip is a minute that can be redirected to seeing another patient.

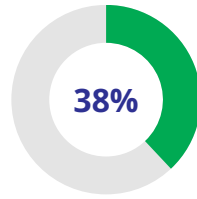
11. What strategies have actually worked for staff retention? (Check all that apply)



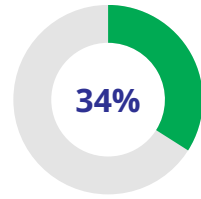
Significant wage increases (10%+)



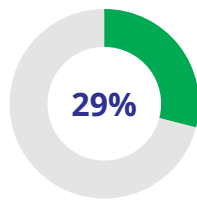
Four-day work week



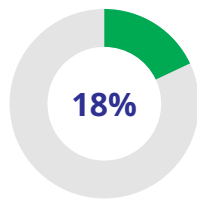
No on-call/emergency hours



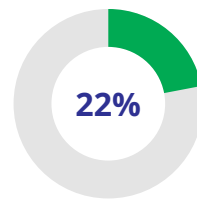
Profit sharing/bonuses



Paid mental health days



Student loan assistance



Nothing has really worked

Top Responses:

"Money. That's it. I wish I could say our culture or mission statement or something fuzzy kept people, but the ones who stayed got meaningful raises. The ones who left went somewhere that paid more."

**Detroit, MI -
Independent (single
location)**

"Four-day weeks was a really smart move for us. We restructured the schedule so everyone gets a three-day weekend every other week. We've had zero turnover in clinical staff since we started it 14 months ago."

**Las Vegas, NV
Corporate group
(10-50 locations)**

"Nothing has really worked is the honest answer. We've raised wages, added PTO, and started buying lunch three days a week. People still leave at the same rate. I think the profession itself is the retention problem, not individual practices."

**Charlotte, NC -
Independent (single
location)**

"Student loan help surprised me. We offer \$250/month toward loans and two techs told me it was the reason they stayed when they had other offers. For \$3,000 a year per person it's the cheapest retention strategy I've ever used."

**Philadelphia, PA -
Independent (single
location)**

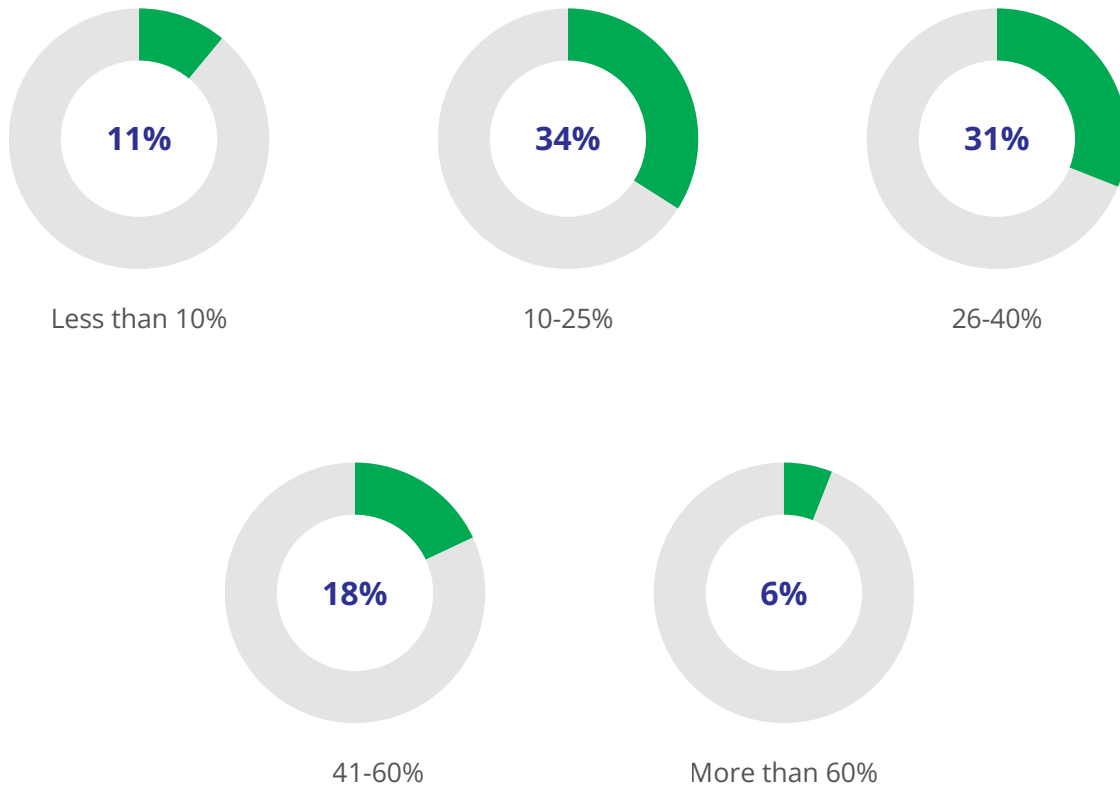


Analysis

The most effective retention strategy is the most expensive one - significant wage increases, selected by 61% of respondents. But the 47% finding success with four-day work weeks suggests that schedule flexibility is nearly as powerful and potentially more sustainable. However, it is worth noting that our results may be skewed toward the 4-day work week, as it's not widely referenced in data outside this survey. The 22% reporting that nothing has worked represents the hardest-hit segment of the profession. For these practices, reducing the workload per staff member through equipment efficiency and automation may be the only lever they haven't pulled yet. If you can't hire more people and you can't keep the ones you have, making each person's shift less grueling is the remaining option.

Client challenges and market pressure

12. What percentage of clients decline recommended treatments due to cost?



Top Responses:

"It's somewhere around 30% and it's gotten worse in the last two years. The frustrating part is these aren't extravagant treatments. We're talking bloodwork, dental cleanings and similar things that prevent bigger problems. But clients see a \$400 estimate and they shut down and we often spend a lot of time going back and forth over tiny details and charges in the quote."

**Miami, FL
Independent (single
location)**

"20% or maybe a little higher. The ones who decline aren't bad pet owners but they just don't have the money. I've had clients cry in the exam room because they can't afford what their dog needs. We have started a weekly donation program where we do nail clips for cats and dogs for a "donation", which then goes into a pot that we can allocate to lower income patients as we see fit and the community has been insanely on board with this."

**San Diego, CA -
Corporate group
(10-50 locations)**

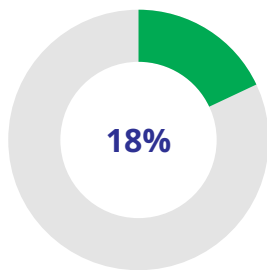
"It depends heavily on the service. Routine stuff almost everyone says yes. I'd say above \$1,000 I lose about a third of them and anything over \$2,500 I don't have an expectation of it being a yes."

**Kansas City, MO -
Independent (single
location)**

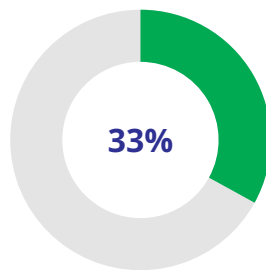


More than half of respondents (55%) report that 26% or more of their clients decline recommended treatments due to cost. This has a direct connection to equipment investment strategy. Practices serving price-sensitive populations need to maximize the revenue they capture from the clients who do say yes. Efficient fluid delivery equipment that reduces procedure time and allows higher case throughput helps practices maintain profitability even when a significant portion of recommendations are declined.

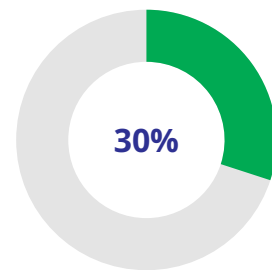
13. How much business have you lost to alternative care providers? (online pharmacies, mobile vets, retail clinics, telemedicine)



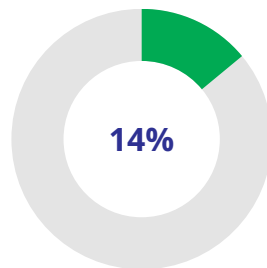
Negligible impact



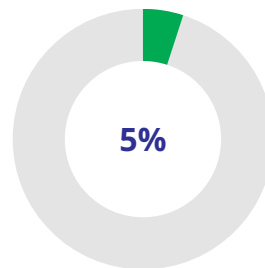
Less than 10% revenue impact



10-20% revenue impact



21-35% revenue impact



More than 35% impact

Top Responses:

"Online pharmacies are eating us alive on product sales. We used to make 25% of our revenue on medications and preventives but now it's 12%. Clients sit in my exam room and order from Chewy while I'm talking to them."

**Phoenix, AZ -
Independent (single
location)**

"I'm less worried about losing business and more worried about the care gaps. People use Dr. Google just like they do for themselves, but they're more likely to try home remedies or buy fish antibiotics online than they are for themselves. I didn't lose that revenue because I just get it later when the case is worse but that's not good for the pet obviously."

**New Orleans, LA -
Independent (single
location)**

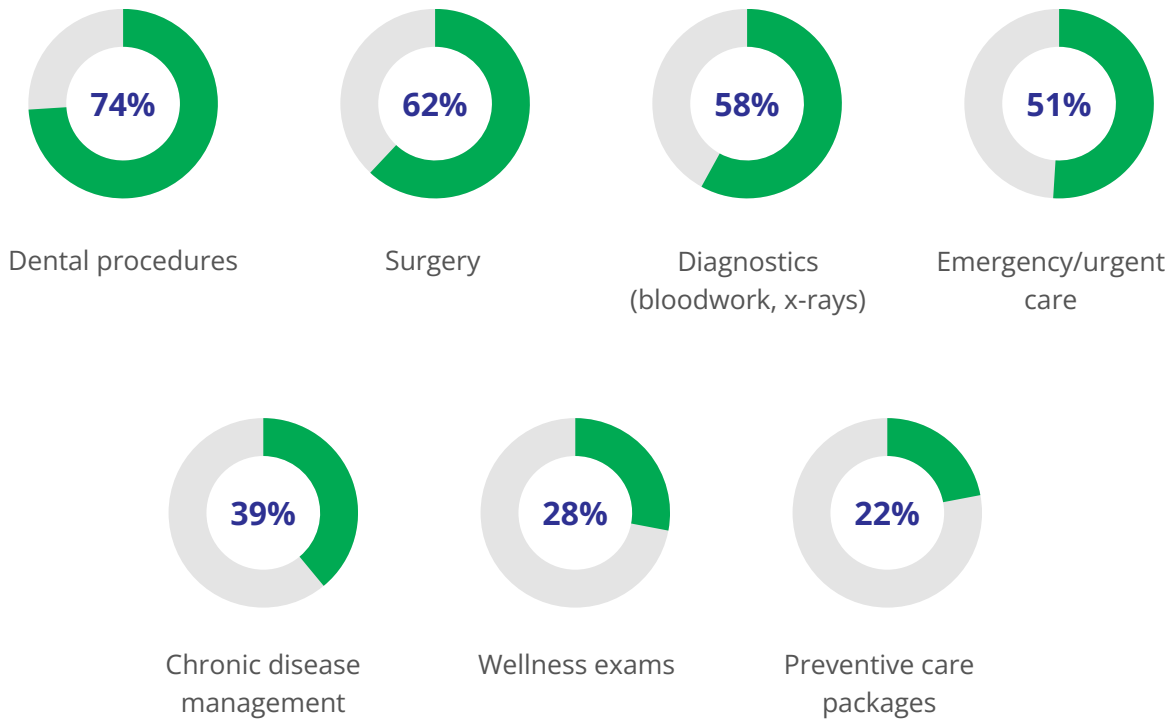
"Mobile vets have taken a chunk of our wellness visits. Those wellness visits were our pipeline to finding problems early and without them, we see more emergencies and fewer preventive cases. Those are also the cases where the cost is high and it relates to one of your other questions where families are less likely to pay higher bills."

**Nashville, TN -
Independent (single
location)**



Nearly half (49%) of practices report a 10% or greater revenue impact from alternative care providers. The pharmacy revenue erosion is well documented across the industry, but the shift toward mobile vets and retail clinics represents a newer competitive front. For brick-and-mortar practices, the competitive advantage is the ability to provide services that can't be replicated in a parking lot or a Petco - including fluid therapy, surgical care, and critical monitoring. Investing in the equipment that supports these higher-value services reinforces the reason clients come to your practice instead of an alternative.

14. Which services face the most price resistance? (Rank top 3)



Top Responses:

"Dentals. Every single time clients cannot wrap their heads around paying \$800 for a dental cleaning on a dog. They compare it to their own dental costs and usually talk about animals living in nature and other nonsense."

Indianapolis, IN - Independent (single location)

"Surgery estimates are where conversations get really uncomfortable. The client is emotional, the pet is sick and I'm handing them a paper with four digits on it, which is the worst part of the job."

Seattle, WA - Independent (single location)

"Diagnostics are our biggest fight. Clients see the bloodwork charge and say 'Can't you just look at him and tell me what's wrong?' No."

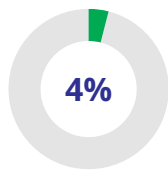
Minneapolis, MN - Independent (single location)



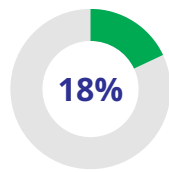
Dental procedures topping the price resistance list at 74% reflects a longstanding challenge in veterinary communication. Clients undervalue dentistry because they underestimate its impact on overall health. Surgery and diagnostics following closely behind create a difficult landscape for practices trying to deliver complete care. The takeaway for equipment decisions - every dollar spent on fluid delivery and monitoring equipment needs to demonstrably improve either throughput or outcomes, because practices can't pass along rising costs without facing increased client pushback.



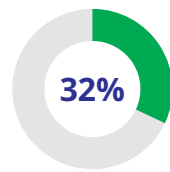
15. How often do clients compare prices or mention competitor pricing during treatment discussions?



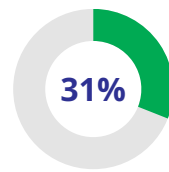
Never



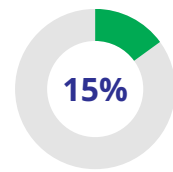
Rarely (less than weekly)



Occasionally (weekly)



Frequently (daily)



Constantly (multiple times daily)

Top Responses:

"At least once a day someone tells me they can get it cheaper at the emergency clinic across town or their friend's vet only charges half what we do. I've stopped being offended by it. It's just how people shop now."

Tucson, AZ - Independent (single location)

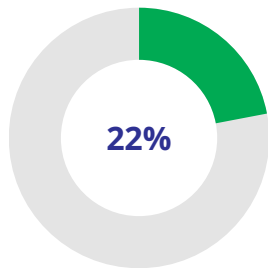
"The worst is when they pull up prices on their phone while we're talking about something. It's like haggling at a car dealership. That's not what this is supposed to feel like."

Austin, TX - Independent (single location)

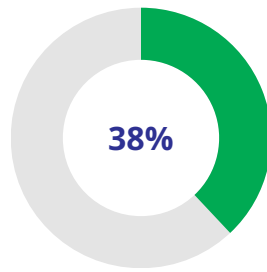


78% of practices encounter price comparisons at least weekly, and 46% deal with it daily or more. Veterinary medicine has shifted from a trust-based relationship to a retail-comparison dynamic for many clients. This puts pressure on practices to either compete on price (difficult with rising costs) or clearly communicate the value they deliver. Reliable, modern equipment is part of that value story - it's hard to justify premium pricing when your pump alarms go off mid-procedure.

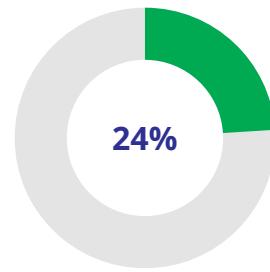
16. What percentage of your total revenue is spent on medical equipment annually?



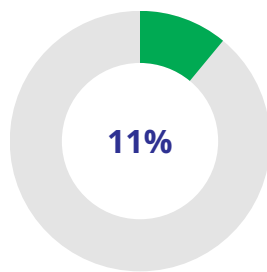
Less than 2%



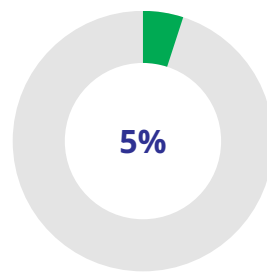
2-4%



4-6%



6-8%



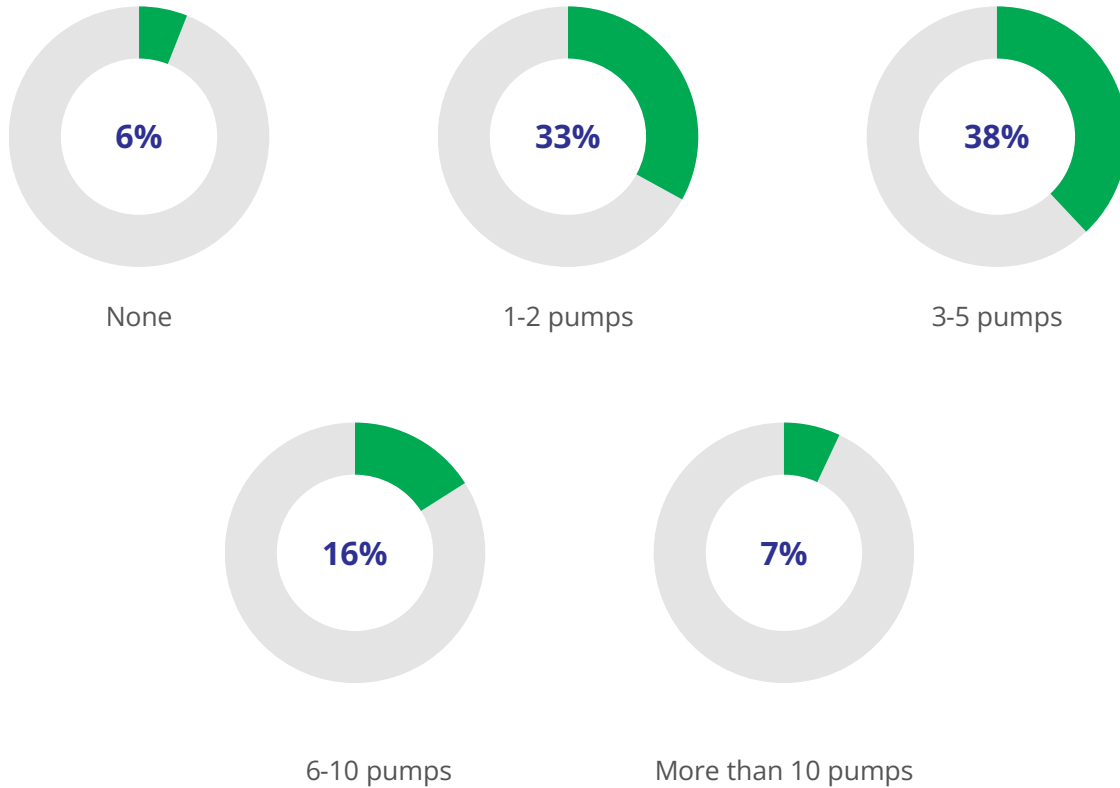
More than 8%



The majority of practices (60%) spend less than 4% of revenue on medical equipment. For a practice generating \$1 million in annual revenue, that's \$40,000 or less for all equipment categories. Not just fluid delivery. This reality check is important. Equipment vendors (including us) need to understand that the equipment budget is a small pie being split many ways. Refurbished and patient-ready options exist specifically to stretch this budget further without sacrificing reliability.

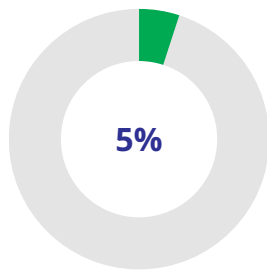
Equipment and fluid delivery

17. How many CRI/fluid pumps does your practice currently own?

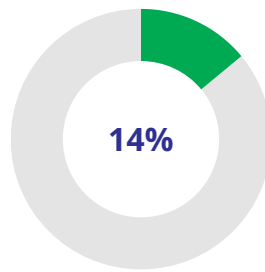


A third of practices own only 1-2 pumps, which means any single equipment failure has an outsized impact on their operations. Combined with the finding that 6% still don't own any pumps, there's a meaningful portion of the market either underequipped or relying entirely on manual methods. Practices with 3-5 pumps represent the sweet spot - enough for daily operations with some redundancy, though many in this range report running short during busy periods.

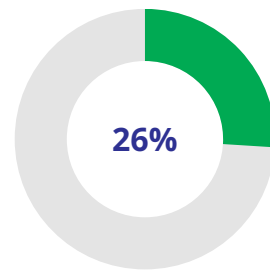
18. How long has your practice been using infusion/fluid pumps?



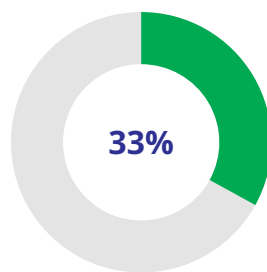
Less than 1 year



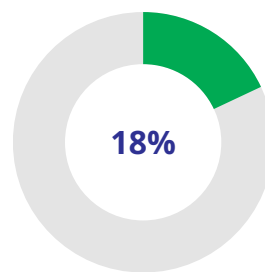
1-3 years



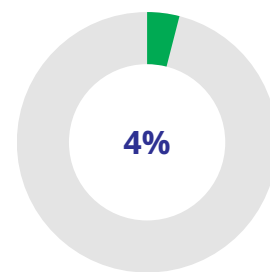
4-7 years



8-15 years



More than 15 years

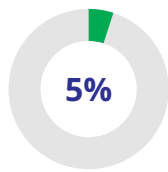


We don't use them yet

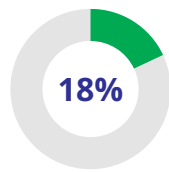


Over half of respondents (51%) have been using pumps for 8+ years, meaning the majority of the companion animal market is well past the adoption phase. The 19% using pumps for 3 years or less represents newer adopters who may still be building out their fleet and refining workflows. The 4% not yet using pumps is a small but notable segment - these are potential first-time buyers who may need different messaging and support than experienced users.

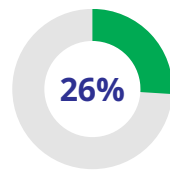
19. What percentage of your fluid therapy cases use manual/gravity drip vs. pump-controlled delivery?



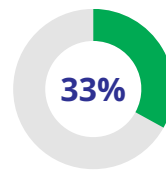
All manual



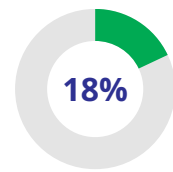
75% manual, 25% pumps



50/50



25% manual, 75% pumps



All pumps

Top Responses:

"We're about 70-30 pumps to manual. The manual cases are usually straightforward sub-Q fluids or short-duration things where setting up a pump takes longer than the treatment itself."

Los Angeles, CA - Independent (single location)

"Still mostly gravity drip, honestly. We have two pumps for the cases that really need precision, but the majority of our fluid work is routine enough that gravity gets it done. I know that probably sounds old school."

Milwaukee, WI - Independent (single location)

"All pumps for anything that lasts more than 30 minutes. I don't trust gravity drip for anything where the rate actually matters. I've seen too many cases where someone forgot to check a bag and the rate drifted."

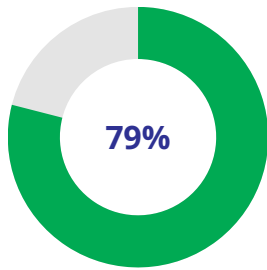
Sacramento, CA - Independent (multiple locations),



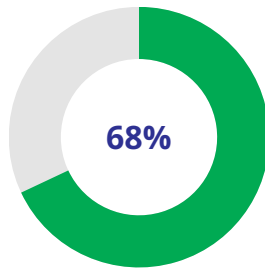
The industry is clearly trending toward pump-controlled delivery, with 51% of respondents using pumps for 75% or more of their fluid therapy cases. But the 49% still doing half or more of their fluid work manually is significant. This isn't necessarily a technology resistance issue - it often reflects equipment availability. Practices with only 1-2 pumps reserve them for critical cases and default to gravity for everything else. Expanding pump inventory, even with cost-effective refurbished units, would shift this balance.



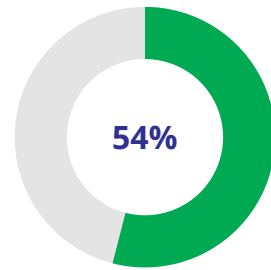
20. Which procedures most frequently require CRI pump use in your practice?
(Rank top 3)



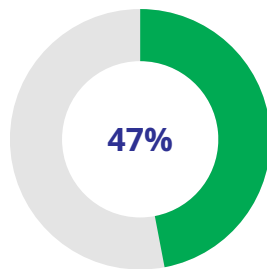
Routine surgery/anesthesia



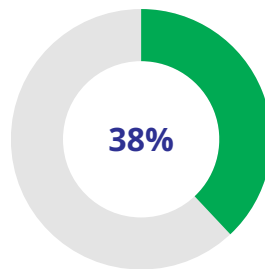
Emergency stabilization



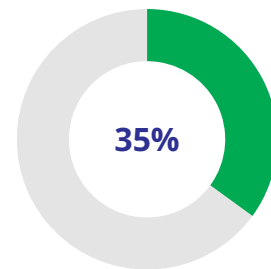
Overnight hospitalization



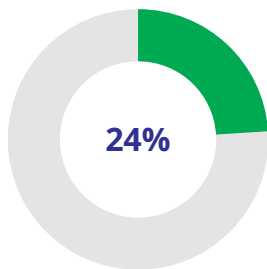
Pain management CRIs



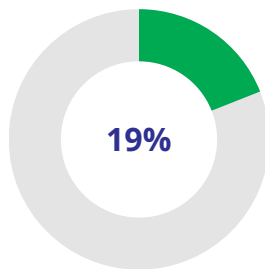
Parvovirus treatment



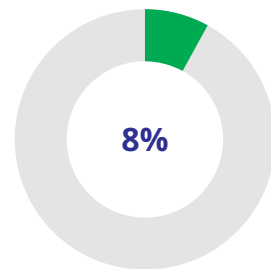
Renal failure support



Chemotherapy



Diabetic ketoacidosis

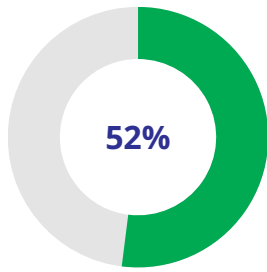


Other

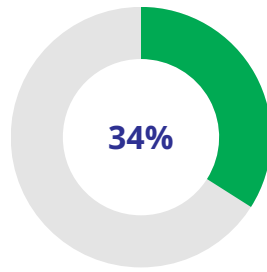


Routine surgery and emergency stabilization dominate pump usage, which makes sense - these are the scenarios where precision and staff bandwidth matter most. The 47% ranking pain management CRIs in their top 3 reflects the profession's growing use of constant rate infusions for procedures like fentanyl or ketamine drips during and after surgery. This trend increases pump demand per practice because it ties up a pump for hours on cases that previously might not have required one.

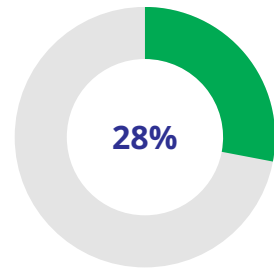
21. Which brands of CRI pump are currently in your practice? (multiple choice)



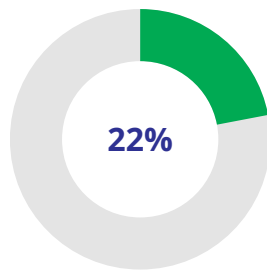
Baxter



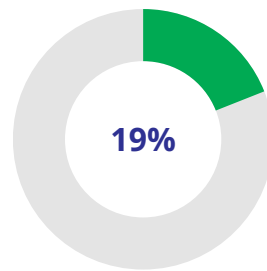
Hospira/ICU Medical (Plum)



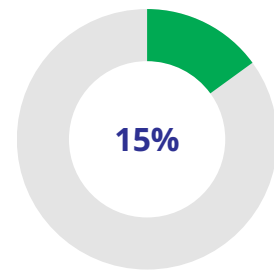
B. Braun



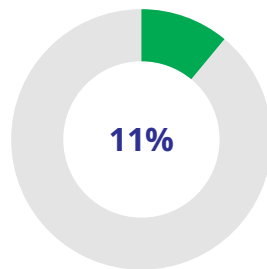
Medfusion



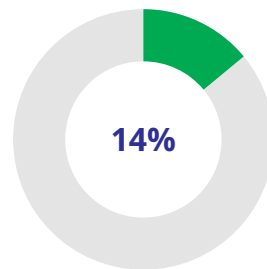
Heska



Jorvet



Practivet

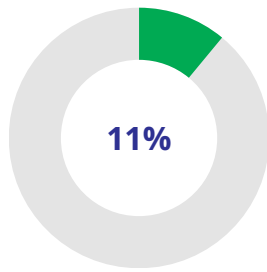


Other

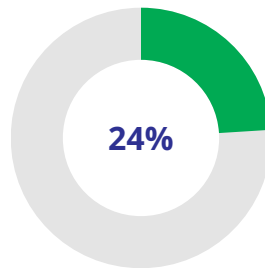


Baxter continues to lead brand penetration in companion animal practices at 52%, followed by Hospira/ICU Medical at 34%. The high "check all that apply" overlap confirms what we see in practice - most clinics are running a mixed fleet of brands acquired over years through different purchases, hand-me-downs, and deals. This mixed-fleet reality creates training complexity and maintenance challenges, which is why standardizing around a single reliable platform (even with refurbished units) can simplify operations significantly.

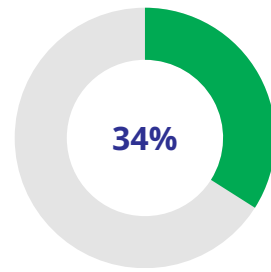
22. How often do pump alarms/errors interrupt procedures?



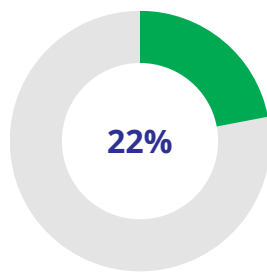
Multiple times daily



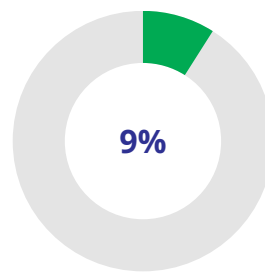
Daily



Weekly



Monthly



Rarely

Top Responses:

"Daily. Our oldest pump throws occlusion alarms for no reason. The line is fine, the flow is fine, it just screams. We've gotten so used to it that new staff think we're ignoring equipment emergencies. We're not. The pump is just dramatic."

**Portland, OR -
Independent (single
location)**

"At least weekly. The most common one is the air-in-line sensor going off when there's no visible air. It's a nuisance during routine procedures and genuinely stressful during emergencies when every alarm feels like it could be real."

**Denver, CO -
Corporate group
(less than 10
locations)**

"Multiple times a day on our older units. I've timed it. My techs spend 15-20 minutes per shift just silencing alarms and resetting pumps. Multiply that by four techs and you're losing over an hour of productive time every day."

**San Jose, CA -
Independent (single
location)**

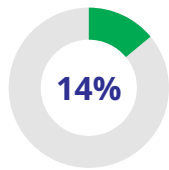
"Rarely, but I think that's because we invested in newer refurbished units two years ago and have them on a maintenance schedule. Before that, it was a daily headache."

**San Francisco, CA -
Independent (single
location)**

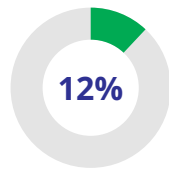


69% of practices experience pump alarms or errors at least weekly, and 35% deal with them daily or more. This is consistent with our 2025 finding that 97% of vets experience recurring pump issues. The nuisance alarm problem is particularly damaging because it creates alarm fatigue - staff start treating every alarm as a false positive, which means the one time it's a real occlusion or air embolism risk, the response is slower. Regular calibration and maintenance dramatically reduces false alarms, but most practices don't have a maintenance schedule in place.

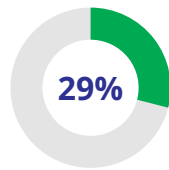
23. During your busiest times, what percentage of pumps are typically in use?



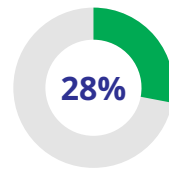
We always have extras available



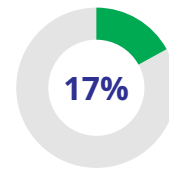
50% in use



75% in use



All pumps occupied



We frequently need more

Top Responses:

"Every pump is running and I've got a tech doing manual drip rates on a gravity setup because we ran out of pumps. That happens at least twice a week during our busy season."

**San Diego, CA -
Corporate group
(10-50 locations)**

"We're at about 75% during peak hours but it only takes one emergency to push us to 100%. And emergencies don't check our schedule first."

**Columbus, OH -
Independent (single
location)**

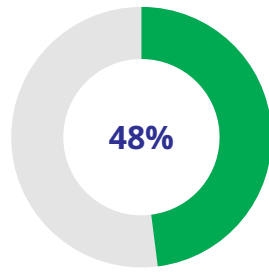
"I've calculated that we need two more pumps to comfortably handle our average caseload. I've been saying this for a year. The purchase keeps getting deferred because something else always seems more urgent."

**Dallas, TX -
Corporate group
(less than 10
locations)**

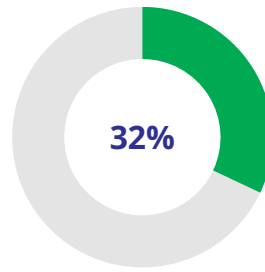


45% of practices report having all pumps occupied or frequently needing more during busy periods. This represents both a patient care risk and a revenue ceiling. When all pumps are in use, the next case that needs one either gets manual fluid delivery (less precise), waits (delays treatment), or gets referred (lost revenue). A single additional pump can be the difference between managing a busy day and scrambling through it.

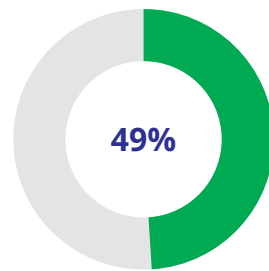
24. Who typically operates your infusion pumps?



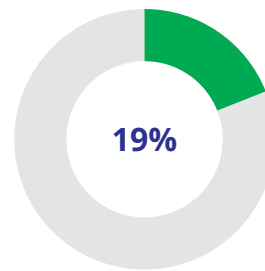
Only DVMs



Experienced techs only



All clinical staff

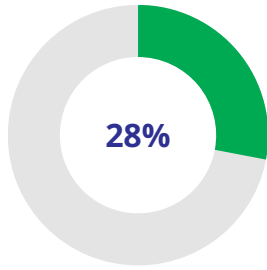


Varies by procedure

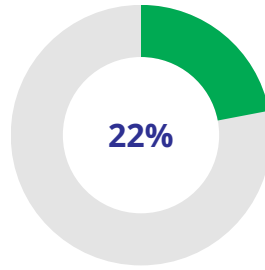


The fact that 49% of practices have all clinical staff operating pumps - including assistants and less experienced team members - reinforces the importance of intuitive interfaces and clear training protocols. When everyone from the newest hire to the head technician is expected to use a pump, the equipment needs to be forgiving of varying skill levels.

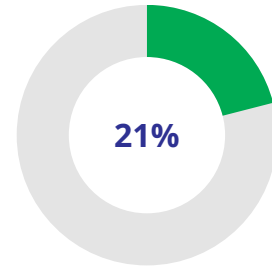
25. What's your biggest CRI pump training challenge for new staff?



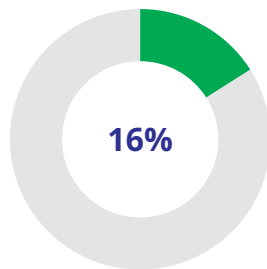
Programming flow rates



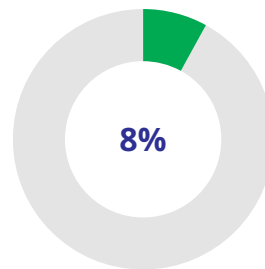
Recognizing alarm types



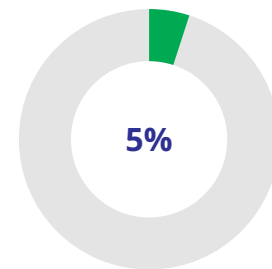
Troubleshooting errors



Calculating drug concentrations



Loading/priming lines



No significant challenges

Top Responses:

"Programming. Every brand does it differently and we have three brands in the building. A tech who's perfectly competent on the Baxter gets confused the first time they touch the Medfusion. It's like learning to drive three different cars with different dashboards."

**Indianapolis, IN -
Independent (single
location)**

"Alarm recognition is the real issue. New staff don't know which alarms are actual problems and which ones are the pump being temperamental. Teaching them the difference without making them cavalier about alarms is a tightrope."

**Chicago, IL -
Independent
(multiple locations)**

"Drug concentration calculations. The math isn't hard in theory but when you're doing it at 2 AM during an emergency with an anxious client in the lobby, mistakes happen. I wish more pumps had built-in drug libraries."

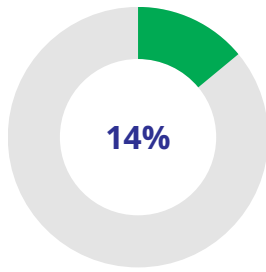
**Raleigh, NC -
Independent (single
location)**



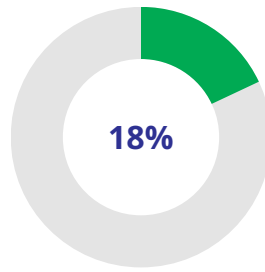
Training challenges are spread fairly evenly across programming (28%), alarm recognition (22%), and troubleshooting (21%), which suggests the issue isn't one specific skill gap but rather a general learning curve that takes time to overcome. The 5% reporting no significant challenges likely have standardized equipment and established training protocols. For the other 95%, reducing the number of different pump models in a practice and investing in consistent training would address the top three challenges simultaneously.



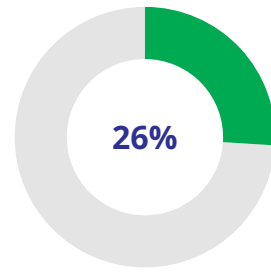
26. When did you last purchase a new or refurbished infusion pump?



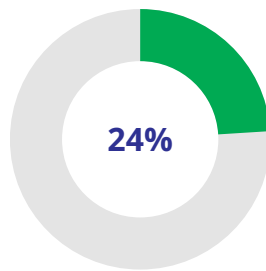
Within 6 months



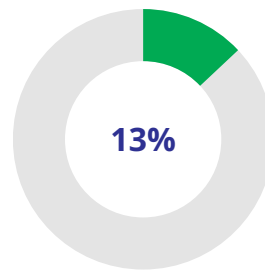
6-12 months ago



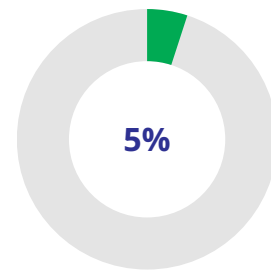
1-2 years ago



3-5 years ago



More than 5 years ago

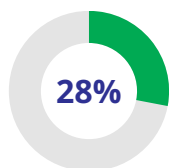


Never - inherited all current pumps

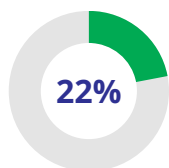


58% of practices purchased a pump within the last 2 years, indicating a fairly active replacement and expansion cycle. The 37% who haven't purchased in 3+ years (or ever) are likely running aging equipment that's increasingly expensive to maintain and more prone to the alarm and reliability issues documented earlier in this survey. The 5% who inherited all their pumps are working with equipment they didn't choose, potentially from a previous owner or corporate allocation.

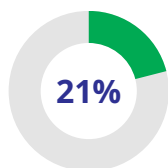
27. How many hours per week does your team spend on equipment maintenance/troubleshooting?



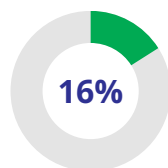
Less than 2 hours



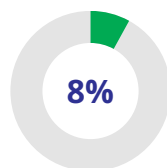
2-5 hours



6-10 hours



11-20 hours



More than 20 hours

Top Responses:

"Probably 4-5 hours a week across the team. That's not scheduled maintenance. That's 'hey, this pump is doing the thing again' and someone spending 20 minutes fiddling with it while a patient waits."

**Tampa, FL -
Independent
(multiple locations)**

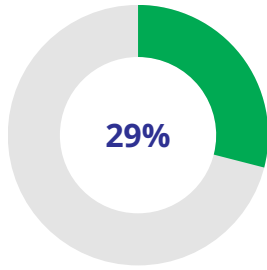
"More than I want to admit. If I added up every time someone troubleshoots a sensor alarm, resets a pump, or calls the manufacturer for help, it's probably 8-10 hours a week across the practice. That's a full shift of lost productivity."

**Richmond, VA -
Practice manager**

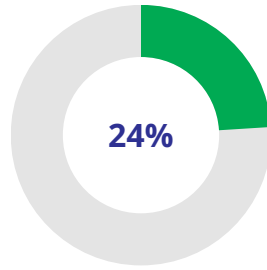


76% of practices spend 2 or more hours per week on equipment troubleshooting, and 38% spend more than 5 hours. At an average technician wage, those hours have a real cost - a practice spending 5 hours a week troubleshooting equipment at \$25/hour is spending \$6,500 a year on unplanned maintenance labor. That's enough to purchase a refurbished pump. Scheduled preventive maintenance is almost always cheaper than reactive troubleshooting, but most practices haven't made that shift.

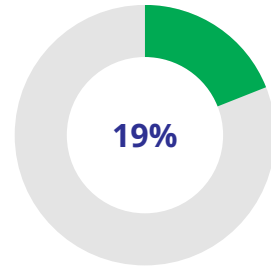
28. Which equipment category causes the most workflow disruptions? (Pick one)



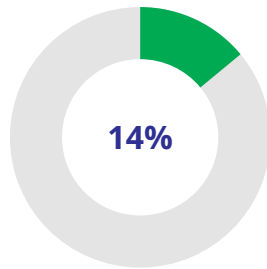
Computer/software systems



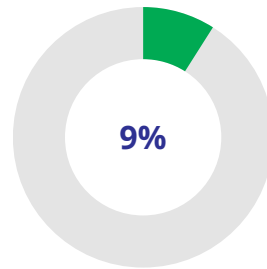
IV pumps/fluid delivery



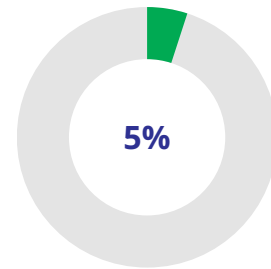
Diagnostic equipment
(lab/x-ray)



Anesthesia machines



Dental equipment



Surgical equipment

Top Responses:

"Our practice management software crashes at least once a week and takes everything with it. Pumps are second, but at least when a pump goes down I can grab another one. When the software dies, we're all just standing around."

**Orlando, FL -
Corporate group
(50+ locations)**

"IV pumps, no question. Our software is annoying but it doesn't affect patient care when it hiccups. A pump alarm during a CRI drip during surgery? That gets everyone's attention."

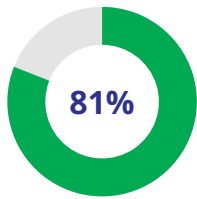
**Atlanta, GA -
Independent (single
location)**



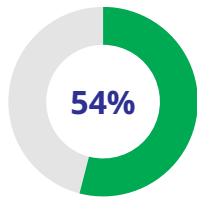
IV pumps rank as the second most disruptive equipment category at 24%, behind only computer/software systems at 29%. What makes pump disruptions different from software disruptions is the clinical stakes - a software crash delays paperwork, but a pump failure during a critical infusion puts a patient at risk. The fact that fluid delivery equipment causes nearly a quarter of all workflow disruptions across all equipment categories highlights the importance of reliable, well-maintained pumps.



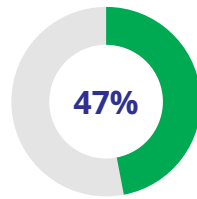
29. What is your biggest threat to profitability? (Rank top 3)



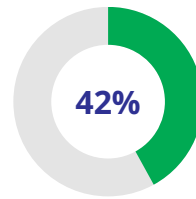
Rising staff costs



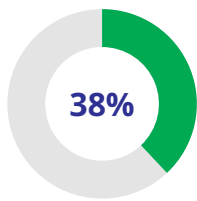
Equipment/supply costs



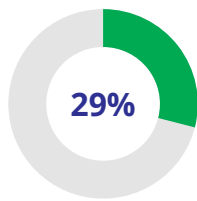
Decreased client visits



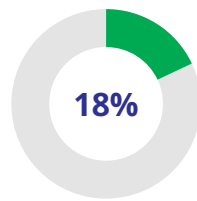
Online pharmacy competition



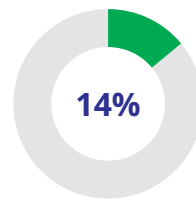
Local market competition



Real estate/facility costs



Client bad debt



Regulatory compliance costs

Top Responses:

"Staff costs and it's not close. Wages have gone up 30% in four years at my practice and I can't raise fees fast enough to keep up without driving clients away. There's a lot of competition for staff so I have to do it."

**Boston, MA -
Independent
(multiple locations)**

"Equipment and supplies. Everything costs more. The IV tubing sets we buy are up 20% from two years ago. The pumps cost more. The repair service costs more. Clients want to pay the same prices they paid in 2019 because any increase in cost seems to be interpreted as gauging."

**El Paso, TX -
Independent
(single location)**

"Online pharmacies have fundamentally changed the economics of running my practice. We used to make real margin on dispensing. Now a lot of that is gone and we haven't figured out how to replace it. That revenue is 1/3 what it used to be."

**Phoenix, AZ -
Independent (single
location)**

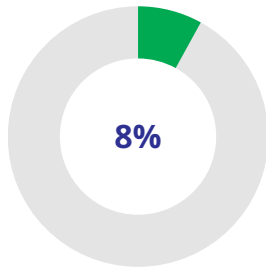


Rising staff costs at 81% is the dominant profitability threat, which connects directly to the staffing challenges documented earlier. Equipment and supply costs ranking second at 54% is notable because it outranks competition and decreased visits. Practices are telling us that the cost of doing business - not the demand for their services - is the primary threat. This creates a strong case for equipment solutions that reduce total cost of ownership, including refurbished pumps that deliver comparable performance at lower acquisition costs, and maintenance programs that prevent expensive emergency repairs.

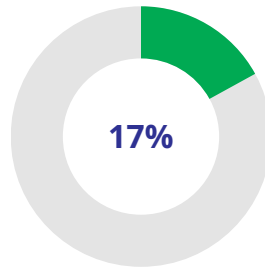


Business sustainability and future outlook

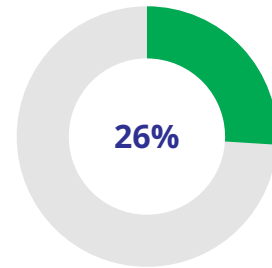
30. How much longer do you plan to remain in your current role/practice?



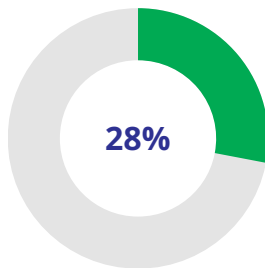
Less than 2 years



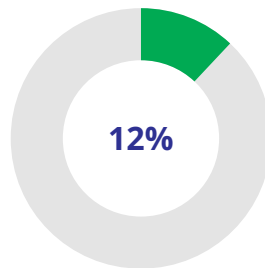
2-5 years



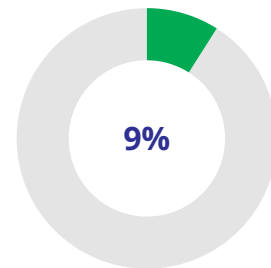
6-10 years



11-20 years



More than 20 years



Actively exploring changes

Top Responses:

"I'll be here until I can't physically do it anymore. This practice is my life's work. But I'm starting to think about what happens when I'm gone, because nobody's lining up to buy a small independent clinic in the Midwest these days."

Minneapolis, MN - Independent (single location)

"Less than two years. I'm not burned out on veterinary medicine. I'm burned out on this specific corporate structure. I want to go somewhere I have more say in how the practice runs and what equipment we use."

Dallas, TX - Corporate group (less than 10 locations)

"Honestly, I'm actively exploring. I love being a vet. I hate running a business. If the right buyer came along tomorrow, I'd seriously consider it. But I want the staff to be taken care of and I haven't found someone I trust with that yet."

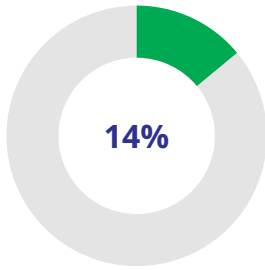
**Albuquerque, NM -
Independent (single
location)**



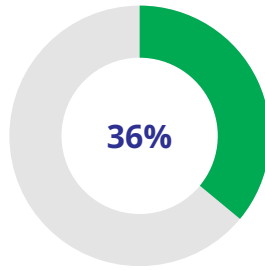
A quarter of respondents plan to leave their current role within 5 years, and another 9% are actively exploring changes. This turnover at the ownership and leadership level has cascading effects on equipment strategy. Practices in transition often freeze capital spending, which means equipment ages further without replacement. For practices planning to sell, equipment condition directly affects valuation. And for the 66% planning to stay 6+ years, long-term equipment investments make clear financial sense because they'll be the ones benefiting from the reliability.



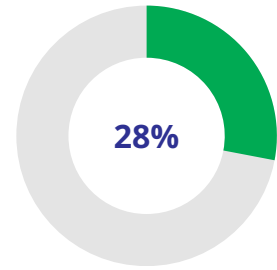
31. How do you see your practice evolving in 5 years?



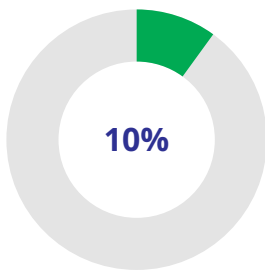
Significant expansion/growth



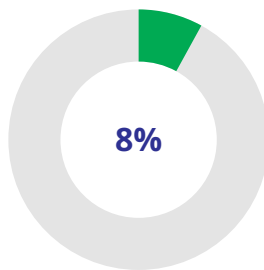
Moderate growth



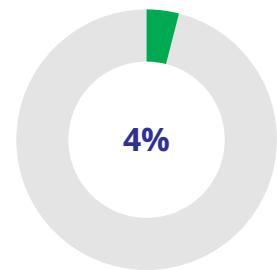
Staying about the same size



Consolidation or downsizing



Major structural changes
(merger, acquisition, sale)



Closure or wind-down

Top Responses:

"Moderate growth. We're adding a second exam room and probably hiring another vet in the next 18 months. The demand is there, I just need to invest to capture it."

**Nashville, TN -
Independent (single
location)**

"Same size, better margins. I'm done chasing growth for growth's sake. I'd rather see fewer patients really well than more patients in a rush. That means investing in the right equipment and the right people."

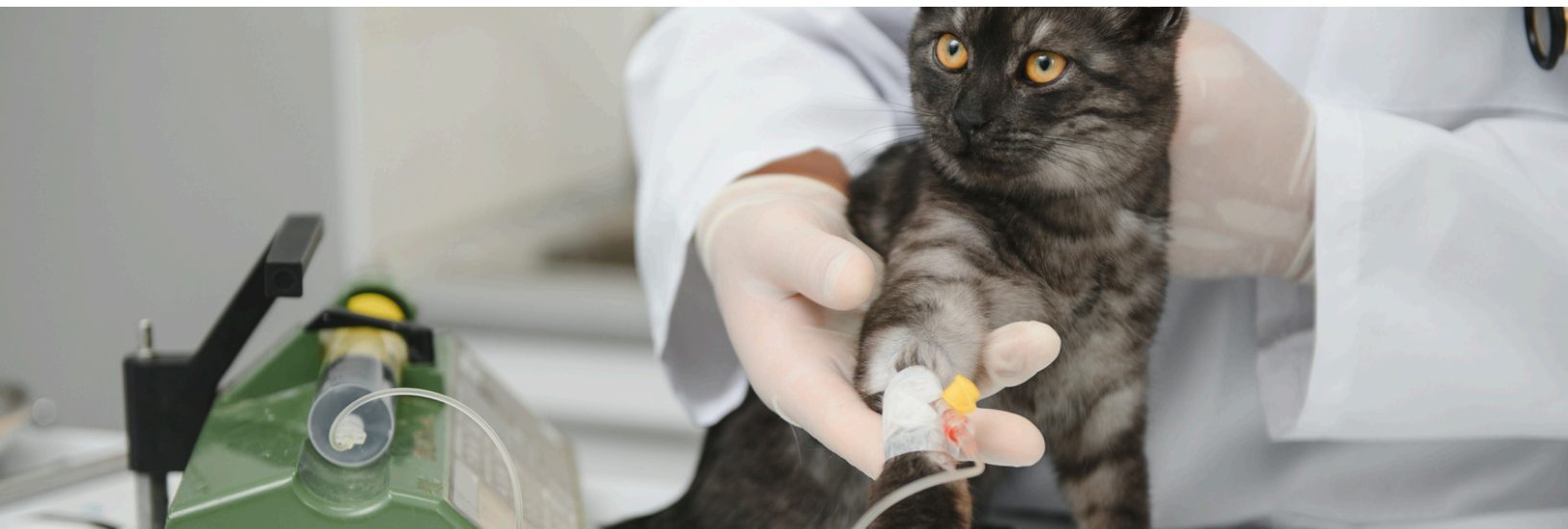
**Baltimore, MD -
Independent (single
location)**

"We're likely getting acquired within three years. The corporate groups are circling and the offer numbers are getting hard to ignore. I have mixed feelings about it but the financial reality is what it is."

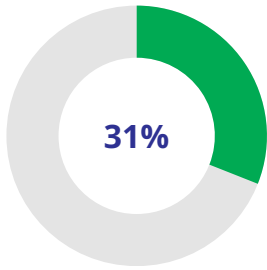
**Tampa, FL -
Independent
(multiple locations)**



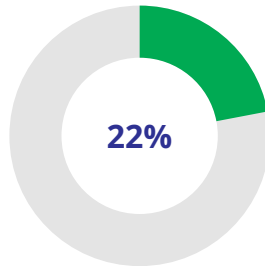
Half of respondents (50%) anticipate growth of some kind, which is a healthy signal for the profession. The 28% planning to stay the same size aren't necessarily stagnant - many are optimizing rather than expanding. The 22% anticipating consolidation, structural changes, or closure represents the profession's ongoing transition, driven by corporate consolidation, retirement waves, and market pressures. For practices planning any kind of growth, equipment infrastructure needs to grow with them. A practice adding a second exam room without adding pumps will hit a bottleneck fast.



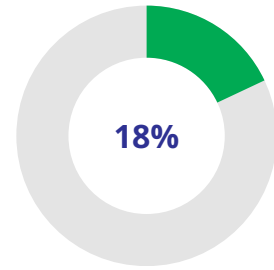
32. What would justify a 20% increase in equipment spending?



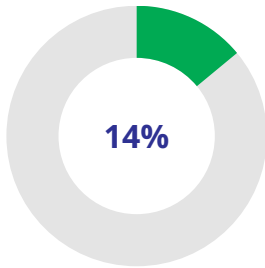
Clear ROI within 12 months



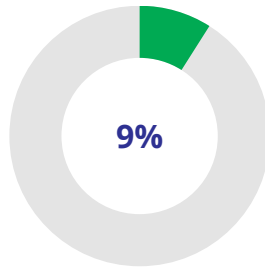
30% time savings per procedure



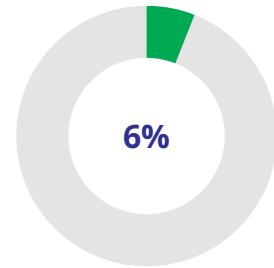
Guaranteed 50% reduction in failures



Significantly better patient outcomes



Major improvement in staff satisfaction



Nothing - we can't afford it regardless

Top Responses:

"Show me the ROI. I don't care about features or specs. Show me that spending \$X will make me \$X-plus-something within a year and I'll write the check today. That's all I need."

Philadelphia, PA - Independent (single location)

"Time savings. If a piece of equipment saves my team 30 minutes a day, that's two and a half hours a week, ten hours a month. That's real. That's cases I can see, revenue I can capture. I can calculate exactly what that's worth."

San Jose, CA - Independent (single location)

"Staff satisfaction. I know that sounds soft compared to the financial answers. But if better equipment means my techs stop complaining about the pumps and stop looking for other jobs, that's worth more than any ROI calculation."

**Las Vegas, NV -
Corporate group
(10-50 locations)**

"Nothing. And I don't mean that to be negative. We literally cannot spend more right now. Our margins are razor thin and every dollar is spoken for. I'd love better equipment. I can't afford it."

**Charlotte, NC -
Independent (single
location)**



ROI and time savings together account for 53% of responses, confirming that companion animal practices think about equipment purchases in financial terms first. The 18% who want guaranteed reliability improvements are likely the ones burned by chronic equipment failures. The 14% prioritizing patient outcomes represent the clinical heart of the profession - vets who would invest more if they believed it would save more animals. And the 6% who can't increase spending at all are the practices where refurbished equipment, flexible payment options, and repair services become the only path to better fluid delivery.

END OF PART A - COMPANION ANIMAL SURVEY RESULTS

All images courtesy of Envato Elements. All rights reserved.

PART B

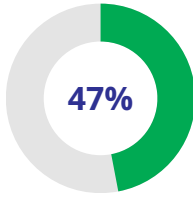
LARGE ANIMAL PRACTICES

49 RESPONDENTS

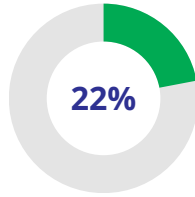


Demographics and practice profile

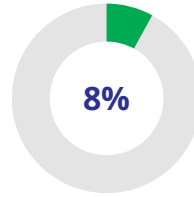
1. What type of large animals do you primarily serve?



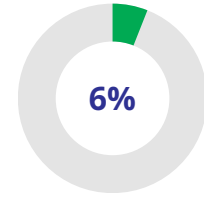
Equine exclusive



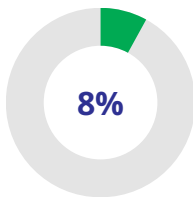
Mixed equine/cattle



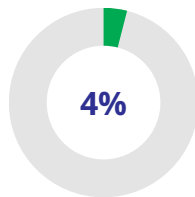
Dairy exclusive



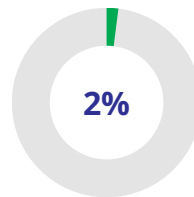
Beef exclusive



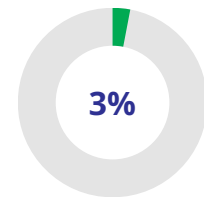
General large animal



Small ruminant
(sheep/goat)



Swine

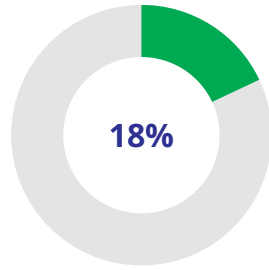


Other

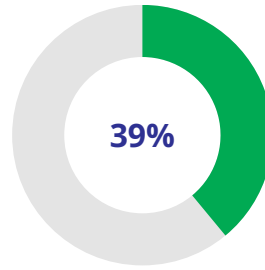


Equine practices (exclusive or mixed) represent 69% of our large animal respondents, reflecting both the market reality and the higher likelihood of equine practitioners using infusion pump technology. Food animal practitioners make up the remaining 31%, providing valuable perspective on a segment where fluid delivery equipment decisions are heavily influenced by animal economics.

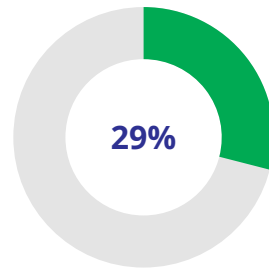
2. How many veterinarians work in your practice?



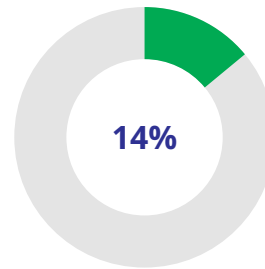
Solo practitioner



2-3 vets



4-6 vets

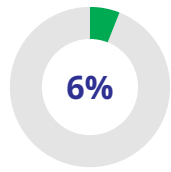


7+

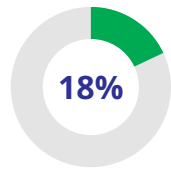


Large animal practices tend to be smaller operations than their companion animal counterparts, with 57% having 3 or fewer veterinarians. The 18% solo practitioners face unique equipment challenges - when you're the only vet, every piece of equipment needs to work reliably because there's no colleague down the hall to troubleshoot while you're with a patient.

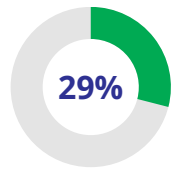
3. What percentage of your work is performed in-clinic vs. on-farm/on-site?



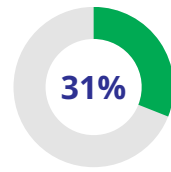
100% in-clinic



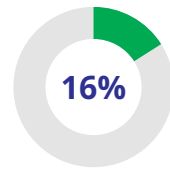
75-99% in-clinic



50-74% in-clinic



25-49% in-clinic



Less than 25% in-clinic

Top Responses:

"I'd say 60% of my work happens in the barn, the pasture, or the back of my truck. The clinic is for surgeries and intensive cases. Everything else, I go to the horse."

**Ocala, FL -
Equine exclusive**

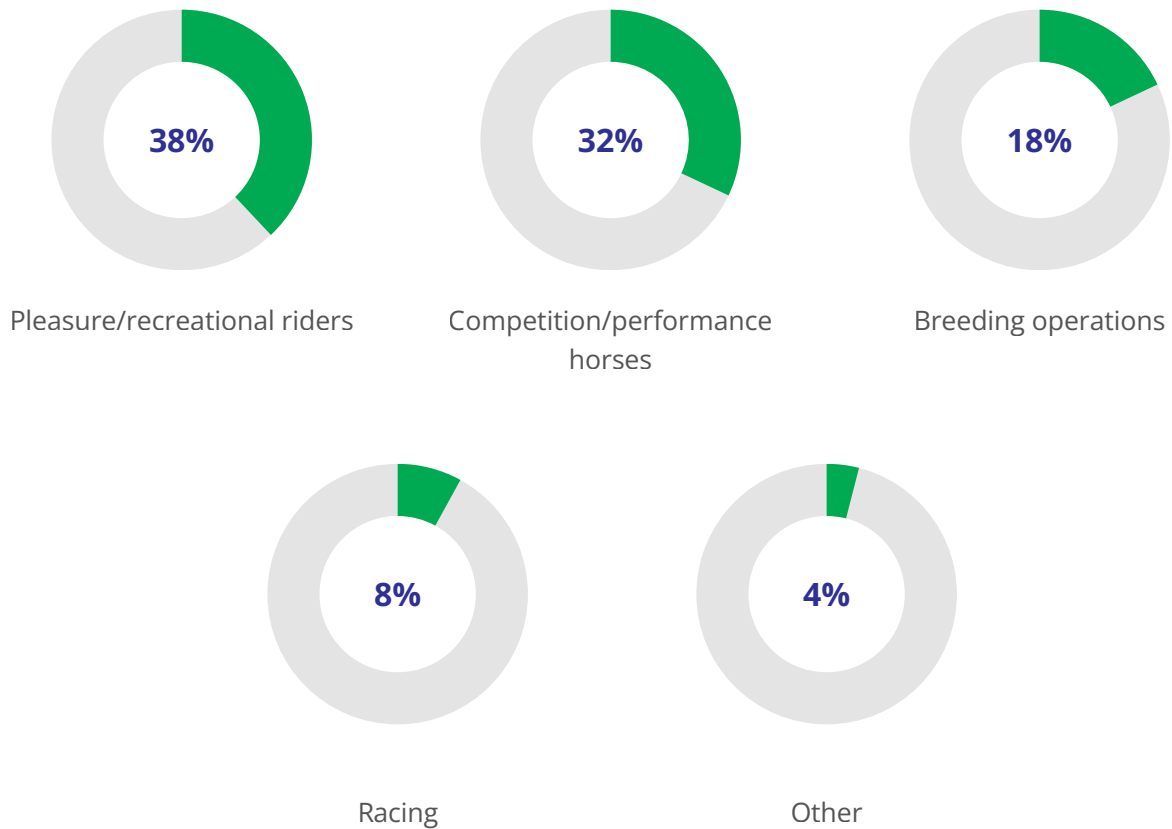
"We're maybe 20% in clinic. My service area covers six counties. The cows aren't coming to me."

**North Platte, NE -
Beef/mixed**



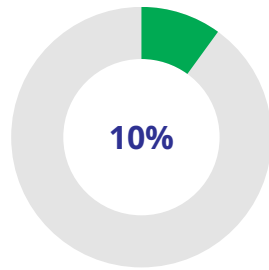
76% of large animal practitioners spend at least half their time working outside a clinic setting. This fundamentally shapes equipment requirements - pumps need to be portable, durable, battery-powered, and functional in conditions that would destroy equipment designed for a climate-controlled hospital. The 47% working primarily in the field (less than 50% clinic time) need equipment that's basically field-hardened.

4. For equine practice - what percentage of your clients are:

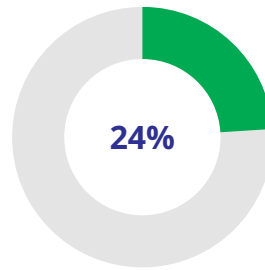


The equine client base is diverse, but pleasure/recreational riders make up the largest segment at 38%. This matters because these owners tend to be more price-sensitive than competition or racing clients. When 38% of your equine clientele owns horses worth \$5,000-\$15,000 rather than \$50,000+, the conversation about pump-controlled fluid therapy vs. gravity drip becomes an economic discussion as much as a clinical one.

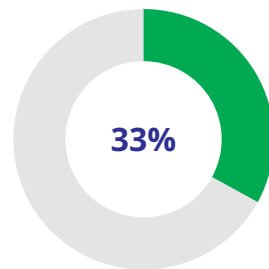
5. What is your practice's approximate annual gross revenue?



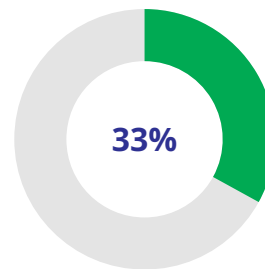
Less than \$250,000



\$250,000-\$500,000



\$500,000-\$750,000



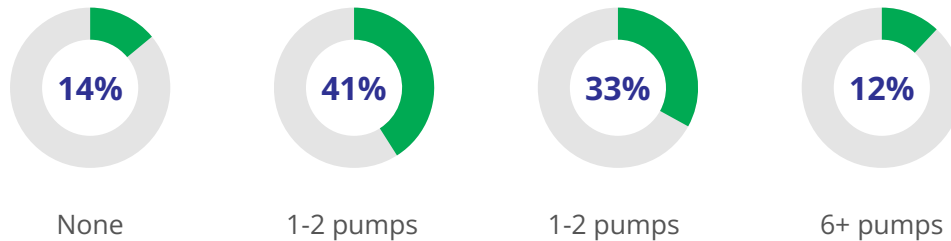
\$750,000+



Large animal practice revenue is generally lower than companion animal practices of similar veterinarian headcount, reflecting the realities of rural economics, travel time, and fewer patients per day. A third of respondents generate less than \$500,000 annually, which means equipment purchases represent a proportionally larger investment relative to revenue.

Current equipment and usage patterns

6. How many infusion/fluid pumps does your practice own for large animal use?



Top Responses:

"Two pumps. One lives in the clinic ICU and one goes in the truck. The truck pump has been replaced twice because large animals are not gentle on equipment."

**Aiken, SC -
Equine exclusive**

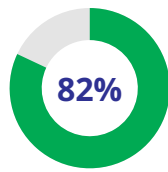
"None. I know I should probably own one but pumping fluids into a \$2,000 cow don't make sense most of the time. Gravity works."

**North Platte, NE -
Beef/mixed**

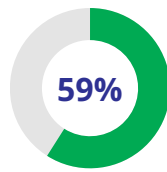


55% of large animal practices own 2 or fewer pumps, and 14% own none at all. Compare this to companion animal practices where only 6% own no pumps. The adoption gap reflects both the economic realities of large animal practice and the practical challenges of using precision equipment around 1,000-pound patients. The 12% with 6+ pumps are primarily larger equine hospitals with ICU and surgical capabilities.

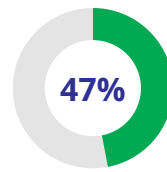
7. Where do you perform infusion/fluid therapy? (Multiple choice)



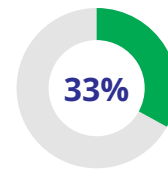
In-clinic hospital/
treatment area



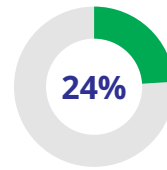
On-farm/stable with
portable setup



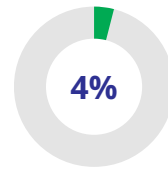
Emergency field
calls



At competitive
events (shows/races)



Haul-in facilities



We don't perform
IV fluid therapy

Top Responses:

"Everywhere. Clinic, barn, show grounds, the side of a highway once when a trailer horse colicked. You learn to make it work wherever you are."

**Lexington, KY -
Equine exclusive**

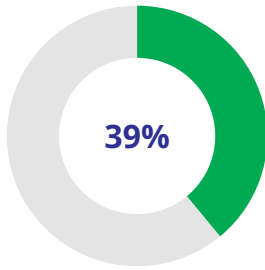
"Mostly on-farm. I carry an IV setup in the truck but I'm using gravity bags 90% of the time in the field. The pump stays at the clinic for the cases I haul in."

**Stephenville, TX -
Mixed equine/cattle**

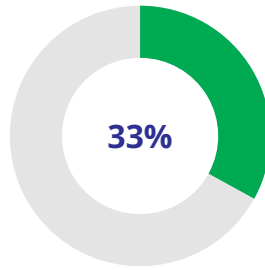


Large animal fluid therapy happens in unpredictable locations - 59% of practitioners deliver fluids on-farm and 47% during emergency field calls. This multi-environment reality is the defining challenge of large animal fluid delivery. Equipment that performs perfectly in a clean clinic may struggle in a dusty barn or at a muddy show grounds. The 33% delivering fluids at competitive events adds another layer - these are high-visibility situations where equipment reliability affects professional reputation in front of clients and colleagues.

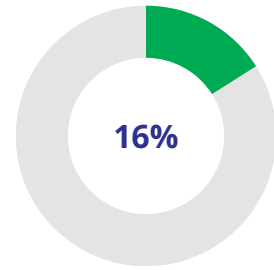
8. For which locations do you use infusion/fluid pumps vs. gravity drip?



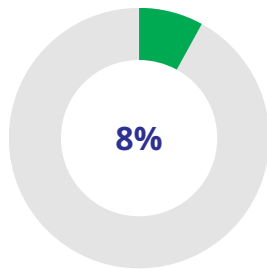
Pumps in clinic only



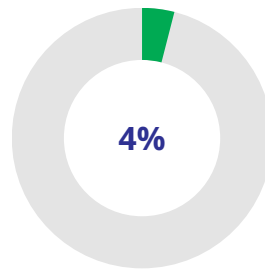
Pumps in clinic, gravity in field



Pumps in both clinic and field



Gravity drip only

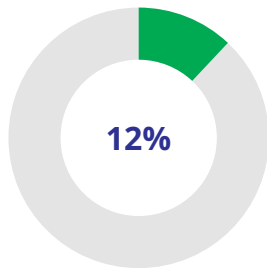


Varies by case value/complexity

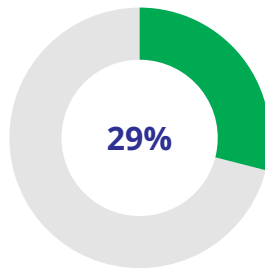


72% of large animal practices that use pumps restrict them to the clinic setting. Only 16% use pumps in both clinic and field environments. This isn't a preference issue - it's a practicality issue. Current pump technology wasn't designed for the conditions large animal vets work in. The opportunity for equipment manufacturers is significant: a truly field-ready pump with extended battery life, dust/moisture resistance, and secure mounting options would immediately expand pump usage beyond the clinic walls.

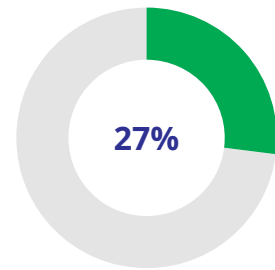
9. What percentage of your IV fluid cases use infusion/fluid pump-controlled delivery?



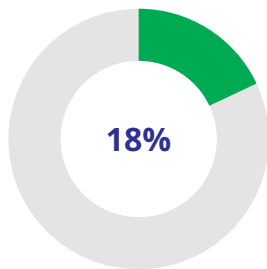
None - all gravity/manual



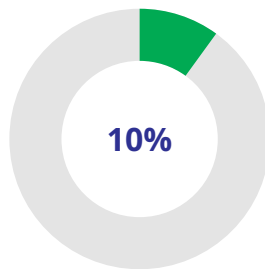
Less than 25%



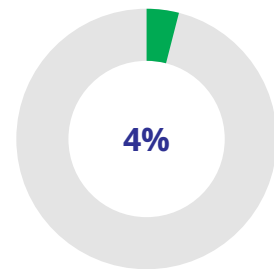
25-50%



51-75%



More than 75%

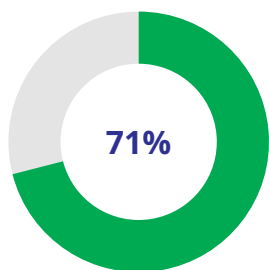


All pump-controlled

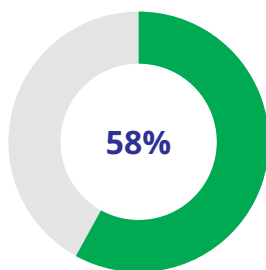


68% of large animal practitioners use pumps for half or fewer of their fluid therapy cases. This is a dramatic contrast to companion animal practices where 51% use pumps for 75%+ of cases. The gap isn't about awareness or willingness - it's about the practical barriers of large animal practice: field conditions, patient size, flow rate requirements, and economic constraints. Closing this gap requires equipment designed specifically for large animal realities, not companion animal pumps repurposed for bigger patients.

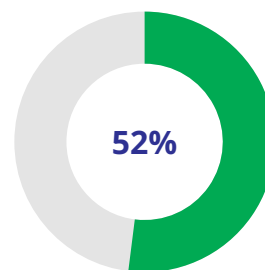
10. For which conditions do you most commonly use infusion/fluid pump-controlled IV therapy? (Rank top 3)



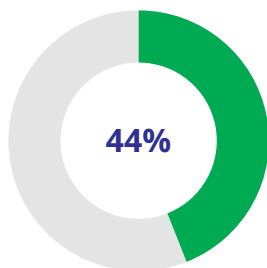
Colic surgery/intensive care (equine)



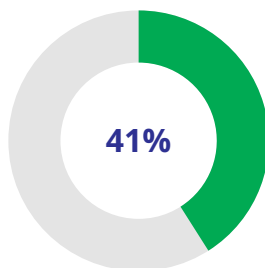
Neonatal intensive care



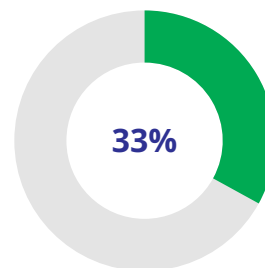
Post-surgical recovery



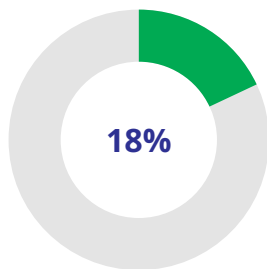
Severe colitis/diarrhea



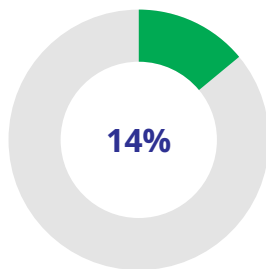
Shock/severe dehydration



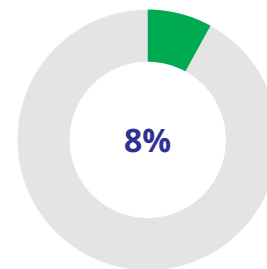
Laminitis pain management (equine)



Toxic mastitis (cattle)



Grain overload/acidosis (ruminants)



Other

Top Responses:

"Colic cases are the main reason I own pumps. A horse in post-surgical colic recovery needs precise fluid management for 24-48 hours. You cannot do that reliably with gravity at 3 AM when you're the only one monitoring."

**Saratoga Springs, NY -
Equine exclusive**

"Neonatal foals. A 100-pound foal with sepsis needs fluid rates that would be dangerous to approximate with gravity. The pump is the difference between a saved foal and a dead one. Period."

**Versailles, KY -
Equine exclusive**

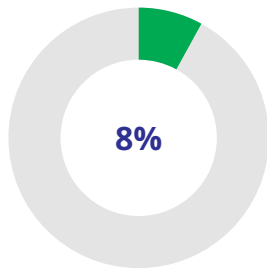
"For us it's mostly toxic mastitis and the occasional grain overload in a valuable cow. Those are the cases where the farmer is willing to pay for the extra care because the animal is worth saving."

**Brookings, SD -
Dairy/mixed**

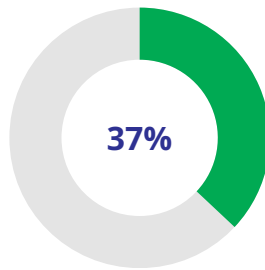


Colic surgery/intensive care dominates at 71%, which makes sense given the equine-heavy respondent base. But neonatal intensive care at 58% is the standout finding. Neonatal patients - whether foals or calves - are where pump precision is genuinely life-or-death because of their small size relative to adult large animals and their narrow margin for fluid overload. The conditions that drive pump usage in large animal practice are consistently the highest-acuity, highest-stakes scenarios. Pumps aren't used casually here - they're reserved for when it truly matters.

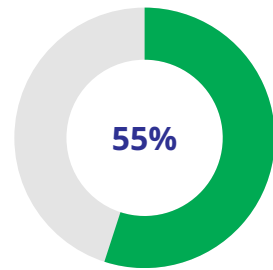
11. What is the typical duration of infusion/fluid pump-controlled infusion/fluid therapy per case?



Less than 1 hour



2-4 hours



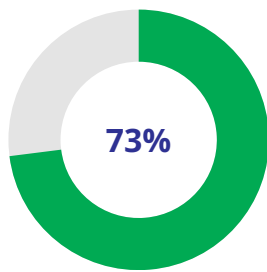
5+ hours



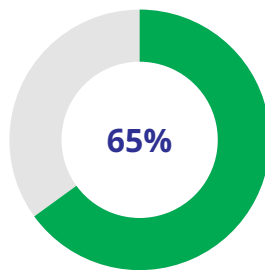
55% of pump-controlled infusion cases last 5+ hours, and 92% last 2+ hours. Large animal fluid therapy is a long-haul commitment compared to companion animal use. This has direct implications for equipment - battery life, reliability over extended run times, and the ability to maintain accuracy over hours of continuous operation are all critical. A pump that works perfectly for a 45-minute companion animal procedure but drifts over a 12-hour colic recovery is not fit for large animal purpose.



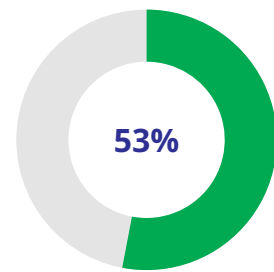
12. Which patients most commonly receive infusion/fluid pump-controlled fluids?
(Multiple choice)



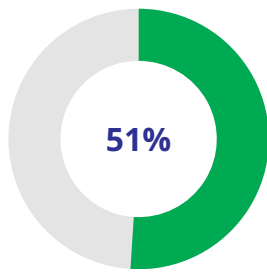
Surgical cases



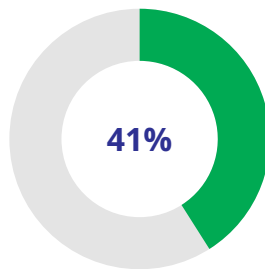
Emergency/critical patients only



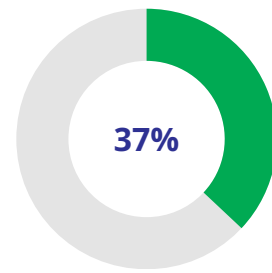
Any case requiring precise delivery



Neonates



High-value breeding stock

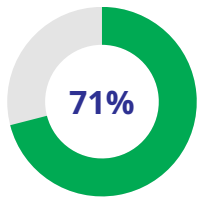


Competition/
performance animals



Surgical and emergency/critical cases lead pump usage, confirming that large animal practitioners reserve pump-controlled fluids for the cases where precision directly affects survival. The 41% using pumps for high-value breeding stock and 37% for competition animals reveals an economic dimension - when the patient's value justifies the cost and effort of pump setup, practitioners use them. This suggests latent demand that would be activated by lower equipment costs and easier field deployment.

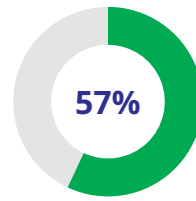
13. What factors determine whether you use an infusion/fluid pump vs. a gravity drip? (Rank top 3)



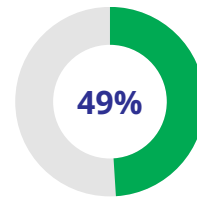
Severity of condition



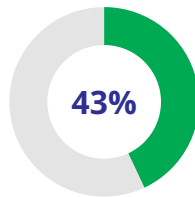
Medication being delivered



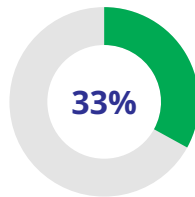
Location (clinic vs. field)



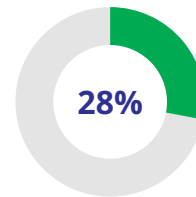
Duration of treatment



Staff availability for monitoring



Value of animal



Client willingness to pay

Top Responses:

"Severity first, always. If the animal is critical, I'm using the pump regardless of where I am or what it costs the client. After that, it's about what medication I'm running. Certain drugs demand precision that gravity can't provide."

**Woodbine, MD -
Equine exclusive**

"Location drives it more than I'd like to admit. I know a pump would be better for certain field cases, but the reality of setting one up in a dairy barn with manure on the floor and cows bumping into everything makes it impractical."

**Lancaster, PA -
Dairy exclusive**

"Client willingness to pay. I wish that weren't in my top three but I'm being honest. I've had clients tell me to just use gravity because they can't afford the extra \$150 for pump-monitored fluids. In food animal work, the margins are that tight."

**Brookings, SD -
Dairy/mixed**

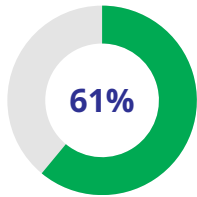


Severity and medication type are the top clinical drivers, as they should be. But the presence of location (57%), staff availability (43%), and client willingness to pay (28%) in the top rankings reveals that non-clinical factors significantly influence pump usage decisions. In an ideal world, the decision would be 100% clinical. In the real world, large animal vets are making trade-offs between best practice and what's feasible given their environment, staffing, and client economics. Equipment that reduces these trade-offs - by being more portable, more autonomous, and more affordable - would improve care across the board.

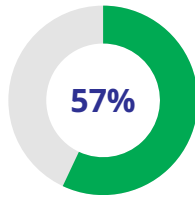


Equipment challenges specific to large animal practice

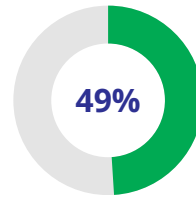
14. If you use infusion/fluid pumps outside the clinic, what are your main challenges? (Check all that apply)



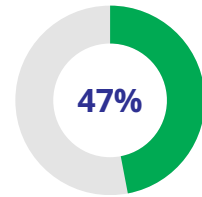
Animal movement/safety



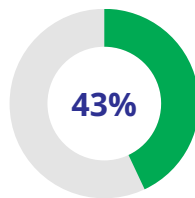
Power availability



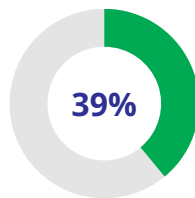
Client cost concerns



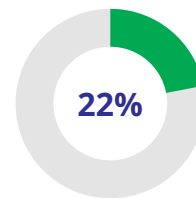
Environmental protection (dust/moisture)



Transport/setup time



Monitoring requirements



Don't use pumps outside the clinic

Top Responses:

"I've had a horse rip an IV line out and send a pump flying across a stall. That's a \$2,000 piece of equipment bouncing off concrete because a 1,200-pound animal got spooked by a barn cat. You learn to mount things creatively."

**Aiken, SC -
Equine exclusive**

"Power. Always power. I carry a portable generator and a battery backup but neither lasts long enough for an overnight case on-farm. I've rigged extension cords from barn outlets that look like they haven't been inspected since 1970. It keeps me up at night."

**San Marcos, TX -
Mixed equine/cattle**

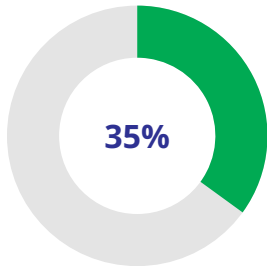
"Dust is the silent killer of pumps. I opened one up after using it in a cattle barn for a week and the internal mechanism looked like it had been through a sandstorm. Dust gets into everything and sensors stop working right."

**Stephenville, TX -
Mixed equine/cattle**

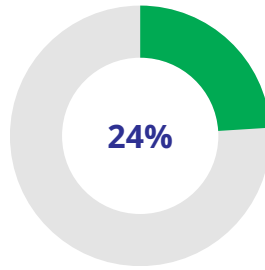


Animal movement and power availability top the list, both above environmental concerns. This tells us that the primary barriers to field pump use aren't about the pumps themselves but about the environment they're placed in. A horse can destroy equipment in seconds, and a remote barn may have unreliable electricity. These aren't problems that better pump features alone can solve - they require purpose-built accessories like secure mounting systems, extended-life battery packs, and protective housings designed for agricultural environments.

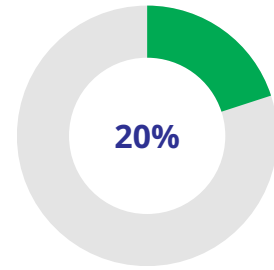
15. How do large animal-specific factors affect your infusion/fluid pump usage?



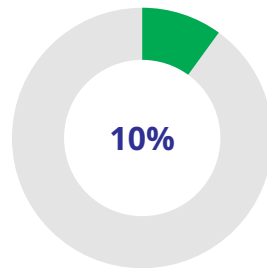
Patient size requires modified flow rates



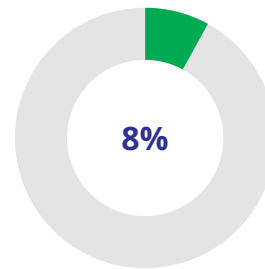
Higher flow rates needed than pumps provide



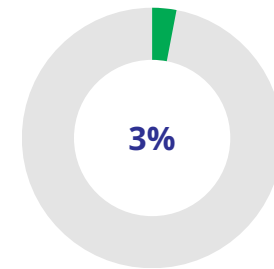
Difficulty securing pumps safely around large animals



Need for longer tubing sets



No significant challenges



We avoid pumps due to these challenges

Top Responses:

"Flow rates are the real issue. A colic horse might need 10-20 liters over a few hours. Most pumps designed for companion animals max out at rates that are frustratingly slow for a 500-kilogram patient. We end up running multiple lines."

Saratoga Springs, NY - Equine exclusive

"Securing the pump where a horse can't reach it, knock it over, or step on the tubing is an engineering challenge every single time. We've built custom mounting brackets and I've seen colleagues use everything from baling wire to duct tape."

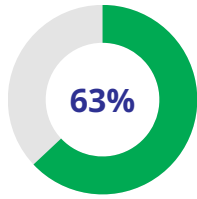
Pilot Point, TX - Equine exclusive



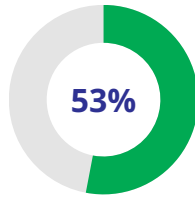
Flow rate limitations affect 59% of respondents (combining the top two responses), making it the dominant large animal-specific challenge. Companion animal pumps are designed for milliliters-per-hour precision - large animal cases often need liters-per-hour volume. This mismatch forces practitioners to either run multiple pump lines simultaneously (tying up equipment and complicating monitoring) or supplement with gravity drip (losing the precision benefit). Equipment designed for large animal flow rates would address the biggest barrier to expanded pump adoption in this segment.



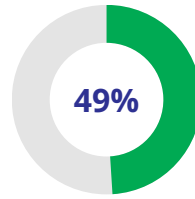
16. What causes the most infusion/fluid pump issues in your practice? (Check top 3)



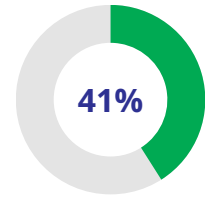
General wear and tear



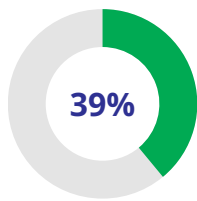
Dust/debris in mechanism



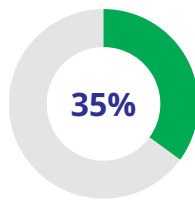
Physical damage from animal contact



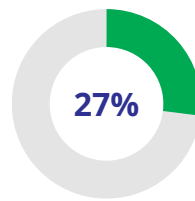
Extended run times



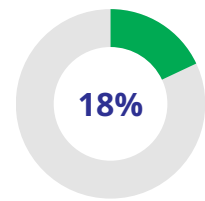
Power/battery limitations



High flow rate demands



Inadequate mounting options

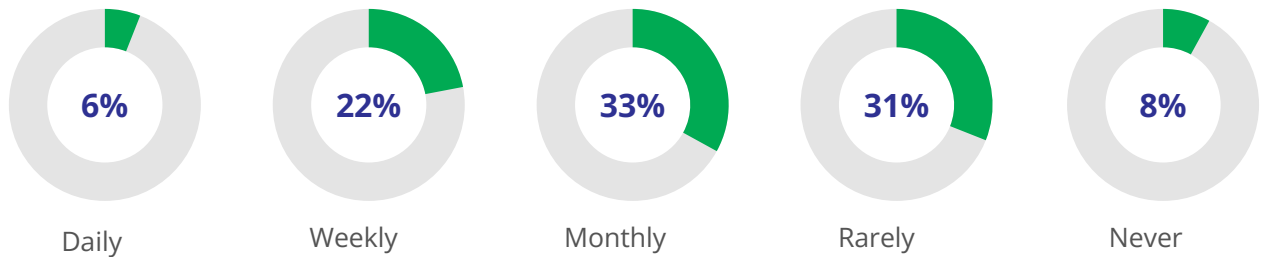


User error with settings



The top three issues are all environmental - wear, dust, and animal contact. This is a different failure profile than companion animal practices, where alarm sensitivity and sensor errors dominate. Large animal pump failures are physical. Equipment gets dusty, gets bumped, gets used hard for long hours. Maintenance and repair programs specifically designed for this wear profile would extend equipment life significantly. The relatively low ranking of user error (18%) suggests large animal practitioners are competent with their equipment - the equipment just can't handle their working conditions.

17. How often do equipment limitations affect your ability to provide optimal fluid therapy?



Top Responses:

"Weekly, probably. Not because the pump breaks, but because I'm in a situation where I should use a pump and can't. Field call, no power, no way to safely mount it. So I default to gravity and hope for the best."

**Middleburg, VA -
Equine exclusive**

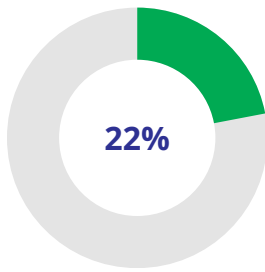
"Monthly at most. But the cases where it matters, it really matters. Losing precision on a neonatal foal's fluid rate because your pump battery died at hour six of a 12-hour treatment is the kind of thing that haunts you."

**Versailles, KY -
Equine exclusive**

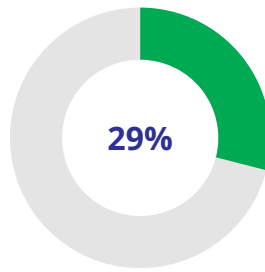


61% of large animal vets face equipment-related limitations at least monthly. For a segment where pump use is already reserved for the most critical cases, any limitation during those moments has disproportionate impact. The vets reporting "rarely" or "never" are likely the ones who've adapted their practice around their equipment's limitations - only using pumps when conditions are ideal, rather than when the patient needs them most.

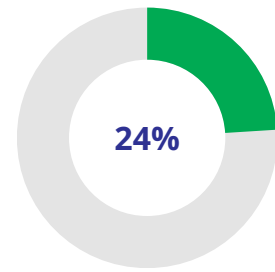
18. Annual repair/replacement costs for infusion/fluid pumps?



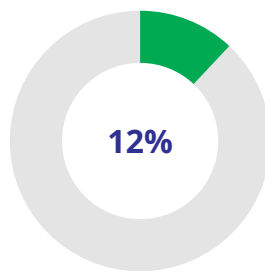
Less than \$500



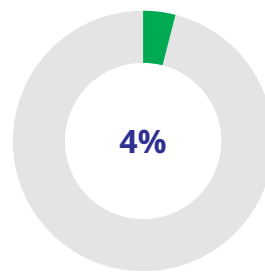
\$500-\$1,000



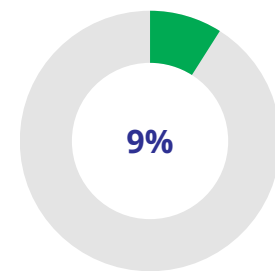
\$1,001-\$2,500



\$2,501-\$5,000



More than \$5,000

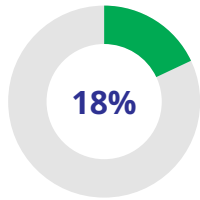


Not applicable -
don't own pumps

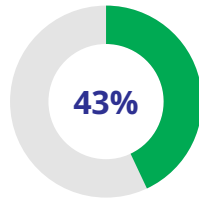


40% of pump-owning large animal practices spend over \$1,000 annually on pump repair and replacement. Given that many of these practices own only 1-2 pumps, that's a significant per-unit maintenance cost. The rough physical environment of large animal practice accelerates equipment degradation, which means total cost of ownership extends well beyond the purchase price. Practices evaluating pump investments need to factor in 2-3 times the maintenance budget they'd expect in a companion animal setting.

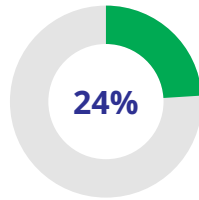
19. How do you manage infusion/fluid pump allocation during busy periods?



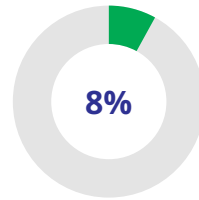
Always have adequate pumps available



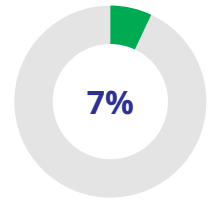
Occasionally run short, use gravity backup



Frequently have to prioritize which cases get pumps



Refer cases when pumps unavailable



Share pumps with nearby practices

Top Responses:

"We share with the practice two towns over. They call me when they need a pump, I call them. It's not ideal but when you're the only equine hospital in 60 miles, you figure it out."

**Lexington, KY -
Equine exclusive**

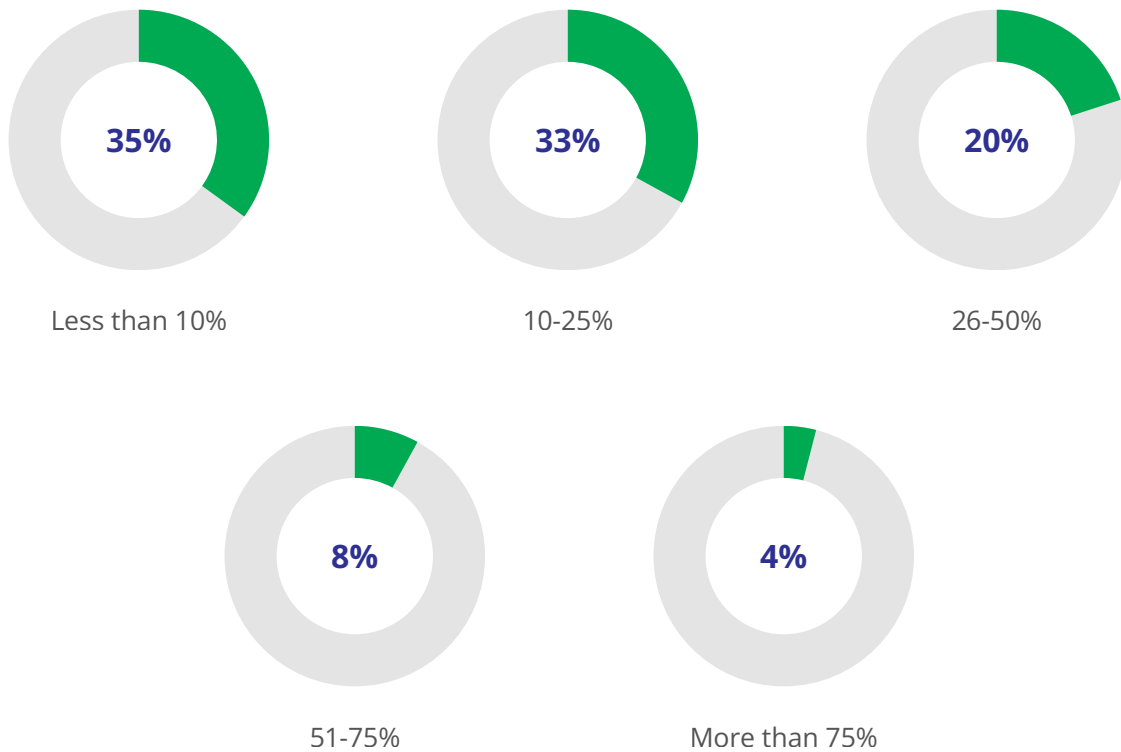
"I prioritize. Neonates get the pump first, then surgical colic cases, then everything else. If I have two critical cases at once and one pump, someone gets gravity drip and more frequent monitoring. It's triage."

**Wellington, FL -
Equine exclusive**



Only 18% of large animal practices always have adequate pump availability. The 43% occasionally using gravity backup and 24% frequently triaging pump access reveal a consistent equipment gap. When practitioners are deciding which critical patient gets the pump, that's not a purchasing decision they deferred - that's a clinical compromise happening in real time. The 7% sharing pumps with nearby practices is a creative solution but also an indicator of how thin resources are spread in rural and equine medicine.

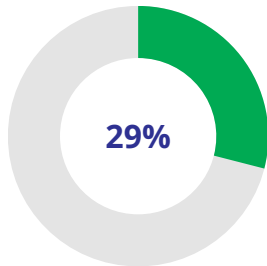
20. What percentage of infusion/fluid pump failures result in treatment delays or complications?



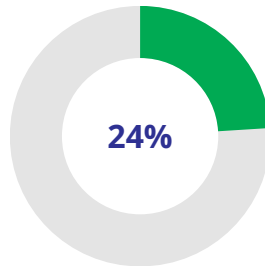
65% of practices report that more than 10% of pump failures cause treatment delays or complications. In large animal critical care, delays measured in minutes can affect outcomes. A pump failure during a post-colic surgery fluid protocol doesn't just mean switching to gravity - it means recalculating rates, repositioning lines, and potentially losing the precise delivery that was keeping that horse stable. The 12% experiencing complications in more than half of their pump failures are operating with equipment that's actively undermining the care it's supposed to support.

Economics for large animal practice

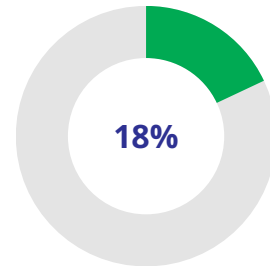
21. How do you typically bill for infusion/fluid pump-controlled IV fluid therapy?



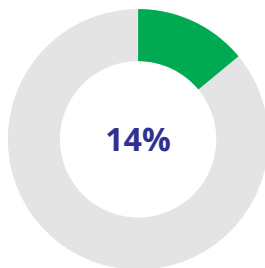
Varies by case



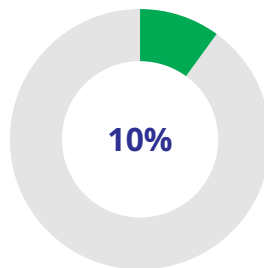
Included in hospitalization fee



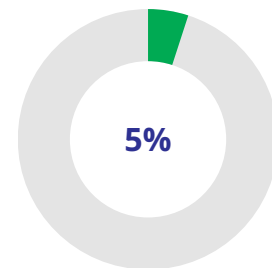
Hourly equipment charge



Flat rate per day



Premium over gravity drip rate



Same as gravity drip

Top Responses:

"Varies. For a colic surgery, it's baked into the surgical/ICU fee. For an on-farm case, I charge an hourly equipment fee on top of the visit. I learned the hard way not to give away pump use for free - it's a service, and services have a price."

**Woodbine, MD -
Equine exclusive**

"We include it in the hospitalization fee. Breaking it out as a separate line item just gives clients one more thing to question. They're already looking at a \$5,000 colic surgery bill. Adding '\$75/day pump rental' just creates friction."

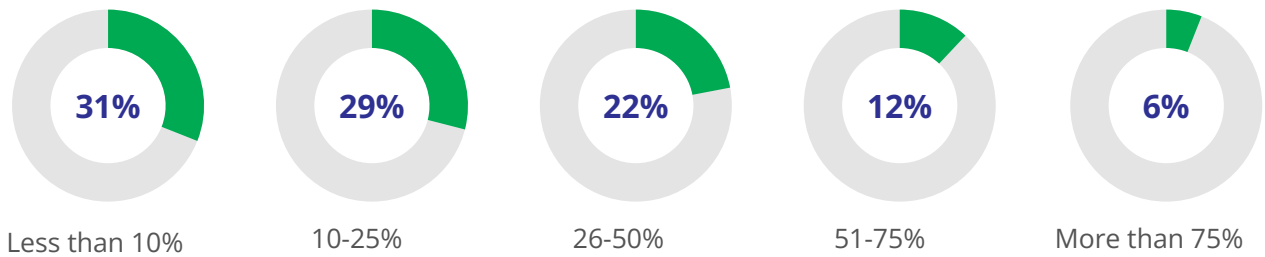
**Scottsdale, AZ -
Equine exclusive**



There's no industry standard for billing pump-controlled fluid therapy. The most common approach (29%) is to vary by case, which suggests many practitioners are making billing decisions in the moment rather than following a consistent pricing structure. The 5% charging the same as gravity drip are effectively subsidizing the equipment cost. For practices looking to justify pump investment, establishing a clear billing structure that captures the added value of precision delivery - whether bundled or itemized - is essential to making the numbers work.



22. What percentage of clients decline infusion/fluid pump-controlled fluids due to cost?



Top Responses:

"Depends entirely on the horse's value. A \$100,000 Thoroughbred broodmare? Nobody declines anything. A \$3,000 trail horse? The owner does the math pretty quickly."

**Lexington, KY -
Equine exclusive**

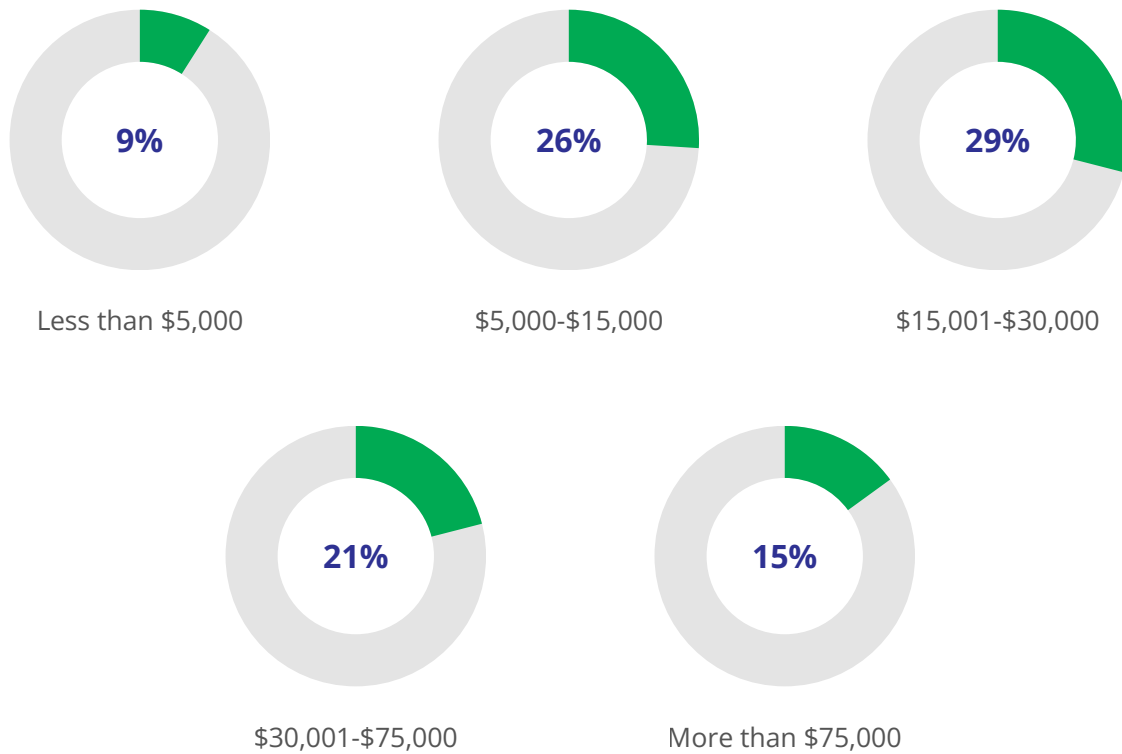
"Most of my dairy clients decline. They're running the numbers in their head before I finish explaining. If the cow is worth \$2,000 and the treatment adds \$200, they'll do it. If the cow is marginal, they ship her."

**Brookings, SD -
Dairy/mixed**



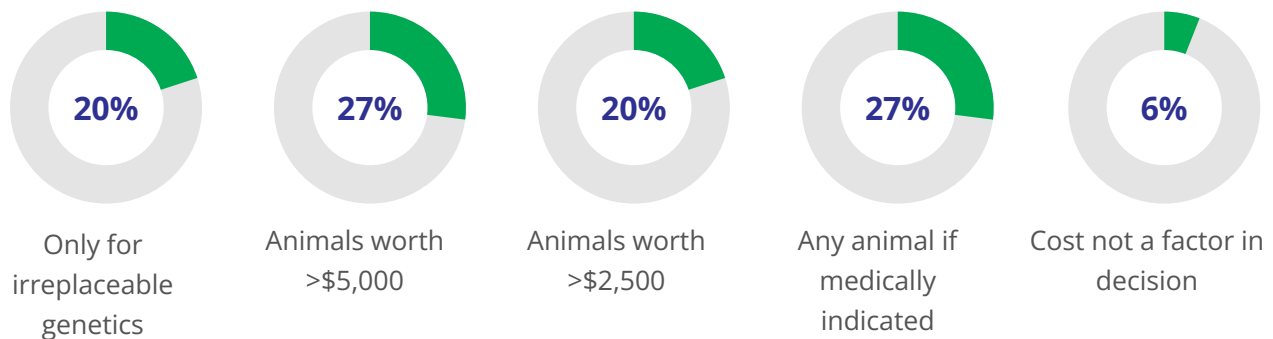
40% of large animal practices see more than a quarter of clients declining pump-controlled fluids due to cost. This is significantly higher than companion animal practices, driven by the different economic relationship large animal owners have with their livestock and horses. In food animal practice especially, treatment decisions are investment decisions. Demonstrating that pump-controlled fluid therapy improves survival rates and reduces treatment duration would give practitioners the clinical evidence they need to make a stronger case to cost-conscious clients.

23. For equine - average value of horses receiving infusion/fluid pump-controlled IV therapy? (Equine respondents only, n=34)



65% of horses receiving pump-controlled fluids are valued at \$15,000 or more. At these values, the cost of pump equipment and its operation is a rounding error compared to the patient's worth and the treatment bill. But the 35% valued under \$15,000 is where the economic tension lives. These are the patients where owners weigh treatment cost most carefully, and where practices need to make pump-controlled therapy both clinically justified and financially accessible.

24. For food animal - what is the economic threshold for using infusion/fluid pumps vs. gravity?



Top Responses:

"If it's a bull worth \$30,000 or a cow with elite genetics, pump goes on. If it's a commercial animal, gravity drip and monitoring. The farmers understand this. They think the same way."

**North Platte, NE -
Beef/mixed**

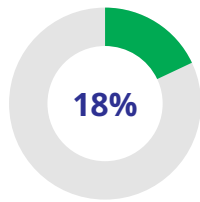
"I try to base it on medical indication, not the price tag on the animal. But the reality is my clients make that calculation whether I do or not. They'll ask what the cow is worth before they ask what the treatment costs."

**Lancaster, PA -
Dairy exclusive**

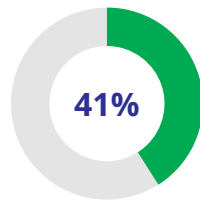


Food animal pump usage is overtly economic. The 47% who set explicit dollar thresholds are reflecting the reality of agricultural economics - treatment decisions are business decisions. But 27% who use pumps based on medical indication regardless of value represent a potential growth segment. As pump costs decrease through refurbished options and the clinical benefits become better documented, that threshold can shift lower, bringing pump-controlled precision to a broader range of food animal patients.

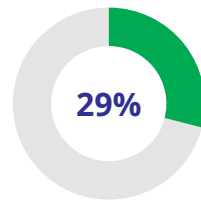
25. How has demand for intensive fluid therapy changed in the past 3 years?



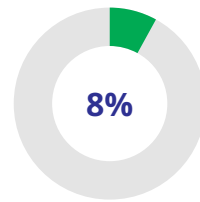
Significantly increased



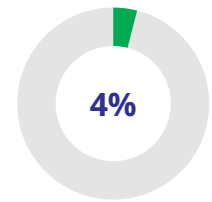
Somewhat increased



Stayed the same



Somewhat decreased



Significantly decreased

Top Responses:

"Increased. Horse owners are spending more on their animals than they did 10 years ago. The bond is stronger, the expectations are higher, and the willingness to pay for intensive care has grown. I'm doing things for horses now that would have been unheard of when I started."

**Aiken, SC -
Equine exclusive**

"About the same. The demand was always there in equine practice. What's changed is the sophistication of the treatments. We're doing more targeted CRIs, more precise electrolyte management. The cases haven't changed but what we can do for them has."

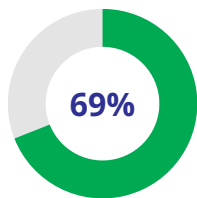
**Wellington, FL -
Equine exclusive**



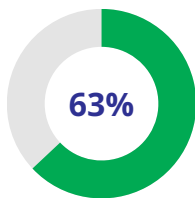
59% of large animal practitioners report increased demand for intensive fluid therapy over the past three years. Combined with the equipment limitations documented throughout this survey, a clear gap is emerging: demand for precision fluid delivery is growing while equipment availability and suitability remain constrained. Practices that invest in expanding their pump capabilities now are positioning themselves to capture this growing demand rather than losing it to referral hospitals.

Future needs and technology adoption

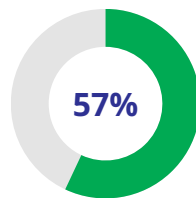
26. What infusion/fluid pump features would most benefit your large animal practice? (Rank top 3)



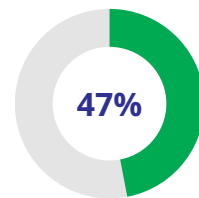
Extended battery life
(24+ hours)



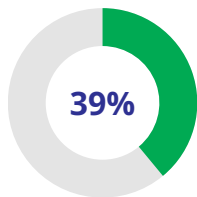
Extreme durability



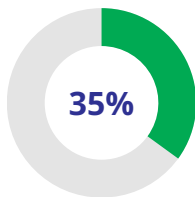
Higher flow rate
capacity



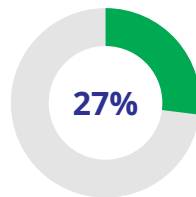
Waterproof/
dustproof design



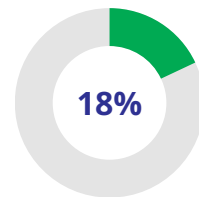
Better mounting/
securing options



Preset protocols for
common conditions



Larger fluid
compatibility



Multi-channel
capability

Top Responses:

"Battery life. If I could get a pump that ran for 24 hours on a single charge, I'd buy three of them tomorrow. That's the feature that changes everything for field use."

**Ocala, FL -
Equine exclusive**

"Durability. I don't need more features. I need the features I already have to keep working after the pump gets knocked off a stall wall for the third time."

**San Marcos, TX -
Mixed equine/cattle**

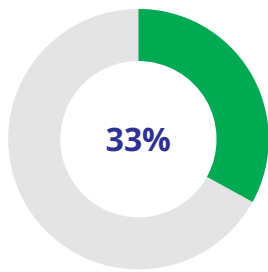
"Waterproof. I've lost a pump to a horse knocking a water bucket onto it. I've lost another to condensation in an unheated barn in January. The electronics in these things are not built for agricultural environments."

**Pilot Point, TX -
Equine exclusive**

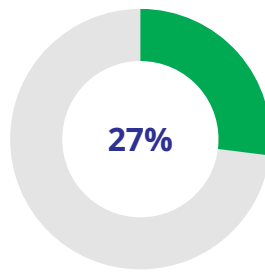


The top three wishlist items - extended battery life (69%), extreme durability (63%), and higher flow rates (57%) - paint a clear picture of what large animal practitioners need: equipment that lasts longer, survives harder conditions, and delivers fluids at the volumes their patients require. These aren't luxury features. They're prerequisites for reliable large animal fluid delivery. The current equipment gap between what's available and what's needed represents a significant opportunity for manufacturers willing to build for this market specifically.

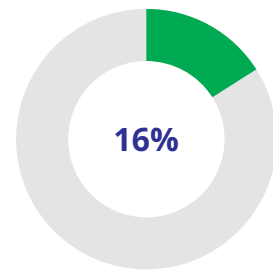
27. What would increase your use of infusion/fluid pumps?



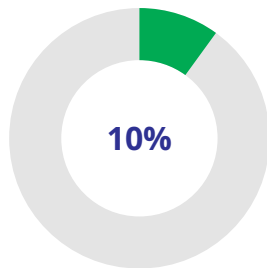
Lower equipment cost



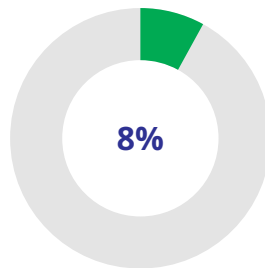
More portable/
rugged units



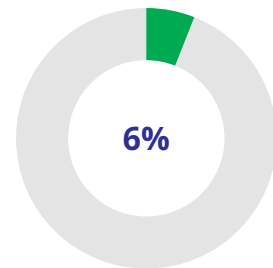
Proven outcome
improvements



Client education
about benefits



Better training for staff



Nothing - satisfied with
current approach

Top Responses:

"Cost is the honest answer. I know pumps are better. I can't always justify the investment when I'm running a two-vet practice in a rural county where most of my clients are operating on thin margins themselves."

**Stephenville, TX -
Mixed equine/cattle**

"Give me a pump that I can bolt to a stall wall, kick over, drag through mud, and still have it work. That's what increases my use. The clinical case for pumps is already made. The equipment just doesn't survive my world."

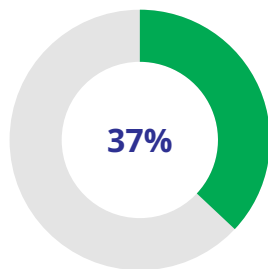
**North Platte, NE -
Beef/mixed**



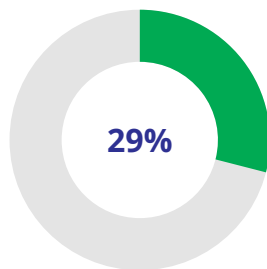
Cost and portability/ruggedness together account for 60% of responses. The demand is there. The clinical understanding is there. What's missing is accessible, durable equipment. This is the core message for equipment providers serving the large animal market: the barrier isn't awareness or willingness. It's price and durability. Refurbished pumps, rental programs, and equipment designed to handle agricultural conditions would move the needle for this segment immediately.



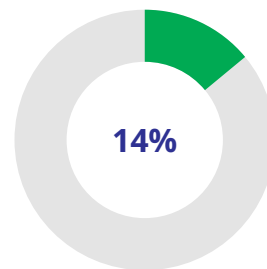
28. Interest in alternative equipment acquisition models?



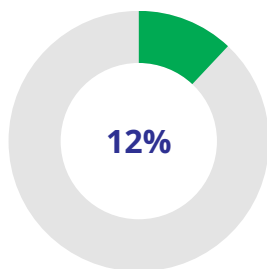
Interested in refurbished units



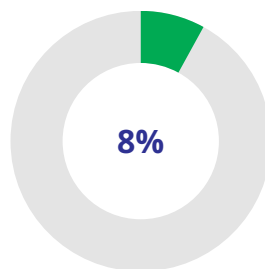
Would consider leasing/rental programs



Would share pumps with other practices



Only want new equipment



Not interested in pumps at all

Top Responses:

"Refurbished, absolutely. If someone can show me a pump that's been professionally serviced and certified to work correctly, I don't care that it's not brand new. I drive a truck with 200,000 miles on it. New isn't the point. Reliable is the point."

**Aiken, SC -
Equine exclusive**

"Leasing is interesting to me. The idea of not owning the equipment but having access to it, with maintenance included, would change my math significantly. I'd be using pumps in situations where I currently default to gravity."

**Middleburg, VA -
Equine exclusive**

"New equipment only. I've been burned by used medical equipment that wasn't properly serviced. But if there was a refurbisher with a real warranty and a track record, I'd reconsider."

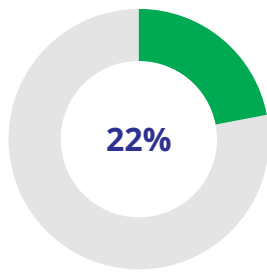
**Scottsdale, AZ -
Equine exclusive**



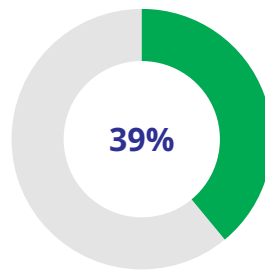
80% of large animal practitioners are open to alternatives to buying new equipment - refurbished, leased, or shared. Only 12% insist on new, and even some of those (like Dr. Lawson) would consider refurbished with proper certification. This is the most actionable finding in the large animal survey for equipment providers. The market is ready for creative acquisition models. Professional refurbishment with transparent service records and meaningful warranties addresses the trust gap that keeps some practitioners hesitant.



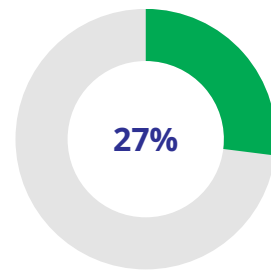
29. How do you see infusion/fluid pump use in your practice changing over the next 5 years?



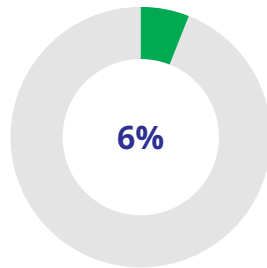
Significant increase



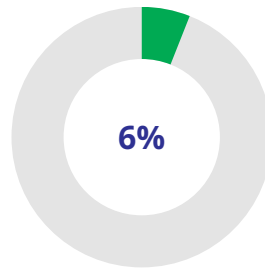
Moderate increase



Stay the same



Decrease

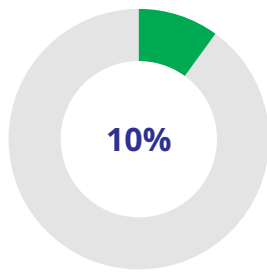


Unsure

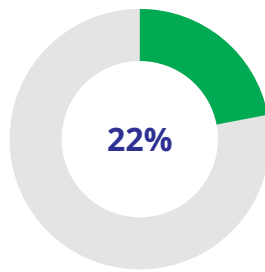


61% of large animal practitioners anticipate increasing their pump use over the next five years. Combined with the 59% reporting growing demand for intensive fluid therapy (Q25), the trajectory is clear. Large animal fluid delivery is moving toward more precision and more pump usage. Practices that build their equipment infrastructure now - whether through purchase, refurbishment, or leasing - will be better positioned to meet this demand than those who wait.

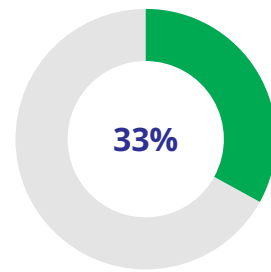
30. What percentage of hospitalized large animal cases would benefit from pump-controlled fluids if cost/equipment weren't factors?



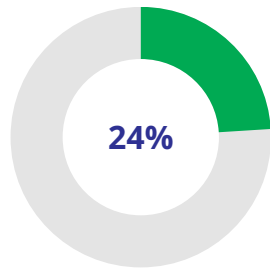
Less than 25%



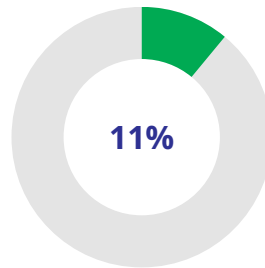
25-50%



51-75%



More than 75%



Nearly all cases

Top Responses:

"At least 75%. If I had unlimited pumps and cost wasn't an issue, I'd use them for every hospitalized case longer than a few hours. The precision is always better than gravity. It's just not always economically justified."

**Lexington, KY -
Equine exclusive**

"Maybe 50%. Some cases truly don't need the precision and I'm not going to add complexity for the sake of it. But the other half? Those cases would measurably benefit and the only reason I'm not using a pump is because I don't have enough of them."

**Woodbine, MD -
Equine exclusive**

"Nearly all of them. I've worked at a university hospital where every hospitalized patient got pump-controlled fluids. The outcomes were noticeably better. Private practice just can't replicate that level of equipment access."

**Versailles, KY -
Equine exclusive**



68% of large animal practitioners believe that more than half of their hospitalized cases would benefit from pump-controlled fluids if barriers were removed. This is the gap between clinical reality and clinical ideal. Practitioners know that precision fluid delivery produces better outcomes. They're limited by equipment availability and economics, not by knowledge or willingness. Every pump added to a large animal practice closes this gap by one more patient at a time.

END OF PART B - LARGE ANIMAL SURVEY RESULTS

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